



# AUSTRALASIAN SLEEP ASSOCIATION

## NEWSLETTER June 2003

### PRESIDENTS REPORT

#### Dr Michael Dodd

I have just returned from the APSS meeting in Chicago, which also included the WFSRS Congress for 2003. This was a great meeting, with a lot of interesting research being presented. It was wonderful to see so many Australians present and I would particularly like to congratulate all our student members who had abstracts accepted for presentation, especially Siobhan Banks, who won the WFSRS Scholarship to attend the meeting – her Poster was most interesting and worthy of the prize.

The WFSRS Congress met, and I am pleased to advise you that David Dinges, who many of you will remember from the Adelaide Conference in 2001, has been elected as President of the World Federation. Other elected office bearers include: Vice President, V. Mohan Kumar, Secretary General Torbjorn Akerstedt, and Assistant Secretary General Naomi Rogers, who will soon be returning to work in Australia. I was elected as Treasurer. This team is keen to get WFSRS onto a sound base, and move forward. Everyone was most enthusiastic about the 2007 Congress that ASA will be hosting in Cairns. Special thanks must go to Ron Grunstein who at the last minute agreed to present at the WFSRS Symposium on the past accomplishments in the area of sleep in Australia, the present state and future direction.

The ASA is currently in working with the Boston Consulting Group and others to form a National Sleep Health Organisation, it is envisaged that this will involve industry, ASA, TSANZ, and community groups such as SDA. The aims of this organization include increasing knowledge about sleep in general in both the medical community and the general community. It is also hoped that such an organization will be able to generate significant funds for research purposes among other activities. This is currently in the very early stages, but you will be kept aware as things progress.

I would like to remind all of you that The Helen Bearpark Memorial Scholarship is being offered again this year, and we look forward to receiving many applications for this award. The closing date for submission is 31 July 2003, and an announcement of the winner will be made at the ASM in October. This a most fitting way to remember the person who was instrumental in the formation of ASA and ASTA, and when you receive a request for funds to support this Scholarship with your subs, I would ask you to donate generously. All donations are tax deductible.

Peter Solin has continued to work on the Fitness to Drive Guidelines, and an article on these is included elsewhere in the Newsletter. He is also in working with TSANZ and the Intensivists on the possibility of obtaining a DRG for Non Invasive Ventilation. Another of Peter's activities as Clinical Chair has been to work with the Sealy Mattress Company who are keen to educate their sales staff and customers on sleep hygiene. This has been an interesting development, and you should not be surprised if you are contacted by Sealy asking if you are prepared to talk to some of their sales staff (for an appropriate fee of course).

ASA were also asked, at very short notice, to have an input into the Australian Tax Office enquiry into the Effective Life of Sleep Lab Equipment. Due to the short time frame, we reviewed their findings and made some comments on these, but it is likely that now the ATO is aware of the ASA, and its work, that we will be approached again to give opinions on matters relating to sleep labs – it is encouraging to see the recognition that the ASA is achieving in many and varied areas.

Our Web Site continues to be a good resource for forthcoming meetings, job vacancies etc. so please do not forget to utilize this service. There is no cost for job advertisements, or for promoting meetings that may be of interest to our members.

I hope to see many of you at the ASM in Auckland in October, Alister Neill and the Conference Committee are doing a wonderful job putting together an interesting and informative meeting, and work is already starting on the 2004 Meeting, to be held in Sydney. Watch for further details.

All the best, Michael



#### DATES FOR THE DIARY

10-12 October 2003, ASA & ASTA 16<sup>th</sup> Annual Scientific Meeting, Auckland, New Zealand  
21-23 November 2003 ASRS Congress, Tianjin, near Beijing, China.  
19-24 March 2004 TSANZ ASM, Sydney, Australia  
1-8 September 2007 WFSRS Congress, Cairns, Australia

# HELEN BEARPARK MEMORIAL SCHOLARSHIP 2003

The purpose of this scholarship is to facilitate international travel and exchange in order to develop skills in sleep research or clinical sleep medicine. The Scholarship is open to any member of ASA or ASTA to travel overseas, or someone from overseas sponsored by an ASA or ASTA member to travel to Australia.

The award for 2003 will be valued at A\$ 6,000.00. The closing date for applications for the Scholarship is 31 July 2003. Applications received after that date will not be considered until 2004. Full details can be obtained from the web site at [www.sleepaus.on.net](http://www.sleepaus.on.net), or from the ASA Secretariat.

## HONORARY SECRETARY Dr Arthur Teng

Dear Membership

Has anyone done any research on the sleeping habits of Napoleon Bonaparte?

An unusual request you may think, but this is just one of the many queries we receive every week via our web site. ASA has a policy of responding to queries received, so as you can imagine this adds up to a considerable amount of time each month for both myself and the Executive Secretary. But it can be a rewarding and sometimes amusing task, as David Joffe mentioned in his ASA Secretary's Report at the last AGM.



By the way if you have done any research on Napoleon's sleep patterns, please let Stephanie know so she can put you in touch with the enquirer.

Subscription time is with us again and you will see from the Data Sheets we ask you to fill in that we are seeking extra information from you this year in an attempt to make our database more useful. Please be sure to complete all the extra information and note any changes to existing data. Then get the forms back to the ASA office as soon as possible. It is intended to publish a new membership directory in November so it is imperative that you submit your corrected information by the end of October. Be assured that this information is only used by ASA and is not passed on to commercial bodies.

Are you aware that the Executive Secretary role is only a part time position (12 hours per week) so if you are trying to reach the office please leave a message and someone will get back to you as soon as possible. Stephanie Blower, who works hard in this role, will be taking a well earned extended break in July and early August, and Myf Devlin, who many of you will have met at the last two conferences will be stepping in for her, so if you are contacting the office be friendly and patient, she will be trying hard to step into some big shoes.

Ron Grunstein, John Wheatley and Stephanie Blower, with a little help from yours truly, have been working hard to lay the groundwork for the WFSRS Congress, to be held in Cairns, Australia, 2007. Those of you who were fortunate enough to be in Chicago will have seen the WFSRS stand with its enticing posters and great flyers. It is really important for all the membership to get behind this meeting and I am sure before 2007 is finished you will all have had a role to play in a successful and memorable meeting.

I look forward to seeing many of you in Auckland in October.

Arthur Teng

Honorary Secretary

### GERIATRIC SLEEP MEDICINE

Do any of our Members have an interest in Geriatric Sleep Medicine? If so can you please let the Exec Secretary know. ASA has been asked to review a book that is to be published soon, and we are keen to find an appropriate person to undertake this task.

### Chicago

Chicago: the Paris on the Prairie, the birthplace of the modern skyscraper, the windy city. At the closing symposium of the 17th APSS/ WFSRS Meeting in Chicago Ron Grunstein exceeded himself and proved himself a worthy son of Australian Sleep. He gave an inclusive and sweeping picture of sleep medicine and research in Australasia. He rose to the occasion after only 24 hours notice and outlined the pivotal role Australia has played in the genesis of sleep medicine duly acknowledging the development of CPAP and the strengths of sleep medicine here particularly in the education of the public and of the medical community, the relative weaknesses in basic sleep science and wet bench research here. In his generosity he even acknowledged our New Zealand cousins with a couple of relevant slides. Ron invoked the memory of Helen Bearpark and how she embodied the "international fellowship" of worldwide sleep research and practice. Thank you Ron for flying the flag high above all.

Arthur Teng

### HISTORICAL RECORDS

Following my request for some ASA history in the last Newsletter, I am sorry to say that I was not inundated with phone calls – in fact I got none! SOoooo can you please look into your old files and see if you have Minutes of Any Executive or AGM meetings prior to 1997, or the proceedings of the 1990 and 1980 (inaugural) meetings. If so can you pass them on to me so we can try and complete the records of ASA. Thanks for your help with this.

Stephanie Blower, Executive Secretary

## **Sleep Health 2003 – applying science to clinical practice**

16<sup>th</sup> Annual Scientific Meeting, Hyatt Regency, Auckland

10-12 October 2003

You will by now have received an enticing conference flyer outlining the many benefits of attending this year's scientific meeting, which will be held in conjunction with ASTA. I hope you are all busy writing your abstracts for presentations at the meeting. **Closing date for abstracts is 30 June 2003.**

The scientific programme is coming together well and will feature a range of topics and interesting speakers. Cliff Saper promises to be an excellent speaker bringing a wealth of research experience sleep wake control, the role of Orexin in the pathophysiology of narcolepsy and disorders of hypersomnolence. We will celebrate the 50<sup>th</sup> anniversary of the discovery of REM Sleep. This is the first year that we have held a stand-alone meeting in New Zealand. The sleep-deprived organising committee is working tirelessly to ensure that this year's scientific meeting is exciting, relevant and informative. Auckland is a stunning destination for both delegates and families.

As in previous years Travel Grants will be available for students and researchers on low incomes, and details can be found on the ASA web site at [www.sleepaus.on.net](http://www.sleepaus.on.net). As more information comes to hand regarding the final programme, various accommodation and flight opportunities, these will also be put up on the web site, so mark it on your *favourites* and keep looking.

Sponsorship is an important aspect of our Conferences, and without these companies' support it would be impossible to put on such a conference for the price you are asked to pay, so if you are talking to any company reps please talk to them about the Conference, and if they are interested in receiving information about sponsorship opportunities, let Stephanie know in the ASA office and she will contact them. If the company is already sponsoring the meeting, thank them for their support.

Registration Brochures will be circulated shortly. If you want any further information about the Conference you should contact: Caroline Ocego, Events to Conferences, PO Box 91690, AMSC, Auckland, NZ  
Phone: 64 9 522 9245 Fax: 64 9 522 9244 E-mail: [caroline@etconline.co.nz](mailto:caroline@etconline.co.nz)

## **WFSRS/APSS CONFERENCE 2007 PROGRESS REPORT**

Chicago 2003 is over and Cairns is now "THE NEXT" WFSRS Congress. When we first bid for this meeting in 1999, 2007 seemed a life-time away – how many of us said "I have NO idea where I will be by then". Well your mission now is to say "2007 – in September I'll be in Cairns at the WFSRS Congress". Yes 2007 is just around the corner and this will be the NOT TO BE MISSED conference of the decade. This Congress offers an opportunity to showcase not only a beautiful part of our country but also the ground-breaking work that is being done here in the field of Sleep Medicine. A financially profitable conference will also offer the ASA a multitude of opportunities for scholarships, research etc.

If you are attending any meetings in Australia or Overseas, let Stephanie in the ASA Office know and she will ensure you have a supply of flyers to take with you. When talking to overseas colleagues, discuss it with them and make them aware of the Congress, and how good it will be.

We are also looking for as many satellite meetings as possible to run in conjunction with the Congress, as they will help to bring more attendees to the main meeting and enhance the scientific content. So if you know of any specialised areas related to sleep medicine and research that hold international meetings, put in a bid to hold the meeting in conjunction with the World Congress in 2007. There are many fantastic locations around Cairns and we are more than happy to give you any help you need with logistics and promotion, so let us know of any possible or confirmed satellite meetings.

We will keep you informed of progress, but in the meantime KEEP ON PROMOTING and if you are willing to serve on any Committee please let us know. We'll probably be in touch with you anyway, so if you volunteer you're more likely to get a job that's in line with your interests.

We'd like to thank all those ASA members who did such a good job manning the stand in Chicago – your help was invaluable – THANK YOU.

John Wheatley & Ron Grunstein

## **NEWS UPDATE FROM THE PAEDIATRIC SIG**

Dr Gillian Nixon has recently joined the respiratory team at Starship Children's Hospital in Auckland, as a respiratory and sleep paediatrician. Gill is originally from Wellington, trained in paediatric sleep medicine at Montreal Children's Hospital. Her main research interest is the assessment of peri-operative risk in children having adenotonsillectomy for OSA. Margot Davey

# IS INSOMNIA A SYMPTOM OR PART OF A DISEASE PROCESS?

Delwyn J Bartlett PhD Research Psychologist, Woolcock Institute of Medical Research, Sydney

The National Institute of Mental Health concluded insomnia was a symptom [1], which was later associated with a number of medical psychiatric and sleep disorders [2]. Insomnia was categorised as a condition in its own right, with the term primary insomnia being conceptualised in the DSM III-R and DSM IV (Diagnostic and Statistical Manual of Mental Disorders). In primary insomnia, the difficulties associated with sleep initiation, sleep maintenance, early morning waking, feelings of non-restorative sleep with associated daytime fatigue causing impairment and distress are the predominant problems, distinct from the insomnia symptoms associated with other sleep, psychiatric and medical conditions. The International Classification of Sleep Disorders (ICSD) on the other hand does not use the term 'primary insomnia' but recognises that insomnia can be distinct from other disorders and classifies three subgroups: psychophysiological insomnia, sleep state misperception and idiopathic insomnia [3].

The actual definition of insomnia has not been without problems. In 1979 insomnia was defined as just "unsatisfactory sleep" [5] whereas by 1990 the ICSD included information about frequency where it was deemed to be an almost nightly event. Ohayon [4] recently reviewed the epidemiology of insomnia in representative samples by the criteria of: (1) insomnia symptoms [by DSM-IV criteria], (2) insomnia symptoms with daytime consequences, (3) sleep dissatisfaction, and (4) insomnia diagnoses [DSM-IV].

Prevalence rates vary on the bases of these criteria and range from approximately 33% of the population experiencing at least one insomnia symptom (as defined in DSM-IV) and 9-15% when daytime consequences are included. With sleep dissatisfaction, the prevalence rate ranges 8-18% but when all the components of the DSM-IV criteria are included, the prevalence in the general population drops to 6%. Interestingly, when subjects reported both insomnia symptoms and dissatisfaction with sleep, at least one third were given a diagnosis of a mental disorder [4]. Age and gender influence prevalence. Women are more likely to report all 4 criteria compared with men. Insomnia difficulties appear to increase in the peri and post-menopausal phases, but underlying chronic medical conditions appear to affect sleep more than menopause alone [6]. Although insomnia symptoms appear to increase with age and when daytime consequences and sleep dissatisfaction are added the linear relationship appears less clear.

The point when insomnia becomes a disease most probably relates to a physiological compensatory response to chronic poor sleep, resulting in an overarousal or hyperarousal state [7-10]. The "best fit" for this argument is psychophysiological insomnia (PI) which is a "learned" or "behavioural" insomnia [4] usually associated with a clear trigger. Individuals experience difficulties with sleep initiation, sleep maintenance, early morning waking and are distressed [2]. Poor sleep is maintained by "learned sleep preventing associations" of increased negative thoughts about sleep. Trying harder to sleep is counterproductive yet individuals are usually capable of sleep in non-sleep pressure situations such as in front of the television [11]. This maladaptive conditioning is associated with increasing frustration, anxiety and somatized tension (increased tension, muscle tone agitation, and vasoconstriction) resulting in further hyperarousal of the central nervous system [12-14]

Electroencephalographic (EEG) changes and activation of the Hypothalamic-Pituitary Adrenal Axis (HPA) support the change from insomnia being a symptom of other factors to a specific disease process with measurable physiological changes. EEG changes include increased beta in Stage 1 sleep [15] and, sometimes, reduced delta sleep. Although the remaining sleep architecture appears normal, when sleep stages are examined using power spectral analysis, individuals with insomnia [16] exhibit more high frequency activity and are different from normal sleepers [17]. Activation of the HPA is associated with stress responses [18] arousal and increased sleep disruption. Using serial 24-hour plasma measures an overall increase in the adrenocorticotrophic hormone (ACTH) and cortisol was found in individuals with insomnia [19]. Insomnia is different from sleep deprivation, which is not usually associated with cortisol, ACTH or circadian rhythm changes. The hypercortisolism found in insomnia individuals potentially predisposes them not only to chronic anxiety and depression but also to significant cardiovascular and metabolic morbidity [20]. Chronic insomnia therefore requires early recognition and treatment should be aimed at systematically reducing both the physiological and psychological overarousal response.

## References:

1. National Institute of Mental Health, C.D.C.N., *Drugs and insomnia*. JAMA, 1984. **251**: p. 2410-2414.
2. Zorick, F., *Insomnia*, in *Principles and Practice of Sleep Medicine*, WC Dement, M. Kryger and T. Roth, Editors. 1994, WB Saunders: Philadelphia. p. 483-485.
3. Thorpy, M. et al., *International Classification of Sleep Disorders: Diagnostic and Coding Manual* 1990, Rochester: American Sleep Disorders Association.
4. Ohayon, M., *Epidemiology of insomnia: what we know and what we still need to learn*. Sleep Medicine Reviews, 2002. **6**(2): p. 97-111.
5. Association of Sleep Disorders Centers, *Diagnostic classification of sleep and arousal disorders*. Sleep, 1979. **2**: p. 5-122.
6. Mitchell, E. and N. Woods, *Symptom experiences of midlife women: observations from the Seattle Mid-life Women's Health Study*. Maturitas, 1996. **25**: p. 1-10.
7. Bonnet, M. and D. Arand, *Hyperarousal and insomnia*. Sleep Medicine Reviews, 1997. **1**(2): p. 97-108.
8. Bonnet MH, and D. Arand, *Caffeine use as a model of acute and chronic insomnia*. Sleep, 1992. **15**: p. 526-536.
9. Bonnet MH, and D. Arand, *The Consequences of a week of Insomnia*. Sleep, 1996. **19**: p. 453-461.
10. Bonnet MH, and D. Arand, *Hyperarousal and insomnia*. Sleep Medicine Reviews, 1997. **1**(2): p. 97-108.
11. Hauri, P., *Primary Insomnia*, in *Principles & Practice of Sleep Medicine*, M. Kryger, T. Roth, W. Dement, Eds. 2000, WB Saunders: Philadelphia. p. 633-639.
12. Kales, A., AB. Caldwell, CR. Soldatos, EO. Bixler, and JD. Kales, *Biopsychobehavioral correlates of insomnia, II: pattern of specificity and consistency with the Minnesota Multiphasic Personality Inventory*. Psychosomatic Medicine, 1983. **45**: p. 341-356.
13. Stepanski, E., et al., *Daytime alertness in patients with chronic insomnia compared with asymptomatic control subjects*. Sleep, 1988. **11**: p. 54-60.
14. Bonnet, M. and D. Arand, *24-hour metabolic rate in insomniacs and matched normal sleepers*. Sleep, 1995. **18**(7): p. 581-588.
15. Merica, H. and J. Gaillard, *The EEG of sleep onset period in insomnia: a discriminant analysis*. Physiol Behav, 1992. **52**(2): p. 199-204.
16. Perlis, M., et al., *Temporal and stagewise distribution of high frequency EEG activity in patients with primary and secondary insomnia and in good sleeper controls*. Journal of Sleep Research, 2001. **10**: p. 93-104.

17. Merica, H., R. Blois, and J. Gaillard, *Spectral analysis of sleep EEG in chronic insomnia*. European Journal of Neuroscience, 1998. **10**: p. 1826-1834.
18. Chrousos, G. and P. Gold, *The concepts of stress and stress system disorders: overview of physical and behavioral homeostasis*. JAMA, 1992. **267**: p. 2110-2112.
19. Vgontzas, A., et al., *Chronic Insomnia Is Associated with Nyctohemeral Activation of the Hypothalamic-Pituitary-Adrenal Axis: Clinical Implications*. The Journal of Clinical Endocrinology & Metabolism, 2001. **86**(8): p. 3787-3794.
20. Chrousos, G., *The role of stress and the hypothalamic-pituitary-adrenal axis in the pathogenesis of the metabolic syndrome: neuro-endocrine and target tissue-related causes*. Int J Obesity, 2000. **24 Suppl 2**: p. S50-5.

## WFSRS TRAINEE TRAVEL SUPPORT

The WFSRS has some funds available for supporting student exchange between sleep research laboratories. Trainees who have been accepted to visit another laboratory in any part of the world can receive travel support under the WFSRS international trainee exchange program. The program is primarily intended for shorter stays (some months). For the present, inquiries and applications can be made by email to Dr. Dag Stenberg, Immediate Past Secretary-General of the WFSRS (Dag.Stenberg@helsinki.fi), who will forward the application to the officers in charge of the travel support program. The WFSRS needs a statement from the receiving laboratory as to the purpose of the visit, a CV or credentials of the trainee, and an indication of the requested amount and other funding of the visit.

There is no deadline for the present round. Applications will be considered as they are filed. Details are also available on the WFSRS Web Page.

## CORRESPONDING MEMBER OF THE BETTER PRACTICE CO-ORDINATING COMMITTEE OF THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

A nominee is sought from the ASA membership, who is also a member of the RACP, to undertake the above role. The Better Practice Coordinating Committee (BPCC) was established to coordinate safety and quality activities across the college. It consists of a small strategic group with expertise in this area, and in addition has corresponding members to ensure effective communication with the major structural groups and committees within the College.

The suggested responsibilities of corresponding members of the BPCC are:

- Contribute ideas, project suggest etc., to the BPCC agenda and work plan;
- Attend teleconferences of the BPCC as requested;
- Report on activities of the BPCC to the members of his/her College or other body;
- Contribute to working group project activities; and
- Liaise with the broader constituency relevant to the College body.

If you are interested in taking on this role, can you please advise Stephanie Blower, at the ASA Secretariat by the end of July.

## SLEEP DISORDERS AND THE NEW DRIVER MEDICAL STANDARDS

The new fitness to drive guidelines were recently launched at the annual scientific meeting of the College of Physicians, in Hobart, at the end of May. I was able to represent the ASA, and our guidelines were highlighted as a good example!! The material is being launched to specialty and craft groups as well as to the relevant authorities involved in motor vehicle licensing.

“Driving a motor vehicle is a complex task involving perception, good judgment, adequate response time and reasonable physical capability,” says Dr Bruce Hocking, Occupational Physician, Consultant to the National Road Transport Commission (NRTC) for the revised medical standards for drivers of commercial and private vehicles. These standards are now available online, [www.austroads.com.au](http://www.austroads.com.au) and will be distributed to members. The standards will be accompanied by an online tutorial and patient information brochure accessible from the Austroads website.

The guidelines have been rewritten to include both private and commercial drivers in the one document. The review was evidence based, with the aims of making the document clearer as well as educational. I’d like to thank Drs Mark Howard, Robert Pierce and Murray Johns, for their contribution to the revising of these standards. The purple book has been produced to offer clear, clinical and procedural advice for various situations. It is intended that the new standards will be fair to patients and contribute to road safety.

Some of the improvements are highlighted below:

**Colour-coding:** The 'purple book' (the new Driver Medical Standards handbook) has a user-friendly focus, to ensure maximum application of the standards. An example of this is the colour coding system of the two standards, commercial and private vehicle drivers, so that each can be easily identified and assessed from the one book source (previously there was two). The book also features easy to read tables that highlight differing state standards, where there are no uniform national standards. While there has been a move towards uniformity there is still a number of important differences between the states.

**Conditional Licenses:** The changes to the standards feature an increased focus on supplying “conditional licenses.” Conditional licenses allows some able persons (subject to being monitored) the opportunity to enjoy the benefits of the Discrimination Legislation regarding job protection which is confirmation that the new standards are addressing Disability, Discrimination and Equal Employment Opportunity issues.

**Relevance to Driving Task & General Management Guidelines:** A better understanding of the role that fatigue and sleep disorders play in motor vehicle accidents is outlined. Emphasis is placed on sleepy drivers, and other non-medical reasons for sleepiness, such as sleep restriction. Sleep apnoea is defined and prevalence outlined. The section on sleep apnoea assessment is provided comprising symptoms and possible signs, with the emphasis on determining sleepiness being a clinical decision. It was felt that the Epworth Sleepiness Scale should be used, although it is not driver specific, but high scores, of 16 or more, are associated with higher risk drivers.

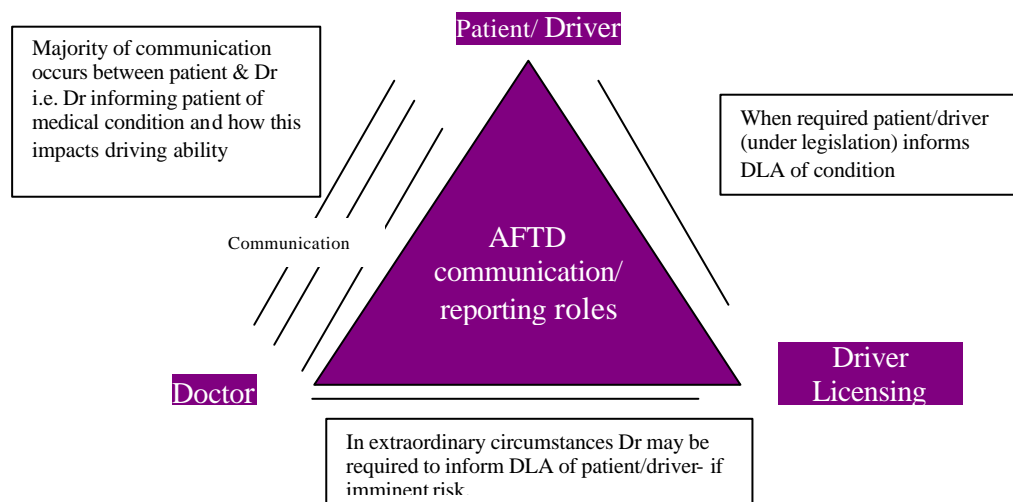
**Medical Standards for Licensing:** It was felt that all patients should be warned about the potential impact of sleep apnoea on road safety. General advice to be given is outlined. Specifically patients should be advised to limit or avoid driving if possible, particularly those at high risk. High-risk patients are identified by a history of frequent self-reported sleepiness whilst driving, motor vehicle accident crashes caused by inattention or sleepiness, or a high Epworth sleepiness Scale score of 16 or more. It was felt that high-risk patients should be referred to a sleep physician in the absence of any clear alternate diagnoses, and lower risk patients may be considered for referral. Tougher standards for commercial drivers are outlined because of the impact of destructive power of trucks.

**Legal and ethical issues:** The prickly issue of the patient doctor relationship is explored, in particular when there are grave concerns about a driver’s safety. One controversial aspect is that it is the responsibility of patients to report on medical conditions which may affect driving, sleep apnoea being one of them. However different states take different approaches to patients reporting themselves. The enforcement of these reporting responsibilities are fairly variable across the states, and most of our patients would not even be aware that this requirement may exist.

The role of doctors in Assessing Fitness to Drive focuses on providing patients with the knowledge of what their responsibilities are as drivers, given their medical conditions (see diagram below). The majority of the communication is between patients/drivers and doctors - only in exceptional circumstances is the doctor required to be in contact with the Driver Licensing Authority.

Legally and ethically the book addresses as clearly as possible difficult issues, such as reporting patients ‘unfit to drive,’ (these standards vary from state to state). Acknowledgement is given to the complexities of preserving doctor-patient relationships. However if a quandary still exists after reading the guidelines you are advised to contact your Medical Defence Organisation or state Licensing Authority regarding your legal position.

**Relationship/Interaction between patients/drivers, Doctors and Driver Licensing Authorities**



**ABOUT YOUR NEWSLETTER**

We would keenly appreciate contributions from members for the newsletter. Following the significant input from the paediatricians last issue, I asked Delwyn Bartlett to write something on behalf of the insomnia group. A brief article on insomnia appears in this issue – thank you, Delwyn. I would welcome feedback: in particular I’m thinking of starting a ‘journal club’ section, and would value your input.

Keith Wong (keithw@med.usyd.edu.au)

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