Guidelines at-a-Glance

ADAPTED FROM

Smith MT, McCrae CS, Cheung J, Martin JL, Harrod CG, Heald JL, Carden KA. Use of actigraphy for the evaluation of sleep disorders and circadian rhythm sleep-wake disorders: an American Academy of Sleep Medicine clinical practice guideline. J Clin Sleep Med. 2018;14(7): 1231-1237.

Use of Actigraphy for the Evaluation of Sleep Disorders and Circadian Rhythm Sleep-Wake Disorders: An American Academy of Sleep Medicine Clinical Practice Guideline

IMPLICATIONS OF STRONG AND CONDITIONAL RECOMMENDATIONS FOR USERS OF AASM CLINICAL PRACTICE GUIDELINES

USER	STRONG RECOMMENDATION	CONDITIONAL RECOMMENDATION
CLINICIANS	Almost all patients should receive the recommended course of action. Adherence to this recommendation could be used as a quality criterion or performance indicator.	Most patients should receive the suggested course of action, however, different choices may be appropriate for different patients. The clinician must help each patient determine if the suggested course of action is clinically appropriate and consistent with his or her values and preferences.
PATIENTS	Almost all patients should receive the recommended course of action, although a small proportion of patients would not.	Most patients should receive the suggested course of action, though some would not. Different choices may be appropriate for different patients. The patient should work with their clinician to determine if the suggested course of action is clinically appropriate and consistent with his or her values and preferences.
INSURANCE PROVIDER	The recommended course of action can be adapted as policy for most situations. Adherence to the recommended course of action could be used as a quality criterion or performance indicator.	The ultimate judgment regarding the suitability of the suggested course of action must be made by the clinician and patient together, based on what is best for the patient. This decision-making flexibility should be accounted for when establishing policies.

RECOMMENDATIONS FOR THE USE OF ACTIGRAPHY

QUALITY OF EVIDENCE

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

BENEFITS VERSUS HARMS

B>h Benefits outweigh harms

B=H Benefits approximately equal harms

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

1.	We suggest that clinicians use actigraphy to estimate sleep parameters in adult patients with insomnia disorder. (Conditional)	⊕⊕⊕⊖ **B>h**
2.	We suggest that clinicians use actigraphy in the assessment of pediatric patients with insomnia disorder. (Conditional)	⊕⊕⊕⊖ **B>h**
3.	We suggest that clinicians use actigraphy in the assessment of adult patients with circadian-rhythm sleep-wake disorder. (Conditional)	⊕⊖⊖⊖ **B>h**
4.	We suggest that clinicians use actigraphy in the assessment of pediatric patients with circadian-rhythm sleep-wake disorder. (Conditional)	⊕⊕⊖⊖ **B>h**
5.	We suggest that clinicians use aactigraphy integrated with home sleep apnea test devices to estimate total sleep time during recording (in the absence of alternative objective measurements of total sleep time) in adult patients suspected of sleep-disordered breathing. (Conditional)	⊕⊕⊖⊖ **B>h**
6.	We suggest that clinicians use actigraphy to monitor total sleep time prior to testing with the Multiple Sleep Latency Test in adult and pediatric patients with suspected central disorders of hypersomnolence. (Conditional)	⊕⊕⊕⊖ **B>h**
7.	We suggest that clinicians use actigraphy to estimate total sleep time in adult patients with suspected insufficient sleep syndrome. (Conditional)	⊕⊕⊕⊖ **B>h**
8.	We recommend that clinicians ***not*** use actigraphy in place of electromyography for the diagnosis of periodic limb movement disorder in adult and pediatric patients. (Strong)	⊕⊕⊕⊖ **H>b**