

Looking to the Future

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The review of portable monitoring (PM) by Love and Kuna¹ provides a platform for considering the expanding use of PM in the treatment of sleep disordered breathing. Acceptance of PM has evolved considerably over the past twenty years and has without a doubt increased accessibility to diagnosis worldwide. PM as a tool remains underused for diagnosis and treatment assessment in terms of how it is used and by whom.

There is a need for outcomes research that explores clinical care pathways that maximize the available tools for diagnosis and treatment. Love and Kuna¹ point out that PM is most appropriate for those with a high pre-test probability of obstructive sleep apnea (OSA) symptoms: snoring, witnessed apneas, and daytime sleepiness. If two of three of these symptoms are present in an otherwise healthy, non-obese individual outcomes research could potentially support the ordering of a PM by health care providers other than medical sleep specialists. Care pathway research may show that when there is a high pre-test probability of OSA, a PM ordered by a variety of health care providers, including dentists, and interpreted by a medical sleep specialist results in outcomes equivalent to conventional current pathways.

The review also highlights some of the necessary cautions with PM. There is concern that PM will be used for inappropriate patients and therefore result in misdiagnosis. There is an increasing need for well established multi-disciplinary clinical groups to maximize care outcomes. When patients present with other than straight forward OSA, any health care provider must have a strong link to a sleep specialist to refer for evaluation. When PM results are negative or equivocal a strong inter-disciplinary relationship is essential so patients can efficiently be referred for alternative diagnosis.

Beyond research in outcomes based on diagnostic pathways, PM is underutilized in evaluating oral appliance (OA) outcomes. There is a need for research to support use of PM to confirm OA effectiveness in routine clinical practice. A possible pathway to be evaluated would require the dentist to dispense PM until maximum effectiveness and then report to the referring physician. This editorial is a call for innovation in concepts of OSA care delivery.

CITATION

Dort LC. Looking to the future. *Journal of Dental Sleep Medicine* 2015;2(2):31.

REFERENCES

1. Love A, Kuna S. Home sleep testing and sleep apnea: a review for dentists. *Journal of Dental Sleep Medicine* 2015;2:45–52.

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DISCLOSURE STATEMENT

Dr. Dort is Editor-in-Chief of *Journal of Dental Sleep Medicine*.