Call to Order: April 20, 2015 at 2:38 p.m. by Alon Y. Avidan, MD, MPH.

Total Members Present: 14

Staff: Cheryl Alementi, Sleep Medicine Section Liaison
       Katie Boyle, Manager, Member (Physician) Relations

CALL TO ORDER
Dr. Avidan called the meeting to order and welcomed everyone. Meeting attendees introduced themselves.

MINUTES
The April 30, 2014 Sleep Medicine General Section minutes were approved with no changes.

SECTION LIAISON
Dr. Avidan introduced Ms. Alementi and thanked her for her service to the section. Dr. Avidan also asked that Ms. Boyle to give an overview of the new model for sections.

SECTION STRATEGIC PLAN
Dr. Avidan provided information on his proposed goals for the section, which includes creating specific clinical tools for the practice of sleep medicine. These include opportunities to develop new electronic health records SmartPhrases and SmartSets, as well as quality metrics for the practice of sleep medicine.

Dr. Avidan then introduces Dr. Doug Kirsch, Sleep Section Executive Committee member and, Subsection Chair of Practice Work Group.

Dr. Kirsch reported on activities of the American Academy of Sleep Medicine (AASM) who had been working on publishing quality metric set for 6 disorders. This set was published in the journal for sleep medicine. The next step is the Electronic Health Record (EHR) side of it. Telemedicine is the other movement in AASM. Information on how to practice telemedicine in Sleep Medicine will be in the Journal of Clinical Sleep Medicine. Dr. Kirsch, who serves on the BOD of AASM, was thanked for his efforts in attempting to bridge collaborative efforts between the AAN and AASM to serve all stakeholders.

SLEEP MEDICINE SECTION HIGHLIGHTS IN THE FIELD
Dr. Gamaldo and Dr. Horowitz served as the coordinators for the 2015 Sleep Medicine Section Highlights in the Field session. They provided an overview on the abstracts that were selected. Meeting attendees were informed that the session will occur on Wednesday, April 23 at 6:00 p.m. in 140 AB of the Walter E. Washington Convention Center.
2016 AAN ANNUAL MEETING COURSE AND INS PROPOSALS
Dr. Howell provided a summary on 2015 Annual Meeting courses and meeting ideas discussed ideas for the 2016 Annual Meeting. Meeting attendees were informed that the course and INS proposal deadline for the 2016 Annual Meeting is May 15, 2015.

SLEEP SCIENCE AND WAYNE A. HENING NEW INVESTIGATOR AWARDS
The 2015 Sleep Science Award recipient is Thomas E. Scammell MD. Mark Wu MD, PhD is the 2015 Wayne A. Hening New Investigator Award recipient.

NEUROLEARN
Dr. Gamaldo provided an update on the recent NeuroLearn course, titled “Sleep and the Practicing Neurologist: Mechanisms and Management,” that she recently developed and informed attendees that the modules will provide an interactive and experiential learning opportunity that explores the current evidence related to the manifestations and consequences of physician sleepiness and fatigue in the health care environment. A second NeuroLearn Module, “RBD” is completing its final draft.

WORK GROUP LEADER UPDATES
Dr. Avidan provided an update on behalf of Dr. Hungs for the Communication and Web Management Work Group. The AAN Sleep Medicine Section web page has been redesigned to include additional resources for section members. Dr. Avidan reported that if anyone has any other ideas for section website additions they should notify Dr. Hungs or Ms. Alementi.

Dr. Howell provided an update on activities of the Education Work Group highlighting inclusion of a sleep course during the 2014 AAN Fall Conference and 2015 courses. Dr. Howell requested that course ideas for the 2016 Annual Meeting be sent to him.

SLEEP MEDICINE CHOOSING WISELY EFFORTS
Dr. Avidan reported on the recently submitted CW statement written on behalf of the Sleep Medicine Executive Committee members (Appendix A. The request for this CW statement came at the request of Dr. Eric Ashman, a member of the Guideline Development and Dissemination (GDDI) Committee of the AAN. Dr. Ashman, a neurologist/sleep medicine physician, and a member of the committee developing the newest round of Choosing Wisely (CW) recommendations, later informed Dr. Avidan that the statement was not selected for the current cycle, but will be kept for future guidelines.

NEW/OLD BUSINESS
Dr. Gamaldo discussed a new innovative sleep curriculum (MySleep101) available on iTunesU
https://itunesu.itunes.apple.com/enrollment/K8J-QPQ-BCA

A Brief overview of this module is available in appendix B.

ADJOURN MEETING
Dr. Avidan adjourned the meeting at 3:40PM EST.
APPENDIX A:

Short Format
Don’t use portable (“home”) sleep apnea testing to diagnose abnormal nocturnal behaviors, instead consider formal modified polysomnography.

Brief rationale: Nocturnal events such as REM sleep behavior disorder, nocturnal seizures, and periodic leg movements require the use of dedicated PSG using specific EEG or EMG montages. Currently there is no evidence to suggest any diagnostic or management role for ambulatory sleep apnea testing, which remains a diagnostic tool for the evaluation of sleep apnea only in the appropriately identified patients presenting with symptoms suggestive of sleep apnea.

Sources: AASM guideline (Kushida 2005).

Long Format
Rationale:
Parasomnias and periodic limb movements of sleep disorder (PLMD) are unintentional, undesirable behaviors and physiological events that occur during sleep. These events can potentially cause injury to the patient and others, disrupt sleep/wake cycles, and cause difficulties with personal relationships (PRIN). Nocturnal seizures can occur exclusively during sleep, and certain seizure subtypes can be confused with non-seizure parasomnias (EVID- Manni).

In patients with Parkinson’s disease (PD) and suspected REM behavior disorder (RBD), in-lab video polysomnography (PSG) has been shown to have greater sensitivity and specificity in diagnosing RDB compared to specialized questionnaires. Patients without PD and suspected RBD can be diagnosed with specialized questionnaires (EVID-Eisensehr). Further, PSG can provide sensitive measurement of EMG muscle augmentation, as well as gross movement characteristics, that can differentiate patients with RBD compared to normal controls (EVID- Oudiette, McCarter, and Ferri). In patients with suspected RBD and obstructive sleep apnea (OSA), a circumstance where home sleep testing may be used to diagnose OSA, PSG continues to provide the appropriate physiological measurements to diagnose both disorders (EVID-McCarter).

“The diagnosis of PLMD can be established only by PSG. The diagnosis of PLMD requires quantification of PLMs and PLM related arousals, assessment of the impact of the movements upon sleep architecture, and identification and exclusion of other sleep disorders.” (EVID- Kushida).

Home (“portable”) sleep testing devices measure limited physiological parameters, and do not provide the number and level of physiological parameter sufficient to measure or capture epileptiform abnormalities or physiological phenomena associated with PLMs, potentially injurious parasomnias, or nocturnal seizures (EVID- Kushida). Uncomplicated and non-injurious parasomnias, such as sleeptalking, can usually be diagnosed by clinic evaluation alone (EVID-Kushida).

References


APPENDIX B:

Despite the prevalence of sleep disorders and chronic sleep deprivation, up to 70 million Americans remain undiagnosed, misdiagnosed, or untreated due to low levels of awareness amongst the general population and limited sleep medicine exposure for health care providers. Sleep is a basic human need and when an individual does not have optimal sleep it can result in devastating repercussions at the individual, communal, and societal level. 80 billion dollars is the estimated overall price tag linked to unaddressed sleep conditions due to motor vehicle accidents, occupational injuries, reduced work performance, and even increased absenteeism from work just to name a few.

Currently, there is a shortage of sleep specialists in the country and with more stringent regulations regarding board certification; this shortage will continue to grow despite the increasing need. Thus, it is imperative to develop novel training strategies geared towards healthcare providers in the area of basic sleep medicine diagnostics and interventions to arm other providers with the education and tools to help fill this increasing healthcare supply gap. Technological advances such as on-line lectures and tutorials, electronic patient records, and even smart phone diagnostic and therapeutic applications have already proven to be effective adjunctive tools in the medical arena. These same tools could therefore be used to effectively disseminate basic sleep education and improve clinical care.

Thus after three years, we (Charlene Gamaldo, Rachel Salas, Luis Buenaver, Peter Dziedzic, Anthony Kwan, Paula David), collectively known as The JH DreamTeam, are pleased to announce the release of 2 sleep educational apps now available on Itunes.

1. MySleep101 Lite - is a FREE app that provides a preview of the MySleep101 program. Available on App Store: https://appsto.re/us/gF_B5.i


Both apps are compatible with iPhone, iPad, and iPod touch. These apps are optimized for iPhone 5, iPhone 6, and iPhone 6 Plus. Clinical cases are available on iPads only, for now.

*Pilot funds were awarded to Drs. Salas and Gamaldo by the JH Center of Behavior and Health in 2012 to develop and pilot these tools.