ARTP SLEEP

S-NEWS

Dreaming of a better night's sleep

In this issue:

ARTP Sleep Committee

ARTP- Sleep Committee
Chair:
Dr Vicky Cooper, Salford
Vice Chair:
Mr. Alan Moore, Birmingham (Sleep Manufacturer's Liaison)
Members:
Ms Alison Butler, Sutton Coldfield (Editor SNEWS)
Mr David Clough, Wales
Dr. Brendan Cooper, Birmingham (past Chair)
Dr Adrian Kendrick, Bristol
Mr Andrew Morley, (secretary, BSS liaison)
Ms Sara Parsons, London
Mr. Lee Radforth, Rotherham (education)
Ms Kylie Russo, London
Dr. Karl Sylvester, ARTP Chair
Ms Hannah Tighe, London
Ms Laura Watson, Nottingham

ARTP Sleep Apnoea Consortium

Chair:

Dr. Brendan Cooper	ARTP

Clinical Members:

Dr. Martin Allen	British Thoracic Society
Dr. Vicky Cooper	ARTP Sleep Chair
Dr. Aditi Desai	British Society of Dental Sleep Medicine (BSDSM)
Dr. Adrian Kendrick	ARTP
Prof Mary Morrell	British Sleep Society
Mr. Alan Moore	ARTP, Manufacturer's Liaison Committee
Mr Lee Radforth	ARTP, Education
Mr. Chris Rogers	Sleep Apnoea Trust
Dr Ian Smith	Vice Chair, Medical Advisor
Prof. John Stradling	Specialist Advisor
Dr. Karl Sylvester	ARTP Chair
Dr Colin Wallis	British Paediatric Respiratory Society

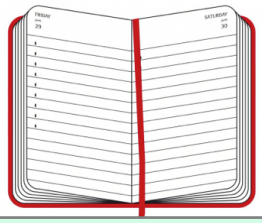
Industry Representatives:

DeVilbiss Healthcare Ltd
Fisher & Paykel Healthcare Limited
Intus Healthcare
Philips Respironics Home Care Health Solutions
ResMed (UK (Ltd)
S-Med
Stowood

Editor's Welcome

It is with great pleasure I introduce myself as the new Editor of S-NEWS. I am Alison Butler, a Specialist Respiratory Physiologist, from Good Hope Hospital in Sutton Coldfield. I will now have the honour of putting together all the interesting sleep articles and research you provide.

I would like to welcome you to the final edition of S-NEWS for 2016. Looking back at the year it has been an exciting one. Firstly, ARTP's 40th Anniversary conference, then ERS London- a big year for Respiratory and Sleep Physiology in the UK. As the year draws to a close we edge further towards the 2017 annual conference in Belfast. There will be plenty of interesting sleep sessions for you to attend and registration is still open. You can view the conference program and register at http://www.artp.org.uk/en/meetings/artp-conf-2017/index.cfm



In this edition of S-NEWS we have an interesting article from the winner of the ARTP- ERS travel grant on remote monitoring. We also have this issue's fascinating "Sleep Person" - Ana Noia, who discusses her path to becoming a Sleep & Neurophysiologist, which I hope you enjoy reading.

Finally may I wish all our readers a very merry Christmas and best wishes for the New Year- We hope to see you in Belfast- where I will be gathering lots more interesting information for you.

Don't forget if you have anything you would like including in the next edition to send your news, articles and pictures to S-News@artp.org.uk.

Dates for your diary

- 19-20th Jan 2017- ARTP Conference, Europa Hotel, Belfast
- 1st Feb 2017 –ARTP Basic Sleep Course: Jury's Inn, Birmingham
- 5-7th April 2017 Sleep and Ventilation Meeting, Oxford
- 6-8th April 2017 –ERS & ESRS Sleep & Breathing: Marseille, France
- 20-21st June ARTP Advanced Sleep Course, Birmingham
- 7-11 Oct 2017- World Sleep Congress 2017 – Prague
- 12-14 October 2017 BSS Biennial Scientific Meeting, Brighton

Sleep People

A Dual Role by Ana Noia, Bupa Cromwell Hospital,London -

I was 15 years old when I started working during my summer holidays in a care home for the elderly. At present, I can't really call that period of my life working, but rather a time that I spent entertaining people in a social disadvantaged situation, spending quality time whilst performing simple and interesting activities with all of them. I even learned how to knit (but not very well). Many times, the elderly fellows would just join the residence because they would feel lonely or abandoned and that thought just broke my heart. I worked in this residence for three more summer breaks, when I finally decided that I would study something in the health field to help out in any way possible. I thought that I wanted to become a nurse or a physiotherapist but I found a BSc that really caught my attention. This was called 'Psychomotor Rehabilitation'. Well, to be totally honest, I just found the name appealing and I didn't really understand what I would do with such profession or career.

In Portugal, the system of applying to university is considerably different and despite the fact that I applied to two different universities for the degree of 'Rehabilitation' I ended up being accepted on my third option which was Neurophysiology. Neurophysiology (with a heavy sigh)… If I didn't know what Rehabilitation was, Neurophysiology sounded like the beast in the middle of the woods.

I started my BSc (Hons) in Neurophysiology in 2007 at Oporto and shortly after I started discovering the incredible world behind becoming a clinical physiologist in Neurophysiology. I learned how to perform EEGs, evoked potentials, nerve conduction studies and a wide variety of gut motility tests. The Neurophysiology degree in Oporto - Portugal is in many ways different from the U.K. degree and actually opens doors for most of the specialist physiology degrees such as Neurophysiology, Gastroenterology and Sleep.

During my trainee clinical placements at Oporto, I had the opportunity to be trained within the best departmental hospitals until I finally decided where to specialise. At the time, I was completely fascinated by sleep studies. I had a special interest in those dual cases where patients are admitted for an overnight video-PSG with full head EEG for detection of seizure activity and any concomitant sleep disorder. On my last year, I became highly proficient in the performance of all types of EEG, EEG video-telemetry, evoked potentials and also a wide range of sleep studies in both adults and paediatrics.

Once I finished my BSc in 2011, the courses I attended had been specifically selected to enhance my own professional development in my chosen field, as well as provide me with the tools and techniques to enhance the delivery of the team around me in the execution of their duties and responsibilities.

For a brief period of my life, I worked solely as a Sleep physiologist in the provision of sleep tests in a private clinic at Oporto. During that time, a friend of mine who was already working in London asked me if I would like to visit her and apply for a vacancy where she was working. As I was always prepared for a new adventure (I am from a very small island in the middle of the Atlantic so another move was a challenge that I was already prepared for), I agreed and applied to the Neurophysiology Department at King's College Hospital where I worked for three years before having the opportunity to work in my dream job at the Bupa Cromwell Hospital (BCH). Working at King's was great as I was getting used to the country, however I was missing sleep studies, in particular PSGs and MSLTs. Doing sleep EEGs is just not the same thing!

After a year of living in the U.K. and with ZERO sleep studies done, my other half at the time and now husband decided to send my CV (behind my back) to the Lead of the Sleep Diagnostics at the Cromwell Hospital. Soon after, I received an email from Bupa Cromwell Hospital to attend an interview to work as bank staff in the Sleep Unit – which I happily did.

A month later I became part of the bank team for the sleep unit and was happily visiting the Cromwell a few times a month to perform any type of sleep study as required. I felt that my managers at the BCH were a great support to make me feel confident in the performance of studies in an area greatly dominated by respiratory physiologists and where sleep is more sleep disordered breathing than anything else. With the support and guidance of whom I consider my mentors in the field of neuro - Leon James and Simon Boote in respiratory - the sleep doors were open in such a wonderful way that I ended up joining permanently the Sleep and Neurophysiology department at BCH where I still work now as the Lead for the Sleep Unit and a Senior Physiologist for Neurophysiology.

My clinical skills include standard and complex sleep and neurophysiologic diagnostic procedures. Utilising my knowledge and experience, I provide advice and guidance directly to the patient and, when necessary or called upon, to the Consultants. This experience also affords me the position

to take decisive action and minimise the chance of significant events. In my role, I'm accountable for the performance of all types of sleep studies as well as initiation of CPAP/ NIV therapy and follow-up, provision of reports for all investigations as well as developing SOPs for all types of procedures, maintaining stock levels, offering sleep CPD sessions for all staff at the hospital as well as across the BUPA organisation. My favourite part in this position is, not only performing all my clinical duties in the Neurophysiology department and the Sleep Unit, but also creating a general awareness on sleep for example, what is sleep really?, How can we sleep better? and on sleep disorders. However, sometimes I have the general feeling that when staff attend for the sleep CPD sessions it is often to listen to funny stories that we experience here in the lab.

In summary, I am a passionate and dedicated healthcare professional who is highly focussed on the future of sleep health and those who work in the field. I'm self-disciplined, self-motivated, and dedicated to providing the ultimate in patient-centric care. I am always eager to increase knowledge and extend expertise through study and practical experience, for this reason I am starting my MSc in Sleep Medicine at Oxford University.

ERS Travel Grant Winner - Does remote monitoring improve CPAP compliance and Adherence?

F. Clavaud, T.Woodrow & V.Cooper, Salford Royal NHS Foundation Trust

Introduction

Continuous positive airway pressure (CPAP) is the gold standard first line treatment for Obstructive Sleep Apnoea Syndrome (OSAS)[1]. Although CPAP is an extremely effective form of treatment, compliance and adherence can be extremely problematic within the clinical setting[2]. Remote monitoring was historically designed for the USA CPAP market, in relation to reimbursement. However, it may be beneficial to UK clinics. Preliminary study results suggest that telemonitoring in CPAP appears to have a good effect on compliance and CPAP outcome, with an early study finding an increase in nightly usage from 2.8 ± 2.2 hours per night in the control group compared to 4.1 ± 1.8 hours per night in the telemonitoring group. This represents a 46% increase in usage across a 2 month period[3]. A more recent study also found an increase in mean nightly usage from 105±118 minutes to 191±147 minutes with remote monitoring, representing an 82% increase. Apart from these relatively small studies, very little research has explored the true effectiveness of remote monitoring in promoting compliance and adherence to CPAP therapy. The aim of this study, therefore, was to investigate the influence of remote monitoring (RM) on usage and adherence to CPAP therapy. Additionally, we explored therapy acceptance rates as well as clinic attendance and time spent with patients.

Methods

In this non-blinded study, we compared data from 101 patients who followed the new remote monitoring pathway (RM) with retrospective data from a control group (C) of 99 patients who had been set up on the old pathway at the same time of year (July to September), a year earlier. One patient was removed from the RM group, as he

was found not to have been given a remote monitor due to language barriers, and one patient was removed from the control group, as she was found to have been given one of our first modems before we changed the pathway for all patients. Therefore data from 100 RM patients and 98 C patients was included in the final analysis. Patients in both groups received a standard CPAP set-up with education on how to use and maintain the device, common difficulties and how to resolve them. All patients had access to a telephone helpline, email and a weekly drop-in clinic. Control subjects were reviewed in clinic after an average of 12 weeks. If they were not compliant they would be offered further clinic appointments until they either accepted long term therapy (compliant with efficacy of treatment) or were discharged due to non-acceptance / efficacy of treatment.

The RM group were reviewed by telephone at 1, 4 & 8 weeks and returned to clinic within 12 weeks. Telephone contacts were made in between these reviews if necessary, due to poor compliance or other issues. Once the patients reached an acceptable level of adherence and compliance, with symptomatic benefit, they were placed on long term treatment and had a quick clinic visit to remove the modem. If they were still not compliant at 12 weeks they would continue with further telephone follow-up with or without clinic visits until a decision was made to accept long term therapy or be discharged.

The primary outcome was CPAP adherence (% of nights with CPAP used). We also analyzed the average nightly usage, compliance (% of nights with more than 4 hours use), rate of acceptance, length of trial and time spent with patients. The number of appointments attended, cancelled or not attended was also documented. Differences between the two groups were compared using an un-paired T-Test.

	Control	Remote Monitoring	p (T test)
Gender Ratio	72M:26F	77M:23F	-
Age (years)	52.0±1.2	54.0±1.2	0.24
BMI (Kg/m^2)	38.3±1.1	37.6±0.8	0.54
AHI (/hr)	32.3±2.5	35.1±2.4	0.43
ESS	13.3±0.5	12.1±0.6	0.16

Table 1: *Patient Demographics and baseline diagnostics. BMI= Body Mass Index; AHI = Apnoea Hypopnoea Index; ESS= Epworth Sleepiness Score.*

Results

There were 198 patients (M =149, F=49) included in the final analysis. Results are reported as mean ±SEM. Table 1. displays the patient demographics and baseline diagnostic results. There were no significant differences in any of the baseline characteristics between the C and RM groups.

Although there was a trend for greater adherence and compliance in the RM group, this was not statistically significant (70.4±3.3 v 62.7±3.9, P=0.14 and 53.9±3.7 v 46.0±3.9, P=0.14, respectively). This is shown in Figure 1.

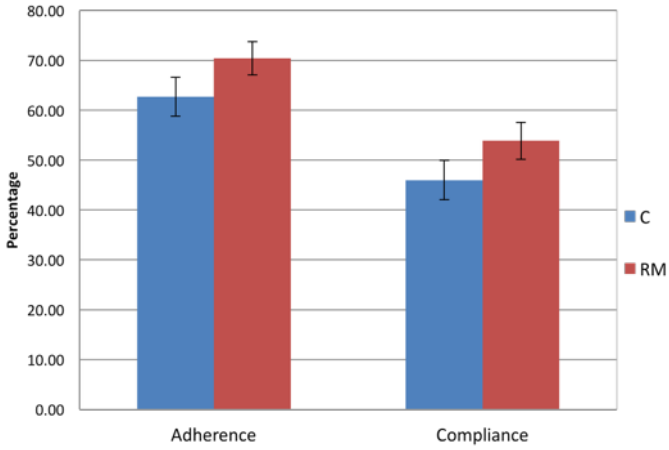


Figure 1: *Adherence (% of nights used) and Compliance (% of nights used >4 hours) in controls (C) and Remote Monitoring (RM)*

There was also no statistically significant difference in average daily CPAP usage (286.2±15.7 vs. 276.8±13.9 mins, P=0.30). This is shown in Figure 2.The length of trial treatment was significantly shorter in RM group compared to C (58.3±4.3 vs.41.8±13.2 days; $P < 0.0001$). This is illustrated in Figure 3.

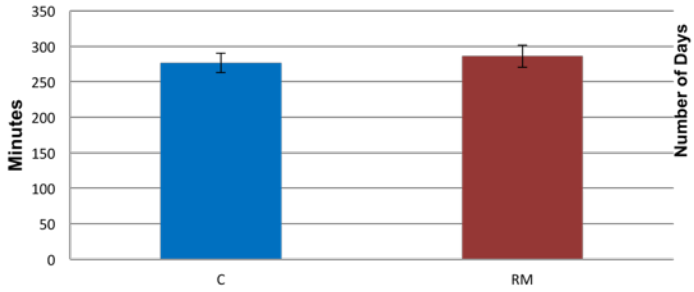


Figure 2: *Average nightly CPAP usage in Controls (C) and Remote Monitoring (RM).*

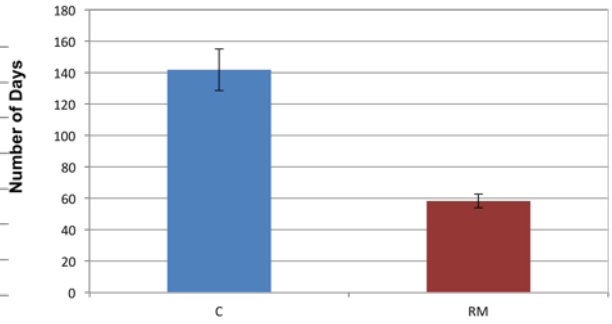


Figure 3: *Length of CPAP trial in Controls (C) and Remote Monitoring (RM).*

Acceptance rate were not different between RM and C (64 vs. 63%, respectively). No patients in the RM group were lost to follow-up compared to 6% of the C group. This is illustrated in Figure 4. The number of minutes spent with patients in booked clinic appointments was significantly lower in RM than C (18.8±1.3 vs. 43.6±3.0 mins; $P<0.0001$). There was also less time wasted through cancelled appointments (6.2±1.6 vs. 18.9±3.0 mins; $P<0.001$) and missed appointments (DNA 2.5±0.8 vs 6.4±1.5 minutes; $P<0.05$). As would be expected, a significantly higher number of minutes was spent on telephone reviews for RM than C (38.0±2.2 vs. 1.7±0.7 mins; $P<0.0001$). There were no differences in the time spent on drop-in clinic visits or total time spent with each patient. This is illustrated in Figure 5.

Conclusions

Although there was no statistically significant improvement in adherence, compliance or the overall patient outcomes, remote monitoring has resulted in greater efficiency in that trials were quicker, less time was spent in clinic, fewer appointments were cancelled and no patients were lost to follow-up. Overall time spent with patients was similar in the two pathways. However, the time spent in the RM pathway was spread over a shorter period. Reducing the face to face contact time may reduce cost, but this will depend on how the service is funded. The cost of RM modems and the up-front time requirements of telephone reviews must also be factored in when considering the use of remote monitoring in the future.

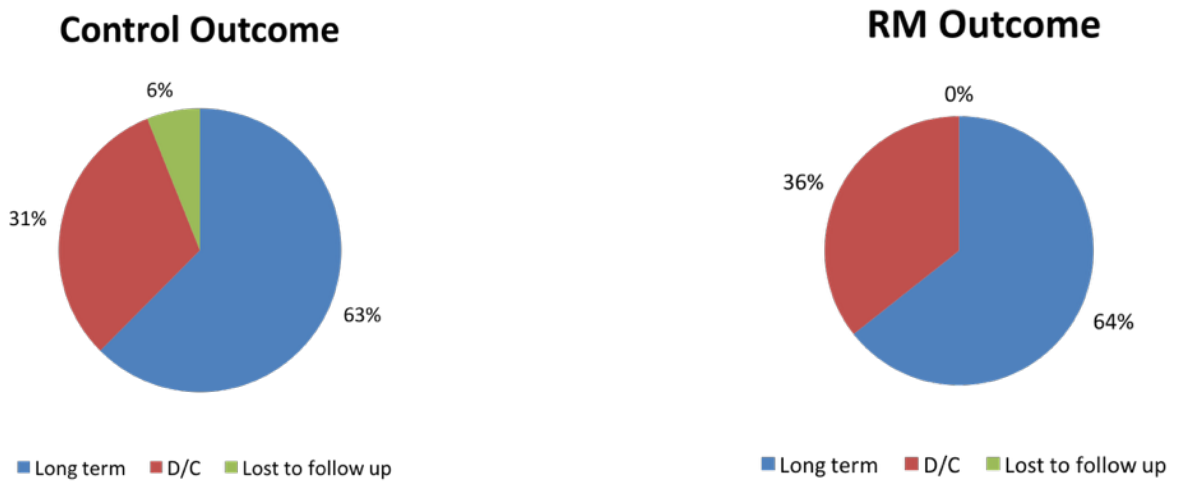


Figure 4. *Outcome of CPAP trials in controls and Remote Monitoring (RM). D/C = Discharged (failed trial).*

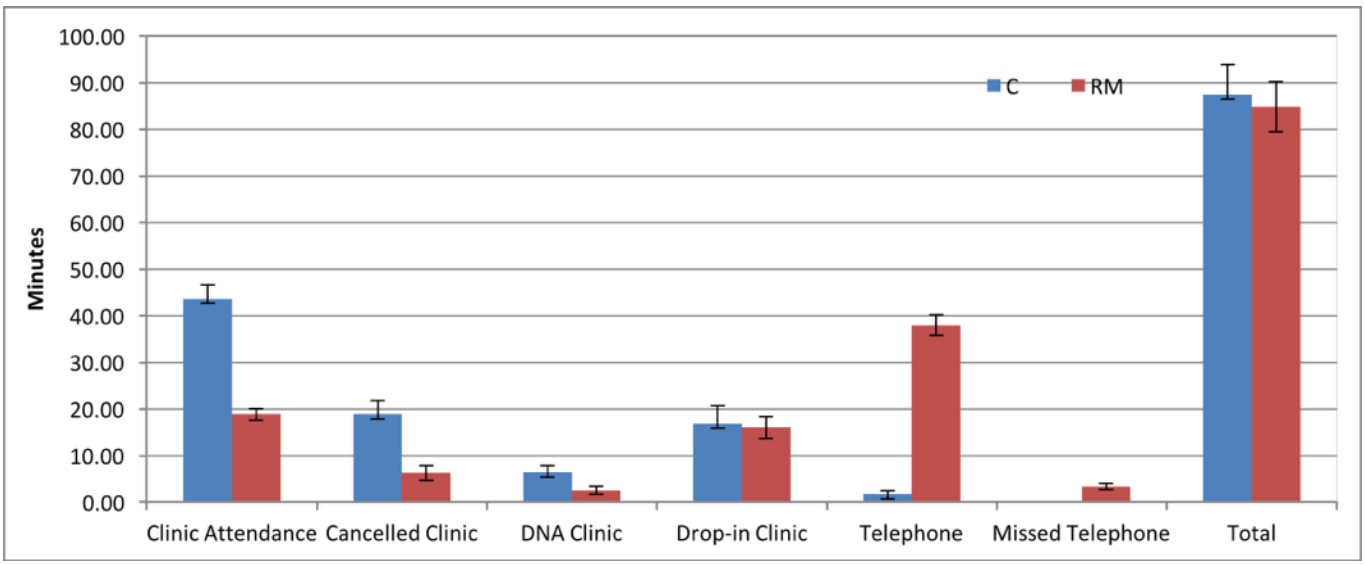


Figure 5: *Time spent reviewing patients in controls (C) and Remote Monitoring (RM).*

References

1. NICE (2008): Continuous positive airway pressure for the treatment of obstructive sleep apnoea/ hypopnoea syndrome (Technology appraisals TA139)
2. McArdle, N., Devereux, G., Heidarnejad, H., Engleman, H.M., Mackay, T.W. and Douglas, N.J., 1999. Long-term use of CPAP therapy for sleep apnea/hypopnea syndrome. *American Journal of Respiratory and Critical Care Medicine*, *159*(4), pp.1108-1114.
3. Stepnowsky, C, J, Jr., Palau, J., Marler, M, R., *et al*. 2007 Pilot randomized trial of the effect of wireless telemonitoring on compliance and treatment efficacy in obstructive sleep apnea. *Journal of Medical Internet Research,* 9, e14.
4. Fox, N., Hirsch-Allen, A.J., Goodfellow, E., Wenner, J., Fleetham, J., Ryan, C.F., Kwiatkowska, M. and Ayas, N.T., 2012. The impact of a telemedicine monitoring system on positive airway pressure adherence in patients with obstructive sleep apnea: a randomized controlled trial. *Sleep*, *35*(4), pp.477-481.

SLEEP IN THE NEWS

Cardiff University making designer sleep a reality:

A team of Psychologists at Cardiff University are examining the possibility of engineering the amount of slow wave sleep we receive to improve brain health and memory.

Psychologist, Professor Penny Lewis told the BBC
"the concept is about how we can manipulate our sleep, that is, intentionally apply stimuli so that we can alter our sleep in ways that benefit us. What springs to mind for most people, I would imagine, is drugs. But what we're talking about with sleep engineering is actually manipulating sleep without drugs."

Professor Lewis suggests that, with the recent rise in popularity of wearable technology and phone apps, many people may find the concept of designer sleep appealing. One current example of this technology, produced by a French company, is a wearable headband which monitors brain activity and produces a ticking sound to enhance slow wave sleep.

It has also been suggested that this technology could help with the processing of traumatic events, by reactivation of memories during REM, which seems to result in the ability to copy with these thoughts during wakefulness. Professor Lewis explained to the BBC "it's early days on this, but we're pretty excited about it."

Sleep prioritises our most important memories:

A recent study has shown that the memories and experiences we care about most are prioritized and stored in our long-term memory during sleep.

80 participants were taught Welsh words either prior to sleep or wakefulness. Those who slept had greater recall, and those who placed a personal value on the language had the best recall overall, suggesting those memories with the greatest significant are given preferential treatment.
These findings were discussed at the British Science Festival and will soon be available to view in the Journal of Sleep Research.

ARTP-SLEEP and BSS: Better together

For the last couple of years ARTP SLEEP and the BSS have been working more closely together. A few broken bridges have been mended. Don't ask me why they were ever broken, I don't know and don't really want to. In the wise words of Mary Morrell "We are too small to fight". In the last year we have been working towards offering a joint membership, offering all the benefits from both organisations at a reduced cost to members. I'm pleased to say we are close to sorting the

finer detail and will hopefully have this sorted before membership renewals next year. Joint membership will provide the professional body for workers in sleep which will be vital in helping those who wish to gain state registration and are not eligible via another route such as respiratory, neurology or other allied health professionals.

We have many challenges ahead. For a long time, respiratory medicine has felt like the poor cousin to cardiology and sleep medicine the even poorer cousin to respiratory medicine. But there is no reason why this should be. Sleep is vitally important. Unlike respiratory and cardiac disease, sleep problems affect us all at some point in our lives, from sleep phase delay in teenagers, sleep deprivation in new parents to insomnia more often seen in later life. Working closely with our colleagues in other disciplines is also vitally important. The obesity epidemic is leading to an ever increasing incidence of obstructive sleep apnoea, we therefore need to often liaise with colleagues in diabetes and endocrinology, bariatric services and pre-op. More understanding, awareness and better diagnostic testing is helping to identify central sleep apnoea and Cheyne-Stokes respiration in those with heart failure, meaning we need to work closely with our cardiac colleagues and raise their awareness.

There is still much to learn about sleep and we are in exciting times. It is probably one of the most rapidly developing and expanding area of medicine, yet the quality and quantity of training, particularly for medical colleagues is poor. Excellent work is being done in this area by the European Respiratory Society (ERS) and the European Sleep Research Society (ESRS) but unfortunately, in the UK we are still lagging behind. Until sleep is recognised as a discipline in its own right the Modernising Scientific Careers programmes will not be able to deliver adequate training due to time constraints and departments will need to do their own in-house training to get new graduates up to scratch. It is vitally important that as a relatively small group we have a loud and unified voice in order to provide representation on important issues such as training, standards and state registration. The committees of both ARTP SLEEP and the BSS Executive Board are relatively small and there are only so many meetings any individual has the time (or sanity!) to attend. Therefore, sharing the work load between us will help provide the representation we so critically need, without over burdening a very small number of individuals. If any member has a burning desire to be a representative at national level do not hesitate to get in touch!

Joint membership of ARTP SLEEP and BSS will offer the benefit of reduced cost courses, conferences and publications, access to members only areas of both websites and a joint professional body that will promote sleep physiology and technology, raising awareness of sleep disorders and standards of care, training and research to the benefit of professionals and patients alike.

ERS POINT WINNERS 2016

By Dr Brendan Cooper

London Congress, September 2016

I am reproducing part of the article that I wrote for the ERS RED (Respiratory Equipment Directory) for the London Congress. Members of ARTP SLEEP who attended the Congress would have seen the amazing exhibition with a large range of sleep diagnostic and therapeutic products and out of them these two Product of Outstanding Interest (POINT) winners. The selection criteria appear in Table 1 and show the links to the company websites too.

Diagnostics Runner-up: BresoDX® from BresoTec

This clever device exploits the different sounds of normal and obstructed breathing so that it can detect snoring, hypopnoeas and apnoeas. BresoDx® uses bespoke SoundTracTM technology and movement recording to diagnose sleep apnoea. It can detect a respiratory signal and an arousal signal; the basic criteria for detecting sleep disordered breathing. It is a cordless, battery-operated device that is worn as a headset to diagnosis sleep apnoea. Patients can use it at home in their own bed. Its accuracy has been compared with standard polysomnography and validated in several clinical trials. This easy to use device is reliable, cost-effective and user-friendly as a home sleep test for physicians, patients and healthcare providers in detecting sleep apnoea. As the prevalence of sleep disordered breathing increases with the increase in ageing and body size, methods of rapidly detecting these conditions in the population need to be developed to meet the demand. The BresoDx® is yet another attempt to develop a simple but effective screening/case-detecting device which looks very promising.

I liked the innovative way that the designers approached measuring the key symptoms of snoring/hypopnoeas and apnoea using sound, and the clever use of movement (I assume using accelerometers) to capture arousals. I'm not sure about patient comfort and cost, but time will tell if this concept takes the market by storm.

Therapeutics Winner: iNAP Sleep Therapy System from Somnics

The iNAP Sleep Therapy System is an innovative treatment option for obstructive sleep apnoea of mild, medium and serious levels of severity. The iNAP Sleep Therapy System works without the use of an irritating uncomfortable mask, and works intuitively, (*i.e.* it starts to work only when the pharynx muscles relax too much)

through gentle pressure. The roof of the mouth is stabilised for breathing, enabling uninterrupted sleep. During sleep, the iNAP Sleep Therapy System provides a negative pressure within the oral cavity. The negative pressure pulls the tongue toward the upper palate and also pulls the soft palate forward. By moving the tongue and the soft palate in a forward direction, the patency of the upper airway near the pharynx is maintained to prevent sleep disordered breathing.

I liked the simplicity of this device and the fact that it "thinks outside the box" of conventional approaches to sleep apnoea treatment. It gets around one of the biggest stumbling blocks of continuous positive airway pressure compliance (mask discomfort) in a fairly novel and clever way.

TABLE 1. Guide to scale of criteria

Criteria	Weight Kg	Scale	
		1 (poor)	5 (best)
Ease of use	5	Complex, many button presses	Intuitive, clear
Patient comfort	5	Uncomfortable	Very comfortable
Innovation	3	Old technology	Clever/new technology
Impact on clinical practice	3	Low impact	High impact
Reduces clinical pathway time?	2	Unlikely	Very likely
Design/style	2	Ugly, bulky, boring	Stylish, small, neat

TABLE 2. POINT 2016 devices

Device	Type	Company	Website
ResMonPro	Diagnostic	MGC Diagnostics	http://restech.it/it/index.html
BresoDX	Diagnostic	BresoTec	https://bresotec.com/what-is-bresodx
iNAP Sleep Therapy System	Therapeutic	Somnics	www.somnics.com
Yabro Spray-sol	Therapeutic	Institut Biochimique SA	www.ibsa-international.com/therapeutic-areas/respiratory/yabro

Annual ARTP Manufacturers Survey

Free Conference Registration Available

Respiratory and Sleep physiology would not be the fantastic area of clinical science without the continued and excellent support of the manufacturers, suppliers and their products. The ARTP have a longstanding relationship with the manufacturers and in recognition of their outstanding contributions to our profession, the Manufacturer Awards will be presented to those who demonstrate excellence in the areas of Equipment, Sales, After Sales and Service in both Respiratory and Sleep products.

Now in its 11th year, The Manufacturers Survey was developed to recognise which manufacturers really deliver quality services to their customers and inform who wins the highly prestigious and competitive Manufacturers Awards. This year the Manufacturer Awards are being presented at the annual ARTP conference held in Belfast on 19th – 20th January 2017. Please see below for more details.

The ARTP is making great strides into the digital age. In line with this, the manufacturer survey has undergone a digital change and moved to an electronic format which will make it easier and quicker to complete

We are asking all staff who have responsibility/contact with a particular manufacturer or product to complete . By clicking the button below, you will find an excel file to download. Double click the file and read the guidance on how to complete the survey.

The survey is located on the second tab. Please rate the manufacturer separately if they have products that fall into the different categories (e.g. if they provide both lung function equipment and CPET equipment rate them individually for each). Please take time to complete the additional comments section and mention individuals that have made a real difference to your service. Once completed just click the submit button. The first 100 surveys received will be entered into a prize draw for one free conference registration. The closing date for this year's survey is the 1/1/2017.

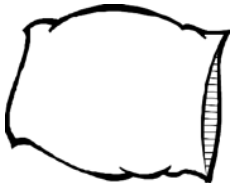
Please can I thank you in advance for completing this important survey

If you have problems or questions about completing the survey, please contact myself at manufacturerliaison@artp.org.uk

Best wishes
Matt

Matthew Rutter – Manufacturer Liaison Chair

Click here to access the survey



Pillow Talk

manufacturers news, new equipment and a bit of gossip!

Philips Respironics wishes a fond farewell and Happy Retirement to Anwen Evans:

Mrs. Anwen Evans retired from Philips Respironics in September 2016 with a long and influential career in clinical sleep medicine behind her, spanning the 28 years since this speciality's inception in the UK.

Anwen was a qualified radiographer and mother of young children in 1988, when she took a temporary sleep technician post at Staffordshire's Stoke Hospital. Anwen was soon hooked on learning the language of the sleep study: frequency, amplitude, location and artefacts, and seeking the latest knowledge and highest expertise as sleep medicine developed. She's continued to spread this personal thirst for knowledge and an insistence on exacting clinical standards since.

Anwen's own career modelled and moulded what a Sleep Practitioner should be before the specialty yet existed. A lasting legacy is her committee work on the boards of the ARTP, British Thoracic Society and British Sleep Society, most notably in the development of training, accreditation and career pathways in sleep medicine. Always at the forefront of accreditation, Anwen attended the first UK sleep conference in 1989 - her first of many, and took the international RPSGT exam at its first UK sitting in 2005.

In her 17 years at Stoke's Sleep and Ventilation Unit, Anwen was instrumental in building the Unit's reputation for clinical excellence, not least through her commitment to, and involvement in, professional training programs. As the Unit's patient base, staff and service provision grew, Anwen's role widened into management and service planning, up-skilling as she went.

Anwen accepted a new role in industry as Clinical Services Manager with Respironics (later Philips Respironics) in 2005, excited by the clinical opportunities of using APAP and remote monitoring of therapy within clinical partnerships. The patient pathway Anwen implemented, scheduling early contact and data reviews, was- predictably- both evidence-based and modelled on best clinical practice. The service's initial patient base of 248 patients grew to 10,000 under Anwen's management, with her deep knowledge of sleep physiology and clinical integrity a powerful sales-tool.

As a manager, whether in the NHS or industry, Anwen has role-modelled the highest professional and ethical standards. Her fierce intelligence, wide knowledge of sleep medicine and absolute integrity earn her deep respect from colleagues and collaborators, as well as a healthy fear of her supreme ability to destroy sloppy thinking or behaviour with a few pointed words, a steely glance or an arched eyebrow. Her terrifying job interview technique- examining your wallet's banknotes for proper and decent orientation of the Queen's head- is the stuff of legend.

Anwen's rather strict professional persona can hide her huge heart and a true gift for mentorship, providing personal training, guidance and encouragement to so many individual colleagues over her 28 year career, many now promoted into senior roles. Anwen's retirement leaves behind a purpose-engineered CPAP patient management pathway and quality-control of sleep scoring. Her professional and managerial skills, as well as her quick wit and passion for best patient care, will be much missed by colleagues.

ARTP SLEEP and the Sleep Apnoea Consortium would also like to thank Anwen for her vital support and enthusiasm over the years and wish her a long, happy and healthy retirement.

Manufacturers News:

The latest information from Manufacturers in Sleep Medicine

REMSERVE introduce So Clean:

Automated Cleaning Cycle, sanitises by safely creating a dry sealed flow pathway of activated oxygen (O_3) through CPAP, Bilevel and similar devices, including humidifiers, hoses and mask, fits all popular mask types, CPAP and NIV machines.
SoClean eliminates 99.9% of CPAP bacteria, viruses, and mould safely and naturally with no water or chemicals
The SoClean disinfects with activated oxygen.
The same sanitising technology is safely used on produce and drinking water.
The SoClean device produces activated oxygen in a closed system. The activated oxygen disinfects equipment and naturally breaks down to regular oxygen within two hours. Additionally, any excess activated oxygen passes through a filter which converts it back to regular oxygen before release.

Intus Healthcare introduce the BresoDx:

A new single-use Sleep Apnoea diagnostic device, BresoDx®, was launched at the ERS International Congress in London. This CE marked diagnostic has been shown to have a 94-96% correlation of AHI with the current gold standard PSG in several clinical trials. It is manufactured by BresoTec Inc (Canada) and will be distributed exclusively in the UK by Intus Healthcare. It was nominated for a "Product of Outstanding Interest" in the diagnostic category at the ERS.

PSG studies can be uncomfortable, inconvenient and expensive which are the three areas that the BresoDx® addresses. Its light weight frame is worn over the face without any tube or wire connections and monitors breathing patterns primarily through patented audio and movement sensors. The BresoDx® will provide sleep clinics with a quick, patient-friendly method of diagnosing OSA with reduced costs and manpower, while still providing accuracy closely comparable to a PSG study.

ResMed UK have launched their N20 and F20 masks as the latest additions to the AirFit series.

International studies found that our full-face and nasal Infinity Seal™ silicone cushions fit respectively 96.5% and 99.4% of all patients tested. Test participants had different face shapes, were of different ethnicities and fit their masks without assistance. Moreover, these results were achieved on masks without forehead support. With AirFit masks. patients get both a robust seal and a clear field of vision.

Fisher & Paykel have launched the Brevida their latest nasal pillows mask.
Developed from extensive patient-centred research, F&P Brevida features simple, adjustable headgear and the innovative AirPillow™ seal for a gentle, effective seal.

ResMed
Changing lives with every breath

ResMed Academy is a series of workshops available to healthcare professionals that identify the most recent advances in the field of Sleep Disordered Breathing and Ventilation.

From methods for increasing compliance to advanced ventilation techniques, our educational courses give clinicians everything they need to better manage patients who suffer from SDB and related disorders.

Look out for a list of dates in the new year. These will be on the ARTP website as well as the ResMed website.

Also available is ResMed Academy Online providing e-learning, product tutorials and videos to support learning. Further information can be found at: http://www.resmed.com/us/en/healthcare-professional/research-and-education/courses/e-learning-academy.html

The next ARTP Annual Conference is on Thurs 19th - Fri 20th January 2017 and is being held at the Europa Hotel, Great Victoria Street, Belfast.

Please Click Here for further details

Registration Now Open Click Here

We are delighted to announce that the 2017 Conference will be taking place at the World Famous Europa Hotel which is located in the heart of Belfast City Centre. This will be the first ever ARTP conference to be held in Northern Ireland and we have been truly overwhelmed by the welcome and support we have received from 'Visit Belfast' in arranging the venue. The Executive Board of ARTP is keen to bring the annual conference to all parts if the United Kingdom where it is practically possible to do do so an appropriate venues exist. Refund flights from most UK airports to Belfast City are in the region of £70.

This promises to be a superb conference filled with engaging speakers, covering topics from a range of physiology and new innovations.

ARTP Conference Programme - 2017

SLEEP & VENTILATION MEETING

Eighth update for Clinicians

WORCESTER COLLEGE OXFORD

5-7th April 2017

(Wednesday lunchtime to Friday lunchtime)

http://www.worcestersleep.org