

Events in the region and world

Sep 2017 - April 2018

World Congress on Chronomedicine, Mumbai, India
<http://www.ischronology.org/>

4 - 5 Sep 2017

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

9 - 13 Sep 2017

National Sleep Medicine Course, Goa, India
<https://www.goasleep2017.com/>

21 Sep 2017

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

22 - 23 Sep 2017

Vietnam Respiratory Society Meeting, Danang, Vietnam

23 - 24 Sep 2017

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

7 - 11 Oct 2017

Annual Meeting of Society of Anesthesia and Sleep Medicine, Boston, Massachusetts
<http://sasmhq.org/2017-annual-meeting/>

19 - 20 Oct 2017

Sleep Downunder 2017, Auckland, Australia
<https://www.sleep.org.au/conferences/sleep-downunder-2017>

25 - 28 Oct 2017

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

10 - 12 Nov 2017

2nd Congress of Asian Society of Sleep Medicine, Seoul, Korea
<https://www.assm2018.com>

22 - 25 March 2018

9th International Surgical Sleep Society Meeting, Munich, Germany
<http://www.issm-munich.com>

5 - 7 April 2018

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

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

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Sleep matters

ASEAN SLEEP MEDICINE NEWSLETTER NEWS / OPINIONS / INSIGHTS



DR. VISASIRI TANTRAKUL

Pulmonologist, Sleep medicine specialist, Ramathibodi Hospital, World Association of Sleep Medicine Association, Behavioral Sleep Medicine Specialist, RPSGT

Dr. Visasiri Tantrakul studied Sleep Medicine as a post-doctoral fellow from Stanford University, USA. Her main interest in the sleep field is about sleep disordered breathing. Her current research focuses on sleep disordered breathing during pregnancy.

Interview with Dr. Visasiri Tantrakul on Sleep lab in Ramathibodi hospital Bangkok, Thailand

When was the sleep lab started?

Our sleep lab was established in 1994 starting with one patient examination per night. It was later moved to Sirikiti building in 2002 and then to Somdech Phra Debaratana medical center in 2011.

What is the waiting time in your sleep lab?

It takes approximately 3-10 months to the scheduled date. However, we have a cancellation list for some urgent patients whom we can call early on if someone canceled their schedule.

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

Yes, we do. We have type 3, 4 PSG and WatchPAT done for home sleep testing in some patients. Furthermore, because of long waiting time, we perform type 3 study in order to help diagnose more patients at home setting.

How many beds does the sleep lab have for level 1 sleep study?

There are 8 beds for 6 adults and 2 children in the lab.

What type of diagnostic studies are done in the sleep center?

Our sleep lab have done all types of full night PSG (1-4), split night PSG, full night titration studies, MSLT and MWT. We also have WatchPAT (as a peripheral arterial tonometry) and Actigraphy.

What type of PAP titration facilities are available at your sleep center?

We can do CPAP titration, Bilevel PAP titration and ASV titration studies and also PAP-NAP in some complicated cases.

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

We have one year certificate fellowship program for training physicians to be sleep specialists. For technicians, we run a short course one month basic teaching program for sleep technologist candidates. Moreover, there is a 2 years master degree of science program in sleep medicine opened for international students.

Email us on

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How many sleep techs are employed at the sleep center? What are daytime and nighttime duties?
There are 7 full-time and 3 part-time sleep technicians in our sleep lab. Full-time technician's duty during the day includes taking care of outpatient clinic (educating, trouble shooting), reading sleep studies, and doing database tasks. All of them performed sleep study during the night.

How many level 1, level 3 studies, PAP titration studies, MSLT and MWT are done in one year?
Approximately 1,800 studies were performed in one year. Most of them were split night studies.

What are the contact details of your sleep center-address, phone number, email and website?
You can contact us at Sleep Disorder Center, 7th floor Somdech Phra Debaratana Medical Center, Ramathibodi hospital, Rama 6 road, Thungphayathai, Rajathewi, Bangkok 10400.
Tel:+66(0)2200-3768, FAX +66(0)2200-3761.
Our email address is sleepcente.rama@gmail.com.
For website and facebook
www.med.mahidol.ac.th/sleep_disorders
www.facebook//sleepcenter.com



Sleep lab



Sleep lab meeting



Team photo



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)

“Heated humidification improves CPAP adherence and QOL in patients with moderate-severe OSA and nasopharyngeal symptoms.”
-Dr. Teofilo

Dr. Teofilo’s Summary of Clinical Studies on OSA

1 Persistent mouth opening during CPAP therapy for OSA is more common among users of oronasal masks compared to nasal masks.
Mouth opening was recorded during a type 4 sleep study in 38 patients with OSA. Compared to nasal mask users, patients using oronasal masks had more nasal obstruction, greater mouth opening and higher ODIs. Male gender and nasal obstruction contributed to mouth opening.
Lebret M et al. Respirology. 2015 Oct;20(7):1123-30.

2 Adherence to CPAP therapy has remained persistently low over the past 20 years.
Asystematic literature review of 82 papers published from 1994-2015 revealed an overall CPAP non-adherence rate of 34.1% based on a 7-hour per night sleep time. There was no significant improvement in CPAP adherence noted over the 20-year time period, and behavioral interventions improved adherence rates by only an average of ~1 h per night.
Rotenberg BW et al. J Otolaryngol Head Neck Surg. 2016 Aug 19;45(1):43.

3 Persistence of UA symptoms during CPAP initiation, but not severity of UA symptoms prior to starting CPAP, predicts therapy adherence at one year.
Researchers assessed the impact of UA symptoms on 1-year adherence in 536 subjects with OSA. Significant reductions in rhinorrhea, nasal stuffiness and mouth dryness occurred in subjects who continued to use CPAP compared to those who quit CPAP.
Kreivi HR et al. Respir Care. 2016 Jan 5.

4 Heated humidification improves CPAP adherence and QOL in patients with moderate-severe OSA and nasopharyngeal symptoms.
In this prospective randomized crossover study, these improvements were observed in patients residing in a tropical climate area with a high humidity level. Twenty subjects with moderate-severe OSA and complaining of nasopharyngeal symptoms were randomly assigned to 4 weeks of CPAP with or without heated humidification and

then crossed over. The addition of heated humidification improved CPAP adherence on the days of use compared with conventional CPAP (5.5 ± 1.5 vs. 5.2 ± 1.4 hours per night, respectively), but did not significantly improve average hours of use for all days (4.6 ± 1.7 vs. 4.0 ± 1.7 hours per night, respectively). The heated humidification group reported better QOL (FOSQ) and had less dry/sore throat symptoms (modified XERO questionnaire).
Soudorn C et al. Respir Care. 2016 Sep;61(9):1151-9.

5 A mobile, web-based system that allows self-monitoring of PAP use, and provides real-time education and feedback improves PAP adherence.
When combined with a clinic CPAP support program, this mobile system resulted in an 18% increase in nights > 4 hour of use in 30 subjects initiating PAP treatment compared to 31 controls. Percentage of nights with any use and > 4 hours of PAP use were both significantly higher in the mobile system group compared to controls at 11 weeks. The mobile system correlated significantly with percentage of nights with > 4 hours of PAP use in multivariate linear regression analysis.
Hostler JM et al. J Sleep Res. 2016 Dec 8.

From: Lee-Chiong T. Best of Sleep Apnea 2016: An Annual Collection of Scientific Literature. CreateSpace 2017.