

Supplementary Table 1. List of Clinical Guidelines for treatment of insomnia issued in the last 15 years

Year	Issuer	Title
2004	NICE	Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia ¹
2006	AASM	Practice parameters for the psychological and behavioral treatment of insomnia: an update. An American Academy of Sleep Medicine report ²
2008	AASM	Clinical guideline for the evaluation and management of chronic insomnia in adults ³
2009	Japan	The guidelines for the evaluation and management of insomnias in Japanese primary care ⁴
2010	BSA	New guideline for diagnosis and treatment of insomnia ⁵
2014	NGC	Clinical guideline for the treatment of primary insomnia in middle aged and older adults ⁶
2015	NICE	Hypnotics ⁷
2015	TOP	Assessment to management of adult insomnia ⁸
2016	ACP	Management of chronic insomnia disorder in adults: a clinical practice guideline from the American College of Physicians ⁹
2016	NHS	Guidelines for treatment of primary insomnia ¹⁰
2017	AASM	Clinical practice guideline for the pharmacologic treatment of chronic insomnia in adults: an American Academy of Sleep Medicine clinical practice guideline ¹¹
2017	ESRS	European guideline for the diagnosis and treatment of insomnia ¹²

NICE: national institute for health and care excellence, GIN: Guidelines International network, AASM: American association of sleep medicine, BSA: the Brazilian Sleep Association, TOP: toward optimized practice, NGC: National Guideline Clearinghouse, ACP: American college of physician, NHS: national health system, ESRS: European Sleep Research Society

Supplementary Table 2. Population, Intervention, Professionals, Outcomes and Health Settings (PIPOH)¹³

PIPOH	Division	Contents
Population	Symptom	Insomnia
Intervention	Assessment	Evaluation of sleep structure
	Diagnosis	Including methods for differential diagnosis of insomnia
	Treatment	Pharmacological treatment Non-pharmacological treatment
Professions	Clinicians (general practitioners, neuropsychiatrists, neurologists, etc.)	
Outcome	Patients	Insomnia symptom control and improvement of quality of life
	System	Improvement of the appropriateness of assessment, diagnosis and treatment of insomnia disorder
Healthcare setting	Medical institutions	Primary medical institutions, outpatient treatment institutions, and inpatient treatment institutions

Supplementary Table 3. Evaluation system of the ACP guideline (2016)⁹

Quality of evidence	Strength of recommendation	
	Benefits clearly outweigh risks and burden or risks and burden clearly outweigh benefits	Benefits finely balanced with risks and burden
High	Strong	Weak
Moderate	Strong	Weak
Low	Strong	Weak
	Insufficient evidence to determine net benefits or risks	

*adopted from the classification developed by the GRADE (Grading of Recommendations Assessments, Development, and Evaluation) workgroup. ACP: American College of Physicians

Supplementary Table 4. Evaluation system of the ESRS guideline (2017)¹²

Quality of evidence	Definition
High quality	Further research is very unlikely to change our confidence in the estimate effect
Moderate quality	Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate
Low quality	Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate
Very low quality	Any estimate of effect is uncertain

*adopted from the classification developed by the GRADE (Grading of Recommendations Assessments, Development, and Evaluation) workgroup. ESRS: European Sleep Research Society

Supplementary Table 5. Evaluation system of the AASM guideline (2017)¹¹

Quality of evidence	Definition
High	Corresponds to a high level of certainty that the estimate of the effect lies close to that of the true effect
Moderate	Corresponds to a moderate level of certainty in the effect estimate; the estimate of the effect is likely to be close to the true effect, but there is a possibility that it is substantially different
Low	Corresponds to a low level of certainty in the effect estimate; the estimate of the effect may be substantially different from the true effect
Very low	Corresponds to very little certainty in the effect estimate; the estimate of the effect is likely to be substantially different from the true effect

*adopted from the classification developed by the GRADE (Grading of Recommendations Assessments, Development, and Evaluation) workgroup. AASM: American Academy of Sleep Medicine

Supplementary Table 6. Evaluation system in this guideline (A) and conversion tables between guidelines for strength of recommendation (B) and quality of evidence (C)

(A) Evaluation system

Quality of evidence	Strength of recommendation	
	Benefits clearly outweigh risks and burden or risks and burden clearly outweigh benefits	Benefits finely balanced with risks and burden
High	Strong	Weak
Moderate	Strong	Weak
Low	Strong	Weak
	Insufficient evidence to determine net benefits or risks	

(B) Conversion table between guidelines - strength of recommendation

	ACP guideline (2016) ⁹	ESRS guideline (2017) ¹²	AASM guideline (2017) ¹¹	Korean version guideline (2019)
Strength of recommendation	Strong	Strong	Strong	Strong
	Weak	Weak	Weak	Weak

(C) Conversion table between guidelines - quality of evidence

	ACP guideline (2016) ⁹	ESRS guideline (2017) ¹²	AASM guideline (2017) ¹¹	Korean version guideline (2019)
Quality of evidence	High	High	High	High
	Moderate	Moderate	Moderate	Moderate
	Low	Low	Low	Low
		Very low	Very low	

ACP: American College of Physicians, ESRS: European Sleep Research Society, AASM: American Academy of Sleep Medicine

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