

## Отчет

### о собрании Ассамблеи Национальных обществ по изучению сна (ANSS) 2024 года в Тронхейме, Норвегия



Представители 23-х Европейских стран собрались 10-12 мая 2024 года в Тронхейме на Ежегодное собрание Ассамблеи Национальных Обществ по изучению Сна: Армения, Австрия, Бельгия, Болгария, Чешская Республика, Финляндия, Франция, Германия, Исландия, Ирландия, Латвия, Литва, Нидерланды, Норвегия, Польша, Португалия, Румыния, Словакия, Словения, Испания, Швеция, Турция и Соединенное Королевство.



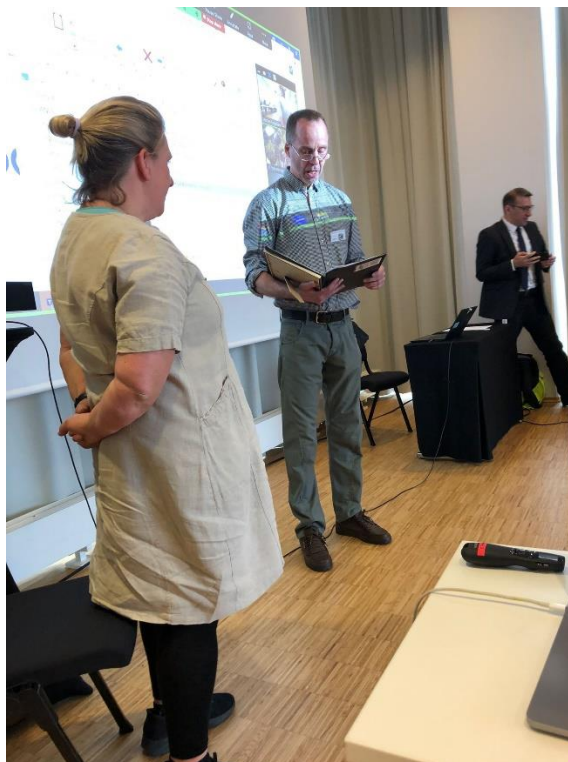


During the meeting several important decisions were made.

First, three new members of the ANSS-EC were elected. They are Sarah Hartley (France), Shruti Konda (UK), and Kiril Terziyski (Bulgaria).

Second, based on the voting, the hosting city of the ANSS 2026 will be Tbilisi (Georgia). (In 2025, as defined last year, the ANSS meeting will take place in Poznan.)

Thirdly, the ANSS awarded Dr. Michaela Gjerstad, the past-member of the ANSS-EC, with “the ANSS-ESRS Excellence award” recognizing her important input in the activities of the ANSS and the development of sleep medicine. Within the program, Dr. M. Gjerstad gave a heart-breaking talk “Parkinson’s disease and sleep” talking about manifestations and sleep problems in Parkinson’s disease based on research data and personal experience.



Last but not least, in a new format of the rotating roundtable discussions the ways and new strategies of tighter interaction between ANSS and ESRS were discussed. ESRS web-platform was suggested for joint webinars with the NSS, video-interviews with the NSS representatives within official ESRS Newsletters etc. The president of the ESRS P.-H. Luppi has announced that the Sleep Europe Foundation (SEF) was established, aiming at promoting science and research as well as public health care in the field of sleep medicine. The ESRS Board has also launched the initiative “Sleep awareness month” focusing on increasing public awareness of sleep. Based on the survey (28 NSS responded), March was selected as the best month for the awareness campaign. The NSS are invited to contribute to this initiative by local activities, translation of materials etc.



The main program of the ANSS meeting was focused on the update from the NSSs, ongoing ANSS projects and present and future of sleep medicine. Here is the brief summary of the talks.

After introductory speech from the ANSS-EC president Prof. Ysbrand van der Werf (the Netherlands) and the ANSS-EC treasurer Dr. Morten Engstrom (Norway), the meeting started with the presentations of the National Sleep Societies. Based on traditional voting, the winners of the best presentation awards were Kiril Terziyski (Bulgaria), Shruti Konda (UK) and Daniela Ferreira (Portugal).

The second day of the meeting started with the overview of the ANSS ongoing projects and beyond. L. Korostovtseva presented the results of the annual survey. The current number of the ANSS comprises 8293 members showing a trend to an increase since COVID-19 pandemic times. All NSS held some activities in the last year, half of the societies held annual national conferences, about 1/3 of the societies reported joint activities with the other societies. Among issues raised by the NSS representatives the most common ones include renewal of accreditation process of sleep labs, staff problems, decrease in number of PSG beds, educational issues, formal recognition of sleep medicine as medical specialty, comparison of procedures and reimbursement costs, a closer interconnection between the NSS etc. One part of the survey was related to the subjective perception of the changes in the routine practice in the recent years after COVID. Based on the survey results, about half of the NSSs report an increase in the number of sleep labs and sleep

specialists, and only few societies report a decrease. Almost half of the NSS representatives have an impression that there is a change in sleep disorders spectrum after COVID-19, including an increase in Insomnia (incl. insomnia associated with psychiatric disorders, PTSD), circadian disorders, nightmares, complaints on daytime sleepiness and unsatisfactory sleep, one NSS reported higher number of diagnosed cases of narcolepsy, and a few NSSs reported an increase in sleep-disordered breathing. These changes might be related not only to COVID, but to the higher awareness about sleep disorders, increased stress related to the war, socioeconomical difficulties etc.

Dr. Pitt Young (Germany) showed results of the survey about the use of sleep medicine guidelines. About half of the NSSs use the ESRS guidelines on the sleep lab accreditation. About one third of the NSSs use national guidelines on the management of sleep disorders (predominantly, on sleep-disordered breathing and PAP therapy), one third – ESRS (with equal distribution for the guidelines on RLS, insomnia and narcolepsy), and one third - AASM guidelines. Only few NSSs use both AASM and ESRS guidelines.

Dr. Barbara G. Stražišar (Slovenia) presented an overview of the topical issues of pediatric sleep medicine and summarized the results of the survey investigating issues of sleep medicine in pediatrics. A variety of specialists counsel children with sleep problems in Europe, including pediatricians of different subspecialties, general pediatricians, (adult) somnologists and (adult) somnologists with pediatric degree, adult neurologists, END, clinical psychologists, nurses etc. , Sleep in children is characterized by unique features, that counselling specialists should be aware of, e.g. rapid and constant changing biology during maturation and development, different normative values and different manifestations of sleep disorders compared to adults, strong association between sleep and daytime cognition, mood, behavior, influence of child’s sleep on family dynamics etc. On 11-13 April 2024, the first pediatrics sleep school organized by the European Pediatrics Sleep Network was held in Bertinoro (Italy), it appeared to be successful and confirmed the high need for such interactive educational events. The Pediatric Sleep Medicine Subcommittee has set a number of objectives, such as developing standards in pediatric sleep medicine and guidelines for different sleep disorders in children, to hold regular pediatric sleep schools, to perform pediatric somnologist’s certification. A crucial issue for children’s sleep is the schools start, which is too early in the majority of countries. American Academy of Sleep Medicine has postulated that early school starts (before 08:30 am) is a key contributor to insufficient sleep in children which can and should be modified at the governmental level.

**ipsa**  
International Pediatric Sleep Association

**LATER SCHOOL START TASK FORCE**

**No School Until 10 A.M.?**  
Researchers at Oxford and Harvard recommend schools base their start times on the "biological wake-up times" of students.

Age	Wake-Up Time	School Start Time
10	6:30 a.m.	8:30-9:00 a.m.
16	8:00 a.m.	10:00-10:30 a.m.
18	9:00 a.m.	11:00-11:30 a.m.

Judith Owens, MD MPH  
Professor, Center for Pediatric Sleep Disorders  
Department of Pediatrics, Harvard Medical School  
Professor of Neurology, Harvard Medical School

The issues of telemedicine services based on the ANSS surveys performed before and during COVID-19 pandemic were discussed by Dr. Oana Deleanu (Romania). There is indeed a big change in the tele-health development and legislation compared to pre-COVID times, however, in the field of sleep medicine there are still quite many issues unsolved.

Dr. Samson Khachatryan (Armenia) gave an update on the ongoing ANSS project “Beyond Boundaries”. After a 2-year interruption due to COVID-19 pandemic, the project has been re-activated. The next event is scheduled for June 2024 and will be held in Georgia, hosted by the Georgian national sleep society which became a new ANSS member in 2023.

Dr. Walter McNicholas (Ireland) presented the state of the European regulations for OSA in commercial and non-commercial drivers. In 2012 a Working Group on “Driving and Sleep Apnea” was established by the EC Transport Directorate. Based on the report of this Group EU Directive on Licensing for drivers with OSA was developed and has been mandatory since 2015. According to this Directive (paragraphs 11.2-11.5), patients with moderate or severe OSA associated with significant sleepiness should not drive until effective treatment is demonstrated. However, the implementation of this Directive is complicated, and is associated with unsolved issues, e.g. 1) the assessment of sleepiness is not specified (self-report or objective evaluation by driving simulator/MWT); 2) who is responsible for patient driving certification? The process of communication between sleep specialist and Licensing authority is not established. Recent data evidence that OSA severity associated by AHI alone does not predict fitness to drive in OSA patients; excessive sleepiness is a major factor of accident risk in OSA. Currently, 24 out of 27 EU member countries have implemented the Directive without significant modification, some countries have implemented stricter regulations (e.g. AHI alone without sleepiness; MWT evaluation), many countries require a minimum period of successful treatment prior to resumption of driving. Most countries specify  $AHI \geq 15/h$  and include excessive daytime sleepiness as a requirement in addition to AHI (except Lithuania and Estonia), however, just few countries define a specific level (in Finland ESS 15 score; in Czech Republic 10 score; in Ireland and the Netherlands – sleepiness at the wheel). For driving licensing most countries require demonstration of effective therapy including AHI control, treatment compliance and alleviation of sleepiness. MWT is required in France (for all drivers) and in Slovenia (in case of residual sleepiness). Therefore, Prof. McNicholas concluded that the EU Directive was successfully implemented at National level in all EU member states.

Ysbrand van der Werf gave a talk about the consequences of COVID-19 with the focus on sleep and circadian disturbances as the manifestations of long COVID.



Keynote lecture about **future psychiatric hospital infrastructure** was given by an invited speaker Dr. Håvard Kallestad (Norway). He reported the first results of the proof-of-concept trial which assessed the possibility to create a hospital infrastructure that improves sleep and circadian disruption based on the modification of light environment (depletion of blue light in the evening). Regarding clinical outcomes significantly lower rate of aggressive behavior events was registered in the investigated environment compared to standard environment and a trend towards better improvement was found in the blue-depleted environment.

## Østmarka hospital, 2017



Acute psychiatric ward serving all patients in the region of Central Norway

40 beds

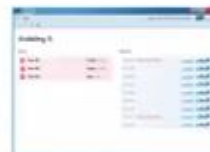
1800-2000 annual admissions

Blue Depleted Light Environment (BDLE): 1830h-0700h.

Daylight lamps in the dining area (15000 lux @ 1m).

Designed for research, two identical wards

Radar technology installed in all rooms



Prof. Th. Penzel (Germany) spoke about future perspectives of sleep labs focusing on the potential use of home sleep testing using simpler methods than the reference method full-PSG (polygraphy, assessment of peripheral arterial tone by WATCH-PAT, PPG etc.), smartphone Apps and wearables (rings using PPG) for lifestyle monitoring, contact-free recordings from sleep apnea detection, as well as on cloud data storage and data sharing between sleep medicine stakeholders. He concluded that large data management needs coordination, and that safety and security of data in the health care clouds requires is an important issue requiring integrated solutions.

During meeting sponsors session, the Philips representative Pedro Fonseca demonstrated the ways of artificial intelligence application in sleep medicine, in particular, for discriminative purposes (e.g. automatic sleep scoring, sleep staging based on non-EEG signals – neural network classification from photoplethysmography; forecasting disease progression and course, patient clustering and phenotyping etc.) and for generative models (chat bots, transforming text to images etc.). In general, for efficient AI application one needs to clearly define the question, and to have a vast amount of high-quality data.

After the official part, Nidarosdomen Cathedral met all the participants under its gothic vaults.



With joint efforts the meeting ended in a warm and relaxing atmosphere. Playing guitar, singing songs together in the restaurant concluded the meeting demonstrating that all the NSSs can sing in unison symbolizing a strong alliance of sleep professionals.



