

On Newer Orthodoxies

It may be an age-related predicament, but I have had a disappointing feeling of late that many meeting presentations continue to elicit a strong sense of déjà vu. New orthodoxies in implant effectiveness, zirconia fixed prostheses, and inflated claims for bone substitutes are obvious examples, as they continue to dominate the celebrity circuit's repertoire. Yet, I readily concede that this is all part of the zeitgeist of keeping up and searching for new answers. Still, far too often, the presented papers continue to be greeted with too much deferential assessment, especially when presented in a methodologically rigorous context. It all adds up to a mind-numbing "informational cascade," as groups of clinicians digest tentative ideas while risking mistaken or premature conclusions. These concerns, at first blush, may very well be much ado about very little. Nonetheless, the search for clear explanations and guidance as opposed to scientific ambiguity must continue if we are to avoid having the informational cascades develop into another legacy of empiricism, or even contrived "standards of care."

It is therefore very reassuring to come across written impressive and pragmatic evidence of clinical scholarship that reconciles scientifically based aspects of preventive medicine with dentally related concerns. The recently published text *Sleep Medicine for Dentists* by Gilles Lavigne, Peter Cistulli, and Michael Smith is one such opus. It is a very good assertion of how the

management of sleep disturbances, either as primary disorders or co-morbidities with other medical, psychiatric, or dental conditions, can be a significant opportunity to improve and even prevent medical and psychiatric events. The science and clinical implications of sleep medicine should resonate strongly with our discipline—indeed, the entire profession. This is an entirely new orthodoxy for dentists since we are, after all, dealing with the physiologic state of our own as well as our patients' sleep experiences, which affect a significant part of all of our daily lives. We have come a long way from believing that "slides in centric" are serious catalysts for nocturnal parafunction or bruxism, and that "occlusal hygiene" should remain the sine qua non in prosthodontic therapy. This book's message opens up new educational and therapeutic vistas for the dental profession—curricular ones in particular. I therefore invited David Mock, a dental school dean, professor of pathology, and expert in managing temporomandibular disorders, to write a short critique of this exceptional text. He is a close friend and colleague from my old university years and whose recognized expertise has impacted profoundly on Canadian dental education and professional practice.

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