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 discrimina-

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.

UNE plans to establish a college of dental medicine that will address both the issue of access to care and the need for more oral health professionals in the region. UNE’s College of Dental Medicine will emphasize community dentistry, dental public health and prevention, excellence in clinical dentistry, an integrated health-care...
What kinds of appliances are available to treat people with obstructive sleep apnea?

There currently are several appliance designs, such as the Somno- denial device, which can be fabricated and adjusted. 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 to the benefits to dentists in using this protocol?

First of all, dental sleep medicine DSMs cannot 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 obstructive sleep apnea.

Dentists interested in becoming multidisciplinary members of OSA management teams can learn to provide oral appliances and follow-up with training. My goal is for all dentists to integrate DSM protocol, 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 commercial medical insurance companies for medical procedures is not widely understood and is often a discouraging source of frustration 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-appointment 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 difficulties. However, naturally, the business of dental sleep medicine has been neatly packaged to get offices started on the right track. I am not implying that medical billing is not without its difficulties and that our protocol is magic. By creating an office model that can be duplicated, more offices will be successful and more patients will be successfully managed.

How can TMI side effects be managed for patients with obstructive sleep apnea?

By avoiding them all together! Historically, OSA appliances were built using arbitrary initial positioning that oftentimes was a little difficult for patients to acclimate to, creating undue tension and strain on their craniomandibular complex — TMJs, muscles, tendons and ligaments.

By using a comforting or “romanced bite registration” technique, we can increase initial compliance with our oral appliances and reduce uncomfortable side effects. By taking the time to consider what is initially comfortable for our patients and then slowly advancing or adjusting comfortably over a longer period of time, we reduce the likelihood of patient discomfort, inflammation and pain.

Do you have anything you would like to add?

OSA is a deadly disease of craniofa- ncial anatomy and dentists with educa- tion can easily learn to recognize OSA syndrome.

With more effort and training, dentists can become members of the OSA multidisciplinary manage- ment teams. And, considering the high percentage of snorers who are afflicted with OSA and are incorrectly and dangerously mistreated with only anti-snoring appliances with no consideration for the likeli- hood of deadly OSA, I believe den- tistry is now guilty of supervised neglect; unable and untrained to discern snoring from sleep apnea.

Considering how little sleep training is offered in medical and dental schools, we are now at a dis- advantage. Let’s stop the忽略 and start integrating medicine with dentistry. It ain’t just teeth any- more.

About the doctor

J. Brian Allman, DDS, DABRSM, DAAPM, FAGD, FASGD, FCCMO, FAACP, FAADO, FIOO, is the founder of the TMJ and Sleep Center in Reno, Nev., and is dedicated to the advancement of dental sleep medicine in general dental practice.

He is co-founder of Dental Sleep Digest, a magazine dedicated to clinical OSA practice and The OSA: Online Sleep Academy, a monthly interactive webinar series for dental and general practitioners.

His journey includes seven fel- lowships and diplomates, Senior International Association of Orthodontics instructor and more than 5,000 hours of continuing education in 25 years of dental prac- tice.

Allman lost his mother due to untreated OSA. You may visit him online at www.tmjreno.com.