



Which Specialty Would You Choose? Understanding Public Preferences for Sleep Disorder Treatment in South Korea

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Objectives: We aimed to investigate public perception of medical specialties in South Korea that diagnose and treat different sleep disorders. **Methods:** We conducted a web-based survey between January and February 2022, as part of the National Sleep Survey of South Korea 2022. A questionnaire was administered to a stratified, multistage sample of 4,000 random individuals aged 20–69 years from the general population. Participants were asked to select all sleep disorders they believed required treatment from a list. Subsequently, they were asked to identify the clinical department they would visit for each disorder. **Results:** Sleep apnea (83.4%) and snoring (82.4%) were widely perceived as sleep disorders requiring treatment, followed by insomnia (76.1%), sleepwalking (72.0%), narcolepsy (52.4%), bruxism (49.6%), rapid eye movement sleep behavior disorder (43.4%), excessive daytime sleepiness (33.4%), restless legs syndrome (30.1%), and sleep talking (18.5%). Regarding departments, otorhinolaryngology was the preferred specialty for snoring (79.7%) and sleep apnea (49.4%). More than half of the respondents (55.2%) indicated that they would consult psychiatry department, followed by neurology department (28.2%) for insomnia. Neurology department is preferred for restless legs syndrome, rapid eye movement sleep behavior disorder, excessive daytime sleepiness, and narcolepsy. “Unsure” was a common response for more than 10% of the disorders, excluding snoring and insomnia, highlighting the gaps in public awareness regarding sleep disorders. **Conclusions:** Public perceptions of the appropriate medical specialties for different sleep disorders vary and are often inconsistent with medical guidelines. Public education regarding the roles of different specialties in managing sleep disorders may improve care by guiding patients to the appropriate specialties.

J Sleep Med 2024;21(2):98-106

Keywords: Sleep disorders; Patient preference; Public opinion; Sleep apnea syndrome; Sleep initiation and maintenance disorders; Rapid eye movement sleep behavior disorder.

Received June 26, 2024
Revised August 13, 2024
Accepted August 19, 2024

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INTRODUCTION

Sleep disorders such as sleep apnea, insomnia, and rapid eye movement (REM) sleep behavior disorder (RBD) can greatly affect the quality of life and overall health of patients.^{1,2} The prevalence of sleep disorders is increasing worldwide, result-

ing in an increased socioeconomic burden.^{3,4} This trend is also seen in South Korea, where the annual incidence of sleep disorders has been steadily increasing.⁵⁻⁹ Despite their prevalence, these disorders are often underdiagnosed and undertreated, partially because of discrepancies in the public's understanding and navigation of the healthcare system. Patients often face the challenge of deciding which clinical specialty to consult for sleep-related issues.

South Korea has adopted a government-operated national health insurance system that grants all citizens the right to

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choose and visit any hospital, from primary care facilities to tertiary care institutions, allowing them to make their own decisions regarding which clinical department to visit for medical treatment. Although several different clinical specialties manage sleep disorders, public perceptions of the most appropriate specialties for specific conditions remain unclear. This lack of clarity may contribute to delayed diagnosis, mismanagement, decreased patient satisfaction, and poor health outcomes. Therefore, a comprehensive understanding of public perceptions and preferences regarding specialty selection for sleep disorders could greatly benefit patient care.

Prior studies have explored patient experiences and perspectives on managing sleep apnea or insomnia;^{10,11} however, there is currently a lack of research focusing on the preference for clinical specialty.

We investigated patients' perceptions regarding sleep disorders that require treatment and which clinical departments they believe should be consulted for each sleep disorder. We aimed to understand how patients and non-specialists perceive these disorders, rather than on which clinical department should treat them. To the best of our knowledge, this is the first study to comprehensively examine the public perceptions and preferences regarding specialty selection for sleep disorders.

METHODS

Participants and survey procedure

This study was part of the National Sleep Survey of South Korea 2022 run by the Korean Sleep Research Society. This nationwide cross-sectional survey targeted the general population using a web-based questionnaire administered between January 13 and February 4, 2022.

All participants in this study were sourced from the panels of Embrain (<https://public.embrain.com>), an online survey service provider with over 1.5 million individuals who voluntarily joined and were eligible to participate in online surveys. A stratified multistage random sampling method was used to select a representative sample of 4,000 individuals aged 20–69 years. The sampling criteria included sex, age (20–29, 30–39, 40–49, 50–59, and 60–69 years), and residence (capital and five regions).

This study was approved by the Institutional Review Board of Keimyung University Dongsan Hospital (IRB No. DSMC 2021-12-063), and all participants provided written informed consent.

Measures

Before inquiring about sleep disorders, we gathered basic information from each participant, including educational lev-

el, marital status, household type, monthly income, and shift work patterns. The survey started with the question, "Select all the sleep disorders that you believe require treatment." The responses included snoring, sleep apnea, narcolepsy/cataplexy, hypersomnia/excessive daytime sleepiness (EDS), restless legs syndrome (RLS), insomnia, sleepwalking/night terrors, sleep- ing, RBD, and bruxism (sleep-related teeth grinding). The following question was asked: "In that case, which clinical department would you primarily visit for the diagnosis and treatment of each sleep disorder?" The options offered were internal medicine, neurology, family medicine, otorhinolaryngology (ENT), psychiatry, dentistry, oriental medicine, other, and unsure. The respondents could choose only one department for each disorder. If they could not find an answer among the provided options, they were instructed to submit their answers subjectively. Responses regarding the sleep disorders perceived as requiring treatment were categorized and compared based on various demographic variables.

Statistical analyses

The statistical analysis of the abovementioned categories was conducted using the chi-square (χ^2) test to determine the significance of the differences among the demographic groups. All statistical analyses were performed using SPSS version 26 (IBM Corp., Armonk, NY, USA), and statistical significance was defined as a *p* value of <0.05.

RESULTS

Study participants

Of the 4,000 participants, 2,035 (50.9%) were men, and 1,965 (49.1%) were women. The other demographic characteristics are presented in Table 1.

Sleep disorders perceived as requiring treatment

The sleep disorders for which seeking treatment was considered most important were sleep apnea (83.4%) and snoring (82.4%), followed by insomnia (76.1%), sleepwalking (72.0%), narcolepsy (52.4%), and bruxism (49.6%). RBD (43.4%), EDS (33.4%), and RLS (30.1%) were rated relatively low in terms of the importance of seeking treatment. Only 18.5% of the respondents believed that sleep talking warranted treatment (Fig. 1).

The perception that snoring and sleep apnea require treatment was significantly lower among respondents in their 20s than among those in other age groups. However, more younger respondents believed that narcolepsy, EDS, and RBD require treatment. For all sleep disorder categories, except for sleep talking, a significantly higher proportion of women than men considered treatment necessary. More respondents with

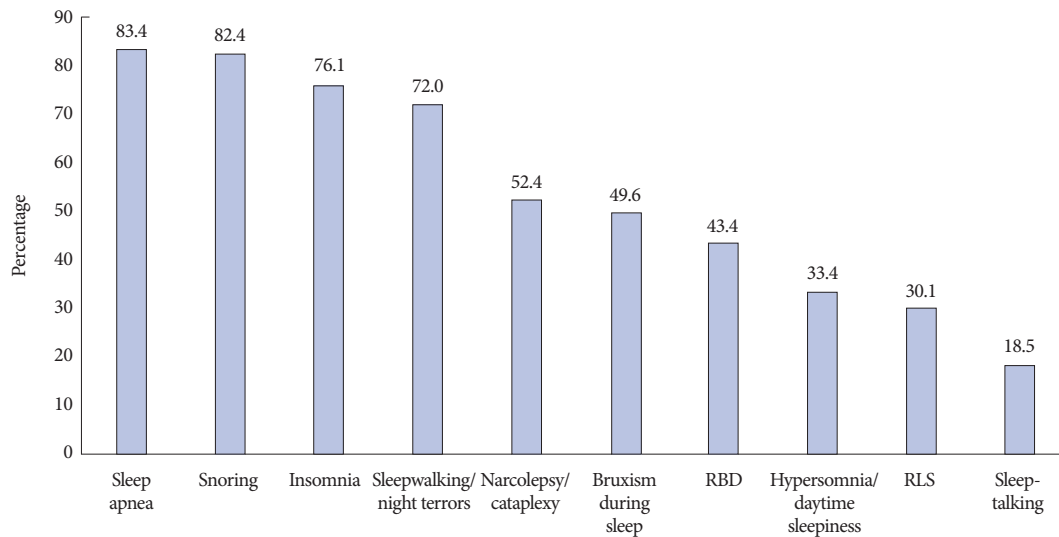


Figure 1. Percentage of respondents who considered each sleep disorder to require medical treatment. RBD, rapid eye movement sleep behavior disorder; RLS, restless legs syndrome.

higher educational levels believed that snoring, apnea, narcolepsy, and RBD require treatment. Individuals living in multi-person households showed more concern about sleep apnea, bruxism, and sleep talking than those living alone. Respondents with a higher monthly income were more likely to perceive sleep apnea and bruxism as requiring treatment ($p < 0.001$ and $p < 0.05$, respectively). The type of shift work did not significantly affect the perception of sleep disorders requiring treatment. Regarding residential region, residents of the capital area were more likely to view narcolepsy as requiring treatment (Table 1).

Preferred clinical department for sleep disorder treatment

Among the 3,297 respondents who considered that snoring warranted treatment, the majority (79.7%) indicated that they would consult an ENT specialist (Table 2), followed by 6.2% who stated that they were unsure and 4.4% who preferred to consult a neurologist. Family medicine, internal medicine, and psychiatry were the next most popular medical specialties. Notably, dentistry, which provides services such as creating oral appliances for snoring, was selected by only 0.2% of respondents. When seeking treatment for sleep apnea, ENT was the most selected option for preferred specialty (49.4%), followed by neurology (18.2%), “unsure” (10.6%), internal medicine (10.1%), family medicine (6.4%), and psychiatry (4.7%) (Fig. 2). Dentistry remained a minority choice at 0.1%, with the same level of popularity as pulmonology, which deals with respiratory disorders.

Among the 2,094 respondents who indicated that narcolepsy and cataplexy require treatment, 49.7% chose neurology as their preferred specialty. Psychiatry was selected by 25.2%

of respondents, followed by 14.4% who were unsure. Family medicine was preferred by 5.3% of the respondents, internal medicine by 3.4%, and ENT by 1.7%. The distribution of the preferred medical departments for EDS paralleled that for narcolepsy, with neurology being the most preferred specialty (40.3%), followed by psychiatry (24.1%), “unsure” (15.2%), family medicine (10.0%), internal medicine (7.7%), and ENT (1.7%).

For treating RLS, 54.7% of the participants believed that neurology was the most appropriate department. Interestingly, “unsure” constituted the second largest group, at 17.7%. Psychiatry was the third most preferred specialty (11.0%), followed by internal medicine (7.9%), family medicine (6.4%), ENT (0.9%), oriental medicine clinics (0.7%), and other (0.7%).

More than half of the respondents (55.2%) indicated that they had consulted a psychiatrist for insomnia, followed by neurology (28.2%), family medicine (6.4%), “unsure” (5.5%), internal medicine (3.1%), and ENT (1.1%).

Regarding sleepwalking/night terrors, most respondents indicated psychiatry (51.7%) or neurology (28.6%) as their preferred departments for consultation, with “unsure” (11.4%), family medicine (5.4%), and internal medicine (1.9%) following in descending order. This was similar for sleep talking, with most respondents choosing psychiatry (40.4%) and neurology (26.8%), followed by “unsure” (17.8%), family medicine (8.0%), ENT (3.8%), and internal medicine (2.3%). The departments most frequently selected for treating RBD were neurology (40.6%) and psychiatry (37.0%), followed by “unsure” (13.7%), family medicine (4.6%), internal medicine (2.5%), and ENT (1.0%).

Regarding bruxism, 37.2% of the respondents indicated that they would consult a dentist, 16.2% selected ENT, 14.6%

Table 1. The respondents' beliefs regarding the need for treatment of various sleep disorders, categorized by demographic factors

	Total	Snoring	Sleep apnea	Insomnia	Sleep walking/ night terrors	Narcolepsy/ cataplexy	Bruxism	RBD	EDS/ hypersomnia	RLS	Sleep talking
Total	4,000	3,297 (82.4)	3,335 (83.4)	3,043 (76.1)	2,878 (72.0)	2,094 (52.4)	1,985 (49.6)	1,736 (43.4)	1,336 (33.4)	1,205 (30.1)	738 (18.5)
Age											
20s	717	524 (73.1)	558 (77.8)	567 (79.1)	538 (75.0)	418 (58.3)	384 (53.6)	348 (48.5)	299 (41.7)	243 (33.9)	147 (20.5)
30s	717	596 (83.1)	608 (84.8)	545 (76.0)	527 (73.5)	400 (55.8)	399 (55.6)	321 (44.8)	274 (38.2)	207 (28.9)	135 (18.8)
40s	874	732 (83.8)	729 (83.4)	621 (71.1)	588 (67.3)	442 (50.6)	415 (47.5)	375 (42.9)	242 (27.7)	225 (25.7)	175 (20.0)
50s	924	792 (85.7)	786 (85.1)	701 (75.9)	657 (71.1)	453 (49.0)	415 (46.5)	376 (40.7)	293 (31.7)	270 (29.2)	155 (16.8)
60s	768	653 (85.0)	654 (85.2)	609 (79.3)	568 (74.0)	381 (49.6)	357 (46.5)	316 (41.1)	228 (29.7)	260 (33.9)	126 (16.4)
<i>p</i> value		<0.001*	<0.001*	<0.001*	0.004*	<0.001*	<0.001*	0.013*	<0.001*	0.001*	0.118
Sex											
Male	2,035	1,632 (80.2)	1,601 (78.7)	1,434 (70.5)	1,310 (64.4)	864 (42.5)	904 (44.4)	713 (35.0)	543 (26.7)	477 (23.4)	355 (17.4)
Female	1,965	1,665 (84.7)	1,734 (88.2)	1,609 (81.9)	1,568 (79.8)	1,230 (62.6)	1,081 (55.0)	1,023 (52.1)	793 (40.4)	728 (37.0)	383 (19.5)
<i>p</i> value		<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	<0.001*	0.095
Education (yr)											
≤12	955	763 (79.9)	761 (79.7)	724 (75.8)	686 (71.8)	446 (46.7)	472 (49.4)	367 (38.4)	301 (31.5)	270 (28.3)	172 (18.0)
>12	3,045	2,534 (83.2)	2,574 (84.5)	2,319 (76.2)	2,192 (72.0)	1,648 (54.1)	1,513 (49.7)	1,369 (45.0)	1,035 (34)	935 (30.7)	566 (18.6)
<i>p</i> value		0.019*	<0.001*	0.827	0.926	<0.001*	0.887	<0.001*	0.158	0.153	0.688
Marital status											
Single	1,437	1,121 (78.0)	1,098 (79.4)	1,098 (76.4)	1,048 (72.9)	811 (56.4)	757 (52.7)	668 (46.5)	569 (39.6)	448 (31.2)	283 (19.7)
Married	2,338	1,983 (84.8)	1,760 (85.6)	1,760 (75.3)	1,662 (71.1)	1,170 (50.0)	1,102 (47.1)	972 (41.6)	698 (29.9)	694 (29.7)	420 (18.0)
Divorced/separated/widowed	225	193 (85.8)	193 (85.3)	185 (82.2)	168 (74.7)	113 (50.2)	126 (56.0)	96 (42.7)	69 (30.7)	63 (28.0)	35 (15.6)
<i>p</i> value		<0.001*	<0.001*	0.062	0.306	0.001*	0.001*	0.012*	<0.001*	0.484	0.213
Household											
One person	626	499 (79.7)	481 (76.8)	460 (73.5)	432 (69.0)	334 (53.4)	336 (53.7)	271 (43.3)	232 (37.1)	182 (29.1)	136 (21.7)
More than one person	3,374	2,798 (82.9)	2,854 (84.6)	2,583 (76.6)	2,446 (72.5)	1,760 (52.2)	1,649 (48.9)	1,465 (43.4)	1,104 (32.7)	1,023 (30.3)	602 (17.8)
<i>p</i> value		0.052	<0.001*	0.098	0.075	0.584	0.027*	0.952	0.034*	0.532	0.021*
Monthly income (US dollars)											
<3,000	1,186	957 (80.7)	937 (79.0)	896 (75.5)	833 (70.2)	597 (50.3)	616 (51.9)	499 (42.1)	401 (33.8)	343 (28.9)	231 (19.5)
3,000–5,000	1,305	1,079 (82.7)	1,103 (84.5)	984 (75.4)	948 (72.6)	683 (52.3)	611 (46.8)	560 (42.9)	425 (32.6)	378 (29.0)	224 (17.2)
≥5,000	1,509	1,261 (83.6)	1,295 (85.8)	1,163 (77.1)	1,097 (72.7)	814 (53.9)	758 (50.2)	677 (44.9)	510 (33.8)	484 (32.1)	283 (18.8)
<i>p</i> value		0.144	<0.001*	0.515	0.293	0.177	0.032*	0.318	0.739	0.112	0.308
Work shift type											
Daytime	2,581	2,155 (83.5)	2,155 (83.5)	1,933 (74.9)	1,834 (71.1)	1,324 (51.3)	1,276 (49.4)	1,096 (42.5)	812 (31.5)	736 (28.5)	485 (18.8)
Nighttime/rotating	271	225 (83.0)	226 (83.4)	202 (74.5)	178 (65.7)	133 (49.1)	119 (43.9)	108 (39.9)	96 (35.4)	71 (26.2)	48 (17.7)
<i>p</i> value		0.843	0.966	0.898	0.065	0.487	0.083	0.408	0.183	0.421	0.665
Residential area											
Capital	2,603	1,692 (82.0)	1,724 (83.6)	1,568 (76.0)	1,491 (72.3)	1,120 (54.3)	1,012 (49.1)	905 (43.9)	682 (33.1)	633 (30.7)	358 (17.4)
Noncapital urban	790	641 (81.1)	646 (81.8)	595 (75.3)	561 (71.0)	396 (50.1)	401 (50.8)	328 (41.5)	277 (35.1)	224 (28.4)	157 (19.9)
Noncapital rural	1,147	964 (84.0)	965 (84.1)	880 (76.7)	826 (72.0)	578 (50.4)	572 (49.9)	503 (43.9)	377 (32.9)	348 (30.3)	223 (19.4)
<i>p</i> value		0.200	0.369	0.771	0.797	0.040*	0.704	0.492	0.539	0.471	0.177

All data are represented as number or number (%). **p*<0.05. RBD, rapid eye movement sleep behavior disorder; EDS, excessive daytime sleepiness; RLS, restless legs syndrome

Table 2. Participant responses to the question “Which clinical department would you primarily visit for the diagnosis and treatment of each sleep disorder?”

	ENT	NL	PSY	Unsure	FM	IM	DEN	OM	Other
Snoring	79.7	4.4	3.0	6.2	3.2	3.1	0.2	0.2	0.1
Sleep apnea	49.4	18.2	4.7	10.6	6.4	10.1	0.1	0.2	0.3
Narcolepsy/cataplexy	1.7	49.7	25.2	14.4	5.3	3.4	0.0	0.3	0.0
Hypersomnia	1.7	40.3	24.1	15.2	10.0	7.7	0.0	0.7	0.3
Restless legs syndrome	0.9	54.7	11.0	17.7	6.4	7.9	0.0	0.7	0.7
Insomnia	1.1	28.2	55.2	5.5	6.4	3.1	0.1	0.5	0.0
Sleepwalking/night terrors	0.2	28.6	51.7	11.4	5.4	1.9	0.1	0.5	0.2
Sleep talking	3.8	26.8	40.4	17.8	8.0	2.3	0.3	0.5	0.1
REM sleep behavior disorder	1.0	40.6	37.0	13.7	4.6	2.5	0.1	0.2	0.3
Bruxism	16.2	12.8	9.0	14.6	7.3	2.5	37.2	0.2	0.2

All data are represented as percentages. ENT, otorhinolaryngology; NL, neurology; PSY, psychiatry; FM, family medicine; IM, internal medicine; DEN, dentistry; OM, oriental medicine; REM, rapid eye movement

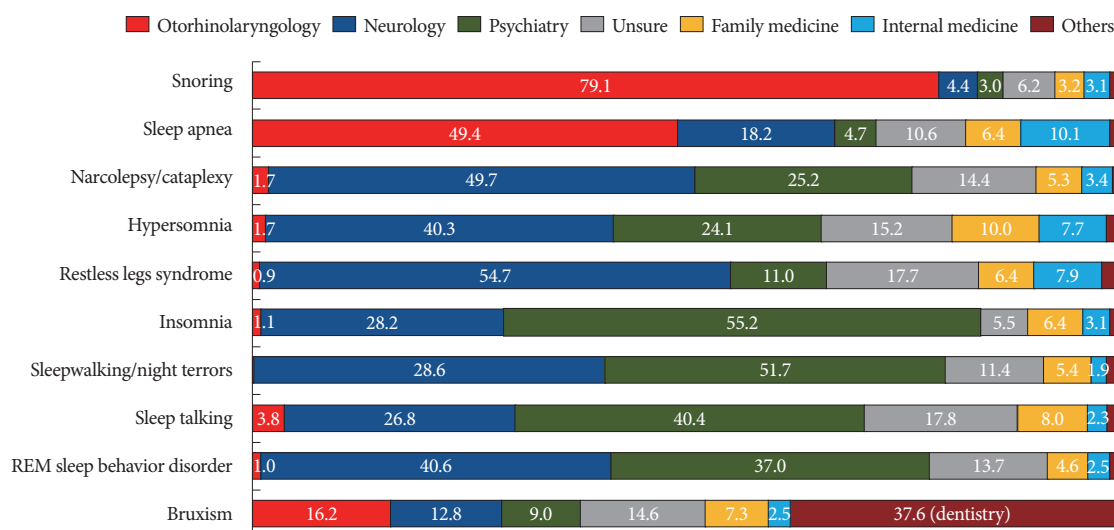


Figure 2. Clinical departments preferred for seeing treatment for various sleep disorders. All data are represented as percentages. REM, rapid eye movement.

were unsure, 12.8% preferred a neurologist, 9.0% indicated that they would consult a psychiatrist, and 7.3% preferred to consult a family doctor.

Among the department preferences, ENT received the highest preference for seeking treatment for snoring and sleep apnea; notably, 16.2% of the respondents also chose this specialty for bruxism (Fig. 3). The “unsure” option, which indicated uncertainty over which specialty to choose, was more frequently selected for sleep disorders such as sleep talking, RLS, and EDS, where a lower proportion of the respondents believed that treatment was necessary.

DISCUSSION

In this study, more than 70% of the respondents identified sleep apnea, snoring, insomnia, and sleepwalking/night ter-

rors as sleep disorders requiring medical treatment. However, the perceived need for treating sleep talking, RLS, and EDS was relatively low.

The observed variation in treatment-seeking behaviors may be attributed to numerous factors. First, disorders such as sleep apnea, snoring, insomnia, and sleepwalking/night terrors have higher public awareness, which may result in more individuals recognizing the need for treatment.¹²⁻¹⁴ Conversely, conditions such as sleep talking and RLS may be less well-known or perceived as less severe or debilitating, resulting in fewer people recognizing the need for medical intervention. Second, from a medical perspective, although all of these conditions can have significant impacts on the quality of life and overall health of patients, some are associated with more severe or immediate health risks.¹² For instance, untreated sleep apnea can lead to several serious health issues, including heart disease and

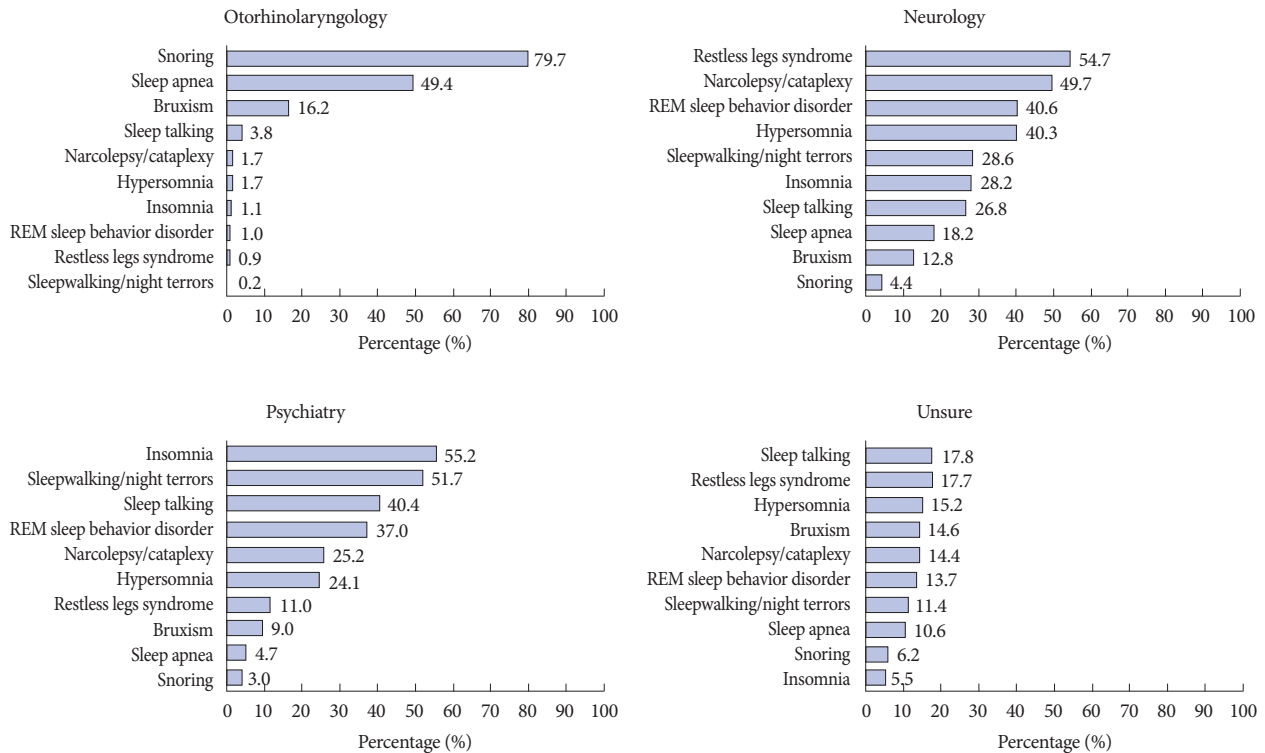


Figure 3. Specialties preferred for seeking treatment of various sleep disorders when respondents were given the choice between otorhinolaryngology, neurology, psychiatry, and “unsure”.

stroke,¹⁵ and insomnia can significantly impair day-to-day functioning.¹⁶ Therefore, raising public awareness of all types of sleep disorders, their potential impact on health, and the benefits of treatment is crucial to encourage more individuals to seek help.

The age-related variation in treatment-seeking behaviors, particularly for conditions such as narcolepsy and RBD, suggests generational differences in understanding or experiences with these disorders. Younger individuals may be more exposed to information regarding conditions such as narcolepsy and RBD, whereas older persons may have more first-hand experience with snoring and sleep apnea. The higher proportion of women who perceived the need for treatment across all sleep disorders included in the survey may indicate a broader trend. Women may be more proactive about health concerns in general or more attuned to recognizing symptoms than men.^{17,18} The association between higher educational levels and higher perceived need for the treatment of narcolepsy and RBD may also reflect the influence of education on health literacy. Individuals with higher educational levels may have better access to information or may be more critical consumers of health-related content. In addition, the heightened concern surrounding insomnia among the divorced/separated/widowed respondents may be linked to psychological and emotional stressors associated with these life events.^{19,20} Simi-

larly, the main concern regarding sleep apnea among individuals living in multi-person households may be related to the direct effects of the disorder on other household members, rendering the condition more noticeable and concerning.

Sleep apnea and snoring

Most respondents stated that they would seek help from an ENT specialist for sleep apnea and snoring. This choice is understandable because sleep apnea often involves structural or functional abnormalities in the respiratory tract, particularly in the nasal and throat regions.²¹ In addition, ENT specialists are familiar with a wide range of treatment options for sleep apnea, including continuous positive airway pressure therapy and surgical interventions.^{22,23} However, sleep apnea is a complex disorder that can be managed by several medical specialties. In addition to ENT, neurology, pulmonology, and dentistry are specialties that may play significant roles in the management of sleep apnea. Therefore, the choice of specialty should be guided by the specific circumstances and symptoms of each patient. In summary, although the preference for consulting an ENT specialist for sleep apnea is understandable, the potential role of other specialists must be highlighted, depending on the circumstances of each patient. This survey result emphasizes the need for increased public awareness of the potential for multidisciplinary approaches in managing

sleep disorders.

The discrepancy in responses regarding snoring and sleep apnea may reflect differing public understandings of these conditions and their management, despite both conditions stemming from airway obstruction. Snoring is often seen as a localized issue involving the throat, which may explain the overwhelming preference for ENT specialists. Additionally, in the Korean language, the term for snoring (“코골이” or “kog-oree”) literally translates to “nose snoring,” which may further reinforce the public perception that ENT specialists are the most appropriate healthcare providers for this condition.²⁴ Sleep apnea, on the other hand, is a systemic condition that is often associated with other health issues such as cardiovascular diseases and metabolic disorders.¹⁵ It involves more complex mechanisms related to how the brain regulates breathing during sleep. Indeed, previous research has identified different phenotypes of sleep apnea, such as low arousal threshold or high loop gain, which are intricately linked to the control of breathing by the brain and sleep-wake transitions.^{25,26} These aspects of sleep apnea underscore the importance of neurological expertise in its management. Neurologists may play a crucial role in understanding and treating the complex brain-mediated mechanisms of sleep apnea, which extend beyond the anatomical aspects of airway obstruction. This may account for the higher percentage of respondents choosing to consult a neurologist for sleep apnea. Sleep apnea involves episodes of breathing cessation during sleep, often resulting in daytime sleepiness and fatigue. It is sometimes recognized as a neurological issue. Public awareness that various medical specialties may be involved in managing sleep disorders can aid in early detection and comprehensive treatment.

Narcolepsy

Regional differences were observed in the perception of narcolepsy and cataplexy as conditions requiring treatment, highlighting public awareness. Most respondents preferred seeking treatment from neurologists. This indicates that the public perception of these disorders falls within the scope of neurology. This is a valid assumption, considering the nature of narcolepsy and cataplexy. Narcolepsy is classified as a neurological disorder because it involves the loss of hypocretin, which normally regulates the sleep-wake cycle.²⁷ In addition, narcolepsy is often associated with cataplexy, which has a neurological origin. Therefore, the fact that many participants in this study associated narcolepsy and cataplexy with neurological disorders is unsurprising.

Insomnia

Most respondents associated insomnia with psychiatry followed by neurology. This may be attributed to the fact that in-

somnia often has a significant psychological component.²⁸ This condition is not only related to difficulty falling asleep or staying asleep but is also linked to stress, anxiety, and depression. Psychiatrists are trained to diagnose and manage these psychological aspects, making them a reasonable choice for individuals dealing with insomnia. The preference for neurology as the second most common choice reflects an understanding of the neurological mechanisms involved in sleep regulation. The fact that insomnia can be a symptom of various sleep disorders such as narcolepsy and obstructive sleep apnea, which often require neurological expertise for proper diagnosis and management, is important to emphasize.²⁹ Neurologists play a crucial role in identifying comorbid neurological disorders associated with insomnia and in treating insomnia to improve neurological and cognitive outcomes. Therefore, a multidisciplinary approach involving both psychiatry and neurology is often necessary for the effective treatment of insomnia.³⁰ Another possible reason for preferring neurology to psychiatry may be the societal stigma against psychiatric consultation and its associated costs.^{31,32} The notion that the survey respondents may not have been able to clearly distinguish between psychiatry and neurology is also possible. Considering the complex nature of insomnia and its potential association with various sleep disorders, public education regarding the complementary roles of psychiatry and neurology in sleep medicine may result in more comprehensive and effective treatment approaches.

RLS

Neurology was the preferred department for RLS consultations, accounting for over half of the responses. Interestingly, the second most popular response was “unsure” (17.7%). This suggests that the general public has low awareness of RLS. Consequently, these results highlight the importance of improved public education to raise awareness of this disorder and direct individuals toward the most appropriate medical specialties for treatment.

Sleepwalking, sleep talking, and RBD

Most participants identified either psychiatry or neurology as their first choice for consultations regarding conditions such as sleepwalking/night terrors, sleep talking, and RBD. This finding suggests that the public commonly associates these disorders with psychiatry and neurology. The fact that these departments are the first choice for addressing such disorders is unsurprising, considering their traditionally well-established roles in the diagnosis and treatment of sleep-related issues.^{33,34} However, a significant percentage of respondents also responded with “unsure,” which may be attributable to a lack of public knowledge regarding the roles of different medical depart-

ments in managing these conditions. This may also reflect the complexity and overlap of these conditions, which can be influenced by both neurological and psychological factors, consequently making it difficult for the general public to identify the most appropriate specialty for consultation.

Bruxism

Interestingly, bruxism was the only sleep disorder for which most respondents indicated that they would seek help from dental professionals. This preference is likely the result of public awareness that bruxism, the grinding or clenching of teeth during sleep, directly affects the oral region. Dentists are typically the healthcare professionals who diagnose and manage conditions related to the oral cavity, making them the logical first point of contact for people with sleep bruxism. However, sleep bruxism can also indicate broader sleep-related issues such as sleep apnea and other sleep disorders.³⁵ Therefore, although dentists play a crucial role in managing the oral manifestations of bruxism, other healthcare professionals such as ENT specialists or neurologists may also be involved in its comprehensive management, particularly if it is part of a wider sleep disorder.

Study limitations

This study is limited by the knowledge of respondents regarding the relevant sleep disorders, which can vary greatly from person to person. Moreover, we did not verify whether the respondents or someone in their family or friend circle had any sleep disorders, which could have affected their understanding of these conditions. When responding to questions about less well-known sleep disorders, such as RBD, RLS, and narcolepsy, individuals without these conditions may provide inappropriate answers owing to their unfamiliarity. Additionally, this study did not investigate various psychological factors or underlying diseases that could influence the perception of sleep disorder treatments. These factors could potentially affect the awareness and attitudes of individuals toward seeking treatment for sleep disorders. Furthermore, we did not assess the understanding of the characteristics and roles of the different medical specialties by the general population. This limitation may affect the interpretation of the choices of respondents in regard to specific specialties for the treatment of sleep disorders because their selections may be based on incomplete or inaccurate perceptions of what each specialty entails. Future studies should focus on patients seeking medical care for sleep disorders from specific specialties. This approach would involve analyzing data from outpatient departments to elucidate the reasons for choosing particular specialties. Additionally, conducting follow-up surveys at regular intervals (e.g., every 5 years) would be valuable to track changes in public

awareness and perceptions of sleep disorders over time. Such longitudinal data could provide insights into the effectiveness of public health campaigns and educational initiatives related to sleep health and could help identify trends in healthcare-seeking behaviors for sleep disorders.

Conclusions

The public should recognize that, although certain symptoms of sleep disorders may appear isolated, they may also be indicative of broader issues that necessitate the expertise of certain medical professionals. Enhanced public education on the multifaceted nature of sleep disorders and the potential benefits of a comprehensive multidisciplinary approach is important. By promoting this understanding, we can foster a more patient-centered approach to the management of sleep disorders, thereby enhancing patient satisfaction and outcomes. In addition, although disorders such as sleep apnea and snoring have garnered significant public attention, other disorders such as narcolepsy and RBD remain poorly recognized. This disparity underscores the need for targeted awareness campaigns, particularly for lesser-known conditions with significant health implications.

Conflicts of Interest

Jee Hyun Kim, Keun Tae Kim, and Jae Wook Cho, contributing editors of the *Journal of Sleep Medicine*, were not involved in the editorial evaluation or decision to publish this article. All remaining authors have declared no conflicts of interest.

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Funding Statement

This study was a project of the Epidemiology Committee of the Korean Sleep Research Society (National Sleep Survey of South Korea 2022), supported by the Korean Sleep Research Society.

Acknowledgments

The Korean Sleep Research Society delegated the administration of this survey to the Embrain (<https://public.embrain.com>).

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