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Interview 15A

How do dental sleep devices work?

They work very well at relieving symptoms and decreasing apnea for mild to moderate OSA. They can even work well in many severe cases, but with less predictability.

How well do dental sleep devices work?

The real question here is: What is a snore guard, and how do we know it is just snoring? Has the patient had a sleep study?

I know there are several over-the-counter “boil and bite” products targeted at snoring prevention. In addition, I know there are dentists who claim to make “snore appliances,” but do not treat obstructive sleep apnea.

We, I have news for them: if you are treating snoring, you are likely treating OSA without a diagnosis! Snoring and OSA are caused from the same anatomic problem: a collapsing airway. Patients who snore also have an increased risk of having OSA and, furthermore, snoring is often the first sign of OSA.

Before making any type of device for snoring, I feel the patient should be evaluated for OSA with a sleep study. The majority of time we will find out it is more than snoring. Once the diagnosis is complete, then proper treatment decisions can be made. It really upsets me to see that some individuals and dentists are treating this very serious medical disorder without a proper diagnosis and follow through.

What other treatments are available?

The “gold standard” for treatment of OSA has been CPAP, which stands for continuous positive airway pressure. Basically, it is a pump that is attached to a mask or nasal pillows—tubes in the nose—that increases the pressure in the airway. Much like blowing up a balloon, the pump is adjusted with enough pressure to keep the collapsing airway open.

It is the most predictable way to get air into the lungs and is a life-saving device for many people. The major problem is that many people can’t tolerate its use. There are numerous common complaints with the CPAP, the most common among them are claustrophobia, GI problems, skin irritation and inconvenient use.

In addition, one of the common reasons for seeking treatment for OSA is excessive daytime sleepiness [EDS]. CPAP can help, but sometimes the CPAP itself disrupts sleep so much that the positive effects on EDS are negated by this disruption.

Other treatment options include various surgeries. Most of these surgeries are less predictable than treatment with dental sleep devices or CPAP and they are, of course, non-reversible, painful and have medical risks.

The American Academy of Sleep Medicine recommends dental sleep devices for patients with mild to moderate OSA who prefer them to CPAP, and for patients with severe cases of OSA who cannot tolerate CPAP. Surgery is recommended only after the non-surgical options.

What specialized equipment is necessary for a dentist to become involved in this kind of treatment?

The equipment necessary to successfully treat these patients for OSA is not nearly as involved and costly as it is for other areas of dentistry.

I’ve often thought if I were just getting out of school, getting involved in this area would be a great way to get started. Due to the increasing demand for treatment of OSA, we can help the patients who don’t have severe OSA, who are of course, CPAP intolerers, and who are not really controlled with oral appliances.

The compliance rates vary from around 70 to 95 percent in studies, I have found that the vast majority of our Dental Sleep Solutions patients find them to be comfortable and wear their devices nightly.

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need for dentists in this area and the minimal equipment costs, it can be a great profit center for little investment.

A home sleep recorder, by Embelta, and the pharyngometer/rhinometer by Ecosion are the two pieces of equipment that I feel are necessary in treating OSA with dental sleep devices. Our Embelta home recorder is a way of completing a home sleep study.

This precise piece of equipment can be used for diagnosis if utilized with the help of a board-certified sleep physician, and is essential to determine if our dental device is adjusted properly.

The Ecosion is a little computer about the size of an iPod that is attached to the patient while he or she sleeps at night. It records many channels of information including airflow, pulse oximetry and respiratory effort. The Embelta is then returned in the morning and we download its information into the specialized software.

This software will help us analyze the data that was obtained to see if our sleep device is adequately alleviating the apnea. Without this piece of equipment, we would not be able to tell if our devices are working properly.

The Ecosion is an apparatus that sends sound waves through the airway, giving us a volumetric reading of the airway in a graphic format on our computer screen. We can use it to measure the nasal airway, the rhinometer, or the oral airway, the pharyngometer.

It is great for screening patients for airway problems, and for helping to determine the optimal jaw position for dental devices. By manipulation of the jaw while using the Ecosion, we can more adequately predict treatment outcomes and more desirable jaw position. Both the Embelta and Rhinometer can be purchased solely through Sleep Group Solutions.

What special training does a dentist need to provide these services?

Dentists wanting to get involved should take an introductory course with knowledge of dental sleep medicine, I have been recruited by the neighboring medical community to provide care in the cities of Sarasota and Tampa.

In both of these areas, I was recruited by sleep physicians to help treat their patients because there was no other trained dentist in the area. We now have three offices of Dental Sleep Solutions to help with the demand. The prevalence of OSA and snoring is overwhelming and there are very few dentists available to help.

How did you get involved in providing this service?

Much like most of my life: a little luck and a little perseverance. Nine or so years ago, I had a patient of record who needed a dental sleep device, which was prescribed by her physician. I didn’t know much about it at the time, but I started learning.

The more I learned the more I realized the need for help in this area and the enjoyment that you can get from treating these patients. Once I became more educated in the area, I realized that I, too, had OSA.

Of course, this increased my interest in the subject as well. The more I learned about and treated this life-threatening disorder, the more passionate I became. Now it is the primary focus of my practice, and I love it.

What do you like best about providing this service?

That could be a lengthy answer. There are a great many things that I find enjoyable about treating OSA in my practice. I guess the most impressive is that I am now providing a service that is not only dramatically improving peoples lives, it is actually helping to save them. Not many dentists can say that.

In my restorative practice, I have combined some fairly comprehensive rehabilitative cases. After months and even years of work, I have received many gratifying thanks from happy patients.

The amazing thing about treating OSA patients is that in a matter of a few weeks, I commonly receive more back than it is worth! I do it after months or years of restorative treatment.

I routinely receive tearful expressions of appreciation from these desperate patients. Talk about going home at night feeling good! In addition, I find treating sleep patients to be a welcome hiatus from the mental and physical challenges of restorative dentistry.

Moreover, I guess it wouldn’t be fair if I didn’t mention that it also gives the practice a nice financial boost in this down economy.

Which dental sleep device is the best?

This is often the first question that is asked at one of our Sleep Group Solutions seminars. I usually answer it by saying that it isn’t a matter of which device as much as it is about where the jaw is placed.

There are many FDA-approved devices for treatment of OSA, and they all have pros and cons and they all work. Although one may work better than another in some situations, it is mostly a question of comfort.

It isn’t so much about the particular device, but more about proper follow-through of their dental sleep therapy.

How much does the treatment cost and does insurance pay for it?

Of course, treatment costs can range depending on the practice and the particular patient. My estimated range for dental sleep therapy would be from $2,000 to $5,000. At Dental Sleep Solutions, we are experienced at medical insurance billing.

Of course, it depends on an individual’s coverage, but we are finding that medical insurance is helping to cover the costs in most situations. [Editor’s note: See Dental Tribune Vol 3 No 2 for an article on medical coding by Marianne Harper in the pages of Hygiene Tribune.]

What is the first step for a dentist to become involved?

Take a course at Sleep Group Solutions. They offer a two-day course that will get them off and running.

How does Sleep Group Solutions service help a new dentist?

Of course, the first step is through the educational courses we previously mentioned. Also, as previously stated, Sleep Group Solutions offers the two pieces of essential equipment needed to treat patients with breathing disorders.

Finally, Sleep Group Solutions is a great resource. It is one of the largest companies in the sleep field and they have many contacts throughout the country. I have had great experiences working with this company.

The representatives at Sleep Group Solutions are always willing to help and will continue to support dentists new to this field with advice as well as helping with relationship building with other sleep professionals.

What is something you know now after nine years of practice that you wish someone had told you before you began practicing? 

I assume you mean in the nine years of practicing dental sleep medicine because I’ve been practicing dentistry for 20 years.

I wish someone would have told me or influenced me to get involved in treating dental sleep patients earlier. I never knew how much I could enjoy this field.

Do you have any other pearls of dental practice wisdom you would like to share with our readers? 

I have many “pearls” for dentists who are becoming involved in the treatment of sleep apnea, but my “pearl” for those who aren’t is — consider doing it. I think you’ll be happy that you did.

Your practice’s Web site is very inviting. Do you happen to know how many new patients have found you via your Web site alone? 

Presumably, we are getting one or two cases per month from the Internet, but we are completely revamping our Web site along with search engine optimization. We expect those numbers to explode in 2010 for Dental Sleep Solutions.

About the dentist

Dr. Gy Yatros has been practicing since 1992 and is a diplomate of the American Academy of Dental Sleep Medicine.

He is also a member in good standing of the ADA, AGD, Florida Academy of Cosmetic Dentistry, American Academy of Computerized Dentistry, Florida Dental Association and West Coast Dental Association.

Yatros also teaches courses and is available for practice consultation with dentists interested in becoming involved in dental sleep medicine.

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