Psychiatric Residents’ Exposure to the Field of Sleep Medicine

A Survey of Program Directors

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Psychiatrists have made significant contributions to the field of sleep medicine. Their achievements include valuable original research and subject reviews about the important connections between sleep and psychiatric disorders. The work published has represented differing perspectives, with some studies focused on the character of sleep symptoms in psychiatric disorders (1–5) and others on the presence of psychiatric issues in sleep disorders (6,7). Authors have investigated the effects of psychotropic medications on sleep architecture (8). Restless legs syndrome, obstructive sleep apnea, insomnia, rapid eye movement (REM) behavior disorder, and narcolepsy are examples of sleep disorders for which progress in diagnostic approaches and treatment has been realized because of papers published by psychiatric groups (9–13). Accordingly, major psychiatric textbooks contain more pages devoted to sleep content than those of other disciplines, including neurology or internal medicine (14). Knowledge about sleep is an essential content area in the psychiatric curriculum and is necessary for a thorough understanding of psychopathology, neurochemistry, and psychopharmacology.

In this study, we endeavored to assess future trends concerning the involvement of psychiatrists in the field of sleep by investigating resident educational opportunities and the presence of faculty psychiatrists. We also examined program directors’ attitudes and the recruitment of recently trained psychiatry residents into sleep medicine.

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METHODS

A one-page survey with 6 questions was sent to all U.S. general psychiatry program directors listed in the Fellowship and Residency Electronic Interactive Database (FREIDA). Nonresponders were sent a second mailing and an electronic version to increase participation. The questionnaire assessed curriculum content, including didactic lectures as well as required or elective sleep rotations. Additional items assessed the number of psychiatric faculty involved in “clinical sleep medicine,” the number of psychiatric faculty involved in sleep-related research, and the number of recently graduated psychiatry residents entering the field. The survey defined “clinical sleep medicine” as involving interpretation of polysomnographic studies for at least some patients. Because sleep issues are at least of peripheral interest in most of clinical psychiatry, this focus on polysomnography was chosen to elicit use of a detailed sleep assessment. This distinction accordingly differentiated “clinical sleep medicine” from, for example, the standard psychiatric interview that inquires about sleep symptoms, or depression treatment that also targets sleep symptoms. Program directors were asked their opinion about the future sleep career prospects of psychiatry residents interested in sleep medicine.

Faculty and resident involvement was measured by counting the number of individuals with ties to either the American Board of Sleep Medicine (ABSM, a self-designated board not affiliated with the American Board of Medical Specialties) or the American Board of Psychiatry and Neurology (ABPN) with added qualifications in clinical neurophysiology. A sleep rotation was available as an elective at 51 programs (44%) and was required by only 1. The sleep elective had been discontinued within the past 5 years for 13 programs (11%), with only 1 planning to add this elective soon. Nevertheless, 86 (73%) program directors either definitely or somewhat agreed that sleep medicine was a “viable career option for graduating psychiatric residents.”

Training directors did not always know how many of their recent graduates (of the past 5 years) had entered sleep medicine. The survey data indicated that, overall, 3 recent graduates obtained ABSM certification, 1 received APBN added qualifications in clinical neurophysiology, 9 did clinical work including polysomnographic interpretation, and 9 conducted sleep research.

RESULTS

Responses were received from 117 (66%) of the 177 general psychiatry residency programs, with 5 others declining to provide the requested data. Of the responding training programs, 107 were associated with a sleep disorders center, operated by one of the following departments: pulmonary, 39 programs (36%); neurology, 33 (28%); psychiatry, 23 (20%); interdepartmental, 10 (9%); psychology, 1 (<1%); and internal medicine, 1 (<1%). The characteristics of the nonresponders are unknown.

The majority of programs (82%) had didactic lectures pertaining to sleep, with a mean of 5 hours and a range of 1 to 18 hours. The topics taught were sleep disorders (82%), relationship of sleep complaints and psychiatric disorders (74%), sleep physiology (74%), hypnotic pharmacology (73%), stimulant pharmacology (68%), and phototherapy (38%).

Sixty-four psychiatric programs (55%) did not have a single faculty member (psychiatrist or psychologist) who met any of the following criteria: board certified by the ABSM; board certified by the ABPN with added qualifications in clinical neurophysiology; “practiced clinical sleep medicine including polysomnographic interpretation”; or “conducted sleep-related research.” The sleep faculty (psychiatrists and psychologists) are described in Table 1.

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DISCUSSION

In psychiatry training programs, didactic lectures addressing sleep issues are common but not universal, despite sleep symptoms being listed as DSM-IV criteria for most psychiatric disorders. The ABPN Part One examination considers sleep physiology and pathophysiology content areas necessary for certification. Required topics include knowledge of sleep architecture, including the significance of REM latency measurements for depression, which calls for an understanding of polysomnography. An elementary background in sleep issues is important for all psychiatrists, although a detailed understanding of sleep tests and sleep disorders may be desirable but not absolutely necessary. Not all psychiatry depart-