INTRODUCTION

Taking the lead in sleep dentistry

Three years ago, while corporate consulting for a number of companies, including SomnoMed, I met and befriended the incredibly talented publisher of all four MedMark journals, Lisa Moler. At that time, as we discussed a variety of orthodontic topics, she asked me about my role at SomnoMed. I shared with her the personal impact consulting for that company had on me, as well as the fact that I had just finished a presentation at the annual Benco sales meeting on sleep apnea — discussing everything from signs to treatment options. In my presentation, I talked about a salesman at Saks Fifth Avenue who helped me to buy a suit. He was maybe 5’3” tall, thin, and very talkative. When he heard about my involvement with SomnoMed and sleep apnea, his whole persona changed, and he became very pensive. He told me that his Dad had died very young, and what everyone remembered the most in the family was his snoring and that he would wake up routinely throughout the night gasping for air. He became very tired constantly throughout the day and had major mood swings. He never received a firm diagnosis, but unfortunately, one day he had a heart attack and passed away. His family felt that all of the symptoms that he had shared with me played a role, but they weren’t ever sure.

I sat there in shock as he walked me through this very personal and upsetting story. He then said, “Funny, my wife tells me I do the same thing.” I immediately asked him if he had been seen by any medical professional for this, and he said no. I sent him to a dental sleep specialist whom I knew locally and told him to keep in touch. Weeks later, upon returning to pick up my suit, when he saw me, he immediately ran over and embraced me. He started to cry, saying, “Thank you for saving my life!” He ended up having an AHI score of 70! (Any score greater than 30 is classified as severe sleep apnea.) Now, he was going through the steps needed to manage his disease. This whole series of events had a real impact on me as well.

Maybe we, as dental professionals, could be part of the answer. Upon hearing the story, Lisa stated that she was having some similar sleep issues; she was exhausted during the day and just wasn’t herself either! Well, off she went to a colleague for whom I had great respect. I sat there in shock as he walked me through this very personal and upsetting story. He

As she began to feel the benefits of treating the condition, she became an evangelist. She said, “Lou, you are right! How can we make a difference?” That discussion led to her launching Dental Sleep Practice magazine after fortunately hiring Dr. Steve Carstensen as the Editor-in-Chief. The journal has quickly grown to a circulation of 30,000 and is considered THE RESOURCE in the field. My mission as Managing Editor of Dental Sleep Practice has been simple and straightforward from the start, and it is the same message that I leave with you here. My goal is for every dental practitioner and, in this case, every one of us, to make the effort to gain enough knowledge to be able to screen for sleep apnea — and to help save lives as a result. As orthodontists, especially with our comfort level and expertise around the use of appliances, we have the ability to take it even further. As my first communication as the managing editor of Orthodontic Practice US and a fellow orthodontist, I ask that we, as a specialty, take the lead as the example for the rest of dentistry to follow, to acquire what’s necessary to be able to screen every patient that sits in our chair. May this issue, dedicated to sleep dentistry, be the motivator to accomplishing that goal.

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