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LETTERS TO THE EDITOR

Increasing the Visibility of Dental Sleep Disorders

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The Journal of Clinical Sleep Medicine focuses on the clinical diagnosis and treatment of sleep disorders. Although these disorders include conditions that may also be of interest to dental clinicians, dental sleep medicine academies worldwide mainly focus on the management of sleep-related breathing disorders, which include snoring and obstructive sleep apnea. However, already in 1999, Prof. Gilles Lavigne and coworkers published a comprehensive review of the diagnosis, pathophysiology and management of sleep disorders in the dental patient.¹ This article was the first to describe in detail several common sleep disorders of interest to dental clinicians, that is, not only snoring and sleep apnea but also sleep bruxism, xerostomia, hypersalivation, gastroesophageal reflux, and orofacial pain. Over the years, the publication by Lavigne et al. was only cited 58 times (Web of Science, all databases, accessed on June 18, 2018), and mainly in dental journals, which shows that dental sleep disorders remain outside of sleep medicine's focus. This lack of visibility is not to the benefit of our patients, because a high-quality professional collaboration between dental and medical practitioners can only be developed and maintained when knowledge of each other's domains is shared.

As to increase the visibility of dental sleep medicine in the medical domain, we would like to share the recently published updated definition of dental sleep medicine with the readership of the *Journal of Clinical Sleep Medicine*²:

"Dental sleep medicine is the discipline concerned with the study of the oral and maxillofacial causes and consequences of sleep-related problems."

This new definition broadens the discipline to the diagnosis and management of other conditions where dentistry plays a pivotal role, ie, it does not only focus on sleep-related breathing disorders (snoring, obstructive sleep apnea) but also on orofacial pain, oral moistening disorders (oral dryness, hypersalivation), gastro-esophageal reflux disorder, and mandibular movement disorders (dyskinesia, dystonia, sleep bruxism). We express our sincere hope that the readership of the *Journal* of *Clinical Sleep Medicine* will adopt the new definition of dental sleep medicine in their clinics or when performing research projects within this intriguing discipline. A broader knowledge of the whole range of dental sleep disorders and their associations is imperative in the interest of providing the best possible management for every single one of our patients. Thereby, a professional collaboration between medical doctors and dentists specializing in dental sleep medicine is crucial.

CITATION

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DISCLOSURE STATEMENT

The authors report no conflicts of interest.