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sleepmatters

ASEAN SLEEP NEWSLETTER NEWS / OPINIONS / INSIGHTS

ASEAN Sleep Research and Competence Centre (ASRCC)

University Malaya Specialist Centre (UMSC) and Philips Malaysia, a subsidiary of Royal Philips, officially opened the Asean Sleep Research Competence Centre (ASRCC), located as an independent centre to accomodate patients from all departments (specialities) across Malaysia.

Health Minister Datuk Seri Dr S Subramaniam officiated at the opening of the ASRCC.

The collaborative effort in establishing the ASRCC marks the first centre in the Asean region dedicated to addressing sleep disorders in the region. Through training, clinical research and a corporate services centre, the ASRCC will focus on driving awareness and early diagnosis of sleep disorders. The Centre provides a full range of solutions, addressing a variety of sleep disorders, the most common of which is Obstructive Sleep Apnea (OSA), which has been closely linked to other serious and sometimes fatal diseases.

Educational Courses Offered by ASRCC

in Association with the Faculty of Medicine, University of Malaya

Course Name	Target Audience	Duration
SLEEP (Polysomnographic Technology) Programme	General practitioners, physicians, sleep technologists, candidates with allied health backgrounds aspiring for a career as a sleep technologist	**Part A**: 5 days didactic course **Part B**: 2–3 months in-lab practical internship
Diagnosing and Treating Sleep Disordered Breathing Programme	General practitioners & other medical practitioners	2 days
Sleep Screening and Patient Education Programme	Allied health professionals, including paramedics, clinicians, occupational health nurses, safety officers and new graduates with an interest in sleep medicine	1 day

For dates and other details visit the offical website http://www.aseansleep.org

Clinical Services Offered by ASRCC

Diagnostic Services

Polysomnography (PSG)
Multiple Sleep Latency Test (MSLT)
Maintenance of Wakefulness Test (MWT)
Home-based Portable Monitoring
Actigraphy

PAP Therapy Services

CPAP titration – Manual and Auto
BiPAP titration – Manual and Auto
ASV titration – Manual and Auto
PAP Nap and follow up

Sleep Scoring Services

Cloud Scoring/telemedicine facilities:
Somnolyzer 24×7 scoring, including expert review of Somnolyzer scores and ambulatory/ home testing capability

For more information on clinical services and education & training programs at ASRCC, please contact:
Mr Sri Kannan Raman, Centre Manager | Mobile: +6012 500 7754 | Tel: +603 7931 8087 | Email: srikannanr@umsc.my

The Somnolyzer 24×7 Sleep Scoring System

Proven in more than 20 drug and device trials, Somnolyzer 24x7 offers computer-assisted sleep scoring system. By providing a highly reliable automatic scoring and a structured manual review process based on supplementary signal trends produced, the use of Somnolyzer-based scoring results in a significant improvement in overall scoring quality and efficiency, coupled with a steep reduction in inter-rater variability. In addition, advanced configurability features allow the user to customise the Somnolyzer's output according to the specific lab's or Physician's preferences.

A dedicated team of Scientists, Engineers and Clinicians help in constantly improving and extending the core algorithms and keeping Somnolyzer compliant with the most current standards.

Amy Ho Lian Neo
RPSGT, Dip. Medical Lab Technology (Neurophysiology)

Amy Ho is a Senior Sleep Technologist at ASRCC. Since 2000, she has provided teaching and practical training in neurophysiology and sleep to various institutions including the Universiti Teknologi, MARA (UTIM), Hospital Serdang and Mahkota Medical Centre. Before joining ASRCC, Amy worked as a Senior Medical Laboratory Technician at Sime Darby Medical Centre in Subang Jaya, Malaysia, where she helped facilitate the opening of their polysomnography service and was instrumental in its growth.

What are the aims of the ASRCC?

Our main aim is to drive awareness, early diagnosis and treatment of sleep disorders through clinical expertise, research and training.

Why did you choose to join ASRCC?

ASRCC provides a wider platform to explore my potential while performing polysomnography. Teaching is another passion of mine. As the saying goes, we remember 10% of what we read, 20% of what we hear, 30% of what we see, 40% of what we see and hear, 70% of what we discuss, 80% of what we experience, and 95% of what we teach.

How is ASRCC different from other sleep centres in the region?

ASRCC is a state-of-the-art sleep medicine centre, with a multi-disciplinary team of experts available to evaluate the full range of sleep problems, whether they arise from an underlying medical problem such as sleep apnea or restless leg syndrome, other underlying medical and psychiatric conditions, or physical airway obstruction, or from poor sleep habits, stress or anxiety.

Patients who receive treatment at the Center for Sleep Medicine are under the care of a comprehensive team from the Faculty of Medicine from Universiti Malaya, including highly experienced specialists in neurology, internal medicine, pulmonary medicine, ear nose and throat, paediatrics, psychiatry, psychology, bariatric nutrition and endocrinology. The Centre provides training courses to cater for the ever-growing market in sleep medicine, and have the only state-of-the-art "Somnolyzer" scoring facility installed in South East Asia.

What are your aspirations with respect to the sleep training courses of ASRCC?

Sleep training courses target not only doctors but also paramedical professions such as nurses and technologists, in order to raise awareness of and invoke interest in sleep medicine. As the saying goes, 'With knowledge comes great responsibility'. With knowledge, we as sleep professionals will be able to provide exceptional healthcare services and a variety of treatment options to patients.

Dr Teofilo L. Lee-Chiong Jr., MD., is Professor of Medicine at National Jewish Health in Denver and at the University of Colorado Denver School of Medicine. He is also currently the Chief Medical Liaison for Philips Respironics. He has authored or edited 16 textbooks in Sleep Medicine and Pulmonary Medicine and has authored and co-authored more than 170 publications. In addition, he developed and serves as the consulting editor for *Sleep Medicine Clinics journal,* while also serving as an editorial board member and reviewer of several other medical journals and publications.

Formal sleep medicine training and certification

Dr Teofilo L. Lee-Chiong Jr., MD.

Requirements for certification in the subspecialty of Sleep Medicine vary among different nations. Formal training programs and certification examinations are well established in some countries. In the USA, requirements include a license to practice medicine; a certification in a medicine specialty or subspecialty; completion of formal sleep medicine fellowship training in an accredited program (please see below); and a pass score in a Sleep Medicine Certification Examination.

Sleep Medicine Fellowships in the USA generally consist of 12 months of full-time clinical training in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME, www.acgme.org). Currently, there are 78 formal ACGME-approved training programs in sleep medicine in the USA (2013–14 data). During the year-long training, fellows must demonstrate satisfactory clinical competence, including proper interpretation of diagnostic tests. Many of these institutions provide educational opportunities for non-USA physicians. Additional information can be obtained from the individual Sleep Medicine Fellowship Training directors or from the ACGME.

The American Academy of Sleep Medicine (AASM, www.aasmnet.org) offers an annual 5-week mini-fellowship program in clinical sleep medicine in a USA academic institution for up to ten international candidates (from outside the USA and Canada). Preference is given to physicians from lower-income countries who have no or minimal experience in sleep medicine. A certificate of completion is issued to participants at the end of the program.

The World Association for Sleep Medicine (WASM, www.wasmonline.org) administers a sleep medicine examination in association with requesting national sleep societies. Testing is currently administered at no charge to candidates who meet the requirements for the examination. Individuals who pass the examination are awarded an International Sleep Medicine Certification. Singapore Sleep Society in collaboration with WASM offered this examination in Singapore in 2013. The World Sleep Federation (www.worldsleepfederation.org) also offers an online International Sleep Medicine Board Exam.

A new resource is the ASEAN Sleep Research and Competence Center (ASRCC; www.aseansleep.org) that was developed by the UM Specialist Center, a tertiary medical centre located along Jalan Universiti in Petaling Jaya, with the goal of providing clinical management, research and training in the diagnosis and treatment of sleep disorders. The Centre's certified Sleep Polysomnographic Technology Program is designed to prepare its students to perform sleep studies that follow international standards and guidelines.

Sleep medicine clinicians, researchers, trainees and technologists, as well as individuals interested in pursuing a career in the field, are encouraged to contact the following Sleep Medicine Professional Societies for additional information regarding educational resources, conferences and training: AASM (www.aasmnet.org), WASM (www.wasmonline.org), Sleep Research Society (www.sleepresearchsociety.org), World Sleep Federation, European Sleep Research Society (www.esrs.eu), Asian Sleep Research Society (www.asrsonline.org), American Thoracic Society (www.thoracic.org), Society of Anesthesia and Sleep Medicine (www.anesthesiaandsleep.org), Society of Behavioral Sleep Medicine (www.behavioralsleep.org), American College of Chest Physicians (www.chestnet.org), and many others.

Information useful for sleep technologists and sleep psychologists may be obtained from the American Association of Sleep Technologists (www.aastweb.org), Board of Registered Polysomnographic Technologists (www.brpt.org), and the American Board of Sleep Medicine (www.absm.org).

Your local Philips Respironics representative can also help direct you to resources such as educational materials and training in Sleep Medicine.

Dr Mark S. Aloia, Ph.D., is Senior Director of Global Clinical Research for Philips Healthcare and Associate Professor of Medicine at National Jewish Health in Denver, CO. He has also been on the faculty at the University of Rochester and at Brown University as a prominent sleep researcher. Dr Aloia has studied adherence to Positive Airway Pressure therapy for the past 15 years. Dr Aloia serves as an NIH grant reviewer and has published over 40 scientific papers in high quality journals. He also serves on the Editorial Boards of the journals Sleep, Health Psychology, and Behavioral Sleep Medicine. Dr Aloia leads a team of researchers at Philips that conducts over 100 clinical trials per year including regulatory trials, post-market studies, preference trials, and trials with academic partners.

Improving Continuous Positive Airway Pressure (CPAP) Compliance

Dr Mark S. Aloia, Ph.D.

How do we define compliance to CPAP therapy?

I tend to use the word "adherence" rather than the word "compliance". "Compliance" assumes that patients should comply with our requests; conversely, the use of therapy is completely the decision of the patient. In contrast to the term "compliance", the term "adherence" expresses an understanding that we simply provide recommendations to our patients, suggesting that it is their choice to adhere.

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Adherence to PAP is difficult to define and we tend to dichotomize patients into "adherent" or "non-adherent" categories. The truth is, however, that there are many ways to approach therapy, and I find it less relevant to dichotomize patients. I'd rather say that there are many ways to approach therapy and that some people shift in their use spontaneously. Having said that, in the US adherence is dichotomized for reimbursement purposes.

Can CPAP adherence be accurately measured?

Adherence to PAP therapy is among the most successfully measured health behaviours. We have the means to measure the exact time and duration that PAP therapy is used, at any point in time, which can provide us with a validated measure.

What are the guidelines regarding measurement of CPAP adherence from the American Thoracic Society (ATS)?

The clinical practice guidelines from the ATS state that all patients should have tracking systems to monitor their adherence data, and that these systems should report data as early as 7 days into therapy, for long-term follow-up.[1] The guidelines also state that the current systems that monitor adherence appear to be reliable.[1] The ATS committee also indicated that there is little research demonstrating that newer monitoring systems such as telemedicine can improve adherence[1] – but I know of at least one study[2] that suggests these systems can be effective using EncoreAnywhere®, Philips Respironics Inc.

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What factors influence CPAP adherence?

Adherence is influenced by many factors. There have been several studies that have attempted to determine predictors of adherence. Several potential predictors have been identified, but most do not hold up to the scrutiny of replication. We have seen a recent focus on personal factors associated with PAP adherence. These factors include a patient's attitude towards therapy and, most importantly, his/her confidence to use therapy during times of struggle. These factors have been shown to predict a number of positive health behaviours and they also relate to PAP adherence.

A focus on the person is likely to result in more meaningful predictors of adherence than we have seen in previous research.

What interventions improve CPAP adherence?

- **Patient education** is a component of patient compliance, but it cannot be relied upon alone. Studies have shown that even highly health-educated individuals, including physicians, do not adhere to their treatments any more than others do. We have found that education works best for people who understand the importance of their therapy and who feel confident that they can use therapy effectively.
- **Humidification** has been shown to improve adherence modestly, and yes, I do believe we should use humidification on all of our patients.
- **Masks** are great scapegoats for disgruntled patients, however, their effect on patient adherence is not fully understood due to limited trials.
- **Flex therapy** improves adherence, but data shown in one of my recent studies has not been replicated consistently. Personally, I believe that some patients like pressure while others do not – flex therapy mainly helps patients who do not like pressure.
- There is no consistent evidence confirming whether or not auto **CPAP** improves adherence. However, it is likely to benefit patients with changes to body habitus over time.
- There is really no evidence that **BiPAP** is a rescue for poor adherence, but that does not mean that it would not help any given patient. The treating physician would need to evaluate the patient's apparent reasons for non-adherence, but usually, non-adherence is caused by technical issues in only about 20% of patients.
- **Social support** is a big contributor to health behaviour change and can be influential for some patients. Many investigators are now looking into the role of social support, spousal relationships, and social networks as potentially influential factors that may help patients adhere to therapy.

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Should the patient use CPAP throughout the night? What should be the aim of the treating physician in this regard?

The objective is to use therapy any time the patient sleeps. However, setting a goal that is seen as unreachable by patients is likely to result in the patient feeling incapable of reaching his/her goals. This can lead to a sense of failure and, subsequently, abandonment of therapy. I suggest using the patient's target as a mechanism to set reachable goals, and then, when that goal is attained, to increase the goal further. SleepMapper helps facilitate this process for the patient, though its services are not yet launched in the ASEAN market.

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In your experience, what are the few things that we can do to improve adherence to CPAP therapy?

I think taking a personalised approach and understanding the patient's perspective goes a long way in creating an environment conducive to better outcomes. Consider these questions: Why is the patient there? What is important to him/her? What do they believe is their level of risk? Patients ultimately have to make the choice to use therapy or not, and our role is to guide them to make better choices; although, good choices are defined by them and not by us. This patient-centred approach has demonstrated better outcomes in my studies. To do this well, one needs to take some time with the patient. Time, however, is always a concern in today's world.

Tools like SleepMapper can allow your patients to help themselves through some troubles by creating the right environment for the patient that would be more likely to lead to better outcomes. Our recent analysis of the SleepMapper data among 15,000 patients suggests that use of the SleepMapper mobile application and related website helped to improve adherence rates by 22%, allowing patients to reach levels of adherence not previously reported in the literature.

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References: 1. Schwab RA *et al. Am J Respir Crit Care Med* 2013;188(5):613 20.
2. Fox N *et al. Sleep* 2012;35(4):477-81.

Seven essential updates: CPAP therapy

Dr Teofilo L. Lee-Chiong Jr., MD

CPAP therapy remains the treatment of choice for most persons with OSA. Its main mechanism of action is that of a pneumatic splint that maintains upper airway patency during sleep. CPAP settings are titrated to eliminate all apneas, hypopneas, respiratory event-related arousals and snoring in all stages of sleep and in all sleep positions.

Therapeutic challenges facing clinicians using CPAP to treat OSA include identifying factors that can influence treatment acceptance and adherence, determining its effects on OSA-related consequences, and understanding adverse effects of CPAP therapy itself. These and many other topics are discussed in the following publications:

1 Predictors of long-term adherence to continuous positive airway pressure therapy in patients with obstructive sleep apnea and cardiovascular disease in the SAVE Study. Chai-Coetzer CL *et al. Sleep* 2013 Dec 1; 36(12):1929-37.

This prospective observational study involved subjects participating in the Sleep Apnea Cardiovascular Endpoints (SAVE) study. It showed that CPAP use and side effects at 1 month independently predicted long-term CPAP adherence at 12 months in 275 patients with OSA and cardiovascular disease. CPAP adherence declined progressively during the study period, with average nightly use of 4.4 ± 2.0, 3.8 ± 2.3, and 3.3 ± 2.4 hours at 1, 6 and 12 months, respectively.

2 Effect of CPAP on blood pressure in patients with obstructive sleep apnea and resistant hypertension: the HIPARCO randomized clinical trial. Martínez-García MA *et al. JAMA* 2013 Dec 11; 310(22):2407-15.

Compared to controls not treated with CPAP, 12 weeks of CPAP use improved 24-hr mean and diastolic blood pressure (BP) and nighttime BP patterns in 194 patients with resistant hypertension and OSA (AHI ≥ 15 per hour). In this randomized, multicentre Spanish clinical trial, 72% of subjects used CPAP for at least four hours nightly. Hours of CPAP use correlated significantly with decrease in 24-hour mean systolic and diastolic blood pressure (BP).

3 Clinical outcomes and cost-effectiveness of continuous positive airway pressure to manage obstructive sleep apnea in patients with type 2 diabetes in the U.K. Guest JF *et al. Diabetes Care* 2014 May;37(5):1263-71.

In persons with OSA and type 2 diabetes mellitus (DM2), 5 years of CPAP therapy was associated with better glucose control and quality-adjusted life years. This case-control study included patients with OSA and DM2 selected from the U.K. Health Improvement Network. CPAP therapy was also associated with significantly lower BP at 5 years.

4 Effect of continuous positive airway pressure on lipid profile in patients with obstructive sleep apnea syndrome: A meta-analysis of randomised controlled trials. Xu H *et al. Atherosclerosis* 2014 Apr 12; 234(2):446-453.

OSA is an independent risk factor for hyperlipidaemia. This meta-analysis of six randomized controlled trials demonstrated that CPAP decreased total cholesterol in patients with OSA. This beneficial effect was greater in younger and more obese patients and in longer users of CPAP. Regrettably, CPAP use failed to improve levels of triglycerides, low-density lipoprotein (LDL), and high-density lipoprotein (HDL) cholesterol.

5 Educational, supportive and behavioural interventions to improve usage of continuous positive airway pressure machines in adults with obstructive sleep apnea. Wozniak DR *et al. Cochrane Database Syst Rev* 2014 Jan 8.

In a systematic review of 30 randomised, controlled trials with a total of 2047 subjects, educational, supportive and behavioural interventions enhanced CPAP use in CPAP-naïve adults with moderate-severe OSA. Most studies included more than one intervention. Overall, these interventions increased nightly device usage by about 35–85 minutes.

6 Oronasal masks require higher levels of positive airway pressure than nasal masks to treat obstructive sleep apnea. Bettinzoli M *et al. Sleep Breath* 2014 Feb 15.

In this retrospective study, both therapeutic pressures and residual AHIs were higher when using oronasal compared to nasal masks during autotitrating positive airway pressure (APAP) treatment in 109 subjects with moderate-to-severe OSA.

7 Impact of treatment with continuous positive airway pressure (CPAP) on weight in obstructive sleep apnea. Quan SF *et al. J Clin Sleep Med* 2013 Oct 15;9(10):989-93.

According to the Apnea Positive Pressure Long-term Efficacy Study (APPLES) study encompassing 1,105 subjects, CPAP use was associated with modest weight gain in a dose-dependent fashion. In this 6-month randomized multicenter study, body weights of 812 subjects were measured at baseline and after 6 months. Compared to subjects given sham CPAP who lost 0.70 ± 4.03 kg, those given CPAP gained 0.35 ± 5.01 kg (P = 0.001). Each hour of CPAP use each night predicted a 0.42 kg increase in weight.

Obstructive Sleep Apnea and Cancer

Dr Teofilo L. Lee-Chiong Jr., MD

There is increasing interest in the multisystem consequences of OSA. Some recent studies suggest that OSA is associated with an increased risk of developing cancer and cancer-related mortality. In the Wisconsin Sleep Health Cohort study, 22-year mortality follow-up data from 1,522 community-based patients demonstrated that certain indicators of sleep-disordered breathing (apnea-hypopnea index [AHI] and severity of hypoxaemia) were proportionately associated with increased cancer mortality.[1] In a multicentre study performed in Valencia, Spain, a clinical cohort of 4,910 patients (median follow-up of 4.5 years) showed an association between increased cancer incidence and age <65 years, nocturnal hypoxia and AHI.[2]

It is important to emphasize that these studies demonstrated associations and not necessarily a cause-and-effect phenomenon. Nevertheless, on a cellular level there may be some potential mechanisms related to intermittent hypoxia (repeated short periods of oxygen desaturation during apneas followed by reoxygenation with resumption of breathing) as well as systemic inflammation (for example, release of cytokines or vascular endothelial growth factor [VEGF]). Of note, VEGF promotes angiogenesis (formation of new blood vessels essential for normal growth, wound healing and tumour development), and the overexpression of VEGF has been associated with decreased survival in breast cancer.

There are other possible mechanisms such as obesity, which is common among patients with OSA and has also been linked to cancer risk. Adipocytes (fat cells) release several hormones (oestrogen, leptin) and certain tumour growth factors that could contribute to neoplastic growth. Finally, sleep deprivation, which can develop secondary to sleep disturbance and frequent night-time awakenings in patients with OSA, may also play a role. Increased risk of developing some tumours (colon polyps) or recurrence of others (breast cancer in postmenopausal women) has been demonstrated with chronic sleep restriction.

References: 1. Nieto FJ *et al. Am J Respir Crit Care Med* 2012;186(2):190-94.
2. Campos-Rodriguez F *et al. Am J Respir Crit Care Med* 2013 Jan 1;187(1):99-105.

Events in the region and world August to December 2014

The 16th International Meeting of Respiratory Care Indonesia (RESPINA) Jakarta, Indonesia	**5 – 6 September 2014** respina.org	**4th Annual meeting of Society of Anaesthesia and Sleep Medicine (SASM)** New Orleans, LA	**9 – 10 October 2014** www.sasmhq.org
ERS Annual Congress Munich, Germany	**6 – 10 September 2014** www.erscongress2011.org/congresses/munich-2014.html	**Sleep Downunder** Perth, Australia	**9 – 11 October 2014** www.sleep.org.au/conferences/sleep-downunder-2014
22nd Congress of European Sleep Research Society Estonia	**16 – 20 September 2014** www.congrex-switzerland.com/esrs2014#&panel1-1	**The 19th Congress of Asia Pacific Society of Respirology (APSR)** Bali, Indonesia	**13 – 16 November 2014** www.apsresp.org/congress/2014.php
ASRS 2014 Kerala, India	**22 – 24 September 2014** www.asrs2014.org	**Korea Society of Sleep Medicine**	**28 – 29 November 2014** www.sleepmed.or.kr/member.html

Ms Siti Raudha
Senior Polysomnograph Technologist/ Assistant Manager
Sleep Disorders Unit, Singapore General Hospital

Siti Raudha manages a team of sleep technologists and administrative staff and is currently in charge of training and development. She is further responsible for the day to day running of the SDU services which include outpatient clinic service, inpatient sleep studies and as well as the CPAP counselling services. For her outstanding service, Siti has been awarded a Singapore General Hospital 'Service with a Heart' (Silver) award.

Sleep-watching...

Why did you decide to become a Sleep technologist?

Honestly, it didn't start because of passion or ambition, more from mere curiosity. Back then, I did not have much awareness about Sleep, its importance or the consequences of OSA. Actually, I knew nothing about OSA. So I pondered why such a routine activity as sleeping received such attention and concern when most humans do it without much thought. That curiosity influenced me to choose this path to embark upon my career. On a positive note, I thought that it would be interesting for me to seek for answers whilst getting paid for it.

What is the most challenging aspect of your profession?

As I learned about Sleep, I came to understand its true purposes and the dangers to which one would expose themselves by not prioritizing their routine. The day-to day interactions with patients also helped me to realize that the majority of people are unaware of the problems associated with poor sleep and the consequences of untreated sleep disorders. Maybe the reason for this is that there wasn't much awareness of Sleep being brought to the public. So I would say the most challenging aspect of my profession would not be so much to do with treating patients but educating the public.

What is the biggest change you have seen in the profession since you began?

In recent years, I have noticed that vendors are getting more involved by providing the opportunity for Sleep Technologists like myself to learn about the manufacturing aspects of sleep products. This is essential, since Sleep Technologists need a good background knowledge of the products they work with (sleep therapy devices, masks, etc.), and it helps ensure the provision of quality advice to patients whenever the need arises. This improves professionalism on the part of the Sleep Technologists, yet improves marketing of the products indirectly. Previously, Sleep Technologists could only gain needed product knowledge from instruction manuals.

What factors do you think influence patient adherence to CPAP?

Patients need to understand how interrupted and disturbed their sleep is, and the consequences of this, based on sleep studies. Patients also need a simple explanation of the mechanisms of CPAP therapy and its benefits. Visual illustration of the obstructed airways and a short trial of CPAP pressure acclimatisation is usually the best way to explain this information. Acceptance of CPAP for long term treatment can often surprise a patient; hence, education plays a very big role in ensuring that the message gets put across effectively.

What factors tend to influence a patient's choice of mask?

I like to tell patients that the choice of mask is similar to that of the selection of pyjamas. It is only natural that one would want his/her sleep to be comfortable, un-interrupted for the entire night. Therefore, naturally, comfort comes first. Patients regard as the best match the mask that fits best yet is lightweight and provides a good seal with minimal leak. However, assistance from an experienced professional would certainly help patients to identify the most appropriate mask.

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In issue 3 the experts will provide us their views on:

- OSA and hypertension
- Seven essential updates: PAP therapy
- Sleep disorders in East Malaysia

Letter 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 the experts, to increase the level of engagement amongst the audience.

Email us on sleepmatters@philips.com with your content.

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