Guidelines at-a-Glance

American Academy of SLEEP MEDICINE™

ADAPTED FROM

Auger RR, Burgess HJ, Emens JS, Deriy LV, Thomas SM, Sharkey KM. 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 sleepwake rhythm disorder (N24SWD), and irregular sleep-wake rhythm disorder (ISWRD). An update for 2015. J Clin Sleep Med 2015;11(10):1199 –1236

IMPLICATIONS OF STRONG AND WEAK RECOMMENDATIONS FOR CLINICIAN USERS

Strong Recommendation ***(The Task Force (TF) recommend...)***
Almost all patients should receive the recommended course of action. Adherence to this recommendation could be used as a quality criterion or performance indicator.

Weak Recommendation ***(The Task Force (TF) suggest...)***
Different choices will be appropriate for different patients, and the clinician must help each patient arrive at a management decision consistent with her or his values and preferences.

The ultimate judgment regarding the suitability of any specific recommendation must be made by the clinician.

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

RECOMMENDATIONS FOR TREATMENT OF ASWPD

5.1.4a	The TF suggests that clinicians treat adult ASWPD patients with evening light therapy (versus no treatment). [WEAK FOR]	⊕⊖⊖⊖ **B=H**

RECOMMENDATIONS FOR TREATMENT OF DSWPD

5.2.6.1a	The TF suggests that clinicians treat DSWPD in adults with and without depression with strategically timed melatonin (versus no treatment). [WEAK FOR]	⊕⊕⊖⊖ **B?H**
5.2.6.2.1a	The TF suggests that clinicians treat children and adolescents with DSWPD (and no comorbidities) with strategically timed melatonin (versus no treatment). [WEAK FOR]	⊕⊕⊕⊖ **B>H**
5.2.6.2.2a	The TF suggests that clinicians treat children and adolescents with DSWPD comorbid with psychiatric conditions with strategically timed melatonin (versus no treatment). [WEAK FOR]	⊕⊕⊖⊖ **B?H**
5.2.9.2a	The TF suggests that clinicians treat children/adolescents with DSWPD with post awakening light therapy in conjunction with behavioral treatments (versus no treatment). [WEAK FOR]	⊕⊕⊖⊖ **B>H**

QUALITY OF EVIDENCE

⊕⊕⊕⊕ High
⊕⊕⊕⊖ Moderate
⊕⊕⊖⊖ Low
⊕⊖⊖⊖ Very Low

BENEFITS VERSUS HARMS

B>H Benefits outweigh harms
B=H Benefits approximately equal harms
B?H Uncertainty in the estimates of benefit/harm/burden
H>b Harms outweigh benefits

PATIENT VALUES AND PREFERENCES


Vast majority of patients would use


Majority of patients would use


Majority of patients would not use

Vast majority of patients would not use

RECOMMENDATIONS FOR TREATMENT OF N24SWD

5.3.6.1a	The TF suggests that clinicians use strategically timed melatonin for the treatment of N24SWD in blind adults (versus no treatment). [WEAK FOR]	⊕⊕⊖⊖ **B>H** 

RECOMMENDATIONS FOR TREATMENT OF ISWRD

5.4.4a	The TF suggests that clinicians treat ISWRD in elderly patients with dementia with light therapy (versus no treatment). [WEAK FOR]	⊕⊖⊖⊖ **B=H** 
5.4.5a	The TF recommends that clinicians avoid the use of sleep-promoting medications to treat demented elderly patients with ISWRD (versus no treatment). [STRONG AGAINST]	N/A* **H>b**
5.4.6.1a	The TF suggests that clinicians avoid the use of melatonin as a treatment for ISWRD in older people with dementia (versus no treatment). [WEAK AGAINST]	⊕⊕⊖⊖ **H>b** 
5.4.6.2a	The TF suggests that clinicians use strategically timed melatonin as a treatment for ISWRD in children/adolescents with neurologic disorders (versus no treatment). [WEAK FOR]	⊕⊕⊕⊖ **B>H** 
5.4.9.1a	The TF suggests that clinicians avoid the use of light therapy combined with melatonin in demented, elderly patients with ISWRD (versus no treatment). [WEAK AGAINST]	⊕⊕⊖⊖ **H>b** 

**Although no randomized controlled trials have examined sleep-promoting medications for the treatment of ISWRD, other extant literature indicates that administration of hypnotics to demented elderly patients increases risks of falls and other untoward outcomes.*