Sleep Matters

Volume 2 No 1 April 2011

Your Academic Wake Up
## Contents

4. Some legal aspects of falling asleep on duty  
Prof Lethokwa George Mpedi

6. Excessive daytime sleepiness: A case of life and death?  
Peet Vermaak

8. How sleepy are South Africans?  
Alison Bentley, Stella Iacovides and Fiona Baker

9. NEW - Join the African Sleep Network

11. Sleep Snippets

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The views expressed by the authors in this newsletter do not necessarily reflect those of the sponsor and editorial board.

We welcome submissions of articles from doctors, psychiatrists, academics etc for publication in this newsletter. Please email articles to: Alison.Bentley@wits.ac.za

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Editorial
Alison Bentley MBBCh PhD
Senior Honorary Researcher
Wits Dial.a.Bed Sleep Laboratory, Johannesburg

This issue deals with the problem of falling asleep during the day which has many legal and social implications. The main problem is obviously that of making errors wherever you are. These errors can turn into accidents very rapidly and the scale of these accidents can be of global proportions. Exxon Valdez, the tanker that went aground in Prince William sound due to fatigue has cost over $20 billion dollars in clean-up costs. The explosion at Chernobyl deposited radio-active dust over most of Europe and we may be bearing the cost of that today in increased rates of cancer and other medical disorders. There are countless smaller examples of accidents which have occurred due to sleepiness. In South Africa, accidents involving long haul buses only happen on boring roads in the middle of the night – a ‘perfect storm’ as far as sleep-related accidents are concerned.

In this issue we present some data from a small study in Johannesburg which indicates that a number of drivers drive sleepy, often without realising it. More alarming is that 5% of these drivers have had accidents due to falling asleep. A rather sobering thought is that this percentage excludes those who may have died due to such accidents.

Of more concern to most sleep physicians are the number of patients they see who have trouble at work or at home due to excessive sleepiness. In South Africa there are significant problems if an employee falls asleep at work. Professor Mpedi clarifies many of the legal issues that doctors have to face when advising patients with sleep disorders. This information should also be of use to physicians when battling with funders for payment of CPAP.

More alarming is that 5% of these drivers have had accidents due to falling asleep

Our second article looks at some real cases in which excessive daytime sleepiness affected the work situation. One case indicates the possible consequences of not diagnosing obstructive sleep apnea and the other, how transmitting the message about sleep disorders can literally save a life – if only from all the associated medical disorders. I am sure that many of you reading this have similar such cases – write them up and send them in. We will publish them if we believe that they provide a good message to the readers.

Finally, in order to get information about sleep, including this newsletter, to other parts of Africa I have started an online group called the African Sleep Network. Sleep Matters is available as a PDF on the site for those who don’t get a hard copy or who would like to send it to someone who may be interested. This again promotes the message of getting the information on sleep disorders as far as possible on our continent. There is also our usual snippets section with some interesting/bizarre cases of sleep and the legal system from the literature.

I hope you find this issue interesting and remember to please send in any interesting cases you see or any data which you may collect.

Alison
Some legal aspects of falling asleep on duty

Prof Lethokwa George Mpedi  
Professor and Co-Director: Centre for International and Comparative Labour and Social Security Law (CICLASS), University of Johannesburg.

Sleeping has been described as “to rest during the natural suspension of consciousness.”¹ This is a natural process that no normal person can do without. However, sleeping during the course and scope of one’s employment could have a variety of legal repercussions. Firstly, an employee could be issued with a warning. Secondly, an employee could be dismissed. In addition, an employee might forfeit certain social security benefits. Lastly, an employee may, in some instances, face criminal sanctions. These implications will now be discussed under the following headings: the common law, labour law and social security law. This will be followed by a concluding summary.

Common law
An employee has common law duties that he or she must comply with. These duties include the following: making his or her personal services available to the employer, acting in good faith, and refraining from misconduct. If an employee sleeps when he or she is supposed to be working such an employee will be in breach of the abovementioned duties. This is mainly because he or she will be withholding his or her personal services.² Secondly, this could amount to dishonesty because the employee will be receiving remuneration for services not rendered. As a result, the employee will be in breach of his or her contract of employment. Therefore, the employer may invoke one or more of the following remedies:

- **Summary dismissal:** The employer may terminate the contract of employment without giving the employee concerned the required notice.
- **Specific performance:** The employer could seek an interdict directing the employee to refrain from sleeping on duty.
- **Damages:** The employer might claim damages from the employee. This will be compensation for the loss suffered as a result of the employee’s falling asleep at work.

Labour Law
One blogger once wrote that sleeping on the job means that “you’ll shortly be sleeping without a job”.³ It is indeed correct that sleeping on duty could lead to a dismissal. However, as shown below, this does not follow automatically. An employer must comply with substantive and procedural fairness before discharging an employee. Substantive fairness deals primarily with the reason for the dismissal. There are only three grounds that an employer can rely on for a dismissal to be substantively fair. These are incapacity on the side of the employee, misconduct by an employee, and operational requirements of the employer.⁴

In terms of item 7 of the Code of Good Practice: Dismissal (Schedule 8 to the Labour Relations Act 66 of 1995) a person deciding whether a dismissal for misconduct is unfair must consider the following guidelines:

a. whether or not the employee contravened a rule or standard regulating conduct in, or of relevance to, the workplace; and
b. if a rule or standard was contravened, whether or not-
   i. the rule was a valid or reasonable rule or standard;
   ii. the employee was aware, or could reasonably be expected to have been aware, of the rule or standard;
   iii. the rule or standard has been consistently applied by the employer; and
   iv. dismissal was an appropriate sanction for the contravention of the rule or standard.

Viewed within the context of sleeping on duty, this would mean that the employer’s policy or rules must prohibit sleeping on duty. They must render sleeping on duty a disciplinary offence. The employee must be aware of the rule and the possible consequence (i.e. dismissal) if he contravened the rule. Furthermore, the employer must have applied the rule consistently in the past.⁵

Procedural fairness, on the other hand, is concerned mainly with the fairness of the process adopted by an employer in effecting a dismissal. An employee must be provided with an opportunity to state his or her side of the story. In practice, this is generally complied with by inviting an employee to a disciplinary hearing. There are prerequisites that an employer must comply with prior to disciplining employees for sleeping on duty. As Grogan points out: “Employees may be disciplined for sleeping on duty if: they are actually asleep at a time when they should be attending to their duties; the employee’s unconsciousness was not caused by some cause beyond his or her control; [and] the employee was or should have been aware at the time that sleeping constituted a disciplinary offence.”⁶ The burden of proof that an employee was sleeping on duty rests with the employer. An employer has an obligation to show on a balance of probabilities that the employee was asleep. Failure to prove that the employee was in fact asleep will result in the dismissal being declared unfair.⁷

In an event of a guilty verdict, the affected employee could be issued with a warning or dismissed. The sanction will vary depending on the nature of the job and the surrounding circumstances. This is primarily because the offence of sleeping on duty “could be a serious one if the job involved is a key or dangerous one, but a minor offence if the job requires intermittent attention, e.g. a warehouse clerk.”⁸ In Delporte v Alert Security (1997) JOL 1454 (O) the Court held that: “A night watchman found to be sleeping on duty, who is required to be vigilant, would prima facie be guilty of failing to do his duty. The gravity of the misconduct depends on various factors, such as the circumstances that led to or caused the sleeping on duty, whether it was the first time and whether there were mitigating factors...” In the case of Chemical Workers Industrial Union v Boardman Brothers (Natal) Pty Ltd 16 ILJ 619 (LAC) the Labour Appeal Court (though divided) found the dismissal of workers for sleeping on duty after working long hours in violation of the applicable law to be unfair.
Social security law

An employee that commits misconduct could forfeit his or her entitlement to certain social security benefits. For instance, an employee that meets an accident that results in his or her disablement due to serious or willful misconduct on that employee’s part may not claim compensation for injury on duty from the Compensation Fund. This exclusion will not apply if the accident results in serious disablement or the employee dies as a result of the accident and there is a surviving dependant wholly dependent upon the deceased employee. It therefore follows that an employee that meets with an accident and suffers an injury because he or she fell asleep on duty may, subject to abovementioned exceptions, forfeit the right to claim compensation.

Apart from forfeiture of social security benefits, sleeping on duty could, in accordance with the occupational health and safety laws, attract criminal sanctions. The Occupational Health and Safety Act 85 of 1993 (the OHSA) imposes a number of duties on employees to comply with. For instance, an employee has a duty to “take reasonable care of the health and safety of himself and other workers who may be affected by his acts or omissions.” An employee that sleeps on duty in contravention of the duties imposed by OHSA “shall be guilty of an offence and on conviction be liable to a fine not exceeding R50 000 or to imprisonment for a period not exceeding one year or to both such fine and such imprisonment.”

The Mine Health and Safety Act 29 of 1996, on the other hand, provides that:
1. “Any person who, by a negligent act or by a negligent omission, causes serious injury or serious illness to a person at a mine, commits an offence.”
2. “Any person, other than an employer or employee, who, by a negligent act or by a negligent omission, endangers the health and safety of a person at a mine, commits an offence.”

Concluding summary

Sleeping on duty is a form of misconduct. As a result, an employer can be disciplined. An employee found guilty of sleeping at work could be issued with a warning or dismissed. However, the employer must follow a fair procedure. Moreover, an employer must prove on a balance of probabilities that the employee was asleep. Otherwise, the dismissal will be declared to be unfair. Apart from a warning or dismissal, an employee could forfeit social security benefits. Furthermore, criminal sanctions could be imposed on an employee that has contravened the provision of the occupational health and safety law by sleeping on duty.

References
2. In Sibisi v Gelvenor Textiles (Pty) Ltd (1985) 6 ILJ 122 (IC) at 126 the Court found that by sleeping on duty the applicant repudiated "an essential condition of the contract".
7. See, for example, FOCSWU obo Dyaloi / Qulani Security [2000] 8 BALR 879 (CCMA).
9. Section 22(3)(a) of the Compensation for Occupational Injuries and Diseases Act 130 of 1993 (the COIDA).
10. Section 22(3)(a)(i)-(ii) of the COIDA.
12. Section 38 (1) of the OHSA.
Excessive daytime sleepiness: A case of life and death?

Peet Vermaak Clinical Neurophysiologist, Pretoria Sleep Laboratory

Sleepiness or tiredness during the day is probably the most common cause for people to seek medical or over-the-counter help, at least from a sleep medicine perspective. Increased sales of caffeinated drinks and caffeine tablets, as well as prescribed stimulants and the like are testimony to this.

Falling asleep at work or in social situations were traditionally met with a lot of criticism and negativity and still are, but during the 1980’s the medical profession became more and more aware of the numerous medical conditions affecting night time sleep and daytime functioning, as primary causes of excessive daytime sleepiness (EDS). During the early 1990’s the Epworth Sleepiness Scale\(^1\) was developed to assist with the assessment of the severity of EDS.

The International Classification of Sleep Disorders (ICSD)\(^2\) was developed as “a primary diagnostic, epidemiological and coding resource for clinicians and researchers in the field of sleep and sleep medicine.” It was produced by the American Academy of Sleep Medicine, in association with the European Sleep Research Society, the Japanese Society of Sleep Research, and the Latin American Sleep Society. The ICSD was first published in 1990. In 1997 it was revised; the title was changed to The International Classification of Sleep Disorders, Revised (ICSD-R) and the authorship was changed from “Diagnostic Classification Steering Committee, Thorpy MJ, Chairman” to “American Academy of Sleep Medicine”. A second edition, called ICSD2, was published in 2005.

But, even today, with this vast amount of knowledge available about common causes of, as well as treatment options available for EDS, people are still faced with losing jobs, spouses and friends due to no or wrong treatment for common sleep disorders.\(^3\)

**Case 1:**
The first case I would like to discuss is about a 55 year old male patient who came to see me a few years ago. He was referred by a neurologist who had examined him after a very serious motor vehicle accident. The patient had no recollection of the day of the accident, and could only remember that he woke up in hospital a couple of days later. He injured his hip and knee of the right leg and suffered a mild head injury, which might explain the amnesia. The major problem, however, was that a lady driving another vehicle was killed during the accident. According to the accident report, the road made a 90 degree turn to the left, but the patient kept on straight and collided with the other vehicle. No signs of braking or swerving out of the way could be found.

How many people are really walking around, driving around, working under dangerous conditions, feeling tired or drained during the day, and ascribing it to stress or old age?\(^4,5\)

All neurological examinations were normal. The patient did mention that he sometimes felt drowsy during the day, but thought that it might be due to “old age”. The patient was then referred for an overnight polysomnogram, which confirmed a diagnosis of moderate to severe obstructive sleep apnea. He was subsequently put onto nasal CPAP treatment, and in his own words, started to “feel like a different person, cannot believe that I was so tired!”

Unfortunately, his problems were not over. The state prosecuted him on a charge of involuntary manslaughter. During a session in the Magistrate’s court, after some months of tests, the attorney for the patient provided the court with evidence that the patient fell asleep behind the wheel due to “a severe medical condition causing disrupted sleep at night, called obstructive sleep apnea.” Fortunately for the patient, the state accepted the evidence and dismissed the case.

A number of questions could be asked at this point: could the patient be diagnosed earlier and the lady’s life spared? What if the state did not accept the evidence? Would the patient then be jailed? How many people are really walking around, driving around, working under dangerous conditions, feeling tired or drained during the day, and ascribing it to stress or old age?\(^4,5\)

**Case 2:**
The next case is about something I think a lot of us in the sleep world have seen so many times. This patient is a 45 year old male who came to the sleep laboratory about a month ago. He has the typical features of an apnoeic patient, with obesity, swollen ankles and dark rings below his eyes. He told me that he had been going to the same GP for fifteen years now, with mostly the same complaint: excessive daytime sleepiness. He was put on numerous tablets to try and keep him awake and alert during the day, as well as sedatives to help him sleep better at night, with limited success. He also started to develop chronic hypertension, insulin resistance, mood swings and memory problems, for which he is currently being treated. His weight also started to increase significantly during the past few years. During a work function in November last year he spoke to a co-worker about his health. Incidentally, this co-worker had been to us about two years earlier and then told the patient about us. The patient practically referred himself to the sleep laboratory, but we insisted he get a referral letter from his GP. Apparently this took a while and some convincing from the patient’s side, but he did get the letter and we proceeded with the tests.

Needless to say, his was a severe case of obstructive sleep apnea syndrome, with all the signs and features. The patient was put onto nasal CPAP, with immediate and very obvious improvement in a lot of his symptoms, especially the EDS.
Case 3:
The last case involves a 28 year old female, healthy looking and definitely not overweight, who presented with severe EDS and some signs of what sounded like hypnagogic hallucinations, but no cataplexy symptoms. She had these symptoms from a very young age, and she also mentioned that both her father and mother are very tired and sleepy during the day, and that ever since she can remember, her father snored a lot. Over the years she took various stimulants to keep her alert during the day, and she was, based on clinical assessment only, diagnosed with narcolepsy without cataplexy.

She recently started to work in another city and has to drive a long distance every day. She told me that despite the medication she takes, she still falls asleep while driving and that she was very concerned about this. Her GP referred her to the sleep laboratory to confirm the clinical diagnosis of narcolepsy. Much to my surprise, we found that she has quite severe obstructive sleep apneas, with an Apnea/Hypopnea-index of 39 per hour, with increased severity during REM-sleep. She was put onto nasal CPAP and showed significant improvement in the daytime symptoms. In her case she could be helped before causing a fatal motor vehicle accident.

I think the point here is, despite ongoing awareness and education, there are still a number of medical professionals out there who do not know about the basics of sleep medicine. I do not propose that everybody out there has sleep apnea, but certainly that everybody complaining of EDS deserves to be tested properly and thoroughly, to arrive at the correct diagnosis and correct treatment options.

References
How sleepy are South Africans?

Alison Bentley, Stella Iacovides and Fiona Baker
Wits Dial.a.Bed Sleep Laboratory, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg

Excessive daytime sleepiness (EDS) produces significant effects on daytime functioning including working and driving. The EDS can be caused by unrecognised and untreated sleep disorders, or voluntary and involuntary restriction of sleep. Data from countries around the world indicate that the cost of traffic accidents due to sleep apnea is so high that diagnosing and treating all drivers with Obstructive Sleep Apnea (OSA) would result in a dramatic cost-saving in addition to the saving of lives.1 There are no data for South Africa and thus no knowledge of how excessive daytime sleepiness impacts on the society at large.

Methods
During the Rand show in 2000 short questionnaires were handed out to adults approaching the Dial.a.Bed stand. They were asked to complete the questionnaire as honestly as they could. Data was entered into Excel, cleaned for obvious abnormalities and analysed.

Results
A total of 794 questionnaires had complete data. There were 449 males (56%) and the mean age was 27.7 years with a standard deviation of 11.5 years. The cultural split of the population is shown in Figure 1.

More than 42% of the population did not obtain enough sleep with the top three reasons being work, stress and social life. The mean (SD) length of sleep during the week was 7.23 (1.73) hours while the weekend sleep was not much longer at 7.52 (2.45) hours. Subjects were asked about sleep quality and 18% complained that their sleep was poor or fairly poor. A sizable minority (37%) of the population woke up feeling very or fairly sleepy on waking.

More than 26% admitted to falling asleep while driving with 4% confessing to having fallen asleep more than 4 times. A total of 5% of subjects admitted to having an accident because of sleepiness and this event was significantly more likely to happen in snorers (p=0.0044, Fishers exact test). Only 17% of people who claimed to have had an accident because of sleepiness reported that they fell asleep more than 4 times per day. Dozing off during the day was significantly associated with poor quality sleep (p=0.0057, Fishers exact test).

Discussion
A significant number of the population either don’t get enough sleep or wake up sleepy. Thus the South African population has a significant problem with sleepiness and poor sleep. There does not appear to be much catchup sleep happening on weekends although the average sleep during the week is within the normal limit. What is clear is that asking different questions aimed at the same concept provides different answers and the different questions are not necessarily related.

Interestingly, the majority of drivers who claim to have fallen asleep while driving have not had an accident because of the sleepiness. This may give them a false sense of bravado – I can handle it – when driving and thus they may continue to do it. The minority of subjects who have fallen asleep while driving are aware of multiple sleep episodes during waking hours. This implies that drivers are often not aware, while driving that they are too sleepy to drive.

A significant number of the subjects who had an accident because of sleepiness were snorers. Thus education and some action should be taken to avoid these sleepy drivers from causing more accidents.

References

Figure 1: Percentages of the different cultural groups in the sample

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Page 8

Volume 2 No 1 April 2011
I have been on the governing council of the World Association of Sleep Medicine representing Africa for a number of years now. One of my aims was to connect the isolated people throughout Africa who are interested in sleep and sleep medicine. This of course is complicated in our continent.

I suspect that the best way to start would be online so I have opened an on-line community through a Wiggio group. The African Sleep Network was launched at the Society for Neuroscientists for Africa (SONA) meeting in Ethiopia in February. There was a lot of interest from participants in Cameroon, Ghana and elsewhere.

The idea of the network is simply to share information, like these newsletters, and conferences on sleep from around the world. I would also like to see collaborative projects started by the posting of projects to be done in more than one country in Africa. As far as I am concerned the possibilities are endless.

It has started and let us see where it goes. The group is closed but not restricted – anyone treating or diagnosing patients with sleep disorders, or wanting to, as well as anyone interested in sleep research is welcome. There are no costs.

Simply send an e-mail to africansleepnetwork@gmail.com and I will get you linked. Have a look and send me ideas of information to add and features to explore. I really don’t know what the sleep community across Africa needs but I know we can help each other to improve sleep medicine and sleep research across the continent.

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**Join the African Sleep Network**

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**Sleep disorders and depression**

The South African Depression and Anxiety Group (SADAG), and sanofi-aventis have joined forces and have launched a dedicated toll-free counselling line for people who struggle to sleep. The national helpline is open 7 days a week, every single day of the year from 8am – 8pm and is manned by trained counsellors who offer free telephonic counselling, referrals to professionals, and send brochures and useful tips to help patients and their loved ones empower themselves about good sleeping habits and how to get help.

Sleep disorders are very common yet most people feel frustrated, alone and helpless, and feel there is nowhere they can get accurate information.

The internet is full of self-help techniques and self-tests but if there is a real problem, this can be dangerous. It is our responsibility to make sure patients have access to the right help. SADAG deals with sleep-related problems daily – people who can’t sleep because they’re anxious, oversleep because they’re depressed, or feel depressed and anxious because they’re not sleeping.”

The transcript below is that of a typical case of someone phoning in to the help line. Of importance in this particular case is the sense of relief when this particular caller was given very basic tools to allow him to learn more about his sleep and then to give that information to his psychiatrist. Insomniacs generally feel as though their sleep is “out of control” and they have no power over it. Giving them some tools to tackle it often allows time to take charge again.

Anonymous called in saying that he was severely depressed and had no motivation or energy to do anything. He had been depressed for a few months now, he went to a psychiatrist for medication to help him. He had started on meds and did start feeling better, but he does know that it takes up to 2 or 3 months to properly work, so he is trying to be patient. But his biggest concern was how his sleeping pattern has changed since he became depressed. When he was depressed, he would stay in bed all day and sleep. Then at night he would be wide awake and not be able to sleep at all – then the next day he would feel exhausted and irritable, which wouldn’t help his depression at all. He wanted to know how to get his sleeping pattern back to normal and what he could do to fix it – the counsellor suggested he keep a sleep diary so that when he visited his psychiatrist again in a couple days he could discuss his sleeping habits and if he could take a sleeping tablet to help him with his sleeping schedule. We also told him about good sleeping habits, a sleep diary and what he should avoid before going to sleep. He sounded more equipped to deal with his problems and positive about his treatment plan.

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South African Depression and Anxiety Group (SADAG)  
www.sadag.co.za

Sanofi Aventis Sleep Line:  
0800 SLEEPY (0800 753 379)
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**WORLD SLEEP DAY 2011**

The first World Sleep Day (WSD) was held on March 14th 2008, under the slogan ‘Sleep well, live fully awake’. 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 organised 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. 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. Events involving local groups took place in public settings around the world and online with unveiling of a declaration, presentation of educational materials, and exhibition of videos.

WSD 2011 was held on March 18th under the slogan ‘Sleep Well, Grow Healthy’. This year’s theme highlighted the importance of sleep for all ages. Newly-born infants, school age children, adolescents, young adults, middle age adults, and retired adults need quality sleep to maintain a healthy life.

World Sleep Day is an annual event to raise awareness of sleep disorders and the burden that they place on society. Sleep problems constitute a global epidemic that threaten health and quality of life, for up to 45% of the world’s population. Most sleep disorders are preventable or treatable, yet less than a third of sufferers seek professional help. Better understanding of sleep conditions and more research into the area will help to reduce the burden of sleep disorders on society.

As World sleep day happens every year – South Africa should be involved. Any ideas on how to make sleep and sleep disorders visible on that day? How about a “take your pillow to work” day to highlight how important your sleep is for your daily function?
Why are we trying to kill our junior doctors?
A study in Australia questioned junior doctors about their sleepiness since starting their registrarship. Up to 30% scored excessively sleepy on the Epworth Sleepiness Score. While 24% had fallen asleep while driving home, a staggering 66% had felt close to falling asleep at the wheel. Can we really afford this?

Sleepiness is a significant factor in fatal commercial motor vehicle crashes.
A retrospective study was done in Kentucky in the USA looking at the factors which make a commercial vehicle accident fatal or non-fatal to the driver. Logistic regression showed that being over 51 years of age and older, sleepiness/fatigue, distraction or inattention and non-use of sleep belts all increased the likelihood of fatality.

Do you know if you are sleepy?
Using the case of the Selby rail disaster the authors debate the issue of whether drivers actually know whether they are too sleepy to drive. They appeal for knowledge on whether there is a forewarning of sleep in every individual and the degree to which people are able to assess their ability to keep driving. They end with a request that the research community pay special attention to the process of falling asleep, especially the subjective experience immediately preceding sleep.

Apparently most young people do
Using a real car stimulator 28 young drivers ‘drove’ for two hours in the afternoon after a night of restricted sleep. They reported their feelings of sleepiness as well as performing an objective test of driving. In this study major incidents were preceded by a perception of extreme sleepiness. Maybe it’s only older people who fall asleep without feeling sleepy?

Watch out for sleep inducing medications – do you always write down that you have warned the patient not to drive?
A case of a patient leaving an emergency ward after receiving a narcotic tranquilliser and colliding with a car reached the Missouri Supreme court before being dismissed on a technicality. The medical staff were being sued for not telling the patient that he should not be driving and the lack of documentation counted against them.

Finally – sleepiness is not the only legal problem facing patients with OSA
A husband claimed that because of his sleep apnea he could not be held responsible for the fatal shooting of his wife. Despite two physicians for the plaintiff and one against and the presence of severe sleep apnea, the previous history of spousal abuse and her letter indicating that she was leaving him counted against him and he was convicted of first degree murder.

Driving with sleep apnea – Europe tries to legislate.
Across the European Union there is no consistency on the rules for patients who have obstructive sleep apnea and their right to drive. Most of the countries actually ignore the problem. A meeting was held to discuss these rules, and other sleep related issues, with the European Commission. The sleep experts on the panel want to recommend that patients with obstructive sleep apnea be allowed to drive once treated.

PROVIGIL, a selective wakefulness-promoting agent, is indicated for the symptomatic relief of excessive daytime sleepiness associated with narcolepsy, without affecting night-time sleep.1

Help your patients restore their natural sleep patterns

Treats all 3 symptoms of insomnia1
- Trouble falling asleep?
- Trouble staying asleep?
- Waking too early?


References