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TRAINING IN SLEEP MEDICINE AMONG EUROPEAN EARLY CAREER PSYCHIATRISTS: A PROJECT FROM THE EUROPEAN PSYCHIATRIC ASSOCIATION – EARLY CAREER PSYCHIATRISTS COMMITTEE

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SUMMARY

Introduction: *Sleep disorders have a proven association with psychiatric illness. Therefore, psychiatrists require appropriate training in diagnosing and treating sleep disorders. To date, there is no data available in Europe on training in sleep medicine for early career psychiatrists (ECP).*

Aims: *To identify the availability of training in sleep medicine for psychiatric trainees across Europe and to establish how confident doctors feel in treating these conditions.*

Methods: *European-wide survey carried out by the European Psychiatric Association (EPA)-Early Career Psychiatrists Committees. Representatives of ECPs from each participating European country filled in a questionnaire about availability of training in sleep medicine in their country. ECPs were also invited to fill out a questionnaire at the EPA congress in Nice in 2013.*

Results: *55 participants from 27 European countries responded. Only 24% had sleep medicine training mandatorily included in their national training curriculum. A majority (60%) felt that the quality of the training they received was either average or below average. 88% felt either very or fairly confident in treating insomnia. However, when asked to select the correct management options for insomnia from a provided list of six, only 19% and 33% of respondents chose the two correct options.*

Conclusions: *There is a clear gap between the level of confidence and the clinical judgements being made to treat insomnia among European ECPs. There is a definite need to improve the availability and structure of sleep medicine training for psychiatric trainees in Europe.*

Key words: *sleep medicine – training – psychiatry – Europe - insomnia*

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INTRODUCTION

Sleep disorders have been shown to have an association with psychiatric illness, with up to 40% of patients presenting with chronic insomnia also suffering from a psychiatric co-morbidity (Ford 1989). Insomnia itself is a risk factor for a depressive episode, and the more resistant the insomnia the higher the risk (Arroll 2012).

Similarly, a patient with a psychiatric condition has an increased risk of developing insomnia or a related sleep disorder. In a primary care environment, depressive and anxiety disorders are considered the most common cause of insomnia (Arroll 2012). The treatment of some psychiatric conditions may also make a sleep disorder more likely. Antipsychotics cause the patient to gain weight, which increases the likelihood of sleep apnoea, and the use of benzodiazepines is associated with this condition as well (Moran 1992, Shirani 2011). These links between sleep and psychiatric disorders are also present on the electrophysiological level (Ilanković 2014). As a result of this correlation, it is imperative that psychiatrists are adequately trained in how to recognise and treat sleep disorders. The treatment of sleep disorders is best approached in a multi-disciplinary manner, with psychiatrists having a major role.

In recent years the Royal College of Psychiatrists in the United Kingdom (UK) has set up a "sleep working group" which aims to increase awareness of sleep medicine in psychiatry, and to convey the message that psychiatrists should have a central role in the treatment of these conditions. In Europe, a certification examination has been established by the European Sleep Research Society (Meraj 2012).

The Task Force on Research of the Early Career Psychiatrists Committee of the European Psychiatric Association (EPA) therefore conducted a survey on training in sleep medicine in Europe for Early Career

Psychiatrists (ECP). The primary aim of this project was to answer the following question: what is the availability of training in sleep medicine for ECPs in Europe? It also looked into the type of training provided to ECPs in Europe and their satisfaction with and confidence in this training.

METHODS

The two sources of information for this project were obtained from:

- One "national" ECP chosen from each of the participating European countries. Most of them were selected as representatives of their country at the European Federation of Psychiatric Trainees (EFPT) forum in 2013.They would have had knowledge of the existing training available, including the type of training (lectures, small group teaching, etc) and whether or not it is mandatory within the national curriculum. If no mandatory training existed, then they had the opportunity to provide information about any initiatives or working groups that provide training. This information was conveyed through an online questionnaire sent to the doctors in 2013. One reminder email was sent to increase the response rate.
- ECPs attending the EPA congress in Nice in 2013 were given a similar questionnaire to complete detailing their own personal experiences of training in sleep medicine. This included whether or not training was mandatory, the type and duration of the training, and by whom this training was provided. Also, some additional questions were asked, including how important doctors think it is to diagnose and treat sleep disorders in psychiatry. Moreover their self-confidence in treating sleep disorders was assessed. Finally, to test their knowledge of current guidelines in sleep medicine, participants were asked to choose from a list of potential treatment options for a patient with primary insomnia.

All participants were made aware in which way their responses would be used, and gave consent for the results to be used in this project.

RESULTS

There were a total of 55 participants from 27 European countries (Albania, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Finland, France, Greece, Italy, Latvia, Lithuania, Moldova, Netherlands, Poland, Portugal, Romania, Russia, Serbia, Slovenia, Spain, Switzerland, Turkey, United Kingdom, and Ukraine). 43% of respondents were psychiatrists who had graduated up to 5 years before, with the remainder being trainees. The mean time since the beginning of training was 4.5 years. Over three quarters (78%) of participants on average saw a patient with a sleep disorder at least once a week (13% at least once a month, 4% at least once every three months, 5% very rarely or never). In stark contrast, less than a quarter (24%) of the psychiatrists reported having mandatory sleep training in their national curriculum. 80% of respondents thought that it was very important for a psychiatrist to be able to deal with sleep disorders. Training in sleep medicine was available as an option in most European countries (71%). However when asked to rate the training, mandatory or otherwise, a majority (60%) felt that the quality was either average or below average.

Figure 1 shows the varying levels of participants' confidence in treating different sleep disorders. Regarding insomnia and secondary sleep disorders, a majority of doctors responded that they felt confident, while with other disorders, e.g. parasomnias, levels of confidence were only 30%. Interestingly, when asked about the correct treatment options for primary insomnia (i.e. sleep restriction therapy and stimulus control as part of Cognitive Behavioural Therapy (CBT) for insomnia), which the doctors felt confident about treating, only 10% and 17%respectively chose these correct responses (Table 1).

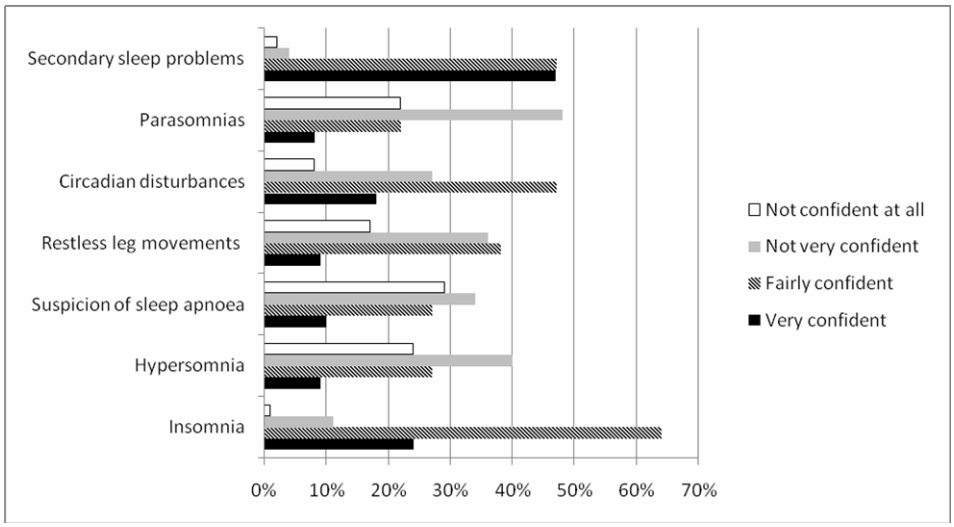

Figure 1. How confident do you feel in treating patients with the following sleep problems?

Table 1. Choices of treatment in insomnia

In the treatment of primary insomnia, which of the following have the best evidence of efficacy?	
Treatment option	Percentage of participants who chose the corresponding option
Sleep hygiene	45%
Stimulus control within CBT (correct response)	17%
Melatonin	14%
Sleep enhancement therapy	12%
Sleep restriction therapy (correct response)	10%
Antihistamines	2%

DISCUSSION

In this European-wide questionnaire survey on ECP, we investigated training options and confidence in treatment abilities in sleep medicine. With 80% of respondents recognising the importance of sleep disorders being treated by a psychiatrist, and 78% seeing a patient with a sleep disorder at least once a week, there is a clear understanding of the need for training. However, our results indicate a significant lack of knowledge of sleep disorders among ECP. As a result, patients could have reduced access to appropriate treatments for their disorders. The consequences of an absence of training are illustrated in the poor treatment choices that were made for the case of primary insomnia. While the majority of participants felt confident in treating this sleep disorder, the answers clearly showed that they did not receive an adequate training in managing insomnia, e.g. with CBT techniques, for which the best evidence is available (Meraj 2012, Sánchez-Ortuño 2012). It can be assumed that for other sleep disorders, specifically those doctors felt not comfortable with, knowledge of appropriate treatments would be at a similar or even lower level. It seems that, for the most part doctors have not even realised their lack the knowledge required to effectively deal with these disorders.

Psychiatrists not being trained in management of sleep disorders might impact on patients' abilities to cope with and recover from their psychiatric illness. There is a growing body of evidence showing that CBT for insomnia, when applied in comorbid insomnia and psychiatric disorder, improves both insomnia and the mental health disorder, particularly in depression and post-traumatic stress disorder (Sánchez-Ortuño 2012). Both the Royal College of Psychiatrists in the UK and the European Sleep Research Society are working to improve the situation, introducing standardised training and therefore evidence-based interventions will not only improve psychiatric training but also seem to be important for patients with sleep disorders. Training in psychiatry in Europe is considered heterogeneous (Kuzman 2012), and a European-wide initiative would be welcome.

Our survey had some limitations. The number of participants limits generalisability, and the association of national experts and participants at the EPA congress makes our sample heterogeneous.

On the other hand, to our knowledge, this is the first attempt to have an overview of the situation of training in sleep medicine in psychiatry in Europe. We have managed to gather data from 27 European countries. Moreover, respondents were for most of them experts in the area of training in psychiatry, therefore knowledgeable about their national curriculum, making our results more reliable. The question asked about treatment options for insomnia had two very clear correct answers (sleep restriction therapy and stimulus control), based on guidelines and strong evidence from the literature (Morgenthaler 2006, Morin 2012). It was therefore relevant to identify whether trainees had received relevant training in the treatment of insomnia.

CONCLUSION

This survey suggests that steps must be taken in order to better equip European psychiatrists to deal with sleep disorders. More research should be carried out to shed light on the specific problems and to generate methods to address them. A first step could be for ECPs to realise that their knowledge in treating sleep disorders is probably overrated. In the course, training options could be introduced to provide support and to encourage trainees. This might help to reflect on their own knowledge, and to determine how they could be supported in becoming more effective at treating these conditions.

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