



Sleep DownUnder 2018

17 October – 20 October
Brisbane Convention and Exhibition Centre
Brisbane, Australia



Peter Eastwood

President's Update

The ASA's Board, Committees, Councils and Secretariat continue to focus their efforts on the Association's Vision: ... *a community that recognises the importance of good sleep to health, public safety, productivity and quality of life.*

To this end the ASA has been working closely with the Sleep Health Foundation (SHF) on advocacy activities directed towards achieving this vision. The ASA and SHF submitted a pre-budget submission on 15 December 2017 to the Federal government seeking financial support for four major projects: a national community education campaign; professional education; a universal sleep study request form; and a

national sleep data repository. Unfortunately we were unsuccessful with the four major projects we applied for, but we will continue to lobby for a favourable outcome moving forward.

All of us working in the field of sleep understand the importance and wide-reaching health consequences of inadequate sleep. It is now time to place 'sleep health' on the national health agenda and thereby raise awareness of the enormous social, physical, mental and economic implications of inadequate sleep and sleep disorders for all Australians. For this reason, representatives from the ASA and SHF have been meeting with Federal parliamentarians to seek support for a Government-led Parliamentary Inquiry into Sleep Health.

Continued

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A Sleep Health Summit, led by the ASA and SHF, was held at NeuRA, NSW on 14 April. The purpose of the summit was to ensure that any Parliamentary Inquiry receives a range of well-informed submissions from as many stakeholders as possible. Attendees at the summit included health professionals (medical practitioners, dentists, pharmacists, nurses), patient groups, educationalists, occupational drivers, safety experts and business leaders. At the end of the day a communique was developed, supported by all attendees. This is currently being finalised for circulation to the media and politicians. We will keep the membership well informed of the progress of all our advocacy efforts.

On behalf of the ASA membership, we have also been in contact with the Federal Government with regard to the MBS Review and Sleep Item Numbers. The recommendations from the review were included in the May 2018 budget, with implementation in November 2018. We have also been in touch with Government regarding the compliance issues raised and the detailed response is available in the Clinical Committee Report

It is important that the ASA be widely recognised as the 'go to' organisation representing all health professionals working in the field of sleep. The Advocacy activities and our regular positive communications with the Federal Department of Health are working towards this goal. The ASA is also raising its national profile in this

regard by providing submissions to Government enquiries that impact our field. In the past few months the ASA has provided submissions on: Patient Safety & Quality – improvement in primary care; Proposed regulatory changes related to personalised and 3D printed medical devices, Therapeutic Goods Amendment (2017 Measures No.1 Bill 2017) and TMCC Item number descriptors. Darren Mansfield has also made a submission on behalf of ASA and SHF to the National Road Safety Strategy Enquiry.

The ASA has also written to the Dental Board, in collaboration with the Australian Dental Association, to voice its concerns about the growth in providers offering sleep apnoea devices and other 'do it yourself' dental appliances. I would like to acknowledge and thank those members who have provided their time, expertise and critical input to these submissions.

While the focus of this report has been on the ASA's National advocacy activities, our Association also has an important role to play on the international stage, particularly in the Asian Pacific region. I recently attended the 2nd Congress of the Asian Association of Sleep Medicine (AASM), which was held in South Korea. The meeting was attended by 1,000 delegates from over 30 countries and was outstanding in terms of its organisation and quality of scientific presentations. The president elect of the AASM is Professor Fang Han from China, a good friend of the ASA, an invited speaker at our last meeting in Auckland, and the host of the AASM Congress in Beijing in 2 years' time. It was clear from my conversations that Australian Sleep Science and Sleep Medicine are well respected by our Asian Colleagues and we have a lot to offer them. However, based on what I saw at the Congress it is equally clear

ASA Vision

A community that recognises the importance of good sleep to health, public safety, productivity and quality of life.

ASA Mission

To lead and promote sleep health and sleep science across Australia and New Zealand and to advance the professional interests of its members.

that the Asian Sleep clinical and research community have much to offer us in Australia and New Zealand. I attended the AASM Board meeting and note that they are keen to engage more with the ASA. How to do this is an active topic of discussion at the ASA board level and I encourage any ASA member to feel free to contact me directly if they have any suggestions on how we as a profession can better engage with our Asian colleagues.

Peter Eastwood
President

Clinical Committee

Department of Health (DoH) targeted Compliance activity

As previously mentioned, a large number of members were sent letters in January by the compliance division of DOH asking them to "review their claiming for items 12203 and 12250 on a voluntary basis". At the time we were notified that the top 20th percentile of providers claiming these items were contacted. This led to a number of questions regarding this process.

Clarification was sought by ASA regarding two issues which came out of this audit activity:

1. What were MBS intentions in regard to the "minimum 8 hours recording", whether this included the set up and preparation time? The following response was received from the Director of the Medical Services Specialist Section at the DoH:

"In relation to the policy intent of the descriptor requirement 'for a period of at least 8 hours duration', the department's policy position is that a component of the 8 hours can be for patient set-up. However, it is the responsibility of the provider to ensure the period of recording is adequate and sufficient data is obtained during the overnight investigation to properly inform diagnosis and treatment (in accordance with professional best practice).

It is important to note that while the actual period of recording may not extend to 8 hours, the overnight investigation (including patient set-up time) must be of at least 8 hours duration. The department recommends providers keep evidence of the duration of the overnight investigation



Garun Hamilton

(including set-up time and period of recording) as part of their administrative records for MBS sleep studies."

2. Whether it was acceptable for all billing to be done through one physician, while a number of physicians actually did the reporting (which was a common practice amongst larger sleep services)? On behalf of members we have posed this question to DoH on multiple occasions, including via multiple emails and phone calls. Frustratingly, it has taken a long time to receive a clear answer. Finally, after a face-to-face meeting with a member of the compliance division in Canberra on 8 May we have a degree of clarity regarding the position of the DoH, although some residual questions remain.
 - The main response of the DoH is; "For both items (12203 and 12250), the benefit must be claimed using the name of the practitioner who rendered the service, or in the case of item 12203, the practitioner who

rendered the majority of the service.”

- The DoH response is that for 12250 the *same* adult sleep medicine practitioner must perform *each* component of the service outlined in the item number. This means the sleep specialist to whom the patient is referred must approve the study, analyse the data, report the study and have it billed in their name.
- The DoH response regarding 12203 remains less clear, although they have suggested verbally that as for the home item number, billing needs to be performed by the same practitioner who reported the study.
- We have requested urgent, final clarification from DoH, which they have said will be forthcoming very soon around the following 2 questions:
 - A definitive written answer about whether the same practitioner has to provide *all* components of 12203, from approving the study to analysing the data and providing the report.
 - We have also asked for a moratorium for any audit activity related to this issue given the lack of clarity in the item numbers.
- We will provide further information as soon as we can, hopefully based on written clarification from the DoH. However, we feel that unless alternative information is provided, moving forward it would be prudent for our membership to have the same sleep medicine specialist perform all aspects of the item numbers 12203 and 12250 and have them billed in their name.
- Related to potential inadvertent incorrect billing in the past, the information we received on 8 May from DoH was that if incorrect billing has occurred, it needs to be corrected, even if the end result is

cost neutral. We pointed out that this creates work for providers and their services, with no financial benefit or penalty for either the provider or Medicare, however this apparently does not matter. We have been informed that there is a claims adjustment process which can be followed and that any audit activity cannot go back further than 2 years. As mentioned, we have requested a moratorium for any audit activity related to this issue prior to this point in time, although it is unclear if this will be forthcoming. We will provide any information to the membership as soon as we receive it.

MBS review and new sleep item numbers

As mentioned in previous correspondence, in this budget cycle the Government has accepted the recommendations of the MBS taskforce regarding new item numbers for sleep studies. **They will come into effect from 1 November 2018.** We have had meetings with senior Department of Health (DoH) officials on 8 May and have been told the following information regarding the new item numbers;

- The wording of the item numbers may change slightly, although not significantly, from that contained in the MBS taskforce report as previously circulated.
- The ASA will be provided the wording of the new item numbers very soon; as soon as received we will distribute them to the membership.
- DoH legal writers may potentially change the wording of the item numbers slightly during their review and scripting process in June and July. The ASA will then be given the item descriptors again to review.
- It is likely that the final item number descriptors will be

presented to Parliament sometime in August and passed into law sometime in September.

- The DoH has contracted the National Prescribing Service (NPS) to provide education for GPs regarding the changes, particularly the changed criteria for who can have a sleep study without first having a professional attendance with a sleep or respiratory specialist.
- We have just submitted an application to the Medical Services Advisory Committee (MSAC) for new, specific item numbers for MSLT and MWT (to cover both the overnight and daytime components) as these were not created as part of the MBS review. The new items for MSLT and MWT will not be ready by 1 November, but they can be performed and billed as is currently the case using the overnight sleep study item and EEG item 11003 until they are ready and accepted. Therefore, we will retain access to these tests.

ASA/ASTA commentary on AASM Scoring manual annual updates

Greg Jorgenson has been leading a writing group to produce a document on how we should use and interpret the AASM scoring manual in the Australasian context. Once finished, this will be a great resource for members and help inform the accreditation standards document. It will be updated annually like the AASM manual itself. There is a plan to have it published under an “open access” agreement.

Sodium oxybate

UCB are planning to register Xyrem with the TGA (under the new “orphan disease category) and this is a step towards securing better access and supported funding for sodium oxybate. The ASA has prepared an

appendix to the recent position statement on the use of sodium oxybate statement which will assist the application. The appendix will be available on the ASA website shortly.

Accreditation

This continues to go well with increasing numbers of private and public sleep services being accredited. The Memorandum of Understanding between the ASA and NATA has been renewed for another 5 years.

Garun Hamilton
Clinical Chair

Conference Committee

Plans for Sleep DownUnder 2018 (SDU2018) in Brisbane are well under way.

The call for plenary, symposia and short course submissions for SDU2018 yielded a huge response from our members.

Advanced Trainee Submissions

The deadline for Advanced Trainee submissions is 28 June 2018. It is acknowledged that due to the timelines of the Advanced Trainee program, the research study may not be completed at the time of general abstract submission. As such, special arrangements have been made for Advanced Trainees submitting abstracts.

For more information on Abstract submission visit the Sleep DownUnder website:

www.sleepdownunder.com/abstracts/call-for-abstracts

Registrations

Registrations for SDU2018 opened on **1 May 2018**. Early Bird rates are as follows:

Full Member	\$895 (incl GST)
Student	\$385 (incl GST)

Registration includes all scientific sessions, full access to the exhibition hall, invitation to the welcome drinks and a ticket to the gala dinner.

Get your registration early and take advantage of the great Early Bird rate. Online registration forms can be found at:

www.sleepdownunder.com/registration



Sarah Biggs

SDU2018 Invited speakers

We are pleased to announce the following international speakers who will be presenting throughout the scientific program:

Prof Anita Simonds is Consultant in Respiratory and Sleep Medicine at Royal Brompton & Harefield NHS Foundation Trust, London and Professor of Respiratory & Sleep Medicine at the National Heart & Lung Institute, Imperial College, London University UK.

Dr. Hans P. A. Van Dongen is Director of the Sleep and Performance Research Center and Professor in the Elson S. Floyd College of Medicine at Washington State University Spokane.

Dr. David White is a Professor of Sleep Medicine at Harvard Medical School, Senior Physician at Division of Sleep Medicine, Brigham & Women's Hospital and serves as Chief Medical Officer for Philips Respironics.

Promotional materials

Are you presenting at an external event? Help promote Sleep DownUnder!

Include Sleep DownUnder promotional slides at the end of your presentation. Sleep DownUnder promotional slides and email signature are available for download on the ASA website:

www.sleep.org.au/conferences/sleep-downunder-2018

Sarah Biggs

Conference Chair

2018 Conference Committee members

Sarah Biggs – Conference Chair

Stephanie Blower – ASA Secretariat

Andrew Vakulin – Chronobiology Council

Siobhan Banks – Chronobiology Council

Andrew Gikas – Dental Sleep Medicine Council

Yu Sun Bin – Insomnia & Sleep Health Council

Curtis Gray – Neuroscience Council

Charli Sargent – Occupational Health, Safety & Performance Council

Gemma Paech – Occupational Health, Safety & Performance Council

Jasneek Chawla – Paediatric Council

Barbara Galland – Paediatric Council

Shyamala Pradeepan – Respiratory Council

Julia Crawford – Surgery Council

Paul Kelly – ASTA Representative

Angela Anniss – ASTA Representative

Rebecca Calwell – ASTA Representative

Education Committee

The annual Advanced Trainee Short Course in Adult and Paediatric Sleep Medicine was successfully held at the Alfred Hospital in Melbourne on 24th February 2018.

The course was attended by 38 participants and received positive feedback. I would like to thank Dr Simon Joosten, who has recently stepped down from the ASA Education Committee, for his efforts and hard work in coordinating the Short Course program and for his contributions to the Education Committee during the period 2011-18.

I am pleased to introduce the new Advanced Trainee Journal Watch Initiative, which is aimed at providing Sleep Medicine Advanced Trainees with an opportunity to critically appraise and write a brief written review of a recently published, original research article in the field of sleep medicine and will provide members with updated information on recent research findings and/or current clinical practices. Advanced Trainees will be invited to submit a 500-word review under the mentorship of a reviewer supervisor - Dr Fergal O'Donohue (Austin Hospital, Melbourne) has been appointed to this position for 2018. The ASA will publish new article reviews regularly on the member's area of the ASA website and eNewsletter. Further information and policy for the Journal Watch Initiative can be found on the ASA members' website:

www.sleep.org.au/membersarea/journal-watch-2/policy-for-advanced-trainee-journal-watch-initiative

The Education Committee are pleased to advise that ASA will again be



Ching Li Chai-Coetzer

working with the RACP to present 3 sleep related webinars over the coming year, and ASA members, whether RACP members or not, are invited to join these webinars.

Further details will be available shortly.

The new Pharmacy Education Subcommittee had its inaugural meeting in November 2017. Carissa Hanes and Helen Gilbert have been elected as co-chairs of the subcommittee. Future activities of the Pharmacy Education Subcommittee will be aimed at identifying key topics in sleep medicine as a focus for pharmacist education strategies, establishing links with the Pharmaceutical Society of Australia and Pharmacy Guild, and considering strategies to best implement sleep medicine education for pharmacists.

A Dental Sleep Medicine (DSM) Accreditation Working Group has also recently been established and will be chaired by Dr Andrew Gikas. The working group held its inaugural meeting in December 2017 and have already conducted a thorough review of the various models of accreditation

that are in existence around the world. The working group expects to use these examples to assist them in development of a local ASA-preferred model. They have also recently met with the American Board of Dental Sleep Medicine to explore potentially sharing resources.

The other subcommittees have continued to remain active. The Nursing Education Subcommittee has completed their Nursing Workforce Survey which is currently under review by the Alfred Hospital Ethics Committee and will be distributed later this year to ASA members and nurses working in the field of sleep medicine for completion via Survey Monkey. The Behavioural Management of Sleep Disorders Education Subcommittee has re-established links with the Australian Psychological Society (APS) and will be discussing best engagement opportunities to further extend sleep psychology education and sharing of research. Professor Leon Lack will be presenting a seminar on behalf of the ASA at the upcoming APS Congress in Sydney in September 2018. The GP Education Subcommittee has proposed the topic "Adolescent sleep disorders in the digital age" for HealthEd talks for GPs in 2018, are working with the Australian College of Rural and Remote Medicine to have activities (e.g. Webinars) accredited so that links can be added to their website, and are exploring the possibility of running a podcast on sleep disorders with the Goodfellow Unit in Auckland.

Ching Li Chai-Coetzer
Education Chair

Membership Committee

Membership Survey 2018

The membership survey was recently sent out to all members. Thanks to the 130 people who have responded to the survey, and I hope we have more members to participate next year. Each year we ask the members to tell us how we are doing and how the ASA is communicating. The results of this survey are currently being looked at by the membership services committee and by the board. On the whole, the members of the ASA felt that we are doing a reasonable job, and that the ASA is helping professionals in the field of sleep to stay informed regarding development and information in the field, as well as providing networking and educational opportunities.

Role of Councils

In the membership survey we asked if our members felt that councils were important. While our members feel overwhelmingly that councils are important, council meetings are attended by less than half of the members. Being active in councils provides members with an opportunity to contribute to the conference and education in the ASA, and an opportunity to network and meet others with similar interests. They also provide members with an opportunity to become more involved with the ASA. All members are encouraged to attend and contribute to council meetings.

Access to the Journal of Sleep Medicine

The value of membership of the ASA has recently increased with inclusion



Kristina Kairaitis

of membership of the world sleep society. This provides members with an added benefit of free access to the Journal of Sleep Medicine. All members are encouraged to use this benefit.

Membership Categories

All members of the ASA are encouraged to become full members of the ASA. This will provide members with voting rights and the right to sit on the board, as well as all the other benefits of membership including education, advocacy, networking and keeping up to date with developments in the field. We are currently encouraging all associate members who meet criteria to upgrade their membership to a full membership.

Closed Facebook forum

Recent revelations regarding access by private companies to personal data may have some people worried regarding involvement in the

Facebook forum. However, ably moderated by Joanne Avraan and Phil Terrill the closed Facebook forum is a place that ASA members can continue to share ideas and information with each other in private.

Kristina Kairaitis
Membership Chair

Research Committee

ASA Publication Award Round 1 2018

Congratulations to Yu Sun Bin who was the winner of the latest round of the ASA publication award (\$500) for her paper titled "Childhood Health and Educational Outcomes Associated with Maternal Sleep Apnea: A Population Record-Linkage Study" that was published in the November issue of Sleep. Stay tuned for the call for the next round of submissions which can be submitted via the Thinkable.org website. Members can also view past winners of this award on the Thinkable website.

New Award - SRS/ASA collaborative mentor/mentee award

With thanks to efforts led by Research Committee Member Angela D'Rozario a new collaborative award to support research exchange and mentorship of an early career researcher from both the ASA and United States based Sleep Research Society has been established. The call for applications for ASA members to apply for this exciting new award will be circulated to members shortly.

Mentor Program

The ASA Mentorship program is now in its fifth year. Research Committee member Jen Walsh is currently leading this program. There will be a call for applications for the 2018/19 round ahead of the Sleep DownUnder meeting to be held in Brisbane in October.



Danny Eckert

Early Career Session at Sleep DownUnder in Brisbane

The Research Committee is planning another exciting program for the Early Career Session to be held from 4-6pm on Wednesday the 17th at the Brisbane Convention Centre prior to the welcome drinks at Sleep DownUnder 2018. Registration is free and open to all members. More details to follow in the coming months.

Advocacy efforts

As part of the joint ASA/SHF advocacy efforts to raise the profile of sleep health as a priority we continue to work hard to make sure policy makers are aware of the importance of investing in sleep research for a happy, healthy, productive nation.

Danny Eckert
Research Chair

New Zealand Branch

Sleep in Aotearoa

The annual scientific meeting of the New Zealand branch of the Australasian Sleep Association and Australasian Sleep Technologists Association was held at the University of Otago, Wellington, New Zealand 11 – 12 May 2018.

The invited speaker for Sleep in Aotearoa was ASA's President, Professor Peter Eastwood.

Ministry of Health

The Ministry of Health have agreed to have a further tentative discussion

regarding provision of respiratory support in progressive neuromuscular disease

New Zealand Sleep Health Foundation

The New Zealand branch of the ASA continue to support New Zealand Sleep Health Foundation (NZSHF) as it begins to develop and mature.

Kenneth Whyte

New Zealand Branch President



Kenneth Whyte

Executive Officer

How often have you, as a member of ASA, thought about the Vision, Mission and Goals of your Association?

Vision

Provision of world standard research, education and training, and establishment of clinical standards to ensure clinical best practice in sleep medicine resulting in an informed community with healthy sleep practices.

Mission

"The mission of the Australasian Sleep Association (ASA) is to lead and promote sleep health and sleep science in Australia and New Zealand and to facilitate the professional

development of its members by providing education and training, fostering research and establishing clinical standards within the field."

Goals

In order to achieve its Mission, the ASA will:

1. Promote Education and Training in sleep health and sleep science within its membership and the other health related professions
2. Foster Research in sleep health and sleep science
3. Establish Clinical Standards within the profession and industry
4. Be the recognised Voice of sleep expertise
5. Advocate for the professional development of members



Stephanie Blower

6. Keep members and the community Informed about all matters relating to sleep health and sleep science
7. Provide Services to members

These are constantly in the mind of the ASA Board as they lead your Association towards this vision.

The ASA Board will be working

towards a new strategic plan in June, it being 8 years since our current plan was first developed, though it has been regularly tweaked each year at a planning meeting. While the Vision and Mission of the ASA has not changed it is important to regularly review the efforts made to reach that vision and ascertain if there are new and better ways to achieve our goals.

As part of the planning a list of all the Committees that are serviced in some way by the ASA secretariat was compiled. Currently 21 ASA Committees/subcommittees/working groups and ten Councils exist, holding upward of 120 meetings per year. Each consists of ASA Volunteers who freely give their time and expertise to the ASA for which we are eternally grateful. It is important that all the resources we have, both staff and volunteers, is used towards meeting that vision.

In 2017 I was admitted as a Graduate of the Australian Institute of Company Directors, having completed their Company Directors Course. It was encouraging to learn that we were doing things well, but also gave me insight into ways that the Association could be improved. To this end the Board and a number of interested members will be doing a half day AICD course "Duties and Responsibilities of the Not-for-Profit Director" which will also help to ensure that all our efforts are focussed on the Vision and Mission.

I look forward to bringing you up to date on the new strategic plan as it develops.

Stephanie Blower
Executive Officer

Council News

Do you have something of interest you would like to include in the next newsletter?

Forward any items to admin@sleep.org.au.
Your council contributors are:

- **Insomnia and Sleep Health Council** – Alix Mellor
- **Respiratory Council** – David Stevens
- **Occupational Health, Safety & Performance Council** – Alex Wolkow
- **Chronobiology Council** – Gorica Micic
- **Paediatric Council** – Nicole Verginis
- **Sleep Physicians Council** – Simon Frenkel
- **Surgery Council** – Lyndon Chan
- **Dental Sleep Medicine Council** – Harry Ball
- **Neuroscience Council** – Matthew Macfarlane

Dental Sleep Medicine Council

Dental Sleep Medicine Accreditation Working Group

The need for accreditation of dentists has been discussed for some time at our meetings and finally a group has been formed, with the ASA providing guidance and support.

The working group had their inaugural meeting in December and has met monthly since then. The benefits of accreditation are:

- Clearer referral pathways and communication from sleep physicians to dentists.

- Clearer identification of dentists who are committed, experienced and understand evidence based practise.
- Elevating the ASA to the status of a model association and leader in the field.
- Strengthening interest in continued and ongoing evidence based CPD.

Dental Sleep Medicine Course Brisbane, ASA, 2018

This program will be our most comprehensive ever. A third, advanced day has been added from last year, directed towards experienced practitioners.

There will be an array of renowned sleep physicians and dentists, as well as an ENT specialist presenting.

The keynote speaker, and special highlight, will be Professor Marie Marklund from Umea University, Sweden. Professor Marklund is an orthodontist and a world leading clinician, and researcher, having published more articles in dental sleep medicine than any other individual over a thirty year career. She is the current keynote speaker at the American Academy of Dental Sleep Medicine Conference to be held in June this year.

Do it yourself oral appliances

A number of oral appliances are available through retailers, or online, including a novel self-impression version. This is a cause of great concern and there have been episodes of adverse patient outcomes and complaints from both patients and members. In response the ASA has recently written to the Dental Board of Australia and to the Australian Dental Association (ADA)

to highlight that patients are being offered non-prescribed oral appliances.

This is an important public health issue, as the public is unaware of the potential side effects of unsupervised or unmonitored therapy. The ADA is in the process of writing a new policy on mail order and do-it-yourself dentistry, for which the ASA has also made a submission.

WatchPAT and Dentists diagnosing OSA

There is an example of a case recently that has come to the attention of the ASA where a dentist is reporting and diagnosing OSA with a WatchPAT device. This is certainly not complying with protocols, and could be seen to be "practicing" medicine. The Australian Guidelines, Policy Statements and Practice Parameters of both the ASA and ADA clearly articulate diagnosis and management pathways, and we are concerned that completely bypassing the sleep physician is not only wrong but can be seriously harmful to patients.

We are letting dentists know that:

1. A pathway that bypasses sleep physicians completely goes against ADA and ASA guidelines, and also raises serious questions about patients claiming private health insurance rebates for oral appliance therapy.
2. It is clearly beyond the scope of dental practice to be diagnosing Sleep Disordered Breathing, and those using and reporting on these screenings could be seen to be "practising" medicine
3. There would be Professional Indemnity Insurance implications in which such practices would not be covered.

Harry Ball

Dental Sleep Medicine Co-Chair

Occupational Health, Safety and Performance Council

Throughout the industrialized world, nearly one in five employees engage in work outside of regular hours. Such shift work is associated with numerous adverse health consequences and diminished quality of life. In addition, it is reported that up to 32% of night shift workers experience recurring insomnia symptoms and/or excessive daytime sleepiness consistent with a diagnosis of the circadian rhythm sleep disorder known as *shift work disorder* (SWD) (Di Milia et al. 2013). This disorder is the consequence of shift work schedules that force a sleep-wake cycle that opposes the individual's circadian rhythm (Roth 2012, American Academy of Sleep Medicine 2014). Shift workers are reported to experience higher rates of occupational accidents, health problems (Kecklund and Axelsson 2016), and sick leave and absenteeism compared to day workers (Merkus et al. 2012), while those with SWD may have an even greater risk of these adverse health and safety outcomes.

Although SWD is common among shift workers (Di Milia et al. 2013), especially those working in healthcare (e.g., nurses) (Flo et al. 2012), not all people will develop this disorder due to shift work. Understanding which individual characteristics make shift workers vulnerable or resilient to SWD in the face of demanding shift work conditions is critical, and therefore the focus of a recent systematic review by Lauren Booker and colleagues accepted for publication in *Sleep Medicine Reviews*.

In this review, Booker and colleagues examined individual characteristics associated with SWD in the

healthcare sector. Although this is a growing field, there are limited validated tools to measure SWD, so in addition to SWD, the review also included studies in healthcare workers that investigated individual factors and sleep-related impairments due to shift work, such as insomnia, reduced sleep quality and duration and excessive sleepiness. A total of 58 studies were included in this systematic review. Among the many factors explored between studies, *older age, morning chronotype, lower circadian flexibility, being married, having children, higher caffeine consumption* and *neuroticism* were identified as individual factors that are positively associated with an increased risk of SWD and sleep-related impairments in healthcare shift workers. Conversely, *greater physical activity* and *higher hardiness* were protective against SWD in the healthcare setting. By identifying these individual characteristics that influence vulnerability to SWD, the authors suggest that this information could be used to improve personalised treatment regimes and shift work management programs aimed at reducing SWD risk.

For other individual factors, such as sex, Body Mass Index and years of experience as a shift worker, Booker et al. (2018) critique of the literature revealed opposing findings. Only 12% of the studies applied validated SWD questionnaires or screening tools and the majority of studies were of moderate scientific quality. The authors suggest that the quality of studies and lack of consistent and validated measures may explain the discrepancies between study results for these factors, highlighting the need for consistency in how SWD is defined and measured in future research.

The majority of studies reviewed were cross-sectional (91% of studies),

which limits the ability to draw causal inferences from this available research in healthcare workers. Booker and colleagues therefore recommend the need for longitudinal studies on SWD, by assessing nurses throughout their career as a shift worker.

SWD is of increasing concern among healthcare shift workers, but as this review highlights, many of the factors that influence vulnerability to SWD are modifiable (e.g., caffeine, physical activity, certain personality traits). Importantly, Booker et al. (2018) propose an agenda for future research that highlights the need for targeted interventions that address these novel factors to reduce the risk of SWD among healthcare workers, as well as other shift working occupations more broadly.

While shift work is unavoidable for industries such as healthcare, identifying which individual characteristics impact on SWD risk is a key step to informing future workplace strategies aimed at reducing the prevalence of SWD in high risk occupations. Details of the paper are below;

Individual vulnerability to insomnia, excessive sleepiness and shift work disorder amongst healthcare shift workers. A systematic review

Lauren A. Booker, Michelle Magee, Shantha M.W. Rajaratnam, Tracey L. Sletten and Mark E. Howard.

Sleep Medicine Reviews, DOI: <https://doi.org/10.1016/j.smr.2018.03.005>

Further reading:

American Academy of Sleep Medicine, 2014. International classification of sleep disorders: Diagnostic and coding manual (3rd edition) (ICSD-3). American Academy of Sleep Medicine, Darien, IL.

Di Milia, L., Waage, S., Pallesen, S.,

Bjorvatn, B., 2013. Shift work disorder in a random population sample--prevalence and comorbidities. *PLoS One*, 8 (1): e55306.

Flo, E., Pallesen, S., Mageroy, N., Moen, B.E., Gronli, J., Hilde Nordhus, I., Bjorvatn, B., 2012. Shift work disorder in nurses--assessment, prevalence and related health problems. *PLoS One*, 7 (4): e33981.

Kecklund, G., Axelsson, J., 2016. Health consequences of shift work and insufficient sleep. *BMJ*, 355: i5210.

Merkus, S.L., Van Drongelen, A., Holte, K.A., Labriola, M., Lund, T., Van Mechelen, W., Van Der Beek, A.J., 2012. The association between shift work and sick leave: A systematic review. *Occup Environ Med*, 69 (10): 701-12.

Roth, T., 2012. Appropriate therapeutic selection for patients with shift work disorder. *Sleep Medicine*, 13 (4): 335-341.

Alex Wolkow

Occupational Health, Safety & Performance Council

Chronobiology Council

The creation and dissemination of innovative ideas developed in the sleep laboratory is not enough to solve the widespread problem of inadequate sleep. There is a need to translate our novel findings into commercialised products and services to allow for their implementation in healthcare practice. This calls for partnerships with private companies and industry. Successful collaborations will allow for the development of evidence-based solutions to be implemented on a large scale.

One such partnership is our recent

collaboration which has resulted in the development of a new sleep wearable device worn on the index finger. The goal was to create a minimally invasive device which can accurately measure sleep in the home environment for a variety of uses, including administering a behavioural treatment for insomnia.

The device can administer Intensive Sleep Re-training (ISR): a treatment that involves sleep deprivation over the course of one night to facilitate a series of rapid sleep onsets. (Harris et al., 2012; Harris et al., 2007). The procedure requires the patient to lie in bed and attempt to fall asleep. After a brief period of light sleep, the patient is woken up and remains awake for a brief period before attempting to fall asleep again on the next trial. It is the deprivation of recuperative, deeper stages of sleep combined with a high circadian drive for sleepiness during the early hours of the morning that cause patients to fall asleep more rapidly with each subsequent trial. Consequently, patients who report average pre-treatment sleep onset latencies > 60 minutes are able to fall asleep in < 5 minutes on dozens of attempts during the retraining session. This is thought to re-train patients to fall asleep more quickly by extinguishing the conditioned arousal response that insomnia patients may have learned through repeated failures to initiate sleep in the past (Lack, Scott, Micic & Lovato, 2017). ISR conducted over 24 hours in the sleep laboratory was as effective as the gold standard behavioural treatment of sleep onset insomnia, Stimulus Control Therapy. (Harris et al. 2012) The great promise of ISR is that its sleep and daytime benefits were evident in the first week following treatment rather than taking 3-4 weeks of stimulus control therapy to achieve the same benefits. The benefits of ISR were also as durable (>

6 months) as the other behavioural therapy. However, ISR as a laboratory based procedure was unavailable financially and logistically to the general public and needed to be translated to the home environment (Spielman and Glovinsky, 2012).

To administer ISR, the device emits low intensity vibrations to which the user is required to respond with a finger twitch to indicate that they are still awake. Once the user ceases responding to the vibrations, it is assumed that they have fallen asleep. The device then emits a high intensity vibration to wake the user and signal the end of the trial. Our previous research has shown that this is an accurate method of estimating sleep onset (Scott, Lack & Lovato, 2017), but it took collaboration with industry and their software engineers for this method of sleep measurement to be developed into such a small device. The device also provides feedback to the user about the duration of time it took them to fall asleep after each trial, showing the immediate improvements in their sleep onset latencies and motivating them to continue their sleep retraining. In the morning, the user can view data about their sleep retraining session including how long they took to fall asleep in each trial.

The development of this device is ongoing and further technological advancements coupled with partnerships with the private sector will only broaden the capabilities of sleep wearable devices. Our experience is just one example of how a multi-disciplinary team comprised of sleep researchers, psychologists, entrepreneurs, software engineers and other IT specialists can take novel findings from the sleep laboratory and implement them in people's home environments.

References:

Harris, J., Lack, L., Kemp, K., Wright,

H., & Bootzin, R. (2012). A randomized controlled trial of intensive sleep retraining (ISR): a brief conditioning treatment for chronic insomnia. *Sleep*, 35(1), 49-60. doi:10.5665/sleep.1584

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Lack, L., Scott, H., Micic, G., & Lovato, N. (2017). Intensive Sleep Retraining: From Bench to Bedside. *Brain Sci*, 7(4). doi:10.3390/brainsci7040033

Scott, H., Lack, L., & Lovato, N. (2017). A pilot study of a novel smartphone application for the estimation of sleep onset. *Journal of Sleep Research*, 27(1), 90-97. doi:10.1111/jsr.12575

Spielman, A. J., & Glovinsky, P. B. (2012). What a difference a day makes. *Sleep*, 35(1), 11-12. doi:10.5665/sleep.1574

Hannah Scott

Chronobiology Council

Insomnia and Sleep Health Council

Our council has had a busy start to the year with two peer support council meetings, a webinar and several Sleep DownUnder Symposia proposals currently submitted! Thanks to everyone who has been involved in our councils' activities, and we look forward to meeting, discussing and collaborating with many more council members over the coming year.

In other news, we would like to invite members to consider becoming part of the Council's leadership team from Sleep DownUnder 2018. As many of you are aware, Council roles are being

rotated, and it is both Hailey and James's turn to switch out of their Co-Chairing positions for others to take up the opportunity. In addition to the Co-Chairing roles, other Council positions that you may wish to be involved in include the Conference Committee, Membership team, Newsletter Member, Social Media Representative and Website Member. If you are interested, please come along to a council meeting or email one of the current council team. Nominations and selection of the council team take place at the AGM at Sleep DownUnder in October.

If you have any questions or comments about Council activities, please contact James Slater or Hailey Meaklim.

Hailey Meaklim, James Slater, Yu Sun Bin, Alix Mellor, Lauren Booker and Kellie Hamill
Insomnia & Sleep Health Council

Partnering Up for Better Sleep

Dr Alix Mellor is a Postdoctoral Research Fellow at Monash University and is the Project Coordinator of Project REST.

Cognitive Behavioural Therapy for Insomnia (CBTI) has been identified as the frontline intervention for treating insomnia. While CBTI is extremely efficacious, it is only effective when clients adhere to and complete treatment. Because CBTI requires significant behaviour and lifestyle change, rates of adherence are often low and attrition is high. Sleep restriction and stimulus control, key ingredients of CBTI, are difficult for clients. Clinically, we hear frequent complaints, especially (and understandably) about getting out of bed in the middle of the in winter. It is, therefore, hardly surprising that some clients do not adhere to the treatment recommendations, and some withdraw from the treatment. Finding ways to increase adherence

and decrease attrition is important for maximising CBTI effectiveness.

There are currently no evidence-based recommendations for improving CBTI adherence or completion. Researchers at Monash University working under Professor Sean P. A. Drummond are conducting the world's first randomised clinical trial to test a new CBTI variant that includes the bed partners in treatment.

Although the literature on couples and sleep is relatively small, especially in the context of insomnia, all evidence points to the fact that partners affect each other's sleep. Two reviews point out that sleep is often a social experience. Almost 60% of Australian adults sleep with a bed partner, and couples prefer to sleep in the same bed and report poorer sleep when they sleep alone, despite evidence for negative consequences of co-sleeping. Furthermore, research shows sleep disturbance (including insomnia) and relationship satisfaction are related. For example, one large study (405 couples) found sleep problems predict higher levels of marital unhappiness. Finally, bed partner behaviours can inadvertently perpetuate insomnia by encouraging behaviours that go against CBTI treatment recommendations. For example, in a bid to be supportive, partners may encourage behaviours such as napping and early bed times. Therefore, evidence points to fact partners impact on each other's sleep, so incorporating the partner into treatment has the potential to significantly impact treatment outcomes.

In 'partner-assisted' interventions, partners play a supportive role, acting as surrogate therapists, and help clients make behavioural changes outside of the therapy setting. This is commonly seen in mood, OCD, PTSD and substance-related disorders. Including partners in treatment in

terms of adhering to difficult behaviour change and teaching them to reduce well-intentioned, but ineffective, accommodating behaviours can optimise important environmental and behavioural conditions. Therefore, incorporating the bed partner into CBTI has the potential to significantly increase positive outcomes.

Partner-assisted interventions have never been tested in the treatment of insomnia. Project REST (Researching Effective Sleep Treatments) is the first to develop a partner-assisted version of CBTI. We are currently halfway through this four-year NHMRC funded project and we look forward to presenting our results in near the future.

Alix Mellor

Insomnia & Sleep Health Council

Primary Care Council

The 1st meeting of the ASA Primary Care Council (PCC) addressed how best to formulate clinical models for managing sleep disorders in Primary Care. The breadth of Primary Care includes Primary Care Physicians (GPs), Nurses, Pharmacists, and in some quarters' experienced technicians all delivering sleep care on various levels of clinical experience and knowledge of evidence. It's the PCC's intention to facilitate dialogue between these groups in order to formulate a set of robust guidelines for the safe and effective management of Sleep Disorders at the primary care level. Initially our focus will be around Sleep Disordered Breathing since this is the disease presently most managed by the various entities already providing primary sleep care, but eventually a logical progression to other areas of sleep health. There is also funded research still to emerge from the Adelaide Institute of Sleep Health in

the coming years which will no doubt contribute to such guidelines. The Primary Care Council are keen to engage all research groups and intend to specifically address the question of how best to manage sleep disorders at a primary care level since every patient's journey essentially begins in primary care. This Year's Sleep DownUnder is the perfect platform to host a symposium where all entities (both research, specialist, and existing primary care providers) can present their progress and clinical models already in existence in order to stimulate the discussion.

Luke Katahanas

Primary Care Council

Paediatric Council

Guidelines

There are a number of papers in the process of being published for some of the Paediatric Council working parties.

- **ASA Indications for Paediatric Sleep Study Document Working Party – Publication:**
Pamula Y, Nixon GM, Edwards E, Teng A, Verginis N, Davey MJ, Waters K, Suresh S, Twiss J, Tai A. Australasian Sleep Association clinical practice guidelines for performing sleep studies in children. *Sleep Med.* 2017 Aug;36 Suppl 1:S23-S42.
- **ASA Paediatric Actigraphy Working Party – Publication:**
Galland, B., Short, M.A., Terrill, P., Rigney, G., Haszard, J., Foster-Owens, M., Coussens, S. & Biggs, S. (in press). Establishing Normative Values for Pediatric Nighttime Sleep Measured by Actigraphy: A systematic review and meta-analysis. *SLEEP.*
- **ASA Paediatric Sleep Recommendations Working**

Party – Publication:

Short, M.A., Blunden S., Matricciani, L., Coussens, S, Rigney, G, Reynolds, C. & Galland, B. (in press, accepted). Cognition and Objectively Measured Sleep Duration in Children: A systematic review and meta-analysis. *Sleep Health: Journal of the National Sleep Foundation*.

Several other working groups continue to work hard on developing the following documents:

- **ASA Paediatric Standards (NATA accreditation)**

Carolyn Daikin & Jasneek Chawla were involved in the NATA/ASA Sleep Disorders Services Accreditation Advisory Committee teleconference meeting on 26th Feb 2018, where the only agenda item was to review the paediatric standard document. The group have reviewed the document and some minor edits were suggested. These edits are to be circulated to the group shortly, and it is expected that the latest version will be signed off and available very soon.

- **ASA Guidelines for Oximetry** – work in progress.
- **ASA Guidelines for Home Ventilation** – work in progress.

Meet A Paediatric Council Member:

In this edition we are meeting:
Jasneek Chawla (Jas)

Position Title

Senior Medical Officer Respiratory and Sleep Medicine
Senior Lecturer University of Queensland

Institution(s)

Lady Cilento Children's Hospital & University of Queensland

Number of years worked in paediatric sleep medicine:

7 years

Summary of primary roles / responsibilities (ie clinical / research / combination):

Full time clinical role in paediatric respiratory and sleep medicine but also active in clinical research. Undertake sleep clinics weekly, daily sleep reporting, review of sleep consults and management of long term ventilation patients with role in the home ventilation clinical governance group. Currently also undertaking a MPhil part-time alongside clinical role with a project evaluating sleep longitudinally in children with Down syndrome

The number of beds and how many nights the laboratory runs (including breakdown of clinical vs research as applicable):

6 beds within the sleep lab which run clinical studies 4 nights/week. Also undertake 1 night/month for research study in addition to this currently.

The most challenging aspect of my current role:

Balancing clinical needs from all the different streams of respiratory and sleep medicine (General Respiratory/Cystic Fibrosis/Sleep Medicine and Long Term Ventilation) as well as progressing research in my primary area of interest (Sleep Medicine)

The most rewarding aspect of my current role:

Building rapport with long-term complex sleep medicine patients and facilitating discharge and quality of life at home for this group

Areas of paediatric sleep that I am most interested in:

Sleep disordered breathing and cognitive/behavioural and functional outcomes particularly in children with disability

Paediatric long term ventilation

Upcoming Conferences / Dates for the Diary:

- **Sleep Down Under** (ASA/ASTA annual scientific meeting): Brisbane, 17-20 October 2018
www.sleepdownunder.com

Nicole Verginis

Paediatric Council

Respiratory Council

2017, and the early parts of 2018, have been a time of achievement for respiratory sleep physiology research. Numerous respiratory physiology projects were successful in the 2017 NHMRC funding round. Brad Edwards (Monash University) will lead a study "Predicting the successful resolution of obstructive sleep apnoea following weight-loss surgery" (App ID 1146566). David Hillman (University of Western Australia) will lead the project "The interaction between obstructive sleep apnea and cardiovascular risk factors on cardiovascular disease" (App ID 1145970). Simon Joosten (Monash University) was successful in attaining an NHMRC Early Career Fellowship to examine "Improving outcomes in obstructive sleep apnoea through individualised treatment of physiological abnormalities" (App ID 1139745). Good luck to the investigators as they embark on these projects.

Junior researchers in respiratory sleep physiology have also been recognised for their research. Jennifer Cori (IBAS) and Rodrigo Martins (NeuRA) were both selected to present at the Young Investigators Symposium at the World Sleep Congress in Prague. Jennifer presented her work "Hypocapnia has minimal influence on genioglossus muscle after-discharge elicited by arousal from sleep in health individuals", whilst Rodrigo presented his work on "Effects of morphine on

the phenotypic causes of obstructive sleep apnea". Flinders PhD candidate Laura Gell was presented with the Young Investigator Award at the Adelaide Sleep Retreat for her work in "The relationship between low drive and airway re-obstruction in the post-arousal recovery period in OSA". Laura was also selected to participate in the South Australian edition of the annual Fresh Science competition.

The respiratory physiology labs at Monash and NeuRA had a productive 2017 for publications. Jayne Carberry (NeuRA) published her study "Role of common hypnotics on the phenotypic causes of obstructive sleep apnoea: paradoxical effects of zolpidem", which showed that hypnotics did not change the upper airway critical closing pressure, and that zolpidem increased genioglossus muscle activity during airway narrowing. These findings have implications for the use of sedatives as possible treatments for those with low arousal threshold. Shane Landry (Monash University) published the study "Therapeutic CPAP level predicts upper airway collapsibility in patients with obstructive sleep apnea". As per the title, patients upper airway collapsibility can be predicted by the therapeutic CPAP level. This has the potential to help identify patients whose sleep apnea is caused by non-anatomical factors. Dwayne Mann (University of Queensland) published "The relationship between partial upper-airway obstruction and inter-breath transition period during sleep", showing that partial airway obstruction was due to increased inspiratory time and decreased transition time between inspiration and expiration, suggesting that partial obstructions result in increased mechanical inspiration beyond peak neural drive.

In February 2018, the annual Upper Airway Symposium was held in the

Clare Valley of South Australia. This informal meeting allows for dissemination of preliminary data for new projects. All respiratory physiology researchers are encouraged to attend.

On a final note, Peter Eastwood was appointed president of the ASA commencing this year whilst David Berlowitz (University of Melbourne) and Peter Catcheside (Flinders University) have both been promoted to full Professorship. We wish them all well in their new roles.

David Stevens
Respiratory Council

Surgery Council

The 5th Obstructive Sleep Apnea and Snoring Surgery International Course was held in Orlando in February. The faculty, which included Dr Scott Magnuson, Dr Claudio Vicini, Dr Julia Crawford and Dr Filippo Montevecchi held delegates from 22 countries, providing both academic lectures and hands on dissection. Core topics were diagnosis of OSA through thorough history and focused examination, management including non-operative as well as management and dissemination of the role of surgery in the literature. Paediatric topics were principally addressed by Dr Stacey Ischman, with insights into treatment options beyond first-line adenotonsillectomy in children. Transoral robotic surgery, pioneered in sleep surgery by course convener Dr Vicini, was also discussed in depth. A broad spectrum of surgical procedures including transpalatal advancement and hypoglossal nerve dissection were demonstrated, and dissectors had ample opportunity to apply these skills on cadavers.

The 24th Annual Advances in diagnosis and treatment of sleep apnea and snoring was held again in San Francisco in February. Highlighting

the need for physicians, dentists and surgeons to work together closely for better patient outcomes. Highlights include talks on hypoglossal nerve stimulation, with excellent videos produced by Dr Jolie Chang. Dr Matthew Lin gave an in depth review on the role of bariatric surgery in OSA.

The **9th International Surgical Sleep Society** meeting held in Munich in April provided a good opportunity to bring together the leaders of the sleep surgery community together to discuss the current landscape as well as the frontiers of operative management in OSA.

Research:

The Australian Multicentre, multilevel surgery RCT as well as Nyxoah (Hypoglossal Nerve Stimulator) trial have both completed recruitment and results will be published later this year.

Lyndon Chan
Surgery Council

Sleep Physicians Council

The most important issue affecting Sleep Physicians in recent times has been Medicare's far-reaching audit of compliance, regarding sleep study item number descriptors. Approximately 20% of Sleep Physicians have been subjected to this process, spanning the entire spectrum of practicing physicians. The rationale for such an extensive compliance audit has not been clearly explained. However, it has been revealed previously, under FOI, that Medicare has a Behavioural Economics Research Team that uses targeted compliance activities to negatively influence practitioners' billing behaviours. Previous targeting of primary care physicians in a similar manner was shown to result in a commensurate reduction in subsequent billing activity. The Clinical Committee has sought

clarification from Medicare regarding some specific aspects of the item number descriptors and the responses to these queries are being disseminated by the ASA as they filter through. Such widespread targeted activity has understandably caused significant distress among those affected. We strongly recommend that anyone experiencing distress from this process seek assistance from national and state-based doctor support programs:

www.racp.edu.au/fellows/support-services-for-health-professionals

The MBS review of sleep study item numbers continues to move ahead, albeit very slowly. The ASA has recently been asked to provide responses to a number of queries from the MBS taskforce, including whether trained staff need to be involved in patient setup for ambulatory studies and whether reference to clinical guidelines be made in the item number descriptor. The ASA response to these queries was well-reasoned and well-balanced. It is hoped that a final decision regarding the item numbers will be made in the not-too-distant future, with a favourable outcome looking increasingly more likely than had initially been anticipated.

In terms of education, Sleep Physician Council members have been involved in the development of the curriculum for the Advanced Trainee course which was held in Melbourne in February. The focus of this year's course was hypersomnias and sleep measurement with non-level 1 devices. The quality of the course content was excellent but unfortunately the number of Advanced Trainee attendees was lower than anticipated. This is at least partly due to the fact that many trainees are not ASA members and the ASA is unable to communicate with them directly. We therefore encourage

all Sleep Physicians at training sites to recommend their trainees join the ASA (and attend these valuable educational offerings). A webinar on Sleep in Neurological Disorders is being prepared by Sleep Physicians Council members, which will be presented in coming months.

Finally, the Sleep Physicians Council has made several submissions to the Conference Committee for inclusion in this year's scientific meeting in Brisbane but a decision has not yet been made regarding the final structure of the conference sessions. Any members interested in reviewing abstracts submitted for the meeting (which will take about 30-60 minutes of your time, typically in June) should contact us at the Sleep Physicians Council or the ASA directly: admin@sleep.org.au.

Simon Frenkel and John Swieca
Sleep Physicians Council

"Like"ing the ASA members' forum Facebook page

I admit, I spend virtually no time on Facebook and I am totally fine with that. Having said that I can see how volunteering to be an administrator of the ASA members' forum Facebook page can be viewed as a bit of an oxymoron. I took up this position last November and have since visited the page several times. Initially these visits were instigated by an email appearing in my inbox notifying me of a "join request". Very much a fan of killing two birds with one stone I would also take a few minutes to scan the forum for any undesirable content, of which I am pleased to say I have found none. It is at this point during my infrequent and brief visits that I would find myself actually reading some of the posted content.

One of my most recent reads, a posted online news article on how circadian disruption caused by electric light may potentially increase the risk

of cancer in the western world, was an eye opener not solely due the information it conveyed but also due to the line of thinking it produced. As someone who recently spent a year performing 2-3 sleep studies a week, I can safely say that I already possess a vast appreciation for the importance of the circadian rhythm in overall health and well-being, Nobel prize or not! But this article didn't merely bolster this sentiment, it also highlighted how multifaceted sleep is and for me at least served as an excellent reminder of the many directions in which sleep research can go.

This fact however is further boosted by the ASA members forum Facebook page itself. By scanning the content a visiting member can find a diverse array of sleep related information posted by a variety of sleep orientated folk including respiratory physicians, clinicians, neuroscientists, sleep scientists, researchers, dentists, paediatricians, engineers and psychologists... to name a few. Such titbits are not just limited to sleep related online news articles but also newly published journal articles and reviews, interviews, radio broadcasts, newspaper articles, updates on new research being undertaken and even available job opportunities.

The forum also serves as, well, a forum. In this space ideas and insights are often exchanged, new collaborations are forged and existing ones strengthened, professional, clinical, technical and research related conundrums have the potential to be ironed out with a simple post and group or individual achievements are recognised and applauded.

One, Sir Francis Bacon once said "information is power" or at least something to that effect and in my mind the ASA members' forum Facebook page embodies that sentiment. Why you ask? Because here is a space where anyone can

privately or publically go to broaden their sleep horizons. There are literally, according to my most recent count, 186 sleep related professionals at your fingertips 24/7! Next week it might be 200!

Coming from a borderline Facebook-phobe, the ASA members' forum Facebook page has been an enjoyable experience and definitely fulfils its

designed purpose as a medium where ideas and views on a particular issue can be exchanged. These days my visits to the forum are more frequent and voluntary. Who knows, perhaps the next step in my evolution as a Facebook user will be to post something of my own on the ASA members' forum Facebook page. Why not join us?

For more information about the closed group visit www.sleep.org.au/membersarea/members-facebook-forum. To request to join the group visit www.facebook.com/groups/asamembersforum

Joanne Avraam
ASA Facebook moderator

Dates for the Diary

Sydney Robotics Summit 2018

23 June 2018

Australian Technology Park (ATP), Eveleigh

The Sydney Robotics Summit (SRS) is a multi-disciplinary/multi-specialty robotics conference and will feature colorectal, upper GI, head and neck/ ENT, cardiothoracic, urology, orthopaedics, gynaecology and Gynae-oncology and nursing programs.

For more information: sydneyroboticssummit.com

29th International conference on Sleep Disorders and Medicine

"Eradicating Sleep Disorder by Psychiatric Approaches and Therapy"

16-17 July 2018 London, UK

For more information: sleepmedicine.euroscicon.com

ASA Donations

Your donation helps to sustain our Scholarships and grants.

Donations can be made to the following funds:

- **Scholarship fund in Memory of Nick Antic**
www.sleep.org.au/donations/donations/scholarship-fund-in-memory-of-nick-antic-3
- **Helen Bearpark Scholarship**
www.sleep.org.au/donations/donations/helen-bearpark-scholarship-8
- **Rob Pierce Grant in Aid**
www.sleep.org.au/donations/donations/rob-pierce-grant-in-aid
- **Sleep Health Foundation**
www.sleephealthfoundation.org.au/donate.html

All donations are tax deductible. We strongly encourage you to donate to one or more of these funds.





Successful Sleep Health Summit held in April

As part of our political advocacy work (conducted jointly with the Australasian Sleep Association) we held a very productive Sleep Health Summit in Sydney on 13th April 2018. There was active participation from the many stakeholders who attended and a joint communique was developed and sent to a large number of relevant politicians. A key point in the communique was as follows:

As stakeholders, we support the call for a bipartisan national inquiry into:

1. National awareness of inadequate and poor sleep, and their consequences.
2. Access to healthcare and support for those with clinical sleep disorders.
3. Education and training available for healthcare professionals in diagnosis and management of poor sleep.
4. The impact of inadequate and disrupted sleep on mental and physical health, workplace safety and productivity, and road safety.
5. The particular impact of inadequate and disrupted sleep on the mental and physical health of groups such as children, adolescents and the elderly.
6. The need for increased investment in sleep health research in Australia.

We are continuing our lobbying efforts for a national parliamentary inquiry into the state of sleep health in Australia and remain optimistic this will happen this year.

Grant to examine CPAP cost-effectiveness

We are delighted to announce that SHF has been awarded a grant of US\$70,000 from the ResMed Foundation for a project entitled *“The cost effectiveness of continuous positive airway pressure therapy for the treatment of OSA.”* The project will be completed by Deloitte Access Economics and we expect that the outcome will provide powerful evidence for the cost-effectiveness of CPAP treatment (versus no treatment) and thus be important for informing government health policy decisions. Congratulations to Professor David Hillman for successfully pursuing this initiative.

Asleep on the Job report outcomes to be published in SLEEP journal

SHF members and friends will remember the highly successful launch of our report (in Canberra last August) on the very high cost of inadequate sleep to the Australian community. The report showed that 4 out of 10 Australians have inadequate sleep regularly, costing us all \$66.3 billion per year. Professor David Hillman and co-authors reworked this report, with some additional calculations, and submitted the manuscript to the prestigious SLEEP journal. The manuscript *“The economic cost of inadequate sleep”* has now not only been accepted by SLEEP for forthcoming publication, it has also been selected by their Marketing Department for an international

press release in the near future. Having the findings in a peer-reviewed, international journal of high standing is an incredibly important outcome for increasing the impact of our advocacy for better sleep health.

Recent Media Coverage

World Sleep Day

The 2018 campaign focused on a media alert via traditional media and several alerts via social media channels including Twitter and Facebook, using a newly created infographic designed by the ASA, SHF, and Alertness CRC. The theme set by the international WSD committee worldsleepday.org was *“Join the Sleep World, Preserve your Rhythms to Enjoy Life”*.

The campaign emphasised the importance of circadian rhythms (body clock) to all aspects of our health, particularly healthy sleep.

This was a great opportunity for our three organisations to work together collaboratively to send out the key messages for this campaign.

The Media interest was high with many requests for radio/broadcast interviews for our sleep experts as well as many press and internet stories. Social media interest was also strong with a number of posts being shared multiples times and ‘post reach’ and ‘likes’ well of 1,000 on individual posts.

‘Sleep and mental wellbeing: Exploring the links’ report

A new research report from health promotion foundation VicHealth and the Sleep Health

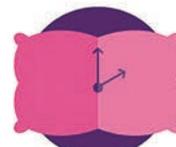
Are you in tune with your body’s rhythms?

Sleep is one of the three pillars of health, along with diet and exercise.

Adults should have between 7-9 hours of sleep each night, however 40% of Australian adults still get inadequate sleep.



We have an internal body clock, known as a circadian rhythm, which influences sleep and other bodily functions like body temperature, hormone levels and metabolism.



Time invested in getting enough sleep can have long term health benefits. If work affects the time you can sleep, try to ensure a dark, cool and quiet sleep environment.



Giving our bodies time to wind down in the evening—away from phone and TV screens—can help us get to sleep at a time that suits our rhythm.



Foundation has found Australian teenagers are missing out on crucial sleep, with screen time, caffeine and stress keeping them awake. The research found that the average teenager only got between 6.5 and 7.5 hours of sleep a night, well under the recommended 8-10 hours, and it was seriously impacting their mental wellbeing, with increased rates of depression, anxiety and low self-esteem among sleep-deprived teens.

The release of the report attracted strong media interest, particularly radio/broadcast and internet interviews and quotes.

SHF to be busy at Sleep DownUnder in Brisbane, Oct 2018

Following our highly successful debate in Auckland in 2017 this event will again be a feature on a new, controversial topic. There will also be a SHF Symposium on shifting circadian rhythms. Special thanks to Moira Junge for organizing these. The SHF has partnered with the Neuroscience Council for a one day Short Course on *"Assessment and Treatment of Excessive Daytime Sleepiness: Risk, Rewards and Patient Perspectives on Stimulant Use"*. Such a course was first proposed by the SHF committee of sleep disorder support groups and we are delighted that the Neuroscience Council has been so willing to include patient perspectives in this short course.

Sleep Health Foundation membership

Becoming a member of the Foundation is not just about what we can provide for you, it's also about building strength in numbers and being a part of a wider community. If you are not already a member the cost of \$75 +GST is fully tax deductible. The Foundation is a charity and receives no government funding

to perform its important role to promote sleep.

To renew your membership or to join the Foundation you will need to create an account (this is a one-off process), by completing the simple online form.

Once you are registered you can join or renew your membership or make a donation at any time by logging into your account.

Please visit the link below to register for your annual or lifetime membership account.

www.sleephealthfoundation.org.au/public-information/membership.html

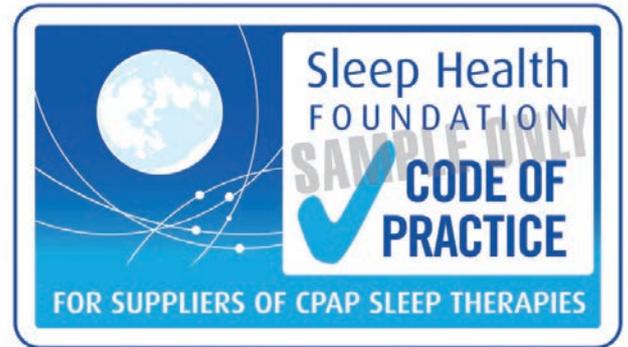
Please note: ASA members will still be able to pay their Foundation membership when paying their ASA membership.

Moving forward, membership status and other important information can be viewed online.

Donations: We are putting sleep in the news on a daily basis. Supporting the Foundation by making a tax deductible donation will help us to continue the valuable work we are doing with Government, Industry and in the Community. We strongly encourage you to donate to the Foundation before the end of the financial year.

Sleep Health Foundation Code of Practice

The Sleep Health Foundation Code of Practice for Suppliers of CPAP Sleep Therapies aims to help ensure a consistency in standards adopted by suppliers of CPAP therapies for sleep disorders. The principles of the Code focus on putting the patient first, providing high quality patient education and management of conflicts and duality of interest.



SHF endorsement of CPAP suppliers that meet the standards of the 13 item code should be rewarded through recognition and recommendation. The annual certification and registration on the Sleep Health Foundation list of SHF Code of Practice adherents (displayed on the SHF website) provides sleep physicians and their patient's with a resource to give them confidence when making decisions about where to go for equipment to treat their sleep disorders.

The Code has now over 40 subscribers covering over 47 outlets, with the number growing each year. We strongly encourage CPAP suppliers to consider applying to this important initiative by the SHF.

If you are a CPAP subscriber and interested in making an application, do not hesitate to discuss this with A/Prof Darren Mansfield or refer to the website for more information: www.sleephealthfoundation.org.au/public-information/code-of-practice.html

The code is endorsed by the Australasian Sleep Association, the national peak professional body of sleep clinicians and sleep scientists.

See the current list of certified suppliers: www.sleephealthfoundation.org.au/public-information/cpap-directory.html

Helen Burdette
Executive Secretary Sleep Health Foundation