

Guest Editorial

Sleep Medicine Training for the Dentist?

The last 50 years have seen explosive advances in science and medicine, particularly in general and dentistry. Quite a few paradigms in both, these sciences have changed and continue to change. Case in point: When I was an undergraduate student in dentistry in the early 1990s and even further down the road, clinical findings, such as linea alba bucca, scalloped tongue, generalized attrition, visibility of posterior pharyngeal space, “abfractions,” etc. were merely documented by studious students and slipped into oblivion for the rest of the time. We know from recent research and evolving mounting evidence that these observations may indicate a much more serious medical problem, such as lack of sleep, obstructive sleep apnea (OSA), and nocturnal bruxism. We now know that nocturnal bruxism is not a “habit” but rather a “movement disorder” that the patient may not have any conscious control of. The old paradigm of just telling the patient “you have picked up a habit of grinding your teeth” is fast becoming invalid based on science and research.

Research in medicine and dentistry has revealed a relatively new blend of medicine and dentistry in the form of aiding in the diagnosis and treatment of OSA. Also new ideas and possible paradigms are developing for diagnosing and treating nocturnal bruxism. Most branches and specialties in medicine are eagerly on board with the early identification, diagnosis, and treatment of sleep disorders. Dentists have this phenomenal opportunity to be the first ones to raise a red flag based on their routine oral findings in a patient. Oral findings of OSA, which are so easy for a dentist to screen, could lead to an early diagnosis of this disease that comes with it significant morbidity, mortality, and comorbid conditions. Dentist could thus play a key role in management of these comorbidities of OSA, such as hypertension, heart failure, stroke, and attention deficit disorder. Sleep apnea screening by a dentist could help in enhancing the quality of life in general. Mandibular advancement devices that dentists could make have become crucial in the management of OSA in a large number of patients.

The scope of this relatively new evolving branch of dentistry is tremendous. The training needed for this is significant, but well within the realm of a general dentist. It won't be surprising to see this evolving into a separate branch within dentistry. Let us hope dental institutions, academicians, and clinicians around the world to understand this potential and act in the interest of bettering our patients' lives.

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