

# Events in the region and world

July - Dec 2017

Sleep Symposium,  
Singapore, Singapore  
Sleep Society

15 July 2017

XV European Biological  
Rhythm Congress,  
Amsterdam, Netherlands  
<http://www.nin-meeting.nl/>

30 July - 3 Aug 2017

Healthy Sleep Healthy Heart,  
Sleep Disorder Society of  
Malaysia, Kuala Lumpur  
[http://www.sleepsocietymalaysia.org/  
event\\_up7.htm](http://www.sleepsocietymalaysia.org/event_up7.htm)

18 - 20 Aug 2017

Singapore Sleep  
Symposium,  
Singapore, Singhealth  
Duke NUS Centre

25 - 26 Aug 2017

ERS International  
Congress, Milan, Italy  
<https://erscongress.org/>

9 - 13 Sep 2017

National Sleep Medicine  
Course (NSMC-2017)  
conducted by AAIOS,  
Goa, India  
<http://www.goasleep2017.com/>

21 Sep 2017

International Conference on  
Sleep Medicine and Research,  
Goa, India  
<http://www.goasleep2017.com/>

21 - 23 Sep 2017

Vietnam Respiratory  
Society Meeting

23 - 24 Sep 2017

World Sleep, Prague,  
Czech Republic  
<https://worldsleepcongress.com/>

7 - 11 Oct 2017

Sleep DownUnder 2017,  
Auckland, Australia  
[https://www.sleep.org.au/  
conferences/  
sleep-downunder-2017](https://www.sleep.org.au/conferences/sleep-downunder-2017)

25 - 28 Oct 2017

Malang Continuing Neurological  
Education (CNE) & 1st Malang  
Neurology International  
Symposium, Malang, Indonesia  
<http://mnj.ub.ac.id/index.php/mnj>

10 - 12 Nov 2017

## Sleep matters past issues

To access the past issues of sleep matters, please go to the below webpage  
[www.philips.com.sg/healthcare-consumer/sleep-apnea/resources#sleep-physicians-newsletters](http://www.philips.com.sg/healthcare-consumer/sleep-apnea/resources#sleep-physicians-newsletters)

# Sleep matters

## Letters to the Editor:

Our readers are invited to write to the editor by volunteering content that they feel strongly about or feel needs coverage in a publication such as this. Your input is welcome and valued, particularly with case studies and hot topics currently debated in the field, as well as reviews of Asia Pacific congresses and conferences that you might like to share with the audience. Your letters will be featured in future issues of Sleepmatters, allowing an open forum between experts and increasing the level of engagement amongst the audience.

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# Sleep matters

ASEAN SLEEP MEDICINE NEWSLETTER NEWS / OPINIONS / INSIGHTS



**DR. NARICHA CHIRAKALWASAN, MD, FAPSR**

**Programme Director of International Sleep Medicine Fellowship**

Department of Medicine, Division of Pulmonary and Critical Care Medicine, Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand. Excellence Centre for Sleep Disorders, King Chulalongkorn Memorial Hospital, Thai Red Cross Society, Bangkok, Thailand

"We conducted approximately 1700 level 1 studies per year including baseline study, split-night study, and PAP titration"

-Dr. Naricha Chirakalwasan

## Interview with Dr. Naricha Chirakalwasan on sleep lab in Chulalongkorn Hospital Bangkok, Thailand

### When was the Sleep Lab started?

The sleep lab at Chulalongkorn hospital was established in 2004.

### What is the waiting time?

Approximately 1-2 months.

### Are you doing any home sleep tests? If yes, how many per year?

No, we don't do home sleep test since we prefer split-night studies which can perform diagnostic tests and CPAP titration studies in the same night.

### How many beds does the Sleep lab have for Level 1 Sleep studies?

Sleep lab has 6 beds for level 1 sleep studies.

### What types of Diagnostic studies are done in the Sleep Centre?

We do the following types of studies- Baseline PSG, split-night PSG, CPAP/BPAP/ASV titration, MSLT and MWT.

### What types of PAP titration facilities are available at your Sleep Centre?

We have the following types of titration facilities-CPAP, BPAP and ASV.

### What are the educational/training opportunities available for doctors and technicians at your Sleep Centre, especially for candidates from other countries?

We have an established International Training Programme in Sleep Medicine since 2011 and we have trained fellows from other countries. The details can be found at the following link [http://grad.md.chula.ac.th/english%20old/ElectiveCourse/Sleep\\_Medicine\\_2014.pdf](http://grad.md.chula.ac.th/english%20old/ElectiveCourse/Sleep_Medicine_2014.pdf) (International Training Program in Sleep Medicine).

### How many sleep techs are employed at the Sleep Centre? What are their day time and night time duties?

We have 6 full time sleep techs and 3 part-time techs. Full time staff will run overnight sleep tests (20.00-7.00) or MSLT (8.00-17.00) 5 days/week+ clinic 1-2 days/week (if there is clinic day that week, sleep test duty will be subtracted accordingly). Part-time staff will run overnight sleep test (20.00-7.00) 1-2 days per week.

Email us on

[sleepmatters@philips.com](mailto:sleepmatters@philips.com) with your content.

**How many Level 1, level 3 studies, PAP titration studies, MSLT and MWT are done in one year?**  
We conducted approximately 1700 level 1 studies per year including baseline studies, split-night studies, and PAP titration. We conducted approximately 24 MSLT and 2-4 MWT per year.

**What are the contact details of the Sleep Centre - address, phone no., email and website?**  
We are located at:  
**Excellence Center for Sleep Disorders  
King Chulalongkorn Memorial Hospital**  
5th Floor, 14-Story Building  
1873 King Rama IV Rd  
Bangkok, Thailand 10330  
Phone: 66-2-649-4037  
66-2-649-4038  
Website: <http://www.sleepcenterchula.org/index.php/en/>  
Dr Naricha's email: narichac@hotmail.com



Excellence Centre for Sleep Disorders,  
King Chulalongkorn Memorial Hospital



Sleep meeting for the public



Patient Room



Patient Room



**DR. TEOFILO L. LEE-CHIONG JR.**  
Professor of Medicine, National Jewish Health and University of Colorado Denver School of Medicine,  
Chief Medical Liaison for Philips Respironics (Denver, USA)

“Therapy using CPAP in patients with moderate-severe OSA is cost-effective.”  
-Dr. Teofilo

## Dr. Teofilo’s summary of Clinical studies on OSA and CPAP

**1 Effective AHI, the sum of SDB events when PAP is used plus not used during the sleep period, may be high in patients with OSA who are not using their PAP device throughout the night.**  
A prospective cohort study evaluated 28 adult patients who were prescribed CPAP therapy for OSA. Effective AHI is defined as apneas-hypopneas with PAP ON plus apneas-hypopneas with PAP OFF divided by TST. Mean AHI were 67.9 (diagnostic) and 18.3 (effective). All patients who used PAP  $\geq$  6 hours nightly had an effective-AHI  $<$  5. In patients who used PAP  $<$  6 hours, 63.6% had residual moderate-severe OSA. Boyd SB et al. Sleep. 2016 Nov 1;39(11):1961-1972.

**2 Adding CPAP therapy to usual care significantly improves snoring, EDS, HRQOL and mood, but did not prevent cardiovascular events in patients with moderate-severe OSA and cardiovascular disease compared with usual care alone.**  
Patients with moderate-severe OSA (n = 2,717; aged 45-75 years) and a history of coronary or cerebrovascular disease were randomized to CPAP treatment plus usual care or usual care alone. Primary composite end point (death from CV causes, MI, stroke, or hospitalization for unstable angina, HF or TIA) and secondary end points (other CV outcomes, HRQOL, snoring, daytime sleepiness and mood) were measured. Adherence to CPAP therapy was 3.3 hours per night, and CPAP decreased AHI from 29.0 at baseline to 3.7 during a mean follow-up of 3.7 years. Occurrence of a primary end-point event did not significantly differ between the CPAP and usual care groups (17.0% and 15.4%, respectively). Therapy with CPAP did not significantly affect any single or composite CV end point. McEvoy RD et al. N Engl J Med. 2016 Sep 8;375(10):919-31.

**3 Therapy with CPAP does not significantly reduce long-term adverse cardiovascular outcomes in non-sleepy patients with OSA and CAD.**  
The RICCADSA is a single-center, prospective RCT that randomized 244 consecutive non-sleepy (ESS  $<$  10) patients with OSA (AHI  $\geq$  15) and newly revascularized CAD to APAP or no PAP arms. At a median follow-up of 57 months, incidence of the primary endpoint (first event of repeat revascularization, MI, stroke or CV mortality)

did not differ significantly between groups. However, on-treatment analysis demonstrated a significant CV risk reduction in the group that used APAP for  $\geq$  4 hours nightly. Peker Y et al. Am J Respir Crit Care Med. 2016 Feb 25.

**4 Therapy using CPAP in patients with moderate-severe OSA is cost-effective.**  
This is a retrospective, case-crossover study that compared changes in ESS, HRQOL and costs in 373 OSA patients before and after using CPAP. Improved VAS scores for EQ-5D (+ 5 points) and ESS ( $-$  10 points) were noted. There was a significant mean gain in QALY of 0.05 per patient per year (0.07 among compliers and  $-$ 0.04 in non-compliers). Incremental cost-effectiveness ratio during CPAP treatment was €51,147 and €1,544 per QALY during the first and second year, respectively. Català R et al. Arch Bronconeumol. 2016 Sep;52(9):461-9.

**5 Oro-nasal masks are associated with higher residual AHI and higher CPAP pressure requirements than nasal or nasal pillow masks.**  
This is a retrospective comparison of 358 mask prescriptions (46% oro-nasal masks, 35% nasal masks and 19% nasal pillow masks) for CPAP therapy of sleep apnea. Baseline AHI, BMI, and waist or neck circumferences were similar for all mask types. Levels of CPAP were higher for oro-nasal masks than nasal pillow or nasal masks (median [interquartile range] of 12 [10-15.5], 11 [8-12.5] and 10 [8-12] cmH2O, respectively). Residual AHI was also higher for oro-nasal masks than nasal pillow and nasal masks (median of 11.3, 6.7 and 6.4 events per hour, respectively). Higher CPAP requirements were independently predicted by oro-nasal mask type, age, AHI and BMI. Deshpande S et al. J Clin Sleep Med. 2016 Sep 15;12(9):1263-8.