in dental sleep medicine make mouthpieces to hold the jaw and/or tongue forward, resulting in an increase in airway volume. There is, however, more to it than just making a mouthpiece. In our office, these dental sleep devices are custom made and adjustable.

Through our program we evaluate subjective findings and obtain objective testing with portable home sleep monitors. The results are evaluated and the devices are adjusted to obtain the maximum medical improvement for each individual.

It is more of a process than just handing someone a device. At Dental Sleep Solutions, we call the process Dental Sleep Therapy, and it generally takes us one to three months to achieve the desired results.

**How are the sleep devices different from snore guards?**
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.

**How well 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.

A recent study by Dr. Aarnoud Hoekema [Oral-Appliance Therapy in Obstructive Sleep Apnea-Hypopnea Syndrome©, 2008] found that dental sleep devices were 84 percent effective for mild to moderate OSA patients—4 percent higher than CPAP—and 69 percent effective for severe OSA.

**Are dental sleep devices comfortable?**
I guess the best answer to this is one of personal experience. I have OSA, and I wear a device comfortably every night and have been for more than five years. Patients generally find them much more comfortable and portable than CPAP.

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.

**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...
I feel our courses offer an excellent non-biased curriculum and they are geared toward getting the dentists started immediately. I treat sleep patients every day in my own office, and I am passionate about getting other dentists involved in this exciting area. There are other places to obtain education in this area, but some of these are sponsored by dental appliance companies.

At Sleep Group Solutions, we can give our students honest advice about dental sleep devices as well as practical and useful systems to get started.

Dental sleep medicine has become a large part of my practice, and I want to show other practitioners how to do it for themselves. Dentists can go to www.sleepseminars.com/modules to see the upcoming schedule.

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

Are you kidding? Absolutely yes. Because of the lack of available dentists 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 consulted 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 help than I thought I would ever receive on going home at night feeling good!

In addition, I find treating sleep patients to be a welcome break 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 the often 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.

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 before I had been practicing the two 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? Presently, we are receiving one to 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.