The Dentist's Role in Sleep Medicine: Why the Hesitation?

Miguel Meira e Cruz, DDS, MSc1, Eduard Estivill, MD2, Meir H Kryger MD, PhD3

¹Sleep Unit, Cardiovascular Center of University of Lisbon, Lisbon School of Medicine, Lisbon, Portugal; ²Clinica del Son Dr. Estivill, Barcelona, Spain; ³Yale School of Medicine, New Haven, Connecticut, USA

In the systematic review recently published in the JDSM about the role of dentistry in sleep disordered breathing by Gianoni-Capenakas et al¹, the authors reported the high prevalence of pediatric and adult sleep related breathing disorders (SRBD). They also focused on detection, prevention, and treatment, along with the interaction between sleep-related respiratory distress and maxillofacial complex changes.^{2,3} Interestingly, in the very same volume of JDSM, Simmons and Shapiro pointed out the territorialism between dentists and physicians, debunking the myth that dentists are incapable of diagnosing and treating most cases of SRBD.⁴ There is a need for a broader view of the dentist's role in Sleep Medicine. SRBD, already recognized by most Dental Medicine practitioners, sometimes co-exists with other common sleep disorders or systemic conditions which may result in poor sleep quality. Sleep disorders (not just SRBD) are frequently underdiagnosed, undertreated or inadequately controlled, resulting in negative health and economic outcomes.^{5,6} Patient history is commonly taken in dental medicine practice and dentists should be able to screen for sleep disorders. Dentists see patients more often than many other specialists. Why should they not be part of the patient's medical "team"? Are they children of a lesser god? And should the patient pay for this myth?

There are currently many specialization programs in "Dental Sleep Medicine." Adequate training in Sleep Medicine for doctors (including dentists) is also available. European Sleep Research Society and World Sleep Society provide international certification programs which are accessible for dentists but in which few dental professionals are engaged. The dentist's role in Sleep Medicine should, like for any other professional, depend on their specific knowledge, expertise and professional licensing requirements. Meanwhile, no doors should be closed in a field where there is a benefit to humanity from the participation of dental sleep medicine practitioners. After all, Sleep Medicine is a transdisciplinary field involving practitioners

in internal medicine, pulmonary medicine, psychiatry, neurology, pediatrics, and psychology. Why not adequately trained dentists?

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Address correspondence to: Dr. Miguel Meira e Cruz, DDS, MSc, European Sleep Center, Incubadora da Universidade de Lisboa, Gab 435 Av. Prof. Gama Pinto n 2 1649-003 Lisboa; Email: mcruz@medicina.ulisboa.pt

DISCLOSURE STATEMENT

The authors have no conflicts of interest to disclose.