Modern Sleep Medicine

Overview

- Clinical specialty of polysomnography began in 1970
 - First sleep disorders clinic founded by William
 Dement at Stanford University
- Field has grown significantly since then but still significant lack of education and undiagnosed sleep disorders
- Over 1,000 sleep labs nationwide
- Over 25,000 RPSGTs worldwide

Overview

- Sleep medicine physicians come from wide range of specialties
 - Psychiatry/Psychology
 - Pulmonology
 - Neurology
 - Pediatrics
 - ENT
 - Otolaryngology

- April 2003 Polysomnography recognized by CAAHEP and CoA PSG formed
- 2003 First behavioral sleep medicine board exam administered
- 2003 AMA awarded Resident Recognition of Excellence to AASM for efforts with "Sleep, Fatigue, and Medical Training" conference
- 2005 NIH hold second consensus conference on management of insomnia

- 2007 Juliane Winkelman found through a genome-wide association that single nucleotide polymorphisms with the BTBD9, MEIS1, and MAP2K5/LBXCOR1 region are associated with RLS. Hreinn Stefanson, David Rye, and colleagues found independently that the BTBD9 polymorphism was associated with PLMs and low ferritin levels.
- 2007 American Board of Medical Specialties offers first exam for certification in subspecialty of sleep medicine

- 2008 Centers for Disease Control and Prevention (CDC) establish sleep as one of its areas of interest
- 2008 NBRC introduced SDS credential
- 2009 BRPT developed CPSGT credential
- 2011 American Board of Sleep Medicine introduced new credentialing exam for polysomnographic technologists, the Registered Sleep Technician (RST) exam
- 2014 BRPT introduced CCSH credential

- 2016 World Sleep Society is formed
- 2018 BRPT and AAST celebrate their 40th Anniversaries
- 2019-2020 Polysomnography loses two of its pioneers with the deaths of Christian Guilleminault (July 2019) and William Dement (June 2020)
- 2020 SLEEP conference held virtually for the first time

Potential Setbacks

- Sleep medicine not systematically taught in medical schools
 - Med students typically receive 20 min to 2 hours of sleep education during entire time in school
- General population doesn't think of sleep problems as legitimate medical complaint

Ideal Model of Practice

- Consultation
- Physical Exam
- Polysomnographic Evaluation
- Treatment
- Follow Up / Patient Education



- Sleep study at centralized lab
- Sleep study at satellite centers
- Home sleep apnea testing

Evolution of Sleep Studies – How It Was Done in the Past

- First studies performed on analog equipment, using paper and ink EEG machines with DC capabilities and limited channel availability
 - Well devised montages
 - Common battle scars
 - Ink-stained clothing from unclogging polygraph pens, changing broken galvanometers or ink splatter from abrupt patient movement
 - Paper cuts from keeping 15-20 lbs of paper folded and aligned from a single overnight recording

Evolution of Sleep Studies – How it was done in the Past

- Scoring performed manually
- Data tabulation done with pencil and paper
- Could hear sound of sleep spindles, REM sleep, slow wave sleep, arousals, cardiac dysrhythmias, and PLMs
- Polygraphs were large
 - 5' to 6' high, 4' wide, 2.5' to 3' deep, weighing several hundred lbs
- Storage of data expensive
 - Paper for 4 recordings cost over \$200 & required about 2.3 cubic ft of storage for 7 yrs
- Treatment commonly used was tracheotomy

Evolution of Sleep Studies – How it was done in the Past







- Late 1980s-early 1990s computer technology led to digital polysomnography
- 30-50 Mb hard drives were standard
- Raw data stored on optical media at cost of approx. \$100 per optical disc
- Processor speeds slow (<100 MHz/sec)
- Frequent computer crashes
- Waveform definition was mediocre
- Automated sleep staging and scoring algorithms very inaccurate

- Late 1990s Computer technology made digital polysomnography the rule rather than the exception
- Several hundred Gb hard drives
- Processor speeds up to several GHz/sec
- Media storage very inexpensive (<\$1/patient)
- Several years of data can be stored in space used for 1 or 2 nights worth of paper studies













- High quality snore sensors, thermocouples and thermistors, respiratory effort sensors
- CPAP invented in 1981 by Colin Sullivan and colleagues
 - Initial flow generators were noisy and weighed close to 16 lbs
 - Competition between manufacturers leading to smaller, less noisy flow generators and more comfortable interfaces

- CPAPs now are becoming about as customizable as cell phones
 - CPAP machines now have "skins" that can make the unit more fashionable—cartoons for kids, leopard print, etc.
 - CPAP masks becoming increasingly smaller and more comfortable—different materials being used
 - Fashionable elements being used as well to encourage patient compliance—different color headgear for women, cloth masks with prints





- Different types of treatments being used for milder cases of OSA
 - Dental devices
 - Contour pillows and beds
 - Pacemaker type device to stimulate muscles to keep airway open when it starts to collapse
 - Special surgeries

- Sleep research will continue to shape the way things are done in the field and in the treatment of sleep disorders
- Will see more and more innovations and therapies introduced



Introduction

- First professional organizations for sleep were in US and Europe
- Now there are sleep medicine organizations across the globe
- The RPSGT credential is globally recognized

World Sleep Society

- Formed in 2016
- Merger of World Association of Sleep Medicine (WASM) and World Sleep Federation (WSF)
- 28 member organizations from across the globe
- Primary focus is education and curriculum development
- World Sleep Day held annually in March
- Recognizes sleep researchers across the globe with awards
- Holds World Sleep Congress every 2 years
- Conducts Sleep Medicine Specialist exam

Sleep Medicine in Asia

- 2 organizations:
 - Asian Sleep Research Society (ASRS)
 - Asian Society of Sleep Medicine (ASSM)
- Sleep societies conduct annual 2-3 day conference

Sleep Medicine in India

- Prevalence of OSA in India is 9.3% but less than
 300 sleep labs in the country
- Sleep is a developing field in India
- 4 sleep societies:
 - Indian Society for Sleep Research (ISSR)
 - Indian Sleep Disorder Association (ISDA)
 - Indian Association of Surgeons for Sleep Apnoea (IASSA)
 - South East Asia Academy of Sleep Medicine (SEAASM)

Indian Society of Sleep Research

- Founded in 1992
- National Sleep Medicine Course (NSMC) founded in 2006
 - Held annually and comprehensive coverage of sleep medicine
- National Sleep Technology Course (NSTC) founded in 2014
 - Holds annual 1-day meeting with comprehensive coverage of sleep technology
- Conducts Transitional Board Certification Exam for Indian sleep specialists and a certification exam for sleep techs
- Conducts sleep accreditation
- Launched journal in 2016 Sleep and Vigilance
 - Published twice a year

Indian Sleep Disorder Association

- Founded in 1995
- Conducts certification exam for sleep specialists
- Plans to begin 1-year diploma program for sleep techs
- Journal = Indian Journal of Sleep Medicine
 - Published four times a year
- Hosts annual conference SleepCon

Indian Association of Surgeons for Sleep Apnoea

- Founded in 2012
- Comprised of mostly surgeons
- Focus is promoting and developing the role of surgery for the management of sleep apnea
- Hosts annual conference IASSACON
- Conducts training programs in surgery for sleep apnea across India

South East Asian Academy of Sleep Medicine

- Founded in 2013
- Hold annual conference International Conference on Sleep Disorders (ICSD)
- Goal = Develop training pathways and credentials for physicians and sleep techs

Sleep Medicine in Singapore

- Prevalence of moderate-to-severe SDB = 30.5%
- Prevalence of OSA = 18.1%
- Most sleep physicians completed a 1 year fellowship in sleep medicine
- Most sleep techs are RPSGTs
- Professional organization = Singapore Sleep Society
 - Annual conference hosted by Singapore General Hospital

Sleep Medicine in Philippines

- Most sleep specialists train in US
- 20 sleep labs here
- Professional organization = Philippine Society of Sleep Medicine (PSSM)
 - Founded in 2002
 - Founded a sleep fellowship program
 - Created Philippine Board of Sleep Medicine and sleep lab accreditation committee
 - Host annual 3-day conference

Sleep Medicine in Indonesia

- 6-8 sleep labs
- Professional organization = Indonesian Society of Sleep Medicine
- Only 2 RPSGTs here

Sleep Medicine in Thailand

- Prevalence of OSA in Thai men = 15.4%
 - For Thai women, it is 6.3%
- Have had sleep labs here since 1984 but PSG was first used here in 1974
- 1991 Thai Sleep Research and Sleep Medicine Society formed
- Professional organization = Sleep Society of Thailand
- Have certification program in sleep medicine and master of science in sleep medicine at some universities
- Have had training courses for sleep techs since 2010
- 48 sleep labs here
- PSGs are free in public hospitals for civil servants and their families
- 2015 Thailand Sleep Society started sleep lab accreditation program

Sleep Medicine in Korea

- OSA risk factors = Prevalence of 15.8%
- Sleep societies:
 - Korean Sleep Research Society
 - Korean Society of Sleep Medicine
 - Korean Academy of Sleep Medicine
- No formal certifications or training here for sleep techs

Sleep Medicine in Malaysia

- No formal certification program for sleep medicine here
- Professional organization = Sleep Disorder
 Society of Malaysia (SDSM)
 - Holds annual conference
 - 1 day program for sleep techs