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European Alliance for Restless Legs Syndrome

‘Defining Life’s Signals’
Restless Legs Syndrome around the clock

Monday, September 12, 2011, 12:00 – 13:30

QUÉBEC CITY CONVENTION CENTRE
Room: lecture hall
Chair: Richard Allen

<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>12:00 – 12:20</td>
<td>From preclinics to the RLS patient’s needs: is there a rationale for a 24 hours treatment? Richard Allen</td>
</tr>
<tr>
<td>12:20 – 12:40</td>
<td>Efficacy and safety of rotigotine transdermal patch: a 5-year prospective, multinational, open-label study. Luigi Ferini-Strambi</td>
</tr>
<tr>
<td>12:40 – 13:00</td>
<td>Daytime burden in RLS patients: a new paradigm from diagnosis to treatment? Diego Garcia-Borreguero</td>
</tr>
<tr>
<td>13:00 – 13:20</td>
<td>Relationship between clinically significant augmentation of RLS and dosage of transdermal rotigotine. David Rye</td>
</tr>
<tr>
<td>13:20 – 13:30</td>
<td>Q&amp;A. All</td>
</tr>
</tbody>
</table>

FACULTY DETAILS

- Richard Allen, PhD, FAASM, Associate Professor, Department of Neurology, Johns Hopkins School of Medicine, Baltimore, Maryland, USA
- Luigi Ferini-Strambi, MD, Associate Professor, Director, Sleep Disorders Center, Università Vita-Salute San Raffaele, Milan, Italy
- Diego Garcia-Borreguero, MD, PhD, Director, Sleep Research Institute, Madrid, Spain
- David Rye, MD, PhD, Department of Neurology, Emory University School of Medicine, Atlanta, Georgia, USA

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WELCOME

Dear Colleagues and Friends,

On behalf of the World Association of Sleep Medicine (WASM) and the Canadian Sleep Society (CSS), we are delighted to welcome you to our joint congress of the 4th International World Sleep Congress and 5th Conference of the CSS in Quebec City, Canada from September 10-14, 2011.

The congress is an international forum of professionals advancing current thinking to improve sleep health, and encourage prevention and treatment of sleep disorders. The congress brings together leading experts to discuss, debate, and disseminate knowledge amongst sleep clinicians and researchers for the advancement of sleep health worldwide.

Your involvement in this congress is greatly valued. We hope that you’ll enjoy the science, collegiality and social events at our world sleep conference in this charming city.

Welcome to Quebec City!

Best regards,

Christian Guilleminault, MD
President, WASM

Helen S. Driver, PhD, DABSM
President, CSS
CONGRESS PURPOSE

Dear Colleagues and Friends:

On behalf of the World Association of Sleep Medicine (WASM) and Canadian Sleep Society (CSS), we are delighted to welcome you to this international sleep meeting in Quebec City, Canada. The scientific committee has put together an outstanding program with courses and workshops, keynote lectures, symposia, and nearly 500 oral and poster presentations covering all areas of sleep medicine from basic sciences to technological advances and clinical applications.

With its theme on *Sleep, Health, and Society*, this international event brings together more than 1000 participants from 44 countries. Leading experts from around the world will present the latest developments in the field about sleep and its disorders with content that should be of interest to clinicians, researchers, technologists, students and trainees, and even the lay public.

We trust this educational forum provides an ideal opportunity to meet colleagues and share new ideas on the most recent advances in the field to promote healthy sleep worldwide and improve the prevention, diagnosis, and treatment of sleep disorders.

We wish to thank you for attending this meeting and are grateful to all of those who have contributed to its content and organization. We hope that you have a pleasant learning experience and that you enjoy Quebec City and its rich culture. We look forward to greeting you personally during the meeting.

Best regards,

Charles M. Morin, PhD
WASM/CSS 2011
Program Co-Chair

Richard Allen, PhD
WASM/CSS 2011
Program Co-Chair
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMMITTEES</td>
<td>8</td>
</tr>
<tr>
<td>CONGRESS ORGANIZERS</td>
<td>12</td>
</tr>
<tr>
<td>PROGRAM-AT-A-GLANCE</td>
<td>15</td>
</tr>
<tr>
<td>PROGRAM</td>
<td>16</td>
</tr>
<tr>
<td>LIST OF POSTER PRESENTATIONS</td>
<td>80</td>
</tr>
<tr>
<td>EXHIBIT HALL FLOOR PLAN</td>
<td>124</td>
</tr>
<tr>
<td>COMPANY DESCRIPTIONS</td>
<td>126</td>
</tr>
</tbody>
</table>
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<td>U.K.</td>
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<td>Korea</td>
<td>Sona Nevsimalova</td>
<td>Czech Rep</td>
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<tr>
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<td>USA</td>
<td>Eleftherios Papathanesiou</td>
<td>Greece</td>
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<td>Italy</td>
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<td>Finland</td>
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</tr>
<tr>
<td>Raffaele Feri</td>
<td>Italy</td>
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<td>Spain</td>
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World Association of Sleep Medicine

The fundamental mission of the WASM is to advance sleep health worldwide. WASM will fulfill this mission by promoting and encouraging education, research and patient care throughout the World, particularly in those parts of the world where the practice of sleep medicine is less developed. WASM will act as a bridge between different sleep societies and cultures, supporting and encouraging worldwide exchange of clinical information and scientific studies related to sleep medicine. WASM will seek to encourage development and exchange of information for world-wide and regional standards of practice for sleep medicine.

World Sleep Day

World Sleep Day (WSD) is an annual event, intended to be a celebration of sleep and a call to action on important issues related to sleep, including medicine, education, social aspects and driving. It is organized by the WSD Committee of the World Association of Sleep Medicine (WASM) and aims to lessen the burden of sleep problems on society through better prevention and management of sleep disorders. WSD 2012 is being held on March 16, 2012. The committee is co-chaired by WASM members Antonio Culebras, MD, professor of neurology at SUNY, Upstate Medical University, New York and Liborio Parrino, MD, assistant professor of neurology at Parma University, Italy. Please stop by the WASM informational booth for more information on how you can be involved.

The Canadian Sleep Society (CSS) / Société Canadienne du Sommeil (SCS)

The CSS is a professional association of clinicians, scientists and technologists formed in June 1986 to further the advancement and understanding of sleep and its disorders through scientific study and public awareness. The Society has established the following objectives:

- To facilitate the advancement of education in the area of sleep research and sleep disorders medicine.
- To help consolidate and advance sleep research in Canada.
- To promote and support the growth and quality of sleep disorders medicine in Canada.
- To increase the profile and support for sleep research in Canada.
- To increase public awareness of the importance of sleep research and sleep disorders medicine, and Canada’s contribution to this area.
- To engage in educational activities and facilitate support for trainees.
KEYNOTE SPEAKERS

Charles Czeisler, MD, PhD (USA)
Sleep, health and circadian rhythm disruptions in modern society

Collin Sullivan, MD, PhD (Australia)
Sleep-disordered breathing in pregnancy: Effects on the fetus

Pierre Philip, MD, PhD (France)
Sleep, sleepiness, and safety on the road

Barbara E Jones, PhD (Canada)
Neural regulation of homeostatic sleep mechanisms

Kevin Morgan, PhD (United Kingdom)
Insomnia, therapy and health policies

Matthew Walker, PhD (USA)
Sleep, learning, and emotion

Wayne Hening Memorial Lecture
Sudhansu Chokroverty, MD (USA)
Motor Control and Dyscontrol in Sleep
# PROGRAM-AT-A-GLANCE

## Friday, September 9
- 18:00-21:00 On-Site Registration

## Saturday, September 10
- 7:00-20:00 On-Site Registration
- 8:00-12:00 Pre-Congress Course 1
- 8:00-12:00 Pre-Congress Course 2-3
- 13:00-17:00 Pre-Congress Course 1 (con’d)
- 13:00-17:00 Pre-Congress Courses 4-5
- 14:00-17:00 Public Lectures (French)

## Sunday, September 11
- 7:00-18:00 On-Site Registration
- 8:00-12:00 Pre-Congress Courses 6-7
- 8:30-17:00 Technologist Program
- 10:15-17:00 Student Training Program
- 17:30-20:30 Opening Ceremony / Reception

## Monday, September 12
- 7:00-18:00 On-Site Registration
- 8:00-9:00 Keynote Lecture 1 (Charles Czeisler)
- 9:00-10:30 Symposia 1-4
- 10:00-17:00 Exhibition
- 10:30-11:00 Coffee Break
- 11:00-12:30 Technologist Workshop (French)
- 11:00-12:30 Oral Paper Presentations
- 12:30-14:00 Industry Symposium (UCB)
- 14:00-15:00 Keynote Lecture 2 (Matthew Walker)
- 15:00-15:30 Coffee Break
- 15:00-17:00 Poster Presentations
- 15:30-17:00 Symposia 5-7
- 15:30-17:30 Technologist Workshop
- 17:00-18:30 Symposia 8-10
- 19:00-22:00 Banquet Dinner (Ticketed) Chateau Frontenac
- 19:00-22:00 Dinner Cruise, St. Lawrence River

## Tuesday, September 13
- 7:00-18:00 On-Site Registration
- 8:00-9:00 Keynote Lecture 3 (Collin Sullivan)
- 9:00-10:30 Symposia 11-14
- 10:00-17:00 Exhibition
- 10:30-11:00 Coffee Break
- 11:00-12:30 Technologist Workshop (French)
- 11:00-12:30 Oral Paper Presentations
- 12:30-14:00 Industry Symposium (Respironics)
- 14:00-15:00 Keynote Lecture 4 (Pierre Philip)
- 15:00-15:30 Coffee Break
- 15:00-17:00 Poster Presentations
- 15:30-17:00 Symposia 15-17
- 15:30-17:30 Technologist Workshop
- 17:00-18:30 Symposia 18-20
- 18:30-20:00 WASM Membership Meetin
- 18:30-20:00 CSS Annual General Meetin
- 20:00-23:00 Snooze Bowl

## Wednesday, September 14
- 7:00-18:00 On-Site Registration
- 8:00-9:00 Keynote Lecture 5 (Kevin Morgan)
- 9:00-10:30 Symposia 21-23
- 10:00-17:00 Exhibition
- 10:30-11:00 Coffee Break
- 11:00-12:30 Technologist Workshop (French)
- 11:00-12:30 Oral Paper Presentations
- 12:30-14:00 WASM/ESRS Symposium
- 12:45-13:45 Hening Memorial Lecture (Sudhansu Chokroverty)
- 14:00-15:00 Keynote Lecture 6 (Barbara Jones)
- 15:00-15:30 Coffee Break
- 15:00-17:00 Poster Presentations
- 15:30-17:00 Symposia 24-26
- 15:30-17:30 Technologist Workshop
- 17:30-18:00 Closing Ceremony
- 18:00-19:00 Farewell Social Event
SATURDAY, SEPTEMBER 10, 2011

7:00am – 8:00pm  On-Site Registration

8:00am – 5:00pm  Pre-Congress Course 1

C1: Advances in the Management of Pediatric Sleep Disorders (206A)

Co-Chairs: Shelly Weiss, MD (Canada) and Sanjeev Kothare, MD (USA)

Speakers: Indra Narang, MD (Canada); Umakanth Khatwa, MD (USA); Oliviero Bruni, MD (Italy); Roger Godbout, PhD (Canada); Shelly Weiss, MD (Canada); Sanjeev Kothare, MD (USA); Suresh Kotagal, MD (USA); Sona Nevsimalova, MD (Czech Republic)

Objectives:
1. Review common sleep disorders that occur in childhood and adolescence, and understand their management strategies.
2. Understand the differences in the interpretation of pediatric vs. adult polysomnography.
3. Understand the role of pharmacotherapy in the treatment of pediatric insomnia.
4. Review and update knowledge on pediatric sleep disorders in diverse medical conditions (mental health disorders, epilepsy, headaches, traumatic brain injury).

Sleep apnea and its consequences
Indra Narang, MD (Canada)

Polysomnography in pediatrics
Umakanth Khatwa, MD (USA);
Presentation slides courtesy of Judy Owens, MD (USA)

Non-pharmacological and pharmacological treatment of insomnia in normal infants and children
Oliviero Bruni, MD (Italy)

Treatment of insomnia in children and adolescents with mental health disorders
Roger Godbout, PhD (Canada)

Motor disorders of sleep including PLMS, RLS, and bruxism
Shelly Weiss, MD (Canada)

Epilepsy and sleep
Sanjeev Kothare, MD (USA)

Traumatic brain injury, headache and sleep
Suresh Kotagal, MD (USA)

Narcolepsy and hypersomnolence
Sona Nevsimalova, MD (Czech Republic)
C2: Understanding Insomnia - New Approaches to Etiology, Diagnosis and Treatment (206B)

Chair: Dieter Riemann, PhD (Germany)

Speakers: Jack Edinger, PhD (USA); Simon Kyle, PhD (United Kingdom); Dieter Riemann, PhD (Germany); Daniel Buysse, MD (USA); Phil Gehrman PhD (USA)

Objectives:
1. Understand the concept of hyperarousal as relevant to insomnia pathogenesis.
2. Review current thinking about cognitive models of insomnia.
3. Discuss the differential diagnosis of insomnia syndromes from a pathobiological perspective.

Diagnosis of insomnia / differential-diagnostic process
Jack Edinger, PhD (USA)

Cognitive models of insomnia
Simon Kyle, PhD (United Kingdom)

The hyperarousal concept of insomnia – neurobiological aspects
Dieter Riemann, PhD (Germany)

Pharmacotherapy of insomnia
Daniel Buysse, MD (USA)

Cognitive-behavioral treatment of insomnia: nuts and bolts
Phil Gehrman, PhD (USA)
SATURDAY, SEPTEMBER 10, 2011

8:00am – 12:00pm  Pre-Congress Course 3

C3: Advanced Management of Sleep Breathing Disorders: An Interactive Problem-Based Session (204AB)

Co-Chairs: Clodagh Ryan, MD (Canada) and Robert Thomas, MD (USA)

Speakers: Clodagh Ryan, MD (Canada); Robert Thomas, MD (USA);
Robert Skomro, MD (Canada); Jean-Louis Pépin, MD, PhD (France); Antonio Culebras, MD (USA)

Objectives:
1. Understand the nature of interactions of sleep apnea and cardiac disease.
2. Learn alternative (to positive pressure) approaches to management of chemoreflex pathology in the context of sleep apnea.
3. Receive an update on patterns and management of sleep apnea in selected neurological and neuromuscular disorders.
4. Learn applied ventilation principles for the management of the obesity-hypoventilation syndrome.

Sleep apnea and cardiac disease
Clodagh Ryan, MD (Canada)

Alternative treatments for chemoreflex-mediated sleep apnea
Robert Thomas, MD (USA)

Sleep-related breathing disorders and neuromuscular disease
Robert Skomro, MD (Canada)

Management of positive airway pressure (PAP) therapies in obesity hypoventilation syndrome
Jean-Louis Pépin, MD, PhD (France)

Sleep and stroke
Antonio Culebras, MD (USA)
SATURDAY, SEPTEMBER 10, 2011

1:00pm – 5:00pm Pre-Congress Course 4

C4: Ambulatory Sleep Techniques (204AB)

Chairs: Thomas Penzel, PhD (Germany)

Speakers: Heidi Danker-Hopfe, PhD (Germany); Dirk Sommermeyer, MD (Sweden); Robert Thomas, MD (USA); Thomas Penzel, PhD (Germany)

Objectives:
1. Understand usefulness and limitations of ambulatory ECG.
2. Learn about the use of peripheral pulse wave analysis in sleep apnea medicine.
3. Understand how autonomic and respiratory “windows” provide unique insights into sleep physiology and pathology.
4. Receive an update on ambulatory monitoring for sleep apnea diagnosis.

Ambulatory EEG recording for sleep and insomnia monitoring
Heidi Danker-Hopfe, PhD (Germany)

Pulse wave analysis to diagnose sleep apnea
Dirk Sommermeyer, MD (Sweden)

Cardiopulmonary coupling and heart rate analysis
Robert Thomas, MD (USA)

Meta-analysis and guideline for portable monitoring in sleep apnea
Thomas Penzel, PhD (Germany)
SATURDAY, SEPTEMBER 10, 2011

1:00pm – 5:00pm Pre-Congress Course 5

C5: Parasomnias Update 2011 (206B)

Chair: Jacques Montplaisir, MD, PhD (Canada)

Speakers: Isabelle Arnulf, MD, PhD (France); Ron Postuma, MD (Canada); Anne Germain, PhD (USA); Rosalia Silvestri, MD (Italy); Carlos Schenck, MD (USA)

Objectives:
1. Review the clinical and sleep laboratory characteristics (PSG and video) of REM and non-REM parasomnia.
2. Discuss the differential diagnosis of parasomnia.
3. Update knowledge on the basic mechanisms of REM and non-REM parasomnia.
4. Review psychological and pharmacological treatments of parasomnia.

Sleepwalking
Isabelle Arnulf, MD (France)

REM behavior disorder
Ron Postuma, MD, PhD (Canada)

Nightmares
Anne Germain, PhD (USA)

Sleep-related epilepsy
Rosalia Silvestri, MD (Italy)

Treatment of REM and nonREM parasomnias
Carlos Schenck, MD (USA)
International Restless Legs Study Group (201B)

Canadian Sleep Medicine Credentialing Committee (201A)

Public Lectures (French)

Co-Chairs: Julie Carrier, PhD and Célyne Bastien, PhD
(in collaboration with La Fondation Sommeil)

2:00pm -3:00pm
Restless Legs Syndrome (Le Voleur de Sommeil / le Syndrome des Jambes Sans Repos) (202)
Régis Langelier, PhD

3:00pm -4:00pm
Sleep and Pain (J’ai mal! Effets sur le sommeil et l’humeur) (202)
Gilles Lavigne, DMD, PhD

Sleep Apnea (L’apnée du sommeil n’a pas de sexe) (207)
Frederic Séries, MD

4:00pm -5:00pm
Sleep and Menopause (Bien dormir à la ménopause, est-ce possible?) (202)
Josée Savard, PhD

Shift Work (Le travail de nuit: problèmes et stratégies d’adaptation) (207)
Marie Dumont, PhD
C6: The Measurement of Periodic Leg Movements During Sleep (PLMS) and Wakefulness (PLMW) (203)

Co-Chairs: Raffaele Ferri, MD (Italy) and Marco Zucconi, MD (Italy)

Speakers: Lynn-Marie Trotti, MD (USA); Raffaele Ferri, MD (Italy); Marco Zucconi, MD (Italy); Arthur Walters, MD (USA); Richard Allen, PhD (USA)

Objectives:
1. Review and understand the neurophysiology of motor control and limb activation during sleep.
2. Receive an update on measurement principles and methods.
3. Understand the impact of PLMs on the autonomic nervous system.
4. Integrate the new biology of PLMS/PLMW into clinical practice.

The neurophysiology of periodic leg movements during sleep
Lynn-Marie Trotti, MD (USA)

The measurement of periodicity and time structure of leg motor activity during sleep
Raffaele Ferri, MD (Italy)

The analysis of periodic leg movements during wakefulness and the suggested immobilization system
Marco Zucconi, MD (Italy)

The analysis of impact of periodic leg movements on the autonomic nervous system
Arthur Walters, MD (USA)

The measurement of periodic leg movements during sleep by actigraphy
Richard Allen, PhD (USA)
Pre-Congress Course 7

C7: Circadian Rhythms - Beyond Sleep (202)

Chair: Phyllis Zee, MD, PhD (USA)

Speakers: Diane Boivin, MD, PhD (Canada); Steven Shea, PhD (USA);
Fred Turek, PhD (USA); Phyllis Zee, MD, PhD (USA)

Objectives:
1. Receive an update on circadian biology beyond sleep processes, including metabolic regulation.
2. Understand the link between circadian rhythms and mood disorders.
3. Understand the role of circadian dysregulation in cardiovascular pathology.

Circadian rhythms and psychiatric disorders
Diane Boivin, MD, PhD (Canada)

Circadian regulation of cardiovascular function: Implications for cardiovascular disorders
Steven Shea, PhD (USA)

Circadian rhythms and risk for metabolic disorders
Fred Turek, PhD (USA)

Circadian rhythms disorders: From clocks to disease
Phyllis Zee, MD, PhD (USA)
SUNDAY, SEPTEMBER 11, 2011

8:30am – 5:00pm  Technologists Program (206AB)

8:30am – 8:45am  Welcome
Co-chairs: Natalie Morin, RPSGT (Canada) and Sharon Keenan, PhD, RPSGT (USA)

8:45am – 9:30am  Advances in Digital Technology and Sleep
Thomas Penzel, PhD (Germany)

9:30am – 10:15am  Update on Sleep and Control of Ventilation 2011
Richard Horner, PhD (Canada)

10:15am – 10:45am  BREAK

10:45am – 11:30am  CVD and Hypertension - Links with Sleep
Anstella Robinson, MD (USA)

11:30am – 12:15pm  PAP Therapy for Symptomatic and Asymptomatic OSA
Najib Ayas, MD (Canada)

12:15pm – 1:15pm  LUNCH

1:15pm – 2:00pm  Discussion Group: BRPT updates
Co-chairs: Natalie Morin, RPSGT (Canada) and Roger Godbout, PhD, RPSGT (Canada)
Speakers: Bonnie Robertson, RPSGT (USA); Janice East, RPSGT, REEGT (USA)

2:00pm – 2:45pm  Panel Discussion: International Credentialing
Co-chairs: Helen Driver, PhD, RPSGT (Canada) and Sharon Keenan, PhD, RPSGT (USA)
Speakers: Regine Cecchi, RPSGT (France); Mark Norman, RPSGT (Australia);
Thomas Penzel, PhD (Germany); Natalie Morin, RPSGT (Canada)

2:45pm – 3:15pm  BREAK

3:15pm – 4:00pm  Pediatric Sleep Disorders
Rafael Pelayo, MD (USA)

4:00pm – 5:00pm  PSG - Data Blitz
Sharon Keenan, PhD (USA) and Max Hirskowitz, PhD (USA)
SUNDAY, SEPTEMBER 11, 2011

10:15am – 5:00pm  Students Training Day Program (204AB)

10:15am – 10:30am  Welcome
Co-chairs: Vincent Moreau, PhD (Canada) and Christian Burgess, BSc (Canada)
in collaboration with Célyne Bastien, PhD (Canada)

10:30am – 11:15am  Basic Science Talk: Neurobiology of Sleep
Barbara Jones, PhD, (Canada), CSS/WASM Invited Speaker

11:15am – 11:30am  Canadian Student 1: Error detection is reduced and emotional evaluation of errors is
heightened following a night of total sleep deprivation
Ryan Renn, (Canada), CSS Award Winner

11:30am – 11:45am  Canadian Student 2: Spindles and slow waves are associated to verbal learning in older subjects
Marjolaine Lafortune, (Canada), CSS Award Winner

11:45am – 12:00pm  International Student 1: The effect of intranasal hypocretin-1 on glucose tolerance in normal
weighted and obese narcolepsy patients
Sara Lena Weinhold, (Germany), CSS Student Travel Award Winner

12:00pm – 1:15pm  LUNCH BREAK

International Student 2: Altered cytokines in marathon runners with restless leg syndrome
Sayonara Beatriz Ranciaro-Fagundes, (Brazil), CSS Student Travel Award Winner

12:15pm – 1:15pm  LUNCH BREAK
SUNDAY, SEPTEMBER 11, 2011

10:15am – 5:00pm  Students Training Day Program (206A) (cont’d)

1:15pm – 2:00pm  
Do Circadian Rhythms Put You to Sleep? A Short (personal) History  
Ben Rusak, PhD, (Canada), CSS Distinguished Scientist Recipient

2:00pm – 2:15pm  
Canadian Student 3: Relationship between circadian rhythms of body temperature, melatonin secretion, and sleep propensity during the follicular and luteal phase of the menstrual cycle  
Ari Shechter, (Canada), CSS Outstanding Student Award

2:15pm – 2:30pm  
Canadian Student 4: Insomnia and daytime cognitive performance: a meta-analysis  
Émilie Fortier-Brochu (Canada), CSS Outstanding Student Award

2:30pm – 2:45pm  
Canadian Student 5: Manipulating sleep duration alters cognitive and emotional functioning in children  
Jennifer Vriend, (Canada), CSS Student Travel Award Winner

2:45pm – 3:00pm  
International Student 3: The relationship between sleep and memory in PTSD  
Malgorzata Lipinska, (South Africa), CSS Student Travel Award Winner

3:00pm – 3:30pm  
COFFEE BREAK

3:30pm – 4:15pm  
Clinical Science Talk: Applications of CBT to Primary and Comorbid Forms of Insomnia  
Jack Edinger, PhD (USA)

4:15pm – 5:00pm  
Career Development Talk: Post-Doc Fellowship - Making it the Best Days of your Life  
Anne Germain, PhD (USA)

5:30pm – 7:00pm  
Opening Ceremony (206AB)

7:00pm – 8:30pm  
Welcome Reception (Foyer 4)
MONDAY, SEPTEMBER 12, 2011

7:00am – 6:00pm  
On-Site Registration

8:00am – 9:00am  
Keynote Lecture (2000AB)  
Sleep, Health and Circadian Rhythm Disruptions in Modern Society  
Charles Czeisler, MD, PhD  
Harvard Medical School and Brigham and Women’s Hospital, Boston (USA)

9:00am – 10:30am  
Parallel Symposia 1-4

S1: Familial Aggregation of Insomnia – From Phenotypes to Genotypes – How Far Are We? (206A)

Chair: Yun-Kwok Wing, MD (China) and Charles M. Morin, PhD (Canada)

Speakers: Yun-Kwok Wing, MD (China); Charles M. Morin, PhD (Canada); Dieter Riemann, PhD (Germany); Mehdi Tafti, PhD (Switzerland);

Objectives:
1. To review current state of evidence on the familial aggregation of insomnia.
2. To discuss potential mechanisms underlying the familial aggregation of insomnia.
3. To outline directions for future molecular genetic studies of insomnia.

Summary:
Family study can provide information for the association and interaction of both genetic and environmental factors of a disease, and hence, plays a critical pivotal role in genetic epidemiology. Thus, the identification of familial aggregation of insomnia may help to identify the underpinning mechanism that contributes to the familial risk of insomnia including genetic predisposition, shared environment factors, co-occurrence of other psychiatric comorbidities and learned behaviors. In this symposium, the emerging data on the familial aggregation of insomnia across the globe will be reviewed. The issues of clinical phenotypes and possible endophenotypes (such as hyperarousal mechanism) of insomnia will be critically re-appraised. The issue on gene-environment interactions of insomnia and possible ways to go ahead for future molecular genetic typing of insomnia will be discussed.

9:00am – 9:20am  
Familial aggregation of insomnia – an update  
Yun-Kwok Wing, MD (China)

9:20am – 9:40am  
The role of a family history as a risk factor for insomnia - A Longitudinal study  
Charles M. Morin, PhD (Canada)

9:40am – 10:00am  
Insomnia – from clinical phenotypes to hyperarousal – is hyperarousal an endophenotype?  
Dieter Riemann, PhD (Germany)

10:00am – 10:20am  
Insomnia – from environment to genes – how should we go ahead?  
Mehdi Tafti, PhD (Switzerland)
MONDAY, SEPTEMBER 12, 2011

9:00am – 10:30am  **S2: Cardiology and Sleep (204AB)**

**Chair:** Douglas Bradley, MD (Canada)

**Speakers:** Douglas Bradley, MD (Canada); Jon-Erik Holty, MD (USA); Kannan Ramar, MD (USA); Geraldo Lorenzi, MD, PhD (Brazil)

**Objectives:**
1. Present the mechanisms and occurrence of cardiac arrhythmia during REM sleep.
2. Document the impact of sleep and its disorders on occurrence of atrial fibrillation.
3. Present the way fluid shift during sleep impacts on heart failure, hypertension and venous insufficiency.
4. Explain how atherosclerosis may be secondary to sleep disorders even beginning very early in life.

**Summary:**
Sleep interacts with many cardiac functions and may be associated with specific cardiology syndromes or complications: REM sleep can be associated with specific arrhythmias undetected during wakefulness. Atrial fibrillation is affected by sleep and several sleep disorders. Atherosclerosis and its early development can be secondary to specific sleep disorders and the changes may begin very early in life. Finally nocturnal shift of rostral fluid play a role in the pathogenesis of sleep apnea in heart failure hypertension and venous insufficiency. Recognizing the mechanisms involved in each of these interactions of sleep and cardiac function is becoming an increasing important aspect of sleep medicine. Overall more attention should be paid to sleep and its disorders when considering cardio-vascular syndromes and conversely the sleep medicine clinicians need to know more about the interaction of sleep and cardiac function to provide appropriate care for their patients.

9:00am – 9:20am  **Influence of fluid shifts during sleep on sleep apnea in heart failure, hypertension and venous insufficiency**
Douglas Bradley, MD (Canada)

9:20am – 9:40am  **REM sleep can be associated with specific arrhythmias undetected during wakefulness**
Jon-Erik Holty, MD (USA)

9:40am – 10:00am  **Atrial fibrillation is affected by sleep and several sleep disorders**
Kannan Ramar, MD (USA)

10:00am – 10:20am  **Atherosclerosis may be secondary to sleep disorders even beginning very early in life**
Geraldo Lorenzi, MD, PhD (Brazil)
**MONDAY, SEPTEMBER 12, 2011**

**9:00am – 10:30am**  
**S3: Recent Advances in Pharmacological Therapeutics of Sleep Disorders (206B)**  
Sponsored in part by an Unrestricted Educational Grant from Merck & Co. Inc

**Chair:** Jed Black, MD (USA)

**Speakers:** Dale Edgar, PhD (United Kingdom); Maria-Antonia Quera-Salva, MD (France); Jed Black, MD (USA)

**Objectives:**
1. Understand the role brain histaminergic neurons play in arousal state control, and how antihistimineric compounds influence sleep-wakefulness.
2. Learn about combined chronobiotic - antidepressant agents and their action on insomnia and depression.
3. Describe the hypocretin-based hypothesis of cortical hyperarousal in insomnia and the rationale for hypocretin/orexin antagonists as potential sleep aids.

**Summary:**
Historically, two general pharmacological approaches have been utilized to treat insomnia: enhancement of central nervous system (CNS) GABA-ergic mechanisms, and blockade of monoaminergic activating systems. Over the past few decades, the majority of the pharmaceutical activity has focused on GABA mechanisms. Recently, attention has shifted to CNS monoaminergic and circadian rhythm regulating mechanisms. While antagonists of histaminergic activity, either through traditional antihistamines or tricyclic antidepressants, have been commonly used to treat insomnia, recent advances in CNS histaminergic science has led to renewed interest in the histaminergic system, alone or in concert with other CNS monoaminergic activating systems, as targets for modulation to promote and maintain sleep. Edgar will review current activity related to histaminergic modulation for insomnia treatment within the scientific and pharmaceutical industry. Until recently, most available antidepressants acted via monoaminergic mechanisms. Novel melatonineric compounds demonstrate antidepressant properties. Of these, the most advanced is agomelatine, which combines MT1 and MT2 agonism with 5-HT (2C) receptor antagonism. Agomelatine rapidly improves sleep quality, alertness at awakening and depression. Quera-Salva will review recent work in the evaluation of agents with chronobiotic antidepressant properties for the treatment of insomnia and depression. CNS Hypocretin ligand deficiency has been found in the vast majority of patients with narcolepsy-catalepsy syndrome. The hypocretin system has been shown to play a key role in the regulation of CNS monoaminergic activity. These discoveries have fueled much interest within the pharmaceutical industry to develop agents to block hypocretin receptors as a means of promoting and maintaining sleep. The pharmaceutical industry has preferred the term “orexin” (the alternate name for this system), rather than hypocretin, and a number of orexin antagonists are in development across the industry. Black will review this development activity.

**9:00am – 9:25am**

**Histaminergic modulation of wakefulness and sleep: Translating preclinical discovery to clinical applications**  
Dale Edgar, PhD (United Kingdom)

**9:25am – 9:50am**

**Chronobiotic antidepressants: Sleep and depression**  
Maria-Antonia Quera-Salva, MD (France)

**9:50am – 10:15am**

**Hypocretin/Orexin antagonists in Insomnia**  
Jed Black, MD (USA)
MONDAY, SEPTEMBER 12, 2011

9:00am – 10:30am  S4: Sleep, Recovery, Regeneration and Performance in Sport: Current Sleep Research and Health Initiatives on Sleep and Exercise (202)

**Chair:** Charles H. Samuels, MD (Canada)

**Speakers:** Charles H. Samuels, MD (Canada); Shawn D. Youngstedt, PhD (USA); Cheri D. Mah, MS (USA); Christopher E. Kline, PhD (USA)

**Objectives:**
1. Describe and explain the current state of knowledge regarding the complex interrelationship between sleep and exercise.
2. Review research methods to investigate the relationship of sleep to exercise in the general population and in athlete populations.
3. Evaluate and predict the impact of sleep restriction, poor sleep quality and circadian dysrhythmia on athletic performance and human health in a clinical population.

**Summary:**
The bi-directional relationship of sleep to exercise and exercise to sleep has been a subject of debate in the sleep literature for many years. However, the sport science community has a long and rich history of exploring the relationship of sleep and circadian dysrhythmia to training and performance in sport. Sports medicine physicians, coaches and trainers have long believed that sleep is the foundation of recovery and regeneration but have had little basic science and epidemiological evidence to support this belief. In the last 10 years, sleep researchers have begun to look specifically at the relationship of sleep to training, recovery and performance in high performance athletes who compete at the Varsity, National Team and Olympic level as well as professional athletes in various power and endurance sports. The purpose of this symposium is to bring a group of internationally recognized and published academics from both the Sleep Science/Medicine and Sport Science/Medicine communities to present, discuss and promote interest in this fascinating area of investigation that has substantial implications for the future of athletic training regimens but also for the future of addressing the health implications of a sedentary society.

9:00am – 9:20am
**Sleep and the lifecycle of an athlete**
Charles H. Samuels, MD (Canada)

9:20am – 9:40am
**Does sleep influence athletic performance? A critique of the evidence**
Shawn D. Youngstedt, PhD (USA)

9:40am – 10:00am
**Sleep extension and athletic performance in collegiate sports**
Cheri D. Mah, MS (USA)

10:00am – 10:20am
**Circadian rhythms and athletic performance**
Christopher E. Kline, PhD (USA)
MONDAY, SEPTEMBER 12, 2011

10:00am – 5:00pm  Exhibition (200ABC)

10:30am – 11:00am  Coffee Break (200ABC)

11:00am – 12:30pm  Technologists Workshops (French) (207)

Complex Sleep Apnea and ASV Titrations
(Apnée du sommeil complexe et titration avec la servo-ventilation adaptée)
Pierre Mayer, MD (Canada)

11:00am – 12:30pm  Oral Paper Presentations (Sessions 1-4)

01: Insomnia: Epidemiology and Mechanisms (206A)

Co-Chairs: Josée Savard, PhD (Canada) and Dan Buysse, MD (USA)

11:00am - 11:15am
Monthly fluctuations of sleep and insomnia symptoms over the course of a year in a population-based sample
Mélanie LeBlanc (Canada)
Charles M. Morin (Canada), Lynda Bélanger (Canada), Hans Ivers (Canada), Marie-Andrée Côté (Canada)

11:15am - 11:30am
Prevalence, course and long-term impact of non-restorative sleep: A five-year community-based follow-up study
Jihui Zhang (USA)
Siu-Ping Lam (China), Shirley Xin Li (China), Mandy Wai-Man Yu (China), Albert Martin Li (China), Yun-Kwok Wing (China)

11:30am - 11:45am
The nature and prevalence of middle-of-the-night use of prescription hypnotics
Thomas Roth (USA)
Patricia Berglund (USA), Victoria Shahly (USA), Alicia C. Shillington (USA), Judith J. Stephenson (USA), Denise Cooke (USA), Nikhilesh Singh (USA), Ronald Kessler (USA)

11:45am - 12:00pm
Enhanced use-dependent plasticity in primary insomnia
Rachel Marie E Salas (USA)
Joseph Galea (USA), Gabriela Cantarero (USA), Richard Allen (USA), Charlene Gamaldo (USA), Michael Smith (USA), Barbara Lam (USA), Pablo Celnik (USA)

12:00pm - 12:15pm
The role of androgen-deprivation therapy and hot flashes in the evolution of insomnia in patients with prostate cancer
Josée Savard (Canada)
Séverine Hervouet (Canada), Hans Ivers (Canada)

12:15pm - 12:30pm
Depressive symptomatology, medication persistence, and associated health care costs in older adults with insomnia
Duru Golden Uzoma (Nigeria)
**Monday, September 12, 2011**

11:00 am – 12:30 pm  **O2: REM Behavior Disorders and Parasomnias (202)**

**Co-Chairs:** Carlos Schenck, MD (USA) and Yves Dauvilliers, MD (France)

11:00 am - 11:15 am  
**REM sleep behavior disorder in a large cohort of Parkinson's disease patients:**  
Frequency and associated factors  
Friederike Sixel-Döring (Germany)  
Ellen Trautmann (Germany), Brit Mollenhauer (Germany)

11:15 am - 11:30 am  
**Decision making in idiopathic REM sleep behavior disorder**  
Birgit Högl (Austria)  
Laura Ehrmann (Austria), Margarete Delazer (Austria), Thomas Mitterling (Austria),  
Viola Gschliesser (Austria), Laura Zamarian (Austria), Johanna Wenter (Austria),  
Birgit Frauscher (Austria), Werner Poewe (Austria)

11:30 am - 11:45 am  
**Hippocampal perfusion predicts the emergence of neurodegenerative disease in idiopathic REM sleep behavior disorder**  
Thien Thanh Dang-Vu (Canada)  
Jean-François Gagnon (Canada), Mélanie Vendette (Canada),  
Jean-Paul Soucy (Canada), Ron Postuma (Canada), Jacques Montplaisir (Canada)

11:45 am - 12:00 pm  
**Long term use of sodium oxybate in the treatment of childhood narcolepsy-cataplexy**  
Meghna Mansukhani (USA)  
Suresh Kotagal (USA)

12:00 pm - 12:15 pm  
**Sleep bruxism and headache in adolescents**  
Maria Clotilde Carra (Canada)  
Nelly Huynh (Canada), Pierre Rompré (Canada), Gilles Lavigne (Canada),

12:15 pm - 12:30 pm  
**Impaired decision-making in idiopathic REM sleep behavior disorder**  
Taeko Sasai (Japan)  
Takashi Abe (Japan), Tomoyuki Miyamoto (Japan), Yuichi Inoue (Japan)
MONDAY, SEPTEMBER 12, 2011

11:00am – 12:30pm  **O3: Sleep Breathing Disorders: Assessment, Morbidity, and Treatment Outcomes (206B)**

**Co-Chairs:** John Kimoff, MD (Canada) and Dalva Poyares, MD, PhD (Brazil)

**11:00am - 11:15am**

Validated questionnaires and an ambulatory monitor in the diagnosis of obstructive sleep apnea

Effie Pereira (Canada)
Helen Driver (Canada), Steven Stewart (Canada), Michael Fitzpatrick (Canada)

**11:15am - 11:30am**

Sleep disordered breathing, objective sleep quality and incident cardiovascular disease in older men: The MrOS sleep study

Katie Stone (USA)
Terri Blackwell (USA), Paul Varosy (USA), Sonia Ancoli-Israel (USA), Douglas Bauer (USA), Kristine Ensrud (USA), Jane Cauley (USA), Reena Mehra (USA), Elizabeth Barrett-Connor (USA), Andrew Hoffman (USA), Susan Redline (USA)

**11:30am - 11:45am**

Three years of recall: Clinical profile of OSA treatment

Luciane Mello-Fujita (Brazil)
Camila Furtado Rizzi (Brazil), Elisangela Trevisan Mendonca (Brazil), Fatima Cintra (Bahamas), Terri E Eaver (USA), Sergio Tufik (Brazil), Dalva Poyares (Brazil)

**11:45am - 12:00pm**

Objective outcomes and use of cpap following maxillomandibular advancement surgery for treatment of obstructive sleep apnea

Reginald Goodday (Canada)
Susan Bourque (Canada)

**12:00pm - 12:15pm**

Targeted hypoglossal neurostimulation (THN) for the treatment of obstructive sleep apnea: Sleep data from a phase 1 safety and efficacy study

Gimbada Benny Mwenge (Belgium)

**12:15pm - 12:30pm**

Differences between intermittent users and adherent patients of CPAP treatment during the initial 6 months of treatment

Rute Sampaio (Portugal)
M. Graça Pereira (Portugal), João Carlos Winck (Portugal)
**MONDAY, SEPTEMBER 12, 2011**

11:00am – 12:30pm  **O4: Restless Legs Syndrome (RLS) and Movement Disorders in Sleep (204AB)**

**Co-Chairs:** Diego Garcia-Borreguero, MD (Spain) and Yong-Won Cho, MD, PhD (Republic of Korea)

11:00am - 11:15am  
**Thalamo-cortical and subcortical connectivity in Restless Legs Syndrome: A resting state connectivity study using fMRI**  
Yong Won Cho (Republic of Korea)  
Do Hyung Kim (Republic of Korea), Hyuk Won Chang (Republic of Korea), Jeonghun Ku (Republic of Korea)

11:15am - 11:30am  
**Iron deficiency produces periodic leg movements during wake and sleep in rats**  
Yuan-Yang Lai (USA)  
Darian Nguyen (USA), Kung-Chiao Hsieh (USA), Jerome Siegel (USA)

11:30am - 11:45am  
**Iron deficient anemia population: preliminary report on prevalence and characteristics of Restless Legs Syndrome**  
Michael Auerbach (USA)  
Richard Allen (USA), Christopher Earley (USA)

11:45am - 12:00pm  
**Behavioral characterization of BTBD9 knockout mice - A potential model of restless legs syndrome**  
Mark DeAndrade (USA)  
Li Zhang (USA), Thomas van Groen (USA), Russell Johnson (USA), Karen Gamble (USA), Yuqing Li (USA)

12:00pm - 12:15pm  
**IV iron isomaltoside increases total ventral midbrain (VMB) iron in the iron-deprived murine model of RLS**  
Erica Unger (USA)  
Lars Thomsen (Denmark), Daniela Lawton (USA), Christopher Earley (USA), Richard Allen (USA)

2:15pm - 12:30pm  
**Relationship between interleukin iron levels and Restless Leg Syndrome in marathon runners**  
Sayonara Beatriz Ranciaro Fagundes (Brazil)  
Derlei João Leite Fagundes (Brazil), André LL Bach (Brazil), Luciane Bizaroi Carvalho (Brazil), João Eduardo C Carvalho (Brazil), Lucila B. Fernandes Prado (Brazil), Mauro Vaisberg (Brazil), Gilmar Fernandes Prado (Brazil)
MONDAY, SEPTEMBER 12, 2011

12:30pm – 2:00pm  Industry Symposium (UCB) (2000CD)

Restless Legs Syndrome Around the Clock

Chair: Richard Allen, PhD (USA)

Speakers: Richard Allen, PhD (USA); Luigi Ferini-Strambi, MD (Italy); Diego Garcia-Borreguero, MD (Spain); David Rye, MD, PhD (USA)

Objectives:
1. Relate RLS dopamine pathology to the full 24 hour symptom pattern of RLS
2. Review indications of factors related to development of RLS augmentation
3. Present a 5-year prospective study of RLS treatment: a new standard for RLS drug treatment evaluation
4. Review the daytime symptoms of RLS
5. Describe implications of RLS daytime symptoms for diagnosis and treatment of RLS.
6. Review the relation between RLS augmentation and the dose and duration of treatment of RLS.

Summary:
Two major RLS issues generally ignored will be addressed in this symposium. First, daytime symptoms; there has been a growing awareness that RLS disrupts not only the evening and nighttime but also much of the day. The symptoms in the day have been largely ignored in part because they can be masked by activity but also because of the failure to appreciate the nature of the underlying RLS biological abnormalities. Second, long term treatment evaluation; RLS for many people once started persists for the rest of their life. The medication treatment will be for many years and there are indications that longer duration of treatment produces new adverse events. This requires longer term, e.g. 5 –year, prospective studies as a new standard for evaluating RLS medications. It also requires special attention to dose and duration of treatment relation to development of adverse events, particularly RLS augmentation.

12:30pm – 12:50pm
From preclinics to the RLS patient’s needs: Is there a rationale for a 24 hours treatment?
Richard Allen, PhD (USA)

12:50pm – 1:10pm
Efficacy and safety of rotigotine transdermal patch: A 5-year prospective, multinational, open-label study
Luigi Ferini-Strambi, MD (Italy)

1:10pm – 1:30pm
Daytime burden in RLS patients: A new paradigm from diagnosis to treatment?
Diego Garcia-Borreguero, MD (Spain)

1:30pm – 1:50pm
Relationship between clinically significant augmentation of RLS and dosage of transdermal rotigotine
David Rye, MD, PhD (USA)

1:50pm – 2:00pm
Questions and answers
MONDAY, SEPTEMBER 12, 2011

2:00pm – 3:00pm  **Keynote Lecture (2000AB)**

Sleep, Learning, and Cognition  
Matthew Walker, PhD  
University of California at Berkeley, Berkeley (USA)

3:00pm – 3:30pm  **Coffee Break (200ABC)**

3:00pm – 5:00pm  **Poster Presentations (see pages 80-94) (200ABC)**

3:30pm – 5:00pm  **Parallel Symposia 5-7**

S5: Dreams and Parasomnias (202)

Chair: Carlos H. Schenck, MD (USA)

Speakers: Tore Nielsen, PhD (Canada); Antonio Zadra, PhD (Canada); Isabelle Arnulf, MD, PhD (France); Carlos H. Schenck, MD (USA)

Objectives:
1. Identify subtypes and correlates of dream-enacting behaviors now known to occur among healthy populations.
2. Learn about the phenomenology of somnambulism and how mental processes can influence sleepwalkers’ behaviors.
3. Learn which dreamlike mentations may be associated with sleepwalking and sleep terrors, and the consequences of this association.
4. Learn about the differential diagnosis of dream-enacting behaviors.

Summary:
Dreaming in association with non-RBD motor parasomnias has received insufficient attention clinically and in published reports. Nielsen contrasts the well-established existence and characteristics of dream-enacting behaviors among parasomnias such as RBD with the yet-to-be fully investigated occurrence of dream-enacting behavior in the general population. He will summarize the most recent literature on non-pathological dream-enacting behaviors and present new findings revealing an association with a self-report measure of imitative behaviors. Zadra notes how until the mid 1960s sleepwalking (SW) was thought to represent a dissociative state related to dreaming. It was subsequently considered as a disorder of arousal in which there occurs a physiological dysfunction in the neural regulation of generalized cortical activation. Although SW is often characterized in terms of its automatic behaviors and retrograde amnesia, ongoing work into the phenomenology of SW indicates that perceptual, cognitive and affective dimensions can play an important role in the subjective experience of adult SW. Zadra will present data indicating that some somnambulistic behaviors are construed by patients as being motivated by an intrinsic sense of urgency or underlying reason that accounts for their actions during their episodes. Arnulf discusses how since SW and sleep terrors (ST) are associated with a low or absent awareness and post-episode amnesia, there is a general consensus against a complex dream activity associated with SW/ST. However, in a study that retrospectively collected the mental content present at the very moment of the abnormal behavior in 43 adults with SW/ST, 71% reported at least one dreamlike mentation associated with a nocturnal motor episode. These mentations were mostly short and unpleasant. In some patients, dream-like mentation was elicited after a video-PSG monitored episode. The patients were mimicking the very behavior they were dreaming about. Schenck will discuss the differential diagnosis of dream-enacting behaviors, including RBD, nocturnal seizures, OSA “pseudo-RBD”, NREM parasomnias (SW, ST, Sleep Related Eating Disorder), and Sleep Related Dissociative Disorders (in which the perceived dream can represent a dissociated memory of past traumatic experiences). Sleep lab video examples will be shown.
MONDAY, SEPTEMBER 12, 2011

3:30pm – 5:00pm  S5: Dreams and Parasomnias (202) (cont’d)

3:30pm – 3:50pm  
Correlates of non-pathological dream-enacting behaviors  
Tore Nielsen, PhD (Canada)

3:50pm – 4:10pm  
When sleepwalkers behave strangely: How sleep mentation impacts somnambulistic episodes  
Antonio Zadra, PhD (Canada)

4:10pm – 4:30pm  
Do sleepwalkers dream while sleepwalking?  
Isabelle Arnulf, MD, PhD (France)

4:30pm – 4:50pm  
The differential diagnosis of dream-enacting behaviors  
Carlos H. Schenck, MD (USA)
S6: Iron and RLS: Translational Research Connecting Molecular, Animal, Clinical and Treatment Studies (206A)

Chair: Richard Allen, PhD (USA)

Speakers: Richard Allen, PhD (USA); James Connor, PhD (USA); Erica Unger, PhD (USA); Christopher Earley, MD, PhD (USA); Yong-Won Cho, MD (Republic of Korea)

Objectives:
1. Present advances in understanding the biological basis for iron abnormalities in RLS both at a molecular level of cell functioning and a system level of iron transport regulation to the brain.
2. Present the new iron-murine model of RLS based on selection of appropriate inbred genetic strain, biology, behavior and treatment evaluations.
3. Review the epidemiological risk factors for RLS in relation to iron, age and gender.
4. Provide updated information on the utility and role of oral and IV iron treatments for RLS noting the relation to the iron biology of RLS.

Summary:
The iron abnormalities in RLS have long been recognized since the early work of Ekbom and Nordlander. There have been some really dramatic advances in understanding the iron pathology of RLS both at a cellular and systems level that is relevant for treatment considerations. At the cellular level studies have indicated abnormalities in iron management proteins consistent with abnormalities in mitochondrial regulation that occur both in brain and peripheral tissue. This indicates a somewhat pervasive iron management abnormality expressed more in some tissue, such as dopaminergic neurons. Autopsy and imaging studies have confirmed much of these findings in RLS patients. In addition, recent research has produced new concepts about brain iron regulation and transport of iron into the brain related to both iron status and expression of the risk-genes for RLS. A murine model has also been developed that with iron deficiency produces the iron pattern seen in RLS and its behavioral and iron management proteins further indicate the role of iron and the relative benefits of IV iron for changing brain iron status. Epidemiology data can now be seen to show the iron effects expected from the laboratory studies and provide indications of possible role for early intervention in RLS to improve long term outcomes. These all relate to data and recent experience on oral and IV iron treatments. Clinical experience with these treatments will be presented along with a discussion of possible future RLS treatment development based on the biology of RLS.
MONDAY, SEPTEMBER 12, 2011

3:30pm – 5:00pm  S6: Iron and RLS: Translational Research Connecting Molecular, Animal, Clinical and Treatment Studies (206A) (cont’d)

3:30pm – 3:35pm
Introduction – Brief history of dopamine, iron and RLS. Epidemiology of iron relation to RLS
Richard P. Allen, PhD (USA)

3:35pm – 3:55pm
Blood-brain barrier and brain iron regulation in RLS
James Connor, PhD (USA)

3:55pm – 4:15pm
Genetically specific murine model of iron and RLS
Erica Unger, PhD (USA)

4:15pm – 4:35pm
Iron abnormalities in RLS: Molecular to systems
Christopher Earley, MD, PhD (USA)

4:35pm – 4:55pm
Advances in IV and oral iron treatment of RLS
Yong-Won Cho, MD (Republic of Korea)
**MONDAY, SEPTEMBER 12, 2011**

3:30pm – 5:00pm **S7: New Technological Advances in OSA (204AB)**

**Chair:** Christian Guilleminault, MD, PhD (USA)

**Speakers:** Christian Guilleminault, MD, PhD (USA); Oscar Carillo, MD (USA); Stephen Schendell, MD, DSS (USA); Song Toh, BEng (Singapore)

**Objectives:**
1. Inform about new technologies for sleep apnea evaluation.
2. Indicate potential and current role for each technology.
3. Evaluate appropriate use of each of the new technologies.

**Summary:**
Technical advances serve to improve understanding of sleep apnea (OSA) and its treatment options. Expiratory muscle recordings integrated into regular polysomnograms help diagnose OSA syndromes and calibrate nasal CPAP treatments. Oscar Carrillo has developed this technique for normal controls and patients. 3-dimensional CT is a new investigation tool that allows visually exploring the upper airway before and after surgery for children and adults. Stephen Schendel has used this and various other methods to image the airway. 3-H Rhinometry, new for rhinometry, is based on computational fluid dynamics. It is now the standard accepted by the international rhinology society. Application guidelines were established in 2010. This test is easily performed by non-ENT specialists and it gives important information on nasal resistance (60% of upper airway resistance). This significantly impacts diagnosis and treatment of OSA (including nasal CPAP usage). It can be combined with acoustic rhinometry.

3:30pm – 3:35pm
**Introduction and review of current problems**
Christian Guilleminault, MD, PhD (USA)

3:35pm – 4:00pm
**Expiratory muscle during sleep and nasal CPAP**
Oscar Carrillo, MD (USA)

4:00pm – 4:25pm
**Imaging the upper airway (3-D CT)**
Stephen Schendel, MD, DSS (USA)

4:25pm – 4:50pm
**Nasal resistance and 3-H Rhinometry**
Song Toh, BEng (Singapore)
MONDAY, SEPTEMBER 12, 2011

3:30pm – 5:30pm  Technologists Workshops (206B)

3:30pm – 4:30pm  Medications and Sleep: Effects on PSG
James MacFarlane, PhD (Canada)

4:30pm – 5:30pm  Patient Education: Sleep Hygiene for Parents and Adolescents
Reut Gruber, PhD (Canada) and Merrill Wise, MD (USA)

5:00pm – 6:30pm  Parallel Symposia 8-10

S8: Sleep Disorders in Women: Is Gender a Risk Factor? (202)

Co-Chairs: Rosalia Silvestri, MD (Italy) and Helen Driver, PhD (Canada)

Speakers: Roseanne Armitage, PhD (USA); Rosalia Silvestri, MD (Italy); Mauro Manconi, MD, PhD (Italy); Teresa Paiva, MD (Portugal)

Objectives:
1. Discuss gender-related risk factors for sleep disorders.
2. Review gender-specific symptoms within sleep disorders and neuropsychiatric co-morbidity.
3. Consider the impact of sleep disorders on life quality, work and social skills.
4. Discuss therapy tailored according to specific life cycles.

Summary:
Gender is a major factor orienting organic and psychosomatic disorders, their frequency, distribution, presenting symptoms, work and life quality, as well as therapeutic response. Sleep disorders are no exception to this rule even if gender related differences have not always been adequately addressed. Women are more prone to insomnia, secondary to anxiety and mood disorders. Special life cycles connected to fertility, such as pregnancy or menopause, are linked to an increase of organic sleep alterations which may endanger women's health and increase cardiovascular risk, needing therefore a prompt diagnosis and therapeutic strategy.

5:00pm – 5:20pm  Insomnia and depression in women: Gender as a risk factor
Roseanne Armitage, PhD (USA)

5:20pm – 5:40pm  Sleep apnea in women across their life cycle: When and why?
Rosalia Silvestri, MD (Italy)

5:40pm – 6:00pm  RLS in women: Prevalence, symptoms and gender specific risk factors
Mauro Manconi, MD, PhD (Italy)

6:00pm – 6:20pm  Fibromyalgia and headache severely affect sleep in women
Teresa Paiva, MD (Portugal)
MONDAY, SEPTEMBER 12, 2011

3:30pm – 5:00pm   S9: Advances in the Diagnosis and Management of Sleep Disorders in Older Adults (204AB)

Chair: Michael Vitiello, PhD (USA)

Speakers: Claudia Trenkwalder, MD (Germany); Eus van Someren, PhD (Netherlands); Phillis Zee, MD, PhD (USA); Michael Vitiello, PhD (USA)

Objectives:
1. Review the identification and treatment of sleep disorders for patients with Parkinson’s disease.
2. Review how poor sleep can be a final common path of many different underlying causes.
3. Describe how clock-related sleep problems may benefit from a brighter environment, but that effects are variable and may take long to develop.
4. Review the recent findings on the relationship between physical activity and sleep quality in older adults.
5. Describe findings of the effects of exercise and social activity programs on sleep quality and cognitive performance.
6. Review the recent findings on the interrelationship between sleep and pain.
7. Describe findings on the effects of cognitive behavioral therapy on sleep quality and perceived pain in older adults with co-morbid osteoarthritis and insomnia.

Summary:
Sleep disorders are very common in older adults and have significant impact on quality of life, morbidity and possibly mortality. Effective diagnosis and management of sleep disorders in older adults are often complicated by the presence of co-morbid illnesses (e.g.; neurological and dementing disorders, pain syndromes) that increase in prevalence with age and in many cases by the long term care environment in which some older adults dwell. This symposium will address issues of effective diagnosis and treatment of sleep and circadian disorders in four populations of community-dwelling and institutionalized older adults.

5:00pm – 5:20pm
Sleep as analgesic: Cognitive behavioral treatment of pain and sleep disturbance in older adults with comorbid osteoarthritis and insomnia
Michael V. Vitiello, PhD (USA)

5:20pm – 5:40pm
Structured social and physical activity: Impact on sleep and performance in older adults
Phyllis C. Zee, MD, PhD (USA)

5:40pm – 6:00pm
Sand in the machine: Clocks, sleep and brain function in aging and dementia
Eus van Someren, PhD (Netherlands)

6:00pm – 6:20pm
Sleep and sleep disorders in Parkinson’s Disease: Problems of recognition and treatment
Claudia Trenkwalder, MD (Germany)
S10: Neuromuscular Disorders and Sleep (206A)

Co-Chairs: Luc Laberge, PhD (Canada) and Yves Dauvilliers, MD, PhD (France)

Speakers: Luc Laberge, PhD (Canada); Yves Dauvilliers, MD, PhD (France); Jean-Louis Pépin, MD, PhD (France); Giacomo Della Marca, MD, PhD (Italy)

Objectives:
1. How breathing is affected when respiratory muscles are compromised.
2. Which rating scales and tests identify specific breathing and sleep problems.
3. REM sleep characteristics and sleep-related motor activation in myotonic dystrophy.
4. How breathing and sleep problems differ in myotonic dystrophy and facioscapulohumeral muscular dystrophy.

Summary:
Patients with neuromuscular disorders (NMD) are particularly vulnerable to sleep-related dysfunction. Sleep disorders in this patient population though remain poorly recognized by health care providers, and in some instances, by patients themselves. Symptoms of sleep disorders may namely be confused with those of the underlying disease, especially so in multi systemic NMD. Sleep-disordered breathing (SDB) often predates diurnal respiratory failure in NMD patients, necessitating timely recognition and management with non invasive ventilator support. Involvement of the peripheral and/or central nervous system may also impinge upon sleep, with the relative contribution of each varying with the specific disorder. Hence, patients with NMD must be routinely and systematically assessed for sleep-related complaints and SDB and since these constitute treatable complications in an otherwise progressive disease process. Their prompt recognition and treatment may improve quality of life and affect survival in patients. This symposium reviews the mechanisms, diagnostic evaluation, and management of sleep disorders in two of the most common forms of muscular dystrophy among adults, myotonic dystrophy and facioscapulohumeral muscular dystrophy.

5:00pm – 5:20pm
Cognitive dysfunction, impaired vigilance, daytime sleepiness, and fatigue in myotonic dystrophy: A continuum of care?
Luc Laberge, PhD, (Canada)

5:20pm – 5:40pm
Daytime sleepiness and REM-sleep characteristics in myotonic dystrophy
Yves Dauvilliers, MD, PhD, (France)

5:40pm – 6:00pm
Overview of sleep breathing disorders in myotonic dystrophy: Implications in cardiovascular consequences
Jean-Louis Pépin, MD, PhD, (France)

6:00pm – 6:20pm
Sleep disordered breathing in facioscapulohumeral muscular dystrophy.
Giacomo Della-Marca, MD, PhD, (Italy)
MONDAY, SEPTEMBER 12, 2011

3:30pm – 5:00pm  Canadian Academy of Dental Sleep Medicine (201B)
7:00pm - 10:00pm  Dinner Cruise, St. Lawrence River
7:00pm – 10:00pm  Banquet Dinner (Ticketed)
                   Château Frontenac
TUESDAY, SEPTEMBER 13, 2011

7:00am – 6:00pm  On-Site Registration

8:00am – 9:00am  Keynote Lecture (2000AB)
Sleep-Disordered Breathing in Pregnancy: Effects on the Fetus
Collin Sullivan, MD, PhD
University of Sydney, Sydney (Australia)

9:00am – 10:30am  Parallel Symposia 11-14

S11: Sleep and Cancer: From Diagnosis to Survivorship (206A)

Chair: Sonia Ancoli-Israel, PhD (USA) and Josée Savard, PhD (Canada)

Speakers: Sonia Ancoli-Israel, PhD (USA); Leanne Fleming, PhD (United Kingdom); Josée Savard, PhD (Canada); Ann M. Berger, PhD (USA)

Objectives:
1. To learn about the significance of sleep disturbances in cancer patients.
2. To gain knowledge on possible associations of sleep disturbances and sleep/wake cycles impairments with other cancer-related symptoms (e.g., fatigue, cognitive impairments).
3. To hear about possible links with physiological factors (e.g., cancer treatments, hormone levels).

Summary:
Research in the past ten years has been extremely helpful in estimating the prevalence of sleep disturbances in cancer and in evaluating the natural course of sleep symptoms across the cancer care trajectory. Nevertheless, there is still much to be learned about which factors are associated with an increased risk of developing sleep difficulties and their possible consequences. Our symposium will present pioneering findings on these questions in newly diagnosed patients all the way to cancer survivors. Leanne Fleming will present on an ongoing longitudinal study of newly diagnosed breast cancer patients. Preliminary data will be presented on the course of sleep status from diagnosis, through active treatment and follow up. Factors explaining why insomnia develops and how poor sleep affects other cancer-related symptoms will also be considered. Sonia Ancoli-Israel will discuss the sleep, fatigue, circadian activity rhythms and cognition in women newly diagnosed with breast cancer. Cognitive impairment is common in women undergoing chemotherapy, called chemobrain, but little is still known about the etiology. Some of the symptoms of chemobrain are similar to symptoms of sleep deprivation. Data will be presented on the longitudinal course of changes in sleep, fatigue and cognition in women with breast cancer. Josée Savard will be talking about the role of cancer treatments in the evolution of insomnia symptoms. She will present results of a longitudinal study conducted in 962 patients with mixed cancer sites, over an 18-month period following surgery. The final presentation by Ann Berger will focus on sleep and circadian activity rhythms and their relationship with fatigue, functioning, and body mass index in breast cancer survivors 1-year after the first adjuvant chemotherapy treatment. Data will be presented on differences in relationships between variables based on BMI status (normal, overweight, obese).
TUESDAY, SEPTEMBER 13, 2011

9:00am – 10:30am  S11: Sleep and Cancer: From Diagnosis to Survivorship (206A) (cont’d)

9:00am – 9:20am  The impact of poor sleep and fatigue on cognition in breast cancer
Sonia Ancoli-Israel, PhD (USA)

9:20am – 9:40am  Understanding the development of persistent insomnia in breast cancer patients
Leanne Fleming, PhD (United Kingdom)

9:40am – 10:00am  The role of cancer treatments in the evolution of insomnia throughout the cancer care trajectory
Josée Savard, PhD (Canada)

10:00am – 10:20am  Circadian activity rhythms, functioning, fatigue, and body mass index in early breast cancer survivors
Ann M. Berger, PhD (USA)
TUESDAY, SEPTEMBER 13, 2011

9:00am – 10:30am S12: Circadian Aspects to Sleep Regulation: From Molecules to Integrated Functions (206B)

Chair: Valerie Mongrain, PhD (Canada)

Speakers: Paul Shaw, PhD (USA); Paul Franken, PhD ( Switzerland); Antoine Viola, PhD ( Switzerland); Christina Schmidt, PhD ( Switzerland)

Objectives:
1. Identify which specific clock molecular elements are involved in sleep homeostasis in flies, mice and humans.
2. Describe the precise contribution of these clock elements to sleep intensity and its rebound after sleep deprivation also in the three species.

Summary:
Sleep is a required behaviour and sleep loss impairs central nervous system functioning and various other health dimensions. Sleep is governed by a circadian timing system and a sleep homeostat which ensure, respectively, proper adaptation to the light-dark environment and tracking of time spent awake and asleep. More precisely, sleep homeostasis refers to the recovery capacity of sleep which adapts sleep intensity as a function of wakefulness duration. Although it was originally assumed that these two processes act in an independent manner to regulate sleep and wakefulness, recent animal and human data strongly suggest that both processes interact in a non-linear manner. In particular, genes involved in the regulation of circadian timing (i.e. clock genes) have been shown to contribute to the molecular wiring of the homeostatic process. Moreover, at the system level, circadian and homeostatic interaction has been shown to determine various neural correlates of waking quality. This symposium will present forefront findings from flies, mice and humans regarding the complex molecular and system level connections between the circadian timing system and the recovery process of sleep regulation.

9:00am – 9:20am
The role of clock genes in regulating sleep homeostasis
Paul Shaw, PhD (USA)

9:20am – 9:40am
What is driving Period-2 expression: Corticosterone, wakefulness, the circadian clock, or all of the above?
Paul Franken, PhD ( Switzerland)

9:40am – 10:00am
Age-dependent inter-individual differences in sleep homeostasis and circadian rhythmicity
Antoine Viola, PhD ( Switzerland)

10:00am – 10:20am
Circadian and sleep homeostatic interaction patterns on human cognition-related cerebral activity
Christina Schmidt, PhD ( Switzerland)
TUESDAY, SEPTEMBER 13, 2011

9:00am – 10:30am S13: Pediatric Sleep Disordered Breathing (204AB)

Chair: Oliviero Bruni, MD (Italy)

Speakers: Sabine Scholle, MD (Germany); Cheng-Hui Lin, MD (Taiwan); Stacey Quo, DDS (USA); Nelly Hyun, PhD (Canada)

Objectives:
1. Inform about new normative data on polysomnographic analysis of a large group of normal children during sleep.
2. Explain how to evaluate polygraphic breathing patterns that have significant clinical impact but are not integrated in currently accepted polysomnographic evaluation of pediatric SDB.
3. Review orthodontic symptoms that may suggest abnormal breathing during sleep.
4. Present the gains and limits of orthodontic treatments that for pediatric OSA.

Summary:
Children with sleep-disordered breathing may not be recognized and treated when performing polysomnography and applying the currently accepted standards for identification of these events. New normative data on breathing during sleep that identifies apneas and hypopneas have been obtained on a large group of children. These provide new normative standards requiring changes in the criteria for abnormal sleep-disordered breathing. New investigations by Scholle, Lin and others have also outlined the limits of the current sleep-disordered-breathing scoring system, and identified currently unscored patterns indicative of abnormal breathing in children. Several international articles have indicated that the most common treatment of SDB in children (adenotonsillectomy) do not cure children. This is part due to facial anatomic problems inducing orthodontic symptoms that complicate the diagnosis and treatment. Orthodontic evaluation and treatment approaches serve to complement the known treatment of OSA but they also have significant limitations. Quo and Hyun will review these important and often overlooked orthodontic issues for sleep-disordered breathing in children.

9:00am – 9:20am
Sleep and Breathing in 209 normal German Children: Are the AASM guidelines valid?
Sabine Scholle, MD (Germany)

9:20am – 9:40am
Current AASM hypopnea scoring underscores pediatric sleep disordered breathing
Cheng-Hui Lin, MD (Taiwan)

9:40am – 10:00am
Benefits and limits of orthodontic approaches in treatment of pediatric OSA
Stacey Quo, DDS (USA)

10:00am – 10:20am
Symptoms indicating OSA as seen by pediatric dentists and orthodontists
Nelly Hyun, PhD (Canada)
**TUESDAY, SEPTEMBER 13, 2011**

**9:00am – 10:30am  S14: Challenges of long-term management of the Restless Legs syndrome (202)**
Sponsored in part by an Unrestricted Educational Grant from Xenopont

**Chair:** Richard Allen, PhD (USA)

**Speakers:** Diego Garcia-Borreguero, MD (Spain); Philip Becker, MD (USA); Christopher Earley, MD, PhD (USA)

**Objectives:**
1. Recognize the major problems with Long-term RLS treatments.
2. Appreciate the relation of RLS biology to long-term treatment outcomes.
3. Know how to use new evaluation and treatment options for RLS long-term management
4. Understand problems and treatment options for RLS augmentation

**Summary:**
Dopaminergic and other treatments provide dramatic immediate relief from RLS symptoms but RLS is a chronic condition that once started will for many persist for a lifetime. The long-term follow-up of patients on the currently approved oral dopamine agonists show satisfactory outcomes for only about 25% of the patients and perhaps fewer over longer term treatment. New clinical problems have been found to emerge during long-term treatment limiting oral dopamine treatment benefits. These include depression, poor sleep, impulsive behaviors, loss-of-efficacy and augmentation of RLS symptoms to become worse than they were before treatment. The augmentation problem when severe possesses particularly difficult management challenges. Recent scientific and clinical studies regarding the biology of RLS and the long-term outcome of treatments provide new information that may serve to improve long-term care of RLS. These combined with growing clinical experience provide indications for options and treatment approaches to avoid or reduce the risks of long-term treatment problems. This symposium will address questions regarding problems with long-term treatment and the options for using newer treatment alternatives. Practical long-term treatment approaches will be reviewed including considerations of when and how to switch medications.

**9:00am – 9:20am**
**RLS biology and morbidity: Significance for long-term treatment**
Richard Allen, PhD (USA)

**9:20am – 9:40am**
**Impulse control problems: Occurrence and management during long-term treatment**
Philip Becker, MD (USA)

**9:40am – 10:00am**
**Augmentation and loss of efficacy: Identification and prevention.**
Diego Garcia-Borreguero, MD (Spain)

**10:00am – 10:20am**
**Problems managing RLS augmentation: When and how to add or switch medications**
Christopher Earley, MD, PhD (USA)
TUESDAY, SEPTEMBER 13, 2011

10:00am – 5:00pm Exhibition (200ABC)

10:30am – 11:00am Coffee Break (200ABC)

11:00am – 12:30pm Technologists Workshops (French) (207)
   Scoring (Critères d’analyse pour les tracés complexes)
   Natalie Morin, RPSGT (Canada)

11:00am – 12:30pm Oral Paper Presentations (Sessions 5-9)

OS: Aging and Developmental Issues (206A)

   Co-Chairs: Julie Carrier, PhD (Canada) and Phyllis Zee, MD, PhD (USA)

11:00am - 11:15am
The epidemiology of sleep and its disorder in chinese children aged 0-5 years
Xicheng Liu (China)
Xiaona Huang (China), Huishan Wang (China), Jingxiong Jiang (China), Lin An (China)

11:15am - 11:30am
Associations between sleep problems and internalizing troubles: A longitudinal study of the french tempo cohort
Evelyne Touchette (France)
Aude Chollet (France), Cédric Galéra (France), Eric Fombonne (Canada), Bruno Falissard (France),
Michel Boivin (Canada), Maria Melchior (France)

11:30am - 11:45am
Increased slow-wave sleep in response to prolonged exercise after 4 months of endurance training in older men
Michel O. Melancon (Canada)
Dominique Lorrain (Canada), Isabelle J. Dionne (Canada)

11:45am - 12:00pm
Spindles and slow waves are associated to verbal learning in older subjects
Marjolaine Lafortune (Canada)
Jean-François Gagnon (Canada), Véronique Latreille (Canada), Jacques Montplaisir (Canada),
Julie Carrier (Canada)

12:00pm - 12:15pm
Association between subjective sleep quality and incident cognitive impairment in community-dwelling older men and women
Olivier Potvin (Canada)
Dominique Lorrain (Canada), Hélène Forget (Canada), Micheline Dubé (Canada),
Sébastien Grenier (Canada), Michel Préville (Canada), Carol Hudon (Canada)
O6: Chronobiology/Circadian Disorders (204AB)

Co-Chairs: Francisco Javier Puertas, MD (Spain) and Joseph DeKoninck, PhD (Canada)

11:00am - 11:15am
Body temperature regulation across menstrual circadian and sleep-wake states
Ari Shechter (Canada)
Philippe Boudreau (Canada), Diane Boivin (Canada)

11:15am - 11:30am
Cortisol and melatonin rhythms dissociation during an antarctic summer expedition: Evidence for two distinct circadian oscillators
Nathalie Pattyn (Belgium)
Aisha Cortoos (Belgium), Olivier Mairesse (Belgium), Elke De Valck (Belgium), Raymond Cluydts (Belgium), Pierre-Francois Migeotte (Belgium), Xavier Neyt (Belgium)

11:30am - 11:45am
Night shift work and their association with metabolic syndrome
Juan Carrillo (Chile)
Jacqueline Peters (Chile), Gisella Arellano (Chile), Mariana Dastres (Chile), Claudio Morales (Chile), Jecar Neghme (Chile)

11:45am - 12:00pm
Natural circadian phase-shifts during summer nightwork in police officers
Jeanne Sophie Martin (Canada)
Alexandre Sasseville (Canada), Joëlle Lavoie (Canada), Jérôme Houle (Canada)

12:00pm - 12:15pm
Circadian misalignment as an endophenotype for depression
Nevin Zaki (Egypt)
Katharina Wuff (United Kingdom), Russel Foster (United Kingdom), Guy Goodwin (United Kingdom)

12:15pm - 12:30pm
Light therapy for treatment of fatigue and sleepiness following traumatic brain injury
Kelly Sinclair (Australia)
Jennie Ponsford (Australia), Steven W. Lockley (Australia), Shantha M.W. Rajaratnam (Australia)
**TUESDAY, SEPTEMBER 13, 2011**

**O7: Insomnia Therapeutic Approaches (202)**

**Co-Chairs:** Leanne Fleming, PhD (United Kingdom) and Thomas Roth, PhD (USA)

**11:00am - 11:15am**

Is a self-help book better than sleep hygiene advice? A randomized controlled trial of insomniacs
Bjørn Bjorvatn (Norway)
Eldbjørg Fiske (Norway), Ståle Pallesen (Norway)

**11:15am - 11:30am**

Effects of cognitive behavioral therapy for stress-induced sleep disturbance and hyperarousal
Shun Nakajima (Japan)
Isa Okajima (Japan), Masaki Nakamura (Japan), Akira Usui (Japan), Shingo Nishida (Japan), Kenichi Hayashida (Japan), Yuichi Inoue (Japan)

**11:30am - 11:45am**

Comparative efficacy of behavior therapy and cognitive therapy as single therapies for insomnia: A preliminary report
Charles M. Morin (Canada)
Allison Harvey (USA), Lynda Bélanger (Canada), Simon Beaulieu-Bonneau (Canada), Emilie Fortier-Brochu (Canada), Polina Eidelman (USA), Lisa Talbot (USA), Hans Ivers (Canada)

**11:45am - 12:00pm**

Effect of pregabalin on quantitative electroencephalography (qEEG) during non-REM sleep in patients with fibromyalgia and sleep maintenance difficulties
Frederick J. Wilson (United Kingdom)
E. Malca Resnick (USA), Jon Freeman (USA), Verne Pitman (USA), Pritha Bhadra (USA), Thomas Roth (USA)

**12:00pm - 12:15pm**

SKP-1041 a novel modified-release formulation of zaleplon significantly improves sleep in patients with middle-of-the-night awakening: Results of a phase II double-blind crossover placebo-controlled dose-ranging trial
James K. Walsh (USA)
David Seiden (USA), Beth Safirstein (USA), Alan Lankford (USA), Gary Zammit (USA), Jon Freeman (USA), Steven Hull (USA), Russell Rosenberg (USA)

**12:15pm - 12:30pm**

Effect of middle-of-the-night doses of zolpidem sublingual tablet 3.5 mg on next-morning driving performance
Annemiek Vermeeren (Netherlands)
Tim R. M. Leufkens (Netherlands), Cees Van Leeuwen (Netherlands), Anita Van Oers (Netherlands), Eric Vuurman (Netherlands), Nikhiles Sh. Singh (USA), Frank Steinberg (USA), Salvador Rico (USA), Eugene Laska (USA), Thomas Roth (USA)
O8: Sleep Deprivation (206B)

Co-Chairs: Gilles Lavigne, DMD, PhD (Canada) and Marco Zucconi, MD (Italy)

11:00am - 11:15am
The association between short sleep duration and weight gain is dependent on disinhibited eating behavior in adults
Jean-Philippe Chaput (Canada)
Jean-Pierre Després (Canada), Claude Bouchard (USA), Angelo Tremblay (Canada)

11:15am - 11:30am
Manipulating sleep duration alters cognitive and emotional functioning in children
Jennifer Vriend (Canada)
Fiona Davidson (Canada), Sunny Shaffner (Canada), Penny Corkum (Canada), Ben Rusak (Canada)

11:30am - 11:45am
Association between sleep homeostasis and a synaptic adhesion molecule
Janine El Helou (Canada)
Erika Belanger Nelson (Canada), Stéphane Dorsaz (Switzerland), Thomas Curie (Switzerland), Paul Franken (Switzerland), Valerie Mongrain (Canada)

11:45am - 12:00pm
Paradoxical sleep deprivation potentiates the development of oral dyskinesia in mice: Role of oxidative stress
Juliana Castro (Brazil)
Vanessa Abilio (Brazil), Sergio Tufik (Brazil), Roberto Frussa-Filho (Brazil)

12:00pm - 12:15pm
New discoveries in the in vivo influence of corticothalamic feedback in sleep spindles
Maxime Bonjean (USA)
Maxime Lemieux (Canada), Igor Timofeev (Canada), Terrence Sejnowski (USA), Maxim Bazhenov (USA)

12:15pm - 12:30pm
Short-term partial sleep deprivation: effects on emotion regulation of healthy adults
Nanette S. Danielsson (Sweden)
Shane MacDonald (Sweden), Markus Jansson-Fröjmark (Sweden), Steven J. Linton (Sweden), Allison G. Harvey (USA)
TUESDAY, SEPTEMBER 13, 2011

11:00am – 12:30pm O9: Restless Legs Syndrome (RLS) and Movement Disorders in Sleep (2000AB)

Co-Chairs: Claudia Trenkwalder, MD (Germany) and Luigi Ferini-Strambi, MD (Italy)

11:00am - 11:15am
Randomized double-blind placebo-controlled study on the efficacy and safety of gabapentin enacarbil in Japanese patients with primary restless legs syndrome
Yuichi Inoue (Japan)
Naohisa Uchimura (Japan), Kenji Kuroda (Japan), Koichi Hirata (Japan), Nobutaka Hattori (Japan)

11:15am - 11:30am
Are restless legs syndrome and periodic leg movements during sleep associated with cardiovascular abnormalities?
Marie-Helene Pennestri (Canada)
Jacques Montplaisir (Canada), Robert Amyot (Canada), Dominique Petit (Canada), Paola A Lanfranchi (Canada)

11:30am - 11:45am
Is restless legs syndrome an important predictor of subcortical stroke? A prospective study on 117 stroke patients
Anupama Gupta (India)
Garima Shukla (India), Afsar Mohammed (India), Vinay Goyal (India), Achal Srivastava (India), Madhuri Behari (India)

11:45am - 12:00pm
Iron infusion in restless legs syndrome in the third trimester of pregnancy
Juliane Schneider (Switzerland)
Alexander Krafft (Switzerland), Annika Bloch (Switzerland), Astrid Huebner (Switzerland), Monika Raimondi (Switzerland), Christian Baumann (Switzerland), Esther Werth (Switzerland), Claudio Bassetti (Switzerland)

12:00pm - 12:15pm
Relationship between clinically significant augmentation of restless legs syndrome (RLS) and dosage of rotigotine transdermal system: Post hoc analysis of a 5-year prospective multinational open-label study
Luigi Ferini-Strambi (Italy)
Ralf Kohnen (Germany), Heike Beneö (Germany), Birgit Högl (Austria), Wolfgang Oertel (Germany), Claudia Trenkwalder (Germany), Andreas Fichtner (Germany), Erwin Schollmayer (Germany), Diego García-Borreguero (Spain)

12:15pm - 12:30pm
Exome sequencing of two individuals with early onset familial ekbom syndrome
Jacinda Sampson (USA)
Lisa Baird (USA), Jeff Stevens (USA), Nori Matsunami (USA), Mark Leppert (USA)
TUESDAY, SEPTEMBER 13, 2011

12:30pm – 2:00pm  
**Industry Symposium (Respironics) (2000CD)**

**Data Management: Detection and Deployment**

**Moderator:** Cheryl Needham (USA)

**Speakers:** Richard Berry, MD (USA); Sam Kuna, MD (USA)

**Objectives:**
1. To gain an understanding of differences in methods used to detect breathing events from a device compared to full clinical polysomnography.
2. To gain insight in applying information about therapy efficacy and adherence in managing patients with OSA.
3. Review a patient management pathway utilizing portable diagnostic and device technology to initiate and manage therapy for the OSA patient.

**Summary:**
This symposium will discuss the comparison of breathing events identified by a CPAP device to a full polysomnograph, as well as, how to use the information to deploy the correct clinical titration and treatment pathway.

12:30pm – 1:10pm  
**Comparison of event detection vs. polysomnography**
Richard Berry, MD (USA)

1:10pm – 1:50pm  
**Clinical deployment of event detection**
Sam Kuna, MD (USA)

1:50pm – 2:00pm  
**Questions**

12:30pm – 2:00pm  
**Canadian Sleep Research Consortium (204AB)**

2:00pm – 3:00pm  
**Keynote Lecture (2000AB)**

Sleep, Sleepiness, and Safety on the Road
Pierre Philip, MD, PhD
Université de Bordeaux et Centre Hospitalier Universitaire, Bordeaux (France)

3:00pm – 3:30pm  
**Coffee Break (200ABC)**

3:00pm – 5:00pm  
**Poster Presentations (see pages 94-109) (200ABC)**
Parallel Symposia 15-17

**S15: Chronic Insomnia - From Psychology to Neurobiology (206A)**

**Chair:** Dieter Riemann, PhD (Germany)

**Speakers:** Dieter Riemann, PhD (Germany); Eus van Someren, PhD (Netherlands); Célyne Bastien, PhD (Canada); Daniel Buysse, MD (USA)

**Objectives:**
1. To understand the hyperarousal concept of insomnia on an integrative level.
2. To delineate the importance of neurobiological methods for the understanding of insomnia.
3. To highlight the importance of novel research approaches and theories for further progress in the field.

**Summary:**
Chronic insomnia is among the most frequent sleep disorders world-wide and afflicts up to 10% of the general population. Insomnia not only leads to severe sleep disturbances but beyond is coupled with daytime sequelae like impaired attention, cognition, etc. and in the long run may even be associated with increased risk for depression, cardiovascular disorders and obesity. Till recently, insomnia was mainly conceptualized as a psychological problem resulting from hyperarousal on a cognitive or emotional level. The last decade has seen an increased interest in applying state of the art neurobiological methods to the condition of insomnia. These include spectral analysis of the sleep EEG, cortisol and immunological measurements and imaging methods like MR, fMRI, SPECT or PET. The symposium will cover most recent approaches and studies in the field aiming at the hyperarousal concept by integrating research from different sources. Hopefully, this type of combined and integrative endeavour will shed more light on the psychophysiology of chronic insomnia.

3:30pm – 3:50pm
**The hyperarousal concept of chronic insomnia – State of the art**
Dieter Riemann, PhD (Germany)

3:50pm – 4:10pm
**New ways to understand insomnia: From web-based assessments to brain imaging**
Eus van Someren, PhD (Netherlands)

4:10pm – 4:30pm
**Insomnia types and information processing during the night: Measures of N1 and P2**
Célyne Bastien, PhD (Canada)

4:30pm – 4:50pm
**Where in the brain is insomnia? Results of PET studies**
Daniel Buysse, MD (USA)
**TUESDAY, SEPTEMBER 13, 2011**

**3:30pm – 5:00pm S16: Circadian Adjustment: Does it Help or Hinder Shift Workers? (204AB)**

**Chair:** Chair: Diane Boivin, MD, PhD (Canada)

**Speakers:** Diane Boivin, MD, PhD (Canada); Shantha M. Rajaratnam, PhD (Australia); Alec J. Davidson, PhD (USA);

**Objectives:**
1. Recognize the impacts of disrupted sleep-wake cycles and circadian rhythms in shift-workers.
2. Understand the rationale for interventions designed to correct the phase angle between the endogenous circadian system and the sleep-wake cycle in shift workers.
3. Learn the health consequences of repeated clock shifting in animals.
4. Appreciate the benefits and limitations of approaches that increase the rate of circadian adaptation in shift workers.

**Summary:**
Shift work often results in acute and repetitive shifts between the circadian system and the sleep-wake schedule. It is believed this circadian misalignment and its associated sleep disruption contribute substantially to shift workers’ complaints and their increased risk of developing several medical conditions such as cardiovascular, endocrine, psychological disorders and even cancer. Remodeling the diurnal pattern of light and darkness exposure belongs to sophisticated interventions, specifically designed to correct shift workers’ circadian misalignment. However, the repetitive cycling between work and rest days leads to instability in the entrained circadian phase. Observations drawn from animal studies raise justifiable health concerns that call for more research and debate.

Diane Boivin will introduce the symposium, summarize available countermeasures for disrupted sleep-wake cycles and her own studies on the impacts of circadian misalignment in nurses and police officers. Shantha Rajaratnam will present results on the adverse negative consequences of night work in police studies and how circadian adjustment can be achieved rapidly. Alec Davidson will discuss the health consequences of repeated clock shifting in animal models. The symposium will then be open for general discussion.

**3:30pm – 3:55pm**

**Countermeasures for improving shift workers’ adaptation**
Diane B. Boivin, MD, PhD (Canada)

**3:55pm – 4:20pm**

**Adverse health and safety outcomes associated with shiftwork: Interventions to promote rapid circadian adaptation**
Shantha M. Rajaratnam, PhD (Australia)

**4:20pm – 4:45pm**

**Health consequences of circadian disruption in animal models**
Alec J. Davidson, PhD (USA)
TUESDAY, SEPTEMBER 13, 2011

3:30pm – 5:00pm  S17: Sleep Disturbances and Attention-Deficit/Hyperactivity Disorder: Shared Mechanisms and Clinical Implications (202)

Co-Chair: Samuele Cortese, MD, PhD (France) and Reut Gruber, PhD (Canada)

Speakers: Samuele Cortese, MD, PhD (France); Penny Corkum, PhD (Canada); Reut Gruber, PhD (Canada); Barbara Fisher, PhD (USA)

Objectives:
To be aware of the main findings of the literature exploring the comorbidity between sleep disturbances and ADHD.

1. To understand the neurobiological and behavioral hypotheses explaining the comorbidity between sleep disturbances and ADHD.
2. To understand the interplay between medications and sleep disturbances in children with ADHD.
3. To understand the implications of the sleep disturbances associated with ADHD or manifesting as ADHD on daytime functioning.

Summary:
ADHD is a common, impairing and treatable neuropsychiatric disorder in children and adults, characterized by difficulties with self-regulation, disinhibition, cognitive impairment and hyperactivity. Sleep problems are reported in an estimated 25% to 50% of subjects with ADHD. Sleep problems in ADHD represent a significant source of stress for the child and family or the adult and may further worsen ADHD symptoms. Biochemically, both ADHD and sleep disturbances have been associated with neurotransmitters dysfunction, particularly those of the noradrenergic and dopaminergic systems. Because of the clinical and scientific relevance of sleep problems to the understanding and management of ADHD, there has been a dramatic increase in research interest in these areas in the last years. However, only a few studies have examined the importance of neurotransmitter actions in regulating sleep and sleepiness in children who have ADHD. Moreover, the mechanisms underlying the association between ADHD and sleep dysfunction, the impact of sleep disturbances on the daytime functioning of individuals with ADHD, and their clinical management are unclear. The symposium will provide the audience with a comprehensive overview of current literature on ADHD and sleep, and the results from recent studies that address these questions. The clinical and research implications will be highlighted.

3:30pm – 3:50pm  The relationship between sleep disturbances and ADHD: Methodological issues, mechanisms, clinical implications, and future directions of research
Samuele Cortese, MD, PhD (France)

3:50pm – 4:10pm  Sleep alterations associated with medications used to treat ADHD
Penny Corkum, PhD (Canada)

4:10pm – 4:30pm  An experimental investigation of the impact of sleep on the daytime functioning of children with ADHD and no comorbid sleep disorders
Reut Gruber, PhD (Canada) and Merrill Wise, MD (USA)

4:30pm – 4:50pm  Primary sleep disorders in children with ADHD
Barbara Fisher, PhD (USA)
Technologists Workshops (206B)

3:30pm – 4:30pm
Dental Effects of CPAP Masks
Fernanda Almeida, DDS, PhD (Canada)

4:30pm – 5:30pm
RLS, PLMS and Movement Disorders
Raffaele Ferri, MD (Italy)

Parallel Symposia 18-20

S18: Memory and Sleep (202)

Co-Chairs: Stuart Fogel, PhD (Canada) and Luigi Ferini-Strambini, MD (Italy)

Speakers: Luigi Ferini-Strambini, MD (Italy); Olga Prilipko, PhD (USA); Émilie Fortier-Brochu, MPs (Canada); Stuart Fogel, PhD (Canada)

Objectives:
1. Present how different neuronal networks interact during a memory task, and the impairment seen in patient with OSA including impairment of vascular reactivity and local perfusion.
2. Illustrate the impact of treatment with nasal CPAP and slowness of recovery.
3. Describe the specific cognitive impairments associated with chronic insomnia and discuss their clinical significance.
4. Discuss age-related changes in sleep, the cerebral correlates of memory consolidation, and how these changes may adversely affect memory performance in older subjects.

Summary:
Cognitive dysfunction has been associated with different sleep disorders and different tools have been used to investigate these dysfunctions. In obstructive sleep apnea (OSA), impairment in several cognitive domains, including attention and vigilance decrements, memory gaps, and abnormalities in executive functions have been reported. These functional alterations are likely related to structural tissue damage and metabolic stress occurring in different brain tissue compartments and neural structures. Nasal CPAP and Sham CPAP have been used looking at baseline and post treatment response investigating cognitive function. Prilipko will present results of an fMRI study comparing OSA patients and controls. Also, investigation of vascular reactivity shows that compared to controls OSA patients have less cerebrovascular reserve and less perfusion compared to controls, with improved cerebral perfusion after two months with CPAP. Neuropsychological impairments in OSA patients are also associated with focal reductions of grey-matter volume in the left hippocampus (enthorinal cortex), left posterior parietal cortex and right superior frontal gyrus. Ferini-Strambi will describe how three months of CPAP treatment appears to be associated with significant improvements involving memory, attention and executive-functioning and be accompanied by grey-matter volume increases in hippocampal and frontal structures. The presentation by Fortier-Brochu will include a recent meta-analysis of neuropsychological performance in individuals with insomnia, which indicates that they perform significantly worse than normal sleepers on tasks assessing working memory, episodic memory and problem solving. The clinical significance of these findings will be discussed. Improved memory performance has been linked to certain electrophysiological signatures of sleep including the slow oscillation and sleep spindles. Slow wave activity and sleep spindles also change with age. Recent evidence suggesting that the age-related changes in the electrophysiological and hemodynamic correlates of sleep-dependent memory consolidation may contribute to age-related changes in memory will be discussed by Fogel.
TUESDAY, SEPTEMBER 13, 2011

5:00pm – 6:30pm  S18: Memory and Sleep (202) (cont’d)

5:00pm – 5:20pm
OSA, executive functions and memory and cerebral grey matter before and during CPAP
Luigi Ferini-strambi, MD (Italy)

5:20pm – 5:40pm
OSA, working memory, fMRI
Olga Prilipko MD, PhD (USA)

5:40pm – 6:00pm
Cognitive impairment in individuals with insomnia: Focus on clinical significance
Émilie Fortier-Brochu, MPs (Canada)

6:00pm – 6:20pm
Are age-related changes in memory a deficit in sleep-dependent memory consolidation?
Stuart Fogel, PhD (Canada)
**TUESDAY, SEPTEMBER 13, 2011**

**5:00pm – 6:30pm**

**S19: Detecting and Scoring Sleep Disordered Breathing in Adults and Children: Is There a Need to Modify Criteria Again? (204AB)**

**Chairs:** Hartmut Schneider, MD, PhD (USA)

**Speakers:** Hartmut Schneider, MD, PhD (USA); David Rapoport, MD (USA); Richard Berry, MD (USA); Jose Haba-Rubio, MD (Switzerland); Riccardo A. Stoohs, MD (USA)

**Objectives:**
1. Demonstrate the effects of improving technology on detection and defining sleep disordered breathing.
2. Show how the sleep disordered breathing rates are affected by the various different definitions of events.
3. Advance possible novel approaches to improve standards for detection and definition of sleep disordered breathing in clinical and research populations.

**Summary:**
The characterization of sleep disordered breathing patterns is based on discrete events such as apnea, hypopnea and respiratory effort related arousals. Arbitrary criteria are set for counting these episodes based on arousal and/or oxyhemoglobin desaturation. Methods for detecting breathing pattern during sleep have markedly improved over the last decade both in adult and pediatric sleep medicine and scoring rules have been modified to reflect some of the improvements in recording techniques. However, there is still considerable controversy of how to best record and score sleep disordered breathing episodes. In this symposium, the strengths and pitfalls of current recording and scoring techniques will be discussed in light of their potential for classifying sleep disordered breathing. Investigators will highlight how distinct approaches for detecting sleep-related disturbances compare. Each presentation will bring forward recommendations for how best to record and define sleep disordered breathing. Thus, the aim of this symposium is to understand the rational of current definitions and how novel approaches may help to improve the detection and definition of sleep disordered breathing in clinical and research populations.

**5:00pm – 5:15pm**

**Basic methodology for the assessment of respiration during sleep**
Hartmut Schneider, MD, PhD (USA)

**5:15pm – 5:30pm**

**Inspiratory flow limitation and sleep related breathing episodes in light of the Chicago criteria**
David Rapoport, MD (USA)

**5:30pm – 5:45pm**

**Sleep related breathing episodes in light of the AASM Criteria**
Richard Berry, MD (USA)

**5:45pm – 6:00pm**

**AASM vs. Chicago criteria for scoring events in a healthy population**
Jose Haba-Rubio, MD (Switzerland)

**6:00pm – 6:15pm**

**Approaches to respiratory characterization during sleep in children**
Riccardo A. Stoohs, MD (USA)
**S20: How Can We Boost Access to Cognitive Behavioural Therapy for Insomnia? Practical Methods to Reach the Community and Primary Care Patients (206A)**

**Chair:** Judith Davidson, PhD (Canada)

**Speakers:** Leanne Fleming, PhD (United Kingdom); Norah Vincent, PhD (Canada); Jack Edinger, PhD (USA); Judith Davidson, PhD (Canada)

**Objectives:**
1. To examine some novel, practical methods for enhancing access to CBT-I.
2. To consider the research results on these methods.
3. To realize the advantages and challenges of these methods.
4. To consider how we can build on promising methods.
5. To come up with ideas to increase access to CBT-I at your own site.

**Summary:**
This symposium will focus on practical methods, including opportunities and challenges, in making cognitive behavioural therapy for insomnia (CBT-I) more accessible. Access to CBT-I, the most efficacious treatment for chronic insomnia, is extremely limited for a variety of reasons. Insomnia researchers and clinicians need to discuss ideas, methods, and relevant research, for taking CBT-I from the lab to people-at-large. We will look at four approaches to increasing access to CBT-I. The speakers are from three different countries (United Kingdom, USA, Canada) and all have research and clinical experience in testing methods aimed at increased availability of CBT-I. Leanne Fleming will speak about nurse-delivered CBT in community health clinics in Scotland. Norah Vincent will speak about testing online provision of CBT to people with insomnia in the community. Jack Edinger will speak about making CBT-I “friendly” to primary care. Judith Davidson will speak about early intervention, including the use of group CBT-I, in a multidisciplinary primary care setting. There will be a discussion of the successes and challenges of these methods and ideas for building on them.

5:00pm – 5:20pm
**Nurse delivered small group CBT for insomnia in community health clinics**
Leanne Fleming, PhD (United Kingdom)

5:20pm – 5:40pm
**Better sleep – just a mouse-click away: Delivering CBT-I through the internet**
Norah Vincent, PhD (Canada)

5:40pm – 6:00pm
**Making behavioral insomnia therapy friendly to the primary care environment**
Jack Edinger, PhD (USA)

6:00pm – 6:20pm
**Nipping it in the bud: Early intervention for insomnia in primary care**
Judith Davidson, PhD (Canada)
TUESDAY, SEPTEMBER 13, 2011

6:30pm – 8:00pm  World Association of Sleep Medicine
                  Membership Meeting (206A)

6:30pm – 8:00pm  Canadian Sleep Society
                  Annual General Meeting (206B)

8:00pm – 11:00pm Snooze Bowl (2000CD)
**WEDNESDAY, SEPTEMBER 14, 2011**

7:00am – 6:00pm  
**On-Site Registration**

8:00am – 9:00am  
**Keynote Lecture (2000AB)**

**Insomnia, Therapy and Health Policies**  
Kevin Morgan, PhD.  
Loughborough University, Leicestershire (United Kingdom)

9:00am – 10:30am  
**Parallel Symposia 21-23**

**S21: Biomedical Innovation in Sleep Medicine (206B)**

**Chair:** Ronald Chervin, MD (USA)

**Speakers:** Ronald Chervin, MD (USA); David White, MD (USA); Jed Black, MD (USA); Matt Vaska, MS (USA)

**Objectives:**
1. Inspire sleep researchers and clinicians to consider opportunities for biomedical innovation that could accelerate improvement in diagnostic and therapeutic approaches to sleep disorders.
2. Raise awareness of academic, corporate, entrepreneurial, and collaborative mechanisms by which novel ideas can be generated, explored, developed, or translated into new products.
3. Stimulate clinicians to find appropriate partners, settings, and support that will enable innovative solutions to common, everyday challenges encountered in clinical practice of sleep medicine.

**Summary:**
Sleep medicine is inspired by a wide array of diagnostic and therapeutic approaches. The field relies on cutting-edge digital, technological, pharmacologic, prosthetic, and surgical advances from academia, industry, and academic-corporate collaborations. This unique symposium will explore opportunities through which sleep specialists can advance biomedical innovations that meaningfully improve sleep and alertness. Ronald Chervin, Director of the University of Michigan Sleep Disorders Center, will discuss emerging collaborations between sleep medicine specialists and engineers at academic institutions, where capstone senior projects, invention and development courses, medical innovation centers, and technology innovation fellowships can lead to imaginative or even disruptive technological advances. David White, Chief Medical Officer, Philips Respironics, will describe corporate strategies to invent and translate new concepts that shape clinical practice and its effectiveness. Jed Black will explain how the clinical and clinical trial experience of a sleep specialist can steer the pharmaceutical industry toward top neuroscience and clinical priorities. Matt Vaska, Founder and CEO of Apnicure, Inc., will illustrate how entrepreneurial ventures can advance completely novel therapeutic devices with the help of top talent and agile resources, outside traditional academic and large corporate environments.
S21: Biomedical Innovation in Sleep Medicine (206B) (cont’d)

9:00am – 9:20am
Opportunities for sleep biomedical innovation within the ivory tower
Ronald D. Chervin, MD (USA)

9:20am – 9:40am
Tomorrow’s technology: Innovation within a corporate infrastructure
David P. White, MD (USA)

9:40am – 10:00am
Potential impact of sleep clinicians on directions pursued by large pharmaceuticals
Jed Black, MD (USA)

10:00am – 10:20am
Meeting the challenge of sleep disorders: Opportunities and pitfalls for the entrepreneur
Matt Vaska, MS (USA)
WEDNESDAY, SEPTEMBER 14, 2011

9:00am – 10:30am  S22: Epidemiology of Sleep Disorders (204AB)

Chair: Maurice Ohayon, MD, PhD (USA)

Speakers: Yun Kwok Wing, MD (China); Mélanie LeBlanc, PhD (Canada); Seung Chul Hong, MD, PhD (Republic of Korea); Maurice Ohayon, MD, PhD (USA)

Objectives:
1. To understand the epidemiology of sleep disorders and their interactions with other diseases.
2. To identify potential moderating factors altering the trajectory of insomnia.
3. To identify risk factors for sleep apnea and their impact on the prevalence of sleep apnea.
4. Understand the impact and consequences of excessive sleepiness.

Summary:
The content of this symposium is highly relevant to the field of sleep medicine. The first presentation (YK Wing) will address the persistence and impact of insomnia on health using a 5-year longitudinal study conducted with Hong Kong Chinese children and their parents. The second presentation (M. LeBlanc) will summarize the current status of an ongoing longitudinal study of insomnia in Canada and present new data on moderators (e.g., treatment, life events) of its natural course over time. The third presentation (SC Hong) will focus on the epidemiology of sleep apnea in South Korea. More specifically, risk and protective factors will be addressed along with observed changes in the prevalence of sleep apnea and its risk factors over an eight-year period. The last presentation (MM Ohayon) will be centered on the epidemiology of excessive sleepiness both in terms of excessive quantity of sleep and deteriorated quality of wakefulness, how it interacts with sleep disorders, organic diseases and mental disorders.

9:00am – 9:20am
A 5 year longitudinal course and health impact of insomnia on Chinese children and their parents
Yun Kwok Wing, MD (China)

9:20am – 9:40am
Natural history of insomnia: Factors moderating the course of insomnia over time
Mélanie LeBlanc, PhD (Canada)

9:40am – 10:00am
Sleep Apnea Longitudinal Study on a 8-year Period in South Korea
Seung Chul Hong, MD, PhD (Republic of Korea)

10:00am – 10:20am
Prevalence and risk factors for excessive sleepiness in the US population
Maurice M. Ohayon, MD, PhD (USA)
S23: Sleep-Wake Disturbances after Traumatic Brain Injury (206A)

Chair: Nadia Gosselin, PhD (Canada)

Speakers: Simon Beaulieu-Bonneau, MPs (Canada); Samar Khoury, MSc (Canada); Michael Makley, MD (USA); Shanthakumar Rajaratnam, PhD (Australia); Philipp Valko, MD (USA)

Objectives:
1. Describe sleep, sleepiness and fatigue complaints after traumatic brain injury.
2. Understand the causes of sleep-wake disturbances in patients with traumatic brain injury.
3. Propose treatment for sleep-wake disturbances in this population.
4. Identify priorities in sleep and traumatic brain injury research.

Summary:
Traumatic brain injury (TBI) is a major public health concern in part because its incidence is estimated at more than 600/100,000 individuals, but also because it can result in long-term cognitive, physical, neurobehavioral and psychological impairments. Sleep-wake disturbances, particularly fatigue, hypersomnia, and insomnia, are among the most severe, the most persistent and the most disabling symptoms after TBI. They affect at least 50% of this population and are present across the range of TBI severity. However, whether post-traumatic sleep-wake disturbances improve or persist over time remains unclear. The cause of posttraumatic sleepiness is still elusive, but recent evidence suggests that it can possibly be explained by a complex interaction between brain lesions, neurotransmitter and hormonal changes, hypocretin level, aging, pain and genetic predispositions. Delayed or attenuated circadian rhythms may also cause sleep problems and vigilance decrements. Psychological factors such as anxiety, depression, and maladaptive habits are probably important contributors to the development and persistence of sleep-wake disturbances after TBI. A few therapeutic trials have been conducted on posttraumatic sleep-wake disturbances. Treatment with stimulants may be effective for sleepiness, but alleviation of fatigue and hypersomnia remains difficult to achieve.

In this symposium, the definition, diagnosis, epidemiology and general symptoms associated with TBI will be introduced. Subjective and objective measures of sleep disturbances and fatigue performed in early and chronic TBI patients will be reviewed. Physiological correlates of acute and chronic sleep-wake disturbances in TBI will be presented. Circadian rhythm dysfunctions observed after TBI as well as their impact on sleep quality and sleepiness will be discussed. Finally, treatment options, with an emphasis on pharmacological intervention, will be presented.

9:00am – 9:15am
Long-term sleepiness and fatigue symptoms following moderate/severe traumatic brain injury
Simon Beaulieu-Bonneau, MPs (Canada)

9:15am – 9:30am
Sleep and pain interaction in mild traumatic brain injury patients
Samar Khoury, MSc (Canada)

9:30am – 9:45am
Sleep in early brain injury recovery
Michael Makley, MD (USA)

9:45am – 10:00am
Sleep and circadian rhythm disruption associated with traumatic brain injury
Shanthakumar Rajaratnam, PhD (Australia)

10:00am – 10:15am
Posttraumatic sleep-wake disturbances: causes and treatment
Philipp Valko, MD (USA)
### WEDNESDAY, SEPTEMBER 14, 2011

**10:00am – 5:00pm**  
**Exhibition** *(200ABC)*

**10:30am – 11:00am**  
**Coffee Break** *(200ABC)*

**11:00am – 12:30pm**  
**Technologists Workshops (French)** *(207)*

- **Oral appliances: introduction and indications in OSA treatment**  
  *(Orthèse dentaire: introduction et indications pour le traitement du SAS)*  
  Luc Gauthier, DMD, MSc (Canada)

**11:00am – 12:30pm**  
**Oral Paper Presentations (Sessions 10-13)**

#### O10: Sleep and Public Health *(206A)*

**Co-Chairs:** Torbjörn Akersdedt, PhD (Sweden) and Pierre Philip, MD, PhD (France)

**11:00am - 11:15am**  
Teen sleep media exposures and physical activity: Results from the 2007 and 2009 youth risk behavior surveys  
Caris Fitzgerald (USA)  
Erick Messias (USA), Daniel Buysse (USA)

**11:15am - 11:30am**  
Night-work shifts and inflammatory markers  
Khosro Sadeghniiat-Haghighi (Iran)  
Omid Aminian (Iran)

**11:30am - 11:45am**  
Importance of the sleepiness and fatigue prevention for reducing occupational accidents in a Brazilian mining company  
Felipe Vieira (Brazil)  
Sergio Barros (Brazil)

**11:45am - 12:00pm**  
The Australian Centre for Education in Sleep (ACES), program: Sleep education trials for middle school students in Australia and New Zealand  
Sarah Blunden (Australia)  
Geoff Kira (New Zealand), Michelle Hull (New Zealand), Ralph Maddison (New Zealand)

**12:00pm - 12:15pm**  
Sleep duration does not predict major adverse cardiac events in the swedish national march cohort study  
Anna Westerlund (Sweden)  
Rino Bellocco (Sweden), Madeleine Svensson (Sweden), Johan Sundström (Sweden), Torbjorn Akerstedt (Sweden), Ylva Trolle Lagerros (Sweden)

**12:15pm - 12:30pm**  
Power naps in night time driving: First results of an investigation under natural conditions  
Doris Moser (Austria)  
Gerhard Kloesch (Austria), Marion Seidenberger-Wutzl (Austria), John Dittami (Austria), Josef Zeitlohofer (Bahamas)
WEDNESDAY, SEPTEMBER 14, 2011

11:00am – 12:30pm

O11: Psychiatric and Neurological Disorders Affecting Sleep/Waking (204AB)

Co-Chairs: Colin Shapiro, MD (Canada) and Yun-Kwok Wing, MD (China)

11:00am - 11:15am
Antiepileptic therapy in NFLE patients: Effects on macrostructural and microstructural PSG parameters
Fernando de Paolis (Italy)
Giulia Milioli (Italy), Andrea Grassi (Italy), Silvia Riccardi (Italy), Elena Colizzi (Italy), Liborio Parrino (Italy), Mario Giovanni Terzano (Italy)

11:15am - 11:30am
Sleep and wake disorders associated with traumatic brain injury: Impact of successful management on recovery of cognition and communication
Catherine Wiseman-Hakes (Canada)
Angela Colantonio (Canada), Nora Cullen (Canada), Chanth Seyone (Canada), Marc Narayansingh (Canada), Brian Murray (Canada)

11:30am - 11:45am
Quantitative EEG in REM sleep and NREM sleep in combat OEF/OIF veterans
Daniel Cohen (USA)
Jennifer Alman (USA), Amy Begley (USA), David Cashmere (USA), Jean Miewald (USA), Anne Germain (USA)

11:45am - 12:00pm
Atypical topographical distribution and density of K-complexes: A possible cause of poor sleep in autism
Sabine Michaëlle Duplan (Canada)
Élyse Chevrier (Canada), Laurent Mottron (Canada), Roger Godbout (Canada)

12:00pm - 12:15pm
Insomnia and daytime sleepiness are risk factors for depressive symptoms in the elderly
Isabelle Jaussent (France)
Jean Bouyer (France), Marie-Laure Ancelin (France), Tasnime Akbaraly (France), Karine Pérès (France), Karen Ritchie (France), Alain Besset (France), Yves Dauvilliers (France)

12:15pm - 12:30pm
Self-reported sleep problems and neuropsychological performance in ADHD
Barbara Fisher (USA)
Danielle Garges (USA), Stephany Fulda (Germany)
WEDNESDAY, SEPTEMBER 14, 2011

11:00am – 12:30pm  O12: Sleep Breathing Disorders (206B)

Co-Chairs: Robert Skomro, MD (Canada) and Max Hirshkowitz (USA)

11:00am - 11:15am
New insights into monocyte differentiation in sleep apnea patients
Larissa Dyugovskaya (Israel)
Andrey Polyakov (Israel), Slava Berger (Israel), Peretz Lavie (Israel), Lena Lavie (Israel)

11:15am - 11:30am
Tumor growth and circulating VEGF induced by intermittent hypoxia in a mouse model of sleep apnea
Ramon Farre (Spain)
Isaac Almendros (Spain), Josep Montserrat (Spain), Marta Torres (Spain), Daniel Navajas (Spain)

11:30am - 11:45am
Sleep disordered breathing and cognition: The mediating role of weight
Karen Spruyt (USA)
David Gozal (USA)

11:45am - 12:00pm
Sleep breathing disorders at patients with acromegaly
Michail Agaltsov (Russian Federation)
Irena Ilovayuskaya (Russian Federation), Irina Trigolosova (Russian Federation),
Anna Vinogradova (Russian Federation), Svetlana Fedorova (Russian Federation),
Alexander Dreal (Russian Federation)

12:00pm - 12:15pm
Elevated pancreatic polypeptide (PP) levels in obstructive sleep apnea
Fanny Delebecque (USA)
Lisa Morselli (USA), Rachel Leproult (USA), Karla Temple (USA), Harry Whitmore (USA),
Jameese Sykes (USA), David Ehrmann (USA), Eve Van Cauter (USA)

12:15pm - 12:30pm
Obstructive sleep apnea and allergic rhinitis: Impact of treating upper airway inflammation on sleep parameters
Veronique-Isabelle Forest (Canada)
Basil Petrof (Canada), Najat Binotham (Canada), Qutayba Hamid (Canada), François Lavigne (Canada)
WEDNESDAY, SEPTEMBER 14, 2011

11:00am – 12:30pm  O13: Narcolepsy (202)

Co-Chairs: Ben Rusak, PhD (Canada) and Mehdi Tafti, PhD (Switzerland)

11:00am - 11:15am
Neural substrates of awakening probed with genetically targeted optical control of hypocretin neurons
Antoine Adamantidis (Canada)

11:15am - 11:30am
The effect of intranasal hypocretin-1 on glucose tolerance in normal weighted and obese narcolepsy patients
Sara Lena Weinhold (Germany)
Mareen Seeck-Hirschner (Germany), Alexander Nowak (Germany), Robert Göder (Germany), Paul Christian Baier (Germany)

11:30am - 11:45am
Clinical differences between childhood and adulthood narcolepsy
Sona Nevsimalova (Czech Republic), Jitka Buskova (Czech Republic), David Kemlink (Czech Republic), Iva Prihodova (Czech Republic), Jelena Skibova (Czech Republic), Karel Sonka (Czech Republic)

11:45am - 12:00pm
Executive functions in narcolepsy
Sophie BAYARD (France)
Valérie Decock Cochne (France), Muriel Croisier Langenier (France), Sabine Scholz (France), Yves Dauvilliers (France)

12:00pm - 12:15pm
Postprandial blood glucose concentrations are increased in patients with narcolepsy with cataplexy as compared with healthy controls
Paul C Baier (Germany)
Sarah L. Weinhold (Germany), Sarah Burkert (Germany), Mareen Seeck-Hirschner (Germany), Robert Göder (Germany), Dunja Hinze-Selch (Germany), Manfred Hallschmid (Germany)

12:15pm - 12:30pm
Silent snoring, an enigma!
Vijayakrishnan Paramasivan (India)
WEDNESDAY, SEPTEMBER 14, 2011

12:30pm – 2:00pm  WASM/ESRS Symposium (206B)

Neurogenic Hypersomnia

Co-Chairs: Christian Guilleminault, MD, PhD (USA) and Claudio Bassetti, MD (Switzerland)

Speakers: Claudio Bassetti, MD (Switzerland); Pierre-Hervé Luppi, PhD (France); Seiji Nishino, MD, PhD (USA); Maurice Ohayon, MD, PhD (USA)

Objectives:
1. Know the wide variation in neurophysiology and clinical presentation of the hypersomnias.
2. Understand the interaction of REM sleep regulation and their relation not only to the clinical features of narcolepsy, particularly cataplexy, but also REM behavior disorder, Parkinsonism and specific brain-stem lesions.
3. Know the significance of histaminergic system relation to some hypersomnias.
4. Know the prevalence of idiopathic hypersomnia in the general population obtained from a representative sample from European Community and the USA.

Summary:
Hypersomnia often presents one of the more challenging treatment problems in sleep medicine and it carries with it significant morbidity including health problems and risks of major accidents. The range of hypersomnia related to neurological factors varies from the well defined narcolepsy with cataplexy to the more mixed clinical patterns with difficulties staying awake during the day. The non-narcoleptic-idiopathic-hypersomnia are the most challenging diagnostic, etiogenic and therapeutic syndromes. Several classifications have been suggested based on clinical presentations. The clinical features seen in these disorders of excessive sleepiness mostly serve to identify the major types of hypersomnia and guide researches on their underlying neurophysiological impairments. The latest clinical subdivision based on clinical analyses and neurophysiological tests -including sleep related investigations- will be reviewed by Claudio Bassetti. Narcolepsy with cataplexy has been well defined but we are only now beginning to appreciate the REM sleep mechanisms and how they change to produce both cataplexy and REM behavior Disorder. New discoveries by Pierre-Hervé Luppi about REM-sleep regulation have changed our understanding of the pathological processes for these REM sleep related disorders. In addition many of the neurogenic hypersomnias show in human, indications of histaminergic abnormalities, with or without hypocretin deficiency that may account for the sleep-wake problems. Seiji Nishino will present current findings in this regard and discuss their overall significance. Idiopathic hypersomnia disorder has been seldom investigated in the general population. Maurice Ohayon will examine prevalence of Idiopathic hypersomnia in several European countries and the U.S. (sample n>35,000 for about 750 millions people). In these studies excessive sleepiness was a frequent complaint with rates ranging from 12% to 28% depending on the country. Idiopathic hypersomnia prevalence ranged between 0.3% and 0.5%.

12:30pm – 12:50pm
Clinical spectrum and neurophysiology
Claudio Bassetti, MD (Switzerland)

12:50pm – 1:10pm
REM regulation in narcolepsy
Pierre-Hervé Luppi, PhD (France)

1:10pm – 1:30pm
Histamine in hypersomnias
Seiji Nishino, MD, PhD (USA)

1:30pm – 1:50pm
Epidemiology of idiopathic hypersomnia
Maurice Ohayon, MD, PhD (USA)
**WEDNESDAY, SEPTEMBER 14, 2011**

**12:45pm – 1:45pm**  
**Wayne Hening Memorial Lecture (206A)**

**Motor Control and Dyscontrol in Sleep**

**Chair:** Claudia Trenkwalder, MD (Germany)

**Speaker:** Sudhansu Chokroverty, MD  
JFK New Jersey Neuroscience Institute, Edison (USA)

**Objectives:**
1. Review motor control of normal sleep.
2. Understand what happens when normal motor control breaks down.
3. Distinguish how to tell one jerk from another.
4. Understand role of multiple muscle recordings during overnight polysomnographic study.

**Summary:**
There is a progressive decrement of voluntary muscle tone in an orderly manner as one progresses from wakefulness to non-REM sleep stages 1 to 3 and REM sleep. Mild muscle hypotonia during NREM sleep results from a combination of disfacilitation of brainstem motor neurons and probably slight hyperpolarization of motor neurons. Marked suppression of voluntary muscle tone during REM sleep is caused by three fundamental mechanisms: inhibitory post-synaptic potentials causing hyperpolarization of motor neurons (major mechanism); disfacilitation of brainstem motor neurons; and decreased intracortical facilitation. Hypocretinergic neurons facilitate motor activity during wakefulness but are disfacilitated during sleep. When multiple checks and balances placed on multiple levels of motor pathways during sleep break down, strange and bizarre motor events may emerge causing abnormal jerks, shakes and screams during sleep. Failure of motor control in REM sleep may cause rapid eye movement behavior disorder, whereas a failure of motor control in NREM sleep may cause partial arousal disorders, periodic limb movements in sleep, hypnic jerks, propriospinal myoclonus, hypnagogic foot tremor, and alternating leg muscle activation. A failure of motor control in both NREM and REM sleep may result in rhythmic movement disorders, sleep bruxism, and catathrenia.

**2:00pm – 3:00pm**  
**Keynote Lecture (2000AB)**

**Neural Regulation of Homeostatic Sleep Mechanisms**
Barbara Jones, PhD  
Montreal Neurological Institute and McGill University, Montreal (Canada)

**3:00pm – 3:30pm**  
**Coffee Break (200ABC)**

**3:00pm – 5:00pm**  
**Poster Presentations (see pages 109-123) (200ABC)**
Parallel Symposia 24-26

S24: Access and Management of Obstructive Sleep Apnea (206A)

Chair: Najib Ayas, MD (Canada)

Speakers: Charles Atwood, MD (USA); Robert Skomro, MD (Canada); Frederic Séries, MD (Canada); Meir Kryger, MD (Canada, USA)

Objectives:
1. Discuss diagnostic algorithms for OSA.
2. Consider the role of portable monitoring and in-laboratory assessments for the diagnosis and treatment of OSA.
3. Evaluate therapeutic options for weight-loss in obese patients with OSA.
4. Be aware of the healthcare cost and the benefit of appropriate management of OSA.

Summary:
Obstructive Sleep Apnea (OSA) is associated with increased healthcare utilization, morbidity and mortality. Appropriate diagnosis and management of OSA varies depending on resources available. This symposium will address key areas regarding the diagnosis and management of patients with OSA. Atwood, who has been involved in a large randomized controlled trial of portable monitoring, will discuss the available scientific data comparing ambulatory monitoring to sleep laboratory monitoring in patients with suspected sleep apnea. The potential role of home-based diagnostic testing followed by home-based autoCPAP titrations (compared to in-laboratory polysomnography) will be addressed by Skomro, especially from a Canadian perspective. With a discussion on procedures for the appropriate use of home-based testing, particularly in areas with limited access to polysomnography. Obesity is a major risk factor for OSA and Séries will discuss how these patients should be chosen for specific weight loss therapies (e.g., lifestyle, medications, surgery). Untreated OSA leads to increased resource utilization in healthcare systems with reductions in healthcare utilization following compliance with therapy. Kryger will highlight the importance of earlier diagnosis and treatment of OSA.

3:30pm – 3:50pm
Portable monitoring for the diagnosis of OSA: A summary of recent randomized trials
Charles W. Atwood, Jr, MD (USA)

3:50pm – 4:10pm
The role of home-based diagnosis and treatment of OSA: A Canadian perspective
Robert Skomro, MD (Canada)

4:10pm – 4:30pm
Obesity, OSA and weight loss therapies
Frédéric Séries, MD (Canada)

4:30pm – 4:50pm
Healthcare utilization and benefits of improved awareness of OSA
Meir Kryger, MD (Canada, USA)
**WEDNESDAY, SEPTEMBER 14, 2011**

3:30pm – 5:00pm  **S25: Shift Work – Update About Complaints, Tolerance, and Treatment (204AB)**

**Chair:** Bjorn Bjorvatn, MD (Norway)

**Speakers:** Torbjörn Akerstedt, PhD (Sweden); Bjorn Bjorvatn, MD (Norway); Lee Di Milia, PhD (Australia); Kenneth P. Wright Jr, PhD (USA)

**Objectives:**
1. Provide an update on sleep and sleepiness during shift work.
2. Discuss the prevalence and correlates of shift work disorder.
3. Provide an overview of individual differences in tolerance to shift work.
4. Present an update of the different treatment options for shift work related complaints.

**Summary:**
Shift work, and especially night work, disrupts the relationship between the body’s internal clock and the environment, and is associated with shortened sleep, increased sleepiness, impaired performance and increased accident risk. The number of shift workers is increasing. About 20% of the workforce is engaged in shift work that includes night work. Society has changed towards a 24-hour society where time no longer sets limits for human activity. This symposium will provide new and updated data related to shift work. First, an overview and update on sleep and sleepiness during shift work will be given. Second, data about the newly defined diagnosis of Shift Work Disorder (SWD) will be presented. So far there are few studies on this disorder. Some people tolerate shift work well, whereas others develop serious problems. Such individual differences in tolerance to shift work will be addressed during the third lecture in the symposium. Treatment of shift work related complaints may involve the workers’ sleep, sleepiness and/or circadian rhythm. The last lecture will provide an update on the treatment options for shift work related complaints.

This symposium brings together speakers from three different continents and all are actively involved in shift work studies.

3:30pm – 3:50pm  
**Shift work, sleep and sleepiness**  
Torbjörn Åkerstedt, PhD (Sweden)

3:50pm – 4:10pm  
**Shift work disorder**  
Bjørn Bjorvatn, MD (Norway)

4:10pm – 4:30pm  
**Individual differences in tolerance to shift work**  
Lee Di Milia, PhD (Australia)

4:30pm – 4:50pm  
**Treatment of shift work related complaints**  
Kenneth P. Wright Jr., PhD (USA)
**WEDNESDAY, SEPTEMBER 14, 2011**

**S26: New Basic and Clinical Research Findings in Idiopathic RBD and Parkinsonian RBD (202)**

**Chair:** Carlos Schenck, MD (USA)

**Speakers:** Pierre-Hervé Luppi, PhD (France); Jean-François Gagnon, PhD (Canada); Alex Iranzo, MD, PhD (Spain); Valérie Cochen De Cock, MD, PhD (France)

**Objectives:**
1. Identify the neuronal dysfunctions responsible for RBD.
2. Review the tests assessing cognitive deficits and the neuropsychological profile associated with mild cognitive impairment and dementia.
3. To learn new research findings on predictors of imminent risk for emergent parkinsonism in patients with idiopathic RBD.
4. To observe the improvement of the quality of movement during RBD vs. awake in patients with Parkinson’s Disease and Multiple System Atrophy, and to explore its possible mechanisms.

**Summary:**
Research publications on idiopathic RBD (iRBD) and on RBD associated with parkinsonian disorders continue to grow at an accelerated rate, and so it is timely to share important new findings with sleep clinicians and researchers, and other interested clinicians. Luppi will present a current update on the neuronal network responsible for muscle atonia during REM sleep. Neurons generating REM sleep atonia are now known to be glutamatergic neurons localized in the pontine sublaterodorsal tegmental nucleus. Various scenarios will be presented that could be responsible for the induction of RBD. Luppi will first propose that RBD is due to the neurodegeneration of descending SLD neurons, and then introduce the notion that it could be due to neurodegeneration of glycinergic/GABAergic neurons hyperpolarizing motoneurons during REM sleep. Gagnon will review how poor performance on cognitive tests is well documented in RBD, and present data on how mild cognitive impairment (MCI) is a frequent feature of RBD, with a predominant attention/executive dysfunction. A comprehensive neuropsychological evaluation remains the “gold standard” to detect MCI in RBD. However, some screening tests, such as the Montreal Cognitive Assessment and Mattis Dementia Rating Scale, are valid to detect MCI in RBD. Moreover, a substantial number of patients with RBD develop dementia of the Lewy body dementia subtype. Iranzo will present data from recent published studies on predictors of imminent parkinsonism in idiopathic RBD. Cochen De Cock will present data from two recent published studies on how patients with RBD associated with Parkinson’s Disease (PD) or Multiple System Atrophy (MSA) surprisingly demonstrate that the quality of their movements, speech and facial expression is improved during RBD compared to movements, speech and facial expression while awake. The underlying mechanism of this improvement remains unclear. A restoration of the dopaminergic loop could be involved in PD, but the fact that this improvement also exists in MSA where patients are levodopa-resistant suggests another mechanism.
WEDNESDAY, SEPTEMBER 14, 2011

3:30pm – 5:00pm  S26: New Basic and Clinical Research Findings in Idiopathic RBD and Parkinsonian RBD (202) (cont’d)

3:30pm – 3:50pm
The neuronal network responsible paradoxical sleep and its dysfunctions causing REM sleep behavior disorder
Pierre-Hervé Luppi, PhD (France)

3:50pm – 4:10pm
Cognitive impairment in REM sleep behavior disorder
Jean-François Gagnon, PhD (Canada)

4:10pm – 4:30pm
RBD as the first manifestation of a neurodegenerative disease
Alex Iranzo, MD, PhD (Spain)

4:30pm – 4:50pm
The improvement of movement, speech and facial expression during REM Sleep Behaviour Disorder in Parkinson’s Disease and Multiple System Atrophy
Valérie Cochen De Cock, MD, PhD (France)

3:30pm – 5:30pm  Technologists Workshops (206B)

3:30pm – 4:30pm
Cyclic Alternating Pattern - EEG
Célyne Bastien, PhD (Canada)

4:30pm – 5:30pm
Quality Assurance and Inter-Rater Reliability
Reta Wright-Kinghorn, MA, RPSGT (Canada)

5:30pm – 6:00pm  Closing Ceremony (2000AB)

6:00pm – 7:00pm  Farewell Social Event
LIST OF POSTER PRESENTATIONS

<table>
<thead>
<tr>
<th>Poster Numbering Guidelines - (example: M-A-001)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st letter = Presentation Day</td>
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<tr>
<td>M=Monday</td>
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M-A-001

A critical review of non-pharmacological sleep interventions for persons with dementia
Cary Brown (Canada)
Robyn Berry (Canada), Maria Tan (Canada),

M-A-002

A longitudinal evaluation of sleep duration and quality as a function of attachment style in children
Marie-Helene Pennestri (Canada)
Michael Meaney (Canada), Meir Steiner (Canada), Reut Gruber (Canada),
Klaus Minde (Canada), Ellen Moss (Canada), Leslie Atkinson (Canada), Helene Gaudreau (Canada),

M-A-003

A Longitudinal Study of Feeding Methods and Sleep Patterns among Chinese Infants in the First 4 Months of Life
Xiao-na Huang (China)
Hui-shan Wang (China), Xi-cheng Liu (China), Jing-xiong Jiang (China), Lin An (China),

M-A-004

Aging, Sleep Spindles and Declarative Memory
Carlyle Smith (Canada)
Kevin Peters (Canada), Laura Ray (Canada),

M-A-005

Associations between physical activity and sleep in young and older adults
Rebecca Robillard (Canada)
Naomi L. Rogers (Australia), Timothy Lambert (Australia), François Prince (Canada), Julie Carrier (Canada),

M-A-006

Changes in the Duration of Slow (11 – 13.5Hz) and Fast (13.51 – 16Hz) Spindles in Adolescents
Rebecca Nader (Canada)
Carlyle Smith (Canada), Mark Sabbagh (Canada),

M-A-007

Child and Adolescent Sleep Checklist (CASC): Development and Validation of a Child Sleep Screening Questionnaire
Yasunori Oka (Japan)
Fumie Horiuchi (Japan),
M-A-008
Development of Sleep Patterns in Chinese Infants during the First 12 Months of Life
Xiao-na Huang (China)
Hui-shan Wang (China), Xi-cheng Liu (China), Jing-xiong Jiang (China), Lin An (China).

M-A-009
Effects of Hypnotics on Sleep and Vigilance in Elderly People
Marilyn Vigneault (Canada)
Isabelle Viens (Canada), Lisandre Danis (Canada), Alexandre Gagné-Deland (Canada),
Julien Fortier-Chicoine (Canada), Sarah Massicotte (Canada), Marie-Pier Normand (Canada), Tijana Ceklic (Canada),
Denis Bélisle (Canada), Dominique Lorrain (Canada).

M-A-010
How do Quebec parents organize their children’s sleep and what meaning do they give to it?
Tais Araújo (Canada)
Évelyne Marquis-Pelletier (Canada), Stefanie Salazar-Delgadillo (Canada), Annie Vallières (Canada), Yvan Leanza (Canada).

M-A-011
Morning blood testosterone levels are associated with slow waves in middle-aged men
Zoran Sekerovic (Canada)
Catherine Lord (Canada), Julie Carrier (Canada).

M-A-012
Normative values of polysomnographic parameters in childhood
Sabine Schoelle (Germany)

M-A-013
Overestimation of children’s sleep quality by mothers of insecure-avoidant children
Valerie Simard (Canada)
Marie-Ève Bélanger (Canada), Annie Bernier (Canada), Julie Carrier (Canada),
Jean Paquet (Canada).

M-A-014
Perception of sleep quality and severity of symptoms in the elderly population in Québec
Dominique Lorrain (Canada)
Sophie Desjardins (Canada), Marilyn Vigneault (Canada), Isabelle Viens (Canada),
Michel Prévost (Canada),
Denis Bélisle (Canada),

M-A-015
Risk factors influencing sleep quality in elderly patients with Diabetes Mellitus, Hypertension and Hyperlipidemia
Grace Chiang (Singapore)
Brenda Sim (Singapore).

M-A-016
Sleep Patterns and their Sociodemographic and Mental Health Correlates in a Nationally Representative Sample of U.S. Adolescents
Jihui Zhang (United States)
Jian-ping He (United States), Femke Lamers (United States),
Subjective and objective measures of sleep in healthy older adults
Laura Ray (Canada)
Carlyle Smith (Canada), Kevin Peters (Canada),

Where parents turn for help for preschool-age children with sleep problems
Graham J. Reid (Canada)
Moira A. Stewart (Canada), Evelyn R. Vingilis (Canada), David J.A. Dozois (Canada),
Stephen W. Wetmore (Canada), Gordon Dickie (Canada), John Jordan (Canada), Ted Osmun (Canada), Terrance J. Wade (Canada),
Judith Belle Brown (Canada), Gregory S. Zaric (Canada),

A typical case of asynchronization
Jun Kohyama (Japan)

Academic Motivation Plays a Key Role on Irregular Sleep Schedule in Senior High School Students during Long Vacation
Ya-Wen Jan (Taiwan)
Chien-Ming Yang (Taiwan),

Afternoon “nap zone” reflects the reversal of process-S by a light-sensitive circadian arousal system
Susanne Krupa (Canada)

Analysis of stress and chronotype for students, relation to day and night shift
Carla Andreoli (Brazil)

Armodafinil for the Treatment of Excessive Sleepiness Associated with Shift Work Disorder: Effect on Patient-Reported Functional Impairment, Treatment Satisfaction, and Quality of Life
Milton Erman (United States)
David Seiden (United States), Ronghua Yang (United States), Ryan Dammerman (United States),

Circadian variation of heart rate during different sleep stages
Philippe Boudreau (Canada)
Guy Dumont (Canada), Diane B. Boivin (Canada),

Circadian variation of plasma melatonin across the menstrual cycle in women with premenstrual dysphoric disorder
Ari Shechter (Canada)
Paul L’Espérance (Canada), N.M.K. Ng Ying Kin (Canada),

Correlation of Age and Mood Disorder Questionnaire (MDQ) Score with Morningness-eveningness Questionnaire (MEQ) Score in patients with Bipolar Disorder
Piyush Das (United States)
Rahul Kashyap (United States), Mark Frye (United States), Simon Kung (United States),
Timothy Lineberry (United States), Christine Galardy (United States), Kathleen Poppe (United States), Robert Auger (United States),
M-B-027
**Does time of testing affect emotion perception?**
Louise Beattie (United Kingdom)
Markus Bindemann (United Kingdom), Miriam Holm (United Kingdom), Nicola Forsberg (United Kingdom), Stephany M. Biello (United Kingdom),

M-B-028
**Excessive sleepiness and perceived health in shift workers**
Annie Vallieres (Canada)
Vincent Moreau (Canada), Mélanie LeBlanc (Canada), Charles M. Morin (Canada),

M-B-029
**Excessive time spent in bed and irregular sleep pattern in shift work sleep disorder sufferers and good sleepers.**
Delphine Saey (Canada)
Emmanuelle Bastille-Denis (Canada), Annie Vallières (Canada),

M-B-030
**Factors Associated with Difficulty in Readjustment of Sleep-Wake Schedule after Long-Vacation in College Students**
Chih-Ying Hung (Taiwan)
Ya-Wen Jan (Taiwan), Chien-Ming Yang (Taiwan).

M-B-031
**Influence of nap opportunity timing on heart rate variability**
Philippe Boudreau (Canada)
Guy Dumont (Canada), Diane B Boivin (Canada),

M-B-032
**Morningness-eveningness and menstrual distress mediating the effects of shift pattern on sleep hygiene practice**
Min-hurey Chung (Taiwan)

M-B-033
**Preserved circadian rhythm despite of D2 antagonist raclopride-related motor activity shifts**
Walter Paulus (Germany)
Florian Klinker (Germany), Kenan Hasan (Germany), Michael A Nitsche (Germany), David Liebetanz (Germany),

M-B-034
**Sex differences in the circadian variation of body temperature**
Wei Hsien Yeh (Canada)
Ari Shechter (Canada), Philippe Boudreau (Canada), Diane Boivin (Canada),

M-B-035
**Sleep in MT2 melatonin receptor knockout mice**
Rafael Ochoa-Sanchez (Canada)
Stefano Comai (Canada), Gabriella Gobbi (Canada),

M-B-036
**Sleep-wake schedules and subjective sleep quality of Georgian university students**
Lia Maisuradze (Georgia)
Nani Lortkipanidze (Georgia), Nikoloz Oniani (Georgia).
M-B-037
Study of circadian variability of body temperature and sleep-wake cycle of the student night shift workers
Luciane Ferreira (Brazil)

M-B-038
Study of memory, attention and sleep-wake cycle of the nursing staff in different work shifts
Beatriz De Oliveira (Brazil)
Milva Maria Figueiredo De Martino (Brazil),

M-B-039
Study of variability circadian body temperature and sleep-wake cycle of the student night shift workers
Luciane Carmona (Brazil)

M-B-040
Subjective sleep quality (SSQ) and sleep habits (SH) in patients with delayed sleep phase disorder
Ulises Jimenez (Mexico)
Irma Hernandez (Mexico), Alberto Labra (Mexico), Selene Verde (Mexico), Reyes Haro (Mexico).

M-B-041
The association of sleepiness and diurnal preference with salivary amylase activity
Maria Gardani (United Kingdom)
Christopher Miller (United Kingdom), Jason Ellis (United Kingdom), Malcolm Von Schantz (United Kingdom),
Simon Archer (United Kingdom),

M-B-042
The Effect of Armodafinil on Late-in-Shift Clinical Condition and Excessive Sleepiness as Well as Overall Daily Functioning in Patients with Shift Work Disorder: A Randomized, Double-blind, Placebo-Controlled Study
Milton Erman (United States)
David Seiden (United States), Ronghua Yang (United States), Ryan Dammerman (United States).

M-B-043
The “forbidden zone for sleep” might be caused by the evening thyrotropin surge and its biological purpose is to enhance survival: a hypothesis
Jose Carlos Pereira Jr (Brazil)
Rosana Cardoso Alves (Brazil),

M-B-044
The Prevalence and Patterns of Sleep Disorders and Circadian Rhythm Disruptions in Children and Adolescents with Fetal Alcohol Spectrum Disorders (FASD)
Shery Goril (Canada)
Colin Shapiro (Canada),

M-C-045
Comparative Utility of New Pictorial Epworth Sleepiness Scale (ESS) Questionnaire and Traditional Worded ESS Questionnaire
Siti Raudha Senin (Singapore)
Shuhui Xu (Singapore), Thun How Ong (Singapore), Nancy Lew (Singapore),

M-C-046
Kleine-Levin syndrome: A 18F-FDG PET/CT study
Haba-Rubio Jose (Switzerland)
John O. Prior (Switzerland), Eric Guedj (France),
M-C-047
Levels of sleepiness and sleep patterns of night nursing student worker
Luciane Carmona (Brazil)
Milva De Martino (Brazil),

M-C-048
Sleep and waking patterns in professional drivers in Chile
Walter Avellof (Chile)

M-E-049
Agrypnia Excitata: Polysomnographic findings in Limbic Autoimmune Encephalopathy (LAE) and Fatal Familial Insomnia (FFI).
Arturo Garay (Argentina)
Susana Blanco (Argentina), Diego Castro (Argentina), Paola Fassano (Argentina),
Rivero Alberto (Argentina).

M-E-050
Analyses of sleep characteristics in Post-Polio Syndrome Patients
Gustavo Antonio Moreira (Brazil)
Tatiana Mesquita e Silva (Brazil), Marcia Pradella-Hallinan (Brazil), Abrahao Augusto Juviniyano Quadros (Brazil),
Acary Souza Bulle Oliveira (Brazil),

M-E-051
Chidual epilepsy!...What about your child's sleep?
Al de Weerd (Netherlands)
Yvette Geerts (Netherlands),

M-E-052
Effect of gabapentin on sleep patterns in a patient with nocturnal epilepsy
Fructuoso Ayala-Guerrero (Mexico)

M-E-053
Effects of transdermal rotigotine on sleep and nocturnal symptoms over a 1-year period in Parkinson's disease:
an open-label extension of the RECOVER study
Claudia Trenkwalder (Germany)
Marco Zucconi (Italy), Eduardo Tolosa (Spain), Joseph H. Friedman (United States),
Erwin Surmann (Germany), John Whitesides (United States), Babak Boroojerdi (Germany), K Ray Chaudhuri (United Kingdom),

M-E-054
Evidence that postsynaptic NMDA receptors underlie enhanced excitability of thalamic neurons during EEG sowing
following tetanic stimulation of the sciatic nerve
Peter Soja (Canada)
Niwat Taepavarupruk (Canada), Raul Sanoja (Canada), Elke Huber (Canada),

M-E-055
Sleep Investigation of Teenagers (13-18 years old).
Fatih Braida (Algeria)
Abderrazak Baba Ahmed (Algeria), Reda Baghdad (Algeria), Zahia Arjdoun (Algeria), Souad Boukhris (Algeria),

87
M-E-056
Sleep slow waves in Parkinson’s disease
Véronique Latreille (Canada)
Julie Carrier (Canada), Marjolaine Lafortune (Canada), Jacques Montplaisir (Canada), Ronald Postuma (Canada),
Jean-François Gagnon (Canada),

M-E-057
The impact of a deficiency of sleep on the type 2 diabetes.
Fatiha Bradai (Algeria)
Abderrazak Baba Ahmed (Algeria), Senouci Bradai (Algeria), Abdelkader Boudjemaa (Algeria), Fatima Benchohra (Algeria),
Soumia Selouani (Algeria),

M-E-058
What do we know about pediatric sleep post traumatic brain injury? A systematic review of the literature identifies gaps in research and knowledge.
Yair sadaka (Canada)
Ryan Hung (Canada), Tamsin Adams-Webber (Canada), Shelly Weiss (Canada),

M-E-059
What is causing sleep problem? Restless Legs Syndrome Or Benign Muscle Cramps!
Abdul qayyum Rana (Canada)

M-F-060
Cerebral dysfunctions in rapid eye movement sleep behaviour disorder: an event-related potential study
Pierre-Olivier Gaudreault (Canada)
Jacques Y. Montplaisir (Canada), Jean-François Gagnon (Canada), Mélanie Vendette (Canada), Nadia Gosselin (Canada),

M-F-061
Children difficult temperament, mothers’ depression and nightmares: A MAVAN study
Andrée-Anne Bouvette-Turcot (Canada)
Marie-Hélène Pennestri (Canada), Michael Meaney (Canada), Alison Fleming (Canada),
Meir Steiner (Canada), John Lydon (Canada), Reut Gruber (Canada), Klaus Minde (Canada), Lestlie Atkinson (Canada),
Ashley Wazana (Canada), Hélène Gaudreau (Canada),

M-F-062
Frequency of Parasomnias in Patients with Non-Epileptic Seizures
Mitchell Miglis (United States)
Michael Boffa (United States), Alcibiades Rodriguez (United States), Anuradha Singh (United States),

M-F-063
Sleep related violence – a case report of a NREM parasomnia triggered by fever
Colin Shapiro (Canada)
Miqdad Bohra (Canada),

M-F-064
Sleep Texting: A new variation on an old theme
Sandra Horowitz (United States)
M-F-065
Temporal relationship between EEG arousal, bruxism and nocturnal groaning (catathrenia)
Hisae Muraki (Japan)
Mutsumi Okura (Japan), Rie Imai (Japan), Manami Tanaka (Japan), Hideko Sugita (Japan), Etsuko Takeda (Japan),
Takafumi Kato (Japan), Mitsutaka Taniguchi (Japan).

M-F-066
The Application of Polysomnographic Recording in NonREM Parasomnias: Implications for Research and Clinical Understanding
Tatyana Mollayeva (Canada)

M-F-067
The effect of hypnotherapy on spectral power in sleepwalkers
Pauline Brayet (Canada)
Régine Denesle (Canada), Sylvie Rompré (Canada), Dominique Petit (Canada), Jacques Montplaisir (Canada),

M-F-068
The Treatment of Sleepwalking with Hypnosis
William C. Kohler (United States)

M-F-069
Shaken but not stirred – evidence towards the ongoing debate of triggers for NREM parasomnias
Shawn Vasdev (Canada)
Miqdad Bohra (Canada), Colin Shapiro (Canada).

M-G-070
Age and Caffeine Habitual Consumption Patterns Modulate the Effects of Caffeine on Sleep
Caroline Reinhardt (Canada)
Rébecca Robillard (Canada), Frédéric Lupien (Canada), Ariane Jacob-Lessard (Canada),
Julie Carrier (Canada),

M-G-071
Formalin-Induced Theta Wave EEG Activity: Resistance to Classical Anesthetics
Elke Huber (Canada)
Raul Sanoja (Canada), Peter Soja (Canada),

M-G-072
The prevalence and nature of stopped on-the-road driving tests and the relationship with objective performance impairment (SDLP)
Joris Verster (Netherlands)

M-G-073
Xylaria Nigripes Wuling mitigates spatial memory impairment induced by rapid eye movement sleep deprivation in the rat
zhengqing zhao (China)
yanpeng li (China), zhongxin zhao (China),

M-H-074
Tonic and phasic muscle activity in REM sleep behavior disorder
Mutsumi Okura (Japan)
Hideko Sugita (Japan), Yoko Fujii (Japan), Noriko Yasumuro (Japan), Mitsutaka Taniguchi (Japan), Motoharu Ohi (Japan).
M-H-075
Cognitive Performance and Mild Cognitive Impairment in REM Sleep Behaviour Disorder
Daphné Génier Marchand (Canada)
Jacques Montplaisir (Canada), Josie-Anne Bertrand (Canada), Ronald B. Postuma (Canada),
Jean-François Gagnon (Canada),

M-H-076
Discordance between dopamine transporter deficit and motor symptoms in a case of REM behaviour disorder
Monica Puligheddu (Italy)
Gioia Gioi (Italy), Patrizia Congiu (Italy), Michela Figorilli (Italy), Illaria Laccu (Italy), Alessandra Serra (Italy), Gianni Orofino (Italy), Antonino Cannas (Italy), Paolo Solla (Italy), Matteo Fraschini (Italy), Francesco Marrosu (Italy),

M-H-077
Occipital dysfunction in patients with Parkinson's disease and REM sleep behaviour disorder: an event-related potential study
Pierre-Olivier Gaudreault (Canada)
Jean-François Gagnon (Canada), Jacques Y. Montplaisir (Canada), Ronald Postuma (Canada),
Nadia Gosselin (Canada),

M-H-078
Occurrence and Daergic therapy correlates of REM sleep behaviour disorder in a large population of patients with Parkinson's disease
Monica Puligheddu (Italy)
Patrizia Congiu (Italy), Gioia Gioi (Italy), Illaria Laccu (Italy), Michela Figorilli (Italy), Gianni Orofino (Italy), Antonino Cannas (Italy), Paolo Solla (Italy), Matteo Fraschini (Italy), Francesco Marrosu (Italy),

M-H-079
REM-Sleep Behaviour Disorder Screening Questionnaire: Useful in Parkinson's Disease?
Friederike Sixel-Döring (Germany)
Ellen Trautmann (Germany), Claudia Trenkwalder (Germany),

M-I-134
A Survey on The Management of Obstructive Sleep Apnea in Europe
Thomas Penzel (Germany)
Ingo Fietze (Germany), and the COST B26 action (Germany),

M-I-135
Comparison of efficacy, adherence and functional outcomes with automatically-adjusted positive airway pressure with A-Flex®
Thomas Penzel (Germany)
Polina Dimitrova (Germany), Richard B. Berry (United States), Alexander Blau (Germany),
Tami Crabtree (United States), Ingo Fietze (Germany), Clete A. Kushida (United States), Meir H. Kryger (United States),
Samuel T. Kuna (United States), G. Vernon Pegram (United States),

M-J-080
A Review of Sleep Promoting Interventions in Family Caregivers
Krista Keilty (Canada)
Robyn Stremler (Canada),
M-J-081
Acute alerting effects of daytime exposure to specific wavelengths of light
Ahuva Y. Segal (Australia)
Tracey L. Sletten (Australia), Jennifer R. Redman (Australia), Steven W. Lockley (United States),
Shantha M.W. Rajaratnam (Australia).

M-J-082
Alpha EEG power shows inattention prior to impulsive responses in a simple RT task following one night of sleep deprivation
Tamara Speth (Canada)
Kimberly Cote (Canada).

M-J-083
Confirmation of the U-shaped associations between sleep duration and cardiovascular diseases and biomarkers in a nationally representative sample of U.S. adults
Jihui Zhang (United States)

M-J-084
Effect of Sleep Fragmentation in Congenital Deaf
Lígia Ferreira (Portugal)
Teresa Paiva (Portugal).

M-J-085
Effects of paradoxical sleep deprivation on hyperalgesia and its relationship with dopaminergic system in Periueductal Gray Matter
Gabriela Skinner (Brazil)
Fabio Damasceno (Brazil), Olga Almeida (Brazil).

M-J-086
Effects of Perceived Driving Simulator Performance and Prolonged Wakefulness on Self-Rated Sleepiness
Alistair MacLean (Canada)
Amber Harvey (Canada), David Davies (Canada).

M-J-087
Error Detection is Reduced and Emotional Evaluation of Errors is Heightened Following a Night of Total Sleep Deprivation
Ryan Renn (Canada)
Kimberly Cote (Canada).

M-J-088
I don’t want to go to bed yet: The impact of sleep manipulation on academic and behavioural functioning in elementary school-aged children
Fiona Davidson (Canada)
Penny Corkum (Canada), Jennifer Vriend (Canada).

M-J-089
Impact of sleep restriction on the regulation of appetite in middle-aged obese subjects
Lisa L. Morselli (United States)
Marcella Balbo (Italy), Eve Van Cauter (United States), Aurore Guyon (France), Karine Spiegel (France).
M-J-090
Mild cognitive impairment in a sample of patients undergoing clinical sleep study
Glenn Legault (Canada)

M-J-091
Paradoxical sleep deprivation and hyperalgesia in rats: Role of Nitric Oxide in dorsolateral periaqueductal gray matter
Fabio Damasceno (Brazil)
Gabriela Skinner (Brazil), Olga Almeida (Brazil),

M-J-092
Sleep habits and sleep quality in a Portuguese population-based sample
Marta Gonçalves (Portugal)
Teresa Paiva (Portugal), Jorge Maltez (Portugal), Elisabete Ramos (Portugal),

M-J-093
Sleep pattern, quality and sleepiness among patients with chronic pulmonary parenchyma disease in Nigeria.
Olufemi Adewole (Nigeria)
Greg Erhabor (Nigeria), Olawale Oguntola (Nigeria),

M-J-094
The association between sleep duration and teachers’ reports of inattention and behavior problems in healthy school-aged children.
Cassandra Monette (Canada)
Sarah Hanafi (Canada), Bianca Brunetti (Canada), Lisa Montecalvo (Canada), DaHee Shon (Canada), Reut Gruber (Canada),

M-J-095
The effect of chair massage on sleep quality of professionals of an urgency and emergency service
Ermeson Campos (Brazil)

M-J-096
The effect of sleep deprivation on cortical excitability
alessandra del felice (Italy)
Silvia Savazzi (Italy), Antonio Fiaschi (Italy),

M-J-097
Short Sleep Duration Is Associated with Insulin Resistance Independent of Adiposity in Chinese Adult Twins
Rong Liu (United States)

M-M-098
Are there Biomarkers for Depression in Adolescents? A review
Jura Augustinavicius (Canada)
Colin Shapiro (Canada),

M-M-099
Characteristics of Sleep in Autistic Children
Fructuoso Ayala-Guerrero (Mexico)
Sarahí Huicochea (Mexico),
M-M-100
Circadian tendencies and behavioural factors as predictors of bedtime resistance and sleep onset insomnia among children with ADHD
Lana Bergmame (Canada)
Cristina Banu (Canada), Sonia Michaelsen (Canada), Megan Wood (Canada), Ronald Yeung (Canada), Reut Gruber (Canada),

M-M-101
Early circadian abnormalities and neuropeptide degeneration within the circadian pacemaker are predictive of future Alzheimer's disease pathology.
Roxanne Sternciczuk (Canada)
Richard Dyck (Canada), Michael Antle (Canada),

M-M-102
Evaluation of Dream content among schizophrenic patients
firozbakhsh Habibi (Iran)

M-M-103
Examining Sleep and Sleepiness in Clinical (ADHD) and Non-clinical Pediatric Populations
Sabrina T Wiebe (Canada)
Julie Carrier (Canada), Sonia Frenette (Canada), Reut Gruber (Canada),

M-M-104
Examining sleep architecture in children with ADHD, and their typically developing peers.
Andre Benoit (Canada)
Jennifer Richards (Canada), Penny Corkum (Canada),

M-M-105
Face Perception and REM Sleep in Children with Autism
Sophie Tessier (Canada)
Andréeane Lambert (Canada), Annie-Claude Rochette (Canada), Élyse Chevrier (Canada), Peter B. Scherzer (Canada), Laurent Mottron (Canada), Roger Godbout (Canada),

M-M-106
Polysomnographic assessment of somatoform disorder patients compared to patients with major depression: A Study in an Egyptian sample
Tarek Asaad (Egypt)
Mohammed Elwan (Egypt), Nabil Rashed (Egypt), Lamiaa El Hamrawy (Egypt),

M-M-107
Relationship between sleep disturbances, PTSD, depression and alcohol use among veterans referred for treatment at an Operational Stress Injury clinic
Anik Gosselin (Canada)
Carrie Robertson (Canada),

M-M-108
Sleep Atypicalities and Behavioral Measures in Children with Autism
Andréeane Lambert (Canada)
Sophie Tessier (Canada), Annie-Claude Rochette (Canada), Élyse Chevrier (Canada), Peter B. Scherzer (Canada), Laurent Mottron (Canada), Roger Godbout (Canada),
M-M-109
Sleep disorders in adults with attention-deficit/hyperactivity disorder of the predominantly inattentive and combined subtypes
Rosalia Sun Young Yoon (Canada)
Colin Shapiro (Canada), Umesh Jain (Canada).

M-M-110
Sleep during remission periods of bipolar disorder
Julie St-Amand (Canada)
Charles Morin (Canada).

M-M-111
Sleep in major depression: Effects of pharmacological REM sleep suppression on performance in neuropsychological tasks
Robert Göder (Germany)
Mareen Seeck-Hirschner (Germany), Jakob Koch (Germany), Karoline Stingele (Germany),
Sara Weinhold (Germany).

M-M-112
Sleep influence on cardiac activity in adults with autism
Martin Pelletier (Canada)
Bianca D'Antono (Canada), Tommy Chevrette (Canada), Laurent Mottron (Canada).

M-M-113
Sleep Problems in Young Adults with Attention-Deficit-Hyperactivity Disorder (ADHD) Symptomatology
Tonya Bauermann (Canada)

M-M-114
Sleep profile in post-traumatic disorder patients: A polysomnographic evaluation in an Egyptian sample
Tarek Asaad (Egypt)
Hisham Sadek (Egypt), Soheir El Ghonemy (Egypt).

M-M-115
Sleep-wake patterns and mood disturbances in patients with psychotic disorders: A controlled study
Rébecca Robillard (Canada)
Timothy Lambert (Australia), Bradley G. Whitwell (Australia), Tony K.C. IP (Australia), Ian B. Hickie (Australia),
Naomi L. Rogers (Australia).

M-M-116
Slow-wave EEG activity during NREM sleep in adults with Autistic Spectrum Disorders
Annie-Claude Rochette (Canada)
Élyse Chevrier (Canada), Laurent Mottron (Canada).

M-M-117
The Relationship Between Sleep and Memory in PTSD
Malgorzata Lipinska (South Africa)
Kevin Thomas (South Africa), Debbie Kaminer (South Africa), Ridwana Timol (South Africa).

M-M-118
The REM sleep abnormalities of 90 Chinese depressed patients
Xueyu Lv (China)
Weidong Wang (China), Fang Wang (China).
M-M-119

Anxiety disorders in patients with unexplained chest pain: Investigating insomnia and faulty beliefs about sleep
Myriam Plamondon (Canada)
Alenka Potocnik (Canada), Leslie-Ann Boily (Canada), Guillaume Foldes-Busque (Canada),
André Marchand (Canada), Jean-Marc Chauny (Canada), Jean G. Diodati (Canada), Julien Poitras (Canada),
Richard Fleet (Canada).

M-N-120

Environmental Risk Factors for Narcolepsy in a Series of 32 Narcoleptic-Catatletic Patients
Rosa Peraita-Adrados (Spain)
Rafael Del Rio Villegas (Spain).

M-N-121

Favorable effect of steroid therapy for an 11-years-old girl with acute onset narcolepsy
Rie Miyata (Japan)
Makoto Honda (Japan), Takashi Kanbayashi (Japan), Jun Kohyama (Japan),

M-N-122

Monozygotic twins affected with Kleine-Levin syndrome
Rosa Peraita-Adrados (Spain)
José-Luis Vicario (Spain), Manuel García de León (Spain), Mehdi Tafti (Switzerland),

M-N-123

Multicomponent cognitive behavioral treatment efficacy for narcolepsy (MCBT-N).
Hernán Andrés Marín Agudelo (Colombia)

M-N-124

Psychopathological profile in patients with primary hypersomnia
Ana Teijeira-Azcona (Spain)
Carmen Rosa-Aguilar (Spain), Jose Corredera-Rodriguez (Spain), Fernando Ayuga-Loro (Spain), Rafael Cuena-Boy (Spain),
Jose Teijeira-Alvarez (Spain),

M-N-125

Reaction time in a monetary incentive task does not differ between narcolepsy patients and healthy controls
Armand Mensen (Switzerland)
Rositsa Poryazova (Switzerland), Nina Zollinger (Switzerland), Christopher Tsatsaris (Switzerland), Tanja Eberle (Switzerland),
Christian Baumann (Switzerland), Ramin Khatami (Switzerland),

M-N-126

Retrospective evaluation of pregnancies in European narcoleptic women
Eszter Maurovich Horvat (Czech Republic)
David Kemlink (Czech Republic), Birgit Högl (Austria), Birgit Frauscher (Austria),
Laura Ehrmann (Austria), Peter Geisler (Germany), Katharina Ettenhuber (Germany),
Geert Mayer (Germany),
Rosa Peraita-Adrados (Spain), Elena Calvo (Spain), Gert Jan Lammers (Netherlands),
Astrid van der Heide (Netherlands),
Luigi Ferini Strambi (Italy), Plazzi Giuseppe (Italy), Francesca Poli (Italy),
Yves Dauvilliers (France),
Francisco Javier Puertas Cuesta (Spain), Poul Jennum (Denmark), Helle Leonthin (Denmark),
Mathis Johannes (Switzerland)

95
M-N-127
Subjective rating of attention and mood in patients with narcolepsy-cataplexy
Birgit Högl (Austria)
Johanna Wenter (Austria), Birgit Frauscher (Austria), Laura Zamanian (Austria),
Laura Ehrmann (Austria), Viola Gschliesser (Austria), Elisabeth Brandauer (Austria), Margarete Delazer (Austria).

M-N-128
The amygdala is necessary for triggering cataplexy in orexin KO mice
Christian Burgess (Canada)
John Peever (Canada), Thomas Scammell (United States).

M-N-129
The Narcolepsy and Schizophrenia in Pediatric cases
Yu-Shu huang (Taiwan)

M-N-130
Time perception in narcolepsy patients and healthy controls
Armand Mensen (Switzerland)
Rositsa Poryazova (Switzerland), Nina Zollinger (Switzerland), Christopher Tsatsaris (Switzerland), Tanja Eberle (Switzerland),
Christian Baumann (Switzerland). Ramin Khatami (Switzerland).

M-N-131
Could Oral Immunotherapy to Cow Milk Induce Narcolepsy-Cataplexy?
Rosa Peraita-Adrados (Spain)
Joan Santamaria (Spain), Pilar Lópeze-Esteban (Spain), Juan-José García-Peñas (Spain),
Carmelo Escudero-Díaz (Spain), José-Luis Vicario (Spain), Roser Casamitjana (Spain).

M-O-132
Assessing undergraduate sleep knowledge, attitudes, and characteristics using a modified Dartmouth Sleep Survey
Maria Braileanu (United States)
Kodi Lowman (United States), Malinda McPherson (United States), Jennifer Whitehead (United States),
Richard Allen (United States).

M-O-133
Fatigue in Multiple Sclerosis: which patient should be referred to a sleep specialist?
Christian Veauthier (Germany)

T-D-001
Absence of Tolerance, Dependence Potential, and Rebound during PRN Treatment of Middle-of-the-Night Awakening with Zolpidem Tartrate Sublingual Tablet 3.5mg
Thomas Roth (United States)
Nikhilesh N. Singh (United States), Frank J. Steinberg (United States), Russell Rosenberg (United States),
Andrew Krystal (United States).

T-D-002
Acupuncture as a complementary medicine in treating insomnia
shapour badiee aval baghyahi (Iran)
xueli zhang (China), hamid reza badiee aval baghsiahy (Iran), shatila torabi (Iran), mojgan badiee aval (Iran),
T-D-003
Adherence to Cognitive Behavioral Therapy for Insomnia (CBTI) in Breast Cancer Survivors
Ellyn Matthews (United States)
Ann Berger (United States), Paul Cook (United States), Michaela McCarthy (United States),
Mark Aloia (United States).

T-D-004
Attitudes and practices of North Glasgow General Practitioners towards patients receiving opiate substitution therapy who report sleep disturbances
Ivan Julio Fernández Cabrera (United Kingdom)

T-D-005
Chronic insomnia: Which treatment? A descriptive study in a French Sleep Unit in psychiatry.
ISABELLE POIROT (France)

T-D-006
Clinical Effectiveness Trial of Medical-Administered Small-Group Cognitive Behavior Therapy for Primary Insomnia in General Practice
Márcio Soares (Brazil)
Julie CN Soares (Brazil), Fernando M Vieira (Brazil), Luciano H Lehmkuhl (Brazil),
Pablo Moritz (Brazil), Lucila BF Prado (Brazil), Luciane BC Carvalho (Brazil), Gilmar F Do Prado (Brazil),

T-D-007
Cognitive-behavioral therapy for insomnia co-morbid with hearing impairment: A randomized controlled trial
Markus Jansson-Fröjmark (Sweden)
Steven Linton (Sweden), Ida Flink (Sweden), Annika Norell-Clarke (Sweden),

T-D-008
Common Psychological Symptoms of 1320 Patients with Insomnia from Guang’anmen Hospital, China Academy of Chinese Medical Sciences
Lan Hong (China)
Yingna Lin (China), Fang Wang (China).

T-D-009
Comorbid depression and insomnia: Who seeks which treatment?
Andrea Harris (Canada)
Taryn Moss (Canada), Colleen Carney (Canada), Joey Friedman (Canada), Colin Shapiro (Canada),

T-D-010
Comparison of Two Assessment Tools that Measure Insomnia: The Insomnia Severity Index and Polysomnography
khosro Sadeghniat-Haghighi (Iran)
Zohreh Yazdi (Iran), Marjan Firoozeh (Iran),

T-D-011
Differences between good sleepers and insomnia sufferers in napping characteristics after a mentally exhausting battery of cognitive testing
Alexandra D. Pérusse (Canada)
Isabelle Turcotte (Canada), Célyne H. Bastien (Canada),
Does CBT-I Decrease Concomitant Anxiety? A Meta-Analytic Review
Geneviève Belleville (Canada)
Héloïse Cousineau (Canada), Katia Levrier (Canada), Marie-Ève St-Pierre-Delorme (Canada),

Don’t worry, be constructive: A randomized controlled feasibility study comparing behavior therapy singly and combined with constructive worry for insomnia
Markus Jansson-Fröjmark (Sweden)
Marcus Lind (Sweden), Rikard Sunnhed (Sweden),

Health Anxiety Among Poor Sleepers
Angela Lachowski (Canada)
Taryn Moss (Canada), Colleen Carney (Canada), Andrea Harris (Canada), Stacey Hart (Canada), Jenna Belanger (Canada),

Immunologic Alterations in Insomnia
Sayonara Beatriz Ranciaro Fagundes (Brazil)
Derlei João Leite Fagundes (Brazil), André L.L. Bachi (Brazil), Lucila Bizari Fernandes Prado (Brazil),
João Eduardo Coin Carvalho (Brazil), Luciane Bizari Coin Carvalho (Brazil), Mauro Vaisberg (Brazil),
Gilmar Fernandes Prado (Brazil),

Insomnia and comorbidities in the elderly
Fernando Andrés-Pretel (Spain)
Beatriz Navarro (Spain), Jesús López-Torres (Spain), Ignacio Párraga (Spain), Pedro Abizanda Soler (Spain), Pedro Sanchez Jurado (Spain),

Insomnia and Periodic Limb Movements with no RLS. Actors or Bystanders?
Al de Weerd (Netherlands)

The Relationship between Psychophysiological Reactivity to Stress and Music and Sleep Improving Effect of Music
Tsai Hanyin (Taiwan)
Yang Chien-Ming (Taiwan),

Multimodal training in patients with chronic primary insomnia
Antje Buettner (-Teleaga) (Korea (South))

Passive Coping Strategies as a Mediator between Perfectionism and Insomnia in Cancer Patients
Claudia Trudel-Fitzgerald (Canada)
Lisa-Maria Slim (Canada), Renée-Claude Roy (Canada), Hans Ivers (Canada), Josée Savard (Canada),

Physical Activity is Associated with Improved Sleep in Cancer Patients
Joanie Mercier (Canada)
Hans Ivers (Canada), Josée Savard (Canada),
Relationship between Cognitive function and Hippocampal volumes in Patients with Primary Insomnia
Eun Yeon Joo (Korea (South))
Pamela Song (Korea (South)), Hyun Jin Noh (Korea (South)), So-Young Byun (Korea (South)),
Dae-Lim Koo (Korea (South)), Seung Bong Hong (Korea (South)),

Reliability and Validity of the Chinese Translation of Insomnia Severity Index (C-ISI) in Chinese patients with Insomnia
shapour badiee aval baghyahi (Iran)
xueli zhang (China), hamid reza badiee aval baghsiahi (Iran), shatila torabi (Iran), mojgan badiee aval (Iran),

Scale based on DSM-IV-TR criteria for detection of insomnia in the elderly (IES).
Beatriz Navarro (Spain)
Fernando Andrés (Spain), Jesús López-Torres (Spain), Ignacio Párraga (Spain),
José Miguel Latorre (Spain), Juan Téllez (Spain),

Sleep Disturbances in Patients with Stage III-IV Cancer
Marie Solange Bernatchez (Canada)
Josée Savard (Canada), Hans Ivers (Canada),

Sleep Perception in insomnia and other diagnostic entities
Teresa Paiva (Portugal)
Sofia Rebocho (Portugal), Alberta Leão (Portugal),

Sleep-regulating Technique under the Tranquilization state of Qigong : A Novel Technique for Primary Insomnia
Weidong Wang (China)
Fang Wang (China), Xueyu Lv (China),

The clock as a focus of attention in insomnia: how does day differ from night?
Heather Cleland Woods (United Kingdom)
Dionysia Mexa (United Kingdom), Stephany M Biello (United Kingdom), Colin A Espie (United Kingdom),

The Effectiveness of Cognitive Behavioral Therapy for Chronic Insomniacs in Korea
Eun Yeon Joo (Korea (South))
Su Jung Choi (Korea (South)), Sung Ilk Lee (Korea (South)), Sun Jung Han (Korea (South)),
Seung Bong Hong (Korea (South)),

The reliability and validity of the Japanese version of Athens Insomnia Scale
Isa Okajima (Japan)
Shun Nakajima (Japan), Mina Kobayashi (Japan), Yuichi Inoue (Japan),

Three Items Predict Insomnia Diagnosis
Dorrie Rizzo (Canada)
Sally Bailes (Canada), Catherine S. Fichten (Canada), Laura Creti (Canada), Eva Libman (Canada),
T-D-032  
*Treatment of Middle-of-the-Night Insomnia: Current Medical Practice*  
Thomas Roth (United States)  
Denise Cooke (United States), Nikhilesh N. Singh (United States),

T-D-033  
*What are you looking at? Moving away from snapshots of attention in insomnia: a novel eye tracking study.*  
Heather Cleland Woods (United Kingdom)  
Kerry Ann Ross (United Kingdom), Christoph Scheepers (United Kingdom), Stephany M Biello (United Kingdom),  
Colin A Espie (United Kingdom),

T-I-034  
*A one-year, randomized, double blind, 6-month SHAM controlled study evaluating the effect of CPAP in OSA patients*  
Camila Furtado Rizzi (Brazil)  
Luciane Mello-Fujita (Brazil), Elisangela Trevisan Mendonca (Brazil), Lais F. Rios (Brazil),  
Fatima Cintra (Brazil), Sergio Tufik (Brazil), Dalva Poyares (Brazil),

T-I-035  
*A Rational Approach to the Management of Obstructive Sleep Apnea Syndrome*  
Vijayakrishan Paramisivan (India)

T-I-036  
*Adverse health in individuals with and at high risk of sleep apnea*  
Jessica Evans (Canada)  
Corneliu Rusu (Canada), Helen Driver (Canada), Brian Graham (Canada), Irvin Mayers (Canada), Louise McRae (Canada),  
John J. Reisman (Canada), Robert Skomro (Canada), Teresa To (Canada), John Fleetham (Canada),

T-I-037  
*Anatomical review of Hyoid surgery for Obstructive Sleep Apnoea*  
Pon Poh Hsu (Singapore)  
Song Tar Toh (Singapore), Kah Leong, Alvin Tan (Singapore), Wen Li Howe (Singapore),

T-I-038  
*Brazilian state public program of reference in respitory monitoring of patients with duchenne muscular dystrophy with sleep breathing disorders*  
Márcia Maria Leonardo (Brazil)  
Leonardo Augusto Fogaça Tavares (Brazil), Maria Teresa Mohallem Fonseca (Brazil),

T-I-039  
*Breathing route and severity in OSAS without nasal obstruction*  
Hiroyuki Tada (Japan)  
Kiyoshi Togawa (Japan),

T-I-040  
*Bruxim in children: Polysomnographic characteristics and orofacial changes*  
Maria Rita Giovinazzo (Brazil)

T-I-041  
*Changes in left ventricular mechanics in patients with obstructive sleep apnea*  
Ruzena Tkacova (Slovakia)  
Gabriel Valocik (Slovakia), Miroslav Brusik (Slovakia), Zuzana Sopkova (Slovakia),
T-I-042
Clinical and functional severity in duchenne muscular dystrophy: Comparing variable between users and non-users ventilatory support
Márcia Maria Leonardo (Brazil)
Leonardo Augusto Fogaça Tavares (Brazil), Rta Cássia Guedes Azevedo Barbosa (Brazil), Alberto Andrade Vergara (Brazil), Tatiana Barbosa Reis Guimarães (Brazil), Mauro Resende Vidigal (Brazil), Maria Teresa Mohallem Fonseca (Brazil), Laura Maria Lima Belisário Facury Lasmar (Brazil), Cláudia Ribeiro Andrade (Brazil).

T-I-043
Concentric needle electromyographic characteristics of the anterior and posterior regions of the genioglossus in obstructive sleep apnea patients and normal subjects
Jingying Ye (China)
Hong Zhang (China), Hua Lin (China).

T-I-044
CT Scale for Evaluating the Combined Effect of Upper Airway Anatomy in Obstructive Sleep Apnea
Ye Jingying (China)

T-I-045
Determinants of Poor Adherence to CPAP Treatment for Obstructive Sleep Apnea
Sat Sharma (Canada)
Eleni Giannouli (Canada).

T-I-046
Difference of cortical excitability in obstructive sleep apnea syndrome according to the severity: Transcranial Magnetic stimulation study
Won Chul Shin (Korea (South))
Kun Hee Lee (Korea (South)), Minji Sung (Korea (South)), Seunghyun Lee (Korea (South)).

T-I-047
effects of CPAP therapy on hypokinetic arrhythmias in an OSAS patient
fernando de paolis (Italy)
giulia milioli (Italy), andrea grassi (Italy), silvia riccardi (Italy), elena colizzi (Italy), liborio parrino (Italy).

T-I-048
Rafael Balsalobre (Brazil)
Marco Machado (Brazil), José Fausto Moraes (Brazil), Maria Ligia Juliano (Brazil), Luciane Bizari Coin Carvalho (Brazil), Lucila BF Prado (Brazil), Gilmar F Prado (Brazil).

T-I-049
Factors Associated With a Positive STOP-Bang Screen in the Preoperative Clinic Population
Kamran Kabolizadeh (United States)
Kimberly N Mims (United States).

T-I-050
Full respiratory assistance on sleep of mucopolysaccharidosis disorders: A reference and innovative state program that improves the quality of life in Brazil
Márcia Maria Leonardo (Brazil)
Leonardo Augusto Fogaça Tavares (Brazil).
T-I-051

Functional improvement of the stomatognathic system by means of maxillae functional orthopedic treatment and prevention of respiratory disorders related to sleep disorders – case report.
Denise Fernandes Barbosa (Brazil)
Aline Jung (Brazil), Maria Ligia Juliano (Brazil), Luciane Bizari Coin de Carvalho (Brazil), Lucila Bizari Fernandes do Prado (Brazil), Marco Antônio Cardoso Machado (Brazil), Gilmar Fernandes Prado (Brazil).

T-I-052

Hilbert-Huang transformation analysis of polysomnographic data of obstructive sleep apnea patients receiving CPAP treatment
Chia-Mo Lin (Taiwan)

T-I-053

Hyperglycemia in animal model of sleep apnea: effect of melatonin and n-acetylcysteine
Renata Kaminski (Brazil)
Cintia Fiori (Brazil), Alicia Carissimi (Brazil), Diego Baronio (Brazil), Márcia Fischer (Brazil), Darlan da Rosa (Brazil), Daniela Massierer (Brazil), Norma Marroni (Brazil), Denis Martinez (Brazil).

T-I-054

Interim analysis of long-term patient feedback on a novel automatic ramp feature in fixed pressure CPAP
Eric D Powell (United States)
Danielle R Overstreet (United States), Matthew L Uhles (United States), Mark J Muehlbach (United States), Joseph M Ojile (United States).

T-I-055

Is daytime sleepiness measured by the Epworth Sleepiness Scale associated with long term consequences of untreated OSA (cardiovascular events and death)?
Tetyana Kendzerska (Canada)

T-I-056

Longitudinal Study of sleep breathing disorder(SBD) in a General Population Sample
Seung Chul Hong (Korea (South))

T-I-057

Medication Is Not Associated with Hypoventilation in Patients with Suspected Sleep Apnea
Barbara Capozzolo (Canada)
Marc Baltzan (Canada), Paul Verschelden (Canada).

T-I-058

Need for ventilatory support on sleep and loss of walking in patients with duchenne muscular dystrophy
Márcia Maria Leonardo (Brazil)
Leonardo Augusto Fogaça Tavares (Brazil), Maria Teresa Mohallem Fonseca (Brazil), Laura Maria Lima Belisário Facury Lasmar (Brazil).

T-I-059

Oropharyngeal exercises as therapy of Obstructive Sleep Apnea in a patient with Chronic Obstructive Pulmonary Disease
Glaucylera Geovanini (Brazil)
Vanessa Leeto (Brazil), Fabiane Kayamore (Brazil), Pedro Genta (Brazil), Geraldo Lorenzi-Filho (Brazil).
T-I-060
**Predicting Use of Portable Monitoring versus Polysomnography in the Preoperative Clinic**
Kamran Kabolizadeh (United States)
Kimberly N Mims (United States),

T-I-061
**Prevalence of sleep abnormalities and their association among hypothyroid patients in Indian population**
Vijayakhrishnan Paramasivan (India)

T-I-062
**Prevalence of sleep-disordered breathing in Korean patients with ischemic stroke**
Jee Hyun Kim (Korea (South))
Yong Joo Lee (Korea (South)), Chang Min Lee (Korea (South)), Young Mok Song (Korea (South)), Geun-ho Lee (Korea (South)), Jae-il Kim (Korea (South)),

T-I-063
**Prolonged apnea and apnea accompanied by significant desaturations and bradycardia in infants with and without bronchopulmonary dysplasia.**
Natalia Petrova (Russian Federation)

T-I-064
**Quality of Life in Patients with Obstructive Sleep Apnea and Depression**
David Summers (Canada)
Ruzica Jokic (Canada), Roumen Milev (Canada),

T-I-065
**Randomized crossover evaluation of a novel implementation of pressure relief technology – SensAwake™ and fixed pressure CPAP**
David Cumin (New Zealand)
David Whiting (New Zealand), Amol Malla (New Zealand), Andrew Gerred (New Zealand), George Dungan (Australia),

T-I-066
**Relationship between sympathetic and cortical reactivity in response to respiratory events during sleep**
Florian Chouchou (France)
Vincent Pichot (France), Jean-Claude Barthélémy (France), Hélène Bastuji (France), Frédéric Roche (France),

T-I-067
**Relationship between Weight and Sleep Architecture in Children**
Carlos Sendon (United States)
Jose Chocano (United States),

T-I-068
**Risk of obstructive sleep apnea (OSA) syndrome in general population: A cross-sectional study**
Masood, Habibolah Bagherian, Khazaie (Iran)

T-I-069
**Screening for Obstructive Sleep Apnea: Are the Epworth Sleepiness Scale and Mueller Manoeuvre Really Worthwhile?**
Amanda Fanous (Canada)
Veronique-Isabelle Forest (Canada), John Kimoff (Canada), Tamara Mijovic (Canada), Richard J. Payne (Canada),
T-I-070
**Severity of Depression and Anxiety in Obstructive Sleep Apnea Syndrome**
Fatemeh Mohammadi (Iran)
Alimohamad Asghari (Iran), Seyed Kamran Kamrava (Iran), Saman Tavakoli (Iran).

T-I-071
**Short Sleep and Dysfunctional Beliefs and Attitudes Toward Sleep Among Black Men**
Abhishek Pandey (United States)
Dmitriy Gekhman (United States), Prince odigie (United States). Girardin Jean-Louis (United States),

T-I-072
**Sleep Apnea Animal Model elevates brain water content and decreases AQP 1 in mouse cerebellum**
Diego Baronio (Brazil)

T-I-073
**Sleep Disordered Breathing and Shift Work: Association with Impaired Glucose Metabolism**
Juan Carrillo (Chile)
Gisella Arellano (Chile), Jacqueline Peters (Chile), Mariana Dastres (Chile), Claudio Morales (Chile), Jecar Neghme (Chile),

T-I-074
**Sleep Illness Representation as a Potential Barrier to Treatment Adherence in Obstructive Sleep Apnea: a pilot study**
Annie Mathieu (Canada)
Matthieu Gaudet (Canada), Marie-Eline Labrecque (Canada), Anne-Marie Laurin (Canada), Pierre Mayer (Canada), Vincent Jobin (Canada),

T-I-075
**Sleep Structure and Hematological Abnormalities in Patients with Sleep-Related Breathing Disturbances**
Aleksi Chikadze (Georgia)
Ioseb Burduladze (Georgia), Lia Khuchua (Georgia), Tornike Chikadze (Georgia), Ana Ivanidadze (Georgia), Roman Shakarashvili (Georgia),

T-I-076
**The accuracy of autotitrating CPAP determined residual Apnea-Hypopnea Index**
Aykut Cilli (Turkey)
Rusen Uzun (Turkey), Ugur Bilge (Turkey),

T-I-077
**The characteristics of sleep or sleep disorder breathing with age in a pre-menopause women**
Chan-Soon Park (Korea (South))

T-I-078
**The Effect of Head Position on Obstructive Apnea and Hypopnea: Do We Need Another Position Sensor?**
Dae Jin Kim (Korea (South))
Jae Wook Cho (Korea (South)), Sung Min Lee (Korea (South)), Ji Yeon Jeong (Korea (South)), Changhoon Kim (Korea (South)),

T-I-079
**The Relationship Between the Cyclic Alternating Pattern (CAP) and Respiratory Rate in Obstructive Sleep Apnea (OSA)**
Yanko Yankov (United States)
T-I-080  
**Treating restrictive ventilatory limitation and sleep disorders in mucopolysaccharidosis**  
Márcia Maria Leonardo (Brazil)  
Leonardo Augusto Fogaça Tavares (Brazil), José Semionato Filho (Brazil),

T-I-081  
**Treatment of Obstructive Sleep Apnea in Infants with Supplemental Oxygen**  
Piyush Das (United States)  
Subhash Chandra (United States), Suresh Kotagal (United States),

T-I-082  
**Venus vs. Mars - PAP Compliance and Gender**  
Denise Sharon (United States)  
Cindy Mack (United States),

T-I-111  
**Intracerebral pressure waves and Sleep disordered breathing.**  
Aruna Rao (United States)

T-I-113  
**Difference in the Impact of Sleep Apnea Syndrome on Nocturia According to Age**  
Suk-Hoon Kang (Korea (South))  
In-Young Yoon (Korea (South)), Sang Done Lee (Korea (South)), Jeong-Whun Kim (Korea (South)),

T-K-083  
**Automatic detection of A phases of the Cyclic Alternating Pattern**  
Andrea Grassi (Italy)  
Sara Mariani (Italy), Fernando De Paolis (Italy), Giulia Milioli (Italy), Silvia Riccardi (Italy),  
Elena Colizzi (Italy), Sergio Cerutti (Italy), Liborio Parrino (Italy), Mario Giovanni Terzano (Italy),

T-K-084  
**Measurement of sleep propensity with the Epworth Sleepiness is not invariant to work schedules**  
Olivier Mairesse (Belgium)  
Daniel Neu (Belgium), Nathalie Pattyn (Belgium),

T-K-085  
**Successful CPAP Trials Secondary To Level III Testing in the Primary Care Population**  
Laree Fordyce (Canada)  
AnDrea Siemens (Canada), Rod Rousseau (Canada), Linda Sutherland (Canada),

T-K-086  
**Valid, sensitive, interpretable: A novel approach to EEG analysis**  
Armand Mensen (Switzerland)  
Ramin Khatami (Switzerland),

T-K-087  
**Validating actigraphy as a measure of sleep for preschool children**  
Marie-Ève Bélanger (Canada)  
Annie Bernier (Canada), Valérie Simard (Canada), Jean Paquet (Canada), Julie Carrier (Canada),
T-L-088  
**Altered Cytokines in Marathon Runners with Restless Leg Syndrome**  
Sayonara Beatriz Ranciaro Fagundes (Brazil)  
Derlei João Leite Fagundes (Brazil), André LL Bachi (Brazil), Lucila Bizari Fernandes Prado (Brazil),  
João Eduardo Coin Carvalho (Brazil), Luciane Bizari Coin Carvalho (Brazil), Mauro Vaisberg (Brazil),  
Gilmar Fernandes Prado (Brazil).

T-L-089  
**Change of RLS in patients with early Parkinsons disease after one year of dopaminergic treatment.**  
Michaela Gjerstad (Norway)  
Ole Bjørn Tysnes (Norway), Jan Petter Larsen (Norway).

T-L-090  
**Describing Restless Leg Syndrome (RLS) as a cause of Circadian Rhythm Sleep Disorders (CRSD): Video Studies in the Home Setting: From Ethnography to Quantitative Analyses**  
OS Ipsiroglu (Canada)  
A Black (Canada), A Vilela-Barbosa (Canada), E Vatikiotis-Bateson (Canada), William McKellin (Canada),

T-L-091  
**Differences in RLS Symptomatology, Attitudes, and Beliefs between Adults with Treated and Untreated RLS**  
Hochang Lee (United States)  
Christine Ramsey (United States), Adam Spira (United States), Allison Carlson (United States),  
Christopher Earley (United States), Richard Allen (United States).

T-L-092  
**Differentiating coexisting restless legs syndrome and polyneuropathy causing insomnia.**  
Abdul qayyum Rana (Canada)

T-L-093  
**EARLS 2010 RLS – European patient survey**  
Sten Sevborn (Sweden)

T-L-094  
**Imbalance between thyroid hormones and the dopaminergic system might be central to the pathophysiology of restless legs syndrome: a hypothesis**  
Jose Carlos Pereira Jr (Brazil)  
Marcia Pradella-Hallinan (Brazil), José Hugo Lins Pessoa (Brazil).

T-L-095  
**Multiple sclerosis and restless legs syndrome in middle-age women**  
Yanping Li (United States)  
Kassandra L. Munger (United States), Salma Batool-Anwar (United States), Alberto Ascherio (United States),  
Xiang Gao (United States).

T-L-096  
**Nocturnal movement study during sleep with classic analysis system and with a method based on video analysis**  
Giacomo Della Marca (Italy)  
Serena Dittoni (Italy), Michele Scatena (Italy), Gioacchino Mennuni (Italy).
T-L-097
Periodic leg movements, nasal CPAP and expiratory load
Woohee Seo (United States)
Christian Guilleminault (United States),

T-L-098
Polysomnographically validated REM sleep behaviour disorder in Restless Legs Syndrome: Frequency and associated factors
Friederike Sixel-Döring (Germany)
Ellen Trautmann (Germany), Monica Canelo (Germany),

T-L-099
Prevalence of sleep disorders and sleep wake pattern in an outpatient pediatric population attending a tertiary teaching hospital in Chennai.
Suresh Kumar (India)
Nithya Franklyn (India), Sheetal V Mehta (India),

T-L-100
Restless Legs Syndrome in subjects with knee articulation prosthesis. Evidence that the symptoms are generated in the periphery
José Carlos Pereira Jr (Brazil)

T-L-101
Restless Legs Syndrome in Patients on Chronic Dialysis treated with Erythropoietin
Fernando Stelzer (Brazil)
Ana Paula Johnson Duarte Bartmann (Brazil), Denise Neme da Silva Crestani (Brazil), Roberta Diehl Rodriguez (Brazil), Cristiane d’Aviz (Brazil), Vanise Grassi (Brazil), Paula Fernandes Moretti (Brazil), João Carlos Goldani (Brazil),

T-L-102
Restless Legs Syndrome in subjects with knee articulation prosthesis. Evidence that the symptoms are generated in the periphery
José Carlos Pereira Jr. (Brazil)
Marcia Pradella-Hallinan (Brazil),

T-L-103
Restless Legs Syndrome: The Response of RLS to Comprehensive Varicose Vein Care
Jeffrey Gibson (United States)
J Theodore King (United States),

T-L-104
Safety and Efficacy of Long-term Treatment with Rotigotine in Japanese Patients with Restless Legs Syndrome
Yuichi Inoue (Japan)
Koichi Hirata (Japan), Kenichi Hayashida (Japan), Diego Garcia-Borreguero (Spain), Nobutaka Hattori (Japan),

T-L-105
Study of Restless Leg Syndrome in Runners
Sayonara Beatriz Ranciaro Fagundes (Brazil)
Derlei João Leite Fagundes (Brazil), Andre LL Bachi (Brazil), Lucila Bizari Fernandes Prado (Brazil), João Eduardo Coin Carvalho (Brazil), Luciane Bizari Coin Carvalho (Brazil), Mauro Vaisberg (Brazil), Gilmar Fernandes Prado (Brazil),
T-L-106
Thalamic MR spectroscopy evaluation of Restless Legs Syndrome
Richard Allen (United States)
Peter Barker (United States), Alena Horská (United States), Christopher Earley (United States),

T-L-107
The prevalence of restless legs syndrome in hormonal contraceptive use
Lyla Kamsheh (United States)
Ilana Ambrogi (United States), Cherridan Rambally (United States), Hrayr Attarian (United States),

T-L-108
Which receptor subtype is the target of dopamine-agonists in Restless Leg Syndrome?
Mauro Manconi (Switzerland)
Raffaele Ferri (Italy), Marco Zucconi (Italy), Alessandro Oldani (Italy), Claudio Bassetti (Switzerland),

T-O-109
Sleep disorders in primary school children in Kermanshah, Iran
Shapour Karimi (Iran)

T-O-110
A mobile sleep unit is feasible and cost effective
Tiina Aalto (Finland)
Adel Bachour (Finland),

T-O-112
Adaptation and Validation of Children´s Sleep Habits Questionnaire and Sleep Self Report for Portuguese children – Preliminary results
Helena Loureiro (Portugal)
Helena Rebelo Pinto (Portugal), Teresa Paiva (Portugal),

T-O-114
Assessment of Printed Material on Sleep Disorders for an Educational Operation in Pediatric Health
Eleida Camargo (Brazil)
Luciane Carvalho (Brazil), Yandra Mello (Brazil), Fabiana Ruotolo (Brazil), Lucila Prado (Brazil),
Gilmar Prado (Brazil),

T-O-115
Can a one-time sleep specialty consultation improve sleep disorder management in primary care?
Jack Edinger (United States)
Janet Grubber (United States), Christi Ulmer (United States), Jennifer Zervakis (United States),

T-O-116
Differences between pregnant and non pregnant women in dream and dysphoric dream recall and in dreamed maternal mental representations
Jessica Lara-Carrasco (Canada)
Kadia Saint-Onge (Canada), Vickie Lamoureux-Tremblay (Canada), Tania Guibault-Lapointe (Canada), Tore Nielsen (Canada),

T-O-117
Different Interventions on Turbinate Hypertrophy and Compliance of CPAP on Patients with OSAS
Shuchen Sun (China)
Yan Ma (China), Li Yang (China), Yingying Zhao (China),
T-O-118
**Discrepancy Between Complaints and Diagnosis may Provide Unsatisfactory Information about Sleep Disorders**
Eleida Camargo (Brazil)
Luciane Carvalho (Brazil), Vanessa Ferreira (Brazil), Clarisse Potasz (Brazil), Lucila Prado (Brazil), Gilmar Prado (Brazil),

T-O-119
**Dreaming and cognition in patients with fronto-temporal dysfunction**
Teresa Paiva (Portugal)
Paulo Bugalho (Portugal), Carla Bentes (Portugal),

T-O-120
**EEG Mapping of Deaf’ Dreams**
Joana Pires (Portugal)
Ana Rita Peralta (Portugal), Teresa Paiva (Portugal),

T-O-121
**Escitalopram reduces inflammation and improves behavior without affecting sleep in a rat model of post cardiac infarct depression**
Thierno Madjou Bah (Canada)
Mohamed Benderdour (Canada), Sevan Kaloustian (Canada), Ramy Karam (Canada),
Guy Rousseau (Canada), Roger Godbout (Canada),

T-O-122
**Maternal mental representations and emotions contextualizing images in nightmares of pregnant and non pregnant women: is there a difference?**
Kadia Saint-Onge (Canada)
Jessica Lara-Carrasco (Canada), Vickie Lamoureux-Tremblay (Canada), Gabrielle Lapointe-Quenneville (Canada),
Tania Guibault-Lapointe (Canada), Tore Nielsen (Canada),

T-O-123
**Impact of long term meditation practice on sleep: A matched controlled trial**
Suhas Vinchurkar (India)
Shirley Telles (India), Naveen K V (India), Bhavani Balakrishnan (India),

T-O-124
**Impact of Prenatal Maternal Beliefs on Infants’ Nighttime Sleep Arrangements in the First 3 Months of Life**
Huishan Wang (China)
Xiaona Huang (China), Xicheng Liu (China), Hui Ding (China), Lijing Zhang (China), Fan Jiang (China),
Odio Mauricio (United States),

T-O-125
**Infant sleep location: bed sharing, room sharing and solitary sleeping at 6 and 12 weeks postpartum**
Robyn Stremler (Canada)
Ellen Hodnett (Canada), Laura Kenton (Canada), Kathryn Lee (United States), James Macfarlane (Canada),
Shelly Weiss (Canada), Julie Weston (Canada), Andrew Willan (Canada),

T-O-126
**Interactions With Babies and Temporality in Pregnant Dreamers**
Vickie Lamoureux (Canada)
Kadia Saint-Onge (Canada),
T-O-127
Iron deficiency anemia (IDA) in infancy modifies nighttime plasma cortisol patterns in 10-yr-old children
Rodrigo Chamorro Melo (Chile)
Cecilia Algarín Crespo (Chile), Marcelo Garrido González (Chile), Manuel Maliqueo (Chile), Betsy Lozoff (United States), Patricio Peirano Campos (Chile),

T-O-128
Objective and subjective benefits of pregabalin on measures of sleep and pain in patients with fibromyalgia and sleep maintenance disturbance
E. Malca Resnick (United States)
D. Alan Lankford (United States), Pritha Bhadra (United States), Ed Whalen (United States), Thomas Roth (United States),

T-O-129
Race/Ethnicity, Sleep Duration, and Quality of Life: Analysis of The Behavioral Risk Factor Surveillance System
Abhishek Pandey (United States)
Melaku Demede (United States), Felicia McKoy (United States), Ferdinand Zizi (United States), Girardin Jean-Louis (United States),

T-O-130
Sleep and quality of life in urban poverty: the impact of slum-housing upgrading
Guido Simonelli (Argentina)
Daniel E. Vigo (Argentina), Martin R. Hyland (Argentina), Daniel Cardinali (Argentina), Alexandra Boilard (Canada), Yvan Leanza (Canada), Annie Vallières (Canada), Daniel Perez Chada (Argentina),

T-O-131
Sleep disturbance impairs stroke recovery in the rat
Cristina Zunzunegui (Switzerland)
Bo Gao (Switzerland), Ertugrul Cam (Switzerland), Aleksandra Hodor (Switzerland), Claudio Bassetti (Switzerland),

T-O-132
Sleep duration, quality of life, habits and academic success in adolescents: results from a Portuguese National Survey
Teresa Paiva (Portugal)
Margarida Matos (Portugal),

T-O-133
Sleep Intervention therapy in children with neurodisabilities affected by sleep disturbances: A service evaluation
Lisa Rodolico (United Kingdom),

T-O-134
Sleepless and media savvy: the bi-directional relationship between sleep and media usage in Australian children and young people
Sarah Blunden (Australia),

T-O-135
The costs associated with sleep difficulties among patients with fibromyalgia
Arth Chandran (United States)
Jan-Samuel Wagner (United States), Marco DiBonaventura (United States), Joseph Cappelleri (United States),
T-O-136  
**The effects of a high sugar diet on sleep quality and attentional capacity in prepubescent girls: A preliminary study**  
Sarah Blunden (Australia)  
Emily Watson (Australia), Gabby Rigney (Australia), Siobhan Banks (Australia), Scott Coussens (Australia), Gilly Hendrie (Australia), Mark Kohler (Australia),

T-O-137  
**The evolution, role and scope of counseling services at the sleep and alertness clinic in Toronto, Canada**  
Dora Zalai (Canada)

T-O-138  
**The Impact of Sleep Hygiene Education of the Caregivers in Institutional Care Facilities**  
Maha Abou-Khadra (Egypt)

T-O-139  
**The Relation between Central Adiposity, Sleep Duration and Sleep Quality in Youth**  
Denise Christina Jarrin (Canada)

T-O-140  
**What Components of Sleep Education are Needed to Bring About Behavioural Change**  
Gabrielle Rigney (Australia)  
Sarah Blunden (Australia),

W-D-002  
**Auditory processing during the transition to sleep in patients with sleep onset complaints**  
Kimberly Cote (Canada)  
Michael Perlis (United States), Catherine Milner (Canada), Will Pigeon (United States), Sara Matteson-Rusby (United States),

W-D-003  
**Auditory processing in stage 2 sleep in patients with sleep maintenance complaints**  
Kimberly Cote (Canada)  
Michael Perlis (Canada), Catherine Milner (Canada), Will Pigeon (United States), Sara Matteson-Rusby (United States),

W-D-004  
**Characteristics of chronic insomnia: a population-based study**  
Laura S. Castro (Brazil)  
Rogerio Santos-Silva (Brazil), Dalva Poyares (Brazil), Luciano R. Pinto Júnior (Brazil), Sergio Tufik (Brazil), Lia R. A. Bittencourt (Brazil),

W-D-005  
**Clinical Outcomes of Group Cognitive Behavioral Therapy for Insomnia (CBT-I)**  
Vincenza Castronovo (Italy)  
Tracy Kuo (United States), Laura Giarolli (Italy), Matteo Anelli (Italy), Sara Marelli (Italy), Marco Zucconi (Italy), Alessandro Oldani (Italy), Mauro Manconi (Switzerland), Fiammetta Bornatico (Switzerland), Claudio Bassetti (Switzerland), Luigi Ferini Strambi (Italy),

W-D-006  
**Cognitive Mechanisms in Insomnia: A comparison of Comorbid and Primary Insomnia**  
Lynda Bélanger (Canada)  
Charles M Morin (Canada), Allison Harvey (United States), Emilie Fortier-Brochu (Canada), Simon Beaulieu-Bonneau (Canada), Lisa Talbot (United States), Polina Eidelman (United States), Hans Ivers (Canada),
W-D-007
**Correlation and cluster analysis of sleep questionnaires in an insomniac population**
Teresa Rebelo Pinto (Portugal)
Helena Rebelo Pinto (Portugal), Teresa Paiva (Portugal),

W-D-008
**Dysfunctional Beliefs and Attitudes about Sleep both Predispose and Maintain Insomnia during the Cancer Care Trajectory**
Caroline Desautels (Canada)
Sophie Ruel (Canada), Hans Ivers (Canada), Josée Savard (Canada),

W-D-009
**Effect of clonazepam on executive function in insomnia patients**
Noe Contreras (Mexico)
Bernarda Tellez (Mexico), Ulises Jimenez (Mexico), Reyes Haro (Mexico),

W-D-010
**Empirical validation of the Insomnia Severity Index in primary care settings: Preliminary results**
Gagnon Christine (Canada)
Jennifer Hains (Canada), Thomas Tourigny-McLean (Canada), Magalie Vézina (Canada), Marie-Lyne Bédard (Canada), Charles M. Morin (Canada),

W-D-011
**Evaluation of the effectiveness of mindfulness based cognitive therapy to treat insomnia**
Michel Larouche (Canada)
Dominique Lorrain (Canada), Guylaine Côté (Canada),

W-D-012
**Is Insomnia Associated With the Occurrence of Infections In Cancer Patients? Results from a Longitudinal Study**
Sophie Ruel (Canada)
Caroline Desautels (Canada), Josée Savard (Canada), Hans Ivers (Canada),

W-D-013
**Longitudinal Associations Between Cortisol Levels and Insomnia in Patients Treated for Prostate Cancer**
Josée Savard (Canada)
Séverine Hervouet (Canada), Hans Ivers (United States),

W-D-014
**Memory complaints and objective performance deficits in individuals with insomnia**
Émilie Fortier-Brochu (Canada)
Charles M. Morin (Canada),

W-D-015
**Nocturnal insomnia symptoms and daytime functioning impairments**
Lynda Bélanger (Canada)
Min xu (China), Hans Ivers (Canada), Melanie LeBlanc (Canada), Junjian Zhang (China), Charles M Morin (Canada),
W-D-016
Patients' Attributions about the Causes of Insomnia
Lynda Bélanger (Canada)
Allison Harvey (United States), Charles Morin (Canada), Tania Lombrrozo (United States),
Jamie B. Rifkin (United States), Simon Beaulieu-Bonneau (Canada), Emilie Fortier-Brochu (Canada), Lisa Talbot (United States),
Polina Eidelman (United States).

W-D-017
Pharmacokinetic Profile of a Modified Release Formulation of Zaleplon (SKP-1041) 10.0 mg, 15.0 mg, and 20.0 mg in
Adults with Primary Sleep Maintenance Insomnia
James K Walsh (United States)
David J Greenblatt (United States), Jerold S Harmatz (United States).

W-D-018
Polysomnography in chronic insomnia: Should it be routinely performed?
Teresa Paiva (Portugal)

W-D-019
Potential protective factors in individuals vulnerable to stress-related insomnia
Cristina Perozzo (Canada)
Melanie LeBlanc (Canada), Ivy Y. Chen (Canada), Hans Ivers (Canada), Charles M. Morin (Canada),

W-D-020
Predictors of Chronic Use of Hypnotics among Cancer Patients
Marie Solange Bernatchez (Canada)
Josée Savard (Canada), Hans Ivers (Canada),

W-D-021
Profiling the Side-Effects of Sleep Restriction Therapy for Insomnia
Simon Kyle (United Kingdom)
Megan Crawford (United Kingdom), Chris Miller (United Kingdom), Colin Espie (United Kingdom),

W-D-022
Sleep perception index in insomnia complaint associated to depression symptom in a population-based sample
Glicia Santana (Brazil)
Luciano Ribeiro Pinto Jr (Brazil), Laura Castro (Brazil), Rogerio Silva (Brazil), Lia Bittencourt (Brazil), Sergio Tufik (Brazil),

W-D-023
The clinical relevance of reducing night-to-night sleep variability in primary and comorbid insomnia
Maria Montserrat Sánchez-Ortuño (Spain)
Jack D Edinger (United States),

W-D-024
The sleep perception index in insomnia complaint associated with anxiety: a population-based study
Luciano Ribeiro Pinto Jr (Brazil)
Laura Castro (Brazil), Glicia Santana (Brazil), Rogerio Silva (Brazil), Lia Bittencourt (Brazil), Leonardo Goulart (Brazil), Sergio Tufik (Brazil),

W-D-025
The sleep-improving efficacy of mind-tranquilization caring exercise on female patients with insomnia
Xueyu Lv (China)
Shuchen Sun (China), Weidong Wang (China),
W-D-026
The Timing of Sleep Disturbances Relative to Hot Flashes in Breast Cancer Patients: What Precedes What?
Marie-Hélène Savard (Canada)
Josée Savard (Canada), Aude Caplette-Gingras (Canada), Hans Ivers (Canada), Célyne Bastien (Canada).

W-D-027
The underlying mechanisms of cognitive behavioural therapy for insomnia: sleep restriction as an in vivo exposure procedure
Elke De Valck (Belgium)
Aisha Cortoos (Belgium), Sonia De Weerdt (Belgium), Sofie De Staercke (Belgium),
Frans Van Hee (Belgium), Walter Vincken (Belgium).

W-D-028
Types of Insomnia and Cognitive Event-Related Potentials (ERPs): Activation and Inhibition Processes at Night
Célyne Bastien (Canada)

W-D-029
Using rhythmic stimulation in behavioral treatment of children sleep-onset insomnia type
Elmira Sagutdinova (Russian Federation)
Svetlana Blokhina (Russian Federation), Olga Kevtun (Russian Federation).

W-D-030
What Types of Hot Flashes are Associated with Sleep Disturbances in Breast Cancer Patients?
Marie-Hélène Savard (Canada)
Josée Savard (Canada), Aude Caplette-Gingras (Canada), Hans Ivers (Canada).

W-I-031
OSA severity predicts performance in the six-minute walking test of individuals with morbid obesity
Roberto Pacheco da Silva (Brazil)
Winston Isio Boff Pereira de Souza (Brazil), Christiane Carvalho Faria (Brazil), Daniela Massierer (Brazil),
Nelson Guaridiola Meinhardt (Brazil), Manoel Roberto Maciel Trindade (Brazil), Luiz Alberto de Carli (Brazil),
afael Beltrame (Brazil), Jorge P. Ribeiro (Brazil), Denis Martinez (Brazil).

W-I-032
18 month assessment of 54 patients referred for treatment of anti-social snoring (AHI ≥30/hr) with a custom Mandibular Repositioning Device (MRD)
Roy Dookun (United Kingdom)

W-I-034
Adherence to CPAP after 18-months treatment in obstructive sleep apnea patients: effects on cognition and quality of life
Vincenza Castronovo (Italy)
Sara Marelli (Italy), Mark Aloia (United States), Marco Zucconi (Italy), Alessandro Oldani (Italy), Mauro Manconi (Italy),
Luigi Ferini Strambe (Italy).

W-I-035
Adherence to CPAP treatment: Difference between compliant and non-compliant patients
Juan Fernández-Lahera (Spain)
Francisco García Rio (Spain), Carlos Carpio (Spain), Isabel Fernández (Spain),
Santiago Zudaire (Spain), Darwin Felix (Spain), David Barros (Spain), Carlos Villasante (Spain), Rodolfo Álvarez-Sala (Spain).
W-I-036
Adipocyte fatty acid-binding protein serum level in patients with obstructive sleep apnea syndrome treated by continuous positive airway pressure.
Milada Hobzová (Czech Republic)
Eliška Sovová (Czech Republic), David Stejskal (Czech Republic), Jana Zapletalova (Czech Republic),

W-I-037
Assessment of Upper Airway Dynamic Properties Using Sternal Phrenic Nerve Magnetic Stimulation In Awake Subjects and in Obstructive Sleep Apnea Patients
César Silva (Canada)
Jean-Christian Borel (Canada), Simon Gakwaya (Canada), Frédéric Sériès (Canada),

W-I-038
Atypical causes of obstructive sleep apnea in oto rhino-laryngological practice
Marlit Veldi (Estonia)
Heisl Vaher (Estonia), Raivo Ani (Estonia), Priit Kasenõmm (Estonia),

W-I-039
Automated sleep apnea syndrome recognition from ECG recordings in heart failure patients
Vincent Pichot (France)
Frederic Roche (France), Florian Chouchou (France), Emilia Sforza (France), Renaud Tamisier (France), Jean-Louis Pépin (France), Patrick Lévy (France), Jean-Claude Barthélémy (France),

W-I-040
BP Variation Study On OSA Patients With And Without Hypertension
Yan Ma (China)
Shuchen Sun (China), Weidong Wang (China), Yeming Fang (China), Yingna Lin (China), Lan Hong (China),

W-I-042
Cumulative parasympathetic system activity could be used in evaluating obstructive sleep apnea
Min Yin (China)
Lei Cheng (China),

W-I-043
Diagnosis and assessment of surgical treatment of patients with congenital malformations of the mandible
Karachunskiy Grigory (Russian Federation)

W-I-045
Distraction Osteogenesis (DO) with Maxillomandibular Advancement as a Treatment for Obstructive Sleep Apnea (OSA)
Flavia Consens (United States)
Joseph Helman (United States), John Palmisano (United States), Louise O'Brien (United States),

W-I-046
Does UPPP has an impact on metabolic syndrome in patients with OSAS?
Sohit Kanotra (United States)
Yosef Krespi (United States),
Effect of continuous airway pressure treatment on sympathetic nervous activity and daytime function in patients with obstructive sleep apnea
Marlit Veldi (Estonia)
Heisl Vaher (Estonia), Marika Tamm (Estonia), Tiina Torma (Estonia), Triin Eller (Estonia), Veiko Vasar (Estonia).

Effectiveness of treatment of sleep disorders breathing in pediatric patients
Artur Shukuryan (Armenia)
Gegham Khandanyan (Armenia), Aida Matevosyan (Armenia), Parounak Zelveian (Armenia).

Effects of intermittent hypoxia in mouse hippocampus and cerebellum after 35 days
Alicia Carissimi (Brazil)
Diego Baronio (Brazil), Cintia Fiori (Brazil), Daniela Massierer (Brazil), Luciana Vieira (Brazil), Fernando Venero (Brazil), Marcia Fischer (Brazil), Marcelle Cerski (Brazil), Denis Martinez (Brazil).

Expiratory Threshold Loading in Obesity and Obstructive Sleep Apnea
Effie Pereira (Canada)
Chen Tang (Canada), John Glew (Canada), Helen Driver (Canada), Michael Fitzpatrick (Canada).

Immediate and overnight recumbence-dependent changes of neck circumference in obese and non-obese subjects
Márcia Fischer (Brazil)
Cristiane Cassol (Brazil), Luciana Vieira (Brazil), Daniela Massierer (Brazil), Alicia Carissimi (Brazil), Silvana Perini (Brazil), Thays Schaffer (Brazil), Cintia Fiori (Brazil), Denis Martinez (Brazil).

Impact of mandibular advancement device associated with CPAP interface on upper airway mechanical properties assessed by phrenic nerve stimulation in obstructive sleep apnea patients: preliminary results.
Simon Gakwaya (Canada)
Jean-Christian Borel (Canada), Jean-François Masse (Canada), Silva Cesar (Canada), Frédéric Sériès (Canada).

Impact of obstructive sleep apnea on glucose metabolism and free fatty acids: Sex differences
Karla Temple (United States)
Rachel Leproult (United States), Lisa Morselli (United States), Harry Whitmore (United States), Jameese Sykes (United States), Eve Van Cauter (United States), David Ehrmann (United States).

Impairment of renal function in overweight patients with obstructive sleep apnea and hypertension
Lusine Dheryan (Armenia)
Gevorg Podosyan (Armenia), Zoya Hakobyan (Armenia), Aida Matevosyan (Armenia), Parounak Zelveian (Armenia).
W-I-055
Influence of the respiratory parameters on cardiovascular autonomic modulation during NREM sleep stage in patients with arterial hypertension and obstructive sleep apnea
Ani Aleksanyan (Armenia)
Gevorg Podosyan (Armenia), Aida Matevosyan (Armenia), Parounak Zelveian (Armenia),

W-I-056
Intermittent hypoxia affects Uncoupling Protein 1 expression
Cintia Fiori (Brazil)
Diego Baronio (Brazil), Alicia Carissimi (Brazil), Thays Schaffer (Brazil),
Daniela Massierer (Brazil), Nelson Kretzmann (Brazil), Silvana Perini (Brazil), Denis Martinez (Brazil),

W-I-057
Intermittent hypoxia elevates brain water content and decreases aquaporin 1 in mouse cerebellum
Diego Baronio (Brazil)
Cintia Fiori (Brazil), Alicia Carissimi (Brazil), Daniela Massierer (Brazil), Lenise Kim (Brazil),
Victorio Bambini Jr. (Brazil), Darlan da Rosa (Brazil), Luiz Felipe Forgiarini (Brazil), Denis Martinez (Brazil),

W-I-058
Interrelationship between sleep parameters and cardiovascular autonomic modulation during NREM sleep stage in patients with arterial hypertension and obstructive sleep apnea
Ani Aleksanyan (Armenia)
Aida Matevosyan (Armenia), Gevorg Podosyan (Armenia), Parounak Zelveian (Armenia),

W-I-059
Objective assessment of sleep disturbances during gestational diabetes: a case control study
Isabelle Marc (Canada)
Frédéric Séries (Canada), Yves Giguère (Canada), John Kimoff (Canada), Alexandra Dufresne (Canada),
John Weisnagel (Canada), Sylvie Marcoux (Canada),

W-I-060
Polysomnography variables, symptoms and morbidity in obese patients. A comparison between obese with and without sleep apnea
Victoria Santiago-Ayala (Mexico)
Matilde Valencia-Flores (Mexico), Montserrat Resendiz Garcia (Mexico), Arturo Vega-Gonzalez (Mexico),
Alejandra Castaño (Mexico),
Sandra Juarez (Mexico), Sofia Sanchez (Mexico), Demian Gil (Mexico),

W-I-061
Portable Monitoring for OSAS Diagnosis
Edilson Zancanella (Brazil)
Lucila Fernandes Prado (Brazil), Luciane B C Carvalho (Brazil), Agricio Crespo (Brazil),

W-I-062
Predicting effective continuous positive airway pressure (CPAP) for sleep apnea
Gautam Soparkar (Canada)

W-I-063
Predictors of Medium-Term Adherence during CPAP Treatment: A Study with Adherents and Intermittent Users
Rute Sampaio (Portugal)
M. Graça Pereira (Portugal), João Carlos Winck (Portugal),
Prevalence of snoring and apnea episodes during sleep in Yerevan adult population derived from telephone interview survey
Aida Matevosyan (Armenia), Gevorg Podosyan (Armenia), Parounak Zelveian (Armenia).

Radiotelemetry for studying neonatal respiration during sleep in term and preterm ovine models
Nathalie Samson (Canada), Jean-Philippe Gagné (Canada), Sylvain Dumont (Canada), Jean-Paul Praud (Canada).

Sleep apnea attenuates the efficiency of a lifestyle intervention program in viscerally obese men
Frédéric Séries (Canada), Anne-Laure Borel (Canada), Xavier Leblanc (Canada), Natalie Almeras (Canada), Angelo Tremblay (Canada), Jean Bergeron (Canada), Paul Poirier (Canada), Jean-Pierre despres (Canada).

Sleep disordered breathing and fertility: a putative relationship?
Elliott Lee (Canada), Spencer Gutcher (Canada), Tinghua Zhang (Canada).

Sleep Disordered Breathing and Shift Work: their Association with Impaired Quality of Life
Juan Carrillo (Chile), Maria Massardo (Chile), Mery Becerra (Chile), Maria Mora (Chile), Claudia Figueroa (Chile), Hilda Marin (Chile), Jecar Neghme (Chile).

Sleep disordered breathing in TIA/ischemic Stroke: effects on short- and long-term outcome and CPAP treatment efficacy - SAS CARE study
Mauro Manconi (Switzerland), Carlo Cereda (Switzerland), Andrea Azzola (Switzerland), Alfonso Ciccone (Italy), Urs Fischer (Switzerland), Augusto Gallino (Switzerland), Mathias Gugger (Switzerland), Sandor Gyorik (Switzerland), Ramin Khatami (Switzerland), Lena Lavie (Israel), Peretz Lavie (Israel), Johannes Mathis (Switzerland), Sebastian Ott (Switzerland), Liliane Petrini (Switzerland), Lino Nobili (Italy), Marco Pons (Switzerland), Claudio Bassetti (Switzerland).

Sleep hyperhidrosis as an indicator of sleep breathing disorders in children
Clarisse Potasz (Brazil), Mayara Calabrez (Brazil), Luma Oliveira (Brazil), Luciane Bizari Carvalho (Brazil), Lucila Fernandes Prado (Brazil), Gilmar Fernandes Prado (Brazil).

Sleep laboratory testing referrals in Canada
Jessica Evans (Canada), Robert Skomro (Canada), Helen Driver (Canada), Brian Graham (Canada), Irvin Mayers (Canada), Louise McRae (Canada), John Reisman (Canada), Corneliu Rusu (Canada), Teresa To (Canada), John Fleetham (Canada).

Sleep-disordered Breathing in a Pediatric Cohort with Arnold-Chiari Malformations
Robin Pham (Canada), Colin Massicot (Canada), Indra Narang (Canada), Reshma Amin (Canada).
W-I-073
**Study of the relationship between serum uric acid and sleep-disordered breathing**
Juan Fernández-Laheira (Spain)
Francisco García Río (Spain), Isabel Fernández (Spain), Carlos Carpio (Spain), Darwin Feliz (Spain), David Barros (Spain), Santiago Zudaire (Spain).

W-I-074
**The characteristics of sleep-disordered breathing with age in pre-menopausal women**
Chan-Soon Park (Korea (South))
Christian Guillemiault (United States).

W-I-075
**The Impact of Sleep Consultation Prior to a Diagnostic Polysomnogram on CPAP adherence**
Sushmita Pamidi (United States)
Kristen Knutson (United States), Farbod Ghods (United States), Babak Mokhlesi (Canada).

W-I-076
**Use of BILEVEL in a patient with OSAS - A case report**
Tania Doria (Brazil)
Rosa Hasan (Brazil).

W-I-077
**Usefulness of phrenic nerve stimulation to predict efficiency of mandibular advancement device when analysing changes in flow-limitation sites in sleep apnea patients**
Simon Gakwaya (Canada)
Jean-François Masse (Canada), Frédéric Sériès (Canada).

W-I-078
**Using cardiac variables as an innovative method for screening OSA**
Adrian Aron (United States)
Cody Dubose (United States), Ashley Taylor (United States), Amy Corbin (United States), Donald Zedalis (United States).

W-I-079
**Waist circumference vs. waist-to-height ratio for the prediction of apnea severity**
Daniela Massierer (Brazil)
Cintia Zappe Fiori (Brazil), Alicia Carissimi (Brazil), Patricia Mattes (Brazil), Roberto Pacheco da Silva (Brazil), Diego Baronio (Brazil), Gabriela Ramires de Oliveira (Brazil), Carolina Montanari (Brazil), Marcelo Fabris Vidal (Brazil), Denis Martinez (Brazil).

W-I-080
**Weight and Cognition: the mediating role of sleep disordered breathing**
Karen Spruyt (United States)
David Gozal (United States).

W-K-081
**Efficacy of detecting seizure activity during overnight PSG using an extended EEG montage versus standard PSG montage**
James Sayegh (Canada)
Indra Narang (Canada), Reshma Amin (Canada), Shelly Weiss (Canada).
W-K-082
Evaluating Health Care Delivery Models for Sleep Related Breathing Disorders (SRBD) using Home Sleep Testing (HST) and Automatic Self-Adjusting Positive Airway Pressure (APAP)
Max Hirshkowitz (United States)
Amir Sharafkhaneh (United States).

W-K-083
iScore: An System for Grading Home Sleep Test Interpretability
Max Hirshkowitz (United States)

W-K-084
Long-term management of snoring and OSA
Dan Anker Hofsoy (Germany)
Johannes Clauss (Germany), Bernhard Wolf (Germany).

W-K-085
Towards contactless screening of sleep-disordered breathing
Adrienne Heinrich (Netherlands)
Igor J. Berezhnoy (Netherlands), Gerard de Haan (Netherlands).

W-K-086
Using Health Information Technology and the STOP Questionnaire as a Self-Directed and Cost Effective Strategy to Screen for Obstructive Sleep Apnea.
Alexander Villareal (United States)
Robert Moser (United States), Jonathan Darer (United States), Peter Berger (United States),

W-L-087
Characterization of BTBD9 homolog knockout in C.elegans
Yuqing Li (United States)
Atbin Doroodchi (United States), Youfeng Yang (United States), Mark DeAndrade (United States),
Charles Amsler (United States), Michael Miller (United States).

W-L-088
Comparison of the Medibyte® portable monitor with polysomnography for recording limb movements in sleep
Mary Jane O’Donovan (Canada)
Helen Driver (Canada), Linda McLean (Canada), Trisha Parsons (Canada).

W-L-089
Difference in Sensory Symptoms of Restless Legs Syndrome (RLS) Related to Temperature Change
Yasunori Oka (Japan)
Satsuki Tominaga (Japan), Yoshiko Watari (Japan).

W-L-090
Disease-specific Quality of Life (QoL) in Restless Legs Syndrome (RLS): Validation of the QoL-RLS Questionnaire
Ralf Kohnen (Germany)
Heike Benes (Germany), Birgit Högl (Austria), Birgit Högl (Austria), Julia Hülsmann (Germany),
Wolfgang Oertel (Germany), Karin Stiasny-Kolster (Germany), Claudia Trenkwalder (Germany),
During the daytime in restless legs. A survey on 224 patients
Desislava Tzonova (Spain)
Oscar Larrosa (Spain), Juan José Granizo (Spain), Elena Calvo (Spain), Yolanda de la Llave (Spain),
Diego Garcia-Borreguero (Spain).

Observational Study of Restless Legs Syndrome (RLS) and Subsequent Cardiovascular (CV) Risk Using US Claims Data
John Winkelman (United States)
Lydia Makaroff (Belgium), Guilhem Pietri (United Kingdom), Elizabeth Moorcroft (United Kingdom), Florent Richy (Belgium).

Prevalence of Restless Leg Syndrome (RLS) and Physical Therapy Association in Saudi Population
Doaa AL-Sharif (Saudi Arabia)

Repeated SIT tests over 6 months of treatment with either dopamine agonists or opioid.
Richard P Allen (United States)
Bradley V Vaughb (United States), Jacques Montplaisir (United States), Michel Bornemann (United States),
John Winkelman (United States), Markus Schmidt (United States).

Restless Leg Syndrome (RLS) in Children and Youth with Neurodevelopmental Conditions – a Clinically Missed Diagnosis Aggravating the Challenging Behaviour of Underlying Conditions?
OS Ipsiroglu (Canada)
F Chan (Canada), A Vilela-Barbosa (Canada), A Black (Canada), J Garden (Canada),
D Veer (Canada), JE Jan (Canada), E Vatikiotis-Bateson (Canada).

Restless legs syndrome in the Georgian individuals having epilepsy: Results of a questionnaire study
Sofia Kasradze (Georgia)
Lia Maisuradze (Georgia), Sofia Tsintsadze (Georgia), Eteri Togonidze (Georgia), Giorgi Lomidze (Georgia).

Restless Legs Syndrome is a common finding in multiple sclerosis and does not correlate with brain damage
Jana Vavrova (Czech Republic)
Jan Krasensky (Czech Republic), Karel Sonka (Czech Republic), Eva Havrdova (Czech Republic), David Kemlink (Czech Republic).

Restless Leg Syndrome: Is it a functional peripheral neuropathy?
José Carlos Pereira Jr (Brazil)
Rosana Alves (Brazil).

Restless legs syndrome: Patients with excessive daytime sleepiness
Desislava Tzonova (Spain)
Danyal Fer (Spain), Oscar Larrosa (Spain), Elena Calvo (Spain), Yolanda de la Llave (Spain),
Diego Garcia-Borreguero (Spain).
W-L-101
**Results of a German survey of symptoms and medication use in patients with restless legs syndrome (RLS)**
Heike Beneš (Germany)
Nicole Reketat (Germany), Reinhard Berkels (Germany),

W-L-102
**Searching for Silent Strokes in Magnetic Resonance Imaging of Patients with Restless Legs Syndrome and Controls**
Raffaele Ferri (Italy)
Michael Moussouttas (United States), Filomena I.I. Cosentino (Italy), Lily Wang (United States), Arthur S. Walters (United States),

W-L-103
**Sensitivity and specificity of a self-administered survey in Spanish for Restless Leg Syndrome (RLS)**
Virginia Parisi (Argentina)
Gabriel Persi (Argentina), Maria Clara Martin (Argentina), José Luis Etcheverry (Argentina), Emilia Gatto (Argentina),

W-L-104
**Sleep improvement with rotigotine transdermal system in patients with moderate-to-severe idiopathic restless legs syndrome (RLS): results from two 6-month placebo-controlled trials**
Art Walters (United States)
Richard Bogan (United States), William Ondo (United States), Richard Allen (United States), Markku Partinen (Finland), Erwin Schollmayer (Germany), Andreas Fichtner (Germany),

W-L-105
**Symptom Severity Rating in Restless Legs Syndrome (RLS): Validation of the RLS-6 Scales**
Ralf Kohnen (Germany)
Heike Benes (Germany), Birgit Högl (Austria), Julia Hülsmann (Germany), Wolfgang Oertel (Germany), Karin Stiasny-Kolster (Germany), Claudia Trenkwalder (Germany),

W-L-106
**Unilateral vs bilateral Restless legs syndrome! A comparative observational study of 195 patients**
Garima Shukla (India)
Vinay Goyal (India), Achal Srivastava (India), R M Pandey (India),

W-L-107
**Validation of the Multiple Suggested Immobilization Test (m-SIT): A sleep laboratory test for the assessment of severity of Restless Legs (Willis-Ekbom Disease)**
Diego Garcia-Borreguero (Spain)
Desislava Tzonova (Spain), Oscar Larrosa (Spain), Yolanda de la LLave (Spain), Elena Calvo (Spain), Ralf Kohnen (Germany),

W-O-109
**A Chinese Questionnaire-based Survey: Sleep Medicine Awareness in Primary Care**
Shuchen Sun (China)
Lan Hong (China), Yan Ma (China), Yingying Zhao (China), Jing Qiao (China),

W-O-110
**Actigraphic variables in patients with cirrhosis and its association to apathy and depression**
Matilde Valencia-Flores (Mexico)
Montserrat Reséndiz-Garcia (Mexico), Aldo Torre (Mexico), Violeta A Castaño Meneses (Mexico), Andres Duarte-Rojo (Mexico), Victoria Santiago-Ayala (Mexico), Demian Gil-Aldeco (Mexico), Alejandro Mendoza-Pacheco (Mexico), Arturo Vega-González (Mexico),
W-O-111
**Antioxidants to prevent liver damage in mice exposed to intermittent hypoxia**
Dênis Martinez (Brazil)
Darlan Rosa (Brazil), Renata Kaminski (Brazil), Cintia Fiori (Brazil), Luiz FelipeForgiarini (Brazil),
Mariel Barbachan e Silva (Brazil), Norma Possa Marroni (Brazil),

W-O-112
**Architecture of nocturnal sleep in children with fronto-temporal lobe epilepsy**
Aleksi Chikadze (Georgia)
Lia Khuchua (Georgia), Ioseb Burduladze (Georgia), Tornike Chikadze (Georgia), Nana Lomashvili (Georgia),
Ana Ivaniadze (Georgia), Maia Jibladze (Georgia), Roman Shakarishvili (Georgia),

W-O-113
**Automatic analysis of dream reports can detect dreamer's gender**
Christina Wong (Canada)
Reza Amini (Canada), Joseph De Koninck (Canada),

W-O-114
**Cluster analysis of EEG asymmetries and contents of dreams in normal subjects**
Teresa Paiva (Portugal)
Joana Pires (Portugal),

W-O-115
**Development of a patient tracking and reporting system**
Dora Zalai (Canada)
Eitan Rooz (Canada),

W-O-116
**Different 10-day temporal patterns of dreams about sleep laboratory and virtual reality maze experiences: associations with temporally patterned changes in dreamed locus of control**
Elizaveta Solomonova (Canada)
Tyna Paquette (Canada), Philippe Stenstrom (United States), Tore Nielsen (Canada),

W-O-117
**Dreaming: nonsense or not nonsense, that is the question – What ancient Egyptians used to see in the morning (1)**
Gotthard TRIBL (Switzerland)

W-O-118
**Dysphoric dream emotion is associated with sleep duration and rise-time differentially for healthy women and men.**
Tyna Paquette (Canada)
Jessica Lara-Carrasco (Canada), Tore Nielsen (Canada),

W-O-119
**Fasting blood glucose and sleep quality in non overweight versus overweight non diabetic patients presenting with sleep complaints**
Miguel Meira e Cruz (Portugal)
Sofia Rebocho (Portugal), Teresa Paiva (Portugal),
W-O-120
Hormonal profile, the PROGINS polymorphism, and erectile dysfunction: data from a sleep population-based survey
Monica Andersen (Brazil)
Tathiana Alvarenga (Brazil), Diego Mazzotti (Brazil), Camila Guindalini (Brazil), Renata Pellegrino (Brazil),
Karina Barrueco (Brazil), Rogerio Santos-Silva (Brazil), Lia Bittencourt (Brazil), Sergio Tufik (Brazil),

W-O-121
How are sleep difficulties experienced in couple relationships in Quebec (Canada) and in Fortaleza (Brazil)?
Taís Araújo (Canada)
Annie Vallières (Canada), Yvan Leanza (Canada),

W-O-122
Longitudinal associations between quality of mother-infant interactions and children's sleep at preschool age
Annie Bernier (Canada)
Stephanie Bordeleau (Canada), Julie Carrier (Canada),

W-O-123
Longitudinal Learning-Dependent Changes in REM Sleep Following Avoidance Learning
Caitlin Higginson (Canada)
Stuart Fogel (Canada), Carlyle Smith (Canada),

W-O-124
Lung and liver damage in mice subjected to intermittent hypoxia - A sleep apnea model
Dênis Martinez (Brazil)
Darlan Pase da Rosa (Brazil), Luiz Felipe Forgiarini (Brazil), Mariel Barbachan e Silva (Brazil),
Diego Baronio (Brazil), Norma Possa Marroni (Brazil),

W-O-125
Monitoring daily sleep quality and self-perceptions of cognition and affective experiences in university students
Christina Fung (Canada)
Michelle Nguyen (Canada), Catherine Wiseman-Hakes (Canada), Angela Colantonio (Canada),

W-O-126
Night time driving – An underestimated risk
Gerhard Kloesch (Austria)
Doris Moser (Austria), Marion Seidenberger-Wutzl (Austria), John Dittami (Austria), Josef Zeitlhofer (Austria),

W-O-127
Parenting at Midnight: Preliminary validation of the Parents’ Night-waking Thoughts and Affect Questionnaire.
Aimée Coulombe (Canada)
Graham Reid (Canada),

W-O-128
Preliminary validation of a new instrument for monitoring sleep, wakefulness and daytime function:
Daily Cognitive-Communication and Sleep Profile
Christina Fung (Canada)
Michelle Nguyen (Canada), Catherine Wiseman-Hakes (Canada), Angela Colantonio (Canada),
W-O-129
Providing Sleep Services to the Indigent: An Analysis
Anthony Costrini (United States)
Don Causey (United States).

W-O-130
Sleep and health-related quality of life in South Australian year 6-7 children before and after a sleep education program
Sarah Blunden (Australia)
Hayley Etherton (Australia), Gabrielle Rigney (Australia).

W-O-131
Sleep complaints and quality of life in gynecological cancer patients
Marta Gonçalves (Portugal)
Rita Cruz (Portugal), Susana Almeida (Portugal), Rui Mota-Cardoso (Portugal).

W-O-132
Sleep in Migraine and Tension Type Headache in Children: Preliminary Study.
Marcin Zarowski (Poland)
Monika Cieslik (Poland), Marta Studzinska (Poland), Arkadiusz Garczyk (Poland), Barbara Steinborn (Poland).

W-O-133
Symptoms cluster in persons with multiple sclerosis and their impact on sleep disorders
Shahnaz Shahrbanian (Canada)
Nancy Mayo (Canada), Pierre Duquette (Canada), Ayse Kuspinar (Canada), Shang Yuan Teng (Canada).

W-O-134
The Predictive Value of Pediatric Sleep Health on Pediatric Behavior
Heisl Vaher (Estonia)
Marlit Veldi (Estonia), Triin Eller (Estonia), Priit Kasenomm (Estonia), Veiko Vasar (Estonia).

W-O-135
The Psychometric Development of an Athlete Sleep Screening Questionnaire: Process & Methods
Charles Samuels (Canada)
Brent Alexander (Canada).

W-O-136
The Rocky Sleep Trial: a Behavioral Sleep Intervention for 6-8-month-old Infants
Wendy Hall (Canada)
Rollin Brant (Canada), Jean-Paul Collet (Canada), Eileen Hutton (Canada), Roy Saunders (Canada), Amiram Gafni (Canada), Osman Ipsioglu (Canada).

W-O-138
Emotion Regulation and Sleep Physiology: Breaking the Link Between Negative Events and Sleep Disturbance
Marie Vandekerckhove (Belgium)
Jenny Kestemont (Belgium), Rolf Weiss (Germany), Vasilis Exadaktylos (Belgium), Bart Haex (Belgium),
Johan Verbraecken (Belgium), Daniel Berckmans (Belgium), Raymond Cluydts (Belgium).

W-O-140
Sleep Characteristics of Chinese rural Population by PSQI
Rong Liu (United States)
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www.cadwell.com    Fax: 1-509-783-6503

Established by brothers Carl Cadwell, DDS and John Cadwell, MD, BSEE in 1979, Cadwell designs, manufactures and sells neurodiagnostic and neurophysiological monitoring instruments to laboratories, hospitals, physicians, and others worldwide. Clinical diagnostic products include the Sierra® Wave EMG/NCV/EP, the Easy® III EEG for clinical EEG, ICU Neurological and Epilepsy Monitoring, Easy III PSG, Easy Ambulatory EEG & PSG. For Intraoperative neuromonitoring, the Cascade line features the 16-channel Cascade and 32 channel Cascade Elite and the Cascade Pro 16 or 32 channel system.

Compumedics (Booth #103)
Compumedics is a leading innovator in sleep and neurodiagnostic technologies, selected by top clinical and research institutions worldwide. Compumedics recently released the new GRAEL Sleep System, the first featuring HD-PSG! Somté is a portable home sleep testing system with great features and for full PSG testing absolutely anywhere, choose the new SomtéPSG sleep system with Bluetooth communication. Get control over your lab and data and documents with our ProFusion neXus lab Management Software and maximize lab productivity. With thousands of installations worldwide, Compumedics is a trusted name to rely on for your sleep and neurodiagnostic requirements. Find out more at www.compumedics.com.

Embla® (Booth #113)
Embla® is the largest sleep diagnostic company in the world with a Vision to be Closer to our Customers, offering innovative solutions such as the Embletta® Gold™ Level III home sleep testing device, the Enterprise™ sleep business management system and choice of three leading PSG platforms: Sandman®, REMbrandt™, and RemLogic™, which feature tools to help optimize the efficiency of your sleep lab, and includes live 24/7 technical support. Shop for competitively priced sleep sensors and accessories at our one-stop online sensor shop at shopEmbla.com. Call 888.NO.APNEA or visit www.embla.com.

Fisher & Paykel (Booth #119)
Fisher & Paykel is a leading designer, manufacturer and marketer of a range of innovative healthcare devices which incorporate unique features to improve patient care.

Fisher & Paykel entered the respiratory care market in 1971 with the development of a unique respiratory humidifier system for use in critical care. We now offer a broad range of products and systems for use in respiratory and acute care and the treatment of obstructive sleep apnea (OSA).

Fondation Sommeil (Booth #609)
Fondation Sommeil est un organisme à but non lucratif (OBNL) dont la mission est d’écouter, d’informer et d’aider la personne atteinte d’un trouble du sommeil ainsi que de sensibiliser sa famille, ses amis et le grand public à la problématique du sommeil. Elle accomplit le malade non encore diagnostiqué dans l’identification des signes de troubles potentiels afin qu’il constate son problème médical et demande l’aide appropriée. Elle les incite, par ailleurs, à prendre en charge une nouvelle façon de vivre leur sommeil.

En plus d’être un groupe d’entraide, Fondation Sommeil, association de personnes, développe un centre de référence sur la vigilance et les pathologies du sommeil. Elle travaille avec enthousiasme à ce que le sommeil devienne une spécialité médicale. www.fondationsommeil.com
Grass Technologies, An Astro-Med Inc. Subsidiary (Booth #605)
600 East Greenwich Avenue
West Warwick, RI 02893
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Grass Technologies offers a wide range of instrumentation for PSG, EEG — from lab-based to ambulatory to WIRELESS 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.

KEGO Corporation (Booth #415)
KEGO Corporation is dedicated to meeting the needs of sleep labs and respiratory providers. Our large selection of sleep disorder testing and respiratory supplies makes one stop shopping a breeze. At KEGO we work hard to earn your business. Order online at www.kegocorp.com or call toll free 1-866-862-7328

The Lung Association – The Canadian Respiratory Health Professionals
The CRHP is the allied health professionals section of The Lung Association, representing health professionals from a wide variety of disciplines working collaboratively in the respiratory health field.

There are many great reasons to join the CRHP:
• Eligibility to apply for CRHP Research Grants and Fellowships
• Eligibility to apply for CRHP Regional Funding grants
• Reduced registration fee for Canadian Respiratory Conference 2012 (Vancouver, BC, April 26 – 28)
• Membership publications: an online subscription to the Canadian Respiratory Journal, quarterly CRHP newsletter: Airwaves, and monthly electronic bulletin
• Leadership opportunities to serve on the CRHP Leadership Council and/or to participate in working groups and subcommittees

For more information about CRHP initiatives, please visit www.lung.ca/crhp

Medigas (Booth #207 & 209)
Medigas is a trusted name in CPAP therapy, being one of the first homecare providers to bring CPAP technology to the Canadian healthcare market. Over the years, we’ve learned how to make CPAP therapy a positive experience by developing programs that place our clients in the centre of the services and products we provide. Across Canada, Medigas has locations designed specifically for our CPAP therapy clients, showcasing the latest in CPAP systems and accessories from leading manufacturers. From sleep screening to CPAP therapy, you can rely on Medigas to help improve the quality of sleep for individuals with sleep apnea.

La réputation de Medigas en matière de thérapie CPAP est solidement établie. Première à offrir cette technologie sur le marché des soins à domicile au Canada, Medigas a amélioré son programme de traitement des troubles du sommeil en centrant son offre de produits et services sur l'expérience positive qu'ils doivent apporter à l'utilisateur. Partout au pays, Medigas dispose d'établissements spécialisés, où elle propose à ses clients des appareils et accessoires CPAP de pointe, provenant des plus grands fabricants. Du dépistage des troubles du sommeil jusqu'au traitement CPAP, les personnes atteintes d’apnée du sommeil peuvent compter sur Medigas pour mieux dormir.
MedSleep (Booth #325)
MedSleep's network of clinics are committed to providing the highest quality sleep medicine services for both individuals and corporations across Canada. MedSleep is dedicated to improving health and promoting wellness by providing a comprehensive and patient-centered approach to the diagnosis and treatment of sleep disorders. Our Physicians, Respiratory Therapists, RPSGT's and support staff have extensive expertise and experience in the field of sleep disorders medicine. We strive to be pioneers in sleep medicine utilizing the latest in technology, promoting education, and participating in clinical research for the advancement of new treatments.

Natus (Booth #424)
Natus is a leading provider of healthcare products used for the screening, detection, treatment, monitoring and tracking of common medical ailments in newborn care, hearing impairment, neurological dysfunction, epilepsy, sleep disorders, and balance and mobility disorders.

Product offerings include computerized neurodiagnostic systems for audiology, neurology, polysomnography, and neonatology, as well as newborn care products such as hearing screening systems, phototherapy devices for the treatment of newborn jaundice, head-cooling products for the treatment of brain injury in newborns, and software systems for managing and tracking disorders and diseases for public health laboratories. For more information please visit us at www.natus.com.

Northern Light Technologies (NLT) (Booth #510)
Northern Light Technologies (NLT) produces the portable TRAVELITE, SADELITE Desk Lamp, FLAMINGO Floor Lamp, BOXELITE, ceiling track-mounted SHOWOFF and the New LUXOR table lamp, all 10,000 LUX light sources. Our products are manufactured in North America, backed by a 7-year Warranty and preferred by thousands of healthcare professionals who treat for Sleep Phase Disorders, Jet-Lag and Seasonal Affective Disorders (SAD). NLT is the supplier of choice for affordable, versatile, power and adjustable Bright Light Sources. Our lights are UV-Clean, Flicker-Free, avoid the PHOTO-TOXICITY associated with BLUE LIGHT and operate on 110V and 220V current. Reach us at 1-800-263-0066 or www.northernlighttechnologies.com

OSR Medical (Booth #109)
The Leader in Sleep Medicine
Founded in Montreal in 1998, OSR Medical is headquartered in Quebec and provides healthcare services in the field of sleep medicine and sleep disorders. Our services are offered both in the clinical setting and in your home. We are an accredited service supplier to several health centers in Quebec.

Since 2007, our Sleep Disorders Centre is accredited by the American Academy of Sleep Medicine (AASM), as an ‘Accredited Member Center’. We are the first Centre in Canada to obtain this status.

Since 2002, OSR Médical is an accredited member of Accreditation Canada

Panthera Dental (Booth #202)
Panthera Dental is a Canadian company specialized in dental industry. They offer the world first cad-cam orthosis for sleep apnea and snoring.
Philips Respironics (Booth #507)
Philips Respironics, a global leader in the sleep and respiratory markets, is passionate about improving the quality of people’s lives with solutions designed around the needs of customers and patients. That’s why we align with caregivers to establish healthier living and healthier practices. Philips Respironics first considers the needs of our customers, their patients and caregivers and then introduces simpler and more intuitive innovations that consistently revolutionize the areas of sleep, oxygen therapy, ventilation and respiratory drug delivery. As a result, Philips Respironics is recognized worldwide as a pace-setter and as a valuable ally in better sleep and breathing.

Research Pharmaceutical Services (Booth #423)
RPS, The Next Generation CRO, provides comprehensive global Phase II-IV clinical development solutions to the pharmaceutical, biotechnology and medical device industries. By combining an experienced clinical research operations infrastructure with the industry’s largest resourcing engines, RPS is uniquely positioned to offer our Customers a broad spectrum of outsourcing solutions. These solutions range from globally embedded functional and cross-functional programs to enhanced global full-service solutions, and are powered by highly experienced project teams providing innovative, seamless, cost-effective and high quality services.

ResMed Corp (Booth #409 & 411)
9001 SPECTRUM CENTER BLVD. San Diego, CA 92123
Contact: Customer Service
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ResMed is a global leader in medical equipment for the screening, treatment, and management of sleep-disordered breathing and other respiratory disorders. Our product line includes automatic positive airway pressure devices, bilevel devices, continuous positive airway pressure devices, nasal pillows systems, nasal mask systems, full face mask systems, humidifiers, and software/clinical systems.

The Restless Legs Syndrome (RLS) Foundation (Booth #206)
The Restless Legs Syndrome (RLS) Foundation is a non-profit patient organization incorporated since 1992 providing the latest information about RLS. The goals of the Foundation are to increase awareness, improve treatments, and through research, find a cure for RLS -- a neurological condition severely affecting millions of individuals.

The European Alliance for Restless Legs Syndrome (EARLS)
The European Alliance for Restless Legs Syndrome (EARLS) is an independent non-profit alliance of national patient organizations from Belgium, Finland, Norway, Spain, Sweden, The Netherlands and The UK. EARLS focuses on: better and quicker diagnosis, treatments, improving quality of life, increasing public and medical understanding, scientific research and eliminating prejudice of RLS.

Sentec AG, by Master Distributor Bemes, Inc. (Booth #417)
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The Sentec Monitor provides ACCURATE, continuous, non-invasive real time monitoring of patient Arterial CO2, Oxygen Saturation and Heart Rate utilizing the “V-Sign Sensor”, the world’s only DIGITAL Transcutaneous sensor. Through accurate real time monitoring and patient trend memory, we can better assess patient ventilation and oxygenation in the ICU as well as monitor patient arterial values in virtually any procedural setting or Sleep Lab. For use with all patients, including Neonatal applications!
Shoppers Home Health Care (Booth #221)
Owned by Shoppers Drug Mart, the largest retail pharmacy chain in Canada, Shoppers Home Health Care has a unique advantage, as we can utilize our pharmacist’s network and our more than 50 retail locations to reach undiagnosed OSA patients.

Our highly skilled base of sleep consultants are focused on improving health outcomes for those clients living with OSA. This is accomplished by educating clients on their condition, understanding the role of their equipment and receiving ongoing service to maximize their compliance.

Come see us at booth 221 to find out how Shoppers Home Health Care can work with you to maximize client outcomes.

SleepMultiMedia (Booth #306)
SleepMultiMedia version 7.0, a computerized textbook of sleep medicine, covers sleep methodology, sleep research, sleep physiology, and clinical sleep medicine. The program covers more than 5,000 Medline references and abstracts, 20 chapters, 127 category 1 CME credits, extensive information on polysomnography, and an updated Policy and Procedure Manual for sleep center staff and technicians. SleepMultiMedia version 7.5 will be available in the Fall.
Tel: 914 722-9291 Fax: 914 722-4490 Website: www.sleepmultimedia.com

Sleep Strategies Inc. (Booth #710)
Sleep Strategies is a leading provider of professional sleep scoring and training services for sleep disorder facilities worldwide. Established to meet the increasing demands from the rapidly evolving sleep medicine industry, Sleep Strategies is the foremost scoring service for timely, accurate and affordable sleep analysis. Sleep Strategies’ plays a key role in the successful growth of leading hospitals and private sleep disorder laboratories which is achieved through our ongoing commitment to superior quality, affordability and exceeding our customer’s expectations. For more information on Sleep Strategies, please visit the company web page at www.sleepstrategies.com.

Sleepvirtual (Booth #308)
Sleepvirtual’s mission is to provide high quality cost efficient medical equipment in order to help make the diagnostic and treatment of Sleep Disorders Universal to all patients around the world.
Come visit us at booth #308 to check the newest PSG solutions available for your Sleep Lab.

Société de l’assurance automobile du Québec (Booth #607)
La Société de l’assurance automobile du Québec a pour mission de protéger et d’assurer la personne contre les risques liés à l’usage de la route. À ces fins, entre autres mandats, elle mène des activités de promotion de la sécurité routière et de prévention.

The mission of the Société de l’assurance automobile du Québec is to protect and insure individuals against the risk of road accidents. As part of its mandate, it conducts prevention and road safety promotion activities.

SOMNOmedics (Booth #425)
SOMNOmedics is a globally acting company with dealers and customers in more than 40 countries worldwide that supplies you with powerful and innovative solutions for Sleep Diagnostics. To do so, we use latest medical discoveries and technological developments. Besides, our solutions are easy to apply, reliable in their results and durable during the daily routine.

Our light-weight SOMNOscreen is the smallest fully portable PSG System available. It can be used from a Screener to a full PSG System, is upgradeable at any time and is compatible with both, IN LAB diagnostics and HOME SLEEP testing. Our SOMNOwatch is perfect for any kind of Actigraphy Measurements.
Strong Dental (Booth #617)
Strong Dental is divided into three divisions: Oral Sleep Appliances, Bruxism/TMJ Splints, and Orthodontic Appliances. We are a quality-oriented dental laboratory, specializing in the manufacturing and distribution of premium, effective oral appliances across North America. Our signature dental sleep appliance line includes The SUAD™ Device, The SUAD™ Elite, The Transitional SUAD™ Appliance (TSA), and the Morning Repositioner. We also fabricate numerous types of bruxism/TMJ splints, including the Strong Splint. Our premium appliances are embedded with Strong Dental’s patented casted framework, which is designed to increase the strength and longevity of the device while helping prevent actual tooth movement and eliminating all clasps.

UCB
UCB, Brussels, Belgium (www.ucb.com) is a global biopharmaceutical company focused on the discovery and development of innovative medicines and solutions to transform the lives of people living with severe diseases of the central nervous system and the immune system. UCB employs more than 8 500 people across about 40 countries and is listed on Euronext Brussels (symbol: UCB).

VitalAire (Booth #508)
With over 80 offices across Canada and 150 healthcare professionals coast to coast, VitalAire is a leader in Home Oxygen Services, Sleep Apnea Programs and Obstructive Sleep Apnea Treatment across Canada.

World Association of Sleep Medicine (Booth #201)
The fundamental mission of the WASM is to advance sleep health worldwide. WASM will fulfill this mission by promoting and encouraging education, research and patient care throughout the World, particularly in those parts of the world where the practice of sleep medicine is less developed. WASM will act as a bridge between different sleep societies and cultures, supporting and encouraging worldwide exchange of clinical information and scientific studies related to sleep medicine. WASM will seek to encourage development and exchange of information for world-wide and regional standards of practice for sleep medicine.

XenoPort
XenoPort is a biopharmaceutical company focused on developing and commercializing a portfolio of internally discovered product candidates. In April 2011, XenoPort’s first product was approved in the US for the treatment of moderate-to-severe primary restless legs syndrome in adults. XenoPort is focused on development of product candidates for the potential treatment of central nervous system (CNS) disorders, including neuropathic pain, spasticity and Parkinson’s disease.
Mort de fatigue.

Au Québec, la fatigue au volant est responsable de 135 décès en moyenne par année.

Les troubles du sommeil ont un effet sur la conduite d'un véhicule. Par exemple, un conducteur qui souffre d'apnée du sommeil non traitée est sept fois plus à risque d'avoir un accident de la route.

Professionnels de la santé : c'est votre responsabilité de déclarer à la Société tout patient qui souffre d'un trouble du sommeil non traité et qui représente un risque pour la sécurité routière.

Pour plus d'information sur la fatigue au volant :
www.saaq.gouv.qc.ca, à la rubrique « Sécurité routière ».
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5th World Congress on Sleep Medicine
Sleep, Health, and Society

Save the Date!
Sept 28-Oct 2, 2013
Valencia, Spain

The World Association of Sleep Medicine (WASM) and the Spanish Sleep Society (SES) invite you to our joint congress in Valencia, Spain, from September 28-October 2, 2013. The congress is a world forum inviting professionals to advance current thinking, improve sleep health, and encourage prevention and treatment of sleep disorders. Please save the date and check our website www.wasmcongress.com

www.wasmcongress.com