



# August 2010

## Officers

**President:** Pete Weber, RPSGT

**President-Elect:** Nilesh Gupta, MD

**Secretary:** Michael Katzoff, MD

**Treasurer:** Lori Fredrick, RPSGT

## Board of Directors

David Arnold, RPSGT

Jaime Boero, MD

Sue Hoefs, RPSGT

Mary Meyer, RPSGT

B. Tucker Woodson, MD

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## Update from the Wisconsin Sleep Society

### FROM THE WSS PRESIDENT

**Children and Sleep.** CHW is having a sleep conference this fall, the first of its kind in WI. While we have talked about kids at our Bellin Sleep Conference (the first annual sleep conference in WI), we have never focused on kids directly. As President of the WSS, I would like to thank CHW for their activism. This is a great year now that kids are a focus....at least somewhere in WI.

For years, in Green Bay, I have tried to get pediatric doctors to care of the quality of kids sleep. I am the father of four wonderful children and I want nothing but the best for my kids. I know other parents feel the same. It would be wonderful if we could get our pediatric doctors on board with this and see that sleep doctors and dentists can make appliances and cure sleep apnea in kids. We can save many sick adults today but our profession with the help of surgeons and dentists could save many future lives. Join us at the Bellin Sleep Conference on Nov 4, 2010 and hear Dr. Stephen Sevenich talk about Functional Orthodontics. This is a fascinating field of Orthodontistry. I would like everyone to consider attending the conference at the CHW and then Bellin Sleep Conference.

The education opportunities on sleep medicine in WI have never been better.

Cheers,

Pete Weber

President of WSS

### BELLIN CONFERENCE-Posters STILL Wanted

Poster Presentations wanted for the Bellin Sleep Conference (November 4, 2010 in Green Bay). Any sleep center interested in presenting data is welcome to do so. There will be tables and an area designated just for poster presentations. Email Pete Weber at [pweber@wisleep.org](mailto:pweber@wisleep.org) if interested.

### BOARD OF DIRECTORS MEETING

The board of directors meeting was held July 27. We decided as a board to bring a lot of our discussion with us to the Aug 5 meeting which was in person in Wausau. This traveling side show requested our members and biggest fans give us input into dealing with much of what we are hoping to accomplish. We also discussed website advertising. Pricing for the Website ads started at \$50 and went as high as \$500/year. We will act on what the membership told us in Wausau. Exciting times we have here!

Membership was also a discussion and we have very few people that were members in 2009 rejoin us and be members in 2010. I hope that trend will not continue. We need to bring more value to our members so they stay with us. We learned a lot from the attendees on August 5 what they think should be done.

### AUGUST 5 MEMBERSHIP MEETING

The August meeting in Wausau was a huge success. We filled the room for the meeting and had some great discussion. Several members gave input on what the future of WSS should be and also expressed interest in joining committees and running for the board.

### NOMINATIONS FOR BOARD OF DIRECTOR

Excerpts of the Bylaws that pertain to elections are on page 3 of this newsletter. If interesting in running for board of director, please contact Pete Weber at [pweber@wisleep.org](mailto:pweber@wisleep.org) and give him a brief bio, about a paragraph, and note which office you are interested in. As the bylaws state:

**Section 11.3** ...The duties of the Nominating Committee shall include: a. Request and receive nominations from members of the Society for the positions for Vice President, Secretary, Treasurer, Director(s)...

b. Review all recommendations received, and

c. Submit a report to the Board of Directors at the November Board Meeting of its recommendations.

So, let Pete know before Nov 17 so he has time to prepare a ballot.





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## Update from the Wisconsin Sleep Society

### The Couch

Insomnia is a common problem, with 6% of the population meeting criteria for the diagnosis. These patients may present with a variety of medical and psychiatric comorbidities, and can be challenging. Cognitive-behavioral therapy for insomnia (CBT-I) was once a little-known option for treatment, but this is starting to change. In July, there was a nice series of articles about insomnia on the New York Times website, where CBT-I was prominently featured and even described as the “gold standard” treatment. Things are changing here in Wisconsin, too, at least it’s my informal observation that more clinicians are beginning to provide these services.

Although this treatment may seem new, it’s based on extensive research dating back as far as the 1930s. There are four meta-analyses that nicely summarize the results from over 50 clinical trials with data from over 2,000 research participants. They conclude that CBT-I is effective for 70 to 80% of patients, including older adults, those with hypnotic dependence, and those with insomnia secondary to medical and psychiatric problems. A 2005 report by the National Institutes of Health summed it up nicely when they stated that CBT-I is...”as effective as prescription medications are for short-term treatment of chronic insomnia, and there are indications that the beneficial effects of CBT may last well beyond the termination of active treatment”.

CBT-I involves anywhere from 4 to 12 sessions, beginning with a thorough assessment of the insomnia. Then, effective techniques are systematically applied, usually beginning with sleep restriction and stimulus control. Additional interventions are added, including relaxation training, a careful analysis of sleep hygiene focused on each patient’s unique situation, and cognitive therapy.

Cognitive therapy is helpful in addressing the high level of anxiety about sleep. It targets those middle of the night “catastrophic” thoughts, such as: “I’ll die or get cancer from this” or “Oh no, I only have three hours left”. Cognitive therapy gives patients the tools to recognize and modify these thoughts. CBT-I has the most research support, but the new area of behavioral sleep medicine treats the other sleep disorders, too. Sleep apnea patients may have difficulty sleeping or feel “claustrophobic” while using their mask, or they may need to resolve their ambivalence about starting treatment before they can be successful. For chronic nightmares, imagery rehearsal therapy teaches patients to use their imagination to “rewrite” their dreams to be less frightening. Light therapy plus melatonin are used for circadian rhythm disorders.

Certification in behavioral sleep medicine began in 2003 and is currently open to individuals with a doctoral degree in a health-related field and a license to provide mental health-related services, along with additional training and experience. There is plenty of (sometimes heated) discussion about which disciplines are qualified, so I would not be surprised if these criteria change in the future. For more information on behavioral sleep medicine certification, visit the American Academy of Sleep Medicine’s website.

Catherine C. Loomis, Ph.D.  
Licensed Psychologist

# WSS Bylaws Excerpt Pertaining to Elections

## ARTICLE 6: VOTING BY MAIL

Voting for candidates for vacancies of the Officers and Board of Directors shall be done by mail, or electronic mail, following the November Board of Directors meeting as approved and directed by the Officers and Board of Directors.

## ARTICLE 7: OFFICERS

**Section 7.1** Officers: The officers of the Society shall be a President, Vice President, Immediate Past-President, Secretary and Treasurer.

**Section 7.2** Officers as Directors. All officers are members of the Board of Directors and report to the President.

### **Section 7.3** Eligibility

a. Only Polysomnographic and Physician Members in good standing shall be eligible to serve as Officers of this Society.

b. A Member employed by a commercial company or supplier of a product or service to member individuals shall be ineligible to serve as an Officer of this Society

### **Section 7.4** Election and Term of Office

a. The President shall serve a term of two (2) years.

b. The Vice-President shall serve a term of two (2) years.

b. The President-Elect shall serve a term of two (2) years

c. Following his or her two-year term as President, he or she will serve a two (2) year term as Past-President.

d. The Secretary shall serve a term of two (2) years. The Secretary shall be elected to a two-year term and shall be eligible for re-election. Limit set to no more than 3 consecutive terms.

e. The Treasurer shall serve a term of two (2) years. The Treasurer shall be elected to a two-year term and shall be eligible for re-election. Limit set to no more than 3 consecutive terms.

f. Terms of office shall commence and officers shall be installed as the First Order of Business under New Business at the Annual Business Meeting of the General Membership in December

### **Section 8.9** Eligibility

a. Only an Active Member in good standing shall be eligible to serve as a Director member-at-large.

b. A Director member-at-large must be actively engaged in the practice (clinical, research, or education) of polysomnography within six (6) months preceding their installation.

c. A Director member-at-large must complete an annual conflict-of-interest statement that will be reviewed by the Executive Committee.

**Section 8.14** Compensation of Directors: Directors as such shall not receive any compensation for their service as Directors, but the Board may by resolution authorize reimbursement of expenses incurred in the performance of their duties. Such authorization may prescribe procedures for approval and payment of such expenses by designated Officers. Nothing herein shall preclude a Director from serving in any other capacity and receiving compensation for such services.

**Section 11.3** Nominating Committee: The Nominating Committee shall be composed of three members: President, Vice President, and Immediate Past President. The duties of the Nominating Committee shall include:

a. Request and receive nominations from members of the Society for the positions for Vice President, Secretary, Treasurer, Director(s) and awards presented by the Society.

b. Review all recommendations received, and

c. Submit a report to the Board of Directors at the November Board Meeting of its recommendations.