EDITORIALS

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What Does the ADA Proposed Policy on Sleep-Related Breathing Disorders Mean for Dentists and Patients?

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It is a start and it is long overdue. That is what I can say about the American Dental Association (ADA) Proposed Policy Statement on the Role of Dentistry in the Treatment of Sleep-Related Breathing Disorders.[1] In 2016 the ADA undertook the task of creating a policy statement on how member dentists should be involved in the treatment of sleep-related breathing disorders such as snoring and obstructive sleep apnea. I was asked to be part of a team of ADA dentists that were charged with evaluating literature in hopes that we could shape decisions and commentary pertaining to such a policy statement. This group partook in discussions with other members of the ADA and their scientific affairs chairman to help guide the policy that the ADA will adopt in the future. We have come to a milestone in the treatment of snoring and sleep apnea. For the first time since the inception of the American Academy of Dental Sleep Medicine (AADSM) the ADA has taken an active role in the policy fabrication for dentists who are members of the ADA. The proposed policy begins to challenge the status quo with regards to treatment of these medical disorders by dentists. It also endorses member dentists treating patients ubiquitously, but in my opinion the policy falls short in a few ways.

I would have liked the policy to take a stronger stance on the need for continuing education in dental sleep medicine. The fact that dentists coming out of school and even those who have been practicing general dentistry for years are bundled together with those of us who have studied extensively and committed to passing the Diplomate examination of the American Board of Dental Sleep Medicine (ABDSM) is myopic. The proposed policy says that "Dentists should continually update their knowledge and training of dental sleep medicine with related continuing education" which naively assumes that they have any knowledge or education of sleep-related breathing disorders to begin with. Dental schools and even weekend courses cannot adequately begin to shed the needed light on the vast amount of material that one needs to properly treat our sleep patients. It is my opinion that to condone the practice of dental sleep medicine without adequate training is setting up these doctors for potential liability as well as the patients for failure. Continued education in dental sleep medicine is an absolute mandate and just joining an organization is not enough. Dentists must commit to attending meetings, shadowing sleep physicians and even shadowing dentists already skilled in dental sleep medicine to augment their knowledge.

The ultimate goal should be credentialing by the ABDSM. Until dental school education incorporates comprehensive dental sleep medicine curricula, neophytes matriculating from our dental institutions should be cautioned about the intricacies of dental sleep medicine and the relationships that are required to adequately prepare for this expertise.

As dentists we are able to treat myriad maladies of the teeth, head and related oral structures. We routinely screen our patients for hypertension we look for signs and symptoms of diabetes, oral cancer, thyroid cancer, viral and bacterial infections, anemia, and other medical conditions. When we are placed in a position to diagnose obstructive sleep apnea we are told to put the brakes on as it might be out of our scope of practice. The ADA has the opportunity to put forth a major campaign to treat a very large public health problem and at this juncture we don't have the authority to do so. I would like the ADA to be bold enough to confront this issue in the future policy statement regarding sleep-related breathing disorders. We should be permitted to screen our patients and refer them for appropriate treatment just as we would if we screened a patient for cancer and found a lump. We would be co-diagnosing and treating patients, based on the appropriateness of the therapy we could provide. I would no sooner remove a lump in a patient's neck than I would provide a CPAP or an oral appliance without the proper communication, co-diagnosis and recommendations from my medical colleagues. The mutual respect of our medical colleagues will be earned and we will no longer be simply technicians.

We are asked to act like physicians while treating these patients with an oral appliance; we bill medical insurance and Medicare; and keep records that are like our medical colleagues; however, we are told to refrain from anything that might resemble a diagnosis because that is out of our dental scope of practice and jurisdiction. But is it really out of our scope and jurisdiction? That discussion is far too complicated to entertain in this short editorial.

I commend the ADA on beginning the long and arduous task of creating a policy on the treatment of obstructive sleep apnea and sleep-related breathing disorders. I will continue to offer my recommendations in any way I can.

The number of undiagnosed patients with OSA is far too large of a public heath concern to not have dentists included in the overall health screening and treatment of these patients. I believe that we have made great strides in treating these patients diagnosed with sleep-related breathing disorders. With more comprehensive dialogue with the ADA we have the ability to play a major role in managing this health concern.

I am confident that the future of our role in this will benefit patients overall care, hone the relationship with our medical colleagues, and provide another area of expertise within the scope of dentistry. I believe that the education provided by the dental schools with the guidance of the AADSM and the ADA

will be comprehensive and universally disseminated which will continue to foster ideal overall therapy as dentists.

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REFERENCES

1. Proposed Policy Statement on the Role of Dentistry in the Treatment of Sleep-Related Breathing Disorders. American Dental Association website. http://www.ada.org/en/member-center/leadership-governance/councils-commissions-and-committees/dentistry-role-in-sleep-related-breathing-disorders. Accessed March 1, 2017.

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Dr. Schwartz serves on the American Academy of Dental Sleep Medicine's Board of Directors; however, the opinions stated in this editorial are his and do not necessarily represent the views of the American Academy of Dental Sleep Medicine.