What I Know For Sure

Jean-François Masse, DMD, MSc, FACD, Diplomate, ABDSM

Editor-in-Chief *Journal of Dental Sleep Medicine*
Universite Laval, Quebec City, Quebec, Canada

For the record, the AADSM President Dr. Mitchell Levine started with a simple question: what is the future of DSM?

The question, which is always interesting and relevant, seems more pertinent than ever nowadays. One only needs to look at recent changes in the field to be convinced. The list is impressive. For example, we can think of:

- The arrival of Ozempic and other similar medications for diabetes and obesity.
- Philips' announcement that they are exploring a consent decree to withdrawal from the CPAP market in the US[1].
- The increasingly persistent questioning of the validity of AHI for diagnosing sleep apnea[2].
- The debate surrounding techniques used for diagnosing sleep apnea[3].
- The advent of artificial intelligence that is sure to impact the analysis and diagnosis of sleep apnea.
- New technologies, wearables, nearables, and sleep apps[4].

To begin exploring the future of DSM, the AADSM organized a meeting of American and international experts to discuss the subject of new and upcoming treatment options. And as nothing in life is ever simple, we quickly realized that several experts expressed differing perceptions of the current state of knowledge regarding novel treatments proposed in dental sleep medicine. While some authors have already proposed updated definitions of dental sleep medicine, it seems that no one had stopped to examine, based on a recent literature review, possible interventions for sleep apnea and snoring by dentists.

Thus, Dr. Levine asked Dr. Rose Sheats and me to oversee a task force of experts who were charged with conducting an extensive review of the scientific literature from the past 10 years to critically evaluate treatments provided to apneic and snoring patients by dentists beyond oral appliances. The literature was discussed by task force members as well as outside stakeholders representing various stakeholder groups. These robust discussions led to the development of recommendations regarding the novel treatments reviewed. The work of the task force culminated in a report published in this issue of the JDSM.

This report focuses on treatments for OSA and snoring in both pediatric and adult patients. And even though the report of the Consensus Conference identifies that we still need a lot of research to be done, we already see its usefulness in offering guidance regarding treatments already offered by some colleagues. For example, one can think of the very critical report published last December in the New York Times on frenectomies[5]. These recommendations allow dentists to assess the appropriateness of treatments for each patient based on existing evidence and their clinical judgment.

We are gratified to learn that the efforts of the task force to critically evaluate novel DSM treatment options reach beyond the boundaries of dentistry. Task force members will be presenting their findings at the SLEEP meeting in June in Houston, and physician colleagues have indicated their intention to discuss the JDSM article in their journal clubs.

It is important to recognize that the work of the task force represents the current state of knowledge based on the best recent scientific publications and to acknowledge that as more data are collected in the future, the state of knowledge will evolve. I hope that this document will fuel discussions among the members of our community about the future of the profession. On behalf of all members of the AADSM, I would like to thank Dr. Sheats for her leadership in this extensive work.

CITATION

Masse, JF. What I Know For Sure. *J Dent Sleep Med.* 2024;11(2)

REFERENCES

1. Philips Respironics to Stop Selling Sleep Apnea Machines. Division of Sleep Medicine. February 2, 2024. Accessed April 5, 2024. https://sleep.hms.harvard.edu/news/philips-respironics-stop-selling-sleep-apnea-machines

2. Balk EM, Adam GP, D'Ambrosio CM. Large variability in definitions of sleep apnea indices used in clinical studies. J Clin Sleep Med. 2024 Mar 1;20(3):461-468. doi: 10.5664/jcsm.10918. PMID: 38054476.

3. Lechat B, Naik G, Reynolds A, Aishah A, Scott H, Loffler KA, Vakulin A, Escourrou P, McEvoy RD, Adams RJ, Catcheside PG, Eckert DJ. Multinight Prevalence, Variability, and Diagnostic Misclassification of Obstructive Sleep Apnea. Am J Respir Crit Care Med. 2022 Mar 1;205(5):563-569. doi: 10.1164/rccm.202107-1761OC. PMID: 34904935; PMCID: PMC8906484.

4. Can Your Smartwatch Really Track and Detect Sleep Apnea? Apple, Fitbit, Garmin, and More Explained. CPAP.com. January 3, 2024. Accessed April 5, 2024. https://www.cpap.com/blog/wearables-detect-sleep-apnea-apple-fitbit-garmin/

5. What Parents Should Know About Tongue-Tie Releases. The New York Times. December 18, 2023. Accessed April 5, 2024. https://www.nytimes.com/2023/12/18/health/tongue-tie-research-breastfeeding.html

SUBMISSION AND CORRESPONDENCE

INFORMATION

Address correspondence to: Jean-François Masse, DDS, MSc, FACD, D.ABDSM, Professor, Universite Laval, 2780 Masson #200, Quebec City, QC, G1P 1J6, Canada; Tel: 418871-1447; Fax: 418-871-4983; Email: jean-francois.masse@fmd.ulaval.ca