

## And if You Believe That, I Have a Bridge to Sell You

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Dentists are being inundated with outrageous email and print claims regarding dental sleep medicine education. Examples of claims that have hit my inbox include:

“...join the members...producing over \$70,000 a month in oral appliances...”

“...reduce overhead...”

“...the only course that establishes the dentist as primary treatment providers...”

“...get started immediately after one weekend...”

And if you believe these claims, I have a bridge to sell you.

Dental sleep medicine (DSM) is a growing field and there are full time fellowship programs of one to two years emerging at a few dental schools. However the majority of dentists will get their training in DSM through post-dental school continuing education. There is good quality evidence-based education available for those interested in DSM. The courses offered by the American Academy of Dental Sleep Medicine are a leading example of quality, evidence based DSM education. This journal is also a source of evidence-based, peer-reviewed scientific information in DSM. There is no need to partake in educational offerings from questionable sources.

The practice of DSM has features that are uncommon in general dentistry. Although there are technical aspects, it is primarily intellectual work that cannot be done by a dentist working alone. Diagnosis, treatment and follow up of patients with sleep-disordered breathing is a collaborative, interdisciplinary activity. Collaboration with physicians is critical at diagnosis, treatment, follow-up, and—in some cases—years

later if oral appliance therapy (OAT) is no longer effective and alternative or additional therapies need to be considered. Courses that aim to educate dentists and physicians together such as the 2018 Sleep Medicine Trends course will be an important component to future interdisciplinary team building.

DSM practitioners treat a chronic disease; this is not a field with “quick fix” treatments. Once you begin OAT the patient is your responsibility for years. Managing inevitable side effects, particularly occlusal changes, continues to be an important challenge in DSM. Despite these challenges, many dentists have found DSM to be a satisfying and rewarding addition to their practices. Many more are beginning to explore the field.

Don't be fooled by outrageous claims of pots of gold. Practicing quality DSM requires a considerable body of knowledge and training. There are good quality offerings out there. Don't cheat yourself—go for quality. Don't buy the bridge.

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### DISCLOSURE STATEMENT

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