

Proposed Policy Statement on the Role of Dentistry in the Treatment of Sleep-Related Breathing Disorders

Sleep related breathing disorders (SRBD) are disorders characterized by disruptions in normal breathing patterns. SRBDs are potentially serious medical conditions caused by anatomical airway collapse and altered respiratory control mechanisms. Common SRBDs include snoring and obstructive sleep apnea (OSA). OSA has been associated with metabolic, cardiovascular, respiratory, dental and other diseases.

Oral appliances, specifically custom-made, titratable devices, can improve OSA in adult patients compared to no therapy or placebo devices. Oral appliance therapy (OAT) can improve OSA in adult patients, especially those who are intolerant of continuous positive airway pressure (CPAP). Dentists are the only health care provider with the knowledge and expertise to provide OAT.

The dentist's role in the treatment of SRBDs includes:

1. Dentists should screen patients for OSA as part of a comprehensive medical and dental history to recognize symptoms such as sleepiness, choking, snoring or witnessed apneas and refer these patients as needed to the appropriate physicians for proper diagnosis.
2. Oral appliance therapy is an appropriate treatment for mild and moderate sleep apnea, and for severe sleep apnea when a CPAP is not tolerated by the patient.
3. When oral appliance therapy is prescribed by a physician through written or electronic order for an adult patient with obstructive sleep apnea, a dentist should fabricate an appropriate oral advancement device.
4. Dentists should obtain appropriate patient consent for treatment, including the potential side effects of using OAT and appliance longevity. Dentists treating SRBDs with OAT should be capable of recognizing and managing the potential side effects.
5. Dentists who provide OAT to patients should monitor and adjust the Oral Appliance (OA) for treatment efficacy as needed, or at least annually. As titration of OAs has been shown to affect the final treatment outcome and overall OA success, the use of unattended cardiorespiratory (Type 3) or (Type 4) portable monitors may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of these portable monitoring devices may assess interim results of OA titration.

6. Surgical procedures may also be considered as a secondary treatment for OSA when the CPAP or OAT is inadequate or not tolerated.
7. Dentists should continually update their knowledge and training of dental sleep medicine with related continuing education.
8. Dentists should maintain regular communications with the referring physician as to the patient's treatment, progress and any recommended follow up treatment.
9. Follow-up sleep testing by a physician should be considered to evaluate treatment efficacy for the OSA especially if the patient develops recurring OSA relevant symptoms or comorbidities.