

Guidelines at-a-Glance

ADAPTED FROM

Morgenthaler TI; Lee-Chiong T; Alessi C; Friedman L; Aurora N; Boehlecke B; Brown T; Chesson AL; Kapur V; Maganti R; Owens J; Pancer J; Swick TJ; Zak R; Standards of Practice Committee of the AASM. Practice Parameters for the Clinical Evaluation and Treatment of Circadian Rhythm Sleep Disorders. *SLEEP* 2007;30(11):1445-1459.

Practice Parameters for the Treatment of Exogenous Circadian Rhythm Sleep Disorders

For information on the treatment of intrinsic circadian rhythm sleep-wake disorders (CRSWDs), please refer to the document- *Clinical Practice Guideline for the Treatment of Intrinsic Circadian Rhythm Sleep-Wake Disorders: Advanced Sleep-Wake Phase Disorder (ASWPD), Delayed Sleep-Wake Phase Disorder (DSWPD), Non-24-Hour Sleep-Wake Rhythm Disorder (N24SWD), and Irregular Sleep-Wake Rhythm Disorder (ISWRD). An Update for 2015*

AASM LEVELS OF RECOMMENDATIONS

TERM	DEFINITION
STANDARD	This is a generally accepted patient-care strategy, which reflects a high degree of clinical certainty. The term standard generally implies the use of Level I Evidence, which directly addresses the clinical issue, or overwhelming Level II Evidence.
GUIDELINE	This is a patient-care strategy, which reflects a moderate degree of clinical certainty. The term guideline implies the use of Level II Evidence or a consensus of Level III Evidence.
OPTION	This is a patient-care strategy, which reflects uncertain clinical use. The term option implies either inconclusive or conflicting evidence or conflicting expert opinion.

RECOMMENDATIONS FOR TREATING SHIFT WORK DISORDER

3.2.1.1	Both the Morningness-Eveningness Questionnaire (MEQ) and measurement of circadian phase markers (e.g., core body temperature nadir or timing of melatonin secretion) are at present of unproved usefulness in evaluation of patients with suspected SWD.	OPTION
3.2.1.2	Planned napping before or during the night shift is indicated to improve alertness and performance among night shift workers.	STANDARD
3.2.1.3	Timed light exposure in the work environment and light restriction in the morning, when feasible, is indicated to decrease sleepiness and improve alertness during night shift work.	GUIDELINE
3.2.1.4	Administration of melatonin prior to daytime sleep is indicated to promote daytime sleep among night shift workers.	GUIDELINE
3.2.1.5	Hypnotic medications may be used to promote daytime sleep among night shift workers. Carryover of sedation to the nighttime shift with potential adverse consequences for nighttime performance and safety must be considered.	GUIDELINE
3.2.1.6	Modafinil is indicated to enhance alertness during the night shift for SWD.	GUIDELINE
	Caffeine is indicated to enhance alertness during the night shift for SWD	OPTION

RECOMMENDATIONS FOR TREATING JET LAG DISORDER

3.2.2.1	There is insufficient evidence to recommend the routine use of actigraphy, polysomnography, or measurement of circadian phase markers in the evaluation of jet lag disorder.	OPTION
3.2.2.2	When time at destination is expected to be brief (i.e., two days or less), keeping home-based sleep hours, rather than adopting destination sleep hours, may reduce sleepiness and jet lag symptoms.	OPTION
3.2.2.3	The combination of morning exposure to bright light and shifting the sleep schedule one hour earlier each day for three days prior to eastward travel may lessen symptoms of jet lag.	OPTION
3.2.2.4	Melatonin administered at the appropriate time is indicated to reduce symptoms of jet lag and improve sleep following travel across multiple time zones.	STANDARD
3.2.2.5	Short-term use of a benzodiazepine receptor agonist hypnotic is indicated for the treatment of jet lag-induced insomnia, but potential adverse effects must be considered, and effects on daytime symptoms of jet lag disorder have not been adequately addressed.	OPTION
3.2.2.6	Caffeine is indicated as a way to counteract jet lag-induced sleepiness, but may also disrupt nighttime sleep	OPTION