

Guidelines at-a-Glance

ADAPTED FROM

Practice Parameters for the Use of Actigraphy in the Assessment of Sleep and Sleep Disorders: An Update for 2007. *SLEEP* 2007;30(4):519-529

Practice Parameters for the Use of Actigraphy in the Assessment of Sleep and Sleep Disorders: An Update for 2007

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 USE OF ACTIGRAPHY IN THE EVALUATION OF SLEEP DISORDERS

3.1.1	Actigraphy is a valid way to assist in determining sleep patterns in normal, healthy adult populations (Standard), and in patients suspected of certain sleep disorders.	See Below
3.1.2	Actigraphy is indicated to assist in the evaluation of patients suspected of advanced sleep phase syndrome (ASPS), delayed sleep phase syndrome (DSPS), and shift work sleep disorder (Guideline); and circadian rhythm disorders, including jet lag and non-24-hour sleep/wake syndrome [including that associated with blindness]	OPTION
3.1.3	When polysomnography is not available, actigraphy is indicated as a method to estimate total sleep time in patients with obstructive sleep apnea syndrome. Combined with a validated way of monitoring respiratory events, use of actigraphy may improve accuracy in assessing the severity of obstructive sleep apnea compared with using time in bed.	STANDARD
3.1.4	Actigraphy is indicated as a method to characterize circadian rhythm patterns or sleep disturbances in individuals with insomnia, including insomnia associated with depression.	OPTION
3.1.5	Actigraphy is indicated as a way to determine circadian pattern and estimate average daily sleep time in individuals complaining of hypersomnia	OPTION

RECOMMENDATIONS FOR USE OF ACTIGRAPHY IN ASSESSING THE RESPONSE TO THERAPY OF SLEEP DISORDERS

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| 3.2.1 | Actigraphy is useful as an outcome measure in evaluating the response to treatment for circadian rhythm disorders. | GUIDELINE |
| 3.2.2 | Actigraphy is useful for evaluating the response to treatment for patients with insomnia, including insomnia associated with depressive disorders. | GUIDELINE |

RECOMMENDATIONS FOR USE OF ACTIGRAPHY IN SPECIAL POPULATIONS AND SPECIAL SITUATIONS

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| 3.3.1 | Actigraphy is useful for characterizing and monitoring sleep and circadian rhythm patterns and to document treatment outcome (in terms of sleep patterns and circadian rhythms) among older adults living in the community, particularly when used in conjunction with other measures such as sleep diaries and/or caregiver observations. | GUIDELINE |
| 3.3.2 | Actigraphy is indicated for characterizing and monitoring sleep and circadian rhythm patterns and to document treatment outcome (in terms of sleep patterns and circadian rhythms) among older nursing home residents (in whom traditional sleep monitoring by polysomnography can be difficult to perform and/or interpret). | GUIDELINE |
| 3.3.3 | Actigraphy is indicated for delineating sleep patterns, and to document treatment responses in normal infants and children (in whom traditional sleep monitoring by polysomnography can be difficult to perform and/or interpret), and in special pediatric populations. | GUIDELINE |