INTRODUCTION
Shift work disorder (SWD) is a circadian rhythm sleep disorder (CRSD) characterized by excessive sleepiness and/or insomnia in people who work nonstandard shifts (e.g., night shifts, rotating shifts, or multiple shifts). This disorder is also referred to as workshift sleep disorder or working time disorder. Excessive sleepiness results in a reduction of sleep efficiency and an increased risk of vehicle crashes, medical errors, and work accidents. This heterogeneity may vary, but the prevalence of shift work and SWD among workers is 11% or more. Some shift work conditions, such as rotating shifts, are associated with an increased risk of developing SWD. While the majority of people who work nonstandard shifts consider themselves to be normal, 16%-20% of shift workers report severe excessive sleepiness that interferes with daytime functioning. The problem of shift work disorder is more serious because the severity of sleepiness is directly related to the number of nonstandard shifts worked.

Aims of Study
The aim of this study was to assess the perspectives of primary care physicians on the nature, aggressiveness, and impact of SWD, as well as their current knowledge of diagnostic and treatment guidelines. The study’s secondary objective was to explore barriers to implementation and opportunities to improve identification and treatment of SWD in primary care settings.

METHODS
A mixed-methods study using two measurement tools was employed to ensure a Clinical Practice Assessment Questionnaire (CPAQ) and a qualitative interview (IDI). The CPAQ was developed to assess the knowledge, attitudes, and practices of primary care physicians regarding SWD. The IDI was conducted using semi-structured questions to assess the nature, aggressiveness, and impact of SWD, as well as the current knowledge of diagnostic and treatment guidelines.

RESULTS
Demographics
The CPAQ was completed by 322 primary care physicians (defined as 2-20 physicians). Seventy-nine percent of respondents were men, and 75% were between the ages of 40-59. Most respondents were members of the American Medical Association (AMA) (98%), had completed residency training (93%), and were board-certified (88%). The majority (82%) had been in practice for 10-20 years, and 75% saw 400 patients or more per month. These results are consistent with national findings for primary care physicians.

Use of CPAQ-Guideline-Recommended Strategies
Using the CPAQ, the current practice rates of established treatment guidelines were assessed among this national sample of primary care physicians. The CPAQ was designed to assess the perceived likelihood of adherence to treatment guidelines, as well as the perceived effectiveness and appropriateness of these guidelines. The results revealed that primary care physicians had varying attitudes toward the use of established treatment guidelines. For example, while many respondents reported using established treatment guidelines, a significant number of respondents reported that they did not follow the guidelines due to perceived time constraints, lack of resources, or lack of patient interest.

Confidence (Self-Efficacy) in Ability to Diagnose and Treat SWD
Self-rated confidence regarding the ability to diagnose and treat SWD was measured using the Epworth Sleepiness Scale (ESS). The results showed that while many respondents reported confidence in their ability to diagnose and treat SWD, a significant portion of respondents reported low confidence.

CONCLUSIONS
Knowledge levels and practice implementation of evidence-based recommendations in the AAPM guidelines for diagnosis and treatment of SWD were surveyed. In conclusion, there is a need for improvement in the education and training of primary care physicians regarding SWD. Additional research is needed to identify barriers to the implementation of established treatment guidelines and to develop strategies to improve the diagnosis and treatment of SWD in primary care settings.

REFERENCES

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