

Managing Obstructive Sleep Apnea and Snoring with Oral Appliances

PEAK (Practice Enhancement and Knowledge) is a College service for members. The goal is to regularly provide Ontario dentists with copies of key articles on a wide range of clinical and non-clinical topics from the dental literature around the world.

It is important to note that PEAK articles may contain opinions, views or statements that are not necessarily endorsed by the College. However, PEAK is committed to providing quality material to enhance the knowledge and skills of member dentists.

The term sleep-disordered breathing (SDB) encompasses a spectrum of pathophysiologic conditions, including obstructive sleep apnea (OSA), that are related to increased upper airway resistance. In patients with OSA, partial or complete cessation of breathing occurs repeatedly throughout the night, resulting in snoring, fragmented sleeping and excessive daytime sleepiness. In addition, OSA is associated with other adverse and potentially life-threatening health consequences.

Oral appliances may be used to maintain the tongue or jaw in position to relieve or improve sleep-disordered breathing (SDB) and snoring. However, before an oral appliance is provided, it is important that the patient be assessed for the risk and severity of OSA.

To avoid potentially serious complications for patients, the College published a Practice Advisory



article on this important subject in May 1997, which was later republished as a Practice Check article in Fall 2000 and updated in the February/March 2007 issue of Dispatch. The most recent Practice Check article reminded members of the College's position, which remains that dentists must ensure affected patients undergo a medical assessment to determine the nature of their SDB, including the presence or absence of OSA, before initiating treatment with oral appliances.

With the current issue of Dispatch, PEAK revisits this subject and is pleased to offer members the following special article: "Position paper by Canadian dental sleep medicine professionals regarding the role of different health care professionals in managing obstructive sleep apnea and snoring with oral appliances" from the September/October 2012 issue of the Canadian Respiratory Journal.

THE USE OF AN ORAL APPLIANCE FOR SLEEP-RELATED THERAPY SHOULD BE INITIATED ONLY BY A DENTIST.

The position paper was based on evidence-based consensus by an expert panel comprised of members of the Canadian Sleep Society and the Canadian Academy of Dental Sleep Medicine, and is consistent with the guidelines of the American Academy of Sleep Medicine and the recommendations of the American Academy of Dental Sleep Medicine for the use of oral appliances in the treatment of OSA and snoring.

The position paper presents a brief review of the recommended uses of oral appliances in the management of snoring and OSA, and emphasizes the importance of a team approach to such therapy involving dentists and physicians who are trained and competent in this field. The position paper notes that the use of an oral appliance for sleep-related therapy should be

initiated only by a dentist, whose main roles are to screen for SDB, but not to diagnose it, and to provide therapy.

In particular, the position paper advises that:

- for a patient who complains primarily of snoring with no sleepiness, the dentist must refer to a sleep physician or family physician to review the patient's overall medical history and exclude the presence of OSA;
- for a patient who experiences daytime sleepiness and in whom sleep apnea syndrome is suspected, the dentist must refer the patient to a sleep physician to assess the risk and severity of sleep apnea.

The position paper also makes recommendations about monitoring of the patient's response to oral appliance therapy, as well as the management of side-effects.

COLLEGE CONTACT

Dr. Michael Gardner – Manager, Quality Assurance
416-934-5611 1-800-565-4591
mgardner@rcdso.org