From the President

Welcome to another edition of our newsletter, in which you will find the many developments that have occurred thus far in 2005. Plans for the Gold Coast meeting in October are progressing well, thanks to the efforts of the organising committee, headed by Craig Hukins. The meeting promises to be very stimulating, from a scientific and social perspective. I was pleased to see how many of our researchers had submitted abstracts, as this is of fundamental importance to the continued success of our organisation as a scientific body. Our keynote speaker, Professor John Stradling from Oxford University brings an outstanding international reputation and stimulating presentation style, and will undoubtedly contribute to the success of the meeting.

The expanded committee structure that was detailed in the strategic plan is now in place. A number of constitutional changes will need to be introduced to cater for the changing needs of the ASA structure, and these will be considered at the next AGM. The new Education and Membership committees have been established, and have begun to work toward their established goals. I am grateful for the enthusiastic support of the many members who have given up their time and expertise to contribute to the ongoing growth of the ASA. I envisage the need for additional ad hoc committees as new issues arise, and this will present opportunities for more members to get actively involved. Specific details relating to developments within our committees and special interest groups can be found within this newsletter.

The proposal to establish a national public health organisation, most likely to be named Sleep Health Australia, is slowly becoming a reality. Broad-based industry commitments (financial and in-kind) appear to have been secured, and this augers well for an open and transparent culture of collaboration, in the interest of greater public awareness about sleep health issues. There is still work to be done toward developing a governance structure that will ensure the sustainability of this new organisation, and a search for appropriately skilled individuals to take up key leadership roles will need to begin soon. The independent report by Access Economics, entitled “Wake Up Australia – the Value of Healthy Sleep” was recently launched, with substantial media coverage. This provides a strong basis for attracting additional support for and interest in our nascent field.

The ASA is hosting the next WFSRSMS meeting, to be held in Cairns 2007. Regrettably, planning has been clouded by political activity relating to tensions between WFSRSM and WASM, but this appears to be settling. We have also been fortunate to secure the Sleep & Breathing workshop, which will be held in Palm Cove, just north of Cairns, as a satellite of the WFSRSM meeting. These meetings will see the convergence of the international sleep community on our shores, and will be a tremendous opportunity for the ASA to shine on the international stage. Appropriate risk management strategies have been carefully considered by the Executive and conference convenors.

The Royal Australasian College of Physicians is in the process of updating its ethical guidelines on relationships between physicians and industry, and this has involved consultation with Specialty Societies. The latest update is now available for comment, and I would urge members to provide their valuable input. On other college matters, there is a move to update clinical indicators as part of the growing emphasis on performance and quality within the health system. I recently attended a college workshop, and the ASA will need to consider the merits of developing specific clinical indicators for our field. With the Annual Scientific Meeting rapidly approaching, I very much look forward to catching up in the Gold Coast!

Best wishes

Peter Cistulli

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The Registration Brochure for this year’s meeting has now been distributed to ASA/ASTA members and will be available on the ASA website. The programme will address the issue of the management of the large burden of sleep disorders where demand exceeds resources. The theme will explore both cutting edge technology in sleep medicine and Models of Care in the diagnosis/screening and management of these disorders and will be relevant for the diverse memberships of the associations. Professor John Stradling is the invited keynote speaker. His broad experience in many areas in sleep medicine will enhance the meeting considerably. The meeting this year will see the inclusion of the paediatric community in the debate that **Mild, minimally symptomatic OSA should be treated with medical or dental devices in adults or adeno-tonsillectomy in children.** A Hot Topics session will be introduced to this year’s meeting. The membership was invited to nominate topics and speakers of interest to them and in the model of Australian Idol, the topics receiving the most nominations will be presented as a Hot Topic.

Abstracts were submitted electronically this year. Minor updates in abstract content after initial submission will be possible until August 2005 although substantial changes will not be permitted.

There will be two Post-graduate courses offered this year.

**PG Course 1  Acute noninvasive ventilation in adults** This course is suitable for Respiratory Physicians and advanced trainees, scientists, allied health professionals and nurses involved in non invasive ventilation. This course will focus on the practical aspects of noninvasive ventilation in the acute setting with emphasis on the recent literature and applying an evidence-based approach.

**PG Course 2  Mandibular Advancement Splint Therapy in Obstructive Sleep Apnoea.** This course is designed for all clinicians and will cover appropriate patient selection, predictors of treatment outcome, design aspects, side effects and medico-legal issues presented by both ASA and Australian Dental Association members.

Further details of the courses are available in the Registration Brochure and on the website.

The Organising Committee looks forward to seeing you on the Gold Coast in October.

*Craig Hukins*
Helen Bearpark Memorial Scholarship 2005

The purpose of this scholarship is to facilitate international travel and exchange in order to develop skills in sleep research or clinical sleep medicine. The Scholarship is open to any member of ASA or ASTA to travel overseas, or someone from overseas sponsored by an ASA or ASTA member to travel to Australia.

The closing date for applications for the Scholarship is 31 July 2005. Applications received after that date will not be considered until 2006. Full details can be obtained from the web site at http://www.sleepaus.on.net/noticeboard, or from the ASA Secretariat.

Report from Siobhan Banks

Helen Bearpark Memorial Scholarship Holder, 2003

It gives me great pleasure to report on my recent experience working as a post-doctoral researcher at Professor David Dinges’ Laboratory at the University of Pennsylvania. My travel here would not have been made possible if it were not for the generosity of the Helen Bearpark memorial fund which was awarded to me in 2003. The scholarship enabled me to relocate to Philadelphia in June 2004 and take up a post doctoral position, furthering my research career.

I have been lucky enough to work on two large projects, one funded by the National Institutes of Health (NIH) and the other by the National Space and Biomedical Research Institute (NSBRI). Both studies focus on determining how best to use sleep as an intervention to promote recovery from the neurobehavioral and physiological risks posed by chronic sleep restriction. The NIH funded study aims to answer the question: How much sleep should be obtained in order to recover from a sleep debt induced by a week of chronic sleep restriction? The NSBRI study aims to investigate sleep as a countermeasure to ensure optimal neurocognitive performance capability in astronauts during prolonged space flight. The primary aim of this study was to determine the sleep dose-response effects of an acute change in sleep duration that occurs between two periods of chronic sleep restriction, on neurocognitive performance functions, subjective states, and waking and sleep physiology. Both of these studies require subjects (usually 5 at a time) to live in the laboratory 24 hours a day for between 11 to 16 days. As you can imagine a lot of data is collected with every run of the study protocol and it has been challenging learning new analysis techniques. So far between the two studies 52 subjects have completed the studies since subject recruitment began in August 2004. I have taken the opportunity to present my work at the European Sleep Research Society conference last October in Prague and this year I am presenting several abstracts at the APSS meeting in Denver.

I feel especially proud to have the opportunity to work in such a dynamic and world renowned laboratory. The experience of working in such an intensely academic environment has developed my research skills and has enabled me to develop many new contacts. I wish to thank the Australasian Sleep Association for awarding me the Helen Bearpark Memorial Scholarship for 2003 and hope that future recipients will gain as much from the Scholarship as I have.

Siobhan Banks
Report from the Honorary Secretary

The formation of a Membership Committee was part of the Strategic Plan, endorsed at the last AGM. The aims are:
- To determine the academic and practical needs of members
- To oversee and co-ordinate the development of Special Interest Groups (SIG convenors are members of the committee)
- Recomend to the ASA Executive programmes and member services that meet the needs of the membership
- To provide input to the scientific programme content of the annual scientific meeting
- To plan and co-ordinate communications with the membership (e.g. Newsletter)

I am very pleased and grateful that we have an excellent multi-disciplinary and trans-Tasman team compromising Keith Wong, Chris Pantin, Delwyn Bartlett, Leigh Signal and Margot Davey. The Committee is chaired by the Honorary Secretary and by default our Executive Secretary, Stephanie Blower, is also a member.

We had our first meeting on May 11th 2005. At the top of the agenda was the nature and timeliness of our Newsletter. Keith kindly consented to be editor and now has a job description. In the ensuing weeks we will upgrade the look of the Newsletter and commit to its regularity. We seek the input and suggestions of all members. All SIG’s are expected to contribute to its contents. There will also be book reviews, useful website reviews, calendar of events and so on. With the new membership subscription notices, views on advertising will be sought. At the moment no commercial advertising is allowed in the Newsletter and Website. Educational events and job vacancies relevant to the membership are publicized. The Website itself was felt to be quite useful and the Committee and Executive are looking into whether a more generic name would be available.

Public Interface
I continue to get different queries from the public on a regular basis. I am grateful for the members who have been asked to respond to some of them. Delwyn has cleverly come up with certain generic templates to streamline our responses, such as a nice way of telling them to do their own research or write their own treatise!

Membership Recruitment
The Annual Scientific Meeting is a great opportunity for new members to join. However as our field expands it would be great to “evangelise” to our colleagues in different disciplines in our everyday work places. Getting people involved in the evolving area of sleep science and technology and sleep-health will keep our Association robust and growth-oriented.

I would like to thank Stephanie for her continuing hard work and initiative, the rest of the committee for their involvement and the Executive for their support and encouragement.

Arthur Teng

ASA Webpage Editor needed
ASA is seeking a volunteer to manage the content of their webpage, a most important interface between the Association its members and the general public.
This role would include: checking and updating the suitability of links; making decisions on items submitted for inclusion on the website, and developing new functions for the website. This person would work closely with the Secretary and would ideally become a member of the Membership Committee.
No technical knowledge of web design is required as this person will work with the webmaster. If you are interested, would you contact Stephanie Blower for more information? <sleepaus@ozemail.com.au>

Arthur Teng
Report from the Clinical Chair

There has been no shortage of activity on the clinical side of the society. The release of the Access Economics report generated a lot of media interest, and many members of the ASA were involved in talking to the media, involving newspaper articles, television appearances, and radio interviews. As the president of our Association was quoted as saying, we have all been somewhat surprised by the scale of the economic cost to society. Hopefully such media exposure should help our craft group to play a more important role in the governmental planning for sleep disorders, not just the management and diagnostic side.

A few members have been concerned about the provision of CPAP services to patients by companies. There have been reports that scripts with specific instructions have not been properly filled out, and that some patients are finding themselves spending more for auto-titrating CPAP devices, without discussing this with their prescribing Physician. Members felt that a prescription for CPAP should carry the same weight as a drug prescription, and planned changes at the retail level should be discussed with the treating physician before a sale goes ahead. I would be interested if any other members have had similar problems, and the scale of the problem, so that we might send out a gentle reminder to those at fault.

The Epilepsy Society of Australia has written to all contributors to the Fitness to Drive Guidelines, and expressed concern that there is not enough clarity as to the role and responsibilities of the treating physician with respect to the patient and their future driving. As a result they have pulled out of endorsing the fitness to drive guidelines as they currently stand. I have had very little feedback from the membership about problems regarding the sleep disorders section, but again it would welcome any feedback and concerns. A recent article in the Internal Medicine Journal, volume 35 page 364 by Dr Roy Beran also makes out a case that the guidelines are murky, but to the Association’s credit, highlights the sleep disorders section as being clear and well referenced.

Another issue that we find ourselves confronting is the role of limited channel portable and/or home diagnostic studies. For some general practitioners, particularly in under resourced areas, who have an interest in sleep disorders, their feeling is that ordering a limited channel study should be the same as ordering another complex test such as the CT scan for example. As long as it is well reported, some general practitioners feel that they should be able to initiate investigations for sleep disorders, particularly when the chance of a significant sleep breathing disorder is high. There is a widespread movement in the industry by CPAP service providers to facilitate home diagnostic studies. However no one knows what the right model is! The executive will try to provide direction on this issue, and our plan would be too provide a set of guidelines, and perhaps teaching modules for general practitioners. Watch this space! A committee chaired by Professor Doug McEvoy is working on the Association’s behalf to update the Respiratory Sleep Laboratory Guidelines, and the role of limited channel diagnostic equipment will be included.

I will most likely step down from the clinical chair in the near future, and welcome any enthusiastic volunteers. I am currently in the process of setting up a clinical committee, and thanks to everyone who has nominated themselves for this task.

Peter Solin

Report from the Orofacial SIG

Planning for the inaugural Post Graduate course on Mandibular Advancement Splint Therapy in Obstructive Sleep Apnoea is well underway. Many physicians and dentists have already put October 6th in their diaries. The Australian Dental Association is also involved and will be advertising the course in their upcoming newsletters. The full day program will cover the current treatment modalities in OSA, with more specialized talks by leading authorities on oral appliances and TMJ disorders, side effects and medico-legal aspects. In the afternoon, practical small group sessions will focus on technical aspects and appliance design.

With the increasing utilization of oral appliances for the treatment of OSA, the Oro-facial SIG, in association with the Australian Dental Association has planned future educational programs to continue to inform, update and potentially accredit clinicians in this burgeoning and rapidly changing field.

We look forward to seeing you there.

Andrew Ng & Chris Pantin
Report from the Insomnia Sleep Health SIG

Welcome to the insomnia section of the newsletter. We hope you have had a good first half to the year with lots of positive feedback from if not patients/clients at least some other aspect of your life!

Our closed email site on Yahoo has not been a success so we think it may be a better alternative for members to use my email address and then I can send (with your permission of course) the relevant case history or discussion point to all our group. That way confidentiality will be maintained. My email address is delwynb@med.usyd.edu.au. So please start the emails coming so that we can have an open forum of our more difficult and or interesting cases.

At the Woolcock Institute of Medical Research and Royal Prince Alfred Hospital - we have had the pleasure to have Colin Espie, Professor of Clinical Psychology from the University of Glasgow here for a 6 month sabbatical. During his stay in Australia he also visited other centres to catch up with research and colleagues such as Leon Lack at Flinders University and with Simon Smith and colleagues at the University of Queensland in the Department of Psychology. I have really enjoyed the experience of having Colin with us, and his suggestions and research knowledge in the area of insomnia has been invaluable. Our insomnia group programme and workshop is based on the validated work by Colin. We look forward to working with him on a number of different research projects in the future. In the next newsletter I shall present his work on “The attention-intention-effort pathway in the development of Psychophysiologic Insomnia: a theoretical review”. This theoretical perspective is currently under review.

We would also like to help our members keep up to date with relevant journal articles relating to insomnia and insomnia treatments. A review on oral nonprescription treatments for insomnia is described in the journal review section.

Good reading

Thank you

Delwyn Bartlett & Tony Fernando

From the Newsletter Editor

It is intended to circulate the ASA Newsletter three times a year: June, November, and February. Contributions are welcome, and would be appreciated before 20 October and 20 January for inclusion in the following issues. In this issue we have experimented with adding to the content in the form of book reviews, brief journal article reviews, and a letters column. Many thanks to those who have contributed to the current issue. We would appreciate all your feedback and contributions.

Contact Keith Wong <keithw@med.usyd.edu.au> or Stephanie Blower <sleepaus@ozemail.com.au>

Keith Wong

E-Mail Addresses

The ASA is using E-mail more and more to communicate with the Membership. It is very important therefore that the Secretariat is aware of your most current e-mail address. When completing the data sheet accompanying your subscription notice please ensure that all the information is correct, especially your e-mail address. If you change address during the year please let me know IMMEDIATELY, so you don’t miss out on important information.

Thanks

Stephanie Blower
Executive Secretary
Worldsleep07, the quadrennial World Congress of World Federation of Sleep Research and Sleep Medicine Societies (WFSRSMS), will be held in Cairns 2-6 September. We have chosen worldsleep07 as a catchier, less wordy title than WFSRSMS - we are sure ASA members will agree. Names aside, we believe that such a meeting will be a major boost for sleep research and sleep medicine in the Asian and Pacific regions by bringing together the American Academy of Sleep Medicine, Asian Sleep Research Society, Canadian Sleep Society, European Sleep Research Society, Federation of Latin American Sleep Societies, Sleep Research Society of the United States

Work on this meeting started in 1999, when we made a bid to the Governing Council of the WFSRS (as it was then) in Dresden. After some political battles that ended up with major reforms of the WFSRS structure to create WFSRSMS, our plan to host Worldsleep07 was confirmed 3 years ago. We have an executive steering group including ourselves, Naomi Rogers (WFSRSMS liason) and Stephanie Blower. There are organising and scientific program committees made up of representatives of the WFSRSMS constituent societies. We are establishing a large international scientific advisory group to assist with the programme. Last November, David Dinges and Torbjorn Akerstedt of the WFSRSMS visited the Cairns site and were delighted with the facilities.

As time gets closer the work is speeding up. Those who attended the APSS meeting in Denver last month, will be aware that the first major promotion to the international market took place, with a multitude of Koalas being worn by delegates – all wearing a little tag giving the date and venue for the meeting. Hopefully these will be taken home and people will be reminded to put the date into their planning. We would like to take this opportunity to thank all those ASA members who helped to man the stand at APSS. Adam Kudra, from Event Planners (our conference organiser) handled questions from “can I get a room with a bath and a kangaroo” to “we didn’t know there was rainforest so near to Vienna”. US Customs were also suspicious of so may small furry objects arriving at once and we had a few anxious moments.

Importantly, we had a good response from sponsors including a face to face meeting with the larger organisations. The award to the first sponsor to commit was Fisher and Paykel but we have been just advised Cephalon, the US based developer of modafinil and other medications, will take a Platininum Sponsorship - the largest available. We really appreciate this strong show of support for the meeting so far in advance.

Good news via Adam Fletcher was that Far North Queensland has been selected as the site for the 2007 World Shiftwork meeting immediately before Cairns. As well, we have secured the 10th International Sleep and Breathing Symposium for Cairns August 31- Sept 1, 2007 - this prestigious meeting is an invitation-only gathering of the leading US, European and Asian sleep-breathing researchers and will be chaired by Doug McEvoy and Matt Naughton.

If you know of any other possible satellite sleep-related meetings that might wish to be associated with worldsleep07, please approach them to enlist their support and let Stephanie know about them.

A number of other members have taken promotional information to meetings they are attending overseas where there is a sleep contingent, and again we would like to thank these people. If you are going to a meeting overseas, and are happy to help promote worldsleep07 please let Stephanie at the Secretariat know, and she will arrange for promotional material to be delivered to you. You can also help in this endeavour by drawing the attention of any company reps to this meeting, so they go to their sales conferences saying how they HAVE to be part of the international meeting. Additionally if you are aware of any companies with an interest in sleep that the Organising Committee might not be aware of, please let us have contact details so this can be followed up.

Most importantly, we need feedback from the ASA membership. Although, we are forming an international scientific group to advise us on their priorities for scientific content, ASA members should all consider themselves as advisors and active participants in this process. It’s our meeting too, as there will be no separate ASA meeting in 2007. John and I plan to have a short discussion session at the ASA Conference in October to outline the Cairns plans and get some constructive suggestions from the membership.

As worldsleep07 gets closer, we will be asking for more and more assistance, and we hope that the membership will join us in making the meeting a success. We seek your support in achieving this.

John Wheatley & Ron Grunstein
Co-Chairs, worldsleep07
10th International Sleep and Breathing Meeting

The Australasian Sleep Association plans to host the 10th International Sleep and Breathing Meeting in September 2007 at Palm Cove, QLD. The meeting will follow on from the 2007 World Federation of Sleep Research Societies Congress to be held in Cairns. Further details will be made available in due course. Those with suggestions for speakers or symposia, please contact the convenors, myself (M.Naughton@alfred.org.au) or Doug McEvoy (Doug.McEvoy@rgh.sa.gov.au)

Matt Naughton

Book Reviews

All books included in this review were supplied by Elsevier Australia, and can be obtained through them:
Phone: 02 9517 8999 or 1800 263 951
Website: www.elsevier.com.au

Principles and Practice of Pediatric Sleep Medicine
Sheldon SH, Ferber R & Kryger MH,
Elsevier Saunders 2005 ISBN 0721694586
A review by Arthur Teng

This is the next step following the publication in 1995 of Principles and Practice of Sleep Medicine in the Child as a volume separate to the Principles and Practice of Sleep Medicine (2nd Edition). There are 21 different contributors and as far as can be deduced, there are 3 from ENT departments, 3 from ambulatory and general paediatric departments, 5 from neurology/psychology, only 3 from pulmonology units and 7 from distinct sleep medicine departments. The book is a testament to the growth of paediatric sleep medicine as a separate entity.

There are 28 chapters in the 356-page book. The first section deals with introduction to the area, including a useful chapter on differential diagnosis, which frames the way clinical sleep problems can be approached. This is followed by epidemiology and anatomy of sleep (the latter very similar to the 1995 book). The next chapters deal with PSG and physiologic variations. The latter summarises the effect of sleep on various body systems. The chapter on chronobiology is interesting and easy to understand and clinically applied in the next chapter on circadian dysrhythmias. The remaining chapters deal with clinical problems. An entire chapter is devoted to ADHD and Sleep Disorders, with a succinct summary of the topical area. Several chapters deal with hypersomnias, sleep-breathing disorders, parasomnias and pharmacology.

Interestingly there is no mention of SIDS, apparent life-threatening events (ALTE’s) or home apnea monitoring in the index. This is a significant departure from the history of paediatric sleep medicine and infant sleep research especially when seen from an Australian context. The first paediatric sleep labs in this country owed their genesis in many ways to SIDS Associations. It seems that the whole area has matured and gained its independence and place in mainstream medical practice, with an increasingly robust and scientific knowledge base.

This is an excellent textbook best used as an introduction and guide to the whole area of paediatric sleep medicine. The “adult” textbook remains the reference. The clinician or scientist who needs more depth will have to look elsewhere or at more recent and specific journal articles in this exciting and rapidly evolving field.
Principles and Practice of Sleep Medicine, 4th edition  
Kryger, Roth & Dement (eds).,  
A review by Peter R Buchanan.

Would that I could (truthfully) claim I’ve read the new edition of PPSM from cover to cover for this review, but I don’t think most readers use large medical texts that way, and instead delve in as the occasion demands, be that for clinical guidance or as part of a research undertaking. My modest presentation here is based on overall impressions and some focusing on areas of interest to me.

The publication of a new edition of a major medical textbook is always occasion for enthused anticipation, the more so when, as in this case, the tome is its field’s leader. The 4th edition of PPSM expands considerably the coverage given in the previous edition, coming in with 125 (cf 110) chapters and 1474 pages (cf 1308). The relative minor expansion of pages has been largely achieved by a reduction in the references quoted (limiting to key references). Organizational structure is unchanged with the first part covering the scientific basis that underpins our comprehension of the subject, and the second part devoted to contemporary clinical practice. The range of authors is impressive, and although USA-centric in its composition, there is a breadth of international authorship.

The now published 2005 second version of the ICSD is presented, in chapter 51, as a May 2004 beta version and thus the PPSM presentation may not exactly match the final ICSD-2 — readers beware. Indeed like all major medical texts, PPSM is potentially at least 12-18 months behind the advancing edge of medical knowledge. Some other medical texts have web-based versions that are more or less kept continuously updated as new developments surface – I wonder if Elsevier Saunders have considered this?  

There is a new section on Women’s Health, and fittingly (or not) all the authors of the section chapters are women. Indeed by assessment of first names there are at least 40 female out of 173 chapter authors in the book. Wolfson and Lee bring us up to speed on the ways that pregnancy and the postpartum period can intersect with sleep physiology and medicine and how clinicians can better understand and if necessary manage this challenging time in women’s lives. Among the chapters in the new Cardiovascular Disorders section, Hedner, Franklin and Peker clearly define the significant and still evolving nexus between coronary artery disease and obstructive sleep apnea.

There has been a 5-year interval between this edition of PPSM and its predecessor and it seems the editors and authors have achieved the goal of incorporating and integrating the tremendous growth in the field of sleep medicine that has occurred across this time frame. For this they are to be commended. What further advances will the next 5 years bring? For a comprehensive distillation of that future progress we must await the 5th edition of PPSM.

Atlas of Sleep Medicine  
Chokroverty, Thomas & Bhatt (eds),  
A review by Andrew Ng (NSW)

The authors have compiled an atlas seeking to comprehensively cover contemporary sleep medicine. Its thirteen chapters include: polysomnographic (PSG) techniques, scoring, unusual PSG patterns, paediatric PSG, diagnosis/treatment of sleep-disordered breathing, and many chapters devoted to non-respiratory sleep disorders. Specialised techniques such as pulse transit time, peripheral arterial tonometry and the cyclic alternating pattern are also included. Most chapters begin with an introduction to the topic, often with some knowledge being assumed.

One strength of the atlas is the numerous PSG tracings (in black & white) incorporating clinical with physiological findings, particularly of non-respiratory sleep disorders, which are generally well set out and described. Another is the clear & concise chapter by Thomas outlining his protocol for CPAP/Bilevel PAP titration using frequent PSG tracings for illustration.

This book is aimed primarily at PSG technologists, registrars and sleep physicians. It contains a wealth of PSG illustrations and would make an excellent addition to any sleep laboratory library as an invaluable resource.
Journal updates

In this section we will include brief reviews of a few recently-published articles.

The genetic basis for a short-sleeping phenotype (Reviewed by Naomi Rogers)

Fruit flies have been previously observed to experience distinct sleep-wake states across the 24 hour day, and demonstrate performance impairment and sleep rebound following periods of sleep loss. This study screened 9,000 mutant lines of Drosophila melanogaster in order to identify a genetic basis for a short-sleeping phenotype.

A line of mutants was discovered that slept for only one third of the time that wild type flies normally slept for. These mutants, named minisleep were found to have a point mutation in the Shaker gene (so named because flies with that mutation demonstrate a transient shaking of the legs and scissoring of the wings following diethyl ether anaesthetic). These minisleep flies did not experience performance impairment following sleep deprivation and did not have increased sleep debt compared to the longer sleeping wild type flies. In addition, the minisleep flies were shown to have a reduced life-span.

Naturally short sleeping phenotypes that do not appear to experience performance deficits and rebound hypersomnolence associated with restricted sleep schedules are present in both the fruit fly and humans, although it has yet to be determined if the genetic mutation underlying this phenotype in Drosophila is conserved across species. Identification of this genotype in fruit flies may provide insight into some of the mechanisms underlying sleep regulation and the CNS effects of sleep loss.

Nonprescription treatments for insomnia (Reviewed by Delwyn Bartlett and Tony Fernando)
Meoli, AL; Rosen, C; Kristo, D; Kohrman, M; Gooneratne, N; et al Oral Nonprescription Treatment for Insomnia: An evaluation of Products With Limited Evidence, Journal of Clinical Sleep Medicine, 2005; 1:173-187

We are often confronted in clinical practice with statements that herbal medication has to be better than prescription medication because it is natural. CBT is also natural. But following on from this theme is a paper published this month by the Clinical Practice Review Committee, American Academy of Sleep Medicine which ‘evaluated the level of evidence regarding the safety and efficacy of non-prescription therapies used for insomnia’. The review committee conducted a world wide web search using the terms of insomnia, herbal remedies and alternative treatments. The authors found little beneficial effect for the majority of herbal supplements. Evaluation of the studies was often difficult due to the small subject numbers and poor methodology. Of particular interest, was the suggested interaction effects of many natural products with other medications. A number of side effects were also apparent and surprisingly with such products as chamomile tea which can result in allergic reactions and vomiting. This paper would be a useful reference in clinic and raised many interesting discussion points.

A cohort study examining cardiovascular mortality in sleep apnea (Reviewed by Keith Wong)

This cohort study followed 1387 men presenting 1992-1994 at a Spanish sleep clinic. CPAP was offered for severe OSA (RDI > 30) or if they had symptoms. An additional 264 healthy individuals were matched for age and BMI to the group with severe OSA to form the comparison group.

At ten-year follow-up, the odds ratio adjusted for known confounders for cardiovascular death is reported as 2.54 (1.31-4.99) for those with severe untreated OSA, compared with non-OSA controls. There was no significant increase in risk with the group that were treated with CPAP (odds ratio 1.05 (0.39-2.21)). Non-fatal cardiovascular events were also increased in the severe OSA group (OR 3.47 (1.12-7.52)).

Although not a randomised study, data on long-term important outcomes in OSA is sparse. This paper provides some information with which to guide clinicians discussing the risks of obstructive sleep apnea. Although this may represent a lack of power and the confidence intervals were wide, it was reassuring to note that the group without severe OSA who were untreated did not have an increased risk of cardiovascular events.
To Peter Solin, Clinical Chair, ASA

Dear Peter,
Thank you for your efforts as the Clinical Chair of the ASA.

We read your article in the latest Newsletter regarding MAS therapy and would like to make three observations. First, we believe that there is a strong & growing evidence base for the use of MAS therapy in OSA. The Cochrane review (which included unpublished data) suggests MAS therapy be used only in those who failed CPAP therapy. However, the American Academy of Sleep Medicine suggests that MAS therapy can be used for mild-moderate OSA patients and in those who fail CPAP therapy. In addition, two recent trials have shown MAS therapy improves blood pressure (Gotsopoulos 2004, Barnes 2004), whereas CPAP did not (Barnes 2004). And because complete treatment success occurs in all grades of OSA severity (albeit in only a minority of severe OSA cases), we propose that MAS therapy could potentially be used as a first line treatment in OSA (subject to meticulous evaluation & monitoring by an experienced sleep physician). Second, we do not believe that all ‘simple snorers’ need a Sleep Physician review.

However referral should be made if there is concern eg witnessed apnoeas, excessive daytime somnolence, hypertension, heart disease, CVA etc. We don't believe all dentists have this experience and would recommend a lower threshold of referral for them. Potentially a clinical pathway could be developed to streamline this. Our SIG is keen to inform and update dentists on these various aspects of sleep disordered breathing and as a result will be holding an Oral Appliance Postgraduate course prior to this year’s ASA on the Gold Coast. Third, we are aware that the Australian Dental Association (ADA) is currently updating their position statement on MAS and would be happy to be involved. We also will be writing to the ADA to inform them of this postgraduate course and to liaise with them regarding future educational seminars and working towards an accreditation process.

We look forward to hearing your thoughts.

Kind regards,

Dr Chris Pantin  Co-chair Oro-facial SIG  ASA member  ADA member
Dr Andrew Ng  Co-chair Oro-facial SIG  ASA member  Respiratory & Sleep Physician

Response

Dear Andrew,
Thank you for your letter.

The executive committee met and discuss the content of the ADA position statement, and felt that it was a little too early to challenge their recommendation that sleep physicians should be directing patients to dentists for mandibular advancement splints. There was some varied opinions on this front.

The committee thought that this would be a good topic to have thrashed out in the future, preferably through the Clinical committee, but equally you could take this further through your orofacial special interest group, and come up with a workable pathway. The big fear of course is that commercial interests for mandibular advancement splints influence the process through which patients are directed, i.e. towards splints which seems to be an easy fix, rather than to a Physician for further discussions about lifestyle modification and the implications of undertreated sleep disordered breathing.

I have copied your response to Stephanie Blower, and would be interested if this could be published in our next newsletter, under letters from the special interest groups / hot topics, I would be very interested in you or symposium before the ASA conference, and I wonder whether invitations have been sent or is still in the planning stage.

Thanks and best wishes

Dr. Peter Solin  MBBS FRACP PhD  Hon. Clinical Chair; Australasian Sleep Association.
Meetings

**International Conference on Fatigue Management in Transportation Operations (FMCSA)**
11-15 September
Seattle
<http://www.engr.washington.edu/epp/fmto/>

**WFSRSMS Special Interim Meeting**
22-26 September, New Delhi.
<http://www.wfsrsms2005.org>

**Sleep 21st century & beyond – managing the burden of disease**
18th ASM of ASA & ASTA
7-9 October, Surfers Paradise.
< http://www.sleepaus.on.net/meetings.html.>

**World Association of Sleep Medicine**
15-18 October, 2005 Berlin

**Worldsleep07** (see page 7 for report)
quadriennial congress of the WFSRSMS
2-6 September 2007, Cairns, Queensland.
<http://worldsleep07.com>

**10th International Sleep and Breathing Meeting**, (see page 8 for report)
precedes worldsleep 07, September 2007, Palm Cove, Queensland.