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Recent AADSM Protocol Update: A step Forward, or Backward?

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Recently, the AADSM provided an update to Dental Sleep Medicine Standards of Practice; are they a step forward, or a step backward? [1] The abstract states, “...*this article provides best practices for dental sleep medicine as it currently exists...*”; yet the concept of a *mandatory* physician prescription does not appear even once throughout the entire article. Instead of ***physician prescription***, this update uses the term ***physician referral***, pointing out that “*bidirectional referral patterns should be recognized, with the Qualified Dentist (QD) referring to the medical provider and the medical provider referring to the QD.*”

Setting aside the requirement of a physician prescription is problematic in many ways; to name a few, it further strains physician-dentist relations, complicates insurance re-imburement which requires a physician prescription, allows a dentist to initiate the management of a medical disorder without a physician’s oversight, and opens the door to abuse by both unscrupulous OAT, and sleep testing providers.

We have worked very hard to earn the respect and trust of physicians. To date, the AADSM has remained solidly committed to both evidence-based guidance, and to working collaboratively and under the direction of a physician to manage this medical disorder. Near the end of a recent webinar entitled “*Non-PAP Treatment Alternatives for OSA*”, hosted by the Sleep Research Society (August 19, 2021), [2] Denis Hwang, a prominent researcher and sleep specialist at Kaiser Permanente stated the following, “***One thing that we haven’t discussed that’s probably the elephant in the room that probably needs to be put out there, which is, there is a lot of distrust between the sleep physicians and the dentist, the dentists feel like the sleep physicians don’t believe in their product and are just trying to make a lot of money and are trying to do things that are outside their***

scope, and that's how many sleep physicians feel. So, you know, for oral appliances to become successful, we are going to have to bridge that gap some way."

I understand that the status quo has failed us, and that this AADSM Guidance has been written with the best of intentions. However, in contrast to setting aside the requirement of a physician prescription to facilitate access to care, perhaps the collaborative and multidisciplinary patient centric model so eloquently discussed by Dr. Olivier Vanderveeken is a better approach. [3] Considering the acknowledged lack of trust physicians have for dentists, in my humble opinion, setting aside the mandatory physician prescription cannot possibly be viewed as a step forward in our efforts to bridge the gap Dr. Hwang mentions.

DISCLOSURE

The author has no conflicts of interest to report.

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1. Levine M, et al. Dental sleep medicine standards for screening, treating, and management of sleep-related breathing disorders in adults using oral appliance therapy. *J Dent Sleep Med.* 2022;9(4)
2. <https://sleepresearchsociety.org/watch-non-pap-treatment-alternatives-for-obstructive-sleep-apnea/>
3. Vanderveeken O. From patient-centric personalized approach in sleep medicine – From theory to practice. *J Dent Sleep Med.* 2022;9(4)