



# asa council news

Australasian Sleep Association **January 2020**

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

Forward any items to your council newsletter contributor:

- **Chronobiology Council** – Gorica Micic
- **Dental Sleep Medicine Council** – Harry Ball
- **Insomnia and Sleep Health Council** – Alix Mellor
- **Neuroscience Council** – Julia Chapman
- **Occupational Health, Safety & Performance Council** – Melanie Moylan, Alexander Wolkow
- **Paediatric Council** – Sally Baddock
- **Primary Care Council** – Nicole Grivell
- **Respiratory Council** – Shyamala Pradeepan
- **Sleep Physicians Council** – Simon Frenkel
- **Surgery Council** – Nathan Hayward

## inside

- Chronobiology Council **1** • Dental Sleep Medicine Council **3** • Neuroscience Council **3**
- Insomnia and Sleep Health Council **4** • Occupational Health, Safety & Performance Council **4**
- Paediatric Council **5** • Primary Care Council **7** • Respiratory Council **7** • Surgery Council **7**
- Sleep Physicians Council **8** • SDU19 Fun Run Results **9**

## Chronobiology Council

Circadian biology might provide clues to develop a framework to improve the understanding of short-sightedness aetiology, and possibly lead to rational approaches to ameliorate vision disorder development.

### Circadian Rhythms and Myopia

Myopia, or short-sightedness, is the most common refractive disorder among children and young adults, and represents the highest incidence of all vision disorders globally.<sup>1</sup> In myopic individuals, distant objects appear unfocussed due to longer eyes. The prevalence of myopia is increasing world-wide. One third of the Australian population is currently affected by myopia and a steep increase is expected in the coming years, resulting in about 20 million myopic Australians by 2050.<sup>1</sup>

There has been a growing interest in understanding the role of sleep and circadian rhythm disruption in myopia development<sup>2</sup> based on a large body of evidence suggesting that disruption of the daily light/dark cycle perturbs normal eye growth and leads to refractive errors in laboratory animals.<sup>3,4</sup> Disruptions in circadian

**Continued**

rhythms due to the advent of artificial light and use of light-emitting electronic devices, particularly blue light, has become a recognised health concern in several health fields.<sup>5</sup> However, its impact on eye health has not been studied extensively. Exposure to light in the evening or early night, even at low intensity, suppresses the normal release of melatonin and impacts circadian clocks and sleep.<sup>6</sup> Light at specific times in the night, particularly blue light, suppresses nocturnal melatonin secretion in a dose dependent manner,<sup>7</sup> and changes the circadian timing of melatonin release.<sup>8</sup> Given that myopia is associated with poor sleep quality,<sup>9</sup> studying alterations in melatonin concentration and/or timing may provide important insights into the link between poor sleep and myopia. Specifically, normal melatonin concentrations and rhythms are fundamental to normal eye growth and myopia might arise from melatonin circadian rhythm disruptions and associated sleep disturbance.

The retina plays an important role in detection of light and regulation of circadian rhythms. Intrinsically photosensitive retinal ganglion cells (ipRGCs) are a distinct subtype of retinal ganglion cells that contain a light sensitive photopigment called melanopsin. These cells can directly detect light levels without any input from the outer retina, and act as bona fide photoreceptors in the inner retina. ipRGCs also respond to light not only directly through melanopsin, but also indirectly through synaptically mediated input from rods and cones. The ipRGC axons project to several brain centres to primarily regulate non-image forming functions, such as the suprachiasmatic nucleus to photo-entrain circadian rhythms and the olfactory pretectal nucleus to control the pupillary light reflex.<sup>10</sup> They also play a role in image formation, contributing to visual detection and colour and temporal processing. There is growing evidence that these cells may also play a role in eye growth and refractive development of the eye either by modulating natural circadian rhythms or by altering production and release of neurotransmitter dopamine within the retina. The retina synthesises its own dopamine, which has been shown to be a potent anti-myopia agent in a large number of animal studies.<sup>11</sup> Watch this space for emerging circadian rhythm research which aims to improve the understanding of refractive development and improved therapeutic interventions.

**Ranjay Chakraborty & Gorica Micic**

Chronobiology Council

1. Holden BA, Fricke TR, Wilson DA, et al. Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050. *Ophthalmology*. 2016;123(5):1036-1042.
2. Chakraborty R, Ostrin LA, Nickla DL, Juvone PM, Pardue MT, Stone RA. Circadian rhythms, refractive development, and myopia. *Ophthalmic Physiol Opt*. 2018;38(3):217-245.
3. Li T, Troilo D, Glasser A, Howland HC. Constant light produces severe corneal flattening and hyperopia in chickens. *Vision research*. 1995;35(9):1203-1209.
4. Smith EL, 3rd, Hung LF, Kee CS, Qiao-Grider Y, Ramamirtham R. Continuous ambient lighting and lens compensation in infant monkeys. *Optometry and vision science: official publication of the American Academy of Optometry*. 2003;80(5):374-382.
5. Phillips AJK, Vidafar P, Burns AC, et al. High sensitivity and interindividual variability in the response of the human circadian system to evening light. *Proc Natl Acad Sci USA*. 2019;116(24):12019-12024.
6. Stevens RG, Brainard GC, Blask DE, Lockley SW, Motta ME. Adverse health effects of nighttime lighting: comments on American Medical Association policy statement. *American journal of preventive medicine*. 2013;45(3):343-346.
7. Zeitzer JM, Dijk DJ, Kronauer RE, Brown EN, Czeisler CA. Sensitivity of the human circadian pacemaker to nocturnal light: melatonin phase resetting and suppression. *The Journal of physiology*. 2000;526(3):695-702.
8. Keijzer H, Smits MG, Duffy JF, Curfs LM. Why the dim light melatonin onset (DLMO) should be measured before treatment of patients with circadian rhythm sleep disorders. *Sleep Med Rev*. 2014;18(4):333-339.
9. Ayaki M, Torii H, Tsubota K, Negishi K. Decreased sleep quality in high myopia children. *Scientific reports*. 2016;6:33902.
10. Hattar S, Liao HW, Takao M, Berson DM, Yau KW. Melanopsin-containing retinal ganglion cells: architecture, projections, and intrinsic photosensitivity. *Science (New York, NY)*. 2002;295(5557):1065-1070.
11. Feldkaemper M, Schaeffel F. An updated view on the role of dopamine in myopia. *Exp Eye Res*. 2013;114:106-119.

# Dental Sleep Medicine Council

## Updates in the production of oral appliances: Innovations and Cautions

There are now over 120 mandibular advancement splints with FDA approval in the US. Although many claim superior efficacy, the reality is that a number of studies have failed to show that any one type appliance is better than any other. The consensus by experts in the field is that the focus needs to be on comfort and compliance in achieving successful outcomes. The advent of new technology is revolutionising the materials used and the way appliances are made. 3D printing and milling results in far thinner yet exceptionally stronger appliances. Additionally, intra oral scanning with 3D image capture is replacing conventional impressions. This method is more comfortable for the patient, but most importantly it results in a far more accurate representation of the patient's teeth.

**These are exciting times in dental sleep medicine, with appliances that are far more comfortable, durable and with a reduced potential for side effects.**

On the other side of the ledger, there is a trend going in the other direction. Some commercial entities directly market their oral appliances to consumers. The patient takes their own oral impressions and the company provides the device to them, without assessment or oversight by the relevant clinically trained healthcare professional. There are a number of issues that may arise from appliances made this way. Firstly, impressions taken this way are invariably of poor quality, and the fit of a completed appliance can only be as good as the quality of the impression. Impression taking is an important skill that is an integral part of a dentist's training. Secondly, there is no record, or registration taken of the jaw position. Recording the jaw position is a critical step in establishing the ideal position in which the appliance holds the jaw. Without this record, appliances will either hold the jaw too far forward, with the potential for pain and discomfort, or not far enough forward, with the snoring or sleep apnoea not adequately controlled. Importantly, there is no supervision by a dentist, and the potential for other side effects is high with these types of appliances.

With this model of care, patients may be inadequately or inappropriately treated, and there is a significant risk of unwanted side-effects. There is a need to educate health professionals and the public about the pitfalls and dangers of this approach.

**Harry Ball**

Dental Sleep Medicine Council

# Neuroscience Council

On Tuesday 10th December 2019, the Neuroscience Council of ASA initiated their first Sleep EEG Analysis Taskforce (SEAT) meeting. This initiative started following discussions at Sleep Downunder in Sydney, October 2019, where the ASTA plenary session Beyond Staging: What else can sleep EEG tell us? included talks by Neuroscience Council co-chair Scott Coussens, Angela D'Rozario, Bandana Saini and Mark Kohler. With shared interest from both Neuroscience Council members of ASA and the Australia and New Zealand Sleep Science Association (ANZSSA formerly ASTA), a group of researchers and clinicians decided to come together to form a task force.

The aim of the Sleep EEG Analysis Taskforce (SEAT) is to work together to develop a new set of standard sleep EEG analysis methods that meet the needs of researchers and clinicians. The task force plans to meet regularly to initiate a registered protocol document that would also serve as a published position paper outlining the problems with the current staging approach. The taskforce also aims to outline and undertake a series of analyses required to achieve this. It is the ultimate aim to provide a platform for international collaboration on such standardisation of the measurement and analysis of sleep EEG far beyond the current manual scoring techniques. The task force will also consider potential funding opportunities to achieve these aims. If anyone is interested in becoming involved in the task force, please contact Scott Coussens, co-chair of the Neuroscience Council of the ASA at [Scott.Coussens@unisa.edu.au](mailto:Scott.Coussens@unisa.edu.au).

**Julia Chapman**

Neuroscience Council

# Insomnia and Sleep Health Council

An article of interest written by Monash researcher, Piyumi Kahawage on how accurate wearable sleep-tracking devices are in an insomnia population.

## Insomnia Research in Focus - Fitbit May Track Sleep Time Accurately but Overestimate Problems

Recent technological advancements combined with increased awareness of the importance of sleep in the general public have led to a rapid growth in commercially available, consumer-friendly activity trackers purporting to measure both daytime activity and sleep. Validating consumer devices has potential clinical relevance. It is becoming more common in clinical practice to have individuals with sleeping difficulties gaining insights into their sleep, based on data obtained from these devices. If these devices are found to be comparable to research-grade devices, it would allow both clinicians and patients to monitor sleep as well as use such information in the diagnosis and treatment of sleep disorders in a convenient and cost-effective manner. Conversely, if these devices are found to not be a reliable measure, clinicians and patients alike will be better informed to not rely on such data for understanding sleep and wake patterns. However, very few consumer devices have been independently validated in sleep disturbance populations, specifically in Insomnia Disorder.

Monash University Researchers recently published research examining a current popular consumer device, the Fitbit Alta HR, in a sample of individuals with chronic insomnia. They tested the device during one night of sleep in the laboratory against the gold standard sleep measurement (polysomnography), and against a research-grade ambulatory sleep tracker (i.e., an actigraph; Actiwatch Spectrum Pro). Secondly, they evaluated the performance of the Fitbit Alta HR relative to the research-grade actigraph outside of the laboratory, by measuring sleep before and after Cognitive Behavioural Therapy for Insomnia.

In the laboratory, compared to PSG, both activity trackers underestimated the amount of time patients were awake at night, and therefore slightly overestimated the amount of sleep they obtained. The misestimation became worse the more someone was awake at night, meaning the devices were less

accurate the more severe someone's sleep problem was. When examining sleep stages, the Fitbit Alta HR overestimated light sleep and REM sleep and underestimated deep sleep, demonstrating more shallow sleep than actually obtained. Outside the laboratory, the Fitbit Alta HR provided similar estimates of sleep as the research grade actigraph both before and after treatment.

Overall, the Fitbit Alta HR performed very similarly to the research-grade measure that is commonly used. However, this consumer device became less accurate as an individual's insomnia symptoms got worse. Since many patients with insomnia claim to lie motionless yet awake at night, the Fitbit Alta HR often believes that they are asleep during these instances. Furthermore, this consumer device does not appear to be particularly clinically useful since it cannot make a diagnosis of insomnia nor track treatment outcomes. The information provided in this study should prove useful for both clinicians and consumers who use this model of Fitbit to track sleep. However, users are advised to thoroughly consider the advantages and drawbacks of these devices and apply them for clinical and/or research purposes with discretion.

**Piyumi Kahawage**  
Monash University

# Occupational Health, Safety & Performance Council

## Australian Automobile Association - Road Safety Research Program

The OHSP Council was recently invited by the Australian Automobile Association (AAA) and their Road Safety Research Program to identify key fatigue-related driving challenges and research ideas to help tackle these challenges. This feedback is being used to inform the first research cycle of the AAA Road Safety Research Program, which is a new program that engages with a range of stakeholders to support research and translation activities in priority areas to improve road safety in Australia. A significant number of challenges on the topic of fatigued driving were submitted by the OHSP Council for consideration by the AAA Road Safety Research Program.

Many of the challenges submitted were also highlighted in a recent article published in the Internal Medicine Journal by ASA members (Wolkow et al 2019), which was supported by the ASA, SHF and Alertness CRC. Following the call for feedback, representatives from the OHSP Council (Mark Howard, Greg Roach, Andrew Vauklin) attended a forum in November with other experts and road safety stakeholders with an interest in the Program's research cycle theme of fatigued driving, to further develop research concepts.

### **Qantas - Project Sunrise**

Back in August 2019 Qantas announced their 'Project Sunrise' three non-stop flights from New York (2 flights) and London (1 flight) to Sydney research flights.

The first flight, on October 18th, from New York to Sydney, took 19 hours 16 minutes in the air with a total of 49 passengers and crew on board. Researchers from the Charles Perkins Centre (CPC) and the Cooperative Research Centre for Alertness, Safety and Productivity (Alertness CRC) (University of Sydney, Monash University) travelled on the non-stop Dreamliner flight to collect passenger and crew data. A series of tests to assess health and well-being onboard, including EEG monitoring of the pilots, melatonin levels and alertness, through to exercise classes for passengers, were conducted.

The second research flight took place on November 14th from London to Sydney. Again, the CPC and Alertness CRC researchers were on board collecting passenger and crew data. The third and final research flight for Project Sunrise will take place on December 17th between New York to Sydney. Once completed, this will have provided researchers and Qantas with nearly 60 hours of experience and thousands of data points on crew and passenger wellbeing for 'sunrise flying'. These data will be used to help model crew rostering and customer service offerings for Qantas' ultra long haul flights.

Outcomes from the AAA forum and Project Sunrise will be communicated in the coming months.

### **Melanie Moylan**

Occupational Health, Safety & Performance Council

## **Paediatric Council**

### **Guidelines**

- **Oximetry item number**

The Thoracic Society of Australia and New Zealand and the ASA have convened a working group to develop an application to the Medical Services Advisory Committee for a new Medicare Benefits Scheme item number for overnight oximetry. It is envisaged that this would cover chronic lung disease and sleep disordered breathing as separate indications. The working group includes Jasneek Chawla and Gillian Nixon as paediatric members, with a number of adult medicine representatives. It is envisaged this application will progress in 2020.

- **Paediatric Home Ventilation Guideline Revision**

This document revision is almost complete. The guideline has been finalised by the working party and is currently out for review by relevant interested parties (PICU, Nursing and consumers). It will then go to the ASA and TSANZ clinical committee for endorsement prior to submission for publication.

- **ASA Guidelines for Home Ventilation**

Andrew Tai, Jasneek Chawla & the Home Ventilation Guidelines working party have had 4 teleconferences and 1 face to face meeting. Draft 2 of the guideline was presented to the Australasian Paediatric Respiratory Medical Group in March 2019 at TSANZ. At this stage, there is another scheduled teleconference in late July 2019 to review some feedback. The working party hope to have a final draft for circulation later in the year, once it has gone through all the governance channels of both TSANZ and ASA.

### **Upcoming Conferences / Dates for the Diary:**

- **International Paediatric Sleep Association (IPSA) Conference** 21-24 October 2020, Brisbane.

This conference will be held concurrently with the Australasian Sleep Association Sleep Down Under Conference (SDU). The IPSA content will form the paediatric content of the SDU conference. Conference committee chair, Rosemary Horne, is pleased to confirm Michael Gradisar (Australia), Beth Malow (US) and Albert Martin Li (Hong Kong) as keynote speakers. This promises to be a stimulating international paediatric event.

## Abstract deadlines:

- Symposium submission: March 31, 2020
- Oral abstract deadline: June 30, 2020
- Poster abstract deadline: September 15, 2020

## Concurrent Meetings of Interest

- **International Surgical Sleep Society Annual Conference** 18-20 October 2020
- **International Stillbirth Alliance (ISA) and International Society for the Prevention of**
- **Perinatal and Infant Death (ISPID) Conference** 22-24 October 2020
- **7th Annual Paediatric Airway Course**  
23 October 2020

The Key dates flyer and powerpoint have already been sent out through ASA. Please help us by circulating through your networks.

## Paediatric Council sub-committee

The Paediatric Council Committee met for the first time on 5th December: Barbara Galland and Honey Heussler (Co-Chairs), Jasneek Chawla, Nicole Verginis, Vishal Saddi, Moya Vandeleur, Scott Coussens and Sally Baddock. Bios for members are below and further bios will be included in the next newsletter. We are all keen to support the work of the Paediatric Council and promote its profile.

**Co-chair Barbara Galland** is a Research Associate Professor at the Department of Women's & Children's Health, University of Otago, New Zealand. She completed her undergraduate training in Physiology and has been engaged in many aspects of paediatric sleep research since the early 1990's spanning SUDI, sleep disordered breathing, sleep measurement, sleep hygiene, autonomic function, type 1 diabetes, obesity, and academic performance outcomes.

**Co-chair Helen (Honey) Heussler** is a Sleep and Developmental physician based at the Queensland Children's Hospital and has a particular focus in clinical and research work in children with disabilities and sleep problems. Her doctoral work was in behaviour and obstructive sleep apnoea. She holds an adjunct Associate Professor position at the University of Queensland. She holds a number of executive positions in various representative organisations in both sleep and disability including the Specialist Training Committee at RACP as the paediatric ASA representative.

**Jasneek Chawla** is a Paediatric Respiratory and Sleep Medicine Physician at the Queensland Children's Hospital in Brisbane and Senior Lecturer with the School of Medicine, University of Queensland. She is also currently undertaking her PhD alongside her clinical role. Jasneek is deputy chair of the ASA conference committee, the paediatric representative on the ASA/NATA Accreditation Advisory Committee and the ASA GP Education Sub-Committee. She is also leading the revision of the TSANZ/ASA paediatric home ventilation guidelines and was involved in the recent working party developing a guideline relating to oximetry use for paediatric sleep disordered breathing.

**Nicole Verginis** (RPSGT) is the Chief Clinical Scientist for the Melbourne Children's Sleep Centre, Monash Children's Hospital, Melbourne. The centre is a 4 bed clinical unit which performs approximately 1000 sleep studies annually, 1200 home oximetry studies annually and runs a non-invasive ventilation program. With over 20 years experience in the field, Nicole's interests include sleep disordered breathing, non invasive ventilation, sleep monitoring techniques and improving practice, quality management/ improvement. Nicole is actively involved in standards/accreditation and she is a member of the newly formed Australian New Zealand Sleep Science Association (ANZSSA), formerly ASTA.

**Vishal Saddi** is a Paediatric Respiratory and Sleep Medicine Physician working as the Sleep Medicine Fellow at Sydney Children's Hospital. He is a conjoint lecturer with the University of New South Wales. He is the Paediatric Sleep Medicine advanced trainee representative for the ASA and looks forward to representing trainee interests and feedback to the committee.

**Sally Baddock** is a Professor in the School of Midwifery at Otago Polytechnic, New Zealand. Her undergraduate education was in physiology and her doctoral work was on behavioural and physiological studies of infants during infant-adult bedsharing. Over the last 20 years she has continued research in the area of Sudden unexpected death in infancy (SUDI) and safe sleep and more recently on maternal sleep in pregnancy. She is a member of the Physiological and Epidemiological working groups of the International Society for the study and prevention of Perinatal and Infant Death (ISPID).

**Sally Baddock**  
Paediatric Council

## Primary Care Council

Firstly I'd like to introduce myself. I am the new co-chair of the Primary Care Council along with the returning co-chair Luke Katahanas.

Thank you to Alex Bartle for his time and contribution to our council. I am a Registered Nurse and student researching the role of nurses in the primary care management of sleep disorders. I have many years of clinical experience in primary care, specifically in chronic disease self-management, but sleep health care is now my passion. I am fortunate to work with the very inspiring team at the Adelaide Institute for Sleep Health at Flinders University and I am also a member of the ASA Nursing Education Sub-Committee. So, if you have any ideas about how nurses can contribute towards sleep health care within primary care, please contact me.

What a fantastic meeting Sleep DownUnder 2019 was, and particularly for those of us with an interest in primary care. The Sleep Disorders and Primary Care poster discussion session was clearly a success with standing room only. We heard from a range of presenters from students to clinicians to experienced researchers, on a wide variety of subjects. Topics such as the impact of the recent Medicare changes on sleep services, the results of a survey of sleep nurses by the ASA Nursing Education Sub-Committee and a qualitative perspective of the role of GPs when managing sleep disorders. Ten very interesting presentations with many insightful questions stimulating discussions about the management of sleep within primary care.

The Primary Care Council meeting was an opportunity for council members to discuss the trending topics within sleep health and primary care. ASA President A/Prof Alan Young updated the group on the advocacy efforts of the ASA to lobby the Australian government for funding for sleep-related primary care health professional education. Luke Katahanas suggested that members of the Primary Care Council become involved with the advocacy efforts, utilising the skills of the primary care providers within the group.

We are always looking for new members so if you have an interest in primary care or would like to learn more, please feel free to contact Mischka Yates to express an interest at [communications@sleep.org.au](mailto:communications@sleep.org.au).

**Nicole Grivell**  
Primary Care Council

## Respiratory Council

Recent ATS clinical practice guidelines on management of obesity hypoventilation (OHS) recommended, the use of serum HCO<sub>3</sub> in the diagnosis of OHS.

It further stated a HCO<sub>3</sub> level of less than 27 was likely to exclude hypoventilation in patients suspected of obesity hypoventilation. In addition the notion of HCO<sub>3</sub> be a surrogate for hypoventilation like HbA1c for glycaemic control in diabetes was an interesting analogy put forward by invited international guest speaker Professor Francis Chung at the recently concluded ASA sessions in Sydney.

This guidelines also further stated the use of CPAP than NIV for control of stable hypoventilation in OHS patients with sleep disordered breathing. For further details, visit [www.ncbi.nlm.nih.gov/pmc/articles/PMC6680300/figure/fig1](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6680300/figure/fig1)

It was good to see the emphasis on weight management in the treatment of obstructive sleep apnoea with a session solely attributed to weight loss again at the ASA sessions. It is becoming important to address the "elephant in the room", said Prof Ron Grunstein and his team.

**Shyamala Pradeepan**  
Respiratory Council

## Surgery Council

As has been the case for several years, an excellent ASA Sleep Downunder 2019 was experienced by a strong contingent with an interest in Sleep Surgery.

Highlights included the Sam Robinson Memorial Lecture - headlined by Professor Stuart Mackay, Professor Stacey Ishman (Cinncintai Children's), Professor Ryan Soose (University of Pittsburg Medical Centre) and Professor Frances Chung (University of Toronto). This was followed by a well-attended Surgical Short Course on the Sunday, where Professor Ishman and Soose offered further insights in particular regarding the Hypoglossal Nerve Stimulation in OSA.

Our focus now turns to October 2020 – when for the first time outside the Northern Hemisphere, the International Surgical Sleep Society annual meeting with

be held in Brisbane (October 18-20). The central theme for the conference is "The Great Debates" and with a world-class line up of speakers promises some strong discussion. Our meeting is followed by Sleep Downunder 2020 & IPSA 2020 and we encourage all to join us for the week in what promises to be a fantastic series of conferences and learning.

**Nathan Hayward**

Surgery Council

## Sleep Physicians Council

The recent meeting of the Sleep Physicians Council at the ASA conference saw Simon Frenkel re-elected as Council co-chair and Ksenia Chamula nominated as one of our conference committee representatives.

John Swieca will continue as co-chair and the other positions remain unchanged from last year. Anyone who was not at the meeting and wishes to have a greater involvement in council activities should contact Simon Frenkel ([simon@lasv.com.au](mailto:simon@lasv.com.au)).

In addition to high quality scientific content presented at the general sessions and post-graduate courses, a significant point of interest was the presentation by Bruce Topperwien and Andrew Shelley, representatives of the Federal Government's Professional Services Review body. Although the aim of the presentation was to provide insights into the Department's compliance

activities and the function of the Professional Services Review agency, many questions were left unanswered. Examples of 'inappropriate practice' given by PSR representatives actually seemed to have already been addressed by previous clarifications of item number descriptors, or were well within reporting guidelines, published by the ASA.

We understand that widespread compliance activities are continuing in a very targeted fashion, both with regards to diagnostic and consultation MBS item numbers, across a range of craft groups. Members of the Sleep Physicians Council are actively involved in behind-the-scenes efforts to protect sleep physicians from both compliance activities where physician behaviour appears to fit well within professional boundaries, as well as from proposed changes to physician consultative item numbers. A proposal to move all specialist consults into a flat time-tiered billing paradigm has the potential to lead to major issues around equity and access to care. This is likely to disproportionately impact on patient from regional and remote Australia, as well as those of lower socioeconomic status. Council members are maintaining close liaison with other professional societies, such as the Australian Association of Consultant Physicians, in this area.

The conference committee will be meeting early in the new year and we welcome any suggestions regarding potential symposium topics. We are also planning several educational activities outside the conference structure, for both advanced trainees and practicing sleep physicians. We will be in touch with details once finalised.

**Simon Frenkel and John Swieca**

Sleep Physicians Council



**Join us for  
the biggest  
week in  
sleep!**

International Surgical Sleep Society, International Pediatric Sleep Association  
& Sleep DownUnder 2020 18-24 October 2020 Brisbane Convention & Exhibition Centre

# Compumedics Fun Run at SDU 2019



We had a splendid morning for the eleventh Compumedics ASA ASTA Fun Run and Walk at Sleep Downunder in Sydney this year.

We used a loop through the Domain, past Mrs Macquarie's Chair and the Art Gallery. It was close to 3 km and had a great view of the Opera House and Harbour Bridge.

Compumedics were again on hand to provide singlets for everyone, some breakfast and drinks, and medals for the placegetters. Special thanks to Compumedics for covering the costs of the permits. The Conference Company were also great helping with the logistics.

Runners and walkers were able to complete the 3 km circuit once, twice or three times. Tom Churchward, from the Austin Sleep Lab, kept his winning streak intact and won the 3 km event comfortably in 12:44. Neil Madera chased hard to come second with 13:54, and he was followed by Anthony Thurton in 14:01. Meagan Huebl was the first woman home in 16:48.

Ruby Brillante (18:46) and Jennifer Zaslona (19:30) were second and third.

Danny Eckert and Kelly Loeffler ran really well in the 6 km event to be the first man and woman with times of 26:35 and 27:24 respectively. James Miller (28:38) and Brad Edwards (29:05) raced each other hard for the silver and bronze medals. Kelli Hemill ran 33:07 to claim the women's 6 km silver, and Elise Watt (35:05) won the bronze.

A few runners decided to make the most of the pleasant conditions and great views, and complete the 9 km. Zavier Bent ran 38:50 to win the long event. Jameson Spencer was next in 40:08, then it was Jen Walsh, the first woman in 44:32. James Bartlett won the bronze medal with 46:30.

It is back to Brisbane in 2020, so do not forget to pack your running gear and runners. If you have any ideas for the event, let me know.

**Christopher Worsnop**

christopher.worsnop@austin.org.au

# Fun Run Results

## WOMEN

### 3 km

|   |                      |       |
|---|----------------------|-------|
| 1 | Meagan Huebl         | 16:48 |
| 2 | Ruby Brillante       | 18:46 |
| 3 | Jennifer Zaslona     | 19:30 |
| 4 | Leigh Signal         | 19:35 |
| 5 | Victoria O'Callaghan | 19:56 |
| 6 | Rosie Weson          | 20:12 |
| 7 | Mary Allpro          | 20:12 |
| 8 | Jackie Enteria       | 25:50 |

### 6 km

|   |                 |       |
|---|-----------------|-------|
| 1 | Kelly Loffler   | 27:20 |
| 2 | Kellie Hamill   | 33:07 |
| 3 | Elise Watt      | 35:05 |
| 4 | Gemma Paech     | 37:29 |
| 5 | Angela Campbell | 41:14 |
| 6 | Johanna Boodman | 47:00 |

### 9 km

|   |           |       |
|---|-----------|-------|
| 1 | Jen Walsh | 44:32 |
|---|-----------|-------|

## MEN

### 3 km

|   |                   |       |
|---|-------------------|-------|
| 1 | Tom Churchward    | 12:44 |
| 2 | Neil Madera       | 13:54 |
| 3 | Anthony Thurton   | 14:01 |
| 4 | Scott Carssons    | 14:16 |
| 5 | Pradeer Mulhollar | 18:31 |

### 6 km

|   |                   |       |
|---|-------------------|-------|
| 1 | Danny Eckert      | 26:35 |
| 2 | James Miller      | 28:38 |
| 3 | Brad Edwards      | 29:05 |
| 4 | Leon Kitipornchai | 29:58 |
| 5 | Warren Ruehland   | 31:38 |
| 6 | Fergal O'Donoghue | 33:33 |
| 7 | Sebouh Ingilizian | 45:34 |

### 9 km

|   |                     |       |
|---|---------------------|-------|
| 1 | Zavier Bent         | 38:50 |
| 2 | Jameson Spencer     | 40:08 |
| 3 | James Bartlett      | 46:30 |
| 4 | Christopher Worsnop | 51:31 |

