

**WEST AUSTRALIAN SLEEP DISORDERS RESEARCH INSTITUTE
(Inc.)**

Annual Report 2008/2009

The 2008/2009 year has been another year of solid progress and achievement for the West Australian Sleep Disorders Research Institute (WASDRI). We continue to efficiently and effectively deal with our clinical work load, we have further expanded our research program, and our teaching program continues at undergraduate and postgraduate levels for medical students, sleep technologists, and training sleep physicians.

A new agreement with the Hospital was reached in January 2008 which better recognizes the inter-dependence of WASDRI and Sir Charles Gairdner Hospital. It recognizes that the services provided by WASDRI extend beyond those covered by such private practice income as WASDRI collects. While this has resulted in a greater Hospital contribution to the costs of providing these services, it also meant that WASDRI's income is now fully absorbed in its running costs with little capacity to provide for capital expenditure or for a dividend from its busy clinical program for its research activities. The agreement attempts to take some account of the former problem by providing a mechanism by which the Hospital can purchase the capital equipment the use of WASDRI with ownership retained by the Hospital (in contrast to WASDRI purchased equipment, where ownership remains with WASDRI).

Our clinics remain busy with our "therapy clinic" working efficiently and well for outpatient trials for CPAP and non invasive ventilatory therapy.

An increasing proportion of CPAP titration is performed at home using auto-titrating therapies, freeing hard pressed sleep laboratory beds for an increased diagnostic sleep studies throughput. There is a growing demand for complex diagnostic sleep studies as the complexity of cases presenting to our clinic increases. Respiratory management of motor neurone disease is an example of this. It is a relatively new and growing commitment. Our diagnostic services remain principally dependant on laboratory polysomnography. At present the cost of home-based studies are covered by a temporary Medicare item number. Determination as to whether home-based sleep studies will be covered by permanent item numbers is anticipated in 2010. Until we have this certainty, there is no intent to invest in the technology required to perform home-based sleep studies on a systematic basis.

We have completed another productive year of research activities with a continuing output of publications in high impact international journals and presentations at national and international meetings. We are placing a major emphasis on systematization and organization of our patient data to increase our capacity to use this for epidemiological purposes. The methods we now have in place to collect clinical data, basic anthropometric data, biochemistry, and DNA from all consenting new patients presenting to the clinic (the overwhelming majority) places us on the verge of an exciting era of epidemiological research based on the huge clinical throughput of our service. Our research activities are summarized in an appended Research Report.

Teaching is an important further focus of our activities. While we ensure that all medical students have at least some exposure to Sleep Medicine in their first year, with further opportunities in their fifth year through the elective student program, we would certainly like to see the sleep content of the undergraduate medical course increase and intend to approach the University with this in mind, in the coming year.

As the data attached to this report indicate, we have worked hard and effectively. This is a direct result of the dedication of our staff, who continue to deliver extraordinarily well to the community, despite often difficult circumstances.

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Director