

AACP Australian Chapter presents:

The Role of Dentistry in Multidisciplinary Treatment of OSA and SDB. Adjunct therapies for the Sleep Patient

Sydney, Saturday 26th May 2018

DATES & TIMES

Saturday May 26th 2018

VENUE

The Stamford Plaza
Sydney Airport Hotel
241 O'Riordan Street
Corner of Robey & O'Riordan St.
Mascot, NSW, 2020

COSTS

AACP Members \$120
Non Members \$220

INCLUDES

Registration 9.30 -10.00am
Morning session starts 10.00am
Event finishes at 5:00pm

Morning tea, lunch and afternoon tea provided. In the submission form please advise us on any dietary needs you may have.

REGISTER ONLINE

<https://bit.ly/2pTKpGm>

PARKING

<https://bit.ly/2qFERPE>

CONTACT US

conference@aacfp.com.au
www.aacfp.com.au

Role of Dentistry in Multidisciplinary Treatment of OSA and SDB. Adjunct therapies for the Sleep Patient

The reality of clinical practice for a dentist working in the field of Dental Sleep Medicine is that we are often required to treat patients with OSA who are far from being the ideal MAS case. In this world of case management success is not always dependent on the dosage of advancement of your appliance. As research opens up the world of the OSA phenotype we understand more and more the role of adjunct therapies in the management of both the Paediatric and Adult OSA patient.

In our first clinical based day for 2018 we revisit some of our old challenges with fresh eyes: Accurate diagnosis of the complex child with complex sleep disorders, Dr Jim Papadopoulos, Sleep Physician and Rochelle McPherson, Orofacial Myologist bring you a joint presentation to make you re-think the sleep deprived child. Dr Nour Tarraf, Orthodontic Specialist shows us the latest options for paediatric and adolescent Maxillary Development, where appliance therapy impacts and improves sleep disturbed breathing outcomes. Dianne Richards, Sleep Psychologist assists us with understanding Psychophysiological Insomnia, a major determinant of the success of your appliance therapy and finally as our long term MAS results can hang on the ability of our patient to maintain steady weight, Exercise Physiologist, Elizabeth Canayan brings us up to date on current research and management strategies for weight loss and exercise.

Register at <https://bit.ly/2pTKpGm>

Role of Dentist in Multidisciplinary treatment of OSA and SDB.

***Adjunct therapies for the Sleep Patient
26th May 2018, Sydney***

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ATTENDANCE

Limited places available

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DR NOUR E TARRAF
BDS(HONS), MDSC(HONS),
MRACDS (ORTHO), MORTH
RCSED

Presentation Title:
Managing maxillary
deficiency: does it
help breathing?

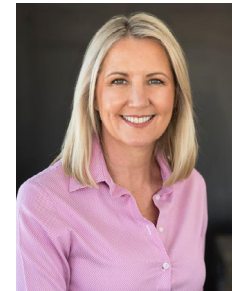
Synopsis:
Transverse maxillary
deficiency has been
related to upper
airway obstruction
and in turn to
obstructive sleep
apnea syndrome and
sleep disordered
breathing. This
lecture will explore
the new options
available for
managing maxillary
deficiency in children
and adolescents.



DIANNE RICHARDS
REGISTERED PSYCHOLOGIST
B. SOCIAL SCIENCE
(PSYCHOLOGY) HONS

Presentation title:
Management of
psychophysiological
insomnia

Synopsis:
Individuals who have
symptoms of
obstructive sleep apnea
(OSA) often complain
of co-morbid insomnia.
We treat the OSA and
expect the insomnia to
remit. However, this is
not always the case
due to resultant sleep
anxiety. Cognitive
behavioural therapy
(CBT) is a well regarded
intervention that will
treat insomnia and
retrain the individual to
sleep well.



ROCHELLE MCPHERSON
OROFACIAL MYOLOGIST,
ASSOC DIP DENT HYGIENE

Presentation Title:
"The various faces of
sleep fragmentation"

Synopsis:
OSA can't account for all
the fragmented sleep
problems out there in
children. Only about 3%
of children have
obstructive sleep apnoea
yet the prevalence of
sleep disorders in
children related to
biological issues is
around 30%. What
questions should we be
asking to effectively
triage these children and
get to the bottom of
their sleep problems?
Who exactly should we
refer them to for
appropriate
management?



DR JIM PAPAPOPOULOS,
RESPIRATORY AND SLEEP
MEDICINE, PAEDIATRICS
MBBS(HONS) DIPPAED
FRACP

Presentation title:
Snoring and sleep
fragmentation in children
– not always OSA

Synopsis:
Snoring and sleep
fragmentation can be
symptoms of obstructive
sleep apnoea (OSA).
However, OSA can't
account for all the
snoring and
fragmentation in kids.
Only about 3% of children
have OSA yet 10% of
children snore and the
prevalence of sleep
disorders in children
related to biological
issues is around 30%. So
what accounts for 10
times as many
problematic sleepers as
OSA?



LIZ CANAYAN – PHD
BAPPS (HONS) - EXERCISE
PHYSIOLOGIST AND
NUTRITIONIST
PHD. SCHOLARLY TEACHING
FELLOW (ASSOCIATE
LECTURER HUMAN
BIOLOGY)

Presentation title:
Diet, exercise or surgery?
How do we effectively
tackle the elephant in the
room when treating
patients with OSA?

Synopsis:
This talk will visit the
recent developments in
research related to obesity
management in
obstructive sleep apnea. It
will cover the evidence for
weight reduction in these
patients and offer practical
strategies for clinicians to
help patients maintain
weight loss and prompt
discussion around the holy
grail of preventing weight
rebound!