

LETTERS TO THE EDITOR

## Dental sleep medicine perspectives after COVID-19: interprofessional adaptation and directions

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Dental clinics are vulnerable to aerosol and splatter contamination when high-speed turbines and other devices spread droplets of saliva, respiration, and blood.<sup>1</sup> For decades, we were trained to take special precautions: use gloves and masks, disinfect working surfaces, and sterilize all instruments. However, the droplets can remain suspended in the air long after procedures have been completed, and it is unclear how long viruses remain virulent. For instance, the time and surface survival rates for SARS CoV-2 are still under debate. Oral appliance treatments are normally low-risk procedures. However, with the advent of COVID-19, dental and sleep medicine professionals may have to review the required levels of protection for the sake and safety of patients, families, and staff.

Patients and colleagues have raised some questions that need clarification in a post-COVID-19 era:

- Should we assess the risks for all “healthy” dental and sleep patients?
- Do mouth-breathing sleepers, patients with positive disease history, and “healthy” carriers pose risks for their sleep partner?
- Are patients with COVID-19 with positive disease history and “healthy” carriers at zero risk for transmitting the COVID-19 virus during upper airway and oral procedures? (We learned the hard way with human immunodeficiency virus and hepatitis.)
- What precautions are needed when treating patients with COVID-19 in sleep clinics and dental appliance clinics?
- What are the best standards for cleaning multiuser medical devices for home sleep recording?
- Because of the transmission risk, are greater precautions needed when cleaning oral sleep appliances (mandibular advancement appliance for snoring and sleep apnea; occlusal splint for sleep bruxism)?
- What are the best practices? Can we copy-and-paste the protocols for continuous positive airway pressure hardware sterilization? Continuous positive airway pressure has its own challenges.

If the American Academy for Sleep Medicine develops a position on the issue, we hope they will add recommendations for oral devices. It is time to think about the postcrisis reality and to prepare for the next one, because viruses are recurrent.

Finally, we hope that patients who become positive for COVID-19 will not develop other health complications, such as neurologic problems.<sup>2</sup> In addition, given the unpredictable life trajectories of viruses, we remain concerned about recurrent herpes labialis when patients present concomitant atypical neuropathic pain and history of encephalitis.<sup>3,4</sup>

It is time for all sleep management professionals to add the evidence-based knowledge of the virus-related risks to their practices and to reach a consensus with microbiology and public health experts on the best procedures.

### CITATION

Lavigne G, Dal Fabbro C, Herrero Babiloni A, et al. Dental sleep medicine perspectives after COVID-19: interprofessional adaptation and directions. *J Clin Sleep Med.* 2020;16(8):1421.

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### SUBMISSION & CORRESPONDENCE INFORMATION

Submitted for publication April 22, 2020

Submitted in final revised form April 25, 2020

Accepted for publication April 28, 2020

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### DISCLOSURE STATEMENT

All authors have seen and approved the manuscript. GJ Lavigne hold a Canada Research Chair in pain, sleep, and trauma. JF Masse is editor of *Journal of Dental Sleep Medicine*. All other authors report no conflicts of interest.