

ADITI DESAI: 'I WANT DENTAL SLEEP MEDICINE TO BE TAKEN SERIOUSLY'



Dr Aditi Desai is President of the British Society of Dental Sleep Medicine. A restorative dentist for over 36 years, she now limits her practice predominantly to the management of sleep disorders. She works with respiratory, chest and sleep physicians, ENT consultants, neurologists and psychologists helping manage patients with snoring and sleep apnoea. Dr Desai's late husband was also a dentist.

Can you tell me a bit about your background and how you came to study dentistry in Cardiff?

I'm of Indian origin, born in Kenya and have been in the UK since 1972. I still have family there but haven't been for quite a while although I am hoping to change that this year.

I came from quite a humble background so money was always tight. I came to Cardiff to live with my sister and completed my A-levels in six months. I then put in for dentistry at Guy's Hospital and Cardiff. I got accepted by both and decided to come to Guy's but after looking at the cost of living in London, I decided to stay at Cardiff. I have never regretted it. The teaching was amazing and they gave me an exemption for the last year so I graduated in four years instead of four and a half.

Cardiff was great, I loved it. When I came over from East Africa, I was literally put on a plane by my parents, who had never been here before. They were sending their daughter to a foreign country in the West that they had never visited – they didn't know what would happen. I asked my Mum recently 'did you not worry about me?' and she said 'no, we had the confidence in our upbringing of you; we knew you wouldn't go off the rails'. I thought oh dear, as my two daughters live down the road from me and I still worry about their safety.

What made you choose dentistry?

I was a bit of a rebel. My grandfather helped to set up the Law Society of East Africa under the British colonies and he was awarded the MBE for his services to law in about 1964, so my family have all been educationalists. My father is the eldest of eight brothers and my two sisters and I have always been brought up with

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the utmost respect. Traditionally in Asian families the women did not always get the same education as the men, but my family is quite the opposite. I think for me, there were two older family members – my sister and the youngest uncle, who is only a year older than my sister. There was always this healthy competition between the two of them – one would be the pharmacist and one would be the doctor. As it happened my sister became the pharmacist and my uncle the doctor. There was always this pressure on me to become a doctor, and I think to a certain extent I rebelled. I thought no, I'm not going to become a doctor, I'm going to become a dentist. I also think I was quite in awe of our family dentist. In Kenya we only visited the dentist when we needed to as we didn't have the money to do otherwise, but I thought our family dentist was such a nice guy, I must become a dentist too.

I got two Bs and a C in my A-levels and Bs actually mattered in those days. Getting into Cardiff was tougher than getting into Guy's and everyone there was Welsh – there weren't many 'foreigners', and when I say foreign I mean non-Welsh, including the English. There was one overseas student every other year or something like that and funnily enough I met my husband at university as they had two Indian students at the time! He was studying dentistry too.

When did you become interested in dental sleep medicine?

I was a BBC dentist for about 13 years based in Broadcasting House, and I think towards the tail end of all that time I wasn't exactly bored (I had done my Master's while I was there) but I wanted something else. I am very much into breaking new ground

– I like to try different things and I am quite entrepreneurial in that respect, so I kept thinking what else can I do now? I know how to drill and fill and do some implants and crowns and bridgework and I did all of that but I kept thinking what more can I do? One day I noticed that there was a leaflet which came in one of the journals and it said 'dental sleep medicine, snoring and sleep apnoea'. Just by sheer coincidence a patient from Australia who worked at the BBC had come to see me with the most disgusting looking mouthpiece and I looked at him and thought what is that and he said 'oh it helps me sleep'. It was just fluke that I saw the leaflet. I don't recall now which journal the leaflet was in! I went to the meeting in Oxford and I enjoyed it and I got my CPD points. At the next meeting I went to I was invited to join the Board of BSDSM, the formal society for the practice of dental sleep medicine.

Unfortunately, in this country there isn't any formal dental sleep medicine accreditation, but now that I have taken over as BSDSM President, I will be pushing to bring in formal accreditation in order to ensure that patients are treated to the highest standard.

Why did you decide to set up Global Sleep Solutions in 2013?

I felt that I wanted to do dental sleep medicine (DSM) at a level at which no one else was doing it. I am very passionate about it and I don't just want to treat people who are referred to me or that can afford the treatment. I want GSS to be there so that anyone who is looking for help, whether it's snoring, sleep apnoea, or an oral device provided by a dentist, or anything – they should be able to read the website and see that there is help available. It's not just about

making a mouthpiece for the patient, it's about getting it right, following a protocol, which BSDSM have put together and is very robust. Not everybody needs an expensive oral device, but they need to be able to seek help with GSS – and I work with a team of people who should be able to help them in the right category. It's about improving the patient experience and making sure that they're not passed from one to the other to the other. I want them to be able to come to GSS, whether it's at the Harley Street practice or at London Bridge Hospital, and whoever they see will be able to say okay you need A, B and C and this is how we are going to organise and manage it for you. If the patient experience is positive then the patient's treatment outcome is going to be positive.

I have three priorities for GSS:

1. To raise awareness of GSS among the public and among the dental and medical profession. People are still very ignorant and unaware about the sleep issue. It's a very serious issue, not an after-dinner joke
2. To provide education: what is it you're suffering with, what are the consequences, the risks, what can you do to help yourself, what can we do to help you?
3. To give patients treatment options whether we treat them, for example, with CPAP [continuous positive airway pressure] or CBTI [cognitive behavioural therapy for insomnia], it's just making the whole thing a bit more cohesive.

Do you think most dentists understand the importance of their role in assessing snorers?

Some do. It's increasing slowly and that is where my role as President comes in, as I am doing everything that I can now to get that message out to the dentist. Not everybody needs to treat the patients but if dentists know that they can at least recognise signs, symptoms and risk factors in their own patient base they should be able to say you need some help, or do you need some help, and then pass them on. My idea is to set up centres of excellence around the country so that we can have dentists who refer in. I realise that NHS dentists are so overwhelmed, they just don't have the

time, and I don't want to sell DSM as a revenue-increasing service. It's not just about making money; sleep apnoea is one of the most serious diseases in the world and the numbers are growing with rising obesity and poor lifestyles on the increase.

Do you think DSM should be in the undergraduate curriculum?

It's not covered yet but I am speaking to dental schools at the moment. I used to be a clinical teacher at Guy's and St Thomas' for about 13 years. I will be speaking to the Director of Education saying let me, as BSDSM president and an ex-clinical teacher, come and give your students a free talk. It is tough to make this happen but it will eventually; I am confident. What we have decided to do as a Board is offer affiliate membership to any student of dentistry or medicine and the new DCPs so that they can come along and listen and learn about DSM. These people will be the future of dentistry and the society. There's no point in me trying to lure in dentists towards the end of their careers.

Is BSDSM's introductory course for dentists and dental technicians well attended?

We did have a huge success in November. We had 23 delegates; it's usually about 7-10. I introduced a free members' day. We provided state of the art premises with an amazing lunch and had the current President of the European Academy of Dental Sleep Medicine giving a talk. I also gave a couple of talks, and then we had members who stood up and talked about their experiences. We had a small brainstorming session too. This year I'm planning an advanced course as part of the members' day with a speaker from the US. We want to market our introductory course [18 June at Leicester Royal Infirmary is the next date] as we want to get as many people attending as possible. The more attend, the more money we have to introduce something different like study clubs and lunch and learns – I want to go round the country introducing this. Some of my board members could go to local study clubs and give a short talk on DSM near where they live or work.

What are your plans and ambitions for BSDSM?

My goals as President are:

1. To increase membership
2. To raise awareness among dentists of their role (as mentioned above)
3. I want the rest of the medical fraternity to take dental sleep medicine seriously and appreciate our role in managing these very sick patients. No dentist should work in isolation treating these patients; they have to work a multidisciplinary team of experts otherwise they will be at risk of working outside their scope of practice.

If I can achieve one thing that I am most passionate about it is bringing in accreditation in DSM just like the Americans have so that unless you are accredited you won't get indemnity insurance cover – because managing these patients well is what's most important.

Do you have a hectic working week?

I think I'm probably the only dentist in the UK that does sleep medicine as a major part of their role. I work between Harley Street and at London Bridge Hospital – we're now based at The Shard – and at the Wellington Hospital too. I live in South Kensington which is very convenient, so I'm busy from morning until night but I'm not doing the full-on hands-on restorative dentistry that I was doing before. I'm writing articles all the time and will have delivered 16 talks at conferences, or full day courses on DSM this year. My BSDSM role takes up on average two to three days of the week because it's all about networking to raise the profile of dentists and BSDSM. As far as I am concerned, I have a basic knowledge of other sleep disorders. For example, if someone has sleep apnoea and is snoring, they may have something else going on with them as well, like restless legs, or it could be insomnia – they may have obstructive sleep apnoea, so knowing who to refer to is important. If someone is not sleeping and I send them off to ENT, it's no good. I need to send them to a neurologist or a sleep physician. I've built up a decent network of the really 'top of the tree' people in the medical profession. They're absolutely amazing – I love

working with them and there is mutual respect there.

Do you have much time to yourself/to spend with family?

I have two daughters, one a banker and one in property. The youngest one got married last July – which is partly why I have been so busy the last couple of years! I am enjoying my time now that my daughters have moved out. My family are very independent but also very close. I still see a fair bit of my daughters and my son-in-law but I also have my own space. I'm very comfortable in my own space. I am working very hard for the society but I do have time for myself.

Do you still have a passion for dentistry and what are your long-term plans?

I am 62 this year but I can't see retirement on the horizon yet. I would like to travel more. I travel a fair bit when lecturing but I would like to see more of the world. I have got a lot of work to do for the society and I set very high standards for myself and

the rest of the Board. The Board of the BSDSM are fantastic and we all work well together to make it into a high profile professional organisation. Once the society's affairs are in order I will make the time to travel more.

I do very much still feel passionate about dentistry and still do a reasonable amount of restorative dentistry which is what my Masters is in. I feel that I don't want to ever deskill. I see a lot of patients from abroad, people who have done the rounds and eventually ended up in my chair; they have come from Russia or Africa or the Far East and their teeth need to be in a certain condition in order to treat them so I tell them to go back to their dentist. Most of them do not want to wait for their oral appliance and ask me to complete their dental treatment which I do.

I'm so lucky that the practice in Harley Street where I am based allows me a free hand to do what I want, treat who I want, introduce any treatments that I want and market ourselves the way I want. The principal is a brilliant dentist and has done

all he can to help establish the DSM practice here. We have every specialty and I complete the circle, so to speak. Boston House Dental and Dermal Clinic, the sister practice in London Wall, is of a similar set-up and I consult from there too. This means a lot of running around for me but I don't mind as I am so passionate about the field of DSM.

I love being a dentist and I think I enjoy it so much because I have such a lovely team of people that I work with: people who are good at what they do, ethical practitioners like myself.

Until October 2014, I was a clinical teacher at Guy's, King's and St Thomas' Dental Institute, and I taught my students to set a high standard and be passionate about what they were doing. I think if you are passionate about something, you are likely to achieve your level best.

For more information about the British Society of Dental Sleep Medicine, visit <https://www.dental-sleepmed.org.uk>.

Interview by Kate Quinlan