

Treatment of central disorders of hypersomnolence: an American Academy of Sleep Medicine clinical practice guideline.

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The American Academy of Sleep Medicine commissioned a task force of experts in sleep medicine to develop recommendations and assign strengths to each recommendation, based on a systematic review of the literature and an assessment of the evidence using the GRADE process. The task force provided a summary of the relevant literature and the quality of evidence, the balance of benefits and harms, patient values and preferences, and resource use considerations that support the recommendations. The AASM Board of Directors approved the final recommendations.

The following recommendations are intended to guide clinicians in choosing a specific treatment for central disorders of hypersomnolence in adults and children. Each recommendation statement is assigned a strength ("strong" or "conditional"). A "strong" recommendation (ie, "We recommend...") is one that clinicians should follow under most circumstances. A "conditional" recommendation (ie, "We suggest...") is one that requires that the clinician use clinical knowledge and experience and strongly consider the individual patient's values and preferences to determine the best course of

action. Under each disorder, strong recommendations are listed in alphabetical order followed by the conditional recommendations in alphabetical order. The section on adult patients with hypersomnia because of medical conditions is categorized based on the clinical and pathological subtypes identified in ICSD-3. The interventions in all the recommendation statements were compared to no treatment.

1. We recommend that clinicians use modafinil for the treatment of narcolepsy in adults. (STRONG)
2. We recommend that clinicians use pitolisant for the treatment of narcolepsy in adults. (STRONG)
3. We recommend that clinicians use sodium oxybate for the treatment of narcolepsy in adults. (STRONG)
4. We recommend that clinicians use solriamfetol for the treatment of narcolepsy in adults. (STRONG)
5. We suggest that clinicians use armodafinil for the treatment of narcolepsy in adults. (CONDITIONAL)
6. We suggest that clinicians use dextroamphetamine for the treatment of narcolepsy in adults. (CONDITIONAL)
7. We suggest that clinicians use methylphenidate for the treatment of narcolepsy in adults. (CONDITIONAL)
8. We recommend that clinicians use modafinil for the treatment of idiopathic hypersomnia in adults. (STRONG)
9. We suggest that clinicians use clarithromycin for the treatment of idiopathic hypersomnia in adults. (CONDITIONAL)
10. We suggest that clinicians use methylphenidate for the treatment of idiopathic hypersomnia in adults. (CONDITIONAL)
11. We suggest that clinicians use pitolisant for the treatment of idiopathic hypersomnia in adults. (CONDITIONAL)
12. We suggest that clinicians use sodium oxybate for the treatment of idiopathic hypersomnia in adults. (CONDITIONAL)
13. We suggest that clinicians use lithium for the treatment of Kleine-Levin syndrome in adults. (CONDITIONAL)
14. We suggest that clinicians use armodafinil for the treatment of hypersomnia secondary to dementia with Lewy bodies in adults. (CONDITIONAL)
15. We suggest that clinicians use modafinil for the treatment of hypersomnia secondary to Parkinson's disease in adults. (CONDITIONAL)
16. We suggest that clinicians use sodium oxybate for the treatment of hypersomnia secondary to Parkinson's disease in adults. (CONDITIONAL)
17. We suggest that clinicians use armodafinil for the treatment of hypersomnia secondary to traumatic brain injury in adults. (CONDITIONAL)

18. We suggest that clinicians use modafinil for the treatment of hypersomnia secondary to traumatic brain injury in adults. (CONDITIONAL)

19. We suggest that clinicians use modafinil for the treatment of hypersomnia secondary to myotonic dystrophy in adults. (CONDITIONAL)

20. We suggest that clinicians use modafinil for the treatment of hypersomnia secondary to multiple sclerosis in adults. (CONDITIONAL)

21. We suggest that clinicians use modafinil for the treatment of narcolepsy in pediatric patients. (CONDITIONAL)

22. We suggest that clinicians use sodium oxybate for the treatment of narcolepsy in pediatric patients. (CONDITIONAL)

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