

Neurovirtual at the 2016 AAN **Annual Meeting**

eurovirtual participated at the 68th AAN (American Academy of Neurology) annual meeting hosted in Vancouver, British Colombia on the beautiful Canadian Pacific coast.

The meeting was attended by over 12,000 attendees and featured over 230 courses led by experts from around the world. The 2016 meeting also featured over 2,700 abstracts and seven plenary sessions that took place every evening, and six daily poster sessions. The 2016 meeting also featured experiential learning opportunities throughout the conference hall, with dynamic experiential learning areas offering hands-on learning. The 2016 meeting also did away with course-fees, which made for a far more



open and seamless experience for attending physicians.

Neurovirtual prominently featured our BW3 ICU and LTM monitoring device, as well as our ambulatory LTM device and, the BWMini AEEG, both of which run on the most user-friendly, and customizable software available. Most physicians who stopped by our booth were impressed by the appearance of the devices, but even more impressed by the software features and cost-savings offered to Neurovirtual customers. We also had the opportunity to meet with residents and fellows who were intrigued by the quality off our EEG platform and our all-inclusive pricing.











SLEEP 2016 - Denver, Colorado

eurovirtual attended the SLEEP 2016 (organized by AASM , the American Academy of Sleep Medicine) show

held in
Denver, Colorado. We
presented our full
line of PSG products,
which offer the most
forward-thinking
software package in
the industry, with userfriendly tools and the
most cost-effective
licensure policy
available. We took
the opportunity to
re-introduce ourselves
to the greater

sleep market as the better choice in today's environment, which demands greater value. Our devices, software, and support are designed to offer high quality at lower initial and life-time costs, which is in line with the realities of sleep medicine reimbursements today.

SLEEP 2016 was held at the Colorado Convention Center in beautiful Denver, Colorado. This year's show hosted over 5,000 attendees, over 90 lecture sessions, and the presentation of over 1,100 research abstracts. A listing of highlights was borrowed from the AASM news archives and is presented below.

The plenary session on Monday morning, June 13, featured the keynote address, "Light, Sleep and Clocks: Neuroscience to Therapeutics," presented by Russell Foster, PhD, who is the director of the Sleep and Circadian Neuroscience Institute (SCNi) at the University of Oxford. AASM President-Elect Dr. Ronald Chervin cochaired the discussion group, "A Crossroads for

Sleep Medicine: Challenges, Choices, and Your Input," on Monday afternoon, June 13.

AASM President Dr. Nathaniel Watson

presented the invited lecture, "Exploring the Economic Benefits of OSA Diagnosis and Treatment," on Tuesday morning, June 14. Thomas Scammell presented the Thomas Roth Lecture of Excellence, "The Brain Circuitry



of Narcolepsy: Mechanistic and Therapeutic Insights," on Tuesday afternoon, June 14.

On Wednesday, June 15, a discussion group, "Consensus Statement: Recommended Sleep Duration for Healthy Pediatric Populations," was led by Dr. Shalini Paruthi.

The SLEEP 2016 poster presentations were on display from Sunday, June 12 to Tuesday, June 14. Authors were present to discuss their research during the official viewing hours.





1st Polysomnography Course and Workshop for **Sleep Medicine Technologists** and Specialists

eurovirtual held the 1st Polysomnography Course and Workshop in Ciudad de Mexico. Participants from Ciudad de México, other regions in the country, and other countries were welcomed by Neurovirtual and by the Director of the Instituto Mexicano de Medicina del Sueño, Dr. Reyes Haro Valencia.

Guest specialists explained the selected topics to the attendees; participants learned and reinforced their technical knowledge on how to use the polysomnograph and learned about new specialized studies in sleep medicine as well as other disorders affecting the sleep quality of patients.

The course was aimed at showing the latest knowledge to technologists and specialized physicians so that they can conduct the best practices thanks to the training they received.

We would like to thank both these instructors and technical specialists in sleep medicine, who were our national and international guests and who conducted this workshop in the most professional manner:

- Dr. Reyes Haro Valencia, IMMIS Instituto Mexicano de Medicina Integral de Sueño Founder and Director, Mexico.
- Dr. Ulises Jiménez Correa, physician in charge of the Sleep Disorders Clinic, School of Medicine, Universidad Nacional Autónoma de México.
- Romel Gutiérrez RPSGT, Clinical Specialist, Mexico.
- Lourdes Galicia RPSGT, Technical Specialist, Mexico.
- Alicia Castillo RPSGT, Technical Specialist, Mexico.
- Dr. Liliana Estrada, Founder and Director of the sleep clinic SleepMed in Costa Rica.
- Dr. Carmen Madrid, Founder and Director of the clinic "Medicina de Sueño" in Panama.
- RPSGT Felipe Lerida, US Clinical Specialist.
- Dr. Lina Marcela Tavera Saldaña, Pediatric Neurologist, Fundación Conexión Neurológica de Colombia.
- Dr. Karen Parejo, Neurologist, Sleep Laboratory Coordinator, Fundación Clínica Shaio, Colombia.

We would also like to thank our sponsors: ResMed and Weinmann.

We'll meet again next year!

II DIPLOMATURA A DISTANCIA EN MEDICINA DEL SUEÑO

INICIO: 3 DE OCTUBRE

FINALIZACIÓN: 14 DE AGOSTO 2017

>> VACANTES << >> LIMITADAS <<



2nd Online Diploma Course in Sleep Medicine

Directors:

Dr. Daniel Pérez Chada, Universidad Austral, Buenos Aires.

Dr. Daniel P. Cardinali, Pontificia Universidad Católica Argentina, Buenos Aires.

Dr. Arturo Garay, CEMIC, Buenos Aires.

Coordinator:

Dr. Stella Valiensi, Hospital Italiano, Buenos Aires.

Target audience:

University graduates from programs related to biomedical sciences (physicians, psychologists, nurses, biologists, etc.). Eligibility requirements include the submission of candidate's curriculum vitae. Other eligible candidates with a bachelor's degree for whom a thorough knowledge in physiology and sleep medicine is more and more important will not be excluded.

AUSTRAL CIENCIAS BIOMÉDICAS







Neurovirtual participated at the 36th Brazilian League of Epilepsy Congress

he 36th Brazilian Epilepsy League Meeting occurred from June 8-11 in Recife, northeast of Brazil. The 3rd Brazil-Latin America International Epilepsy Day was also hosted concurrently at the same location. There were lectures from renowned national and international experts, with the objective of promoting quality education and spreading knowledge and new technologies in the field of epilepsy.



The meeting also served to stimulate information exchange between physicians of important Brazilian and international epilepsy research centers. The event was attended by pediatricians, pediatric and adult neurologists, neurosurgeons, residents, academics and other healthcare professionals. About 500 attendants were at the meeting.

Neurovirtual was present at the meeting and featured its BWIII EEG Plus ICU Brain Monitor. Attendees who visited our stand had the opportunity to see for themselves the hardware



advantages used currently at Unifesp (Federal University of Sao Paulo) in the development of long term studies of epilepsy in children.

In addition to several important Brazilian professionals, the program also featured participation by many foreign experts, who figured in many presentations during the meeting. Some of the experts who originated from Argentina, Chile, Colombia and France could be heard in discussions, video case presentations, symposiums, and conferences throughout the four days of the event.







Dr. Lucila Prado disccuses the special challenges of caring for children with sleep disorders

Dr. Lucila Prado, an expert in sleep medicine, spoke to Neurovirtual about the primary disorders that affect children and the best way to diagnose and treat patients, that demand special care.

Neurovirtual: What are the most common sleep disorders among children and what are the symptoms?

Dr. Lucila Prado: With children, we have to consider the many different stages. The prevalence of sleep disorders in children depends on their age. We have a very common complaint from parents, which is "my child doesn't sleep." This exists in all ages, from newborn children, because the child has cramps, is hungry or is uncomfortable, to the ones that are a bit older, who are resistant to going to bed, want to keep watching TV, playing video games, fiddling with the cellphone etc., and adolescents, who are also considered children, and like to go to "parties", stay up late and wake up later. Insufficient sleep and disorders related to sleep hygiene are more common in children. Obstructive sleep apnea is among the most prevalent sleep disorders experienced by children. Because the child snores, she experiences excessive drowsiness during the day, resulting in difficulties during the school day. This child cannot concentrate, experiences attention deficit, and has difficulty learning, the most alarming consequence of sleep apnea in children.



NV: What are the most common disorders in children?

Dr. Prado: In obstructive sleep apnea, the most common cause is hypertrophy, or swelling of adenoid tissue. The swelling of the adenoid and the amygdala causes an obstruction of air flow, leading to snoring and apnea in children. Among sleep hygiene causes, the main one is the lack of rules and boundaries in determining appropriate bed times... It's more or less a child operating without boundaries. The causes of "insomnia" in children are mostly the parents or caretakers.

NV: What signs should parents and doctors pay attention to in identifying possible sleep disorders in children?

Dr. Prado: The most important one is obstructive sleep apnea, which leads to attention deficit, a learning disorder. The main thing to look for are signs of sleep apnea. Snoring is important, a child fearful of going to bed, or when it's hard for her to fall all seep. In the respiratory area, because of the obstructive sleep apnea, there are day and night symptoms. The nightly symptoms are connected to the noises the child makes while breathing, mainly snoring and unrest during sleep. Daytime symptoms include learning deficit and hyperactivity, where the child just won't settle down. Unlike with adults, where drowsines is a primary daytime symptom, in children symptoms are primarily related to hyperactivity. Other symptoms of insomnia in children are the resistance to bedtime, they want to keep playing or reading or watching various screens. All of those are, obviousy, very important complaints the parents have.





NV: In what ways do sleep disorders usually affect the child's intellectual and physical development?

Dr. Prado: As I said, sleep is important for children. It's during sleep that children grow and memorize what they learned throughout the day. If they have inadequate or insufficient sleep, they'll have difficulties memorizing what was learned during the day. So you may already have a child that has a hard time learning, because she has a sleep illness, now further suffering a sleep deficit. It's going to be difficult for that child to retain what she learned during the day.

NV: What is your opinion of sleep medicine at this time?

Dr. Prado: It's a relatively new area in medicine, despite being a concern since ancient times. It began to develop recently, in the '80s, and is making its way into the physicians' and students' curriculum. We at UNIFESP (Federal University of Sao Paolo) offer a residency in sleep medicine. We are developing our experts in the anamnesis method, and we are putting more and more of the sleep anamnesis in the medical anamnesis. Asking people when they go to sleep and for how long, as well as recording complaints they have about their sleep is important so that we can make the correct diagnosis and advance in sleep disorder research.

NV: Do procedures for a correct diagnostic differ in the care of children and adults?

Dr. Prado: Yes. The causes for sleep apnea and

other sleep disorders in children are different. The criteria for diagnosing sleep disorders in children, pertaining to polysomnography, are also different. Children use smaller electrodes, and we must consider the different sizes when fitting them with sensors. Children's sleep medicine is a specialty within a specialty.

NV: Do AASM protocols contribute to the procedures for this type of patient?

Dr. Prado: Within the AASM, there's the adults protocol, and under that, all of the children's sections. So, it's different, really. There are different diagnosis criteria, different sleep apnea in children, everything is different. Children are not simply smaller adults, for sure.

NV: What are the main challenges in the Brazilian field of sleep medicine, both from the diagnostic and treatment points of view?

Dr. Prado: Sleep medicine should be preventive

in Brazil, so it should be provided in schools or public health programs as a way to prevent sleep disorders, and not treat them in the future - a much more effective approach. To prevent obesity, hypertension... The polysomnography diagnosis is cheaper to patients. S I e e p medicine anamnesis is very broad, lasts much more than an hour to ask the questions in the first appointment. With children, it lasts up to two hours, because you have to ask them far more questions. Treatment sometimes also takes a long time, because you need to raise the awareness of parents regarding appropriate bedtimes. So, it's necessary to change people's minds in terms of scheduling and treating sleep as if it were a diet. You have to eat well and sleep well. Because, after all, you spend onethird of your life sleeping. It's eight hours of sleep. If you live until you're 90, it's 30 years of sleep! Those 30 years must be very well spent because it definitely makes a difference in the quality of your waking life.

Neurovirtual participates on average in 20 to 30 congresses and conferences in different countries around the globe. Taking our goal to humanize the diagnostic, we pride ourselves to be part of this community and be able to give our contribution to clinicians and patients.

Below you will find the list of events for 2016, where Neurovirtual will be presenting its solutions to make neurology and sleep diagnostic more human! We hope to see you there!

USA

ASET - The Neurodiagnostic Society

Wyndham Grand Pittsburgh Downtown, 600 Commonwealth Pl, Pittsburgh, PA 15222

18 to 20 August 2016

The Southern Society of ElectroNeuroDiagnostic Technologists Annual Conference

Clearwater, FL, USA

08 and 09 October 2016

Medica 2016

Messe Düsseldorf, Stockumer Kirchstraße 61, 40474 Düsseldorf, **Germany** 14 to 17 November

AES Annual Meeting

George R. Brown
Convention Center,
1001 Avenida De Las
Americas, Houston,
TX 77010

02 to 06 December 2016

BRASIL

36º congresso Brasileiro da Liga de Epilepsia

 Mercure Mar Hotel Conventions, Rua Barão de Souza Leão, 451, Boa Viagem Recife- PE

08 to 11 June 2016

XXVII Congresso Brasileiro de Neurologia

Av. Amazonas, 6030 Gameleira, 30510-000, Belo Horizonte- MG

27 to 31 August 2016

Congresso da Associação Brasileira de sono

Centro de Convenções Frei Caneca Rua Frei Caneca, 569, 4º andar, São Paulo/SP 02 and 03 December

COLOMBIA

XXVIII Congreso Nacional de Medicina Física y Rehabilitación y III Congreso Panamericano de Neurorehabilitación

Centro de Eventos y Exposiciones de Bucaramanga Cenfer

12 to 15 October 2016

XVI Congreso Latinoamericano del sueño, y XII Congreso Colombiano de Medicina Del Sueño

Hotel InterContinental Medellín

16 to 19 November 2016

MEXICO

IX Congreso Latinoamericano en Epilepsia 2016

Cancún Quintana Roo

20 to 23 August 2016

XL Reunión Anual Academia Mexicana de Neurologia A.C.

Cancún Quintana Roo

29 October to 04 November 2016

XXXVII Congreso Latinoamericano Neurocirugia México

Hotel Iberostar Cancún

05 November 2016

ARGENTNA

53° Congreso Argentino de Neurología

Mar del Plata-Sheraton Hotel

25 to 28 October 2016

MetLife

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