

# Jumping on the Bandwagon and Reinventing the Wheel in Order to Grab a Piece of the Pie

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The past year has seen a proliferation of guidelines, position papers, resolutions and proposals addressing the field of dental sleep medicine. Were all these documents necessary to improve patient care and inform clinicians?

The AASM/AADSM<sup>1</sup> guideline update, published in July 2015, is the third revision since the first version published in 1995.<sup>2,3</sup> This guideline reflects over 20 years of leadership dental sleep medicine. I declare my bias as I was a member of the task force that produced the updated guideline after over three years of review and analysis of the literature. This task force of dentists, sleep physicians, and research methods experts exhaustively reviewed the literature and produced a meta-analysis of randomized controlled trials addressing oral appliance therapy for obstructive sleep apnea. Given the stringent methodology to produce this guideline leads one to wonder what benefit would result from other groups producing guidelines utilizing less stringent methods.

Certainly when governance is the issue governing bodies need to give guidance to membership but why not borrow from an existing state of the art guideline? Why are so many groups spending time and money reinventing the wheel?

It is difficult not to be cynical reviewing this growth of guidelines, position papers and other documents. Now that there is growing strong evidence for the effectiveness of oral appliances compared to CPAP<sup>4</sup> other, redundant, documents are being released. It is hard not to speculate as to the reasons that organizations are attempting to claim the field for their specific group rather than general dentists with adequate qualifications in dental sleep medicine. There are groups producing their own documents and ignoring for the most part the twenty-five years of the work available. Some of these groups proclaim now suddenly their members are the ones most qualified to be the providers of oral appliance therapy. Are they just jumping on the bandwagon? Are there financial or commercial interests in the background driving some of the interest?

It is in our patients' best interest is to have the dental profession as a whole collaborate with physicians in the treatment of sleep disordered breathing. Let us not fall victim to divisive elements whose particular interests may be served by pitting groups against each other in the battle of "who owns dental sleep medicine?"

If there are groups with finances and expertise let them use their resources to add to the evidence base for dental sleep medicine—not duplicate another guideline or position statement. There are universities throughout the world with qualified dental sleep medicine researchers and capable students with very limited sources of funds. Groups with financial resources and a desire to further the field could look at awards to foster the growth of the science of dental sleep medicine rather than using another position paper to grab a bigger piece of the pie.

## CITATION

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## REFERENCES

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## DISCLOSURE STATEMENT

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