26th Annual Meeting of the Associated Professional Sleep Societies, LLC
A Joint Meeting of the American Academy of Sleep Medicine and the Sleep Research Society

SLEEP 2012
BOSTON
JUNE 9-13

KEYNOTE SPEAKERS
Mark Rosekind, PhD
Robert Stickgold, PhD

Final Program
Innovation runs in the family

ResMed’s latest innovation, EasyCare Online, offers a solution for you to access patient data from the cloud anywhere with an internet connection.

Visit us at booth 413 to learn more about this exciting new software, or visit ResMed.com/ECOrelease.

As the latest evolution in compliance monitoring, EasyCare Online continues ResMed’s tradition of technological innovation, premium performance and user-friendly design.

Visit ResMed at booth 413
Welcome to SLEEP 2012, 26th Annual Meeting of the Associated Professional Sleep Societies, LLC (APSS)!

For the first time since 1994, members of the American Academy of Sleep Medicine and Sleep Research Society are converging on Boston for what we expect to be one of the best meetings to date. The Program Committee is confident that this year’s meeting will provide you with access to the latest advances in the fields of sleep medicine and sleep research while also allowing ample time for you to network with colleagues old and new.

SLEEP 2012 offers a host of programs designed specifically to appeal to clinicians and researchers: a full slate of didactic postgraduate courses and more than 90 interactive and in-depth sessions. This year’s meeting features new session types including bench to bedside sessions, challenging case reviews and business-related clinical workshops. Additionally, more than 1,300 abstracts will be presented in oral and poster formats. We are excited to introduce evening receptions on Monday and Tuesday evenings for poster viewing. More details about these sessions are included in this guide; they will help you plan your schedule and select the programs that fit your individual interests and learning style.

Networking has been a constant hallmark of the meeting, and SLEEP 2012 allows multiple opportunities for engagement with your colleagues and exhibiting companies. The SLEEP 2012 Networking Reception on June 10 is an opportunity to reconnect with old friends and forge new relationships with your sleep colleagues. We also invite you to network using social media. Information about Twitter, Facebook and Foursquare are on the next page of this program.

The vast exhibit hall features the latest products and services available in sleep medicine from more than 130 companies. The AASM and SRS are hosting general membership meetings and membership section meetings to provide members with the opportunity to learn about the societies’ latest initiatives and how to get involved.

With changes and developments occurring in sleep medicine and research every day, it is important that clinicians and researchers are provided the opportunity to meet, interact and share their experiences and discuss the issues of greatest importance to the field. It is the hope of the APSS Program Committee that you enjoy your experience at SLEEP 2012 and are able to both renew and initiate relationships with colleagues from around the world who share your interests. Through these relationships, we can mold the future of sleep. Enjoy the meeting.

Sincerely,

H. Craig Heller, PhD
Chair, APSS Program Committee
APSS Program Committee
A Joint Committee of the American Academy of Sleep Medicine and the Sleep Research Society

H. Craig Heller, PhD, Chair
Stanford University, Stanford, CA

Douglas Kirsch, MD, Incoming Chair
Sleep Healthcenters and Harvard Medical School, Brighton, MA

Charles Atwood, MD
University of Pittsburgh, Pittsburgh, PA

Chiara Cirelli, MD, PhD
University of Wisconsin, Madison, WI

Valerie Crabtree, PhD
St. Jude Children’s Research Hospital, Memphis, TN

Neil Freedman, MD
Pulmonary Physicians of the North Shore, Bannockburn, IL

Suresh Kotagal, MD
Mayo Clinic, Rochester, MN

Michael Littner, MD
VA Greater Los Angeles Healthcare Systems, Sepulveda, CA

Thomas Scammell, MD
Beth Israel Deaconess Medical Center, Boston, MA

Hans Van Dongen, PhD
Washington State University, Spokane, WA

Kenneth Wright Jr., PhD
University of Colorado, Boulder, CO

Jerome A. Barrett, Executive Director

Educational Opportunities

C Postgraduate Courses — Intensive reviews of topics presented in a half-day or full-day session format prior to the scientific program.

B NEW Bench to Bedside Sessions — Two-hour sessions focusing on the latest advances in translational science and clinical applications on a specific topic.

W Clinical Workshops — Reviews of patient-related and business-related aspects of sleep centers. Workshops address difficult clinical situations, business challenges and trends that clinicians experience in their daily practices.

D Discussion Groups — Forums for informal presentations of a specific topic, which may include conversations on controversial subjects or pro/con discussions and presentations.

I Invited Lecturers — One-hour lectures during which senior level investigators/clinicians present in their areas of expertise.

L Lunch Debates — Large-group lunch sessions during which two experts in the field debate on a single topic.

M Meet the Professors — Small-group lunch sessions during which an expert in the field leads an informal discussion on a single topic.

O Oral Presentations — 15-minute presentations during which investigators present their latest research and new ideas in the field.

P Poster Presentations — Visual representations of the latest research and new ideas in the field.

R NEW Brown Bag Report Session — Review of challenging cases by an expert panel.

S Symposia — Two-hour sessions focusing on the latest data and ideas in the field.
General Information

Location
John B. Hynes Veterans Memorial Convention Center
900 Boylston Street
Boston, Massachusetts 02115
Phone: 617-954-2000

On-site Registration Hours
Friday, June 8  4:30pm – 6:00pm*
Saturday, June 9  6:30am – 5:30pm
Sunday, June 10  6:30am – 5:30pm
Monday, June 11  6:30am – 5:30pm
Tuesday, June 12  7:30am – 5:00pm
Wednesday, June 13  7:30am – 5:00pm
*Registration on Friday is only for pre-registered attendees.

Registration materials (including badges, final programs, tickets, etc.) will be provided at the registration counter located on level two of the Hynes Convention Center. Tickets are required for entry to postgraduate courses, meet the professor sessions and lunch debate sessions. Tickets for these sessions that are not sold out are available for on-site purchase at the registration counter.

Guest Passes
A registered attendee may elect to buy a guest pass. Guest passes are for family members only and allow entrance to the exhibit hall and industry sponsored events only. Guests must be 16 years of age in order to enter the exhibit hall. Guests are not permitted to attend any of the general or ticketed sessions.

Badge Identification
All meeting participants and guests must wear a badge. Badges determine entrance to the scientific sessions and SLEEP 2012 exhibit hall. Your cooperation with this policy is appreciated.

Recycle your badge holder. Bins for collecting badge holders will be located in the convention center for you to recycle your badge holder.

Exhibit Hall
The SLEEP 2012 exhibit hall showcases booth displays of pharmaceutical companies, equipment manufacturers, medical publishers and software companies. You must be at least 16 years of age to enter the exhibit hall.

Exhibit Hall Hours
The exhibit hall will be open during the following hours:
Monday, June 11  10:00am – 4:00pm
Tuesday, June 12  10:00am – 4:00pm
Wednesday, June 13  10:00am – 2:00pm

Job Boards
Current job opportunities may be posted on the job boards located on the third level of the Hynes Convention Center. Postings are restricted to 8.5” x 11” in size and will be removed if they are deemed inappropriate. The APSS assumes no responsibility for these postings.

Trainee Symposia Series
The 17th Annual Sleep Research Society Trainee Symposia Series will be held Saturday, June 9 – Sunday, June 10, 2012, at the Hynes Convention Center. The event is free to AASM and/or SRS student members. In order to attend, you must have registered by April 25, 2012. For complete details and program information, please see pages 24-26.

Speaker Ready Room
Speakers participating in oral presentations, bench to bedside sessions, brown bag report, symposia, discussion groups, postgraduate courses, lunch debate sessions and clinical workshops are required to use the Speaker Ready Room to upload their PowerPoint presentations onto a central server. The Speaker Ready Room is located in Room 207 at the Hynes Convention Center. Speakers must upload their presentations 24 hours in advance of their scheduled session time. Technicians will be available to provide assistance. Speaker Ready Room hours of operation are:

Friday, June 8  4:30pm – 6:00pm
Saturday, June 9  6:30am – 5:30pm
Sunday, June 10  6:30am – 5:30pm
Monday, June 11  6:30am – 5:30pm
Tuesday, June 12  7:30am – 5:00pm
Wednesday, June 13  7:30am – 5:00pm

Press Room
Members of the press are encouraged to utilize the press room in Room 207, operating during meeting registration hours from Monday, June 11, 2012, through Wednesday, June 13, 2012. The press room contains resources to assist reporters with their stories, including detailed information on the participating organizations, meeting program books, and a computer.

Society Booth
Details about membership and products from the American Academy of Sleep Medicine, Sleep Research Society, American Association of Sleep Technologists, American Academy of Dental Sleep Medicine and/or Society of Behavioral Sleep Medicine are available at the Society Booth located on the third floor.
**General Information**

**Photography/Recording**
Photography and/or recording of any kind, other than by the APSS or registered press approved by the APSS, of sessions, speakers and the exhibit hall is prohibited. No cameras will be allowed on the exhibit floor or in the meeting rooms at any time. Violation of this rule could result in removal from the Hynes Convention Center and the confiscation of the film or recording device.

**Seating**
Open-seating sessions are filled on a first-come, first-served basis. The APSS does its best to match room size with anticipated demand; however, interest in a topic occasionally exceeds seating capacity. Seating limits are strictly enforced by the Convention Center Fire Marshal. We encourage you to arrive at meeting rooms as early as possible for best seating.

**Online Itinerary Planner**
Build your schedule or search for a specific speaker or author. Visit the SLEEP 2012 online itinerary planner to build your schedule. FREE Wi-Fi is available throughout most of the convention center.

Visit www.sleepmeeting.org and click on Itinerary Planner or scan this QR code.

**Free Wi-Fi**
The Hynes Convention Center offers FREE Wi-Fi throughout the building. Here’s how to connect:
1. Go to “settings” on your mobile device
2. Select the Wi-Fi option
3. Click “Hynes Wireless Network”

**SLEEP 2012 Abstract Supplement**
All abstracts from SLEEP 2012 are published in an online abstract supplement of the journal SLEEP. To view these abstracts, visit www.sleepmeeting.org/Abstracts.aspx

**We Want Your Feedback**
All attendees are encouraged to evaluate each session they attend throughout the conference. Visit www.sleepmeeting.org/evaluations at any time during the meeting to rate the sessions. The site will close on June 15, 2012.

The sole purpose of this site is to evaluate speakers and sessions that you attend at SLEEP 2012. The Program Committee will use this information to plan future events. To claim credits from the meeting, visit www.sleepmeeting.org/credits. The deadline to claim credit is October 1, 2012.

**Commemorative Posters**
Posters commemorating SLEEP 2012 are available on a first-come, first served basis to full meeting registrants. Posters are limited to one per person while quantities last. Pick up your poster at the Society Booth.

**Other Activities**

**American Academy of Dental Sleep Medicine (AADSM)**
21st Annual Meeting
June 7-9, 2012
Sheraton Boston

**American Association of Sleep Technologists (AAST)**
34th Annual Meeting
June 10-13, 2012
Hynes Convention Center

**Society of Behavioral Sleep Medicine (SBSM)**
Inaugural Meeting
June 9-10, 2012
Sheraton Boston

**SRS Trainee Hospitality Room**
June 11-13, 2012
Hynes Convention Center, Room 101
Hotel Information

Questions regarding SLEEP 2012 housing should be directed to:
SLEEP Housing Bureau
c/o OnPeak
Toll Free: 866-611-8832
Local: 312-527-7300
Fax: 312-329-9513
Email: sleep@onpeakevents.com

Boston Hotels

<table>
<thead>
<tr>
<th>Hotel</th>
<th>Phone</th>
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<tbody>
<tr>
<td>2. Boston Park Plaza Hotel &amp; Towers</td>
<td>(617) 426-2000</td>
<td>50 Park Plaza Boston, MA 02116</td>
</tr>
<tr>
<td>3. Fairmont Copley Plaza</td>
<td>(617) 267-5300</td>
<td>138 St. James Ave. Boston, MA 02116</td>
</tr>
<tr>
<td>4. Hilton Boston Back Bay</td>
<td>(617) 236-1100</td>
<td>40 Dalton St. Boston, MA 02115</td>
</tr>
<tr>
<td>5. Marriott Boston Copley Place</td>
<td>(617) 236-5800</td>
<td>110 Huntington Ave. Boston, MA 02116</td>
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<tr>
<td>6. The Midtown Hotel</td>
<td>(617) 262-1000</td>
<td>220 Huntington Ave. Boston, MA 02115</td>
</tr>
<tr>
<td>7. Westin Copley Place Hotel</td>
<td>(617) 262-9600</td>
<td>10 Huntington Ave. Boston, MA 02116</td>
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Convention Center Floor Plans
Continuing Medical Education (CME) Credit for Physicians

Accreditation Statement
SLEEP 2012 meeting activities have been planned and implemented in accordance with the guidelines of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the American Academy of Sleep Medicine (AASM) and the Associated Professional Sleep Societies, LLC (APSS). The American Academy of Sleep Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The American Academy of Sleep Medicine designates this live educational activity for a maximum of 38.25 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Sessions Available to Earn CME Credit
SLEEP 2012 offers physicians the opportunity to earn as many as 38.25 CME credits. CME credit is awarded for bench to bedside sessions, brown bag reports, clinical workshops, discussion groups, invited lectures, keynote addresses, lunch debate sessions, meet the professor sessions, oral presentations, postgraduate courses and symposia. Specific details as to which sessions are eligible for CME credit are listed on the CME Reference Form, which is distributed during registration. Only those sessions sponsored by the APSS and listed on the CME Credit Claim Form are eligible for CME credit. Note: Poster viewing sessions are not eligible for CME credit.

Credit is awarded based on the amount of time spent in each activity (rounded to the nearest quarter hour). Physicians may earn the following maximum number of credits each day:

Sat., June 9: 7.50
Sun., June 10: 7.75
Mon., June 11: 7.00
Tues., June 12: 8.00
Wed., June 13: 8.00

CME may also be available by attending industry sponsored events. These credits are made available by the event organizer and are not processed by the AASM.

Satisfactory Completion
To receive CME credits, SLEEP 2012 attendees must register for CME credit and pay the appropriate fee. The administrative fees are $20 for members and $35 for nonmembers. Individuals must complete an online evaluation form to receive CME credit. Further information will be detailed on the CME Reference Form included with your registration materials.

Target Audience for SLEEP 2012
Participants of the SLEEP 2012 meeting will include clinicians, including psychologists, scientists, students and other health care professionals seeking to increase their knowledge of the fields of sleep medicine and sleep research. Attendees should possess a basic knowledge of biological systems and/or operational issues in medical practice.

Overall Educational Objectives
Attendance at SLEEP 2012 should give participants a broad understanding of the current state-of-the-art of sleep medicine, including current clinical practices used when investigating and treating sleep disorders in adults and children; areas of controversy in clinical practice; recent basic science research in both animals and humans; and social, business and political issues relevant to sleep medicine.

By the end of SLEEP 2012, participants should be able to:
1) Summarize relevant information on the latest sleep research and clinical practices; 2) Identify present issues or challenges in diagnosis/treatment of sleep disorders, practice of sleep medicine or topics related to the field of sleep; 3) Integrate strategies and tools for the enhancement/advancement of sleep medicine; and 4) Recognize and have a basic understanding of common sleep disorders.

Continuing Education (CE) for Psychologists

Accreditation Statement
SLEEP 2012 is co-sponsored by Amedco and the Associated Professional Sleep Societies, LLC (APSS). Amedco is approved by the American Psychological Association to sponsor Continuing Education for psychologists. Amedco maintains responsibility for this program and its content. 35.25 hours.

Sessions Available to Earn CE Credit
Psychologists may receive up to 35.25 hours of continuing education credit for attending SLEEP 2012. CE credit is awarded for clinical workshops, discussion groups, invited lectures, keynote address, oral presentations, postgraduate courses and symposia. Note: Poster viewing, lunch debate sessions, meet the professor sessions and the brown bag report session are not eligible for CE credit.

Psychologists may earn the following maximum number of CE credits per day:

Sat., June 9: 7.50
Sun., June 10: 7.75
Mon., June 11: 6.00
Tues., June 12: 7.00
Wed., June 13: 7.00
**Satisfactory Completion for Psychologists**

To receive CE credits, SLEEP 2012 attendees must register for CE credit. The administrative fees are $40 for members and nonmembers. Attendees must have attended each of their sessions in their entirety and complete an online evaluation form in order to receive a certificate of completion/attendance. Participants not fulfilling these requirements will not receive a certificate. Failure to complete the evaluation form will result in forfeiture of credit for the entire conference. No exceptions will be made. Partial credit of individual sessions is not available. Further information will be detailed on the CE Reference Form included with your registration materials.

**Continuing Education (CE) Contact Hours for Nurse Practitioners**

**Accreditation Statement**

This program is approved for 38.25 contact hours of continuing education by the American Academy of Nurse Practitioners. Program ID 1204141. This program was planned in accordance with AANP CE Standards and Policies and AANP Commercial Support Standards.

**Satisfactory Completion for Nurse Practitioners**

To receive CE contact hours, SLEEP 2012 attendees must register for CE contact hours for nurse practitioners and pay the appropriate fee. The administrative fees are $20 for members and $35 for nonmembers. Attendees must have attended each of the sessions in their entirety and complete an online evaluation form in order to receive a credit letter. Further information will be detailed on the Nurse Practitioner CE Reference Form included with your registration materials.

**Continuing Education for Others**

**Accreditation Statement**

SLEEP 2012 has been planned and implemented through the joint sponsorship of the American Academy of Sleep Medicine (AASM) and the Associated Professional Sleep Societies, LLC (APSS). The American Academy of Sleep Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The AMA Council on Medical Education mandates that accredited providers only offer **AMA PRA Category 1 Credits™** to physicians. The AASM will issue individuals who are not eligible for any type of continuing education credits offered at SLEEP 2012 a letter of attendance outlining the number of **AMA PRA Category 1 Credits™** designated for the sessions they attend at SLEEP 2012.

To receive a letter of attendance, SLEEP 2012 attendees must register and pay the appropriate fee. The administrative fees are $20 for members and $35 for nonmembers. Individuals must complete an online evaluation form to receive the letter of attendance. Further information will be detailed on the Letter of Attendance Reference Form included with your registration materials.

**AAST CECs are not provided for SLEEP 2012 sessions.**

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**Do not Forget to Register for Credits**

Follow the instructions below to ensure that you receive CME, CE and Letter of Attendance credit for SLEEP 2012:

1. **When you register for SLEEP 2012, be sure to add the appropriate continuing education credits to your registration.** The CME, CE credits or Letter of Attendance fee is a separate fee from the general session registration fee.

2. **At SLEEP 2012, you must pick up the appropriate Reference Form at the Continuing Education table near the SLEEP 2012 registration counters.**

3. **Use the Reference Form to track the sessions that you attend at SLEEP 2012.**

4. **Go online to claim your credits. Instructions will be included on the Reference Form.**

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**Deadline to complete online credit forms:**

- July 18, 2012 for CE for Psychologists
- October 1, 2012 for CME, CE for Nurse Practitioners and Letters of Attendance

*After these dates, individuals will no longer be able to receive credits.*
## Schedule at a Glance

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### June 9

**6:30am – 5:30pm** Registration Open

**8:00am – 5:00pm** Full-day Postgraduate Courses
- Ballroom A C01: Year-in-Review
- Ballroom C C02: Trends in Sleep Medicine Practice
- Ballroom B C03: Management of Sleep Disordered Breathing: Special Populations and Therapies
- Room 200 C04: PedSleep 2012: Hot Topics and Controversies in Pediatric Sleep Medicine

**8:00am – 12:00pm** Half-day Postgraduate Course
- Room 310 C05: The New Treatments for RLS: How and When To Use Them

**12:00pm – 1:00pm** Lunch Break

**1:00pm – 5:00pm** Half-day Postgraduate Course
- Room 310 C06: Evaluation and Management of Abnormal Nocturnal Behaviors

### June 10

**6:30am – 5:30pm** Registration Open

**8:00am – 5:00pm** Full-day Postgraduate Courses
- Ballroom B C07: 2012 State of the Art for Clinical Practitioners
- Room 210 C08: Gizmos and Gadgets: Technological Advances in Clinical Outpatient Sleep Medicine
- Ballroom C C09: Diagnosis and Treatment of Circadian Rhythm Sleep Disorders
- Room 200 C10: The Basics of Sleep

**8:00am – 12:00pm** Half-day Postgraduate Course
- Room 310 C05: The New Treatments for RLS: How and When To Use Them

**12:00pm – 1:00pm** Lunch Break

**1:00pm – 5:00pm** Half-day Postgraduate Course
- Room 302 C11: Sleep and Sleep Disorders in Pregnancy

### June 11

**1:00pm – 3:00pm** General Sessions
- Room 304/306 O01: Sleep Loss and Weight Gain
- Room 312 O02: Restless Legs Syndrome
- Ballroom A S01: Functional Significance of Sleep Spindles

**3:30pm – 3:45pm** Refreshment Break

**3:45pm – 5:45pm** General Sessions
- Room 304/306 O03: Insomnia, Arousal and Neuroimaging
- Room 312 O04: Effects of Sleep Deprivation on Brain and Behavior
- Ballroom A S02: Genetic Manipulation of Wake-Sleep Circuitry

**6:00pm – 7:30pm** SLEEP 2012 Networking Reception
Schedule at a Glance

Saturday, June 9

6:30am – 5:30pm Registration Open
7:00am – 7:45am Poster Set-up
7:45am – 10:00am Plenary Session and Keynote Addresses

Ballroom ABC I01: Mark Rosekind, PhD
From Bench to Planes, Trains and Automobiles: How Sleep Science Can Enhance Transportation Safety

Ballroom ABC I02: Robert Stickgold, PhD
Sleep, Memory and Dreams: Extracting the Meaning of Our Lives

10:00 am – 4:00pm Exhibit Hall Open
10:00 am – 10:30am Refreshment Break
10:30am – 12:30pm General Sessions

Ballroom A W01: Personalizing Therapies: Addressing Circadian Factors in the Treatment of Insomnia

Ballroom B D01: Measuring Sleepiness in Drivers: The Challenges and Controversies

Room 311 D02: Sleep and Health Disparities: Follow-up from the 2011 NHLBI Workshop

Room 312 O05: Pediatric Sleep: Homeostasis and Obstructive Sleep Apnea

Room 309 O06: Risks and Assessments of Patients with Sleep Disordered Breathing

Room 309 S03: Local Sleep: Basic Mechanisms and Implications for Sleep Medicine

12:30pm – 1:45pm Lunch Break
12:30pm – 1:45pm AASM General Membership Meeting
12:30pm – 1:30pm Lunch Sessions

Room 210 L01: Does the MSLT Provide a Useful Measure of Daytime Sleepiness in Clinical Practice?

Room 103 M01: Biomarkers for Predicting Response to Sleep Loss

Room 110 M02: Diagnosis and Management of Dream-enacting Behavior

Room 105 M03: How Much Sleep Do We Really Need?

Sunday, June 10

12:30pm – 1:30pm Lunch Break
12:30pm – 1:45pm AASM General Membership Meeting
12:30pm – 1:30pm Lunch Sessions

Monday, June 11

12:30pm – 1:30pm Lunch Sessions Continued
Room 107 M04: How to Sleep Like a Rockstar
Room 108 M05: New Insights into the Pathogenesis of Restless Legs Syndrome and Periodic Limb Movements in Sleep

Room 109 M06: Sleep and Its Relationship to Epilepsy and Other Nocturnal Events in Children

Room 104 M07: Using ASV in Clinical Practice
Room 111 M08: Using Actigraphy in Clinical Practice

12:45pm – 1:45pm SRS Membership Section Meetings

1:45pm – 2:45pm Invited Lecturers

Ballroom B I03: Dean W. Beebe, PhD
Inadequate Sleep and the Brain and Behavior of Adolescents: The Impact is Real, Causal and Beyond Falling Asleep in Class

Ballroom A I04: Helen A. Baghdoyan, PhD
Sleep Neurochemistry: Insights into the Clinical Pharmacology of Behavioral State Control

1:45pm – 2:45pm General Sessions

Ballroom C O07: Screening and Assessment of Sleep Disordered Breathing

Room 309 O08: Epidemiology of Psychiatric Disturbances and Sleep

Room 312 O09: Stroke and Traumatic Brain Injury

Room 311 O10: New Approaches to Sleep Measurement

2:45pm – 3:00pm Refreshment Break
3:00pm – 5:00pm General Sessions

Room 311 W04: Meeting the Challenges of Providing Clinical Care for Patients with Sleep Disorders Using Advanced Practices Nurses and Physician Assistants

Room 312 S04: Adverse Metabolic Consequences of Sleep and Circadian Disturbances

Room 309 S05: General Anesthesia: Sleep Circuits and Arousal Pathways

4:00pm – 6:00pm Poster Presentations
5:15pm – 7:15pm AASM Membership Section Meetings
Schedule at a Glance

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7:00am – 8:00am   Poster Set-up
7:30am – 5:00pm   Registration Open
8:00am – 9:00am   Invited Lecturer

**Ballroom B**

I05:  
Naresh M. Punjabi, MD  
Obstructive Sleep Apnea and Diabetes Mellitus: Does One Disorder Alter the Development or Progression of the Other?

8:00am – 10:00am   General Sessions

**Ballroom A**

D03:  
Should We Treat Periodic Limb Movements during Sleep?

**Room 313**

D04:  
Organization and Structure of Academic Sleep Centers

**Ballroom C**

S06:  
Sleep, Anxiety and Mood from Pre-school through Adolescence: Possible Pathways and Promising Targets

**Room 309**

S07:  
Glial Cell Regulation of Sleep and Circadian Rhythms

**Room 312**

S08:  
Work and Disturbed Sleep: Determinants and Consequences

**Room 311**

S09:  
Physical Activity and Sleep: Integrating Science, Methodology and Measurement

9:00am – 10:00am   Invited Lecturer

**Ballroom B**

I06:  
Charles Buck, JD  
Health Care Reform and Sleep Medicine

10:00am – 4:00pm   Exhibit Hall Open

10:00am – 10:15am  Refreshment Break

10:15am – 12:15pm  General Sessions

**Ballroom B**

W05:  
Changes to the CPT Guidelines for Sleep Medicine Services: How Will They Affect My Practice?

**Ballroom A**

D05:  
Internet-Based Interventions and Other Self-help Therapies for Insomnia

**Room 309**

O11:  
Sleep Neurophysiology in Mice, Rats, Cats and Seals

**Ballroom C**

O12:  
New Clinical Research on PAP Therapy

**Room 311**

O13:  
Human Learning and Memory

**Room 312**

S10:  
Individual Differences in Sleep and Vulnerability to Sleep Loss: From Behavior to Genes to Behavior

12:15pm – 1:30pm   Lunch Break

12:15pm – 1:30pm   SRS General Membership Meeting
12:30pm – 1:30pm   Lunch Sessions

**Room 312**

R01:  
Brown Bag Report: Challenging Cases

**Room 210**

L02:  
Are Periodic Limb Movements during Sleep Dangerous?

**Room 104**

M09:  

**Room 105**

M10:  
Cognition and Sleep

**Room 103**

M11:  
DME In Your Sleep Center: Pearls, Perils and Pitfalls

**Room 107**

M12:  
Physicians’ Sleep and Safety

**Room 108**

M13:  
Shift Work Disorder: What to Do?

**Room 109**

M14:  
Sleep-related Eating Disorder: Features, Diagnosis, Treatment and Many Remaining Questions

**Room 110**

M15:  
Some Controversies in Sleep Neurobiology

**Room 111**

M16:  
Upcoming Changes in the ICSD

1:30pm – 2:30pm   Invited Lecturers

**Ballroom A**

I07:  
Clifford Saper, MD, PhD  
Brainstem Circuitry for Arousals during Sleep Apnea

**Ballroom B**

I08:  
Rachel Manber, PhD  
Psychological Treatment of Comorbid Insomnia: Challenges and Tentative Answers

1:30pm – 2:30pm   General Sessions

**Ballroom C**

O14:  
Research of non-PAP Treatments for Sleep Disordered Breathing

**Room 311**

O15:  
Drowsy Drivers

**Room 312**

O16:  
Sleep in Women

**Room 309**

O17:  
Cardio-respiratory Physiology of Sleep

2:30pm – 2:45pm   Refreshment Break

2:30pm – 4:00pm   Sleep Medicine Fellowship Director’s Forum

2:45pm – 4:45pm   General Sessions

**Room 311**

W06:  
Integrating Dental Science into Sleep Medicine Practice

**Ballroom A**

D06:  
Developing ICSD-3: Work to Date and Future Directions

**Ballroom B**

D07:  
Clinical Implications of Different Hypnotic Regimens

**Room 309**

O18:  
Clinical Chronobiology: Pathophysiological Mechanisms and Treatment

**Ballroom C**

O19:  
Childhood and Adolescent Sleep Restriction and Behavior

**Room 312**

S11:  
Sleep Disturbance and Risk for Adverse Pregnancy Outcomes

4:00pm – 6:00pm   Poster Presentations

5:15pm – 7:15pm   AASM Membership Section Meetings
### Schedule at a Glance

**Saturday June 9**
- **7:00am – 8:00am** Poster Set-up
- **7:30am – 5:00pm** Registration Open
- **8:00am – 9:00am** Invited Lecturer
  - Ballroom A I09: *William J. Schwartz, MD* Social Forces on Clocks: Curious Cases of a Reclusive Yankee and an African Rat

**8:00am – 10:00am** General Sessions
- Ballroom B W07: Minimally-invasive Treatment of CPAP-intolerant Patients
- Ballroom C D08: Integrated Pediatric Sleep Medicine: Practice and Policy Gaps
- Room 311 O20: Understanding Parasomnias: What You Need to Know in 2012
- Room 312 O21: Medical Disorders and Sleep
- Room 309 S12: Sleep and Affective Brain Function

**9:00am – 10:00am** Invited Lecturer
- Ballroom A I10: *Donald L. Bliwise, PhD* Sleep Disorders in Neurodegenerative Diseases: Outcome, Risk Factor or Both?

**10:00am – 12:15pm** General Sessions
- Ballroom C B02: The Influence of Blue Light on Human Circadian Rhythms, Alertness and Cognition
- Ballroom B D09: New Horizons in Cancer-related Sleep Disturbances
- Room 312 O22: Treatment of Insomnia
- Room 309 O23: Molecular Biology and Genetics of Sleep
- Room 311 O24: Neuroimaging and Neurophysiology of Human Sleep
- Ballroom A S13: Abnormal Nocturnal Eating: New Findings on Circadian Dysregulation and the Strong Links With RLS, Narcolepsy, and Hypno-sedative Use

**10:15am – 12:15pm** Invited Lecturer
- Ballroom B I11: *Janet M. Mullington, PhD* Inflammatory, Metabolic and Autonomic Consequences of Sleep Loss in Humans

### Sunday June 10

**12:15pm – 1:30pm** Late-breaking Abstracts - Room 311
**12:30pm – 1:00pm** Sleep Technologist Issues Forum
**12:30pm – 1:30pm** Lunch Sessions

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**Room 210** L03: REM Sleep and Dreaming: Cause or Consequence of Emotions?
**Room 103** M17: Circadian Rhythms and Psychiatric Disturbances
**Room 107** M18: Development of the MSLT
**Room 105** M19: Ethics in Sleep Medicine Practice
**Room 104** M20: Evaluating OSA Outside of the Lab
**Room 108** M21: Evaluation and Treatment of Pediatric RLS
**Room 109** M22: Imaging of the Brain in Sleep
**Room 110** M23: The Treatment of Some Parasomnias with Hypnosis

**12:30pm – 1:30pm** SRS Membership Section Meetings
**1:30pm – 2:30pm** Invited Lecturer
- Ballroom B I11: *Janet M. Mullington, PhD* Inflammatory, Metabolic and Autonomic Consequences of Sleep Loss in Humans

**1:30pm – 2:30pm** General Sessions
- Room 309 O25: Sleep Biochemistry and Pharmacology
- Room 312 O26: Sleep and PTSD
- Room 309 O27: The Influence of Blue Light on Human Circadian Rhythms, Alertness and Cognition
- Room 312 O28: Sleep and Work Force Health
- Room 311 O29: Sleep and Waking Function in the Older Brain

**2:30pm – 2:45pm** Refreshment Break
**2:45pm – 4:45pm** General Sessions
- Ballroom A W08: Multidisciplinary Sleep Centers: Integration across Specialties, Growing Pains and Strategies for Success
- Ballroom C W09: Should Dopamine Agonists Still be First-line Treatment for Restless Legs Syndrome?
- Room 311 O30: Circadian Rhythms: Fiat Lux!
- Room 309 O31: Pathophysiology of Hypersomnia
- Ballroom B S14: Updating the Evidence Base on Insomnia Treatment: Psychiatric Comorbidity and Beyond
- Room 312 S15: Obstructive Sleep Apnea: A Chronic Inflammatory Disease?
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Mark Rosekind, PhD
From Bench to Planes, Trains and Automobiles: How Sleep Science Can Enhance Transportation Safety.
Monday, June 11
Ballroom ABC

Dr. Rosekind’s lecture is during the Plenary Session and will follow the welcome address and AASM and SRS presentations.

Dr. Mark Rosekind was sworn in as the 40th Member of the National Transportation Safety Board (NTSB) on June 30, 2010. He was nominated by President Obama and confirmed by the United States Senate for a term that expires December 31, 2014.

Member Rosekind is an internationally recognized fatigue expert who has conducted research and implemented programs in diverse settings, including all modes of transportation. He has published 150 scientific, technical, and industry papers and provided hundreds of presentations to operational, general and scientific audiences. His contributions have been acknowledged through numerous honors and awards, including the NASA Exceptional Service Medal, six other NASA Group/Team Awards, two Flight Safety Foundation honors (Presidential Citation for Outstanding Safety Leadership, Business Aviation Meritorious Award) and as a Fellow of the World Economic Forum in Davos, Switzerland. In 2011, Member Rosekind received the Mark O. Hatfield Public Policy Award from the American Academy of Sleep Medicine.

Prior to joining the NTSB, Dr. Rosekind was Founder, President and Chief Scientist of Alertness Solutions, a scientific consulting firm that specializes in fatigue management. Before establishing Alertness Solutions, Dr. Rosekind directed the Fatigue Countermeasures Program and was Chief of the Aviation Operations Branch in the Flight Management and Human Factors Division at the NASA Ames Research Center. Prior to his work at NASA, Dr. Rosekind was the Director of the Center for Human Sleep Research at the Stanford University Sleep Disorders and Research Center.

Member Rosekind earned his A.B. with Honors at Stanford University, his MS, MPhil, and PhD at Yale University and completed a postdoctoral fellowship at the Brown University Medical School.

Member Rosekind is married and has two children.

Robert Stickgold, PhD
Sleep, Memory, and Dreams: Extracting the Meaning of Our Lives
Monday, June 11
Ballroom ABC

Dr. Stickgold’s lecture is during the Plenary Session and will follow the welcome address and AASM and SRS presentations.

Dr. Robert Stickgold is an Associate Professor of Psychiatry at Beth Israel Deaconess Medical Center and Harvard Medical School. He received his BA from Harvard University and his PhD from the University of Wisconsin, Madison, both in biochemistry. His early research was on bacterial cell wall synthesis and bacterial DNA replication. He had postdoctoral fellowships at Stanford Medical School in neurochemistry (with Eric Shooter) and at Harvard Medical School in neurophysiology (with Stephen Kuffler) before becoming an Assistant Professor of Physiology at the University of Massachusetts Medical School. He subsequently left this position to work in the private sector for several years before taking his current position at Harvard, where he has been since 1990. He has published two science fiction novels and over 100 scientific articles.

In the last several years, he has had two papers in Science, two in Nature, and three in Nature Neuroscience. His work has been written up in Time, Newsweek, The New York Times, The Boston Globe Magazine and Seed Magazine, and he has given invited talks around the world, including Brazil, Sweden, Switzerland, Japan and The Netherlands. He has been a guest on The Newshour with Jim Leher and NRP’s Science Friday with Ira Flato several times.

His current work looks at the nature and function of sleep and dreams from a cognitive neuroscience perspective, with an emphasis on the role of sleep and dreams in memory consolidation and integration. In addition to studying the normal functioning of sleep, he is currently investigating alterations in sleep-dependent memory consolidation in a range of neurological and psychiatric conditions, including schizophrenia, bipolar disorder, Parkinson’s disease, cocaine addiction, PTSD, insomnia and sleep apnea. His research is supported by the NIMH.
Invited Lecturers

Helen Baghdoyan, PhD
Sleep Neurochemistry: Insights into the Clinical Pharmacology of Behavioral State Control
Monday, June 11
1:45pm - 2:45pm
Ballroom A

Dr. Helen Baghdoyan’s research program aims to identify the neurochemical mechanisms and brain regions regulating sleep and anesthesia. Her work is focused on interactions between cholinergic, GABAergic, adenosinergic and hypocretinergic transmission in the pontine reticular formation, basal forebrain and prefrontal cortex. The health-relatedness of this research program derives from the fact that sleep disruption is a characteristic of all psychiatric diseases, and that some clinical features of depression and anxiety are caused by altered cholinergic transmission. Use of in vivo microdialysis for drug delivery to specific brain regions of behaving animals while collecting endogenous neurotransmitters is providing unique insights into the mechanisms by which states of arousal are generated. Identifying modulators of cholinergic and GABAergic transmission within the context of behavioral state control has enhanced understanding of the neurochemical substrates of mental health and the mechanisms of anesthetic action.

Dr. Baghdoyan joined the University of Michigan in 1999 as Professor of Anesthesiology and Professor of Pharmacology. She earned her PhD from the University of Connecticut and completed her postdoctoral training in the Department of Psychiatry at the Harvard Medical School. Her research program has been funded by the National Institutes of Mental Health since 1989. She also receives research support from the National Heart, Lung, and Blood Institute, and from the University of Michigan’s Department of Anesthesiology. Dr. Baghdoyan is committed to education and training. She trains PhD students and postdoctoral fellows. She also welcomes undergraduate researchers into her laboratory. She is co-developer and co-director of the first comprehensive course on sleep at the University of Michigan, entitled “Sleep: Neurobiology, Medicine, and Society.” This course is attended by undergraduates, MS, PhD, and PharmD students, as well as sleep medicine fellows from the University of Michigan’s Department of Neurology.

Dean Beebe, PhD
Inadequate Sleep and the Brain and Behavior of Adolescents: The Impact is Real, Causal and Beyond Falling Asleep in Class
Monday, June 11
1:45pm - 2:45pm
Ballroom B

Dr. Dean Beebe is an Associate Professor of Pediatrics at Cincinnati Children’s Hospital Medical Center and the University of Cincinnati College of Medicine. He directs the neuropsychology program and postdoctoral fellowship in pediatric neuropsychology at Cincinnati Children’s and co-directs the behavioral core of the local clinical-translational research center. He sits on the board of directors for the American Academy of Clinical Neuropsychology, with a particular emphasis on leading initiatives in pediatric neuropsychology and the development of early-career professionals. Board-certified in clinical neuropsychology, he is also a member of advisory committees for the American Board of Clinical Neuropsychology. He is an Associate Editor of Journal of Pediatric Psychology, is on the editorial board of Journal of Child Neuropsychology, acts as ad-hoc reviewer for multiple journals and book series, and has reviewed funding applications for private foundations and the National Institutes of Health.

Dr. Beebe received his PhD from Loyola University Chicago in 1998 and completed fellowship at Cincinnati Children’s in 2000. A clinician by training, his focus in the past few years has been on professional service, administration, training and both basic and applied research. His research has focused primarily on the impact of inadequate sleep upon the cognitive, behavioral, neurological and adaptive functioning of children and adolescents. His most recent research has focused on the neurological and functional consequences of experimental sleep restriction in adolescents. His work is multidisciplinary — bridging pediatric psychology, neuropsychology, sleep medicine, neurology and radiology — with the ultimate goals of advancing science, improving clinical care and informing public policy. Secondary research interests include the neuropsychological sequelae of childhood medical conditions that affect the developing brain, including brain tumor, traumatic brain injury, spina bifida/myelomeningocele, epilepsy and cardiac conditions. His research has been supported by grants from the American Sleep Medicine Foundation and National Institutes of Health.
Charles Buck, JD  
Health Care Reform and Sleep Medicine  
Tuesday, June 12  
9:00am - 10:00am  
Ballroom B

Mr. Charles R. Buck is a partner in the law firm of McDermott Will & Emery LLP and is based in the firm’s Boston office. He focuses his practice on complex transactions and regulatory compliance.

Mr. Buck represents a wide range of clients, including proprietary and tax-exempt hospital systems; academic medical centers and faculty practice groups; pharmaceutical companies; and HMOs and other health insurers. He routinely provides regulatory and transactional representation to such clients in connection with acquisitions, joint ventures, strategic affiliations, conversions to tax-exempt status and other transactional matters.

Mr. Buck’s regulatory practice is focused on federal fraud and abuse and the Stark law; obtaining and maintaining tax-exemption; HIPAA and health information privacy; state insurance licensure and determination of need law; and general corporate matters.

Charlie is ranked in Chambers USA: America’s Leading Lawyers for Business. He is also ranked in Legal 500 and The Best Lawyers in America. In 2007 he was selected to participate in the Greater Boston Chamber of Commerce Boston’s Future Leaders program, which is limited to a small group of successful, emerging leaders who have been identified by senior executives of Chamber of Commerce member organizations.

After graduating from law school, Charlie clerked for The Honorable Charles R. Breyer of the Northern District of California. He graduated Order of the Coif from Stanford Law School, where he was an Associate Editor of the Stanford Law Review. He graduated magna cum laude from Middlebury College with a BA in economics.

Prior to law school, Charlie served on the Professional Staff of the United States Senate Finance Committee for Senator Daniel Patrick Moynihan where he concentrated on health reform and Medicare Part A. He also worked as a Policy Analyst at the Jackson Hole Group where he focused on rural health care and purchasing issues.

Donald Bliwise, PhD  
Sleep Disorders in Neurodegenerative Diseases: Outcome, Risk Factor or Both?  
Wednesday, June 13  
9:00am - 10:00am  
Ballroom A

Dr. Donald Bliwise currently is Professor of Neurology at Emory University School of Medicine in Atlanta, Georgia, where he also holds secondary appointments as Professor of Psychiatry and Behavioral Sciences and Professor of Nursing in the Hodgson School of Nursing. He received his PhD in 1982 from the University of Chicago where he conducted sleep research in the laboratory of Dr. Allan Rechtschaffen. From 1982-1992 he trained in the sleep program at Stanford University School of Medicine under Drs. William Dement and Christian Guilleminault. In 1992 he moved to Emory, where he joined the faculty as Associate Professor in the Department of Neurology.

He has published over 200 papers in peer-reviewed journals, 50 book chapters and over 250 abstracts. He has been Principal Investigator or Co-Investigator on grants from a variety of National Institutes of Health Institutes including NINDS, NIA, NCCAM, NIMH, NIDDK, NINR and NIMHD, as well as the Alzheimer’s Association.

Service commitments include Deputy Editor of SLEEP and Editorial Board of Sleep Medicine. Dr. Bliwise has served on over 100 Scientific Review Groups for grant applications from the National Institute of Health, including eight years of standing Study Section membership. He has reviewed on the Emory University Institutional Review Board and currently represents Emory in the Sleep Research Network of the national network of CTSA's. He is a fellow of the American Academy of Sleep Medicine and has served on the Research Committee and Chaired the Sleep Disorders Section of the Sleep Research Society.

His general area of research has been the description, elucidation of pathophysiology, and treatment of sleep disorders in the aged humans, with special focus special on sleep in neurodegenerative conditions such as Alzheimer’s disease and Parkinson’s disease. His research approaches include observational, population-based studies, descriptive, laboratory-based research and randomized clinical trials. Most recently he has focused on the sleep/wake disturbances and their concomitants across the broad spectrum of Lewy Body Disease.
Invited Lecturers

Rachel Manber, PhD, CBSM
Psychological Treatment of Comorbid Insomnia: Challenges and Tentative Answers
Tuesday, June 12
1:30pm - 2:30pm
Ballroom B

Dr. Rachel Manber is a Professor in the Department of Psychiatry and Behavioral Sciences at Stanford University. She is the director of the insomnia and behavioral sleep medicine program at the Stanford Center for Sleep Sciences and Medicine. Dr. Manber received a PhD in Mathematics from the University of Washington in 1982 and a second PhD in Clinical Psychology from the University of Arizona in 1993. Her clinical psychology internship was at the University of Washington. Prior to joining Stanford University, Dr. Manber was on the faculty in the Department of Psychiatry at the University of Arizona.

Dr. Manber’s current research brings together two strands of her prior experience in sleep research and separately in depression research. She is leading an ongoing three-site NIMH study on the treatment of insomnia in depression (TRIAD). She is also leading a nationwide initiative to train mental health providers to competency for the delivery of cognitive behavioral therapy for insomnia in the Veterans Administration Healthcare System, where insomnia comorbid with other psychiatric, medical and sleep disorders is common.

Janet Mullington, PhD
Inflammatory, Metabolic and Autonomic Consequences of Sleep Loss in Humans
Wednesday, June 13
1:30pm - 2:30pm
Ballroom B

Dr. Janet Mullington is Associate Professor of Neurology at Harvard Medical School and Beth Israel Deaconess Medical Center. She received her PhD from the University of Ottawa in 1994 and did postdoctoral fellowships at the Max-Planck Institute and the University of Pennsylvania. She is on the Editorial Board of SLEEP, has served on the APSS Program Committee, and is now Secretary/Treasurer of the Sleep Research Society.

Dr. Mullington’s research focuses on the interactions of sleep and inflammation to establish if good sleep promotes health through its anti-inflammatory, analgesic and stress-reducing effects. Some of her work examines how sleep loss in humans affects inflammatory, autonomic, neuroendocrine and metabolic systems, focusing on changes blood pressure, coagulation factors, cytokines and inflammatory mediators in blood and urine. Other research has overlaid physiological challenges on various models of experimental sleep deprivation and inadequate sleep due to insomnia. Recent work of the group is testing if sleep extension improves hypertension.
Naresh Punjabi, MD, PhD  
Obstructive Sleep Apnea and Diabetes Mellitus: Does One Disorder Alter the Development or Progression of the Other?  
Tuesday, June 12  
8:00am - 9:00am  
Ballroom B

Dr. Naresh Punjabi, MD, PhD is a Professor of Medicine and Epidemiology in the Division of Pulmonary and Critical Care Medicine at the Johns Hopkins University School of Medicine. He received his undergraduate education in Biomedical Engineering from Northwestern University in 1987 and his MD from the University of Chicago in 1991. He completed his postdoctoral clinical training in internal medicine, pulmonary/critical medicine and sleep medicine all at the Johns Hopkins University School of Medicine. Subsequently, he completed his PhD in clinical investigation at the Johns Hopkins University School of Public Health. His current research interests are in the epidemiology of obstructive sleep apnea with a particular emphasis on outcomes including insulin resistance, diabetes mellitus and cardiovascular disease. Ongoing work in his laboratory is examining intermediate pathways through which obstructive sleep apnea may perturb normal glucose homeostasis and predispose to hyperglycemic states. He has been one of the principal investigators for the longitudinal multi-center Sleep Heart Health Study examining the impact of obstructive sleep apnea on development of hypertension, cardiovascular disease and all-cause mortality.

Clifford Saper, MD, PhD  
Brainstem Circuitry for Arousals During Sleep Apnea  
Tuesday, June 12  
1:30pm - 2:30pm  
Ballroom A

Dr. Clifford Saper received his MD and PhD degrees and did his internship in internal medicine at Washington University School of Medicine in St. Louis, before doing a neurology residency at Cornell University Medical Center- New York Hospital. He then joined the faculty of Washington University School of Medicine where he served from 1981-1985 as Assistant and then Associate Professor of Neurology and Anatomy and Neurobiology. He then moved to the University of Chicago, where from 1985-1992, he was an Associate Professor, then William D. Mabie Professor of Physiology and Neurology and Chairman of the Committee on Neurobiology.

In 1992, he moved to his present position at Harvard Medical School, where he is the James Jackson Putnam Professor of Neurology and Neuroscience and Chairman of the Harvard Department of Neurology at Beth Israel Deaconess Medical Center. Dr. Saper served from 1994-2011 as the Editor-in-Chief of the Journal of Comparative Neurology, the oldest basic neuroscience journal in the English language. He also serves on the Editorial Board of Neurology and has been on the Editorial Boards of Brain, Journal of Neuroscience, SLEEP and Physiological Genomics.

Dr. Saper has received a Javits Neuroscience Investigator Award from the National Institutes of Health and was named one of the 100 most frequently cited neuroscientists by the Institute for Scientific Information. From 2006-2011, Dr. Saper served on the Board of Directors of the Sleep Research Society and in 2009-2010 as President of the SRS. He has served as Vice President and Councilor of the American Neurological Association, served on the Publications Committee and has chaired the Program Committee of both that organization and the Society for Neuroscience. Dr. Saper was elected to the Institute of Medicine in 2009, and has been named a Fellow of the American Academy of Neurology, the American Association for the Advancement of Science, the Royal College of Physicians (London) and a member of the American Association of Physicians.

Dr. Saper’s research has explored circuitry of the brain that controls basic functions such as wake-sleep cycles and circadian rhythms, as well as cardiovascular and respiratory function. His laboratory has contributed to our understanding of the ascending arousal systems in the brain, the sleep promoting systems in the brain, as well as switching between different behavioral states, and the brainstem circuitry controlling autonomic and respiratory activity.
William Schwartz, MD
Social Forces on Clocks: Curious Cases of a Reclusive Yankee and an African Rat
Wednesday, June 13
8:00am - 9:00am
Ballroom A

Dr. William Schwartz is Professor of Neurology at the University of Massachusetts Medical School. He received his MD (1974) and neurology residency training (1978–1981) at the University of California, San Francisco, completed a research fellowship at the National Institute of Mental Health (1975–1978) and was on the faculties of Harvard Medical School and the Massachusetts General Hospital (1981–1986) before moving to the University of Massachusetts. His research program has focused on the neural regulation of circadian rhythms in mammals by the suprachiasmatic nucleus of the hypothalamus. He was elected President of the Society for Research on Biological Rhythms (2004–2006) and currently serves as an Associate Editor of the Journal of Biological Rhythms (2002– ). He has been honored as the Special (Plenary) Lecturer at the Founding Congress of the Japanese Society for Chronobiology (1994), the 6th Michael S. Aldrich Commemorative Lecturer in Sleep Medicine at the University of Michigan Medical School (2007), as well as the Boerhaave Professor at Leiden University Medical Centre (2005) and the Baerends Visiting Chair at Rijksuniversiteit Groningen (2008) both in the Netherlands.
This is Jenn, an ER nurse with excessive sleepiness (ES) associated with shift work disorder (SWD). She supported dozens of people last night during her shift. With NUVIGIL, you can support patients like her.

NUVIGIL is indicated to improve wakefulness in patients with ES associated with SWD.

Serious or life threatening rash has been reported in adults in association with the use of NUVIGIL and modafinil, and in children in association with the use of modafinil. NUVIGIL should ordinarily be discontinued at the first sign of rash unless the rash is clearly not drug related. NUVIGIL is not approved for use in pediatric patients for any indication.

Other serious adverse events associated with the use of NUVIGIL or modafinil include angioedema and hypersensitivity, including fatal multi-organ hypersensitivity reactions, psychiatric adverse experiences (including suicidal ideation), and persistent sleepiness. If hypersensitivity reaction is suspected, NUVIGIL should be discontinued. Consider discontinuing NUVIGIL if psychiatric symptoms develop. Patients should be cautioned about and, if appropriate, advised to avoid operating an automobile or other hazardous machinery.

In clinical trials, the most commonly reported adverse events (≥5%) were headache, nausea, dizziness, and insomnia. Most adverse experiences were rated as mild to moderate.

Please see brief summary of Prescribing Information for NUVIGIL on adjacent pages.
NUVIGIL® (armodafinil) TABLETS [C-IV]

INDICATIONS AND USAGE: NUVIGIL is indicated to improve wakefulness in patients with excessive sleepiness associated with obstructive sleep apnea/hypopnea syndrome, narcolepsy and shift work sleep disorder. In OSA, NUVIGIL is indicated as an adjunct to standard treatment(s) for the underlying obstruction. If continuous positive airway pressure (CPAP) is the treatment of choice for a patient, a maximal effort to treat with CPAP for an adequate period of time should be made prior to initiating NUVIGIL. If NUVIGIL is used adjunctively with CPAP, the encouragement of and periodic assessment of CPAP compliance is necessary. In all cases, careful attention to the diagnosis and treatment of the underlying sleep disorder(s) is of utmost importance. Prescribers should be aware that some patients may have more than one sleep disorder contributing to their excessive sleepiness. The effectiveness of NUVIGIL in long-term use (greater than 12 weeks) has not been systematically evaluated in placebo-controlled trials. The physician who elects to prescribe NUVIGIL for an extended time in patients should periodically re-evaluate the long-term usefulness for the individual patient.

CONTRAINDICATIONS: Known hypersensitivity to modafinil and armodafinil or its inactive ingredients.

WARNINGS: Serious Rash, including Stevens-Johnson Syndrome: Serious rash requiring hospitalization and discontinuation of treatment has been reported in adults in association with the use of modafinil and armodafinil and in children in association with use of modafinil. Armodafinil has not been studied in pediatric patients in any setting and is not approved for use in pediatric patients for any indication. In clinical trials of modafinil (a racemic mixture of S and R enantiomers), the incidence of rash resulting in discontinuation was approximately 0.8% (13 per 1,585) in pediatric patients; these rashes included 1 case of possible Stevens-Johnson Syndrome (SJS) and 1 case of apparent multi-organ hypersensitivity reaction. Several of the cases were associated with fever and other abnormalities (e.g., vomiting, leukopenia). No serious skin rashes have been reported in adult clinical trials of modafinil. Rare cases of serious or life-threatening skin reactions have been reported in adults and children in postmarketing experience with modafinil. The reporting rate of TEN and SJS associated with modafinil use, which is generally accepted to be an organ hypersensitivity reaction. Several of the cases were associated with fever, hives, mouth sores, blisters, peeling skin, trouble swallowing or breathing or a related allergic phenomenon. There are no factors that are known to predict the risk of occurrence or the severity of rash associated with armodafinil or modafinil. Nearly all cases of serious rash associated with these drugs occurred within 1 to 5 weeks after treatment initiation. However, isolated cases have been reported after prolonged treatment with modafinil (e.g., 3 months). Accordingly, duration of therapy cannot be relied upon as a means to predict the potential risk heralded by the first appearance of a rash. Although benign rashes occur with armodafinil, it is not possible to predict the potential reactions with certainty. NUVIGIL should ordinarily be discontinued at the first sign of rash unless the rash is clearly not drug-related. Discontinuation of treatment may not prevent a rash from becoming life-threatening or permanently disabling or disfiguring.

Angioedema and Anaphylactoid Reactions: One serious case of angioedema and one case of hypersensitivity (with rash, dysphagia, and bronchospasm), were observed among 1,595 patients treated with armodafinil. Patients should be advised to discontinue therapy and immediately report to their physician any signs or symptoms suggesting angioedema or anaphylaxis (e.g., swelling of face, eyes, lips, tongue or larynx; difficulty in swallowing, or breathing). Hypersensitivity Reactions: Multi-organ hypersensitivity reactions, including at least one fatality in postmarketing experience, have occurred in close temporal association (median time to detection 13 days; range 4-33) to the initiation of modafinil. A similar risk of multi-organ hypersensitivity reactions with armodafinil cannot be ruled out. Although there have been a limited number of reports, multi-organ hypersensitivity reactions may result in hospitalization or be life-threatening. There are no factors that are known to predict the risk of occurrence or the severity of multi-organ hypersensitivity reactions associated with modafinil. Signs and symptoms of this disorder were diverse; however, patients typically, although not exclusively, presented with fever and rash associated with other organ system involvement. Other associated manifestations included myocarditis, hepatitis, liver function test abnormalities, hematological abnormalities (e.g., eosinophilia, leukopenia, thrombocytopenia), pruritus, and anæsthesia. Because multi-organ hypersensitivity is variable in its expression, other organ system symptoms and signs, not noted here, may occur. If a multi-organ hypersensitivity reaction is suspected, NUVIGIL should be discontinued. Although there are no case reports to indicate cross-sensitivity with other drugs that produce this syndrome, the experience with drugs associated with multi-organ hypersensitivity would indicate this to be a possibility. Persistent Sleepiness: Patients with abnormal levels of sleepiness who take NUVIGIL should be advised that their level of wakefulness may not return to normal. Patients with excessive sleepiness, including those taking NUVIGIL, should be frequently reassessed for their degree of sleepiness and, if appropriate, advised to avoid driving or any other potentially dangerous activity. Prescribers should also be aware that patients may not acknowledge sleepiness or drowsiness until directly questioned about drowsiness or sleepiness during specific activities.

Psychiatric Symptoms: Psychiatric adverse experiences have been reported in patients treated with modafinil. Modafinil and armodafinil (NUVIGIL) are closely related. Therefore, the occurrence and type of psychiatric symptoms associated with armodafinil are expected to be similar to the incidence and type of these events with modafinil. Postmarketing adverse events associated with the use of modafinil have included delusions, hallucinations, suicidal ideation and aggression, some resulting in hospitalization. Many, but not all, patients had a prior psychiatric history. One healthy male volunteer developed ideas of reference, paranoid delusions, and auditory hallucinations in association with multiple daily doses of modafinil and sleep deprivation. There was no evidence of psychosis 36 hours after drug discontinuation. In the controlled trial of modafinil, treatment of patients with depression and schizophrenia, suicide attempts and self-inflicted injuries for treatment discontinuation more often in patients on NUVIGIL compared to placebo (NUVIGIL 1.2% and placebo 0.3%). In the NUVIGIL controlled studies, depression was also a reason for treatment discontinuation more often in patients on NUVIGIL compared to placebo (NUVIGIL 0.6% and placebo 0.2%). Two cases of suicide ideation were observed in clinical trials. Caution should be exercised when NUVIGIL is given to patients with a history of psychosis, depression, or mania. If psychiatric symptoms develop in association with NUVIGIL administration, consider discontinuing NUVIGIL.

PRECAUTIONS: Diagnosis of Sleep Disorders: NUVIGIL should be used only in patients who have had a complete evaluation of their excessive sleepiness, and in whom a diagnosis of either narcolepsy, OSA, and/or SWD has been made in accordance with ISCD or DSM diagnostic criteria.

CPAP Use in Patients with OSA: If NUVIGIL is used adjunctively with CPAP, the encouragement of and periodic assessment of CPAP compliance is necessary. General: Modafinil has not been shown to produce fatal renal impairment, and any drug affecting the CNS may alter judgment, thinking or motor skills. Patients should be cautioned about operating an automobile or other hazardous machinery until they are reasonably certain that NUVIGIL therapy will not adversely affect their ability to engage in such activities.

Cardiovascular System: NUVIGIL has not been evaluated or used to any appreciable extent in patients with a recent history of myocardial infarction or unstable angina, and such patients should be treated with caution. It is recommended that NUVIGIL tablets not be used in patients with a history of left ventricular hypertrophy or in patients with mitral valve prolapse who have been shown to tolerate valvular prolapse, syndrome when previously received CNS stimulants. Signs of mitral valve prolapse syndrome include but are not limited to isometric ECG changes, chest pain, or arrhythmia. If new onset of any of these symptoms occurs, consider cardiac evaluation. Increased monitoring of blood pressure may be appropriate in patients on NUVIGIL.

Patients Using Steroidal Contraceptives: The effectiveness of steroidal contraceptives may be reduced when used with NUVIGIL and for one month after discontinuation of therapy. (See PRECAUTIONS, Drug Interactions).

Alternative or concomitant methods of contraception are recommended for patients treated with NUVIGIL and for one month after discontinuation of NUVIGIL treatment.

Patients Using Cyclosporine: The effects of the reduced levels of cyclosporine and other potential drug levels of cyclosporine, modafinil, etc. may be additive in patients receiving cyclosporine and NUVIGIL. Monitoring of circulating cyclosporine concentrations and appropriate dosage adjustment for cyclosporine should be considered when these drugs are used concomitantly.

Patients with Severe Hepatic Impairment: In patients with severe hepatic impairment, with or without cirrhosis, NUVIGIL should be administered at a reduced dose.

Patients with Severe Renal Impairment: There is inadequate information to determine safety and efficacy of dosing in patients with severe renal impairment.

Elderly Patients: In elderly patients, elimination of armodafinil and its metabolites may be reduced as a consequence of aging. Therefore, consideration should be given to the use of lower doses in this population (See PRECAUTIONS, Drug Interactions).

Pregnancy: Patients should be questioned about drowsiness or sleepiness during specific activities.

Concomitant Medication: Patients should be advised to inform their physician if they are breastfeeding their infant. The Potential of NUVIGIL to Alter the Metabolism of Other Drugs by Enzyme Induction or Inhibition: Drugs Metabolized by CYPIA2C:

In vitro data demonstrated that armodafinil shows a weak inductive response for CYP1A2 and possibly CYP3A4 activities in a concentration related manner and demonstrated that CYP2C19 activity is reversibly inhibited by armodafinil. However, the effect on CYP1A2 activity was not
ADVERSE REACTIONS: Armodafinil has been evaluated for safety in over 1100 patients with excessive sleepiness associated with primary disorders of sleep and wakefulness. In clinical trials, NUVIGIL was found to be generally well tolerated and most adverse experiences were mild to moderate. In the placebo-controlled clinical studies, the most common observed adverse events (≥5%) associated with the use of NUVIGIL occurring more frequently than in the placebo-treated patients were headache, dizziness, and insomnia. The adverse event profile was similar across the studies. In the placebo-controlled clinical trials, 44 of the 645 patients (7%) who received NUVIGIL discontinued due to an adverse experience compared to 16 of the 445 (4%) of patients that received placebo. The most frequent reason for discontinuation was headache (1%). Incidence in Controlled Trials: The incidence of adverse experiences that occurred at a rate of ≥1% and were more frequent in patients treated with NUVIGIL than in placebo-treated patients in the principal trials are listed below. Consult full prescribing information for adverse events. Cardiac Disorders: Palpitations Gastrointestinal Disorders: Nausea, diarrhea, dry mouth, dyspepsia, abdominal pain upper, constipation, vomiting, loose stools General Disorders and Administration Site Conditions: Fatigue, thirst, influenza-like illness, pain, pyrexia Immune System Disorders: Seasonal allergy investigations: Gamma-glutamyltransferase increased, heart rate increased Metabolism and Nutrition Disorders: Anorexia, decreased appetite Nervous System Disorders: Headache, dizziness, disturbance in attention, tremor, migraine, paresthesia Psychiatric Disorders: Insomnia, anxiety, depression, agitation, nervousness, depressed mood Renal and Urinary Disorders: Polyuria Respiratory, Thoracic and Mediastinal Disorders: Dyspnea Skin and Subcutaneous Tissue Disorders: Rash, contact dermatitis, hyperhydrosis Dose Dependency of Adverse Events: In the placebo-controlled clinical trials which compared doses of 150 mg/day and 250 mg/day of NUVIGIL and placebo, the only adverse events that appeared to be dose-related were headache, rash, depression, dry mouth, insomnia, and nausea. Vital Sign Changes: There were small, but consistent, increases in average values for mean systolic and diastolic blood pressure in controlled trials. There was a small, but consistent, average increase in pulse rate over placebo in controlled trials. This increase varied from 0.9 to 3.5 BPM. Laboratory Changes: Clinical chemistry, hematologic, and urinalysis parameters were monitored in the studies. Mean plasma levels of gamma-glutamyltransferase (GGT) and alkaline phosphatase (AP) were found to be higher following administration of NUVIGIL, but not placebo. Few subjects, however, had GGT or AP elevations outside of the normal range. No differences were apparent in alanine aminotransferase, aspartate aminotransferase, total protein, albumin, or total bilirubin, although there were rare cases of isolated elevations of AST and/or ALT. ECG Changes: No pattern of ECG abnormalities could be attributed to NUVIGIL administration in placebo-controlled clinical trials.

DRUG ABUSE AND DEPENDENCE: Controlled Substance Class: Armodafinil (NUVIGIL) is a Schedule IV controlled substance. Abuse Potential and Dependence: Although the abuse potential of armodafinil has not been specifically studied, its abuse potential is likely to be similar to that of modafinil (PROVIDAL). In humans, modafinil produces psychoactive and euphoric effects, alterations in mood, perception, thinking and feelings typical of other CNS stimulants. In some studies, modafinil was also partially discriminated as stimulant-like. Physicians should follow patients closely, especially those with a history of drug and/or stimulant abuse, for signs of misuse or abuse. OVERDOSAGE: Human Experience: There were no overdoses reported in the NUVIGIL clinical studies. Symptoms of NUVIGIL overdose are likely to be similar to those of modafinil. Overdose in modafinil clinical trials included ingestion or agitation, insomnia, and slight or moderate elevations in hemodynamic parameters. From post-marketing experience with modafinil, there have been no reports of fatal overdoses involving modafinil alone (doses up to 12 grams). Overdoses involving multiple drugs, including modafinil, have resulted in fatal outcomes. Symptoms most often accompanying modafinil overdose, alone or in combination with other drugs have included; insomnia; central nervous system symptoms such as restlessness, disorientation, confusion, excitement and hallucinations; digestive changes such as nausea and diarrhea; and cardiovascular changes such as tachycardia, bradycardia, hypertension and chest pain. Overdose Management: No specific antidote exists for the toxic effects of a NUVIGIL overdose. Such overdoses should be managed with primarily supportive care, including cardiovascular monitoring. If there are no contraindications, induced emesis or gastric lavage should be considered. There are no data to suggest the utility of dialysis or urinary acidification or alkalization in enhancing drug elimination. The physician should consider contacting a poison-control center for advice in the treatment of any overdose.

Brief summary of NUVIGIL Prescribing Information NUV-006, revised October, 2010. For more information about NUVIGIL, please call Medical Information at 1-800-896-5855 or visit our Web site at www.NUVIGIL.com.
This program is for trainees who registered by April 25, 2012. On-site registration is not available. All sessions are at the Hynes Convention Center.

### Sunday, June 10, 2012

**Trainee Symposia Series Welcome and Keynote Address:**

**Room 312**
8:30am – 10:00am

*Welcome Address by Phyllis Zee, MD, PhD*
*SRS President*

*Keynote Address by David Dinges, PhD*

**WORKSHOP 1: 10:10am – 11:00am**

*Optogenetics and the Neural Mechanisms of Sleep/Wake (Advanced)*
*Jonathon Wisor, PhD*
*Room 105*

Examine the background and methods of this novel research tool that can tremendously advance our understanding of the complex neural mechanisms of sleep/wake.

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**Datablitz, Trainee Reception & Career Development Fair:**

**Saturday, June 9**
6:00pm – 8:00pm *(All Attendees)*

**Room 312**

This event will start out with a 30-minute datablitz of research presented by fellow trainees. Then, representatives from universities and research organizations will be available at the Career Development Fair to discuss their research programs and to advertise student postdoctoral and faculty positions. Afterward, an informal reception will give you the opportunity to socialize with your peers and colleagues.

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The RespSense™ and LifeSense® capnography monitors from Nonin Medical provide continuous and reliable monitoring to help identify ventilation-status changes during sleep studies.

Visit Nonin Medical in **SLEEP Booth #100** or at [www.nonin.com/capnography](http://www.nonin.com/capnography).
A Survey of Sleep in the Animal Kingdom: What Are the Lessons? (Beginner)
Jerome Siegel, PhD
Room 107
Review sleep in a variety of animals, from simple organisms up to humans, and discuss how these comparative studies may provide clues to sleep’s biological functions.

Managing Shift Work Settings (Intermediate)
Kenneth Wright, PhD
Room 108
Discuss the transition from day-active to night-working settings and give an overview of physiological and social changes and how to manage this transition.

Sleep and Pain (Beginner)
Gilles Lavigne, DMD, PhD
Room 109
Discussion of the relationship between sleep and pain - how sleep affects perception of pain and how pain influences sleep.

Age-related Changes in Sleep (pediatric focus) (Beginner)
Mary Carskadon, PhD
Room 103
Review basics of sleep measurement methods for child/adolescent sleep and describe changes in sleep patterns and parameters from childhood through adolescence, with some description of developmental changes in sleep regulation.

Novel Insight into Psychological Approaches to Treating Insomnia (Advanced)
Leon Lack, PhD
Room 104
Review psychological therapies for insomnia beyond their effectiveness: e.g. adherence, possible side effects, alternative approaches (e.g. mindfulness), disseminating psychological therapies, etc.

Building and Enriching Your Mentoring Relationships (All)
Elizabeth Klerman, MD, PhD
Room 110
Discuss how to find and approach a mentor and tools to make your mentoring relationships more productive.

Understanding the NIH: Sleep Research Priorities and Science Opportunities (All)
Michael Twery, PhD
Room 111
Review the NIH and how the organization infiltrates sleep research and different science opportunities.

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**WORKSHOP 2: 11:10am – 12:00pm**

**Genetics of Sleep and Disordered Sleep (Beginner/Intermediate)**  
Chiara Cirelli, MD, PhD  
**Room 105**  
Analyze current discoveries of genetic models of sleep and sleep disorders.

**Sex(ual) Dimorphism and Sleep (All)**  
Ketema Paul, PhD  
**Room 107**  
Review how sexual dimorphism plays a role in sleep.

**Sleep and Circadian Interactions (Intermediate)**  
Jeanne Duffy, PhD  
**Room 108**  
Examine uses of fMRI and genetic techniques to explore the links between sleep and circadian rhythmicity.

**Disrupted Circadian Rhythms, Sleep Loss and Metabolic Disease: How Will Research Findings Influence Clinical Practice? (Intermediate/Advanced)**  
Orfeu Buxton, PhD  
**Room 103**  
Briefly review the literature linking disrupted circadian rhythms and sleep loss to metabolic disease and discuss how these findings will ultimately impact clinical practice and patient care.

**Cognition and Sleep in Insomnia (Beginner/Intermediate)**  
Allison Harvey, PhD  
**Room 109**  
Discuss innovative approaches for study different subtypes of insomnia with more comprehensive brain activity evaluation in sleep and cognitive experiments.

**Stress and Sleeplessness (Beginner/Intermediate)**  
Martica Hall, PhD  
**Room 110**  
Discuss the relationship between stress and how it can relate to sleep disturbances, to include the transition from Acute to Chronic Insomnia.

**Sleep Disorders in Movement Disorders (Intermediate/Advanced)**  
Alexsandar Videnovic, MD  
**Room 104**  
Identify sleep disorders in movement disorders such as Parkinson’s disease and underlying pathophysiology.

**Careers Inside Science, Outside Academia / Career Coaching (All)**  
Mark Aloia, PhD  
**Room 111**  
Review careers that involve science, but are outside of academia.

**WORKSHOP 3: 12:10pm – 1:00pm**

**Successful Interviewing**  
Sean P.A. Drummond, PhD  
**Room 105**  
Identify helpful hints for being an effective listener and communicator during position interviews at all levels of clinical and basic sleep research, with a particular emphasis on (postdoc/clincial) fellowships and early-career investigator positions.

**Patient-oriented Research in Sleep: Development of New Measurements**  
Daniel J. Buysse, MD  
**Room 107**  
Review developed patient reported outcome measures in sleep; discuss development of these measures of according to appropriate guidelines.

**Sleep and the Immune System (Intermediate)**  
Mark Opp, PhD  
**Room 103**  
Discuss the interaction between sleep and the immune system.

**Light, Sleep and Circadian Rhythms (Beginner)**  
Steven Lockley, PhD  
**Room 108**  
Identify the role of light in sleep research and how to incorporate it into studies.

**Sleep Loss-sensitive Measures of Cognitive Performance (Intermediate)**  
Hans Van Dongen, PhD  
**Room 104**  
Discuss what makes cognitive performance tests sensitive to sleep loss, and what it is about sleep loss that such tests actually measure.

**Sleep and Mood Disorders (Beginner)**  
Colleen Carney, PhD  
**Room 109**  
Discussion of the relationship between sleep and mood disorders.

**Pediatric Insomnia (Intermediate)**  
Valerie Crabtree, PhD  
**Room 110**  
Discuss causes and treatments of pediatric insomnia and current research.

**Establishing Connections for Collaborative Research (All)**  
Ruth Benca, MD, PhD  
**Room 111**  
Review how to integrate clinical and experimental research.
Over the last few months the AASM has been meeting with federal lawmakers and agencies to increase the AASM’s presence in Washington, D.C.

- The AASM meets regularly with federal legislators to educate them on sleep medicine and the Academy’s position on issues such as new care delivery models for sleep, reimbursement for sleep medicine physicians and funding for research.

- The AASM frequently meets with federal agencies such as the Federal Motor Carrier Safety Administration and National Institute for Occupational Safety & Health to communicate the importance of effective sleep policies.

Please help support our advocacy efforts. By contributing to the AASM PAC, you will shape the outlook of sleep medicine.

The AASM PAC has been a vital tool in helping the AASM:

- Raise awareness of sleep medicine and sleep disorders at a governmental level.

- Position itself on issues relevant to the practice of sleep medicine including new delivery models for sleep and reimbursement for sleep medicine physicians.

- Secure future government funding opportunities for sleep research.

Members can donate online at: www.aasmnet.org/pac.aspx

Stop by the AASM PAC Booth, located on the 3rd Floor, to donate or get more information!!
In order to register for postgraduate courses, you must be registered for SLEEP 2012. The APSS does not offer registration to attend only postgraduate courses. All postgraduate courses require additional registration fees. Tickets for postgraduate courses that have not sold out are available for on-site purchase at the SLEEP 2012 registration counter.

**Electronic Course Materials**

In its continued effort to “Go Green,” the APSS provided postgraduate course materials in an electronic-format only. Attendees who pre-registered were sent instructions one week prior to the meeting to download and/or print the materials at home and will receive a flash drive at the meeting. Attendees who registered on site only received the materials on a flash drive.

Please note that the APSS will not supply computers or tablets to view the material or power for computers or tablets. It is imperative that attendees wishing to view the course materials on their laptops or tablets have them sufficiently powered prior to arrival at the meeting each day.

**Co1: Year-In-Review 2012**

**Ballroom A**

**Saturday, June 9, 2012**

8:00am-5:00pm

**Member Fee: $150 | Nonmember Fee: $200**

During this annual course, faculty will highlight new perspectives and recent findings in translational science from the past year. The 2012 installment of this course will highlight advances in the areas of: narcolepsy and CNS hypersomnias; parasomnias; dental sleep medicine; insomnia and pharmacology; sleep apnea; pediatrics; medical, neurological and psychiatric disorders; and circadian rhythms.

**Co-chairs:** Teofilo Lee-Chiong, MD; and Thomas Scammell, MD

**Faculty:** Isabelle Arnulf, MD; PhD; Daniel Buysse, MD; B. Gail Demko, DMD; Neil Freedman, MD; Ann Halbower, MD; Richard Schwab, MD; John Winkelman, MD; and Kenneth Wright, PhD

**Psychologist Level of Content:** Intermediate

**Objectives:**

1. Discuss key concepts of recent basic and clinical sleep research and how these concepts apply to current practice;
2. Apply up-to-date information and evidence-based knowledge to the clinical management of patients with a variety of sleep disorders; and
3. Improve clinical care and outcomes as a result of application of this knowledge in the clinical setting.
**CO2: Trends in Sleep Medicine Practice**  
**Ballroom C**  
*Saturday, June 9, 2012*  
*8:00am-5:00pm*

**Member Fee: $150 | Nonmember Fee: $200**

This new course will focus on the latest clinical trends relevant to the practice of sleep medicine in 2012. Insurance regulations, coding and reimbursement, home sleep testing, autoPAP, CPAP adherence, actigraphy and the integrated model for sleep medicine will all be discussed.

**Co-chairs:** Douglas Kirsch, MD; and Michael Littner, MD  
**Faculty:** Richard Berry, MD; Nancy Collop, MD; Lawrence Epstein, MD; Samuel Fleishman, MD; Joseph Ojile, MD; Paul Valentine, MBA; and James Wyatt, PhD

**Psychologist Level of Content:** Intermediate

**Objectives**

1. Discuss the current trends of insurance regulations, coding and reimbursement;
2. Review the impact of new technologies on the way that sleep centers operate to diagnose and treat patients;
3. Integrate new mechanisms to track and improve PAP adherence into sleep centers; and
4. Discuss expansion of sleep center practice to include actigraphy, portable monitoring and provision of DME.

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**CO3: Management of Sleep Disordered Breathing: Special Populations and Therapies**  
**Ballroom B**  
*Saturday, June 9, 2012*  
*8:00am-5:00pm*

**Member Fee: $150 | Nonmember Fee: $200**

This course was developed for experienced sleep clinicians interested in learning how to manage more complex sleep disordered breathing and treatment modalities. Complex populations including patients with CHF/CSA, opioid use, COPD and neuromuscular disease will be discussed along with several modalities of PAP including bilevel PAP, ASV, AVAPS and APAP. New therapies for OSA will also be presented including expiratory pressure valves and genioglossus stimulation.

**Co-chairs:** Richard Berry, MD; and Vishesh Kapur, MD  
**Faculty:** Dennis Auckley, MD; Peter Gay, MD; Shahrokh Javaheri, MD; Matthew Naughton, MD; Sairam Parthasarathy, MD; and Susheel Patil, MD, PhD

**Psychologist Level of Content:** Advanced

**Objectives:**

1. Recognize and understand the pathogenesis of the various categories of sleep disordered breathing and how therapy is related to pathogenesis;
2. Assess how to manage sleep disordered breathing that occurs in patients with CHF, COPD, neuromuscular disease and patients taking narcotic medications; and
3. Describe how and when to use special technologies including ASV, Bilevel PAP, AVAPS, APAP and newer novel OSA therapies.
**C04: PedSleep 2012: Hot Topics and Controversies in Pediatric Sleep Medicine**

**Room 200**  
**Saturday, June 9, 2012**  
**8:00am-5:00pm**

*Member Fee: $150  |  Nonmember Fee: $200*

An increasing number of children and adolescents are being referred to adult and pediatric sleep specialists for expert advice. This course will provide attendees with a balanced, evidence-based, panoramic overview of current hot topics and controversies impacting the evaluation and treatment of pediatric sleep disorders.

**Co-chairs:** Madeleine Grigg-Damberger, MD; and Sanjeev Kothare, MD  
**Faculty:** Rakesh Bhattacharjee, MD, RPSGT; David Gozal, MD; Emmanuel Mignot, MD, PhD; Hawley Montgomery-Downs, PhD; Judith Owens, MD; and Daniel Picchietti, MD

**Psychologist Level of Content:** Intermediate

**Objectives:**

1. Recognize how and where the polysomnogram is failing us in the diagnosis of pediatric obstructive sleep apnea (OSA);
2. Debate whether tonsillectomy should be a treatment for OSA in older and/or obese children;
3. Outline the short- and long-term maternal, fetal and infant morbidity of OSA, insomnia, and drugs in pregnancy;
4. Recognize and reduce the risks of general anesthesia in children with different forms of sleep disordered breathing and co-morbidities;
5. Describe how different definitions of insomnia in children influence our ability to treat it;
6. Review the role of infections and vaccination upon the development of childhood onset narcolepsy;
7. Discuss prevention strategies to reduce the risk of sudden unexpected death in epilepsy during sleep; and
8. Describe the roles of ferritin and iron deficiency in attention deficit hyperactivity disorder and pediatric restless legs syndrome.

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**C05: The New Treatments for RLS: How and When to Use Them**

**Room 310**  
**Saturday, June 9, 2012**  
**8:00am-12:00pm**

*Member Fee: $85  |  Nonmember Fee: $150*

Long-term use of oral dopamine agonists treatment for restless legs syndrome (RLS) has revealed problems including loss of efficacy, RLS augmentation and more. This course will review the advantages, limits and problems related to several new treatment options for RLS including 24-hour continuous release dopamine agonists, long-acting alpha-2-delta anticonvulsants and a new iron formulation for IV iron treatment.

**Chair:** Richard Allen, PhD  
**Faculty:** Mark Buchfuhrer, MD; Christopher J. Earley, MD, PhD; Diego Garcia-Borreguero, MD; and William Ondo, MD

**Psychologist Level of Content:** Intermediate

**Objectives:**

1. Recognize the problems with current oral dopamine agonist treatment;
2. Utilize new options for treatment of RLS and describe how and when to use them;
3. Demonstrate how to switch from one treatment to another and discuss the problems when switching and options for avoiding them;
4. Explain options for combination medication treatments of RLS; and
5. Examine the biological basis for treatment development.
Co6: Evaluation and Management of Abnormal Nocturnal Behaviors

Room 310
Saturday, June 9, 2012
1:00pm-5:00pm

Member Fee: $85 | Nonmember Fee: $150

A variety of nocturnal behaviors may occur during sleep including NREM and REM sleep parasomnias, sleep related movement disorders and nocturnal seizures. Through a case-based format and referring to empirical evidence where applicable, this course will review evaluation methods and therapeutic guidelines available for these nocturnal behaviors.

Co-chairs: Ramadevi Gourineni, MD; and Milena Pavlova, MD
Faculty: Hrayr Attarian, MD; and Mark Mahowald, MD

Psychologist Level of Content: Intermediate

Objectives:
1. Discuss the evaluation process of patients with abnormal nocturnal behaviors using both clinical and objective evaluation tools such as PSG and overnight EEG monitoring; and
2. Review the evaluation and management of specific abnormal nocturnal behaviors that sleep clinicians and technicians may encounter in the sleep clinic and lab.
In order to register for postgraduate courses, you must be registered for SLEEP 2012. The APSS does not offer registration to attend only postgraduate courses. All postgraduate courses require additional registration fees. Tickets for postgraduate courses that have not sold out are available for on-site purchase at the SLEEP 2012 registration counter.

**C07: 2012 State of the Art for Clinical Practitioners**  
**Ballroom B**  
**Sunday, June 10, 2012**  
**8:00am-5:00pm**

**Member Fee: $150 | Nonmember Fee: $200**

Ideal for individuals looking for a broad overview of clinical sleep medicine in 2012, this course will provide attendees with tips for the practical application of treatments for several common sleep disorders based on clinical evidence. Topics covered will include: out of center sleep testing for OSA; sleep in the elderly; insomnia; narcolepsy; sleep disordered breathing in patients with heart failure; parasomnias and nocturnal seizures; childhood sleep disorders; and hypersomnolence in OSA.

**Co-chairs:** Charles Atwood, MD; and Michael Littner, MD  
**Faculty:** Alon Avidan, MD; Richard Berry, MD; Nalaka Gooneratne, MD; Sharokh Javaheri, MD; Suresh Kotagal, MD; Andrew Krystal, MD; Emmanuel Mignot, MD, PhD; and Sigrid Veasey, MD

**Psychologist Level of Content:** Intermediate

**Objectives:**
1. Describe the best evidence-based practices for evaluating and diagnosing various sleep disorders seen in clinical practice;
2. Discuss the best evidence-based and cutting edge treatments for various sleep disorders in 2012; and
3. Identify major areas of uncertainty regarding best treatment practices in sleep medicine.

**C08: Gizmos and Gadgets: Technological Advances in Clinical Outpatient Sleep Medicine**  
**Room 210**  
**Sunday, June 10, 2012**  
**8:00am-5:00pm**

**Member Fee: $150 | Nonmember Fee: $200**

During this course, faculty will review the indications and limitations of various technologies including PAP devices, portable monitoring systems and actigraphy devices. The afternoon portion of the course will be devoted to hands-on, interactive sessions to provide attendees with knowledge needed to evaluate, prescribe, adjust and trouble-shoot these various devices.

**Chair:** Neil Freedman, MD  
**Faculty:** Ann Cartwright, PA-C; Douglas Kirsch, MD; Lisa Meltzer, PhD; Shawna Sullivan, APN, NP; and Lisa Wolfe, MD

**Psychologist Level of Content:** Advanced

**Objectives:**
1. Explain the indications and limitations of various PAP devices in the management of the spectrum of sleep disordered breathing;
2. Describe the indications and limitations, as well as interpret downloaded data and trouble shoot common problems of several different portable monitoring systems that are commonly used in an outpatient setting to diagnose obstructive sleep apnea; and
3. Define the indications, limitations and technology underlying various actigraphy devices, as well as be able to interpret downloaded data and trouble shoot common problems of several devices that are on the market today.
**C09: Diagnosis and Treatment of Circadian Rhythm Sleep Disorders**

**Ballroom C**  
**Sunday, June 10, 2012**  
8:00am-5:00pm

*Member Fee: $150 | Nonmember Fee: $200*

Due to the complexity of clinical presentations, circadian rhythm sleep disorders (CRSDs) are often perplexing to manage. During this course, faculty will provide attendees with practical examples of CRSDs and will review the assessment and management of CRSDs including delayed sleep phase disorder, advanced sleep phase disorder, jet lag sleep disorder, shiftwork sleep disorder and more.

**Chair:** R. Robert Auger, MD  
**Faculty:** Helen Burgess, PhD; Katherine Sharkey, MD, PhD; Kenneth Wright, PhD; James Wyatt, PhD; and Phyllis Zee, MD, PhD

**Psychologist Level of Content:** Introductory

**Objectives:**
1. Identify various ICSD-2-defined circadian rhythm sleep disorders (CRSDs) in the clinical setting with inclusion of the use of actigraphy, sleep logs and salivary melatonin as assessment tools;  
2. Review the treatment of CRSDs, taking into account best available evidence; and  
3. Elucidate the various experimental protocols used in chronobiologic assessments and, in turn, to facilitate an understanding of the CRSD-related literature.

**C10: The Basics of Sleep**

**Room 309**  
**Sunday, June 10, 2012**  
8:00am-5:00pm

*Member Fee: $150 | Nonmember Fee: $200*

This course will provide clinicians and scientists with a background in the fundamental principles and findings that form the core knowledge of the field of sleep. Driven by the second edition of the SRS Basics of Sleep Guide, the course will explore the multidisciplinary nature of the field and will review new and emerging data covered in this publication, highlighting basic findings that translate to clinical areas.

**Co-chairs:** Namni Goel, PhD; Kathleen Sexton-Radek, PhD; and James Shaffery, DPhil  
**Faculty:** Mary Carskadon, PhD; Chiara Cirelli, MD, PhD; David Dinges, Phd; James Krueger, PhD; Andrew Krystal, MD; Jodi Mindell, PhD; Mark Opp, PhD; and Ronald Szymusiak, PhD

**Psychologist Level of Content:** Introductory

**Objectives:**
1. Examine concepts underlying the organization of sleeping and waking behavior, sleep-wake homeostasis, and circadian timing;  
2. Distinguish the changes in normal sleep that emerge across the human life cycle;  
3. Gain familiarization with the neuroanatomical and neurophysiologic systems underlying sleep-wake regulation;  
4. Identify the genetic basis of sleep phenotypes and sleep disorders and the genetics of sleep in animals;  
5. Assess the interplay of sleep-wake and endocrine systems and how sleep loss can alter these associations;  
6. Evaluate the role of sleep in thermoregulation, immune function and autonomic regulation of multiple organ systems;  
7. Describe the effects sleep loss produces on the brain and behavior; and  
8. Review the major categories and types of sleep-wake disorders, in pediatric and adult populations, and the pharmacological therapies used to treat these disorders.
C11: Sleep and Sleep Disorders in Pregnancy
Room 302
Sunday, June 10, 2012
8:00am-12:00pm

Member Fee: $85 | Nonmember Fee: $150

In recent years, data has emerged on sleep and pregnancy and the link between sleep disturbances and adverse outcomes in pregnancy. This course will provide a broad overview of normal sleep changes and common disorders of sleep in pregnancy. Topics include: normal and abnormal sleep, risk factors for RLS, effects of sleep disordered breathing and mood disorders.

Co-chairs: Ghada Bourjeily, MD; and Katherine Sharkey, MD, PhD
Faculty: Margaret Miller, MD; Louise O’Brien, PhD; and Barbara Phillips, MD

Psychologist Level of Content: Intermediate

Objectives:
1. Assess “normal” sleep in pregnancy;
2. Review common abnormal sleep disorders in pregnancy; and
3. Describe basic management principles in pregnancies that are relevant to sleep and clarify common misconceptions regarding the pregnant patient.

C12: Pediatric Behavioral Sleep Medicine
Room 302
Sunday, June 10, 2012
1:00pm-5:00pm

Member Fee: $85 | Nonmember Fee: $150

Assessment methods for evaluating the sleep habits of pediatric patients and specific interventions to improve sleep in this population will be presented at this intermediate to advanced course for clinicians engaged in behavioral sleep medicine. Throughout the course, case examples will highlight appropriate implementation of presented interventions.

Chair: Lisa Meltzer, PhD
Faculty: Kristin Avis, PhD; Valerie Crabtree, PhD; and Jodi Mindell, PhD

Psychologist Level of Content: Intermediate

Objectives:
1. Review intermediate to advanced level skills in engaging in pediatric behavioral sleep medicine practice with infants through adolescents;
2. Explain the importance of the use of actigraphy in assessing sleep/wake patterns and guiding interventions in a pediatric population; and
3. Discuss interventions for improving CPAP adherence in children and adolescents.
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Visit US in Boston at SLEEP Booth # 1007
**Oral Presentations**

1:00pm – 3:00pm
Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5-minute time period for questions and answers. The four digit abstract ID number corresponds to the SLEEP abstract supplement.

**001: Sleep Loss and Weight Gain**

1:00pm – 3:00pm
Room 304/306

Chair: Esra Tasali, MD

Psychologist Level of Content: Intermediate

Objective: Describe the relationship between sleep loss and body weight gain and some of the underlying mechanisms.

0294 1:00pm - 1:15pm
**IL-6 MEDIATES RELATIONSHIP BETWEEN SLEEP AND BODY WEIGHT**

0295 1:15pm - 1:30pm
**SLEEP DEPRIVATION DISRUPTS HUMAN BRAIN REACTIVITY IN RESPONSE TO FOOD DESIRE**
Greer SM, Goldstein AN, Walker M

0296 1:30pm - 1:45pm
**ALTED NOCTURNAL SLEEP ARCHITECTURE IN RESPONSE TO PARTIAL SLEEP DEPRIVATION IS ASSOCIATED WITH INCREASED CARBOHYDRATE INTAKE**
Shechter A, O’Keefe M, Roberts AL, Zammit G, RoyChoudhury A, St-Onge M

0297 1:45pm - 2:00pm
**SLEEP RESTRICTION ASSOCIATES WITH INCREASED FOOD INTAKE, WEIGHT GAIN AND CHANGES IN FOOD CRAVINGS IN HEALTHY ADULTS**
Spaeth AM, Goel N, Dinges DF

0298 2:00pm - 2:15pm
**SLEEP RESTRICTION REDUCES SELF-REPORTED SATIETY AND INCREASES THE AMOUNT OF FOOD DESIRED AT NIGHT AS COMPARED TO DAY IN HEALTHY MEN**

0299 2:15pm - 2:30pm
**ENERGY BALANCE CONSIDERATIONS DURING CHRONIC SLEEP RESTRICTION AND CIRCADIAN MISALIGNMENT**

0300 2:30pm - 2:45pm
**SLEEP RESTRICTION INCREASES THE NEURONAL RESPONSE TO UNHEALTHY FOOD STIMULI**
Wolfe S, Sy M, Hirsch J, St-Onge M

0301 2:45pm - 3:00pm
**DIETARY INTAKE FOLLOWING EXPERIMENTALLY RESTRICTED SLEEP IN ADOLESCENTS**
Simon S, Strotman D, Hemmer S, Summer S, Beebe DW

**002: Restless Legs Syndrome**

1:00pm – 3:00pm
Room 312

Chair: Arthur Walters, MD

Psychologist Level of Content: Intermediate

Objective: Describe the sleep and awake signs and symptoms of restless legs syndrome.

0763 1:00pm - 1:15pm
**EFFECT OF PREGABALIN ON SLEEP DISTURBANCE IN PATIENTS WITH RESTLESS LEGS SYNDROME (WILLIS-EBBOM DISEASE)**

0764 1:15pm - 1:30pm
**PROSPECTIVE STUDY OF RESTLESS LEGS SYNDROME AND RISK OF DEPRESSION IN WOMEN**

0765 1:30pm - 1:45pm
**EFFECTS OF ROTIGOTINE TRANSDERMAL SYSTEM ON SYMPTOM SEVERITY AND SYMPTOM IMPACT IN PATIENTS WITH RESTLESS LEGS SYNDROME**
Allen RP, Durmer JS, Garcia-Borreguero D, Rye DB, Dohin E, Grieger F, Moran K, Kohnen R
Symposium
1:00pm – 3:00pm

**S01: Functional Significance of Sleep Spindles**
1:00pm – 3:00pm
Ballroom A

**Co-chairs:** Stuart Fogel, PhD; and Thien Thanh Dang-Vu, MD, PhD

**Faculty:** Robert Stickgold, PhD; and Igor Timofeev, PhD

**Psychologist Level of Content:** Intermediate

**Objectives:**
1. Describe the mechanisms of sleep spindle generation in animals and humans;
2. Explain the critical role of spindles in the processing of external stimulation and memory consolidation during sleep; and
3. Discuss the clinical relevance of spindles for sleep maintenance and psychiatric disorders.

**0766**
1:45pm - 2:00pm
SLEEP DISTURBANCE IN US CLINICAL TRIAL SUBJECTS WITH RESTLESS LEG SYNDROME (WILLIS-EKBOM DISEASE)
Garcia-Borreguero D, Allen RP, Bonzo D, Lassauzet M, AL-Sabbagh A

**0767**
2:00pm - 2:15pm
HIGH FALSE-POSITIVE RATE OF QUESTIONNAIRE-BASED RESTLESS LEG SYNDROME DIAGNOSIS IN MULTIPLE SCLEROSIS

**0768**
2:15pm - 2:30pm
CEREBRAL MICROVASCULAR ISCHEMIC DISEASE IN MAGNETIC RESONANCE IMAGING OF PATIENTS WITH RESTLESS LEGS SYNDROME AND CONTROLS
Ferri R, Moussouttas M, Cosentino F, Wang L, Walters A

**0769**
2:30pm - 2:45pm
PERIODIC LEG MOVEMENTS AND CORTICAL AROUSALS CAN BE PHARMACOLOGICALLY DISSOCIATED FROM EACH OTHER

**0770**
2:45pm - 3:00pm
PERIODIC LIMB MOVEMENTS DURING SLEEP AND NOCTURNAL CARDIAC ARRHYTHMIA: OUTCOMES OF SLEEP DISORDERS IN OLDER MEN (MROS) STUDY
Koo BB, Mehra R, Blackwell T, Ancoli-Israel S, Stone KL, Redline S

**Refreshment Break**
3:00pm – 3:15pm

**Oral Presentations**
3:15pm – 5:15pm
Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5-minute time period for questions and answers. The four digit abstract ID number corresponds to the SLEEP abstract supplement.

**003:** Insomnia, Arousal and Neuroimaging
3:15pm – 5:15pm
Room 304/306

**Chair:** Ruth Benca, MD, PhD

**Psychologist Level of Content:** Intermediate

**Objective:** Describe the mechanisms of insomnia.

**0629**
3:15pm - 3:30pm
DAYTIME URINARY NOREPINEPHERINE LEVELS IN HYPERAROUSED INSOMNIACS
Roehrs T, Randall S, Roth T

**0630**
3:30pm - 3:45pm
COMPARISON OF AWAKENING PROBABILITY DUE TO NOCTURNAL RAILWAY AND AIRCRAFT NOISE IN THE FIELD
Elmenhorst E, Mueller U, Rohny V, Pennig S, Quehl J, Maass H, Basner M
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Speaker(s)</th>
</tr>
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<tbody>
<tr>
<td>0631 3:45pm - 4:00pm</td>
<td>AROUSAL PHENOTYPES IN INSOMNIA: A STUDY OF THEIR SLEEP AND DAYTIME CORRELATES</td>
<td>Sanchez-Ortuno M, Carney CE, Wyatt JK, Edinger JD</td>
</tr>
<tr>
<td>0632 4:00pm - 4:15pm</td>
<td>DOES HYPERAROUSAL INCREASE DAYTIME ERROR PRONENESS AMONG INSOMNIA SUFFERERS?</td>
<td>Edinger JD, Means MK, Krystal AD</td>
</tr>
<tr>
<td>0633 4:15pm - 4:30pm</td>
<td>THE PRE-SLEEP EXPERIENCE QUESTIONNAIRE: MEASURING HYPERAROUSAL AND ITS SHORT-TERM RELATIONSHIP WITH SLEEP IN INDIVIDUALS WITH INSOMNIA AND GOOD SLEEPERS</td>
<td>Zottola K, Germain A, Buysse DJ, Begley A, Hall MH</td>
</tr>
<tr>
<td>0634 4:30pm - 4:45pm</td>
<td>DIURNAL PATTERNS OF POSITIVE AFFECT AND AFFECTIVE NEURAL CIRCUITRY VARY ACCORDING TO CHRONOTYPE IN ADULTS WITH PRIMARY INSOMNIA</td>
<td>Hasler BP, Germain A, Noftinger E, Kupfer DJ, Krafty R, Rothenberger S, James JA, Bi W, Buysse DJ</td>
</tr>
<tr>
<td>0635 4:45pm - 5:00pm</td>
<td>INCREASED ROSTRAL ANTERIOR CINGULATE CORTEX VOLUME IN TWO INDEPENDENT GROUPS WITH PRIMARY INSOMNIA</td>
<td>Winkelman J, Plante DT, Benson KL, Schoerning LJ, Buxton OM, Renshaw P, Gonenc A</td>
</tr>
<tr>
<td>0636 5:00pm - 5:15pm</td>
<td>SLEEP AND SICKNESS ABSENCE: A PROSPECTIVE REGISTER-LINKED STUDY OF FINNISH EMPLOYEES</td>
<td>Haaramo P, Lallukka T, Rahkonen O, Sivertsen B</td>
</tr>
</tbody>
</table>

**O04: Effects of Sleep Deprivation on Brain and Behavior**

**3:15pm – 5:15pm**

**Room 312**

**Chair:** Hans Van Dongen, PhD

**Psychologist Level of Content:** Intermediate

**Objective:** Explain the effects of sleep deprivation on brain mechanisms and associated changes in behavior and cognition.
Symposium
3:15pm – 5:15pm

**S02: Genetic Manipulation of Wake-Sleep Circuitry**
3:15pm – 5:15pm
Ballroom A

**Chair:** Clifford Saper, MD, PhD
**Faculty:** Antoine Adamantidis, PhD; Michael Lazarus, PhD; Michiro Mieda, PhD; and Thomas Scammell, MD

**Psychologist Level of Content:** Advanced

**Objectives:**
1. Review brain circuitry for wake-sleep regulation; and
2. Describe new genetically based methods for manipulating neurons in those circuits.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>3:15pm</td>
<td>Introduction</td>
<td>Clifford Saper, MD, PhD</td>
</tr>
<tr>
<td>3:20pm</td>
<td>Narcolepsy: Neurobiology of Sleep and Cataplexy</td>
<td>Thomas E. Scammell, MD</td>
</tr>
<tr>
<td>3:57pm</td>
<td>Investigating Hypothalamic Modulation of Wake-sleep States using Both Genetic and Optogenetic Tools</td>
<td>Antoine Adamantidis, PhD</td>
</tr>
<tr>
<td>4:17pm</td>
<td>Role of the A2a Receptors in the Nucleus Accumbens in Arousal Response to Caffeine</td>
<td>Michael Lazarus, PhD</td>
</tr>
<tr>
<td>4:47pm</td>
<td>A Study of Neural Mechanisms Underlying Circadian Pacemakers Using Brain Region/cell-specific Bmal1 Deficient Mice</td>
<td>Michiro Mieda, PhD</td>
</tr>
</tbody>
</table>

**Seating**
Open-seating sessions are filled on a first-come, first-served basis. The APSS does its best to match room size with anticipated demand; however, interest in a topic occasionally exceeds seating capacity. Seating limits are strictly enforced by the Convention Center Fire Marshal. We encourage you to arrive at meeting rooms as early as possible for best seating.

**SLEEP 2012 NETWORKING RECEPTION**
6:00pm - 7:30pm
Grand Ballroom
Sheraton Hotel

**PRE-REGISTRATION IS REQUIRED**
Purchase tickets at the SLEEP 2012 registration counters

Proceeds benefit the American Sleep Medicine Foundation and Sleep Research Society Foundation.
**Poster Set-Up**

7:00am – 7:45am  
**Exhibit Hall B**

Posters should be set-up for display during this time and should not be removed until 6:00pm.

**Plenary Session**

7:45am – 10:00am  
**Ballroom ABC**

**Welcome**

H. Craig Heller, PhD, Chair, APSS Program Committee

**SRS and AASM Presentations**

Phyllis C. Zee, MD, PhD, President, SRS  
Nancy Collop, MD, President, AASM

**Keynote Addresses**

Immediately following the welcome address and SRS/AASM presentations. See page 15 for more information about the Keynote Speakers.

**I01: From Bench to Planes, Trains and Automobiles: How Sleep Science Can Enhance Transportation Safety**

Mark Rosekind, PhD

Psychologist Level of Content: Intermediate

**Objectives:**

1. Describe how sleep and circadian disruption contribute to transportation accidents;
2. NTSB recommendations that address sleep and circadian safety risks in transportation; and
3. Identify the roles and activities for sleep professionals to enhance transportation safety.

**I02: Sleep, Memory and Dreams: Extracting the Meaning of Our Lives**

Robert Stickgold, PhD

Psychologist Level of Content: Intermediate

**Objectives:**

1. Demonstrate that different sleep stages play different roles in memory processing;
2. Describe the wide range of memory processing functions carried out during sleep; and
3. Propose a role for dream processes in extracting information of future relevance from recent memories.

**Exhibit Hall Open**

10:00am – 4:00pm  
**Exhibit Hall CD**

Please see pages 82 for a complete list of exhibitors

**Refreshment Break in the Exhibit Hall**

10:00am – 10:30am

**Clinical Workshop**

10:30am – 12:30pm  
**Ballroom A**

**W01: Personalizing Therapies: Addressing Circadian Factors in the Treatment of Insomnia**

10:30am – 12:30pm

Chair: Kelly Baron, PhD, MPH  
Faculty: Kelly Byars, PsyD; Leon Lack, PhD; Brandon Lu, MD; Rachel Manber, PhD; and James Wyatt, PhD

Psychologist Level of Content: Intermediate

**Objectives:**

1. Describe the prevalence of circadian factors in patients presenting with insomnia;
2. Describe the research evidence to support use of phase shifting therapies in patients who have insomnia with circadian factors; and
3. Demonstrate real-world examples of personalizing cognitive behavioral therapy for insomnia in patients who have insomnia with circadian factors.
10:30am – 10:48am  **Introduction and Scope of the Problem, Case Presentation of Delayed Sleep Phase Comorbidity in a Patient Presenting with Psychophysiological Insomnia**  
*Kelly Baron, PhD, MPH*

10:48am – 11:06am  **Overview of Phase Shifting Treatments in Circadian Rhythm Sleep Disorders**  
*James Wyatt, PhD*

11:06am – 11:24am  **Use of Bright Light Therapy in Insomnia**  
*Leon Lack, PhD*

11:24am – 11:42am  **Working with Obstacles to Adherence with Phase Shifting Protocols**  
*Rachel Manber, PhD*

11:42am – 12:00pm  **Treatment of Insomnia with Comorbid Circadian Factors in Medically Complex Patients**  
*Brandon Lu, MD, MS*

12:00pm – 12:18pm  **Understanding Circadian Factors in Treating Insomnia in Children and Adolescents**  
*Kelly Byars, PsyD*

12:18pm – 12:30pm  **Discussion**

### Discussion Groups

**D01: Measuring Sleepiness in Drivers: The Challenges and Controversies**  
*Ballroom B*

**Chair:** Siobhan Banks, PhD  
**Faculty:** Thomas Balkin, PhD; Charles Czeisler, MD, PhD; David Dinges, PhD; Ronald Grunstein, MD, PhD; Jim Horne, PhD; and Allan Pack, MBChB, PhD

**Psychologist Level of Content:** Intermediate

**Objectives:**
1. Explain the usefulness of current clinical and research tools for measuring sleepiness and assessing fitness to drive;  
2. Identify the legal implications of assessing fitness to drive in both clinical and operational settings; and  
3. Describe the issues related to management and enforcement of driver safety in patients with sleep disorders and/or individuals who are.

**D02:** Sleep and Health Disparities: Follow-Up from the 2011 NHLBI Workshop

10:30am – 12:30pm  
*Room 311*

**Co-chairs:** Michael Grandner, PhD; Kristen Knutson, PhD; and Aaron Laposky, PhD  
**Faculty:** Orfeu Buxton, PhD; Lauren Hale, PhD; Girardin Jean-Louis, PhD; Nancy Kressin, PhD; and Sanjay Patel, MD

**Psychologist Level of Content:** Intermediate

**Objectives:**
1. Discuss the significance of racial/ethnic and socioeconomic disparities in the diagnosis, treatment and adherence to treatment of sleep disorders;  
2. Identify research opportunities that will advance understanding of sleep disparities and the impact of sleep on health disparities; and  
3. Discuss specific challenges investigators face in advancing research and practice on sleep and health disparities.

### Oral Presentations

**D05: Pediatric Sleep: Homeostasis and Obstructive Sleep Apnea**  
*Room 312*

**Chair:** Carol Rosen, MD

**Psychologist Level of Content:** Intermediate

**Objective:** Describe metabolic changes associated with childhood obstructive sleep apnea.

1037  
**10:30am - 10:45am**  
**SLOW-WAVE EEG ACTIVITY, GLUCOSE TOLERANCE AND INSULIN SENSITIVITY IN ADOLESCENTS**  
*Armitage R, Lee J, Bertram H, Hoffmann RF*

1038  
**10:45am - 11:00am**  
**EVENING-TO-MORNING CHANGES IN ENDOTHELIAL FUNCTION ARE ALTERED IN CHILDREN WITH OSA.**  
*Samiei A, Bhattacharjee R, Gozal LK*
<table>
<thead>
<tr>
<th>Session</th>
<th>Time</th>
<th>Title</th>
<th>Authors</th>
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<tbody>
<tr>
<td>1039</td>
<td>11:00am - 11:15am</td>
<td><strong>REVERSIBLE BRAIN INJURY WITH TREATMENT OF CHILDHOOD OBSTRUCTIVE SLEEP APNEA</strong></td>
<td>Halbower AC, Janusz J, Brown M, Strain J, Friedman N, Green C, Accurso F, Smith P</td>
</tr>
<tr>
<td>1040</td>
<td>11:15am - 11:30am</td>
<td><strong>UTILITY OF QUANTITATIVE ESOPHAGEAL PRESSURES DURING POLYSOMNOGRAPHY IN CHILDREN</strong></td>
<td>Chervin RD, Ruzicka DL, Hoban TF, Fetterolf J, Garetz S, Guire K, Dillon JE, Felt B, Hodges E, Giordani B</td>
</tr>
<tr>
<td>1041</td>
<td>11:30am - 11:45am</td>
<td><strong>REM-RELATED BREATHING ABNORMALITIES IN ASTHMATIC CHILDREN WITH OBSTRUCTIVE SLEEP APNEA (OSA)</strong></td>
<td>Nino G, Zhu J, Gutierrez M, Nino CL</td>
</tr>
<tr>
<td>1042</td>
<td>11:45am - 12:00pm</td>
<td><strong>EVALUATION OF A NEW PEDIATRIC POSITIVE AIRWAY PRESSURE MASK</strong></td>
<td>Kushida CA, Halbower A, Kryger MH, Pelayo R, Assalone V, Cardell C, Huston S, Willes L, Mendoza J, Wimms AJ</td>
</tr>
<tr>
<td>1043</td>
<td>12:00pm - 12:15pm</td>
<td><strong>NIGHT TO NIGHT VARIABILITY OF POLYSOMNOGRAPHIC PARAMETERS IN OBESE CHILDREN AND ADOLESCENTS WITH OBSTRUCTIVE SLEEP APNEA (OSA)</strong></td>
<td>Chaudhry H, Brockbank J, Vandyke R, Fenchel M, Dixon M, Amin R, Simakajornboon N</td>
</tr>
<tr>
<td>1044</td>
<td>12:15pm - 12:30pm</td>
<td><strong>ANATOMIC PREDICTORS OF INCOMPLETE REMISSION IN PEDIATRIC SLEEP APNEICS AFTER TONSILLECTOMY AND ADENOIDECTOMY: A 3DCT ANALYSIS</strong></td>
<td>Lin C, Huang Y, Guilleminault C</td>
</tr>
</tbody>
</table>

**O06: Risks and Assessments of Patients with Sleep Disordered Breathing**

*10:30am – 12:30pm*

**Ballroom C**

**Chair:** Euhan John Lee, MD

**Psychologist Level of Content:** Intermediate

**Objective:** Describe novel methods of assessing patients with sleep disordered breathing.
0395  12:15pm - 12:30pm  
RESPIRATORY INDUCTANCE PLETHYSMOGRAPHY COMPARED WITH THERMISTER AND PRESSURE AIRFLOW TRANSDUCTION TO IDENTIFY OBSTRUCTIVE SLEEP DISORDERED BREATHING  
Williams SG, Holley A, Lesage S, Dombrowsky J, Lettieri C

**Symposium**  
10:30am – 12:30pm

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Time</th>
<th>Room</th>
<th>Faculty</th>
</tr>
</thead>
</table>
| S03     | Local Sleep: Basic Mechanisms and Implications for Sleep Medicine | 10:30am – 12:30pm | Room 309 | Co-chairs: Mark Mahowald, MD; and Lino Nobili, PhD  
Faculty: Chiara Cirelli, MD, PhD; and James Krueger, PhD |

**Psychologist Level of Content:** Advanced

**Objectives:**
1. Explain how findings related to the basic mechanisms regulating local sleep can be translated into the practice of sleep medicine; and
2. Analyze pathological sleep events within the framework of the interpretation of sleep as a local phenomenon.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</table>
| 10:30am | Local Sleep and Synaptic Homeostasis  
Chiara Cirelli, MD, PhD |
| 11:00am | Physiological and Biochemical Markers of Local Sleep Regulation  
James Krueger, PhD |
| 11:30am | Coexistence of Sleep-like and Wake like Cortical Activity in the Human Brain  
Lino Nobili, MD, PhD |
| 12:00pm | Local Sleep and State Dissociation: Implications for Sleep Medicine and Disorders of Consciousness  
Mark Mahowald, MD |

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**Lunch Debate**  
12:30pm – 1:30pm  
All Lunch Debate sessions require additional registration fees.

CE credits for psychologists are not provided for this session.

**L01: Does the MSLT Provide a Useful Measure of Daytime Sleepiness in Clinical Practice?**  
12:30pm – 1:30pm  
Room 210  
Faculty: Ronald Chervin, MD; and Michael Silber, MBChB

**Objectives:**
1. Generate a well-informed decision about whether to ask specific patients to undergo an MSLT after a polysomnogram;
2. Classify what clinical value is and is not provided by an MSLT;
3. Identify how to perform and interpret an MSLT in a manner that will maximize usefulness of this test for clinical assessment and patient management;
4. Examine the basis for normative values of the MSLT;
5. Inspect the uses of the MSLT in the diagnosis of disorders of excessive sleepiness; and
6. Discuss the limitations in the clinical use of the MSLT.

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**Meet the Professors**  
12:30pm – 1:30pm  
All Meet the Professors sessions require additional registration fees.

CE credits for psychologists are not provided for these sessions.

**M01: Biomarkers for Predicting Response to Sleep Loss**  
Room 103  
Namni Goel, PhD

**M02: Diagnosis and Management of Dream-enacting Behavior**  
Room 110  
Kenneth Casey, MD

**M03: How Much Sleep Do We Really Need?**  
Room 105  
Hans Van Dongen, PhD

**M04: How to Sleep Like a Rockstar**  
Room 107  
William Dement, MD, PhD

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**American Academy of Sleep Medicine General Membership Meeting**  
12:30pm – 1:45pm  
Room 313  
This meeting is open to all AASM members.
**M05:** New Insights into the Pathogenesis of Restless Legs Syndrome and Periodic Limb Movements in Sleep  
*Room 108*  
*Arthur Walters, MD*

**M06:** Sleep and Its Relationship to Epilepsy and Other Nocturnal Events in Children  
*Room 109*  
*Sanjeev Kothare, MD*

**M07:** Using ASV in Clinical Practice  
*Room 104*  
*Shahrokh Javaheri, MD*

**M08:** Using Actigraphy in Clinical Practice  
*Room 111*  
*James Wyatt, PhD*

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**Invited Lecturers**  
1:45pm – 2:45pm  
See page 16 for more information about these invited lecturers.

**I03:** Inadequate Sleep and the Brain and Behavior of Adolescents: The Impact is Real, Causal and Beyond Falling Asleep in Class  
*1:45pm – 2:45pm*  
*Ballroom B*  
*Dean Beebe, PhD*

**Psychologist Level of Content:** Intermediate

**Objectives:**

1. Identify the short-term neuropsychological consequences of adolescent sleep restriction;
2. Summarize the available evidence on changes in neurological functioning that follow such sleep restriction; and
3. Describe how inadequate sleep, even if limited to adolescence, can have life-long implications.

**I04:** Sleep Neurochemistry: Insights into the Clinical Pharmacology of Behavioral State Control  
*1:45pm – 2:45pm*  
*Ballroom A*  
*Helen Baghdoyan, PhD*

**Psychologist Level of Content:** Intermediate

**Objectives:**

1. Review data demonstrating that states of sleep and wakefulness are generated by complex interactions between many neurotransmitters and neuromodulators acting at multiple sites within the brain;
2. Review recent findings indicating that neurotransmitters can have opposite effects on sleep depending on site of action within the brain; and
3. Describe the translational relevance of the forgoing neurochemical data for the clinical management of disordered sleep, affect and pain.
Oral Presentations
1:45pm – 2:45pm
Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5 minute time period for questions and answers.

007: Screening and Assessment of Sleep Disordered Breathing
1:45pm – 2:45pm
Ballroom C

Chair: Michael Yurcheshen, MD

Psychologist Level of Content: Intermediate

Objective: Review methods of screening certain populations for obstructive sleep apnea.

0396 1:45pm - 2:00pm
THE PSYCHOMOTOR VIGILANCE TASK AS A SCREENING TOOL FOR OBSTRUCTIVE SLEEP APNEA
Batool-Anwar S, DeYoung P, Varvarigou V, Zhang C, Kales S, Malhotra A

0397 2:00pm - 2:15pm
BODY MASS INDEX IS AN EFFECTIVE MEASURE FOR OCCUPATIONAL SCREENING OF EMPLOYEES AT HIGH RISK FOR MODERATE TO SEVERE OBSTRUCTIVE SLEEP APNEA: IMPLICATIONS FOR DOT COMMERCIAL DRIVER MEDICAL EXAMINATIONS

0398 2:15pm - 2:30pm
FACTORS ASSOCIATED WITH ELEVATED APNEA HYPOPNEA INDEX IN A SAMPLE WITH A LOW SCREENING PROBABILITY OF APNEA

0399 2:30pm - 2:45pm
PREVALENCE AND EFFECTS OF BMI AND SLEEP POSITION ON SEVERITY OF OSA IN CHINESE AND NON-CHINESE PATIENTS.
Ng R

008: Epidemiology of Psychiatric Disturbances and Sleep
1:45pm – 2:45pm
Room 309

Chair: Roseanne Armitage, PhD

Psychologist Level of Content: Intermediate

Objective: Describe the inter-relationship between sleep disturbances and psychiatric symptoms in large populations.

0950 1:45pm - 2:00pm
DEPRESSIVE SYMPTOMS AND SLEEP: A POPULATION-BASED POLYSOMNOGRAPHIC STUDY
Castro JP, Castro LS, Quarantini LC, Kauati A, Hoexter MQ, Santos-Silva R, Mello LE, Bittencourt LA, Tufik S

0951 2:00pm - 2:15pm
SLEEP DURATION AND THE ETIOLOGY OF DEPRESSIVE SYMPTOMS: EVIDENCE FOR A GENE-ENVIRONMENT INTERACTION
Watson NF, Harden P, Buchwald D, Vitiello MV, Pack A, Goldberg J

0952 2:15pm - 2:30pm
SLEEP DURATION AND ALCOHOL CONSUMPTION: RESULTS FROM A NATIONALLY-REPRESENTATIVE SAMPLE
Chakravorty S, Jackson NJ, Gehrman P, Perlis ML, Grandner MA

0953 2:30pm - 2:45pm
SLEEP AND SUICIDAL IDEATION AND/OR ATTEMPTS IN YOUNG CHILDREN: POOR SLEEP, HIGHER REM PERCENT SLEEP AND IMPULSIVITY ARE ASSOCIATED WITH INCREASED RISK OF SUICIDAL IDEATION AND/OR ATTEMPTS

009: Stroke and Traumatic Brain Injury
1:45pm – 2:45pm
Room 312

Chair: Daniel Cohen, MD

Psychologist Level of Content: Intermediate

Objective: Evaluate diagnostic and pathophysiologic mechanisms in stroke and the treatment of post-traumatic hypersomnolence.

0827 1:45pm - 2:00pm
THE CARDIOPULMONARY STUDY AS AN EARLY SLEEP APNEA SCREENING TOOL IN ACUTE ISCHEMIC STROKE
Chernyshev OY, Moul DE, Liendo C, McCarty DE, Caldito GC, Besliu S, Munjampalli SK, Kelley R, Chesson AL
0828 2:00 pm - 2:15 pm
MECHANISMS OF ISCHEMIC STROKE IN PATIENTS WITH OBSTRUCTIVE SLEEP APNEA: RETROSPECTIVE CASE CONTROL STUDY  
Lipford MC, Calvin A, Mandrekar J, Somers VK, Brown RD, Flemming K, Caples SM

0829 2:15 pm - 2:30 pm
SHORT SLEEP PREDICTS STROKE SYMPTOMS IN PERSONS OF NORMAL WEIGHT  
Ruiter M, Howard VJ, Letter AJ, Kleindorfer D

0830 2:30 pm - 2:45 pm
ARMODAFINIL FOR THE TREATMENT OF EXCESSIVE SLEEPINESS ASSOCIATED WITH MILD OR MODERATE CLOSED TRAUMATIC BRAIN INJURY: A 12-WEEK, RANDOMIZED, DOUBLE-BLIND STUDY FOLLOWED BY A 12-MONTH OPEN-LABEL EXTENSION  
Menn SJ, Earl CQ, Yang R, Lankford A

010: New Approaches to Sleep Measurement  
1:45 pm – 2:45 pm  
Room 311

Chair: Thomas Rice, MD

Psychologist Level of Content: Intermediate

Objective: Describe new methods of sleep detection and refinements in existing technologies.

1259 1:45 pm - 2:00 pm
AGREEMENT IN THE SCORING OF RESPIRATORY EVENTS AND SLEEP AMONG INTERNATIONAL SLEEP CENTERS  
Magalang UJ, Chen N, Cistulli P, Fedson A, Gislonson T, Hillman DR, Penzel T, Tamisier R, Tufik S, Pack A

1260 2:00 pm - 2:15 pm
IDENTIFICATION OF INSOMNIA USING ELECTRONIC HEALTH DATA  
Severson CA, Pendharkar SR, Ronksley PE, Tsai WH

1261 2:15 pm - 2:30 pm
DEVELOPMENT AND INITIAL VALIDATION OF A QUESTIONNAIRE TO ASSESS SLEEP-RELATED PRACTICES, ATTITUDES, AND BELIEFS  
Patel NP, Jackson NJ, Grandner MA

1262 2:30 pm - 2:45 pm
APPLICATION OF CONTINUOUS MULTISITE ACCELEROMETRY TO DISCRIMINATE BETWEEN SLEEP AND WAKE: COMPARISON WITH A COMMERCIAL ACTIGRAPHS  
Lamprecht M, Tran T, Greenhill J, Williams G, Parsley CL, Terrill PI

Refreshment Break in the Exhibit Hall
2:45 pm – 3:00 pm

Bench to Bedside Session  
3:00 pm – 5:00 pm

B01: Bench to Curbside: Adolescent Sleep as a Public Health Issue  
3:00 pm – 5:00 pm
Ballroom C

Chair: Judith Owens, MD
Faculty: Fred Danner, PhD; Kristen Knutson, PhD; and Amy Wolfson, PhD

Psychologist Level of Content: Advanced

Objectives:
1. Review the current evidence for a link between sleep and risk of obesity among adolescents and the magnitude and consequences of consumption of caffeine and other stimulants on the health of adolescents;
2. Review the extent and implications of adolescent drowsy driving and the impact of modifiable etiologic factors such as school start times, lax parenting and sleep knowledge gaps; and
3. Summarize the current literature regarding the impact of school start times on the health of adolescents and implications for public policy at the individual school district, regional and national levels.

3:00 pm – 3:25 pm Delaying School Start Times and the Health of Adolescents  
Judith Owens, MD

3:25 pm – 3:50 pm Sleep and Obesity Risk in Adolescents: Implications for Public Health  
Kristen Knutson, PhD

3:50 pm – 4:15 pm Drowsy Driving Starts in Adolescence: How Should We Intervene?  
Fred Danner, PhD

4:15 pm – 4:35 pm Insufficient Sleep and Caffeine Use in Teens: The Perfect Storm  
Amy Wolfson, PhD

4:35 pm – 5:00 pm Discussion
Clinical Workshops
3:00 pm – 5:00 pm

**W02: Management of Complicated Sleep Disordered Breathing**
3:00 pm – 5:00 pm
**Ballroom A**

**Chair:** Peter Gay, MD  
**Faculty:** Babak Mokhlesi, MD; Timothy Morgenthaler, MD; Winfried Randerath, MD; and Lisa Wolfe, MD

**Psychologist Level of Content:** Advanced

**Objectives:**
1. Identify patients that might want to consider treatments beyond simple CPAP for complex sleep disordered breathing problems;
2. Describe potential treatment plans for patients with obesity hypoventilation syndrome, central sleep apnea syndromes, COPD and ALS; and
3. Explain the application of alternative PAP treatments and diaphragmatic stimulation.

<table>
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<tr>
<th>Time</th>
<th>Topic</th>
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</table>
| 3:00pm – 3:05pm | Introduction and Overview                                           
|              | Peter Gay, MD                                                        |
| 3:05pm – 3:30pm | Obesity Hypoventilation - Treatment Approaches with Volume Assured Pressure Devices  
|              | Babak Mokhlesi, MD                                                  |
| 3:30pm – 3:55pm | Hypercapnic COPD and Overlap Syndromes - Use of Standard and High Pressure Bilevel Therapies  
|              | Winfried Randerath, MD                                              |
| 3:55pm – 4:20pm | Central Apnea Syndromes - Use of Adaptive Servo -Ventilation     
|              | Timothy Morgenthaler, MD                                            |
| 4:20pm – 4:45pm | Diaphragmatic Stimulation in Patients with Spinal Cord Injury       
|              | Lisa Wolfe, MD                                                      |
| 4:45pm – 5:00pm | Discussion                                                          |

**W03: Legal Update for Sleep Centers: Health Reform, Health Information Technology and Compliance**
3:00 pm – 5:00 pm
**Ballroom B**

**Chair:** David Szabo, JD  
**Faculty:** Kate Borten and Eric Fader

**Psychologist Level of Content:** Intermediate

**Objectives:**
1. Describe how health care reform and accountable care could impact sleep centers;
2. Explain legal obligations and risks associated with implementing health information technology; and
3. Discuss the regulatory and compliance challenges facing sleep centers that seek to integrate lab testing, home testing and CPAP to improve outcomes.

<table>
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<tr>
<th>Time</th>
<th>Topic</th>
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| 3:00pm – 3:40pm | Legal Challenges to Providing Integrated Sleep Services  
|              | David Szabo, JD                                                     |
| 3:40pm – 4:20pm | Understanding Accountable Care and Health Reform  
|              | Eric Fader                                                         |
| 4:20pm – 5:00pm | HIPAA Information Security in a HITECH World: What You Need to Do Now  
|              | Kate Borten                                                        |

**W04: Meeting the Challenges of Providing Clinical Care for Patients with Sleep Disorders using Advanced Practice Nurses and Physician Assistants**
3:00 pm – 5:00 pm
**Room 311**

**Chair:** Loretta Colvin, APN, RN

**Faculty:** Ann Cartwright, MPAS, PA-C; Nancy Collop, MD; Neil Freedman, MD; and Ann Rogers, PhD, RN

**Psychologist Level of Content:** Intermediate

**Objectives:**
1. Describe the educational background, training, licensure, prescriptive authority and billing for advanced practice nurses (APN) and physician assistants (PA);
2. Describe current models for utilization of APNs and PAs within sleep related fields; and
3. Explain potential roles for these practitioners in the future.

<table>
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<tr>
<th>Time</th>
<th>Topic</th>
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| 3:00pm – 3:20pm | The AASM Perspective  
|              | Nancy Collop, MD                                                    |
| 3:20pm – 3:40pm | An Overview of APN and PA Education, Training, Licensure and Regulatory Oversight  
|              | Loretta Colvin, APN, RN                                             |
| 3:40pm – 4:00pm | What Do We Know About APNs and PAs Working in Sleep Medicine  
|              | Ann Rogers, PhD, RN; and Ann Cartwright, MPAS, PA-C                |
| 4:00pm – 4:20pm | New to Sleep Medicine: Considerations for Interviewing, Training and Role Expansion  
|              | Ann Cartwright, MPAS, PA-C                                          |
| 4:20pm – 4:40pm | The Expanding Role of APNs and PAs in Sleep Medicine: A Physician’s Perspective  
|              | Neil Freedman, MD                                                  |
| 4:40pm – 5:00pm | Discussion                                                          |
Symposia
3:00pm – 5:00pm

S04: Adverse Metabolic Consequences of Sleep and Circadian Disturbances
3:00pm – 5:00pm
Room 312

Chair: Frank Scheer, PhD
Faculty: Orfeu Buxton, PhD; Darwin Jeyaraj, MD, MRCP; Andries Kalsbeek, PhD; and Eve Van Cauter, PhD

Psychologist Level of Content: Intermediate

Objectives:
1. Review the data on the impact of the circadian system and physiological sleep on glucose, lipid and nitrogen metabolism;
2. Describe the adverse metabolic consequences of disturbances of the circadian system and/or sleep; and
3. Discuss the mechanisms underlying physiological and pathophysiological changes.

3:00pm – 3:30pm  Impact of Sleep Duration, Timing and Quality on Glucose Metabolism and Hormonal Regulation in Humans
Eve Van Cauter, PhD

3:30pm – 4:00pm  Adverse Metabolic Consequences of Sleep Restriction and Circadian Disruption in Humans
Orfeu Buxton, PhD

4:00pm – 4:30pm  Circadian Regulation of Glucose and Lipid Metabolism; Neural and Endocrine Mechanisms
Andries Kalsbeek, PhD

4:30pm – 5:00pm  Circadian Regulation of Mammalian Nitrogen Homeostasis
Darwin Jeyaraj, MD, MRCP

NEW Poster Viewing
4:00pm – 6:00pm
Exhibit Hall B

Please see page 106 for a complete listing of posters. SLEEP 2012 will feature cash bar receptions in the Poster Hall on Monday and Tuesday evenings. This is your opportunity to explore the Poster Hall, discuss the latest discoveries in the field and network with colleagues.

S05: General Anesthesia: Sleep Circuits and Arousal Pathways
3:00pm – 5:00pm
Room 309

Chair: Christa Van Dort, PhD
Faculty: Matthias Eikermann, MD, PhD; Max Kelz, MD, PhD; George Mashour, MD, PhD; and Ken Solt, MD

Psychologist Level of Content: Intermediate

Objectives:
1. Describe the role of sleep circuits in general anesthetic-induced loss of consciousness;
2. Explain the relationship between general anesthesia and sleep homeostasis; and
3. Review the manipulation of arousal pathways to control emergence from general anesthesia.

3:00pm – 3:05pm  Introduction
Christa Van Dort, PhD

3:05pm – 3:35pm  Manipulating Monoaminergic Arousal Pathways to Induce Emergence from General Anesthesia
Ken Solt, MD

3:35pm – 4:05pm  Volatile Anesthetic Induced Activation of Putative Sleep Promoting VLPO Neurons
Max Kelz, MD, PhD

4:05pm – 4:35pm  Sleep Homeostasis During General Anesthesia
George Mashour, MD, PhD

4:35pm – 5:00pm  The Role of the Sleep-promoting VLPO in Mediating Anesthesia-induced Unconsciousness
Matthias Eikermann, MD, PhD

NEW  Section meetings at SLEEP 2012 will meet for one hour followed by a one hour reception with all other section meetings. The reception will include a cash bar and hors d’oeuvres. These meetings are open to all AASM members interested in AASM membership sections.

Parasomnias
Room 309

Childhood Sleep Disorders and Development
Room 311

Sleep Related Breathing Disorders
Room 312

Sleep Deprivation
Room 313
SCIENTIFIC PROGRAM
Tuesday, June 12, 2012

Poster Set-Up
7:00am – 8:00am
Exhibit Hall B
Posters should be set-up for display during this time and should not be removed until 6:00pm.

Invited Lecturer
8:00am – 9:00am
See page 19 for more information about this invited lecturer

I05: Obstructive Sleep Apnea and Diabetes Mellitus: Does One Disorder Alter the Development or Progression of the Other?
8:00am – 9:00am
Ballroom B
Naresh Punjabi, MD, PhD

Psychologist Level of Content: Intermediate

Objectives:
1. Review the evidence linking obstructive sleep apnea to diabetes and other hyperglycemic states;
2. Identify the effects of diabetes on the natural history of obstructive sleep apnea; and
3. Summarize the observational and experimental data on the potential bi-directional nature of the association.

Discussion Groups
8:00am – 10:00am

D03: Should We Treat Periodic Limb Movements during Sleep?
8:00am – 10:00am
Ballroom A

Co-chairs: Arthur Walters, MD; and Marco Zucconi, MD
Faculty: Raffaele Ferri, MD; Mark Mahowald, MD; Mauro Manconi, MD, PhD; Daniel Picchietti, MD; and Lynn Marie Trotti, MD

Psychologist Level of Content: Advanced

D04: Organization and Structure of Academic Sleep Centers
8:00am – 10:00am
Room 313

Co-chairs: Ronald Chervin, MD; and Andrew Chesson, MD
Faculty: Dennis Auckley, MD; Ruth Benca, MD, PhD; Michael Littner, MD; and Atul Malhotra, MD

Psychologist Level of Content: Intermediate

Objectives:
1. List examples for structures of successful current academic sleep programs;
2. Describe challenges, limitations and barriers that have arisen for academic development of the field; and
3. Explain basic elements of sleep program infrastructure at academic institutions that would enhance effectiveness of academic sleep programs and advance the field of sleep medicine.

Symposia
8:00am – 10:00am

S06: Sleep, Anxiety and Mood from Preschool through Adolescence: Possible Pathways and Promising Targets
8:00am – 10:00am
Ballroom C

Chair: Candice Alfano, PhD
Faculty: Graham Emslie, MD; Allison Harvey, PhD; and Jonathan Kushnir, PhD

Psychologist Level of Content: Intermediate

Objectives:
1. Identify specific types of subjective and objective sleep problems co-occurring with anxiety and depression in youth;
2. Identify potential developmental and disorder-based mechanisms linking sleep dysregulation, anxiety and depression in youth; and
3. Identify specific behavioral targets for early intervention of sleep problems in anxious and/or depressed youth.

8:00am – 8:20am  Nighttime Fears in Preschool Children: Assessment of Sleep Disruptions and Innovative Brief Interventions
Jonathan Kushnir, PhD

8:20am – 8:40am  Sleep Dysregulation in Major Depressive Disorder: From Children to Adolescents
Graham Emslie, PhD

8:40am – 9:00am  Objective Evidence of Sleep Abnormalities in Non-depressed, Pre-pubescent Children with Generalized Anxiety Disorder
Candice Alfano, PhD

9:00am – 9:20am  Double Trouble? The Effects of Sleep Deprivation and Evening Chronotype on Emotional Risk in Adolescents
Allison Harvey, PhD

9:20am – 10:00am  Discussion

S07: Glial Cell Regulation of Sleep and Circadian Rhythms
8:00am – 10:00am  Room 309

Co-chairs: Marcos Frank, PhD; and Jason Gerstner, PhD
Faculty: Ted Abel, PhD; Phil Haydon, PhD; and Rob Jackson, PhD

Psychologist Level of Content: Intermediate

Objectives:
1. Review mechanisms of glial cell biology to both basic and clinical sleep researchers;
2. Examine genetic, molecular and cellular pathways in glial cells which affect or are affected by changes in behavioral state or circadian rhythms; and
3. Discuss phylogenetic examples of regulatory processes of glial cells in sleep and circadian rhythms using various species.

8:00am – 8:05am  Introduction
Göran Kecklund, PhD

8:05am – 8:35am  Work as a Determinant of Disturbed Sleep
Torbjörn Åkerstedt, PhD

8:35am – 9:05am  Work, Sleep Loss and Performance
Mathias Basner, MD, PhD

9:05am – 9:35am  Insomnia, work Performance and Productivity
Ronald Kessler, PhD

9:35am – 10:00am  Disturbed Sleep as a Predictor of Sickness Absence and Disability Retirement
Børge Sivertsen, PhD

S09: Physical Activity and Sleep: Integrating Science, Methodology and Measurement
8:00am – 10:00am  Room 311

Co-chairs: Daniel Lewin, PhD; and James McClain, PhD
Faculty: Sonia Ancoli-Israel, PhD; Charlotte Pratt, PhD, RD, FAHA; and Kenneth Wright, PhD

Psychologist Level of Content: Introductory
Objectives:
1. Describe the state of the science on mechanisms linking physical activity, sleep and circadian regulation and health behavior that is relevant to research;
2. Discuss approaches to assessment of physical activity, sleep and circadian regulation; and
3. Develop research questions and implement clinical applications that integrate measurement of sleep, circadian regulation and physical activity to address health behavior and disease risk in clinical populations.

8:00 am – 8:15 am  Introduction
Daniel Lewin, PhD

8:15 am – 8:40 am  Integrating Methods and Monitoring of Sleep and Physical Activity for Novel Surveillance and Epidemiologic Research Opportunities
James McClain, PhD

8:40 am – 9:05 am  Physical Activity and Sleep: Contribution to Overweight and Diabetes in Youth
Charlotte Pratt, PhD, RD, FAHA

9:05 am – 9:30 am  Health and Safety Consequences of Sleep Timing and Sleep Loss
Kenneth Wright, PhD

9:30 am – 9:55 am  Sleep Health and Physical Activity in Geriatric Populations
Sonia Ancoli-Israel, PhD

9:55 am – 10:00 am  Discussion

Invited Lecturer
9:00 am – 10:00 am
See page 17 for more information about this invited lecturer.

I06: Health Care Reform and Sleep Medicine
9:00 am – 10:00 am
Ballroom B
Charles Buck, JD

Psychologist Level of Content: Intermediate

Objectives:
1. Explain health care reform;
2. Identify health care legal trends; and
3. Describe how health care reform and legal trends impact sleep medicine.

Refreshment Break in the Exhibit Hall
10:00 am – 10:15 am

Clinical Workshop
10:15 am – 12:15 pm

W05: Changes to the CPT Guidelines for Sleep Medicine Services: How Will They Affect My Practice?
10:15 am – 12:15 pm
Ballroom B

Co-chairs: Amy Aronsky, DO; and Kelly Carden, MD

Psychologist Level of Content: Intermediate

Objectives:
1. Describe the revisions to the sleep medicine section of the CPT codes for 2012 and the impact they have on how physicians submit claims;
2. Define the pre, intra and post service physician/technical work and practice expense associated with each of the sleep medicine codes;
3. Provide an overview of Evaluation and Management (E/M) with emphasis on the documentation necessary to support the services provided; and 4. Review “incident-to” requirements for services performed in the sleep center.

10:15 am – 11:00 am  Review of Sleep Codes – Physician Work and Technical Component
Amy Aronsky, DO

11:00 am – 11:45 am  Review of the New Sleep Medicine Testing Guidelines
Kelly Carden, MD

11:45 am – 12:15 pm  Discussion

Discussion Group
10:15 pm – 12:15 pm

D05: Internet-based Interventions and Other Self-Help Therapies for Insomnia
10:15 pm – 12:15 pm
Ballroom A

Co-chairs: Rachel Manber, PhD; and Charles Morin, PhD
Faculty: Colin Espie, PhD; Lee Ritterband, PhD; Josée Savard, PhD; and Kai Spiegelhalder, MD, PhD

Psychologist Level of Content: Intermediate

Exhibit Hall Open
10:00 pm – 4:00 pm
Exhibit Hall CD
Please see page 82 for a complete list of exhibitors.
Objectives:
1. Describe Internet-based and other self-help programs in various stages of development/validation for insomnia;
2. Review the evidence-based efficacy, utility, feasibility and limitations of these programs; and
3. Discuss practical and logistical challenges in implementing self-help interventions.

Oral Presentations
10:15am – 12:15pm
Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5-minute time period for questions and answers. The four-digit abstract ID number corresponds to the SLEEP abstract supplement.

O11: Sleep Neurobiology in Mice, Rats, Cats and Seals
10:15am – 12:15pm
Room 309
Chair: Marcos Frank, PhD
Psychologist Level of Content: Intermediate

Objective: Review recent advances in the understanding of sleep physiology in animals.

0060 10:15am - 10:30am
UNIQUE CHANGES IN FAST-SPIKING INTERNEURON ACTIVITY DURING SLEEP-DEPENDENT CONSOLIDATION OF OCULAR DOMINANCE PLASTICITY
Aton S, Dumoulin M, Seibt J, Coleman T, Watson A, Frank MG

0061 10:30am - 10:45am
ALTERING NEURONAL FIRING BY CHANGING ASTROCYTE-TO-NEURON RATIO IN VITRO
Jewett K, Sengupta P, Davis CJ, Krueger JM

0062 10:45am - 11:00am
SLEEP-REMINISCENT DYNAMICS IN ISOLATED NEURONAL NETWORKS: SPATIAL CHARACTERISTICS
Roy S, Krueger JM, Jewett K, Sengupta P, Davis CJ, Corrigan P

0063 11:00am - 11:15am
SUBCORTICAL EEG ASYMMETRY DURING SLOW WAVE SLEEP IN THE FUR SEAL
Kosenko P, Lapierrre J, Mukhametov L, Siegel J, Lyamin O

0064 11:15am - 11:30am
UNLIKE ACETYLCHOLINE, CORTICAL SEROTONIN RELEASE IS NOT LATERALIZED DURING ASYMMETRICAL SLOW WAVE SLEEP IN THE FUR SEAL

0065 11:30am - 11:45am
MICE TRANSGENIC FOR HUMAN INTERLEUKIN-37 HAVE ATTENUATED SLEEP RESPONSES TO LIPOPOLYSACCHARIDE
Zielinski M, Dinarello CA, Krueger JM

0066 11:45am - 12:00pm
EVIDENCE FOR A ROLE OF HISTAMINE IN MOTIVATION-DRIVEN WAKEFULNESS, STUDY USING KNOCK-OUT MOUSE MODELS.
Guo R, Anaclet C, Buda C, Franco P, Lin J

0067 12:00pm - 12:15pm
MODELING THE FINE TEMPORAL STRUCTURE OF RAPID EYE MOVEMENT SLEEP IN RATS
Diniz Behn C, Pal D, Booth V

O12: New Clinical Research on PAP Therapy
10:15am – 12:15pm
Ballroom C
Chair: Maryann Deak, MD
Psychologist Level of Content: Intermediate

Objective: Describe the effects of PAP therapy on patients with sleep disordered breathing.

0400 10:15am - 10:30am
CPAP TREATMENT OF OSA IMPROVES DAYTIME SLEEPINESS ON MSLT IN PARKINSON’S DISEASE

0401 10:30am - 10:45am
CARDIOVASCULAR REGULATION EFFECTS OF CPAP THERAPY IN OBSTRUCTIVE SLEEP APNEA DURING DAYTIME

0402 10:45am - 11:00am
CARDIOMETABOLIC AND NEUROBEHAVIOURAL CHANGES AFTER CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) TREATMENT FOR OBSTRUCTIVE SLEEP APNEA (OSA)
Hoyos CM, Yee BJ, Phillips CL, Grunstein RR, Liu P
0403 11:00am - 11:15am
DEPRESSIVE SYMPTOMS IMPROVE IN PATIENTS WITH SLEEP APNEA WHO USE POSITIVE AIRWAY PRESSURE (PAP)
Bae C, Thompson N, Katzan I, Moul DE

0404 11:15am - 11:30am
SUBJECTIVE SLEEP DURATION AND SLEEP LATENCY PREDICT CPAP ADHERENCE AND PARTIALLY EXPLAIN RACIAL DISPARITIES IN CPAP USE

0405 11:30am - 11:45am
THE IMPACT OF CPAP FOR ONE NIGHT ON OBJECTIVE AND SUBJECTIVE NEUROCOGNITIVE FUNCTION IN SLEEP APNEA

0406 11:45am - 12:00pm
USE OF THE PAP-NAP PROCEDURE IN CPAP RESISTANT PATIENTS TO IMPROVE OUTCOME OF CPAP THERAPY
Simmons JH, Monova P, Weir S

0407 12:00pm - 12:15pm
CORRELATION BETWEEN CRANIOFACIAL CHARACTERISTICS AND PRESSURE TITRATION OF CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) IN PATIENTS WITH OBSTRUCTIVE SLEEP APNEA SYNDROME (OSAS).
Cunha TC, Dal-Fabbro C, Haddad FM, Tafik S, Bittencourt L

O13: Human Learning and Memory
10:15am – 12:15pm
Room 311
Chair: H. Craig Heller, PhD

Psychologist Level of Content: Intermediate

Objective: Describe the complex relationship between different features of sleep and the formation of memories.

0240 10:30am - 10:45am
EEG CORRELATES OF OVERNIGHT MEMORY CONSOLIDATION IN A VIRTUAL NAVIGATION TASK
Wamsley EJ, Nguyen ND, Tucker MA, Olsen A, Stickgold R

0241 10:45am - 11:00am
WHAT DRIVES LOCAL HOMEOSTATIC REGULATION OF SLEEP?
Sheth B, Li Z

0242 11:00am - 11:15am
THE TIMING OF SLEEP AFTER ACQUISITION DIFFERENTIALLY AFFECTS DECLARATIVE AND PROCEDURAL MEMORY CONSOLIDATION

0243 11:15am - 11:30am
THE LINK BETWEEN SLOW-WAVE SLEEP AND MEMORY CHANGES FROM YOUNGER ADULTS TO OLDER ADULTS
Scullin M

0244 11:30am - 11:45am
CLASSROOM NAPS BENEFIT SPATIAL LEARNING IN PRESCHOOL CHILDREN
Kurdziel L, Duclos K, Spencer R

0245 11:45am - 12:00pm
SLEEP-PROMOTING DOSES OF GABA-A MODULATORS NEGATIVELY IMPACT COGNITION RELATIVE TO DUAL OREXIN RECEPTOR ANTAGONISTS

0246 12:00pm - 12:15pm
DRUG ALTERED SLEEP ENHANCES MEMORY
Mednick SC, McDevitt EA, Drummond SP, Walsh JK

Symposium
10:15am – 12:15pm

S10: Individual Differences in Sleep and Vulnerability to Sleep Loss: From Behavior to Genes to Behavior
10:15am – 12:15pm
Room 312

Co-chairs: Daniel Aeschbach, PhD; and Nayantara Santhi, PhD
Faculty: Namni Goel, PhD; and Christopher Jones, MD, PhD
**Psychologist Level of Content:** Advanced

**Objectives:**
1. Discuss the physiological, behavioral and genetic differences between short and long sleepers and why some people sleep less than others;
2. Discuss the phenotypic and genetic basis of neurobehavioral vulnerability to sleep deprivation and understand why some people are more affected by sleep loss than others; and
3. Discuss the real world implications and applications of individual differences in sleep-wake regulation and sleep-loss related neurobehavioral impairment.

10:15am – 10:45am  **Short and Long Sleepers: A Difference in Sleep Capacity or in the Tolerance of Sleep Pressure?**
Daniel Aeschbach, PhD

10:45am – 11:15am  **Familiarity and Multi-faceted Phenotype of Self-proclaimed Short Sleepers**
Christopher Jones, MD, PhD

11:15am – 11:45am  **Working Round the Clock: Cognitive Vulnerability due to Circadian Misalignment and Sleep Loss**
Nayantara Santhi, PhD

11:45am – 12:15pm  **Genetic Polymorphisms and Individual Differences in Response to Sleep Deprivation: Applications to the Real World**
Namni Goel, PhD

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**Lunch Debate**
12:30pm – 1:30pm
All Lunch Debate sessions require additional registration fees.

*CE credits for psychologists are not provided for these sessions.*

**LO2: Are Periodic Limb Movements during Sleep Dangerous?**
Room 210

**Faculty:** Daniel Picchietti, MD; and David Rye, MD, PhD

**Objectives:**
1. Explain the evidence for the association of PLMs with cardiovascular disease and hypertension;
2. Describe the potential impact of periodic limb movements during sleep; and
3. Conclude that further work needs to be done to establish causality.

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**Meet the Professors**
12:30pm – 1:30pm
All Meet the Professors sessions require additional registration fees.

*CE credits for psychologists are not provided for these sessions.*

**M09: Clinical Utility of PSG in Children: How Do Current Recommendations Guide Decisions?**
Room 104
Merrill Wise, MD

**M10: Cognition and Sleep**
Room 105
Gina Poe, PhD

**M11: DME In Your Sleep Center: Pearls, Perils and Pitfalls**
Room 103
Amy Aronsky, DO

**M12: Physicians’ Sleep and Safety**
Room 107
Christopher Landrigan, MD

**M13: Shift Work**
Room 108
Gary Richardson, MD

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**R01: Brown Bag Report: **

**NEW**

**Challenging Cases**
12:30pm – 1:30pm
Room 312

*CE credits for psychologists are not provided for this session.*

During this session, challenging cases will be presented and an expert panel will discuss their approach to diagnosis and treatment. This session is included in the general session registration; lunch is not provided.
M14: Sleep-related Eating Disorder: Features, Diagnosis, Treatment and Many Remaining Questions  
Room 109  
John Winkelman, MD, PhD

M15: Some Controversies in Sleep Neurobiology  
Room 110  
Clifford Saper, MD, PhD

M16: Upcoming Changes in the ICSD  
Room 111  
Michael Sateia, MD

Invited Lecturers  
1:30pm – 2:30pm  
See pages 18 and 19 for more information about these invited lecturers.

I07: Brainstem Circuitry for Arousals During Sleep Apnea  
1:30pm – 2:30pm  
Ballroom A  
Clifford Saper, MD, PhD

Psychologist Level of Content: Intermediate  
Objectives:  
1. Describe the brainstem circuitry that is activated by hypoxia and hypercarbia;  
2. Explain the role of the parabrachial nucleus and projections to the forebrain in maintaining arousal; and  
3. Describe the role of the parabrachial nucleus in arousal from hypercarbia and hypoxia.

I08: Psychological Treatment of Comorbid Insomnia: Challenges and Tentative Answers  
1:30pm – 2:30pm  
Ballroom B  
Rachel Manber, PhD, CBSM

Psychologist Level of Content: Intermediate  
Objectives:  
1. Describe the efficacy of CBT for insomnia comorbid with psychiatric disorders;  
2. Describe the adaptation of CBT for insomnia comorbid with psychiatric disorders; and  
3. List the effects of CBT for insomnia on comorbid psychiatric disorders.

Oral Presentations  
1:30pm – 2:30pm  
Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5-minute time period for questions and answers. The four-digit abstract ID number corresponds to the SLEEP abstract supplement.

O14: Research on non-PAP Treatments for Sleep Disordered Breathing  
1:30pm – 2:30pm  
Ballroom C  
Chair: Charles Davies, MD, PhD

Psychologist Level of Content: Intermediate  
Objective: Describe the effects of non-PAP forms of therapy for the treatment of sleep disordered breathing.

0408 1:30pm - 1:45pm  
LONG-TERM OBJECTIVE COMPLIANCE MEASUREMENT DURING ORAL APPLIANCE THERAPY IN PATIENTS WITH SLEEP-DISORDERED BREATHING: 1 YEAR FOLLOW-UP  

0409 1:45pm - 2:00pm  
ADHERENCE AND EFFECTIVENESS OF POSITIONAL THERAPY FOR OBSTRUCTIVE SLEEP APNEA SYNDROME  
Fridel KW, Mosti C, Lennon T, Bootzin RR

0410 2:00pm - 2:15pm  
LONG-TERM RESPONSE OF UPPER AIRWAY STIMULATION IN OBSTRUCTIVE SLEEP APNEA  

0411 2:15pm - 2:30pm  
LONG-TERM EFFECTIVENESS OF HYPOGLOSSAL NERVE STIMULATION FOR THE TREATMENT OF OBSTRUCTIVE SLEEP APNEA  

O15: Drowsy Drivers  
1:30pm – 2:30pm  
Room 311  
Chair: Bryan Villa, PhD
**Objective:** Describe the effect of sleepiness on automobile driving and technologies to detect sleepiness.

**11:30am - 1:45pm**

IN-CAR COUNTERMEASURES OPEN WINDOW AND MUSIC REVISITED ON THE REAL ROAD: POPULAR BUT HARDLY EFFECTIVE AGAINST DRIVER SLEEPINESS


**12:45pm - 2:00pm**

PERIOD3 VNTR POLYMORPHISM MODIFIES SLEEPINESS DURING REAL ROAD DRIVING

Schwarz JF, Ingre M, Anund A, Fors C, Karlsson JG, Kecklund G, Van der Veen DR, Archer SN, Dijk DJ, Åkerstedt T

**2:00pm - 3:15pm**

WHAT COMES BEFORE TERMINATING A NIGHT DRIVE BECAUSE OF DANGEROUS SLEEPINESS – A STUDY OF REAL MOTORWAY DRIVING AT HIGH LEVELS OF SLEEPINESS

Akerstedt T, Anund A, Fors C, Sandberg D, Kecklund G

**1:30pm - 2:30pm**

Self-reported snoring and cardiovascular outcomes among postmenopausal women: The women’s health initiative (WHI)


**12:30pm - 2:30pm**

Cardio-respiratory Physiology of Sleep

Chair: John Trinder, PhD

**Objective:** Identify how sleep alters cardio-respiratory physiology.

**3:00pm - 4:15pm**

Changes in end-expiratory lung volume (EELV) following sleep onset

Kawar E, Sethi J, Gartman E, Mourad M, McCool FD

**3:15pm - 4:30pm**

Increased genioglossus single motor unit activity in slow wave compared to stage 2 sleep

McSharry DG, Saboisky J, DeYoung P, Trinder JA, Malhotra A

**3:30pm - 4:45pm**

Ventilatory oscillations in stable control systems as an interaction between external disturbances and feedback stability

Sands SA, Nemati S, Mebrate Y, Edwards BA, Manisty C, Wellman A, Willson K, Francis DP, Malhotra A
0131  2:15pm - 2:30pm  
THE ROLE OF ENDOThELIN RECEPTOR ANTAGONIST IN THE PREVENTION OF RIGHT VENTRICULAR HYPERtROPHY IN AN ANIMAL MODEL OF OBSTRUCTIVE SLEEP APNEA  
Suwannakin A, Jaimchariyatam N, Sanguanrungsirikul S, Chantranuwatana P

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Saturday June 9  Sunday June 10  Monday June 11  Tuesday June 12  Wednesday June 13

Refreshment Break in the Exhibit Hall  
2:30pm – 2:45pm

Clinical Workshop  
2:45pm – 4:45pm

W06: Integrating Dental Science into Sleep Medicine Practice  
2:45pm – 4:45pm  
Room 311

Chair: Dennis Bailey, DDS  
Faculty: Fernanda Almeida, DDS, MSc, PhD; Maria Clotilda-Carra, DMD; and Robert Merrill, DDS

Psychologist Level of Content: Introductory

Objectives:
1. Describe the role of the dentist in treating patients with sleep disorders; and
2. Describe how dentists can be involved with treating patients with sleep disorders who complain of orofacial pain, headaches and bruxism.

2:45pm – 3:00pm  The Role of the Dentist in Sleep Medicine: An Overview  
Dennis Bailey, DDS

Discussion Groups  
2:45pm – 4:45pm

D06: Developing ICSD-3: Work to Date and Future Directions  
2:45pm – 4:45pm  
Ballroom A

Chair: Michael Sateia, MD  
Faculty: Richard Berry, MD; Michel Cramer-Bornemann, MD; Jack Edinger, PhD; Gerald Rosen, MD; Michael Silber, MBChB; Arthur Walters, MD; and Phyllis Zee, MD, PhD

Psychologist Level of Content: Intermediate

Objectives:
1. Describe the proposed structure of the revised International Classification of Sleep Disorders and its relationship to prior nosologies;
2. Identify major areas of change, controversy and uncertainty within the nosology system; and
3. Recognize the relationships, similarities and differences among the major diagnostic systems including ICSD, DSM and ICD.

D07: Clinical Implications of Different Hypnotic Regimens  
2:45pm – 4:45pm  
Ballroom B

Chair: Thomas Roth, PhD  
Faculty: Sonia Ancoli-Israel, PhD; Ruth Benca, MD, PhD; Daniel Buysse, MD; Karl Doghramji, MD; Andrew Krystal, MD; Timothy Roehrs, PhD; and James Walsh, PhD

Psychologist Level of Content: Intermediate

Objectives:
1. Describe the nature of different hypnotic treatment regimens and their differential use in various insomnia populations; and
2. Explain the safety and efficacy of hypnotics when used in different treatment regimens; and
3. Discuss the pharmacological properties of hypnotics which make them differentially appropriate for different treatment regimens.

### Oral Presentations

2:45pm – 4:45pm

Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5-minute time period for questions and answers. The four-digit abstract ID number corresponds to the SLEEP abstract supplement.

**O18: Clinical Chronobiology: Pathophysiological Mechanisms and Treatment**

2:45pm – 4:45pm
Room 309

**Chair:** James Wyatt, PhD

**Psychologist Level of Content:** Intermediate

**Objective:** Discuss factors underlying circadian sleep disorders and their treatment.

**0599**  
2:45pm - 3:00pm
**CIRCADIAN RHYTHM PERIOD LENGTH IN DELAYED SLEEP PHASE DISORDER**
Lack LC, Micic G, De Bruyn A, Wright H, Lovato N

**0600**  
3:00pm - 3:15pm
**FATIGUE, SLEEPINESS AND SLEEP IN MARITIME WATCH SYSTEMS: A SERIES OF SIMULATOR STUDIES**
van Leeuwen W, Kecklund G, Dahlgren A, Kircher A, Lützhöft M, Barnett M, Åkerstedt T

**0601**  
3:15pm - 3:30pm
**LINKING SLEEP DURATION TO NIGHT SHIFT-WORK AND HYPERTENSION**
Ceide ME, Pandey A, Olaifaranye O, Pandey AK, Donat M, Brown CD, Jean-Louis G

**0602**  
3:30pm - 3:45pm
**SHIFT WORKERS REPORT WORSE SLEEP THAN DAY WORKERS, EVEN IN RETIREMENT**
Monk TH, Buysse DJ, Billy BD, Fletcher ME, Kennedy KS, Begley A, Schlarb JE, Beach SR

**0603**  
3:45pm - 4:00pm
**INDIVIDUAL CONTRIBUTORS TO CIRCADIAN ADAPTATION IN NIGHT SHIFT WORK**
Boudreau P, Boivin DB

**0604**  
4:00pm - 4:15pm
**BLUE ENRICHED ROOM LIGHT IN THE MORNING ENHANCES DAYTIME ALERTNESS AND NIGHT TIME SLEEP**
Kunz D, Stoll C, Hädel S

**0605**  
4:15pm - 4:30pm
**EVENING CAFFEINE PHASE DELAYS THE HUMAN CIRCADIAN CLOCK**
Burke TM, Markwald RR, McMull AW, Chinoy ED, Snider JA, Bessman SC, Jung CM, Wright KP

**0606**  
4:30pm - 4:45pm
**IMPACT OF EVENING USE OF LIGHT-EMITTING ELECTRONIC READERS ON CIRCADIAN TIMING AND SLEEP LATENCY**
Chang A, Aeschbach D, Duffy JF, Czeisler CA

**O19: Childhood and Adolescent Sleep Restriction Behavior**

2:45pm – 4:45pm
Ballroom C

**Chair:** Judith Owens, MD

**Psychologist Level of Content:** Intermediate

**Objective:** Describe the relationship between restriction and disruption of childhood sleep and behavior.

**1045**  
2:45pm - 3:00pm
**THE RELATIONSHIP BETWEEN POVERTY, POOR SLEEP HYGIENE, AND SHORTENED NIGHTTIME SLEEP DURATION IN TODDLERS**
Calamaro CJ, Hager E, Hurley K, Patel F, Black M

**1046**  
3:00pm - 3:15pm
**SLEEP AND DEVELOPMENT IN INFANTS AND TODDLERS**
Mindell JA, DuMond C, Gerdes M, Gunn E

**1047**  
3:15pm - 3:30pm
**TEEN SLEEP, MEDIA EXPOSURE, AND PHYSICAL ACTIVITY: RESULTS FROM THE 2009 YOUTH RISK BEHAVIOR SURVEY**
Fitzgerald CT, Messias E, Altintas N, Burman D, Buysse DJ

**1048**  
3:30pm - 3:45pm
**PSYCHOMETRIC CHARACTERISTICS AND SENSITIVITY OF A SIMULATED CLASSROOM PROCEDURE FOR MEASURING THE IMPACT OF SLEEP RESTRICTION ON ADOLESCENTS**
Beebe DW, Baum K, Jacola L, Miller L, Desai A, vonThomsen S
We Want Your Feedback  |  Visit www.sleepmeeting.org/evaluations

Saturday
June 9

2:55pm – 3:20pm
Sleep Disordered Breathing and
Adverse Pregnancy Outcomes
Francesca Facco, MD

3:20pm – 3:45pm
Sleep Quality and Cardiometabolic
Risk in Pregnancy and Post-Partum
Michele Okun, PhD

3:45pm – 4:10pm
Treatment of Sleep Disordered
Breathing in Pregnancy
Louise O’Brien, PhD

4:10pm – 4:35pm
Nulliparous Pregnancy Outcomes
Study: Monitoring Mothers-to-Be
Sleep Ancillary Studies
Robert Silver, MD; and
Phyllis Zee, MD, PhD

1049  3:45pm - 4:00pm
MANIPULATING SLEEP DURATION ALTERS
MEMORY, ATTENTION, AND EMOTIONAL
FUNCTIONING IN CHILDREN
Vriend JL, Davidson F, Corkum PV, Rusak B,
Chambers C, McLaughlin E

1050  4:00pm - 4:15pm
CONCURRENT AND LONGITUDINAL
ASSOCIATIONS OF SLEEP-DISORDERED
BREATHING WITH BEHAVIORAL AND
ADAPTIVE FUNCTIONING IN YOUTH
Perfect MM, Archbold K, Goodwin JL, Quan SF

1051  4:15pm - 4:30pm
A RANDOMIZED, PLACEBO-CONTROLLED,
DOUBLE-BLIND, FIXED-DOSE STUDY OF THE
EFFICACY AND SAFETY OF ESZOPICLONE
IN CHILDREN (6 TO 11 YEARS) AND
ADOLESCENTS (12 TO 17 YEARS) WITH
ATTENTION-DEFICIT/HYPERACTIVITY
DISORDER (ADHD)-ASSOCIATED INSOMNIA
Zammit G, Huang H, Sangal RB, Versavel M

1052  4:30pm - 4:45pm
RELATIONSHIP BETWEEN SLEEP-DEFICIENCY
AND POOR DAYTIME-BEHAVIOR IN CHILDREN
WITH AUTISM-SPECTRUM-DISORDER
Loddenkemper T, Sullivan J, McConnell K, Coulter D,
Braga-Kenyon P, Kothare SV, Lockley SW

Symposium
2:45pm – 4:45pm

S11: Sleep Disturbance and Risk for Adverse
Pregnancy Outcomes
2:45pm – 4:45pm
Room 312

Co-chairs: Aaron Laposky, PhD; and Phyllis Zee, MD, PhD
Faculty: Francesca Facco, MD; Louise O’Brien, PhD; Michele
Okun, PhD; and Robert Silver, MD

Psychologist Level of Content: Intermediate

Objectives:
1. Describe the impact of sleep disordered breathing and
   sleep disturbances on adverse pregnancy outcomes and
   post-partum health;
2. Discuss treatments for pregnancy-related sleep
   disturbance; and
3. Describe the NIH nuMoM2b sleep and breathing study.

2:45pm – 2:55pm
NIH Programmatic Interests and
Opportunities in Sleep and Pregnancy
Research
Aaron Laposky, PhD

NEW Poster Viewing
4:00pm – 6:00pm
Exhibit Hall B
Please see page 131 for a complete listing of posters.

SLEEP 2012 will feature cash bar receptions in the
Poster Hall on Monday and Tuesday evenings. This is
your opportunity to explore the Poster Hall, discuss
the latest discoveries in the field and network with
colleagues.

NEW Membership Section
Meetings
5:15pm – 7:15pm

Section meetings at SLEEP 2012 will
meet for one hour followed by a one
hour reception with all other section meetings. The
reception will include a cash bar and hors d’oeuvres.
These meetings are open to all AASM members
interested in AASM membership sections.

Narcolepsy
Room 309

Movement Disorders
Room 311

Insomnia
Room 312

Circadian Rhythms
Room 313
MODERATE-TO-SEVERE PRIMARY RESTLESS LEGS SYNDROME (RLS)

Four essential diagnostic criteria for RLS:
• Urge to move the legs—usually accompanied or caused by uncomfortable and unpleasant leg sensations
• Symptoms begin or worsen during periods of rest or inactivity such as lying or sitting
• Symptoms are partially or totally relieved by movement (walking or stretching) at least as long as the activity continues
• Symptoms are worse in the evening or night than during the day or only occur in the evening or night

IMPORTANT SAFETY INFORMATION
• HORIZANT 600 mg once daily is the recommended dose. A daily dose of 1,200 mg provided no additional benefit compared with the 600-mg dose, but caused an increase in adverse reactions. Dose adjustment required in patients with renal impairment

Effects on Driving
• HORIZANT causes significant driving impairment. Patients on HORIZANT should not drive until they have sufficient experience to know whether their ability to drive is impaired. The patients’ ability to assess their driving competence and their ability to assess the degree of somnolence caused by HORIZANT can be imperfect

Somnolence/Sedation
• HORIZANT causes somnolence/sedation and dizziness. Patients should not drive or operate other complex machinery until they have sufficient experience on HORIZANT to know whether their ability to perform these tasks is impaired

Lack of Interchangeability With Gabapentin
• HORIZANT is not interchangeable with other gabapentin products due to differing pharmacokinetic profiles. The same dose of HORIZANT results in different plasma concentrations of gabapentin relative to other gabapentin products. The safety and effectiveness of HORIZANT in patients with epilepsy have not been studied

Suicidal Behavior and Ideation
• HORIZANT (gabapentin enacarbil) is a prodrug of gabapentin, an antiepileptic drug (AED). AEDs increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. As a prodrug of gabapentin, HORIZANT also increases this risk. Patients treated with any AED for any indication should be monitored for new or worsening depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior. Anyone considering prescribing HORIZANT must balance the risk of suicidal thoughts or behavior with the risk of untreated illness
IMPORTANT SAFETY INFORMATION (CONTINUED)

Discontinuation of HORIZANT
• Patients receiving the recommended 600-mg/day dose can discontinue the drug without tapering. If this dose is exceeded, reduce the dose to 600 mg/day for 1 week prior to discontinuation to minimize potential for withdrawal seizure

Tumorigenic Potential
• In an oral carcinogenicity study, gabapentin enacarbil increased the incidence of pancreatic acinar cell adenoma and carcinoma in male and female rats. The clinical significance of this finding is unknown

Adverse Reactions
• The most common adverse reactions for HORIZANT 600 mg, 1,200 mg, and placebo, respectively, were somnolence/sedation (20%, 27%, and 6%), dizziness (13%, 22%, and 4%), headache (12%, 15%, and 11%), nausea (6%, 7%, and 5%), and fatigue (6%, 7%, and 4%)

Please see brief summary of Prescribing Information for HORIZANT on following pages.

Visit gsksource.com for more information about HORIZANT.

HORIZANT® (gabapentin enacarbil) Extended-Release Tablets

The following is a brief summary only; see full Prescribing Information for complete product information.

INDICATIONS AND USAGE
HORIZANT® (gabapentin enacarbil) Extended-Release Tablets are indicated for the treatment of moderate-to-severe primary Restless Legs Syndrome (RLS) in adults.

HORIZANT is not recommended for patients who are required to sleep during the daytime and remain awake at night.

CONTRAINDICATIONS
None.

WARNINGS AND PRECAUTIONS

Efficacy on Driving
HORIZANT causes significant driving impairment. Patients being treated with HORIZANT should not drive until they have gained sufficient experience to assess whether HORIZANT impairs their ability to drive. However, prescribers and patients should be aware that patients’ ability to assess their own driving competence, as well as their ability to assess the degree of somnolence caused by HORIZANT, can be imperfect.

In a 2-week simulated driving study in patients with RLS, a daily 1,200-mg dose of HORIZANT caused significant impairment within 2 hours and for up to 14 hours after dosing. The impairment was similar to that caused by the active control, a single oral dose of diphenhydramine 50 mg. The effect on driving at times other than 2 weeks is unknown. Whether the impairment is related to somnolence [see Somnolence/Sedation and Dizziness] or other factors is unknown. The 600-mg dose was not studied. Because of a 600-mg/day dose of HORIZANT can cause significant somnolence, similar to that of the 2,400-mg/day dose [see Somnolence/Sedation and Dizziness], the 600- and 1,200-mg/day doses may have similar effects on driving behavior.

Somnolence/Sedation and Dizziness
HORIZANT causes somnolence/sedation and dizziness (see Table 2). Patients should be advised not to drive a car or operate other complex machinery until they have gained sufficient experience on HORIZANT to assess whether HORIZANT impairs their ability to perform these tasks.

During the controlled trials in patients with RLS, somnolence/sedation was reported in 20% of patients treated with 600 mg of HORIZANT per day compared with 6% of patients receiving placebo. In those patients treated with HORIZANT who reported somnolence, the somnolence persisted during treatment in about 30%. In the remaining patients, symptoms resolved within 3 to 4 weeks. Dizziness was reported in 13% of patients receiving 600 mg of HORIZANT per day compared with 4% of patients receiving placebo. In those patients treated with HORIZANT who reported dizziness, symptoms persisted during treatment in about 20%. Somnolence/sedation led to withdrawal in 2% of patients receiving 600 mg of HORIZANT per day. Dizziness led to withdrawal in 1% of patients receiving 600 mg of HORIZANT per day.

The incidence of these adverse reactions was greater in the patients receiving 1,200 mg per day.

Lack of Interchangeability With Gabapentin
HORIZANT is not interchangeable with other gabapentin products because of differing pharmacokinetic profiles. The same dose of HORIZANT results in different plasma concentrations of gabapentin relative to other gabapentin products. [See Clinical Pharmacology (12.3) of full prescribing information.]

The safety and effectiveness of HORIZANT in patients with epilepsy have not been studied.

Suicidal Behavior and Ideation
HORIZANT (gabapentin enacarbil) is a prodrug of gabapentin, an antiepileptic drug (AED). AEDs increase the risk of suicidal thoughts or behavior in patients taking these drugs for any indication. Because HORIZANT is a prodrug of gabapentin, HORIZANT also increases this risk. Patients treated with any AED for any indication should be monitored for the emergence or worsening of depression, suicidal thoughts or behavior, and/or any unusual changes in mood or behavior.

Pooled analyses of 199 placebo-controlled clinical trials (monotherapy and adjunctive therapy) of 11 different AEDs showed that patients randomized to 1 of the AEDs had approximately twice the risk [adjusted relative risk 1.8, 95% confidence interval (CI): 1.2, 2.7] of suicidal thinking or behavior compared with patients randomized to placebo. In these trials, which had a median treatment duration of 12 weeks, the estimated incidence rate of suicidal behavior or ideation among 27,863 AED-treated patients was 0.43%, compared with 0.24% among 16,029 placebo-treated patients, representing an increase of approximately 1 case of suicidal thinking or behavior per 530 patients treated. There were 4 suicides in drug-treated patients in the trials and none in placebo-treated patients, but the number is too small to allow any conclusion about drug effect on suicide.

The increased risk of suicidal thoughts or behavior with AEDs was observed as early as 1 week after starting drug treatment with AEDs and persisted for the duration of treatment assessed. Because most trials included in the analysis did not extend beyond 24 weeks, the risk of suicidal thoughts or behavior beyond 24 weeks could not be assessed.

The risk of suicidal thoughts or behavior was generally consistent among drugs in the data analyzed. The finding of increased risk with AEDs of various mechanisms of action and across a range of indications suggests that the risk applies to all AEDs used for any indication. The risk did not vary substantially by age (5 to 100 years) in the clinical trials analyzed. Table 1 shows absolute and relative risk by indication for all evaluated AEDs.

Table 1. Risk by Indication for Antiepileptic Drugs in the Pooled Analysis

<table>
<thead>
<tr>
<th>Indication</th>
<th>Placebo Patients, %</th>
<th>Drug Patients, %</th>
<th>Relative Risk: Placebo Patients/Drug Patients</th>
<th>Risk Difference: Additional Drug Patients/Placebo Patients</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epilepsy</td>
<td>5.0</td>
<td>10.4</td>
<td>2.1</td>
<td>2.0</td>
<td>7.4</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>5.7</td>
<td>8.5</td>
<td>1.5</td>
<td>2.9</td>
<td>7.4</td>
</tr>
<tr>
<td>Other</td>
<td>1.0</td>
<td>1.8</td>
<td>1.9</td>
<td>0.9</td>
<td>2.8</td>
</tr>
<tr>
<td>Total</td>
<td>2.4</td>
<td>4.3</td>
<td>1.8</td>
<td>1.9</td>
<td>6.2</td>
</tr>
</tbody>
</table>

ADVERSE REACTIONS

In clinical studies of gabapentin as adjunctive therapy in epilepsy comprising 2,085 patients, exposure in patients ≥12 years of age, new orosomucoid data were reported in 10 patients (2 breast, 3 brain, 2 lung, 1 adrenal, 1 non-Hodgkin’s lymphoma, 1 endometrial carcinoma in situ), and preexisting tumors worsened in 11 patients (9 brain, 1 breast, 1 prostate) during or up to 2 years following discontinuation of gabapentin. Without knowledge of the underlying indication and recurrence in a similar population not treated with gabapentin, it is impossible to know whether the incidence reported in this cohort is or is not affected by treatment.

ADVERSE REACTIONS

Due to the cumulative nature of the following lists, adverse events occurring in clinical trials of another drug and may not reflect the rates observed in practice.

Of the 515 patients treated with HORIZANT in the 3 double-blind, placebo-controlled, 12-week studies. Eleven out of 165 (7%) patients treated with 600 mg of HORIZANT discontinued treatment due to adverse reactions compared with 10 of the 245 (4%) patients who received placebo.

The most commonly observed adverse reactions (≥5% and at least 2 times the rate of placebo) for these trials for the 600-mg dose of HORIZANT were somnolence/sedation and dizziness (see Table 2). Table 2 lists treatment-emergent adverse reactions that occurred in ≥2% of patients treated with HORIZANT and numerically greater than placebo.

Table 2. Incidence of Adverse Reactions in 12-Week RLS Studies Reported in ≥2% of Patients Treated With 600 or 1,200 mg of HORIZANT and Numerically Greater Than Placebo

<table>
<thead>
<tr>
<th>Body System/Adverse Reaction</th>
<th>Placebo (N = 245)</th>
<th>HORIZANT 600 mg/day (N = 163)</th>
<th>HORIZANT 1,200 mg/day (N = 90)</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Nervous system disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Somnolence/sedation</td>
<td>6</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>Dizziness</td>
<td>4</td>
<td>13</td>
<td>22</td>
</tr>
<tr>
<td>Headache</td>
<td>11</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Gastrointestinal disorders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Dry mouth</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Flattulence</td>
<td>&lt;1</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>General disorders and administration site conditions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue</td>
<td>4</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Irritability</td>
<td>0</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Feeling drunk</td>
<td>0</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Feeling abnormal</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Peripheral edema</td>
<td>1</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Table 2 (continued). Incidence of Adverse Reactions in 12-Week RLS Studies Reported in ≥2% of Patients Treated With 600 or 1,200 mg of HORIZANT and Numerically Greater Than Placebo

<table>
<thead>
<tr>
<th>Body System/Adverse Reaction</th>
<th>Placebo (%)</th>
<th>HORIZANT 600 mg/day (%)</th>
<th>HORIZANT 1,200 mg/day (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metabolism and nutritional disorders</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Weight increased</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Ear and labyrinth disorders</td>
<td>0</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatric disorders</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Libido decreased</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>3</td>
</tr>
<tr>
<td>Depression</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>2</td>
</tr>
</tbody>
</table>

- Placebo was a treatment arm in each of the 3 double-blind, placebo-controlled, 12-week clinical trials.
- The 600-mg dose of HORIZANT was a treatment arm in 2 of the 3 double-blind, placebo-controlled, 12-week clinical trials.
- The 1,200-mg dose of HORIZANT was a treatment arm in each of the 3 double-blind, placebo-controlled, 12-week clinical trials.

Adverse reactions reported in these three 12-week studies in ≥2% of patients treated with 600 mg of HORIZANT and numerically greater than placebo were balance disorder, blurred vision, disorientation, feeling drunk, lethargy, and vertigo.

Table 1. Risk by Indication for Antiepileptic Drugs in the Pooled Analysis shows absolute and relative risk by indication for all evaluated AEDs.

The 1,200-mg dose of HORIZANT can cause significant somnolence, similar to that of the active control, a single oral dose of gabapentin enacarbil with other AEDs, and remains awake at night.

Whether the impairment is related to somnolence or other effects of HORIZANT is unknown. The 600-mg dose was not studied. Because a 600-mg/day dose of HORIZANT can cause significant somnolence/sedation, dizziness, feeling drunk, libido decreased, depression, headache, peripheral edema, and vertigo.

Adverse Events Associated with Gabapentin

The following adverse events have been reported in patients receiving gabapentin, either in clinical trials or postmarketing: breast enlargement and gynecomastia.

DRUG INTERACTIONS

Neither gabapentin enacarbil nor gabapentin are substrates, inhibitors, or inducers of the major cytochrome P450 enzymes. Gabapentin enacarbil is neither a substrate nor an inhibitor of P-glycoprotein in vitro.

Pharmacokinetic drug-drug interaction studies were conducted to examine the potential for an interaction of gabapentin enacarbil with cimetidine and naproxen. No significant pharmacokinetic interactions were observed. No clinically relevant pharmacokinetic interactions are expected between HORIZANT and other substrates of organic cation transporter type 2 (OCT2) and monocarboxylate transporter type 1 (MCT-1) [see Clinical Pharmacology (12.3) of full prescribing information].

USE IN SPECIFIC POPULATIONS

Pregnancy

Pregnancy Category C. There are no adequate and well-controlled studies with HORIZANT in pregnant women. In nonclinical studies in rats and rabbits, administration of gabapentin enacarbil was developmentally toxic when administered to pregnant animals at doses and gabapentin exposures greater than those used clinically. HORIZANT should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

When pregnant rats were administered gabapentin enacarbil (oral doses of 200, 1,000, or 5,000 mg/kg/day) throughout the period of organogenesis, embryo-fetal mortality was increased at the 2 highest doses and fetal body weights were decreased at the high dose. The no-effect dose for embryo-fetal developmental toxicity in rats is approximately 3 times the recommended human dose (RHD) of 600 mg/day on a body surface area (mg/m²) basis.

When pregnant rabbits were administered gabapentin enacarbil (oral doses of 200, 500, or 2,500 mg/kg/day) throughout the period of organogenesis, embryo-fetal mortality was increased and fetal body weights were decreased at the high dose. The no-effect dose for embryo-fetal developmental toxicity in rabbits (500 mg/kg/day) is approximately 16 times the RHD on a mg/m² basis.

In reproductive and developmental studies of gabapentin, developmental toxicity was observed at all doses tested. Increased incidences of hydronephrosis and/or hydroureter were observed in rat offspring following treatment of pregnant animals in studies of fertility and general reproductive performance, embryo-fetal development, and peri- and postnatal development. Overall, a no-effect dose was not established. In mice, treatment of pregnant animals with gabapentin during the period of organogenesis resulted in delayed fetal skeletal ossification at all but the lowest dose tested. When pregnant rabbits were treated with gabapentin during the period of organogenesis, an increase in embryo-fetal mortality was observed at all doses of gabapentin tested.

In a published study, gabapentin (400 mg/kg/day) was administered by intraperitoneal injection to neonatal mice during the first postnatal week, a period of synaptogenesis in rodents (corresponding to the last trimester of pregnancy in humans). Gabapentin caused a marked decrease in neuronal synapse formation in brains of intact mice and abnormal neuronal synapse formation in a mouse model of synaptic repair. Gabapentin has been shown in vitro to interfere with activity of the c26 subunit of voltage-activated calcium channels, a receptor involved in neuronal synaptogenesis. The clinical significance of these findings is unknown.

Labor and Delivery

The effect of HORIZANT on labor and delivery is unknown.

Nursing Mothers

It is not known whether gabapentin derived from HORIZANT is secreted in human milk; however, gabapentin is secreted into human milk following oral administration of gabapentin products. Because of the potential for adverse reactions in nursing infants from HORIZANT, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.

Pediatric Use

Safety and effectiveness of HORIZANT in pediatric patients have not been studied.

Geriatric Use

Of the 515 patients treated with HORIZANT in the 3 double-blind, placebo-controlled, 12-week clinical trials for RLS, 11% were 65 to 74 years of age and 1% were 75 years of age and older. Clinical trials of HORIZANT did not include a sufficient number of patients 65 years and older to determine whether they respond differently from younger individuals.

Gabapentin is known to be almost exclusively excreted by the kidney, and the risk of adverse reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, the frequency of dosing may need to be adjusted based on calculated creatinine clearance in these patients [see Dosage and Administration (2.2) of full prescribing information].

Renal Impairment

The dose of HORIZANT should be adjusted in patients with renal impairment [see Dosage and Administration (2.2), Clinical Pharmacology (12.3) of full prescribing information].

OVERDOSAGE

Human Overdose Experience and Overdosage Management

There have been no reports describing individuals who have taken an overdose of HORIZANT. The highest single dose of gabapentin enacarbil administered to date is 6,000 mg in healthy subjects. At this supratherapeutic dose there were no serious adverse events. The incidence of central nervous system adverse reactions, particularly dizziness and somnolence/sedation, is increased with doses greater than 600 mg daily.

In the event of an overdose, the patient should be treated supportive with appropriate monitoring as necessary. Gabapentin derived from gabapentin enacarbil can be removed from plasma by hemodialysis. The mean percentage of gabapentin recovered following hemodialysis in patients with end-stage renal disease was 29% (expressed as a proportion of the gabapentin released from HORIZANT). Further management should be as clinically indicated or as recommended by a poison control center.

PATIENT COUNSELING INFORMATION: See Medication Guide.

Physicians should instruct their patients to read the Medication Guide before starting therapy with HORIZANT and to reread it upon prescription renewal for new information regarding the use of HORIZANT.

Effects on Driving

Patients should be told that HORIZANT can cause significant driving impairment. Accordingly, they should be advised not to drive a car or to operate machinery until they have gained sufficient experience on HORIZANT to assess whether HORIZANT impairs their ability to drive. Patients should be told that it is not known how long this effect lasts.

Somnolence/Sedation and Dizziness

Patients should be told that HORIZANT can cause significant somnolence and dizziness. This typically resolves within several weeks of initiating treatment. Accordingly, they should be told not to operate dangerous machinery until they have gained sufficient experience on HORIZANT to assess whether HORIZANT impairs their ability to operate dangerous machinery safely.

Suicidal Behavior and Ideation

Patients, their caregivers, and families should be counseled that HORIZANT may increase the risk of suicidal thoughts and behavior, and should be advised of the need to be alert for the emergence or worsening of depression, suicidal thoughts or behavior, or any unusual changes in mood or behavior, or the emergence of suicidal thoughts, behavior, or thoughts about self-harm. Behaviors of concern should be reported immediately to healthcare providers.

Drug Reaction With Eosinophilia and Systemic Symptoms (DRESS)/Multorgan Hypersensitivity

Tell patients that multorgan hypersensitivity reactions may occur with HORIZANT. Patients should contact their physician immediately if they experience any signs or symptoms of these conditions [see Warnings and Precautions (5.5) of full prescribing information].

Lack of Interchangeability With Gabapentin

Patients should be advised that doses of HORIZANT and other gabapentin products are not interchangeable.

Dosing Instructions

- Patients should be instructed to take HORIZANT only as prescribed.
- HORIZANT should be taken once daily with food at about 5 PM, if the dose is not taken at the recommended time, the patient should take the next dose at about 5 PM the following day.
- Tablets should be swallowed whole and should not be cut, crushed, or chewed.
- Dose adjustment required in patients with renal impairment.

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Manufactured by:

GlaxoSmithKline
Research Triangle Park, NC 27709

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Research Triangle Park, NC 27709

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HRT Burc

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Poster Set-Up
7:00am – 8:00am
Exhibit Hall B
Posters should be set-up for display during this time and should not be removed until 5:00pm.

Invited Lecturer
8:00am – 9:00am
See page 20 for more information about this invited lecturer.

I09: Social Forces on Clocks: Curious Cases of a Reclusive Yankee and an African Rat
7:00am – 8:00am
Ballroom A
William Schwartz, MD

Psychologist Level of Content: Intermediate

Objectives:
1. Describe the possible impact of social interactions on circadian clocks, using human and animal examples; and
2. Identify the challenges for research on this topic.

Clinical Workshop
8:00am – 10:00am

W07: Minimally-invasive Treatment of CPAP-intolerant Patients
8:00am – 10:00am
Ballroom B

Chair: Michael Friedman, MD
Faculty: Ofer Jacobowitz, MD, PhD; B. Tucker Woodson, MD; and Kathleen Yaremchuk, MD

Psychologist Level of Content: Intermediate

Objectives:
1. Summarize the findings of the latest evidence on the efficacy of and indications for a range of minimally-invasive non-CPAP techniques for the management of mild or moderate obstructive sleep apnea;
2. Describe a recommended systematic approach to the assessment and management of CPAP-intolerant patients, including a detailed anatomical assessment;
3. Apply the described system of assessment to a practice and make best-evidence-based decisions regarding the management of patients, whether through performance of indicated minimally-invasive techniques or referral to other specialists versed in these techniques; and
4. Describe the principals of thermoplastic mandibular advancement devices.

8:00am – 8:20am
CPAP-intolerant Patients with Mild to Moderate Sleep Apnea: An Introduction of the Problem and Approach to Assessment
Tucker Woodson, MD

8:20am – 8:50am
Titratable Oral Appliance Therapy, Minimally-invasive Nasal and Palatal Techniques
Michael Friedman, MD

8:50am – 9:10am
Minimally Invasive Tongue-Base Techniques
Ofer Jacobowitz, MD, PhD

9:10am – 9:40am
Minimally-invasive Techniques for Mild to Moderate OSAHS: Case Presentations and Discussion
Kathleen Yaremchuk, MD

9:40am – 10:00am
Discussion

Discussion Group
8:00am – 10:00am

D08: Integrated Pediatric Sleep Medicine: Practice and Policy Gaps
8:00am – 10:00am
Ballroom C

Chair: Judith Owens, MD, MPH
Faculty: Laree Fordyce, RST, RPSGT; William Kohler, MD; Richard Millman, MD; Jodi Mindell, PhD; Carol Rosen, MD; Stephen Sheldon, DO; and Manisha Witmans, MD

Psychologist Level of Content: Intermediate

Objectives:
1. Review the administrative, technical and clinical challenges involved in providing comprehensive sleep medicine services to children and families;
2. Discuss the establishment of standards for the clinical assessment and management of pediatric sleep disorders in a variety of practice settings; and
3. List the relative pros and cons of conducting out-of-center testing versus in-center polysomnography on children.

**Oral Presentations**

8:00am – 10:00am

Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5-minute time period for question and answers. The four-digit abstract ID number corresponds to the *SLEEP* abstract supplement.

**O20:** Understanding Parasomnias: What You Need to Know in 2012

8:00am – 10:00am

*Room 311*

**Chair:** Carlos Schenck, MD

**Psychologist Level of Content:** Intermediate

**Objective:** Describe the clinical manifestations and pathologic correlates of REM and NREM parasomnias.

**0742** 8:00am - 8:15am

**REM SLEEP BEHAVIOR DISORDER OR PARKINSON’S DISEASE: THE IMPORTANCE OF OCCURRING FIRST**

Ferri R, Fulda S, Cosentino F, Pizza F, Plazzi G

**0743** 8:15am - 8:30am

**REM BEHAVIOR DISORDER IS ASSOCIATED WITH INCREASE OF OTHER NON-MOTOR SYMPTOMS IN PARKINSON’S DISEASE**


**0744** 8:30am - 8:45am

**ASSOCIATION BETWEEN ABNORMAL VISUAL EVENT-RELATED POTENTIALS AND WAKING EEG IN PATIENTS WITH PARKINSON’S DISEASE AND REM SLEEP BEHAVIOR DISORDER**

Gaudreault P, Gagnon J, Rodrigues Brazète J, Montplaisir J, Postuma RB, Gosselin N

**0746** 9:00am - 9:15am

**AUTOMATED POLYSOMNOGRAPHIC EMG ASSESSMENT FOR REM SLEEP BEHAVIOR DISORDER (RBD) IN PARKINSON DISEASE**

Burns JW, Kotagal V, Müller ML, Frey KA, Bohnen NI, Angell KJ, Albin RL, Chervin RD

**0747** 9:15am - 9:30am

**CHARACTERIZATION OF REM SLEEP WITHOUT ATONIA IN PATIENTS WITH NARCOLEPSY AND IDIOPATHIC HYPERSONNIA**

DelRosso L, Hoque R, Chesson AL

**0748** 9:30am - 9:45am

**SLEEPWALKING: PREVALENCE, COMORBIDITY AND ASSOCIATED MEDICATIONS**

Ohayon MM, Léger D

**O21:** Medical Disorders and Sleep

8:00am – 10:00am

*Room 312*

**Chair:** Jeanne Wallace, MD

**Psychologist Level of Content:** Intermediate

**Objective:** Characterize how medical disorders interact with sleep disorders.

**0867** 8:00am - 8:15am

**A META-ANALYSIS OF THE EFFECTS OF POSITIVE AIRWAY PRESSURE TREATMENT ON HYPERTENSION.**

Montesi S, Malhotra A, Bakker J

**0868** 8:15am - 8:30am

**INITIAL HYPERTENSION SEVERITY DETERMINES THE EXTENT OF BLOOD PRESSURE REDUCTION IN CPAP-TREATED OSA PATIENTS.**

Wawrzyniak TD, Goswami U, Adams AB, Bijwadia JS

**0869** 8:30am - 8:45am

**THE CONSEQUENCE OF CIRCADIAN RHYTHM ON BRONCHODILATOR RESPONSE IN VETERANS WITH OBSTRUCTIVE AIRWAYS DISEASE**

Van Wert R, Sierra N, Holty JC
We Want Your Feedback  |  Visit www.sleepmeeting.org/evaluations

0870  8:45am - 9:00am  SLEEP PREDICTS RESTING BRAIN ACTIVITY IN FIBROMYALGIA PARTICIPANTS WITH INSOMNIA  

2. Discuss the emerging neural and physiological mechanisms that underpin this intimate relationship; and
3. Recognize the translational relevance of this relationship regarding the relationship between sleep abnormalities and clinical mood disorders.

0871  9:00am - 9:15am  ARE SLEEP DISPARITIES ASSOCIATED WITH DOWNSTREAM HEALTH OUTCOMES? RESULTS FROM THE BOSTON AREA COMMUNITY HEALTH (BACH) STUDY  
Piccolo RS, Araujo AB, McKinlay JB

0872  9:15am - 9:30am  PREVALENCE OF DIABETES INCREASES WITH SLEEP DISORDERED BREATHING SEVERITY IN THE GENERAL POPULATION: THE HYPNOLAUS STUDY  

0873  9:30am - 9:45am  C-REACTIVE PROTEIN (CRP) AND HABITUAL SLEEP DURATION: A COMPLEX, NON-LINEAR RELATIONSHIP DEPENDENT ON SEX, RACE/ETHNICITY, AND PRESENCE OF SLEEP DISORDER AND/OR MEDICAL COMORBIDITY  
Grandner MA, Buxton OM, Jackson NJ, Pandey A, Pak VM, Jean-Louis G

0874  9:45am - 10:00am  UNVEILING THE CAUSAL ASSOCIATION BETWEEN SHORT SLEEP DURATION AND THE INCIDENCE OF OBESITY  
Vgontzas AN, Fernandez-Mendoza J, Shaffer M, Basta M, Kritikou I, Calhoun S, Liao D, Bixler EO

Invited Lecturer
9:00am – 10:00am  
See page 17 for more information about this invited lecturer.

I10: Sleep Disorders in Neurodegenerative Diseases: Outcome, Risk Factor or Both?  
9:00am – 10:00am  
Ballroom A  
Donald Bliwise, PhD

Psychologist Level of Content: Intermediate

Objectives:
1. Describe how neurodegenerative diseases may impact sleep/wake;
2. Review evidence investigating whether sleep disorders may predispose for development of neurodegenerative diseases; and
3. Describe selected intervention trials that are attempting to treat neurodegenerative conditions by treating sleep pathology.

Exhibit Hall Open
10:00am – 2:00pm  
Exhibit Hall CD

Refreshment Break in the Exhibit Hall  
10:00am – 10:15am
Bench to Bedside Session
10:15am – 12:15pm

**BO2: The Influence of Blue Light on Human Circadian Rhythms, Alertness and Cognition**
10:15am – 12:15pm
**Ballroom C**

**Chair:** Mark Smith, PhD, RPSGT  
**Faculty:** Christian Cajochen, PhD; Steven Lockley, PhD; and Victoria Revell, PhD

**Psychologist Level of Content:** Intermediate

**Objectives:**
1. Describe the basic characteristics of two human phase response curves (PRCs) to blue and blue-enriched light;  
2. Describe ways in which blue light influences subjective and objective measures of sleepiness and alertness, as well as performance; and  
3. Recognize the benefits, possible limitations and areas in which more information is needed, regarding the use of blue and blue-enriched light relative to the “white” lights that have been well used for clinical applications.

10:15am – 10:45am  
**A Human Phase Response Curve to Narrow Bandwidth Blue Light**  
Victoria Revell, PhD

10:45am – 11:15am  
**The Effects of Timing, Wavelength and Pattern on the Circadian Resetting and Alerting Effects of Light**  
Steven Lockley, PhD

11:15am – 11:45am  
**Phase Advancing and Delaying the Human Circadian Clock with Bright Blue-Enriched Polychromatic Light**  
Mark Smith, PhD, RPSGT

11:45am – 12:15pm  
**The Effects of Blue Light on Alertness and Cognition**  
Christian Cajochen, PhD

**Discussion Group**
10:15am – 12:15pm

**D09: New Horizons in Cancer-related Sleep Disturbances**
10:15am – 12:15pm
**Ballroom B**

**Chair:** Valerie Crabtree, PhD  
**Faculty:** Sonia Ancoli-Israel, PhD; Leanne Fleming, PhD; Kathryn Lee, PhD, RN; Gerald Rosen, MD; and Josée Savard, PhD

**Psychologist Level of Content:** Intermediate

**Oral Presentations**
10:15am – 12:15pm

Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5-minute time period for question and answers. The four-digit abstract ID number corresponds to the SLEEP abstract supplement.

**O22: Treatment of Insomnia**
10:15am – 12:15pm
**Room 312**

**Chair:** Jennifer Martin, PhD

**Psychologist Level of Content:** Intermediate

**Objective:** Describe various types and effects of insomnia treatment.

0637 10:15am - 10:30am  
**A RANDOMIZED, PLACEBO-CONTROLLED, TRIAL OF COGNITIVE BEHAVIORAL THERAPY FOR CHRONIC INSOMNIA DISORDER DELIVERED VIA AN AUTOMATED MEDIA-RICH WEB APPLICATION**  
Espie CA, Kyle SD, Williams C, Brown JS, Ong JC, Douglas NJ, Hames P

0638 10:30am - 10:45am  
**SLEEPINESS, FATIGUE AND SELF-REPORTED SIDE-EFFECTS DURING SLEEP RESTRICTION THERAPY FOR INSOMNIA**  
Kyle SD, Crawford M, Miller C, Espie CA

0639 10:45am - 11:00am  
**A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED TRIAL OF ESZOPICLONE FOR THE TREATMENT OF INSOMNIA IN PATIENTS WITH CHRONIC LOW BACK PAIN**  
Krystal AD, Preud’homme XA, Goforth HW

0640 11:00am - 11:15am  
**A POPULATION-BASED STUDY OF THE NATURE AND PREVALENCE OF OFF-LABEL MOTN USE OF PRESCRIPTION HYPNOTICS**  
Kessler RC, Berglund P, Shahly V, Shillington AC, Stephenson JJ, Roth T
0641 11:15am - 11:30am
LONG TERM SAFETY AND EFFICACY OF SUVOREXANT IN PATIENTS WITH PRIMARY INSOMNIA
Herring WJ, Snyder E, Paradis E, Liu M, Snively D, Roth T, Michelson D

0642 11:30am - 11:45am
HEART RATE VARIABILITY ON USERS OF SEDATIVE-HYPNOTIC MEDICATIONS
Burke PR, Moraes W, Cintra F, da Silva RS, Bittencourt LA, Tufik S, Poyares D

0643 11:45am - 12:00pm
COGNITIVE BEHAVIORAL THERAPY FOR SLEEP AND PAIN IN OLDER ADULTS WITH CO-MORBID INSOMNIA AND OSTEOARTHRITIS: RESULTS OF THE LIFESTYLES RANDOMIZED CONTROLLED TRIAL
Vitiello MV, McCurry SM, Von Korff M, Shortreed SM, Balderson BH, Baker LD, Keefe FJ, Rybarczyk B

0644 12:00pm - 12:15pm
THE STAGE OF CHANGE SCALE FOR INSOMNIA (SOCSI)- A NEW SCALE TO MONITOR READINESS TO CHANGE DURING A SLEEP RESTRICTION THERAPY FOR INSOMNIA
Crawford M, Kyle SD, Juliet F, Bartlett DJ, Grunstein RR, Espie CA

0016 10:30am - 10:45am - WITHDRAWN
RESTLESS FLY (REF, INSOMNIAC (INC)) ENCODES A KEY GENETIC LINK BETWEEN SYNAPTIC AND SLEEP HOMEOSTASIS
Pfeifferberger C, Allada R

0017 10:45am - 11:00am
OREXIN GENE TRANSFER INTO THE ZONA INCERTA NEURONS BLOCKS CATAPLEXY AND IMPROVES WAKE MAINTENANCE IN NARCOLEPTIC OREXIN-ATAxin-3 TRANSGENIC MICE

0018 11:00am - 11:15am
ACUTE PHARMACOGENETIC ACTIVATION OF THE MEDULLARY PARAFACIAL ZONE INDUCES SLOW-WAVE-SLEEP
Anaclet C, Lu J, Saper C, Fuller PM

0019 11:15am - 11:30am
SLEEP FRAGMENTATION IN MICE INDUCES ENDOPLASMIC RETICULUM STRESS AND LEPTIN RESISTANCE IN THE HYPOTHALAMUS

0020 11:30am - 11:45am
TRIB1 CONSTITUTES A MOLECULAR LINK BETWEEN REGULATION OF SLEEP AND LIPID METABOLISM –EVIDENCE FROM POPULATION-BASED SAMPLES, EXPERIMENTAL SLEEP RESTRICTION MODEL, AND RESTING STATE FMRI

0021 11:45am - 12:00pm
DENSE GENOTYPING OF IMMUNE-RELATED MARKERS REVEALS NEW SUSCEPTIBILITY LOCI IN NARCOLEPSY
Faraco J, Lin L, International Immunochip Consortium T, Mignot E

0022 12:00pm - 12:15pm
MUTATIONS IN DNMT1 CAUSE AUTOSOMAL DOMINANT CEREBELLAR ATAXIA, DEAFNESS AND NARCOLEPSY.
O24: Neuroimaging and Neurophysiology of Human Sleep
10:15am – 12:15pm
Room 311

Chair: Frank Scheer, PhD

Psychologist Level of Content: Intermediate

Objective: Explain how new imaging, stimulation and analysis techniques reveal novel aspects of human sleep physiology.

0068 10:15am - 10:30am
STRUCTURAL BRAIN MORPHOLOGY OF THE HUMAN PREFRONTAL CORTEX PREDICTS INTER-INDIVIDUAL DIFFERENCES IN NREM SLOW WAVE HOMEOSTASIS
Saletin JM, van der Helm E, Walker M

0069 10:30am - 10:45am
BRAINSTEM ACTIVITY AND SLOW WAVES IN HUMAN SLEEP EEG/FMRI
Piantoni G, Dang-Vu T, Van Der Werf YD, Maquet P, Van Someren EJ

0070 10:45am - 11:00am
WHITE MATTER DIFFUSION CORRELATES WITH SPINDLES AND SLOW WAVES
Piantoni G, Poil S, Linkenkaer-Hansen K, Van Der Werf YD, Van Someren EJ

0071 11:00am - 11:15am
AT THE BOUNDARY OF SLEEP AND AWAKENING: AN FMRI STUDY

0072 11:15am - 11:30am
THE EFFECTS OF TRANSCRANIAL MAGNETIC EXCITATION AND INHIBITION ON VIGILANCE.
Mensen A, Gorban C, Niklaus M, Kuske E, Khatami R

0073 11:30am - 11:45am
DAMAGE TO HYPOTHALAMIC AROUSAL SYSTEMS WITH TRAUMATIC BRAIN INJURY

0074 11:45am - 12:00pm
NEUROTRANSMITTER CONTENT IN SUPRACHIASMATIC NUCLEI CORRELATES WITH DEGREE OF FRAC TAL CONTROL OF ACTIVITY
Hu K, Harper DG, Shea SA, Stopa EG, Scheer FA

Symposium
10:15am – 12:15pm

S13: Abnormal Nocturnal Eating: New Findings on Circadian Dysregulation and the Strong Links with RLS, Narcolepsy and Hypno-sedative Use
10:15am – 12:15pm
Ballroom A

Chair: Carlos Schenck, MD
Facult y: Kelly Baron, PhD, MPH; Michael Howell, MD; Federica Provini, MD, PhD; and Fred Turek, PhD

Psychologist Level of Content: Intermediate

Objectives:
1. Review new findings on circadian dysregulation that predispose to abnormal nocturnal eating and its adverse consequences;
2. Describe new findings on the strong links of abnormal nocturnal eating with RLS and narcolepsy; and
3. Discuss new findings on the link between hypnosedative medication use and amnestic sleep-related eating.

10:15am – 10:20am Introduction
Carlos Schenck, MD

10:20am – 10:45am Circadian Misalignment and Eating Disorders: A Key That Could Unlock the Mysteries of Adverse Health Outcomes
Fred Turek, PhD

10:45am – 11:10am Nocturnal Eating and Nocturnal Smoking in RLS and Narcolepsy
Federica Provini, MD, PhD

11:10am – 11:35am The Spectrum of Abnormal Nocturnal Eating, Including Restless Nocturnal Eating As a Common Feature of RLS
Michael Howell, MD

11:35am – 12:00pm Role of Sleep Timing in Feeding Times, Caloric Intake, and Body Mass Index
Kelly Baron, PhD, MPH

12:00pm – 12:15pm Discussion
Late-breaking Abstracts

12:15pm – 1:30pm
Room 311

Chair: H. Craig Heller, PhD

Authors selected for the late-breaking abstract session are allowed a 10-minute time period to present their abstract followed by a 5-minute time period for questions and answers. The late-breaking abstracts presented during this session are on page 77.

CME and CE for psychologists or nurse practitioners are not provided for this session.

LBA 1 12:15pm - 12:30pm
STATE DEPENDENT CHANGES IN ADENOSINE IN THE RODENT HIPPOCAMPUS RELIES ON GLIOTRANSMISSION
Blutstein T, Schmitt LI, Haydon PG

LBA 2 12:30pm – 12:45pm
PROLONGED TREATMENT OF COMPLEX SLEEP APNEA SYNDROME WITH CONTINUOUS POSITIVE AIRWAY PRESSURE VERSUS ADAPTIVE SERVOVENTILATION – A PROSPECTIVE RANDOMIZED STUDY
Morgenthaler TI, Kuzniar TJ, McLain W, Wolfe L, Fry J, Goldberg R, Rahangdale S

LBA 3 12:45pm – 1:00pm
TOTAL SLEEP DEPRIVATION REDUCES RESTING STATE PCC-HIPPOCAMPUS CONNECTIVITY

LBA 4 1:00pm – 1:15pm
EFFICACY AND SAFETY OF SUVOREXANT, A DUAL OREXIN RECEPTOR ANTAGONIST, IN PATIENTS WITH PRIMARY INSOMNIA: RESULTS FROM TWO PIVOTAL TRIALS

LBA 5 1:15pm – 1:30pm
HEALTH EFFECTS OF POOR SLEEP: AN INVESTIGATION OF NEW ONSET MENTAL ILLNESS IN RELATION TO SLEEP PATTERNS IN THE MILLENNIUM COHORT STUDY
Gehrman P, Seelig AD, Boyko EJ, Jacobson JG, Hooper T, Smith B, Ulmer CS, Gackstetter GD, Crum-Cianflone NF, Smith TC
**Lunch Debate**
12:30pm – 1:30pm
All Lunch Debate sessions require additional registration fees.

*CE credits for psychologists are not provided for this session.*

**L03: REM Sleep and Dreaming: Cause or Consequence of Emotions?**
Room 210

**Faculty:** Sean Drummond, PhD; and Matthew Walker, PhD

**Objectives:**
1. Discuss the connection between memory networks and dream content;
2. Analyze clinical implications of emotion regulation during REM sleep and dreams; and
3. Review the latest data on bottom-up regulation of emotional processing in REM sleep.

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**Meet the Professors**
12:30pm – 1:30pm
All Meet the Professors sessions require additional registration fees. If the session is not sold out, tickets are available on-site purchase at the SLEEP 2012 registration counter.

*CE credits for psychologists are not provided for this session.*

**M17: Circadian Rhythms and Psychiatric Disturbances**
Room 103
R. Robert Auger, MD

**M18: Development of the MSLT**
Room 107
Mary Carskadon, PhD

**M19: Ethics in Sleep Medicine Practice**
Room 105
Douglas Moul, MD

**M20: Evaluating OSA Outside of the Lab**
Room 104
Samuel Kuna, MD

**M21: Evaluation and Treatment of Pediatric RLS**
Room 108
Daniel Picchietti, MD

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**M22: Imaging of the Brain in Sleep**
Room 109
Eric Nofzinger, MD

**M23: The Treatment of Some Parasomnias with Hypnosis**
Room 110
Peter Hauri, PhD

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**Invited Lecturer**
1:30pm – 2:30pm
See page 18 for more information about this invited lecturer.

**I11: Inflammatory, Metabolic and Autonomic Consequences of Sleep Loss in Humans**
1:30pm – 2:30pm
Ballroom B
Janet Mullington, PhD

**Psychologist Level of Content:** Intermediate

**Objectives:**
1. Analyze and synthesize the literature in the area of inflammatory, metabolic and autonomic consequences of sleep loss in humans; and
2. Examine directions for future research related to sleep loss.

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**Oral Presentations**
1:30pm – 2:30pm
Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5-minute time period for question and answers. The four-digit abstract ID number corresponds to the SLEEP abstract supplement.

**O25: Sleep Biochemistry and Pharmacology**
1:30pm – 2:30pm
Room 309

**Chair:** Jini Naidoo, PhD

**Psychologist Level of Content:** Intermediate

**Objective:** Describe the role of human metabolism in sleep homeostasis and new drugs that are potentially useful in treating insomnia.
A NOVEL SELECTIVE MELATONIN MT2 RECEPTOR LIGAND FOR THE TREATMENT OF INSOMNIA  

SLEEP SLOW WAVE ACTIVITY REGULATES CEREBRAL GLYCOLYTIC METABOLISM  
Wisor J, Moore ME, Schmidt MA, Clegern WC, Rempe M

THE ROLE OF CHOLINERGIC BASAL FOREBRAIN NEURONS IN THE BIOCHEMICAL AND ELECTROPHYSIOLOGICAL CHANGES IN THE CORTEX DURING SLEEP DEPRIVATION  
Kalinchuk A, Kim S, McCarley RW, Basheer R

DIFFERENTIAL EFFECTS OF GABA-A MODULATORS AND DUAL OREXIN RECEPTOR ANTAGONISTS ON EEG FREQUENCY DISTRIBUTION IN SLEEP/WAKE STATES IN RATS  

COMPARING THE NEURAL CORRELATES OF REM SLEEP IN POSTTRAUMATIC STRESS DISORDER AND DEPRESSION.  
Ebdlahad S, Milgrom O, James JA, Price J, Nofzinger E, Germain A

HIGH RESOLUTION DETECTION OF POLYSOMNOGRAPHY BASED PHASIC EVENTS OF REM SLEEP IN POSTTRAUMATIC STRESS DISORDER  
Moore HE, Woodward SH, Mignot E

NEURAL CORRELATES OF NIGHTMARES IN COMBAT-EXPOSED MILITARY VETERANS WITH PTSD: AN FDG-PET STUDY  
Milgrom O, James JA, Price J, Nofzinger E, Germain A

THE EFFECTS OF PROLONGED EXPOSURE ON INSOMNIA AND NIGHTMARES IN PTSD  
Drummond SP, Nappi CM, Salamat J, Straus LD, Anderson M
Objective: Describe how sleep and sleep disorders affect workforce health.

1307 1:30pm - 1:45pm
SLEEP DISORDERS ARE ASSOCIATED WITH ADVERSE PHYSICAL AND MENTAL HEALTH OUTCOMES IN POLICE OFFICERS

1308 1:45pm - 2:00pm
SLEEP DISORDERS ARE ASSOCIATED WITH ADVERSE PERFORMANCE AND SAFETY IN POLICE OFFICERS

1309 2:00pm - 2:15pm
PHYSICAL EXERCISE PERFORMED BEFORE BEDTIME IMPROVES THE SLEEP PATTERN OF HEALTHY YOUNG GOOD SLEEPERS
Queiroz SS, Flausino NH, Prado JM, Tufik S, Mello MT

1310 2:15pm - 2:30pm - WITHDRAWN
ENHANCING SLEEP IN HOSPITALS WITH PATIENT ROOM LIGHTING

O29: Sleep and Waking Function in the Older Brain
1:30pm – 2:30pm
Room 311

Chair: Jeanne Duffy, PhD

Psychologist Level of Content: Intermediate

Objective: Describe brain changes that occur with age and effects of the changes on sleep and waking functions.

0041 1:30pm - 1:45pm
CHARACTERISTICS AND CORRELATES OF VARIABILITY IN SLEEP LATENCY, EFFICIENCY, AND DURATION IN OLDER MEN
Paudel ML, Taylor BC, Ancoli-Israel S, Stone KL, Redline S, Barrett-Connor E, Ensrud KE

0042 1:45pm - 2:00pm
AGE-RELATED DIFFERENCES IN THE EFFECT OF INTER-STIMULUS INTERVAL AND TIME ON TASK ON PVT RESPONSE TIMES
St. Hilaire MA, Klerman EB

Objectives:
1. Identify aspects of sleep medicine clinical practice that are most challenging to integrate in a multidisciplinary setting;
2. Describe how measures of quality and integration of care used on a policy level relate to multidisciplinary sleep medicine groups; and
3. Examine business methods that can improve the quality of patient care and provider workflow in a multidisciplinary group.

We Want Your Feedback  |  Visit www.sleepmeeting.org/evaluations
3:44pm – 4:12pm  Metrics of Quality and Connectedness of Care: Lessons from Public Policy  
Karen Joynt, MD, MPH

4:12pm – 4:40pm  Business Models and Workflow Strategies: Practical Solutions to Improve Patient Care  
Paul Valentine

4:40pm – 4:45pm  Discussion

W09: Should Dopamine Agonists Still be First-line Treatment for Restless Legs Syndrome?  
2:45pm – 4:45pm  
Ballroom C

Chair: John Winkelman, MD, PhD  
Faculty: Richard Allen, PhD; Diego Garcia-Borreguero, MD; Birgit Hogl, MD; Mauro Manconi, MD, PhD; and Michael Silber, MBChB

Psychologist Level of Content: Intermediate

Objectives:
1. Identify the current approved and non-approved treatments for restless legs syndrome;
2. Describe the short-term efficacy data of various treatments for restless legs syndrome; and
3. Identify the long-term benefits and risks of various treatments for restless legs syndrome.

2:45pm – 3:00pm  Levodopa Treatment of RLS  
Birgit Hogl, MD

3:00pm – 3:15pm  Dopamine Agonist treatment of RLS  
Michael Silber, MD

3:15pm – 3:30pm  Alpha2-delta Ligand Treatment of RLS  
Diego Garcia-Borreguero, MD, PhD

3:30pm – 3:45pm  Iron Treatment of RLS  
Richard Allen, PhD

3:45pm – 4:00pm  Opioid Treatment of RLS  
John Winkelman, MD, PhD

4:00pm – 4:15pm  Benzodiazepine Treatment of RLS  
Mauro Manconi, MD

4:15pm – 4:45pm  Discussion

Oral Presentations
2:45pm – 4:45pm

Authors selected for oral presentations are allotted a 10-minute time period to present their abstract, followed by a 5-minute time period for question and answers. The four-digit abstract ID number corresponds to the SLEEP abstract supplement.

O30: Circadian Rhythms: Fiat Lux!  
2:45pm – 4:45pm  
Room 311

Chair: Charles Czeisler, MD, PhD

Psychologist Level of Content: Intermediate

Objective: Discuss novel findings on the effects of light on circadian rhythms.

0171 2:45pm - 3:00pm  
LIGHT FLASHES PHASE SHIFT HUMAN CIRCADIAN RHYTHMS DURING AND WITHOUT DISTURBING SLEEP  
Zeitzer J, Ruby NF, Heller H

0172 3:00pm - 3:15pm  
AMBIENT EVENING LIGHT EXPOSURE REDUCES PHASES ADVANCES TO MORNING LIGHT INDEPENDENT OF SLEEP DEPRIVATION  
Burgess HJ

0173 3:15pm - 3:30pm  
GETTING IN SYNCH WITH THE NATURAL LIGHT-DARK CYCLE IN THE MODERN ERA OF ELECTRIC LIGHTING  
Wright KP, McHill AW, Birks BR, Griffin B, Rusterholz T, Chinoy ED

0174 3:30pm - 3:45pm  
SHEADING LIGHT ON THE ADOLESCENT PHASE RESPONSE CURVE (PRC)  
Crowley SJ, Eastman CI

0175 3:45pm - 4:00pm  
INCORPORATING THE DOSE-DEPENDENT DIRECT ALERTING EFFECT OF LIGHT INTO A MATHEMATICAL MODEL OF SLEEP, CIRCADIAN RHYTHMS, PERFORMANCE AND ALERTNESS  
St. Hilaire MA, Kim H, Klerman EB

0176 4:00pm - 4:15pm  
CONTINUOUS NOCTURNAL BLUE LIGHT EXPOSURE IMPROVES THE ABILITY TO DRIVE AT NIGHT AS WELL AS CAFFEINE INTAKE: A RANDOMIZED CONTROLLED STUDY IN REAL DRIVING CONDITION.  
Taillard J, Capelli A, Sagaspe P, Anund A, Akerstedt T, Philip P

0177 4:15pm - 4:30pm  
PREDLIMINARY EVIDENCE THAT LIGHT THROUGH THE EYELIDS CAN SUPPRESS MELATONIN AND PHASE SHIFT DIM LIGHT MELATONIN ONSET  
Figueiro M, Rea MS

0178 4:30pm - 4:45pm  
INTRA-INDIVIDUAL VARIABILITY IN CIRCADIAN PHASE  
Emens J, Lewy A
**O31: Pathophysiology of Hypersomnia**
2:45pm – 4:45pm  
**Room 309**

**Chair:** Emmanuel Mignot, MD, PhD  
**Psychologist Level of Content:** Intermediate

**Objective:** Discuss the pathophysiologic underpinnings of excessive sleepiness.

**0798 2:45pm – 3:00pm**  
**SHORT REM LATENCY AS A SCREENING TOOL FOR NARCOLEPSY**  
Andlauer O, Moore HE, Han F, Hong S, Plazzi G, Haffen E, Roth T, Young T, Mignot E

**0799 3:00pm – 3:15pm**  
**RAPID WEIGHT GAIN AT DISEASE ONSET IN CHILDREN WITH NARCOLEPSY: A SPECIFIC INSIGHT IN PATHOPHYSIOLOGY?**  

**0800 3:15pm – 3:30pm**  
**IS OBESITY A SEVERITY FACTOR IN CHILDHOOD NARCOLEPSY-ONSET?**  

**0801 3:30pm – 3:45pm**  
**INSULIN SENSITIVITY IN NARCOLEPSY AND THE EFFECT OF SODIUM OXYBATE AS MEASURED BY A HYPERINSULINEMIC-EUGLYCEMIC CLAMP**  
Donjacour C, Aziz A, Streefland TC, Overeem S, Lammers G, Pijl H

**0802 3:45pm – 4:00pm**  
**SLEEP ATTACKS IN HUMAN NARCOLEPSY ARE HERALDED BY CHANGES IN SKIN TEMPERATURE**  

**0803 4:00pm – 4:15pm**  
**INCIDENCE OF EXCESSIVE DAYTIME SLEEPINESS IN THE GENERAL POPULATION: THE ROLE OF SLEEP APNEA, AGE, OBESITY, DIABETES, AND DEPRESSION**  

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**Symposia**
2:45pm – 4:45pm

**S14: Updating the Evidence Base on Insomnia Treatment: Psychiatric Comorbidity and Beyond**
2:45pm – 4:45pm  
**Ballroom B**

**Chair:** Allison Harvey, PhD  
**Faculty:** Greg Clarke, PhD; Anne Germain, PhD; Leon Lack PhD; and Charles Morin, PhD

**Psychologist Level of Content:** Intermediate

**Objectives:**

1. Review studies related to the adaptation of brief behavioral therapy for insomnia for military personnel;  
2. Compare behavior therapy, cognitive therapy or combination therapies for adults with chronic insomnia;  
3. Discuss therapies for patients with insomnia and mood disorders; and  
4. Identify special considerations for the effective treatment of sleep in adolescents.

**2:45pm – 2:50pm**  
Introduction  
Allison Harvey, PhD

**2:50pm – 3:10pm**  
**Brief Behavioral Treatment of Insomnia in Combat-Exposed Military Veterans**  
Anne Germain, PhD

**3:10pm – 3:30pm**  
**Comparative Efficacy of Behavior Therapy and Cognitive Therapy as Single Therapies for Insomnia: A Preliminary Report**  
Charles Morin, PhD
3:30pm – 3:50pm  |  Treating Sleep to Improve Affect, Cognition and Health in Bipolar Disorder  
| Allison Harvey, PhD

3:50pm – 4:10pm  |  Joint Treatment of Teen Depression and Insomnia to Improve Depression Outcomes  
| Greg Clarke, PhD

4:10pm – 4:30pm  |  A Randomized Controlled Trial of Intensive Sleep Retraining (ISR): A Brief Conditioning Treatment for Chronic Insomnia  
| Leon Lack, PhD

4:30pm – 4:45pm  |  Discussion

**S15: Obstructive Sleep Apnea: A Chronic Inflammatory Disease?**  
**2:45pm – 4:45pm**  
**Room 312**

**Co-chairs:** David Gozal, MD; and Atul Malhotra, MD  
**Faculty:** Sanja Jelic, MD; Leila Kheirandish-Gozal, MD; Peter Libby, MD; and Alexandros Vgontzas, MD

**Psychologist Level of Content:** Intermediate

**Objectives:**
1. Apply the newly acquired knowledge to both clinical and research practice, targeting improved patient care/outcome; and
2. Explain that inflammatory response is a possible responsible part for OSA manifestations.

2:45pm – 2:47pm  |  Introduction  
| Atul Malhotra, MD; and David Gozal, MD

2:47pm – 3:15pm  |  Chronic Inflammatory Response in Atherosclerosis as a Cascade of Patho-Physiologic Events  
| Peter Libby, MD

3:15pm – 3:45pm  |  Chronic Inflammatory Response in OSA Disease: Understanding the Role of the Upper Airway  
| Sanja Jelic, MD

3:45pm – 4:15pm  |  Pediatric OSA and CVD: How Important is Inflammation?  
| Leila Kheirandish-Gozal, MD

4:15pm – 4:45pm  |  Obesity in OSA as a Trigger for the Chronic Inflammatory Response: Implications for Treatment  
| Alexandros Vgontzas, MD

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**LBA 1**

**12:15pm - 12:30pm**

STATE DEPENDENT CHANGES IN ADENOSINE IN THE RODENT HIPPOCAMPUS RELIES ON GLIOTRANSMISSION

Blutstein T, Schmitt LI, Haydon PG

Department of Neuroscience, Tufts University School of Medicine, Boston, MA USA

**Introduction:** Normal and enforced wakefulness is correlated with an increase in extracellular adenosine in brain regions such as the basal forebrain. This increase is thought to contribute to the homeostatic sleep response as well as to sleep-deprivation induced memory deficits. However, it has yet to be determined if similar changes in adenosine occur in the hippocampus, a region known to be important for learning and memory. Using a transgenic mouse model which specifically impairs glio transmitter release via the inducible astrocytic expression of a dominant negative SNARE (dnSNARE) protein, our lab has previously shown that gliotransmission is necessary for the accumulation of sleep pressure and contributes to the impairment of memory consolidation following sleep deprivation in an AIR dependent manner.

**Methods:** Here, we pair adenosine and inosine biosensors *in vivo* with EEG/EMG recordings to measure real time state-dependent changes in hippocampal adenosine in wild-type and dnSNARE mice.

**Results:** In wild-type animals (n=4), during the first 5min of wakefulness (combined spontaneous and enforced), there is a 121.2 +/-21.3 nM increase in hippocampal adenosine relative to the concentration at the transition. This rise in adenosine is detected within 30 seconds. In dnSNARE animals (n=5) extracellular adenosine decreases by 94.5 +/-93.2 nM following the transition to wakefulness. In the 5 min following the transition to NREM sleep, adenosine decreases in both wild-type (66.6 +/- 47.1 nM) and dnSNARE animals (96.5 +/- 248.7 nM). A brief sleep deprivation (30min) produces a dramatic increase in adenosine in wild-type animals (300.7 +/- 125.5 nM) that is absent in dnSNARE.

**Conclusion:** Here, we measure for the first time rapid changes in adenosine in the hippocampus in response to sleep-wake transitions and sleep deprivation that relies on functional gliotransmission. These findings may provide insight into the role of astrocyte derived adenosine in normal hippocampal function and sleep deprivation induced deficits in hippocampus-dependent memory.

**Support:** This work was supported by a postdoctoral National Research Service Award to T.B. (MH091883) and an ROI to P.G.H. (NS037585).

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**LBA 2**

**12:30pm – 12:45pm**

PROLONGED TREATMENT OF COMPLEX SLEEP APNEA SYNDROME WITH CONTINUOUS POSITIVE AIRWAY PRESSURE VERSUS ADAPTIVE SERVOVENTILATION – A PROSPECTIVE RANDOMIZED STUDY

Morgenthaler TI, Kuzniar TF, McLain W*, Wolfe L*, Fry J*, Goldberg R*, Rahangdale S*

1 Center for Sleep Medicine, Mayo Clinic, Rochester, MN, USA, 2 Department of Internal Medicine, 4th Clinical Military Hospital, Wroclaw, Poland, 3 SleepMed, Columbia, SC USA, 4 Northwestern University Feinberg School of Medicine, Chicago, IL, USA, 5 Center for Sleep Medicine, Chestnut Hill Hospital, Philadelphia, PA, USA, 6 Sleep HealthCenters, Pheonix, AZ, USA, 7 NorthShore University HealthSystem, Evanston, IL, USA

**Introduction:** Prior studies show that adaptive servomventilation (ASV) is initially more effective than CPAP for patients with complex sleep apnea syndrome (CompSAS), but choosing therapies has been controversial because residual central breathing events may resolve over time on less expensive chronic CPAP therapy in many patients. We conducted a multicenter, randomized, prospective trial comparing clinical and polysomnographic outcomes over prolonged treatment of patients with CompSAS with CPAP versus ASV.

**Methods:** Qualifying patients meeting criteria for OSA on diagnostic polysomnography but with a central apnea index ≥ 10 on best CPAP were randomized to either CPAP or ASV (ResMed VPAP Adapt™) treatment and then titrated to determine optimal settings. Clinical and polysomnographic measures were obtained at baseline and after 90 days of therapy.

**Results:** We randomized 66 patients (33 to each treatment arm, age 59.2 ± 12.9 years, BMI 35.0±8.0, ESS 10±5, 9.1% with CHF, 13.6% using chronic opiates). At baseline, diagnostic AHI was 37.7±27.8 (CAI = 3.2±5.8) and best CPAP AHI was 37.0±24.9 (CAI 29.7±25.0). After second-night treatment titration, the AHI on ASV was 4.7± 8.1 (CAI =1.1 ±3.7) and 14.1 ± 20.7 (CAI = 8.8 ±16.3) on CPAP (AHI, p=0.0003; CAI, p<0.0001). Follow up was standardized, and at 90 days, the ASV vs. CPAP AHI was 4.4±9.6 vs. 9.9±11.1 (p=0.0024) and CAI was 0.7 ±3.4 vs. 4.8±6.4 (p<0.0001), respectively. In the intention-to-treat analysis, success (AHI<10) at 90 days of therapy was achieved in 89.7% vs. 64.5% of patients treated with ASV and CPAP, respectively (p=0.0214). Compliance, changes in ESS and SAQOL were not significantly different between treatment groups.

**Conclusion:** ASV was more reliably effective than CPAP in relieving CompSAS. Only two thirds of patients succeeded with CPAP, while nearly 90% succeeded with ASV. Since both methods produced similar symptomatic changes, it is unclear if this polysomnographic effectiveness may translate into other desired outcomes.

**Support:** Supported by a grant from ResMed Corp
LBA 3
12:45pm – 1:00pm
TOTAL SLEEP DEPRIVATION REDUCES RESTING STATE PCC-HIPPOCAMPUS CONNECTIVITY
Center for Functional Neuroimaging and Unit for Experimental Psychiatry, University of Pennsylvania Perelman School of Medicine, Philadelphia, PA, USA

Introduction: Sleep deprivation (SD) degrades multiple neurocognitive functions, including attention and memory. Previous neuroimaging literature has mainly focused on the attenuation effects of SD on task-induced brain activation, while the neural mechanisms by which SD impairs brain at resting state remain largely unknown. Recent studies using resting state fMRI found reduced functional connectivity (FC) between regions in the default mode network (DMN) and its anti-correlated network (ACN) after total or partial SD. In this study, we examined the effects of one night of acute total SD as well as two nights recovery sleep on resting state functional connectivity.

Methods: Seventeen healthy adults (9 female, age 22-48 yrs) were scanned three times between 7-9am on a Siemens 3T Trio scanner at resting state using a standard EPI sequence. All subjects underwent the three scans in a fixed order: a first scan at baseline (BS) after normal sleep, the second scan during SD, and a third scan after two nights of recovery sleep (RS). The core DMN node, the posterior cingulate cortex (PCC), was selected as the seed region for FC analyses. Data were analyzed by SPM8 and REST toolbox.

Results: The FC analyses of all three scans clearly detected both DMN and ACN. However, no significant effects of SD on DMN or ACN connectivity were found. Instead, we observed significantly reduced connectivity between PCC and bilateral hippocampus for SD compared to both BS and RS, while no such differences were found between BS and RS.

Conclusion: This study did not replicate the previous findings that SD reduced connectivity between DMN and ACN nodes, but revealed that SD reduced resting PCC-hippocampus connectivity. Our results extend the previous finding that SD impairs hippocampal connectivity during episodic memory encoding to resting state, and support the crucial role of sleep for memory consolidation.

Support: Supported in part by NIH Grants R01 HL102119, CTRC UL1RR024134, and P30 NS045839; and the PENN ITMAT-TBIC Pilot Project.

LBA 4
1:00pm – 1:15pm
EFFICACY AND SAFETY OF SUVOREXANT, A DUAL OREXIN RECEPTOR ANTAGONIST, IN PATIENTS WITH PRIMARY INSOMNIA: RESULTS FROM TWO PIVOTAL TRIALS
Herring WJ1, Connor K1, Ivgy-May N1, Snavely D1, Snyder E1, Liu K1, Krystal AD2, Roth T3, Michelson D4
1Merck, Whitehouse Station, NJ, USA, 2Duke University Hospital, Durham, NC, USA, 3Henry Ford Hospital, Detroit, MI, USA

Introduction: Night-time administration of orexin receptor antagonists is hypothesized to dampen orexin-mediated wakefulness, facilitating sleep. Suvorexant, an investigational orexin receptor antagonist, was effective and well-tolerated in an initial 4-week proof-of-concept study in patients with Primary Insomnia. Here we report results from two 3-month confirmatory trials.

Methods: Two randomized, double-blind, placebo-controlled, 3-month trials in patients with primary insomnia. Two dose regimens were evaluated in each trial; one comprised 40mg for patients 18-64 years and 30mg for patients ≥65 years, the other comprised 20mg for patients 18-64 years and 15mg for patients ≥65 years. Efficacy was assessed by patient self-report of total-sleep-time (sTST), time-to-sleep-onset (sTSO), and wake-after-sleep-onset (sWASO), as well as by polysomnographic endpoints of Latency-to-onset-of-Persistent-Sleep (LPS) and Wake-After-persistent-Sleep-Onset (WASO).

Results: The number of patients randomized was 1021 in Trial-1 and 1019 in Trial-2. In Trial-1, the 40/30mg regimen of suvorexant was significantly superior to placebo on the patient-report and polysomnographic endpoints at Months 1 and 3. Mean differences from placebo in change from baseline at 3 months were: sTST = 19.7min, sTSO = -8.4min, sWASO = -6.9min, LPS = -9.4min, WASO = -22.9min. The results for the 40/30mg regimen of suvorexant were similar in Trial-2, except that the effect on LPS at 3 months was not significant, likely due to high placebo response. Mean differences from placebo in change from baseline at 3 months were: sTST = 25.1min, sTSO = -13.2min, sWASO = -8.9min, LPS = -3.6min, WASO = -29.4min.

In both trials, the magnitude of improvement seen for some endpoints was dose-related. Both dose regimens of suvorexant were generally well-tolerated and without evidence of clinically important rebound or withdrawal on discontinuation.

Conclusions: Suvorexant improved sleep onset and maintenance over a 3-month treatment period in two pivotal Phase 3 trials, without evidence of clinically important rebound or withdrawal effects following discontinuation.

Support: Merck
LBA 5
1:15pm – 1:30pm
HEALTH EFFECTS OF POOR SLEEP: AN INVESTIGATION OF NEW ONSET MENTAL ILLNESS IN RELATION TO SLEEP PATTERNS IN THE MILLENNIUM COHORT STUDY

Gehrman P1, Seelig AD2, Boyko EJ3, Jacobson IG2, Hooper T4, Smith B2, Ulmer CS5, Gackstetter GD6, Crum-Cianflone NF2, Smith TC2

1Department of Psychiatry, Penn Sleep Center, University of Pennsylvania, Philadelphia, PA, USA, 2Department of Deployment Health Research, Naval Health Research Center, San Diego, CA, USA, 3Seattle Epidemiologic Research and Information Center, Veterans Affairs Puget Sound Health Care System, Seattle, WA, USA, 4Department of Preventive Medicine and Biometrics, Uniformed Services University of the Health Sciences, Bethesda, MA, USA, 5Durham VA and Duke University Medical Centers, Durham, NC, USA, 6Analytic Services, Inc. (ANSER), Arlington, VA, USA

Introduction: Poor sleep is common in military populations. Longitudinal studies in civilian population have found that poor sleep is a risk factor for new-onset mental illness, but this has not been examined in military cohorts. Population-based studies are needed to determine how poor sleep affects the health of US military service members.

Methods: Using self-reported data from the Millennium Cohort Study collected from 2001-2008, we evaluated the association of baseline sleep duration and insomnia symptoms on the development of new-onset mental illness among deployers. Participants (n=15,204) completed assessments before and after deployment to Iraq or Afghanistan. Multivariable modeling techniques were used to estimate the odds of developing a mental illness, including posttraumatic stress disorder (PTSD), depression, and anxiety syndrome, while adjusting for relevant covariates including combat experience.

Results: Insomnia symptoms and short sleep duration were significantly associated with the development of new-onset PTSD and anxiety syndrome (all P-values <0.01). Trouble sleeping, but not sleep duration, was significantly associated with new-onset depression following deployment (P <0.01). The risk associated with insomnia symptoms was second in magnitude only to combat, with odds ratios ranging from 1.8 to 4.4.

Conclusion: Pre-deployment poor sleep is a significant risk factor for developing new-onset mental illness post-deployment. The degree of risk conferred by insomnia symptoms is substantial. Given that poor sleep is potentially modifiable, a focus on improving sleep patterns and encouraging healthy sleep habits is recommended to improve the health and well-being of service members.
Optimizing Care For The Narcolepsy Patient
An Expert Roundtable

Monday, June 11, 2012

Registration and Dinner
6:15 PM – 6:45 PM
Symposium
6:45 PM – 8:45 PM

Sheraton Boston Hotel
Connected to Convention Center
Republic Ballroom, Second Floor
39 Dalton Street, Boston, Massachusetts

Chair
Michael Thorpy, MD
Thomas Scammell, MD
Phyllis Zee, MD, PhD

AGENDA

6:15 PM Registration and Dinner
6:45 PM Introduction
Chair: Michael Thorpy, MD
6:55 PM Narcolepsy Clinical Features,
Pathophysiology, and Diagnosis
Thomas Scammell, MD
7:15 PM Panel Discussion/Question-and-Answer
7:30 PM Insights into Treating the
Narcolepsy Patient
Michael Thorpy, MD
7:50 PM Panel Discussion/Question-and-Answer
8:05 PM Challenges in Patient Care:
Case Study #1
Phyllis Zee, MD, PhD
8:25 PM Challenges in Patient Care:
Case Study #2
Michael Thorpy, MD
8:45 PM Conclusion of Program

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We Want Your Feedback  | Visit www.sleepmeeting.org/evaluations
ActiGraph is a leading provider of actigraphy-based sleep/wake monitoring solutions for the global scientific community. ActiGraph’s comprehensive line of hardware and software products are among the most widely used and extensively validated ambulatory monitoring systems available, delivering objective and reliable sleep/wake data to customers in more than 65 countries.

ADVANCE Media, Marketing, Merchandise
King of Prussia, PA
800-355-5627
www.advanceweb.com
Merion Matters, parent company of ADVANCE, is the healthcare industry’s leading resource for reliable information, specialized gear and customized professional products. With dozens of magazines, websites, job fairs and events, in addition to our ADVANCE Custom Promotions and ADVANCE Healthcare Shop divisions, we serve millions of healthcare professionals nationwide.

Advanced Brain Monitoring is the leading product innovator for the sleep industry. Its new product, SleepProfiler™, enables cost-effective assessment of sleep architecture in-home, just as ARES™ did for OSA. The Apnea Guard® trial oral appliance and Night Shift™ sleep positioner provide novel alternatives to conventional OSA therapy.

AG Industries proudly manufactures, inventories, and ships an extensive line of sleep and respiratory products. This year we added three innovative new products to our sleep line: The Boomerang Gel Pad and The McCoy & Lulu pediatric CPAP masks. Please visit us for more information on the most diverse sleep products in existence for health care.
With a mission of improving respiratory health worldwide, the American Thoracic Society focuses its efforts on pulmonary, critical care and sleep. The ATS offers educational opportunities to medical professionals through CME programs, high-impact journals, and clinical guidelines and statements, as well as research support, advocacy programs and patient education.

Apnea Sciences Corporation
Laguna Hills, CA
617-835-3757
www.apneasciences.com
ApneaRx™ developed by Apnea Sciences Corporation (Laguna Hills, CA) is the first “transition” heat and fit oral appliance that can be titrated by the practitioner and easily adjusted by the patient in 1mm increments (without bolts, screw driver, etc). ApneaRx will help practitioners and patients to choose the best sleep apnea treatment. For more information contact Patrick Maley, pmaley@apneasciences.com, 617 835 3757.

Apnex Medical, Inc.
St. Paul, MN
www.apnexmedical.com
Apnex Medical, Inc. is a pioneer in developing novel medical treatments for obstructive sleep apnea. The Apnex Hypoglossal Nerve Stimulation (HGNS®) System is an implanted medical device that activates the upper airway muscles to ensure the airway remains open during sleep. It is being evaluated in clinical studies.

ApniCure™ develops innovative home-use treatment options for obstructive sleep apnea (OSA).

Apria Healthcare
Lake Forest, CA
800-277-4288
www.apria.com
Apria Healthcare is the leading provider of home healthcare products and services. We offer a comprehensive range of home oxygen therapy, respiratory medications, positive airway pressure therapy, tube feeding therapy, infusion therapy, negative pressure wound care, and home medical equipment, supported with 24/7 clinical services. Visit our website at www.apria.com.

Arrow Media publishes the “Sleep Diagnosis and Therapy” Journal. Visit www.sleepdt.com - We are a full service media group specializing in Print, Web, Smartphone App Development, Tablets, Social Media, SEO, Licensing, Distribution, Advertising, Game Design and Writing Games.

ASET - The Neurodiagnostic Society
Kansas City, MO
816-931-1120
www.aset.org
ASET - The Neurodiagnostic Society represents more than 4,000 neurodiagnostic professionals who study and record electrical activity in the brain and nervous system. Members include technologists, students, physicians and institutions involved in EEG, evoked potentials, intraoperative neuromonitoring, polysomnography/sleep studies, nerve conduction studies, long-term monitoring and related neurodiagnostics. Stop by our booth for more information!

The Atlanta School of Sleep Medicine offers intensive introductory courses, live and online board preparation classes, and online practice activities in sleep medicine for physicians, technologists, nurse practitioners, physician assistants, and industry professionals. The Atlanta School of Sleep Medicine has trained over 6,000 medical professionals since 1992.

aveoTSD (tongue stabilizing device) – this simple oral medical device is clinically proven to treat mild to moderate Obstructive Sleep Apnea, and Snoring. The aveoTSD maintains the upper airway during sleep by gently attaching to the tongue and supporting it in a forward position. Custom fitting is done by front-line medical professionals.

BB&T Insurance Services provides insurance solutions for the sleep medicine industry ranging from professional liability coverage to data security liability.
Booth Number: 1123
Beaumont Products, Inc.
Kennesaw, GA
800-451-7096
www.citrus2.com
Manufacturers of Citrus II brand of highly effective CPAP Mask Cleaners, Odor Eliminating Sprays and Solid Air Fresheners, Germicidal Cleaners, Hand Sanitizers, and Antibacterial Hand Soap.

Booth Number: 223
Better Rest Solutions
Kennesaw, GA
Uxbridge, MA
866-501-3705
www.betterrestsolutions.com
BRS has developed the first automated CPAP sanitizing machine, the SoClean. On a daily basis, CPAP users deal with the inconvenience of having to thoroughly clean their CPAP equipment, in order to maintain user compliance. The SoClean’s natural sanitizing process is currently used in the food and public water industries.

Booth Number: 638
BMC Medical Co., Ltd.
Beijing, China
www.bmc-medical.com
BMC Medical is a professional manufacturer and specialist for Sleep Apnea diagnosis and therapy devices. We have more than 10 years experience in this area. At present we are the leading company in Chinese market. We have got ISO13485 and CE certification for our product.

Booth Number: 519
BRAEBON Sensors & Home Testing
Kanata, ON, Canada
888-462-4841
www.braebon.com
BRAEBON® introduces improved versions of our software for our best-in-class Type 3 MediByte® Jr and MediByte® recorders. High quality sleep sensors include our PVDF effort sensors, oronasal and nasal cannulae, new family of disposable airflow sensors, RIP effort, new & improved reusable and disposable cTherm cannula thermistors.

Booth Number: 241
Brain Vision, LLC
Morrisville, NC
877-344-4674
www.brainvision.com
Brain Vision LLC offers full service solutions for customized neurophysiological research on infants and adults that include EEG/ERP software and hardware, fMRI compatible equipment, stimulation devices (TMS, tDCS, tACS), wireless system applications for passive and active electrodes, and accessories.

Booth Number: 305
Cadwell Laboratories, Inc.
Kennewick, WA
800-245-3001
www.cadwell.com
Visit Cadwell in booth 305 to see the Easy ApneaTrak Type 3 HST system and the latest Easy III PSG. Highly configurable with robust networking capabilities, almost any system challenge can be solved. Cadwell is the new standard in sleep diagnostics. Visit www.estore.cadwell.com for all your sensors too.

Booth Number: 301
Cadwell Therapeutics Inc.
Kennewick, WA
888-872-8538
www.CTIsleep.com
In the rich tradition of Cadwell Laboratories, Inc., Cadwell Therapeutics, Inc. offers innovative treatment solutions in sleep medicine patient care. With high CPAP intolerance and noncompliance rates, patients need alternative treatments. We collaborate with sleep labs, physicians and dentists to provide oral appliance therapy as a treatment solution for these patients.

Booth Number: 343
Cailor Fleming Insurance
Youngstown, OH
800-786-8495
www.cailorfleming.com
Cailor Fleming Insurance provides a comprehensive insurance program designed specifically for the sleep industry. We also offer one of the only individual policies for sleep techs that helps to personally protect them in the event of a claim. Our policy provides general liability coverage, professional liability coverage, and we also carry property exposures.

Booth Number: 1043
Camntech, Inc.
Boerne, TX
830-755-8036
www.camntech.com
CamNtech Ltd. - Manufacturer of Ambulatory Data Logging Devices such as Actiheart, Actiwave, MotionWatch, Actiwatch, PRO-Diary, & Cardio. For more information please contact us at: www.camntech.com.

Booth Number: 105
CareFusion
San Diego, CA
www.carefusion.com
CareFusion combines technology and intelligence to measurably improve patient care. Our clinically proven products are designed to help improve the safety and cost of healthcare for generations to come. Some of our most trusted brands include Alaris®, ChloraPrep®, Pyxis®, V. Mueller® and VIASYS.
Booth Number: 401
CleveMed
Cleveland, OH
877-CLEVEMED
www.CleveMed.com
CleveMed is expanding the reach of your sleep services today and tomorrow by offering innovative technologies for emerging sleep markets. From HST to PSG our devices meet focus on portability and ease of use.

Booth Number: 543
Clinical Trial Center North
Hamburg, Germany
+49 40 741051640
www.ctc-north.com
Clinical Trial Center North is a full service CRO, located in Germany and owned by the University Medical Center Hamburg-Eppendorf. CTC North operates a Sleeping Laboratory with 11 PSG-beds in cooperation with Hamburg University’s center for sleep medicine and a dedicated Phase I research facility with additional 26 beds.

Booth Number: 1133
Commercial Wallbed Systems
Wapakoneta, OH
800-413-4121
www.commercialwallbedsystems.com
Commercial Wall Bed Systems has been manufacturing wall beds for decades and offer the perfect solution for medical facilities with space issues. We provide commercial quality wall beds for patient comfort, the convenience of pull-down Murphy-style exam tables, and attractive cabinetry in numerous finishes and styles.

Booth Number: 542
Committee on Accreditation for Polysomnographic Technologist Education
Concord, MA
978-369-9199
www.coapsg.org
CoA PSG, a Committee on Accreditation member of the Commission on Accreditation of Allied Health Education Programs (CAAHEP), provides accreditation services to certificate and degree programs in polysomnographic technology. CoA PSG is sponsored by American Academy of Sleep Medicine, American Association of Sleep Technologists, and Board of Registered Polysomnographic Technologies.

Booth Number: 319
Compumedics USA, Inc.
Charlotte, NC
877-717-3975
www.compumedics.com
See More and Do More™ with Compumedics sleep systems. From research level recordings to home testing, Compumedics Sleep Systems perform. Stop and see our latest innovations including the GRAEL HD-PSG, SomtéPSG and the Somté HST Systems. See how to maximize the productivity of your enterprise with the ProFusion neXus Lab Management Software. www.compumedics.com

Booth Number: 126
Contec Medical Systems Co., LTD
Qinhuangdao, Hebei, China
www.contecmed.com
Contec Medical Systems, focusing on research, manufacture and distribution of medical instruments, was founded in 1992 as a high-tech company. Our product line covers a wide range of 13 categories. We have passed ISO 9000 and some of our products have CE and FDA certificates. Today, we have established a modern scientific and effective manufacture system and management system.

Booth Number: 1115
Contour Products, Inc.
Charlotte, NC
800-692-6686 x2415
www.ContourHealth.com
Contour Products has been designing solution-based sleep, comfort and support products for over 20 years. Our line of CPAP Pillows and accessories make CPAP therapy equipment easier to use, improving patient comfort and compliance. Our wipe down Clinic Pillows simplify the titration process for both the patient and sleep clinician.

Booth Number: 237
Dental Sleep Med Systems
Modesto, CA
866-602-6550
www.DentalSleepMedSystems.com
A comprehensive Sleep Practice offers onsite Oral Appliance Therapy. Dental Sleep Med Systems has a turnkey system, bringing a part time local dentist and a new revenue center to your practice in compliance with all state and federal regulations. Info@SnoringIsBoring.com.
PhiTools has joined with EGI to bring PRANA’s flexible suite of tools to the dEEG research community. Import data from EGI’s Geodesic EEG System 300 and Geodesic EEG Mobile 100 (GEM 100) systems in the EDF+ format to examine sleep, biological rhythms, and more. EGI’s Geodesic Sensor Net requires no scalp abrasion for painless sleep EEGs.

Embla, a division of Natus, presents the most comprehensive line of laboratory and home Sleep Diagnostic Systems available anywhere in the world. Our four PSG platforms, REMbrandt™, RemLogic™, Sandman® and SleepWorks™ along with our family of PSG/EEG amplifiers provide the tools to answer all of your clinical questions.

Everyday Health is a leading provider of health solutions for consumers and marketing solutions for healthcare professionals. From custom newsletters and websites to social media and search engine optimization, we help you enhance your practice marketing efforts and drive more patients from the web.
Booth Number: 430  
Faith Medical, Inc.  
Steedman, MO  
800-600-1390  
www.faithmedical.com
Faith Medical carries a full line of sleep diagnostic products from leading manufacturers Ambu-Sleepmate, Pro-Tech/Phillips Respironics, Braebon, SleepSense, CareFusion/Teca & Nicolet, Astromed/Grass and Weaver. Whether you need snore microphones and effort belts, collodion and surface electrodes, or tape and gloves, FMI can fill all of your supply needs.

Booth Number: 1007  
Fisher & Paykel Healthcare  
Irvine, CA  
800-446-3908  
www.fphcare.com
At Fisher & Paykel Healthcare, we believe everyone should enjoy a good night’s sleep. We’ve based our business on this belief. To those who suffer from Obstructive Sleep Apnea and those who provide treatment for them, we bring an innovative family of Continuous Positive Airway Pressure and interface solutions.

Booth Number: 1121  
Frantz Design Inc. - Myerson Tooth Co.  
Katy, TX  
800-588-7898  
www.openairway.com
The EMA Oral Appliance from Myerson increases airway space by advancing the mandible using interchangeable straps. FDA cleared for the treatment of snoring and Obstructive Sleep Apnea, EMA’s patient friendly design offers advantages not found in other oral appliances.

Booth Number: 104  
General Sleep Corporation  
Euclid, OH
General Sleep introduces the Zmachine® DT-100, a wearable, unobtrusive, single channel, EEG-based wake/sleep detection system, to facilitate the diagnosis and treatment of insomnia and other sleep disorders. General Sleep specializes in the development of advanced EEG signal processing algorithms and hardware systems for the medical and research communities.

Booth Number: 219  
GlaxoSmithKline  
Research Triangle Park, NC  
www.gsk.com
GlaxoSmithKline is a leading research-based pharmaceutical company with a powerful combination of skills to discover and deliver innovative medicines. We offer a number of programs to support effective health management strategies and improve patient care. Please visit our exhibit to learn more about our products.

Booth Number: 315  
Grass Technologies, An Astro-Med Inc. Subsidiary  
West Warwick, RI  
877-472-7779  
www.grasstechnologies.com
Grass Technologies offers a wide range of instrumentation for PSG, EEG, LTM, Neuromonitoring – from lab-based to ambulatory recorders – at affordable prices. Systems feature the world-renowned accuracy, dependability and performance of Grass amplifiers, and powerful software. A full line of electrodes, transducers, etc. is also available – visit our Online Store.

Booth Number: 634  
Great Lakes Orthodontics, Ltd.  
Tonawanda, NY  
800-828-7626  
www.greatlakesortho.com
For over 20 years, Great Lakes has been providing the most effective appliances, diagnostic tools, and technical support to dentists for their patients with snoring and OSA. We offer a comprehensive selection of clinically proven sleep appliances as well as effective, user-friendly sleep screening equipment and devices.

Booth Number: 1107  
The HoZer USA  
Fort Atkinson, WI  
thehozerusa.com
New CPAP users must sleep in order to comply. Millions quit unnecessarily because of preventable sleep interruptions. The HoZer® eliminates unnecessary sleep interruptions and provides maximum CPAP comfort from the start. CPAP users sleep better immediately and adjust to using CPAP.
HSINER is a leading manufacturer and exporter in Taiwan, specializing in the Respiratory, Emergency care, Anesthesia and Sleep Apnea products. Our company is certified with ISO13485, CE and Taiwan GMP standards. We manufacture in house to allow us to be in control of all the manufacturing processes and to provide products with consistent quality. HSINER also offers integrated design, tooling and engineering to take you from concept to production. Our engineers use advanced CAD systems to develop the device that will precisely meet your design requirements.

ImageHawk, Inc. has been delivering innovative solutions to both enhance and solidify our clients’ bottom lines for over 13 years. iEMR/RestEZ is an Electronic Health Record system compatible with all major PSG systems for sleep companies, labs, and independent practitioners a comprehensive practice management solution customizable for each practice.

ImThera Medical has developed a novel neurostimulation medical device for the treatment of Obstructive Sleep Apnea (OSA). Through targeted tongue-muscle stimulation, ImThera’s hypoglossal nerve multi-contact device delivers muscle tone to key tongue muscles during sleep, opening the upper airway and substantially reducing or eliminating OSA events.

Indigo Arc Medical Systems has been offering robust, cloud-based Sleep Practice Management and Workflow solutions since 2004. The Sleep Lab Management (SLaM) platform is a cloud based, pay as you go platform rich in features. These include patient health records, patient portal, staff/lab scheduling, clinic scheduling/records, scoring support, online interpretations, data/records management and archiving, practice performance dashboard and reports, integrated portals (patient, referring physician, lab partner, scoring partner), and referral tracking capabilities.

Inspire Medical Systems, Inc. is the world’s leading developer of innovative, implantable neurostimulation technologies to treat Obstructive Sleep Apnea (OSA). Utilizing well-established technologies from cardiac pacing and neurostimulation, Inspire developed a proprietary Upper Airway Stimulation (UAS) therapy designed to improve sleep and enrich the lives of people suffering from OSA.

Itamar Medical has developed WatchPAT™: Convenient, portable sleep apnea testing device installed by the patient in their own home with over 350,000 tests worldwide. It replaces a sleep lab all without cumbersome nasal cannulas or belts. Offers greater patient comfort, more natural sleep, and amazingly low failure rate. Request your free sleep test at the show.

Jazz Pharmaceuticals plc is a specialty biopharmaceutical company that identifies, develops and commercializes innovative products to address unmet medical needs in focused therapeutic areas, always keeping in mind our mission to improve patients’ lives. Living our core values of integrity, passion, collaboration, innovation and the pursuit of excellence is the key to our success.

Jmark Unlimited LLC provides CPAP Holders, a convenient, safe and easily accessible way to enjoy your CPAP machine, without sacrificing valuable space and cluttering up the nightstand. By placing the machine in the unused space between your bed and nightstand, it optimizes the hose length, and keeps your machine safe.

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Cyber Café
The Cyber Café, sponsored by Purdue Pharma, LP, is located on the third level. The Cyber Café will be available to attendees to check their email from Saturday, June 9 through Wednesday, June 13.

Charging Stations
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