



# Sleep and breathing disorders: a multidisciplinary approach

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Sleep apnoea benefits from multidisciplinary care was the focus of the recent Sleep and Breathing meeting <http://ow.ly/mMAYH>

Sleep-related respiratory disorders are highly prevalent, and represent a growing subspecialty of respiratory medicine. Sleep apnoea is nearly as prevalent in the general population as chronic obstructive pulmonary disease [1, 2], and the comprehensive management of the disorder requires special knowledge and expertise. Since sleep apnoea also represents the most common organic cause of excessive daytime sleepiness presenting to sleep clinics, the topic is also of important clinical relevance to sleep specialists in general. Furthermore, obstructive sleep apnoea syndrome (OSAS) is an important independent contributor to several comorbidities, including cardiovascular disorders [3], particularly hypertension (which occurs in ~50% of patients with OSAS [4]), in addition to metabolic disorders such as Type 2 diabetes mellitus [5], but also cerebrovascular diseases, particularly stroke [6]. The high prevalence of OSAS represents a challenge to clinical services in the diagnosis and management of the disorder, and there is now increasing emphasis on ambulatory management [7].

The growing interest and multidisciplinary nature of sleep-related respiratory disorders prompted the two major European Societies in the respiratory field, the European Respiratory Society (ERS) and European Sleep Research Society (ESRS), to collaborate in the development of a bi-annual meeting on the topic of sleep and breathing. At the outset, it was agreed by both Societies that the primary purpose of this meeting would be educational, and the objective was to bring together international experts in different aspects of sleep and breathing to provide a comprehensive update on the topic. The meeting was structured to provide a mixture of major and specialised symposia, case-based interactive discussions, practical teaching demonstrations and small group interactive "Meet the Professor" sessions. An opportunity for scientific presentations was also considered to be of interest, providing the participants with the possibility of submitting abstracts for consideration as poster presentations, all of which were subjected to a peer-review process.

The inaugural meeting was held in Prague in April 2011 over 3 days, and was attended by over 920 delegates. The feedback from participants was excellent, which encouraged the two Societies to continue the project. The second meeting was held in Berlin in April 2013 again over 3 days, and was attended by close to 1100 delegates.

While the principal focus of both meetings was sleep-related breathing disorders, the programme also included symposia on non-respiratory topics including insomnia, narcolepsy and periodic leg movement disorders. These symposia were of a very high calibre, reflecting the input of the ESRS to the programme, and proved very popular, which reflects the fact that respiratory specialists treating sleep-related breathing

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disorders also encounter patients with non-respiratory sleep disorders, typically as co-existing or alternative diagnoses to sleep apnoea.

The meeting in Berlin also had several symposia organised in collaboration with other major European Societies, including the European Society of Cardiology, the European Society of Hypertension, the European Association for the Study of Diabetes and the European Association for the Study of Obesity, reflecting the high prevalence of cardiovascular and metabolic comorbidities among patients with OSAS. Several non-respiratory symposia were organised in collaboration with societies such as the European Psychiatric Association and the European Neurological Society. The programme was extremely full with a total of 30 sessions, organised as plenary or parallel sessions. A particularly impressive feature of the meeting was the high level of attendance, with some plenary sessions attracting over 800 delegates. This issue of the *European Respiratory Review* contains five review articles on topics covered at the meeting [8–12]. These reviews provide a flavour of the meeting content, and reflect the high calibre of the sessions. The next Sleep and Breathing meeting is planned for 2015, however, the venue is yet to be decided.

The cooperation of the ERS and ESRS in this venture has encouraged a broader cooperation between the two Societies. An inter-society Task Force has been established to explore ways in which both Societies can collaborate in areas such as education and certification.

The ERS has developed the HERMES Sleep Project [13], which involves the development of a comprehensive curriculum and an *ERS Handbook of Respiratory Sleep Medicine* [14]. An examination in respiratory sleep medicine is planned, leading to certification in this subspecialist discipline.

The ESRS, through several activities to promote sleep at regional and global levels [15], initiated an examination in sleep medicine at the 2012 ESRS Congress in Paris, France, leading to certification as “somnologist”. A second examination was held during the Berlin Sleep and Breathing meeting. These first two examinations were restricted to senior, established sleep specialists with a view to initially achieving a grandparent group of certified sleep specialists. So far, over 100 sleep specialists across Europe have obtained this certificate. The ESRS has also produced a catalogue of knowledge and skills as a basis for sleep medicine education, courses and examinations. A multi-author textbook on sleep medicine, based on this catalogue, is planned and is due to be finalised by 2014 for the 22nd ESRS Congress in Tallinn, Estonia.

Both Societies recognise the potential added value from cooperation in these important areas. While there may not ultimately be one single European examination in sleep medicine, ERS input into the respiratory components of the ESRS training and certification project and ESRS input into the general sleep components of the ERS HERMES project should significantly enhance the quality of each project. The overall objective should be to improve the quality of care for patients throughout Europe who suffer from these disorders.

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