



British Sleep Society

UK Multidisciplinary Sleep Professionals

Newsletter

SUMMER 2015

Improving health through understanding

Circadian Rhythms Special Edition

President's Message

I am pleased to report that we are anticipating our scientific meeting in October, "Newcastle 2015", will match the incredibly successful Edinburgh conference of almost two years ago. Thanks to the efforts of Alice from Executive Business Support, our (fairly) new administration team, and the organising committee, we have already exceeded our anticipated sponsorship support. Delegate numbers are looking healthy and we have 60 posters submitted. I am very confident the stunning venue of the Sage will catalyse a memorable event. Fuelled by the quality of the scientific programme and the increasing interest in sleep from medical and scientific perspectives, it is very pleasing that concerns over cutbacks, austerity and reduced study leave budgets appear to have been allayed.

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**Inside:
Watching the Clock:
Circadian Rhythms
Special Edition**

Introducing the BSS Collin Sullivan Sleep Research Award

The **BSS Colin Sullivan Sleep Research Award** has been made possible by the generosity of Professor Colin Sullivan, Professor of Medicine, University of Sydney, Australia.

Prof Sullivan is known for the invention of Continuous Positive Airway Pressure therapy that revolutionised the treatment of sleep apnoea. His seminal paper (Lancet (1981) 317:862-65) has been cited over 2,000 times and the relief CPAP has brought to millions of patients is immeasurable.

Successfully translating scientific research into effective clinical treatments, Colin and colleagues developed the thriving commercial enterprise of ResMed. His latest work is on the link between sleep-disordered breathing and hypertension in pregnancy, and on the recognition of sleep disordered breathing in infants and children.



Prof Sullivan's connections with the UK go back to his respiratory training, and we were delighted to welcome him and his wife Janette to our 25th Anniversary celebrations in Edinburgh. We are now in the privileged position of strengthen our links with Prof Sullivan by setting up this award.

What is the purpose of the BSS Colin Sullivan Sleep Research Award?

The purpose of the award is to facilitate sleep research in the UK. The funds may be used develop skills in basic or clinical sleep research, to buy out time to submit funding applications, or collect pilot data. *NB: The award is not intended to allow individuals to travel to conferences.*

The applicant must be a current member of the BSS. The maximum amount awarded for each scholarship will be £1,500. The award will be made every 2 years at the scientific meeting. The successful applicant will provide a report on completion of the award at the subsequent scientific meeting, and in the BSS Newsletter.

The award is intended for individuals who are not yet fully established in a sleep research career. However, there is no restriction on the duration of practice following qualification. The applicant should not have received other substantial sources of funding for their proposal. However, supplemental support from other sources to meet the essential costs is allowed.

For more information on how to apply for this award, please visit www.sleepsociety.org.uk.

As a surrogate Geordie, I am obliged to point out that we will actually be across the Tyne in Gateshead although the shadow of St James Park looms large.

Membership numbers are increasing rapidly, obviously buoyed by the forthcoming meeting. Hopefully, any new members will not be temporary and will increase the already broad-based nature of the UK sleep “congregation”. Importantly, prior to the meeting in October, all members will receive notice of proposed changes to our constitution which will allow future changes to be made more efficiently. The original document was written in a pre-digital age, even before mobile phones (!), and is due for an update. In order for this to happen we need



a quorum of members physically present at the AGM. I appreciate this is not the most exciting reason for attending the meeting but would encourage you to hear our proposals and hopefully support them to allow the society to develop. In the last few months, the BSS committee has been particularly busy in providing expert comment for a variety of media enquiries, ranging from popular panel shows to high profile radio news programmes. I am grateful to the committee for supporting our new rota to deal with the increasing number of enquiries.

For a variety of reasons, there is clearly an increasing demand for those involved in sleep medicine, either as clinical physiologists/scientists or physicians/surgeons, to demonstrate competence and to have some level of qualification. This is likely to be particularly pressing in the medical field in the next few years, given the perceived problems in recruitment. Many senior figures in sleep medicine have recently retired or are about to, often with no viable plans for succession. The lack of clear career pathways in sleep medicine is almost certainly inhibiting junior doctors from a variety of specialities from taking on “sleep” as their primary interest. The GMC is currently encouraging and piloting the process of “credentialing” which will allow areas of medicine without speciality status to develop a curriculum, training programme and a qualification. Although at an early stage, it is possible sleep medicine might be a good candidate for this process and many within the BSS would be well placed to advise and foster its development. Watch this space for further news.

Paul Reading – BSS President

EDITOR’S MESSAGE



Welcome to another packed BSS Newsletter. This edition, we focus on circadian rhythms, with professional and personal insights from some of the big names in clock research and the perspective of one of the patients whom their work may benefit.

Summer’s here (in date, if not in weather), however, we at the BSS are looking forward to Autumn and our biannual conference at the beautiful Sage in Gateshead. Registration is flying, so please book now to secure your place. Read on to hear about some of the highlights of a packed programme, including our international keynotes, covering such diverse topics as sleep and memory, CPAP compliance and the hidden music of sleep patterns. Having experienced some of Dr Milton Mermikides’ work at the ESRS meeting in Tallinn last year, I can personally recommend this exciting and unique blend of science and art, which will fit perfectly within our scientific meeting held within a concert hall.

As always, we welcome article submissions and ideas at any time, so please contact me at lizzie.hill@ed.ac.uk with your work. Many thanks to Penny Bryant, who did just that and whose personal account of sleep disorder is featured in this edition. Perhaps you’d like

Editor's Message Continued...

to review a book, website or app, tell us about the work of your department, present a case study, review an area of sleep or give us your view on current happenings in sleep. We are interested in anything sleep-related, so please put fingers to keys and get in touch!

If you'd like to go one step further and edit the newsletter, I will be standing down as Editor of the Newsletter at the end of the year, and so the search is on for a successor. Again, please email if you're interested in this exciting and rewarding post, or if you'd like more details.

Finally, the BSS is *your* society, and needs your input to thrive. Please get in touch with any comments or ideas to help the BSS represent you in the best way it can, through our activities, communications, meetings, courses and support. Elections will be held for posts on the Executive Committee during the BSS 2015 meeting in October, and I would encourage you all to consider standing for election. Whatever stage of your career in sleep, whatever your job role, whatever your area of interest/expertise, *you* can play an active role in the BSS, as we move forward into our next 4 year cycle. Although putting your name forward can be daunting, I can tell you from personal experience that it is well worth that "leap of faith" – as I come to the end of 4 years on the committee, I can honestly say it's been rewarding, career-enhancing and fun, so if you're toying with the idea, my advice would be "go for it"! Read on for full details on how to submit your nomination. Enjoy this Spring/Summer newsletter, and see you in Newcastle!

Lizzie Hill – BSS Newsletter Editor



Your Society Needs You!

Vacancies – BSS Executive Committee

The BSS are seeking applications for six vacancies arising on the BSS Executive Committee in 2015. Elections will be held during the AGM at the BSS2015 meeting in Newcastle in October.

We encourage you to consider standing for election to the EC or to nominate a colleague to do so. Standing for the committee is a great way to use your skills and experience to make an active contribution to your Society and profession. It's an opportunity to gain further experience, raise your profile within the area and to extend your professional network. It's also great fun!

The nomination form can be found on the BSS website or obtained by e-mail from admin@sleepsociety.org.uk. **Completed forms must be returned to the BSS Office on or before 15 October 2015.**

If the number of completed nominations is greater than the number of vacancies, the nominees will be given the opportunity to make a brief personal statement prior to voting during the AGM in Newcastle. Any applicant who cannot be present at that meeting may arrange for their personal statement to be read out by another BSS member of their choosing or a current EC member.

It is important for the work of the BSS that we continue to have a spectrum of interests and skills represented on the EC. We have previously considered having a quota system of reserved places to ensure ongoing clinician/physiologist/researcher representation. However, this was felt to be undemocratic. We hope that the membership will ensure through nomination and voting that our committee continues to represent the broad range of interests within the Society.

As an EC member, you are expected to attend at least 4 EC meetings per year, some in person and some by teleconference. You will sit on the committee for a 4-year period. You will be expected to take an active role in the many activities of the society, including meeting organisation, liaising with other professional groups, answering media queries, writing for the newsletter and so on. It is likely you will be given a specific role within the committee, based on your skills, expertise and interests.

Introducing the BSS President Elect Professor Mary Morrell

It is an honour to have been nominated as the next President of the British Sleep Society. Taking over this role from Dr Paul Reading in October 2015 is exciting and also unnerving. Paul has done an amazing job, and I realise I have big shoes to fill, so I thought I would take this opportunity to answer some of the questions people have been asking.

What are your top three goals for the BSS and how will you implement them?

Training Future Sleep Leaders...A Bold Bright Future: The BSS has an important role to play in UK Sleep, ensuring clinical and research graduates understand the importance of sleep in health and have the skills required to become sleep clinicians and scientists. I propose that we achieve this by working closely with other organisations to influence education and accreditation. We will maximise our impact

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by reaching out to medical educators and programme leaders to support them in offering courses to their graduates and trainees.

Public Awareness of Sleep:

BSS members are at the forefront of treating sleep disorders and at the cutting edge of the research that will decrease morbidity and mortality from sleep disorders. Dissemination of this knowledge by providing educational products that can be used locally, e.g. patient education and teaching modules, will increase awareness of sleep and the profile of the BSS. Areas such as sleep in children, teens and older people (during hormonal changes for women) are particularly important.

Membership Participation:

Membership *per se* is not the goal here; but it is the base from which to increase membership participation in the BSS. I would propose choosing one or two areas in

which the BSS excels and focussing on these activities, and raising awareness of what the BSS has to offer, particularly to trainees. We have started to do this by raising the quality and profile of our scientific meetings. The BSS meeting is now the best place to hear up-to-date sleep research in the UK, a place to meet fellow sleep professionals and find out what is happening locally. New members are actively invited to participate in the meeting and in this way the organisation is likely to enjoy healthy growth – watch out, we may be asking you!



What would you identify as the strengths and obstacles of the BSS?

The strengths of the BSS are many; principally it is ***the home for a wide group of UK sleep clinicians and researchers, working in all areas of sleep from basic mechanisms to patient care.*** The knowledge of our members can be used to provide education in its widest sense, e.g. raising awareness of sleep in local clinical teams, for patients through educational materials, and by advocacy for public policy through campaigning.

The biggest obstacle for the BSS is that we all have busy lives and there is a temptation to leave ‘that’ job hoping someone else will do it. If this happens, the BSS will miss opportunities, but if we all work together we will be a winning team! I aim to bring a huge amount of energy and enthusiasm to being President of the BSS and I will conduct my duties with diligence and integrity.

What role should BSS play as an international organisation?

The BSS serves the UK sleep community and I think the organisation reflects this aim. We aim to promote sleep knowledge across our local groups. However, research and health are enhanced by global influence, and it is very important that we work with our fellow national sleep societies, the European Sleep Research Society and others on issues such as training. This is perhaps more important than ever in current economically-challenging times.

What qualifies you to be the BSS president?

I am a member of the National Heart and Lung Institute at Imperial College London, running an internationally-recognised sleep and breathing physiology group. I have a 20-year track record in respiratory sleep research and I have been involved

with the BSS during this entire time. Said another way, I have grown up scientifically with the BSS, and I am proud to be part of such a terrific organisation. It was the first place that I ever presented my research. My BSS experience includes serving on the Executive Board 2003-06 and I was invited back as Scientific Committee Meeting Chair in 2012. Leading and participating in these committees has provided me with great experiences in communication and governance, and an appreciation of the key activities of BSS. I am hoping that my wide experience across research, education and clinical care, in both the USA and Europe, gives me a unique ability to link with the diversity that is the BSS constituency – allowing us to move forward as a united force towards improvements in UK sleep health.

What will you do first for the BSS membership?

The short answer to this question is sort out the website! The frustration with this issue is that we have some great content. However, we lag behind our other societies in making it accessible to our membership and supporters. My alternative answer is the BSS should listen to what its membership needs and act quickly and decisively to support them. We have started to do this with the high quality scientific meeting, and monthly newsletter...other incentives will follow. Watch this space...!

With many thanks for taking the time to read this piece and for your on-going support.

Mary J Morrell - Professor of Sleep and Respiratory Physiology, National Heart and Lung Institute, Imperial College London; BSS President Elect



British Sleep Society

UK Multidisciplinary Sleep Professionals

Newcastle Sleep 2015 - Last Chance to Book

With registration for BSS2015 approaching 200 delegates, spaces are limited, so please register now to avoid disappointment. The meeting features a packed programme of educational and social activities, and is the perfect way to keep up-to-date with the latest developments in the area and network with multidisciplinary professionals from across the UK - gaining valuable CPD points in the process. If this wasn't enough, read on to hear more about some of the highlights of BSS2015



Keynote speakers

Professor Jan Born, Director of the Department of Medical Psychology and Behavioural Neurobiology at the University of Tübingen, will speak on *Sleep's role for memory*. Dr. Born's primary research interests are in the dynamics of memory formation in biological systems, particularly in the central nervous and immune systems.

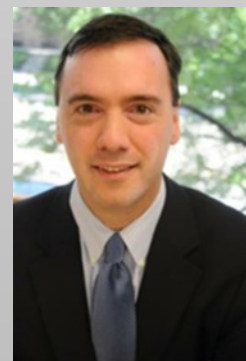
Professor Terri E. Weaver, Dean of University of Illinois at Chicago College of Nursing, was the first to describe the dose-response relationship between hourly duration of CPAP use and normalization of clinical outcomes for obstructive sleep apnoea, and will discuss *Treatment adherence: Does 4 hours fit all?*



Professor Eus JW Van Someren, Head of the Department of Sleep & Cognition, Netherlands Institute for Neuroscience and VU University Medical Center, investigates how sleep affects brain function during subsequent wakefulness, and how experiences during wakefulness affect subsequent sleep. Professor Van Someren's keynote presentation will review *The neuroscience of individual differences in sleep vulnerability and insomnia*.



Dr Philip Gehrman is Assistant Professor of Psychology in the Department of Psychiatry and a member of the Sleep Center at the University of Pennsylvania. Dr. Gehrman's clinical work focuses on the treatment of insomnia and other sleep disorders. He has an active telehealth program where he delivers insomnia treatment to Veterans using videoconferencing technology. Dr. Gehrman will draw on these experiences to discuss *Cognitive behavioral and chronotherapeutic interventions for insomnia*.



Many thanks our Sponsors:

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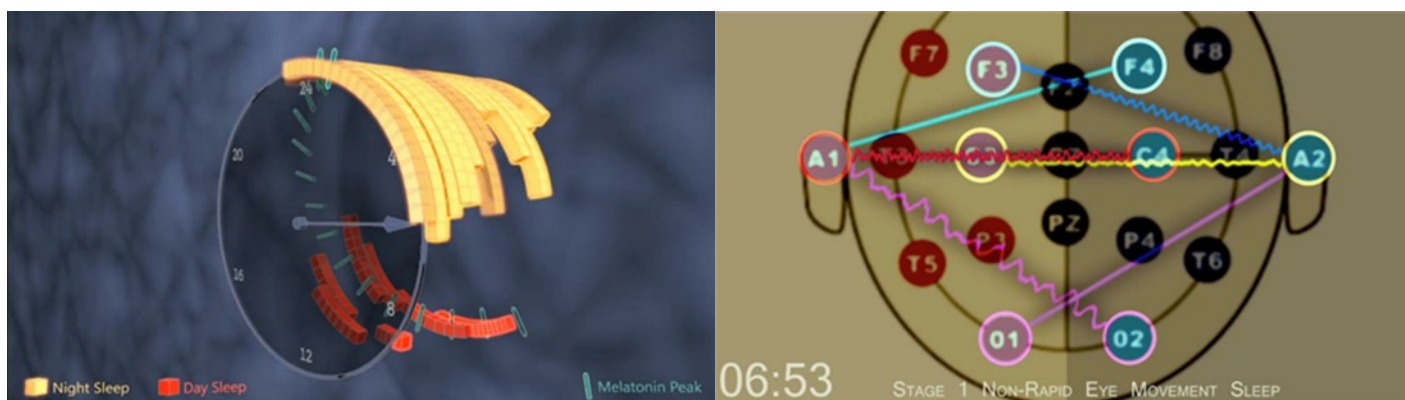
Bronze



The Hidden Music of Sleep



One of the undoubted highlights of BSS2015 promises to be the keynote presentation by Dr Milton Mermikides, Lecturer in Music and Head of Composition at the University of Surrey. A composer, guitarist, electronicist, producer and educator in a wide range of musical styles, he has collaborated with artists as diverse as Pat Martino, John Williams, Brian Eno, Pat Martino, Tod Machover, The Swingle Singers, Steve Winwood and Tim Minchin, as well as researchers from the STEM fields. Son of a CERN nuclear physicist and polyphile, he was raised with an enthusiasm for both the arts and sciences, an eclecticism which has developed throughout his creative, research and teaching career. His compositions derived from scientific data, mathematical modelling and interdisciplinary collaboration have been performed and presented internationally and appear in the Oxford Handbook of Computer Music (OUP 2009) and Music & Shape (OUP 2015). We are delighted to welcome Dr Mermikides to Newcastle, where he will present the *Sound Asleep* project, a collaboration with sleep scientists Professor Debra Skene (University of Surrey), Dr. Vlad Vyazovskiy (Oxford University) and Dr. Renata Riha (University of Edinburgh).



Images: Anna Tanczos - SciComm Studios

Poster Session

We had a fantastic response to our call for abstracts for BSS2015, with 60 accepted for poster presentation at the meeting. From paediatrics to prisoners, sexsomnia to self-harm and apps to accelerometers, the BSS2015 poster session on the Thursday evening promises a diverse range of novel work to absorb along with your glass of wine. Whether you prefer your posters with a pinotage or a pinot grigio (or something non-alcoholic!), this is a fantastic opportunity to meet the authors and hear more about the interesting and varied work going on in sleep across the UK and beyond.

Sleeping in prison: Can it ever be the same as sleeping in your own home?

Lindsay H. Dewa BA MBPSS

How well do you sleep? A third of you will occasionally have trouble sleeping at home. Whether this is due to a noisy neighbour, a snoring partner or an uncomfortable pillow, it's annoying and frustrating.

You and I have the power to remove ourselves from this problematic environment by simply moving to the spare bedroom or getting a new bed or pillow.



In contrast, a prisoner is unable to move away from their snoring cellmate, other prisoners shouting all night or where the mattress is so thin that you can feel the bed frame; some inmates suggest that “the mattresses are as thin as [cigarette] Rizlas!”. Though I have not managed to measure the width of a standard prison mattress, many inmates complain about the inadequate pillows and beds. Of course, having an uncomfortable mattress is only one explanation of why inmates are potentially not sleeping well in prison. An estimated 70% of prisoners have at least two mental disorders (Singleton, Meltzer and Gatward, 1998). The high prevalence of mental and physical health problems, substance misuse issues and prescription medications within prison settings may compound premonitory sleep disturbances, given the recognised relationship between sleep and health.

While much work has focused on the mental health and physical comorbidity in prison populations and psychotropic prescribing, there has been comparatively little research about insomnia explicitly. A recent integrative review (i.e. assessment of both quantitative and qualitative research methods) was produced to ascertain an overview of the prison-insomnia literature and to synthesize and appraise studies that had examined insomnia in a prison environment (Dewa et al, 2015). Of the 33 papers included, a thematic analysis revealed the varied prevalence of insomnia as a main theme. Dewa and colleagues found that the prevalence rate for insomnia in prison ranged between 10.9% and 81%. All but two studies had a considerably higher prevalence rate for insomnia in prisoners than the non-incarcerated population (30-36%; Morin and Jarin, 2013). One of these studies used the number of prescribed hypnotic meds as an indication of insomnia, therefore they may have underestimated the prevalence of insomnia. Consequently, insomnia seems to be more common than in the community. But why is this?

My own PhD is attempting to establish if insomnia is as common as the review indicated, why people are having trouble with their sleep in prison and how insomnia is managed in prisons across England and Wales. Two male adult prisons, one category B and one category C training in the North West and one local female prison in the North East England have been approached and chosen to take part in the study. At the time of writing this article, 218 inmates have been asked about their sleep and potential factors that may or may not have affected it. The newly established Sleep Condition Indicator (SCI; Espie et al., 2014) based on DSM-5 criteria and Pittsburgh Sleep Quality Index (PSQI; Buysse et al., 1978) was used to determine possible Insomnia Disorder (ID) and sleep quality respectively across the three prison establishments. Initial results based on 111 inmates found that 65% of males had poor sleep quality compared to a considerably higher 80% of females. This is in line with results from the landmark psychiatric comorbidity report that revealed a



significantly higher proportion of sleeping problems in women than in men regardless of whether they were on remand or sentenced (Singleton et al., 1998). Furthermore, this result was also in accord with the generally accepted evidence that insomnia is more common in women (Zhang and Wing, 2006). However, in my study, a surprising result was that possible ID was more common in male prisoners than their female counterparts (71% and 44% respectively). However, at this stage, the prison results are only

preliminary and based on 111 prisoners. By the end of my PhD, my sample size will have doubled, therefore it is expected that these results may change and should be treated with caution.

Due to the nature of the prison regime, normal sleep-wake patterning may be affected through interruption of usual daily routines (Levin and Brown, 1975); forced contact with others (Wener, 2012); fear of violence (Liebling and Arnold, 2012); and lack of autonomy (RCGP Secure Environments Group, 2011). In my study, the impact of the prison environment on a prisoner's sleep was measured using the pilot Prison Environment Sleep Questionnaire (PESQ). So far, it seems that just *being* in prison is an indisputable reason why some inmates are not sleeping very well. However, an uncomfortable mattress, noise, an overactive mind or being worried about something (e.g. a forthcoming court date or family issues etc.) were common factors why a person may be a poor sleeper in prison. Further analysis showed that the symptoms of psychiatric disorder and a lifetime history of substance misuse significantly predicted poor sleep quality.

The evidence shows us that not only is insomnia strongly related to mental disorders such as depression and anxiety (Ohayon, 1997; Taylor et al., 2005) and substance misuse (Conroy, Arnedt and Brower, 2008), both are more likely in prison than in the community (Singleton et al., 1999). Overall, despite the similarity between the community and prison on these factors, the prison itself may be a unique factor that negatively affects prisoner's sleep.

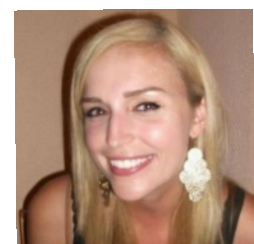
So far, the evidence suggests that sleeping in prison is potentially different to sleeping at home. Insomnia at both a symptom and clinical level is more prevalent in prison than in the community. Also, possible Insomnia Disorder is more common in male prisoners than their female counterparts. This finding goes against the generally accepted evidence that insomnia in women is more common in the general population. Regular conversations with prisoners have led me to believe that prison itself has had a part to play in affecting their sleep; it seems that the prison environment itself has to be seen as a separate factor that is *different* to what affects a person's sleep in the general population. On the other hand, although symptoms of mental disorder, rumination of thoughts or substance misuse seems to be associated with poor sleep in prison, they are also the common factors in the general population. Therefore, at present, continued research is necessary to help us understand this area further and my study

aims to do this.

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After working as a public health researcher for many years, Lindsay took up her doctoral degree at the Institute of Brain, Behaviour and Mental Health, University of Manchester, where she is currently looking at the prevalence, etiology and treatment of insomnia in a prison environment. Lindsay also currently works as a guest lecturer at Liverpool John Moores University and is postgraduate student rep at the University of Manchester.



UK Paediatric Sleep Videoconference Face-to-Face Meeting

Sponsored by S-Med

A one-off, face-to-face meeting of the UK Paediatric Sleep Videoconference will be held at 6-8pm on the evening preceding the BSS2015 meeting, Wednesday 21 October 2015, at the Copthorne Hotel in Newcastle.

The meeting is free to attend, and is expected to feature a mixture of clinical cases, quality improvement and research presentations. It is likely that a post-meeting curry will be arranged for those who wish to join.

The meeting is a great way for those working in paediatric sleep to network and meet one another, and we are very grateful to Selwyn and the S-Med team for their support.

Please notify us if you intend to attend.

Francois Abel - Francois.Abel@gosh.nhs.uk

Don Urquhart - don.urquhart@nhslothian.scot.nhs.uk

Andrew Morley - Andrew.Morley@ggc.scot.nhs.uk



Southampton Paediatric Sleep Courses



Modular courses to provide health professionals with the knowledge and skills to:

- understand the sleep and its importance in child development
- identify sleep disorders through a structured clinical approach
- manage behavioural insomnia and adapt approaches flexibly to children with developmental disorders and physical disabilities
- manage simple parasomnias and recognise disorders of excessive daytime sleepiness, complex parasomnias and epilepsy, movement disorders, circadian rhythm disorders, psychophysiological insomnia and sleep disordered breathing

The teaching Faculty are actively engaged in clinical care and include specialist behavioural therapists, expertise in sleep medicine, paediatric neurology, respiratory medicine and clinical psychology. Teaching is rooted in evidence-based practice and draws on clinical experience to provide case based learning in a seminar-style learning environment.

There are 2 options:

1. A 'fast track' three day course for paediatricians, paediatric trainees, child psychiatrists and child psychologists
2. A five day course offering extended practical sessions for professionals developing behavioural sleep management services

Courses are run at the Wessex Mercure Hotel in Winchester with easy access to local accommodation, rail access and Southampton airport.

For information about course fees and dates please contact Sara Bowgen on 02381205922 or sara.bowgen@uhs.nhs.uk or Evelyn Stewart on 02381203415 or at evelynstewart1@nhs.net

SOUTHAMPTON
Children's Hospital



MEDICOLEGAL SYMPOSIUM

**13th - 14th November
2015**



This symposium aims to provide up-to-date information on the theory and practice of neurolaw including sleep disorders and neuroimaging. The symposium would be of interest to all professionals involved in forensic aspects in this area.

SPEAKERS INCLUDE:

- Dr John Rumbold PhD Keele University
- Prof Neil Levy, Deputy Director (Research) Oxford Centre for Neuroethics and Head of Neuroethics, Florey Neuroscience Institute, University of Melbourne
- Prof Lisa Claydon University of Manchester, University of the West of England
- Paul Catley Head of Open University Law School
- Dr Rajan Nathan Consultant Forensic Psychiatrist, Cheshire
- Prof Keith Rix Consultant Forensic Psychiatrist
- Dr Ian Morrison Consultant Neurologist, NHS Tayside
- Dr Renata Riha Consultant in Sleep and Respiratory Medicine, NHS Lothian
- Prof David Healy Consultant Psychiatrist/ Psychopharmacologist, Bangor University
- Prof Ronnie Mackay Professor of Criminal Policy and Mental Health, De Montfort University

CPD Accreditation

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Integration, education and application: future directions in sleep and circadian rhythm disruption

Prof. Russell Foster

Severe sleep and circadian rhythm disruption (SCRD) is a feature shared by some of the most challenging diseases of our time - neuropsychiatric illness (e.g. schizophrenia, bipolar disorder and depression), neurodegenerative conditions (e.g. Alzheimer's, multiple sclerosis), and serious disorders of the eye (e.g. cataracts, glaucoma). SCRD is also widespread in the ageing population, those who work shifts and everyone affected by the demands of today's 24/7 society. Despite the prevalence of SCRD, its origins remain a mystery, its detection is frequently overlooked, and it is rarely treated. Yet the health consequences of SCRD are profound.



SCRD is far more than feeling sleepy at an inappropriate time. It promotes multiple illnesses ranging across abnormal metabolism; heart disease; reduced immunity; increased stress; and abnormal cognition and mood states. Significantly, these illnesses are common in brain disorders, eye disease and shift-work. In clinical practice, however, SCRD is rarely identified as a cause of this poor health. Recent advances in our understanding of the neural basis of sleep and circadian rhythms, and a growing appreciation of the broad health problems associated with SCRD, provide an unprecedented opportunity for both the diagnosis and treatment of SCRD across many areas of disease.

In 2012 we established the Sleep and Circadian Neuroscience Institute (SCNi) with funding from the Wellcome Trust and University of Oxford. Working to integrate results from mouse models, healthy human subjects and varied patient groups the SCNi



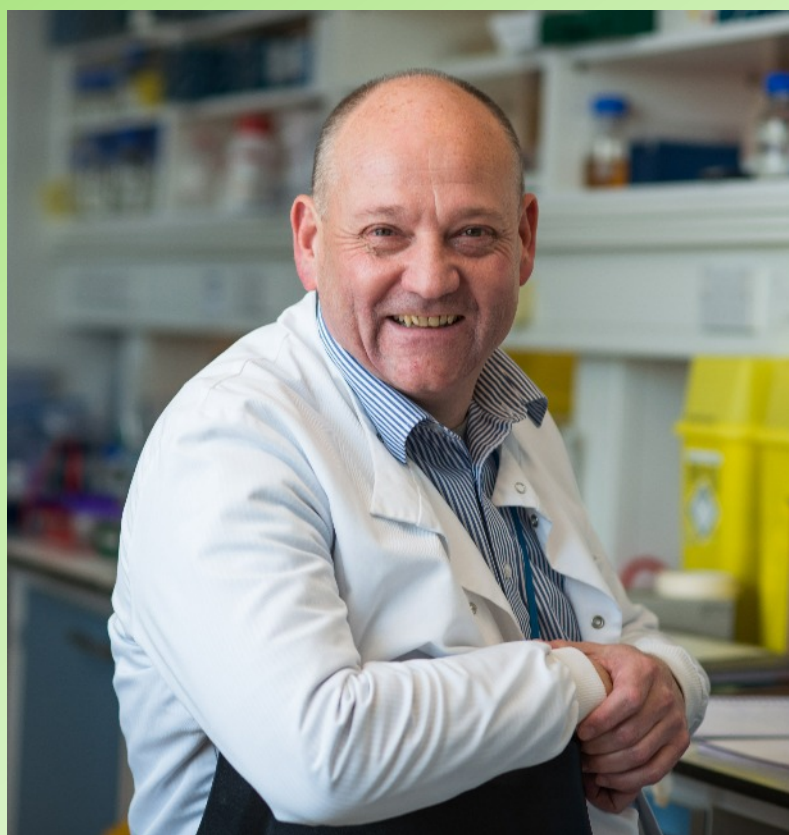
provides a unique opportunity to translate basic research findings into clinical practice. Our aims and strategic objectives are to:

1. Understand the neural mechanisms that generate and regulate sleep and circadian physiology.
2. Define sleep and circadian rhythm disruption (SCRD) at a mechanistic level across a range of diseases including mental illness and eye disease
3. Understand how societal demands give rise to SCRD.
4. Apply this knowledge for the development of evidence-based clinical interventions.
5. Develop training resources and training for healthcare practitioners.
6. Transfer this knowledge to the broader community, patients and caregivers.

The SCNi currently operates as a virtual institute with researchers based across several University of Oxford departments. Funding was recently awarded by the Sir Jules Thorn Charitable Trust to establish a physical home for the SCNi, providing a central location for all of its researchers to interact with one another and the public. This new facility will house laboratory and office space alongside cognitive testing rooms, meeting facilities, and space for public engagement activities including interaction with patient groups.

Historically, chronobiology and sleep research have developed as two independent fields. Sleep

scientists tend to know little about internal desynchronisation or phase response curves, and chronobiologists often do not consider the importance of sleep, sleep stages and sleep quality. Bridging this gap, studying sleep from every perspective and across disciplines, is the most recent challenge facing our field, and one that the SCNi aims to address. In the coming years, we should hopefully see integrated approaches between sleep scientists and circadian biologists, developing a deeper understanding of how these concerted systems inform one another in the maintenance of good sleep and health, but also in the development of pathologies both physical and mental. Such collaboration will help us develop better treatments for sleep and circadian disorders, targeted treatments in comorbid disorders and preventative interventions.



In recent years, the importance of sleep and circadian biology has begun to penetrate popular consciousness, with articles being published weekly on the effects of shift work, jet-lag, and broken sleep on our general health and well-being. The broader community is beginning to wake up to the importance of sleep and its role in continued good health particularly with regard to points high on the public health agenda, such as obesity, diabetes and cancer. In the coming years we will continue to develop our understanding of how these systems impact on our physical and mental health. The research focus has to be on how we apply what we are learning from basic and human science to the public health sector. Indeed we are committed to research with very practical outcomes, such as the TEENSLEEP project (<http://www.eye.ox.ac.uk/research/teensleep>) which is aiming to explore teenage sleep in 100 schools across England and Wales and in the application of sleep and circadian interventions in the blind and mentally ill (<http://scni.ndcn.ox.ac.uk>), bringing together the strands of chronobiology and sleep science: researching these symbiotic systems in tandem and our work with Sleepio (<http://www.sleepio.com>), making psychological interventions available to the public.

The burgeoning interest and knowledge of sleep science of course leads to an increased demand for education in this area. Whilst education is often ignored in favour of research, it is through education that we apply our knowledge and develop the next generation of researchers. Bridging this gap between science and practice should be a key objective for the field. Indeed, the SCNi is currently developing a post-graduate, distance learning course in sleep medicine which covers both the chronobiology and sleep science and their clinical applications. Beginning in October 2016, there is already a high demand for this course from health care professionals. It should be a constant endeavour to facilitate the application of our research, from bench work to human intervention. Education is a key component in this.



Russell Foster is Professor of Circadian Neuroscience, Head of the Nuffield Laboratory of Ophthalmology and Director of the Sleep and Circadian Neuroscience Institute (SCNi) at the University of Oxford. He holds a Fellowship at Brasenose College Oxford. Russell's research interests are focused upon the understanding of sleep and circadian rhythms, spanning the fundamental neuroscience of these systems to the application of this knowledge for the improvement of health across ophthalmology, mental illness and teenage health.

Spotlight on...

Professor Debra J. Skene

Debra J. Skene PhD, is Professor of Neuroendocrinology in the Faculty of Health and Medical Sciences, University of Surrey, Guildford. Educated in South Africa, she joined the University of Surrey in 1984. She is currently Leader of the Faculty Research Group: Sleep, Chronobiology and Addiction. She has over 25 years of research experience studying the human circadian timing system and has authored over 120 refereed research publications. Her recent research has been funded by the EU FP6 and FP7 programmes, UK Cross Research Council New Dynamics of Ageing (NDA) Programme, the BBSRC (UK) and Philips Lighting. She is also a Royal Society Wolfson Research Merit Award Holder.



Professor Skene and her team's research is directed towards characterisation and treatment of circadian rhythm sleep/wake disorders as experienced by blind people, shift workers and the elderly.

Her team's findings have led to the optimisation of melatonin (dose, time of administration) and light (wavelength, time of administration) to affect human circadian timing. Prof Skene pioneered studies on the spectral sensitivity of the human circadian axis, being one of the first to show the importance of short wavelength blue light. These results have important implications for the design and use of lighting in situations such as the treatment of circadian rhythm sleep/wake disorders, adaptation to shift work as well as in work and living environments.

Professor Skene is Vice-President of the European Biological Rhythms Society (EBRS) and past Vice-President (Basic) of the European Sleep Research Society (ESRS). She is a past Chair of a Gordon Research Conference (Pineal Cell Biology, 2012), currently an Associate Editor of the *Journal of Sleep Research* and on the Editorial Board of *Chronobiology International*. She is a Co-Director of Stockgrand Ltd (www.stockgrand.co.uk), a University-based company specialising in the measurement of melatonin and other circadian rhythm markers.

Firstly, thank you for taking the time to chat with us. Your name is now synonymous with circadian rhythm research, but what first attracted you to sleep and how did your career in the area develop?

I was fascinated by the pineal gland. Descartes' description as the "seat of the soul" intrigued me. My postgraduate studies investigated the pineal hormone melatonin as a potential antidepressive (MSc) and the effect of chronic antidepressant administration on pineal gland function (PhD). It was then just a question of time before I moved "forwards" from the pineal along the multisynaptic pathway to the suprachiasmatic nuclei (SCN), site of the central circadian clock. Studying human circadian rhythms and sleep patterns in blind people followed.

The circadian field is arguably the most rapidly-growing area of sleep, with many major discoveries in the past decade alone. What have been the key moments to date, and, in your opinion, what have been the 3 most important publications to date?

1. Identification of clock genes and unravelling the underlying molecular clock mechanisms.
2. Knowledge that there are clocks in most peripheral tissues (e.g. heart, liver, adipose tissue etc).
3. Discovery of the photopigment, melanopsin, localised in intrinsically photosensitive retinal ganglion cells (ipRGCs), and its role in transmitting light information to a wide variety of brain areas, including the SCN.

These discoveries are the result of work from numerous laboratories so it is difficult to pin point specific publications. Good reviews on these subjects are available.

And, looking forward, what do you think will be the key areas/discoveries of the coming years?

I hope we will be able to better understand the mechanisms underlying circadian misalignment, sleep restriction and disease (e.g. metabolic disorders, cardiovascular disease, cancer). Amongst other things, this would pave the way for effective treatment strategies to halt the adverse effects of chronic shift work.

The metabolic/biochemical events occurring at each sleep stage is technically challenging but hopefully will soon be possible to define.

Having an accurate measure of biological time (circadian phase) with a single biological sample would be very useful, likely using a combination of ambulatory device information, modelling and –omic technology.

What has been the highlight of your career, the most significant event or the achievement you are most proud of?

The discovery that short wavelength blue light is the most effective light wavelength transmitting the biological effects of light in humans (Thapan, Arendt, Skene, J. Physiol (2001) 535: 261-267). This finding involved precise, highly controlled experiments (construction of a human action spectrum) that took a number of years to design and run. Also at the time we had no idea of what to expect.

Our finding has been confirmed in numerous subsequent studies. The discovery of the melanopsin/ipRGC pathway has provided the necessary mechanism and underlying neuroanatomical pathways.

Conversely, what has been your most embarrassing/amusing professional moment?

I had been invited for the first time to speak at the prestigious Gordon Conference on Chronobiology in New Hampshire, USA (still in the days when we had slides, no powerpoint). I had woken up early and practiced my talk in bed, leaving myself just enough time to shower and dress. I returned from the shower to the student dorm I was staying in, to discover I was locked out of my room! Naked but for a towel I frantically had to find a phone and call campus security. Fortunately I just made the start of the session, and delivered a very calm talk (as all my adrenaline had been used up shouting for the campus staff to open my bedroom!).

You are involved in the ESRS Forum for Women in Sleep Research, which aims to support female researchers, encourage young women scientists to establish independent research careers and encourage research pertaining to issues women's health including normal sleep and sleep disorders. In 2015, is gender inequality still an issue? Are women under-represented in sleep research, and does being female impose barriers within the area?

Yes, yes to all of the above! Despite the almost equal number of men and women in the ESRS, there is a lack of women occupying top Board positions. Women must put themselves forward for Executive positions in scientific societies. We urgently need female input/logic/intelligence at the top level in Government, NHS, universities, schools, etc

What one piece of advice would you give to anyone – medics, researchers, technologists or nurses – starting out in sleep?

Attend scientific sleep conferences and network at every level. Don't be afraid to introduce yourself, discuss your work, ask advice, find mentors.

Whose contribution to sleep do you most admire, and why?

Irene Tobler, both for her novel science (study of sleep across the species) and her dedication to sleep politics (past President of the ESRS, co-founder of the ESRS Forum for Women in Sleep Research). She has also trained and mentored a large number of sleep researchers.

And who is your inspiration outside of sleep? Who would be your dream dinner party guest(s)?

My long time mentor, Josephine Arendt as well as colleagues who have become friends over the years, Liz Maywood, Marty Zatz, Anna Wirz-Justice, Till Roenneberg, Howard Cooper. It's a dinner party guaranteed to be full of humour and great ideas.

What would be your "Desert Island Discs" – two pieces of music, a book and a luxury item?

Anything from Wagner and Mahler as every time I listen I discover something new. Perhaps Wagner's *Tristan und Isolde* Tristan and Mahler's *Symphony No. 3* as my favourites. Oxford Dictionary of Film Studies, I'll finally have the time to read all the film entries. As a luxury item, could I take my partner? If not, my sheep skin slippers!

You're South African with Scottish ancestors and live in the UK. Where in the world would you like to live most, or where is your dream holiday destination?

I'm fortunate to currently live in the city I would most like to live in, London. London is forever changing and I love its multicultural and cosmopolitan nature. South Africa is my dream holiday destination now. Having travelled widely, when I return to Cape Town I appreciate that it is one of the most beautiful cities in the world. That and the islands off the Bahia coast, Brazil.

Finally, tell us something we don't know about Prof Debra Skene...

My dream career was to be a film director like Ingmar Bergman.

Perhaps in my next life....

Thank you very much for taking the time to share your thoughts with us, and best of luck for your future endeavours – both in the lab and behind the camera!

The best part of the day?

Penny Bryant



I'm sure you've read many articles about the science of sleep, so I wanted to write about something different. Put simply, people think they know how sleeping works. It gets dark, you lie down and you fall asleep. How can anyone fail at something so easy?

I did well at school thanks a love of reading and much effort from my parents to get me up, but once I had to live on my own and do the dry work of adulthood, chronic oversleeping was harder to control. Looking back, without the delayed sleep phase I might have actually got to enough lectures to finish my degree.

GP's would label me anaemic, depressed, insomniac or "tired all the time", and try a tablet that invariably didn't work. Well-meaning friends would suggest lavender, alcohol, cocoa, boring books, hot baths, or "put the alarm on the other side of the room" and then wonder why it worked for them but not for me.

I spent my twenties temping – I made up for bad timekeeping with a willingness to dive into any job and have a go. I ended up working for the NHS; we never shut, so I can work late. Consultants like a secretary who is still in the office when clinic finishes.

But it wasn't all smooth sailing.

I began to have a phobia of managers – specifically, being asked into the office for “a little chat”. “A little chat” usually involved things like “You really must try harder to be part of the team. It might be fun for you staying up all night doing whatever it is you're doing, but everyone else manages to get to bed on time and gets up in time for work.” One classic “little chat” I remember included “If you're going to have a lie-in, can you at least ring before 9 am to say you will be late?”.

You develop a sense of guilt that even now I find hard to shake. Modern society is geared around the clock, and the ideal of “early to bed and early to rise”. Working from 8 am is being “industrious”, while working until 8 pm is “catching up”. In a society where early is good and late is bad, you feel guilty for doing things other people take for granted. Things like eating breakfast, or taking time to wash in the morning. Or going to the gym, or a social gathering or hobby class in the evening. You end up having to give up

mornings, afternoons and evenings, and feel too guilty to enjoy yourself at night because you have to be quiet because all the good people are sleeping, and you should be in bed, even though you don't fall asleep for hours.

I was only formally diagnosed because of my own frustration. I was typing a letter on a patient with sleep apnoea, and it made me look at myself from a diagnostic viewpoint – constantly exhausted unless I was allowed to live a nocturnal existence. “There must be a name for this...”, I thought. So I put all of my symptoms into a search engine, and came up with a Wikipedia article. I looked down the page and thought “that's me... that's me ...I do that...”. So I did more research. I printed out articles from medical journals. I wrote a letter to my GP that started with the sheepish admission that I was coming to him with something that I had read about on the internet, which is not usually a promising start. I met with a GP Registrar who had to confess that he'd never heard of

it, but he was happy to send me to a sleep clinic, and as they say, the rest is history.

A diagnosis makes such a difference to you and the people around you. You learn that it's not your fault, it's not going away, and you have to manage it. And managing it is easier now than it has ever been. You can shop online, or at night. You can stay at hotels that have late checkouts and optional breakfast, so you don't pay for a meal you're never going to eat. GP appointments used to be nearly impossible to get as by the time I could phone they were all gone, but now I can book online after midnight and be first in the queue for once. You can work evenings and nights, with all the legal clout to get reasonable adjustments that comes with a formal diagnosis.

I'm happy to say that most people try to understand. Jet lag is a useful analogy because it is a similar sleep disorder that most people have experienced, albeit a temporary one.

Melatonin has bought me a few extra hours, so nowadays I wake around 10:30 and am up by 11:00, and I FEEL RESTED. I cannot stress how unusual and beautiful that feeling is; to actually be awake when the alarm goes off enough to stay awake when you switch it off. It's not until you realise how sleep deprived you were, that you realise how lucky you are to wake up feeling good. I have a full-time job now. I get enough sleep, and I still have enough time left over to do enough of the things I want to.

I don't feel so guilty about staying up, because I now know that's how I was made, and I'm entitled to a similar amount of "me time" to everyone else. You take up quiet, night hobbies – I read, I knit. I practice music on an electronic instrument with headphones. The people in my life let me stay in bed until late; I give them the same courtesy by not waking them up playing my accordion out loud at midnight...



I do things at the weekends, often by staying up all night to make sure I'm not late and then sleeping late the next day, or my husband gets up even earlier to make the tea and the wakening noises, and get the frequent consciousness checks done in time. We manage.

My final point is that there is more to sleep medicine than apnoea. I know there's a lot of people out there struggling, just like I did, and they aren't getting referred; they don't have those classic apnoea features so don't think a sleep clinic will help. I know how people's lives can be changed simply by being given a bit of paper that says they aren't making it up. My hope for the future is more knowledge in primary care and the workplace of sleep disorders and how much they can affect people, and how it is still possible to have a relatively ordinary life, with a bit of understanding and a bit of help.

Sometimes people tell me I'm missing the "best part of the day". They must have never seen the stars.



Penny works as a Medical Typist in Basildon Hospital, for staff including a sleep consultant. She was diagnosed with a delayed sleep phase in 2009.

Quarriers Sleep Service

Joan Kane RPSGT

Quarriers are a Scottish-based disability and social care charity who have been providing support services for people with epilepsy since 1906. The original Epilepsy Centre for the care and diagnosis of patients with complex epilepsy was established in the rural backdrop of Quarriers Village near Bridge of Weir. The new William Quarrier Scottish Epilepsy Centre (SEC) opened in April 2013 in the heart of Glasgow.



The new centre, near the Southern General in Glasgow is a 12 bed unit beautifully designed with large communal areas and a courtyard giving patients added comfort during what can be an extended admission of up to 4 weeks. The unit has 41 cameras and with our purpose built wireless video telemetry system this allows our patients extended freedom while on monitoring.

We provide flexible, person-centred, in-patient care for people who pose significant diagnostic challenges and for those who have complex physical, psychological and social needs.

Sleep at the SEC

The sleep service is based within the unit. We have 1 room specifically equipped for sleep assessments, with extra sound proofing and blackout blinds. This room has the capacity for use in forensic cases, with enhanced care facilities and an independent courtyard. We also have two rooms with adjoining carer's rooms for patients who require 24 hour support from their own carers or family members.

Along with the existing epilepsy assessment we now offer diagnostic testing for a wide range of sleep disorders in these specialist groups, including

- Parasomnias
- Narcolepsy
- Nocturnal epilepsy
- Psychological sleep problems
- Sleep breathing disorder
- Movement disorders



These assessments can include full Polysomnography, Mean Sleep Latency Testing (MSLT) and Maintenance of Wakefulness Testing (MWT). We can also provide these patients with full 23 channel EEG and Video Telemetry testing for seizure detection and will soon have the capability to carry out full PSG with an extended 23 channel EEG montage. All sleep assessments are carried out in accordance with the AASM guidelines.

Referrals are accepted from NHS Consultants with support from local health boards.

Why the SEC?

Referrals can be made to the William Quarrier SEC Sleep Service for a number of reasons, including:

- Differential diagnosis of epilepsy or parasomnia.
- Prolonged in-patient Polysomnography or Video Telemetry with or without MSLT/MWT.
- Specific psychological evaluations and interventions.
- Day time monitoring for behavioural assessments.
- Sleep assessment for patients with complex behavioural issues or learning disabilities.
- Forensic or Medico-Legal sleep assessments



We also have growing ties with local universities and have facilities to accommodate future research projects in the field of sleep.

The Team

Medical and nursing support is provided by expert and experienced staff. These include Consultant Neurologist, Consultant Neuropsychiatrist and Consultant Neurophysiologist. We also have a full time Psychologist, Clinical Nurse Specialist and two Clinical Physiologists, one specialising in neurology and the other in sleep. Our sleep physiologist is certified by the Board of Registered Polysomnographic Technologist (BRTP). Qualified nursing support is available 24 hours a day.

The centre has a telemedicine facility supported by the Scottish Centre for Telehealth, enabling doctors and patients from remote areas to access the service.

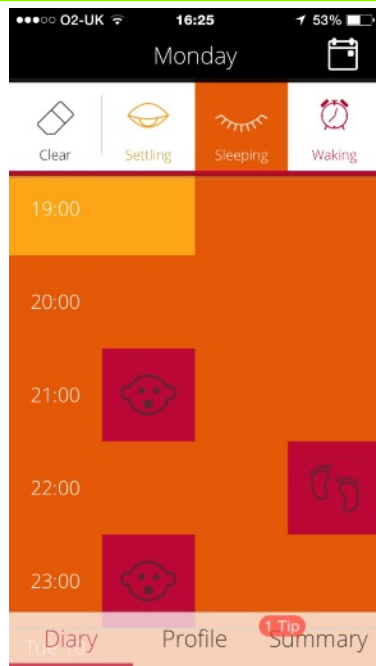
Getting in Touch



If you would like to discuss a potential referral or find out more about the service we provide, please contact the administrator and ask to speak to the Sleep Physiologist or Unit Manager.

The William Quarrier Scottish Epilepsy Centre
20 St Kenneth Drive
Govan
Glasgow
G41 4QD

www.scottishepilepsycentre.org.uk

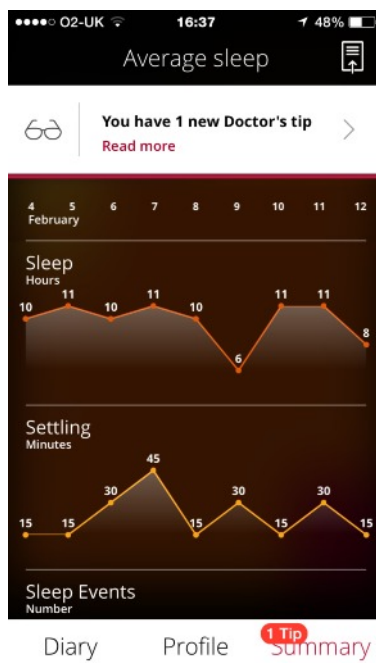


Review: Kids Sleep Dr app

Fiona Hauptman - Ben Dror
Clinical Occupational, Movement & Sleep Therapist,
www.babybase.info, Tel Aviv



I have been searching for an app that could monitor sleep in a way that included stages like partial awakenings and self-soothing back to sleep - Kids Sleep Dr could be just the thing I need. When working with families, one of the complaints I receive on a regular basis is the difficulty with accurate night logging, which can become a bit of a chore. The only thing I find missing on the Kids Sleep Dr is the option to add a night feed, which some six month old babies do in fact still need if they are underweight. Families that were using other sleep tracking apps found that they were either too complex, took too long to add entries or weren't accurate enough, only allowing for simple info like when baby finished sleeping and approximate sleep durations. Other faults would be a blue-light display which disrupted parents' sleep further - they would find themselves opening social media shortly after logging the data to send to me. I really enjoyed the sleep-aware colour scheme. The finger-painting block method featured in the Kids Sleep Dr makes for easier sleep entry, much kinder on the eyes than scrolling for the time slots, which is a plus in early hours of the morning. The only thing that wasn't very clear was the export of the sleep diary information; although there is a sharing functionality to send reports via email, the Excel form wasn't clear and the families ending up sending me a screen shot of their logs.



In summary, the Kids Sleep Dr app is a user-friendly and easy way to log sleeping habits without fumbling around in the middle of the night.

VACANCY: Sleep Physiologist Band 7



Permanent, full time (37.5 hpw)

Applications are invited for the above post. This post provides an exciting opportunity for a motivated individual with an interest in sleep physiology to contribute to the further development of a regional sleep service.

Closing date is 2pm on Thursday 27 August 2015

For further information and to apply please go HSCRecruit.com

The Trust is an equal opportunities employer.

You can also find us on Facebook & Twitter:

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BSS meetings

22-24 October 2015

British Sleep Society Scientific Meeting, Gateshead, UK

June 2016

British Sleep Society Hands-On Meeting, Venue TBC, UK

June 2016

International Sleep Medicine Course (in conjunction with Belgian and Dutch national sleep societies), Venue TBC, UK

Other meetings and courses

1-3, 8-9 September 2015

Sleep Scotland Sleep Counsellor Training, Glasgow, UK

11 September 2015

Scottish Sleep Forum, Stirling, UK

22-23 September 2015

Sleep Scotland Sleep Awareness Training, Glasgow, UK

26-30 September 2015

European Respiratory Society Annual Congress, Amsterdam, Netherlands

6-8, 14-15 October 2015

Southampton Paediatric Sleep Course, Winchester, UK

31 October - 03 November 2015

World Sleep 2015 - 7th World Congress of the World Sleep Federation, Istanbul, Turkey

31 October - 05 November 2015

XXII World Congress of Neurology, Santiago, Chile

11 November 2015

Royal Society of Medicine Sleep Medicine Section meeting: Sleep & Mental Illness, London, UK

13-14 November 2015

Medico-legal Symposium; Edinburgh, UK

17 November 2015

Sleep Scotland Sound Sleep Training, Edinburgh, UK

30 November - 02 December 2015

Practical Polysomnography course, Edinburgh, UK

17 February 2016

Royal Society of Medicine Sleep Medicine Section meeting: Sleep & the Elderly, London, UK

18 May 2016

Royal Society of Medicine Sleep Medicine Section meeting: Society on the Edge... Sleep and Cause(s) for concern?, London, UK

Ongoing

[European Sleep School - bespoke training courses](#)

The European Sleep School in Orihuela Costa, Spain, provides bespoke training courses for medical professionals wishing to perfect their skills in performing and interpreting polysomnography and other sleep diagnostics.

Executive committee

British Sleep Society Committee

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Simone de Lacy RPSGT EST Education Officer

To contact any of the above please email the BSS Office on admin@sleepsociety.org.uk. Your email will be forwarded immediately to the appropriate member, or if requested shared with all the Executive Committee. The Executive Committee is of course elected to represent our society's membership and is thus available to consult on all issues relevant to its membership.

Membership

BSS Membership Fees & Bank Standing Order

To reduce BSS administration costs we ask that all members pay their membership by bank standing order. If you would like a standing order form please contact the BSS Office. However, if you wish to pay by Bank transfer please contact the BSS Office.

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Are you running a meeting which might be of interest to BSS members? Please contact the Editor (lizzie.hill@ed.ac.uk) to have it featured here.