OSA is a ‘treacherous and pandemic killer’

By Fred Michmershuizen, Online Editor

In an interview with Dental Tribune, Dr. J. Brian Allman, founder of the TMJ Therapy and Sleep Center of Reno, Nev., discusses obstructive sleep apnea (OSA) and the important role dentists can play in its diagnosis and treatment. Allman, whose mantra is “Airway is king and tongue volume is queen,” says he hopes all dentists become proficient dental sleep physicians.

What do dentists need to know about obstructive sleep apnea?

Dentists are first in line to screen patients for OSA and must embrace the responsibility to ask questions regarding sleep issues, understand this disease’s craniofacial anatomy by recognizing anatomic clues and, last, learn the signs and symptoms of this treacherous and pandemic killer.

Some of the more obvious clues are actually very simple two- or three- or four-piece puzzles. For example, if a patient — or more likely, the patient’s bed partner — harbors complaints of snoring and daytime sleepiness, it is highly likely a sleep breathing disorder patient is sitting in front of you.

If a patient is having difficulty controlling his or her blood pressure, with a third medication imminent, a referral to a medical sleep specialist is recommended. Patients waking several times during the night, having difficulty sleeping or reporting getting up several times during the night to urinate also warrant further questioning.

By beefing up patient questionnaires and adding relevant questions regarding sleep issues, morning headaches, snoring, familial sleep apnea history and discrimination.

UNE raises funds for new dental college

Thanks to the financial support of Northeast Delta Dental and other contributors, a new dental college is on track to be established in the northeastern United States.

The University of New England (UNE) recently announced the lead gift of $2.3 million from Northeast Delta Dental for the UNE College of Dental Medicine.
tively assessing conditions requiring medication — e.g., blood pressure, diabetes mellitus 2, COPD, obesity prescriptions — dentistry can boldly help identify, refer and help mange this deadly disease of head and neck anatomy.

Further, by learning the craniofa-

bial causes such as retrognathic man-
dibular posture, crowded orophar-
ynx and scollipted tongue, likely suc-

cesses can be keenly identified and referred for medical diagnosis. How does obstructive sleep apnea differ from ordinary snoring? Snoring is the thunder and OSA is the lightning. One is annoying, and the other one can kill. We must realize that snoring is an indication of an airway impediment, albeit benign, in the case of primary snor-

ing, but linked to cerebrovascular and CPAP compliance rates. Stabilizing the maxillary arch, however, will not fully rule out the obstruction. What is the primary benefit of oral appliance therapy for patients with OSA? How does it make sense for patients to manage obstructive sleep apnea in the dental office? Dentistry is on a volcano that has yet to erupt — dental sleep medicine practiced by well-trained dental sleep physicians. Dentistry must become a member of a collaborative multidisciplinary team to help manage OSA. By working together, dentists, sleep specialists, ENTs, allergists, cardiologists, neu-

rologists and other medical spe-

cialists can provide the best, most
effective therapy that patients will com-

ply with.

For example, the gold standard for treating severe OSA is continuous positive airway pressure [CPAP], whereby air is used to splint open a collapsing airway to maintain a sleeping person’s open airway. Unfortunately, while this therapy is very effective, not all patients are tolerant, and oral appliances can effectively be used as an adjunctive alternative.

In our clinic, by working with local medical sleep specialists, we use oral appliances to help improve CPAP compliance rates by stabilizing the mandible, resulting in lower necessary air pressures, which is often the cause of CPAP non-

compliance.

In 2006, sleep specialists pub-

lished OSA therapy guidelines rec-

ommending oral appliances be pre-

scribed for patients with OSA, that are easy to fabricate and adjust. Also, due to the dramatic increase in OSA appliance interest, there are several new appliance designs waiting for FDA approval. I am excited to see so much creative innovative energy aimed at “building a better mouse-

trap.”

Appliances that maximize jaw comfort and hard- and soft-tissue stability and minimize appliance bulk, crowding the tongue, and main design issues — are all worth looking at. At this time, there is no one appliance that can do it all.

You have developed a seven-

appointment oral appliance therapy scheduling and billing protocol. Will you summarize and brief the benefits to dentists in using this protocol? First of all, dental sleep medicine DSM should be practiced in part, by every dentist worldwide. Practicing DSM suggests a wide spectrum of clinical involvement. Dentists, at the very least, should screen and refer for appropriate medical diagnosis those patients identified with obvious signs and symptoms of OSA.

Dentists interested in becoming multidisciplinary members of OSA management teams can learn to provide oral appliance therapy and follow-up with training. My goal is for all dentists to integrate DSM pro-

tocol, whether as a referral first line identifier or as a multidisciplinary therapist.

Two of the biggest roadblocks for general dentists are developing dental office infrastructure and medical billing strategies. DSM is confusing for most dental offices and medical insurance companies as a dental service is provided to manage a medical condition. Dental office billing personnel seeking reimbursement from com-

mercial medical insurance compa-

nies for medical procedures is not widely understood and is often a discouraging source of frustra-

tion resulting in abandoning DSM practice. In an effort to streamline integration of what should be a routine general dental procedure, a seven-appointment oral appliance protocol was developed.

By applying our seven appoint-

ment model, which includes dental procedure recommendations and medical billing examples for each of the consultation, impression, delivery, and follow-up appointments, dental offices can hurdle the initial discouraging source of frustration. By avoiding them all together! His-

story includes seven fel-

lowships and clinical reports. If you find a factual error or content that needs clarification, please contact Group Editor Robin Goodman at r.goodman@dentaltrends.com.

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