The British Society of Dental Sleep Medicine
Dr Roy Dookun discusses Sleep Apnoea and the BSDSM

Snoring is a common problem. Loud and frequent snoring can be more than just a nuisance to sleep partners; it can disrupt whole households and has associated inherent health risks.

Snoring is also the primary symptom of Obstructive Sleep Apnoea (OSA), which is a serious medical condition; 50-80 percent of asymptomatic snorers will have some degree of sleep apnoea. When OSA is also associated with excessive daytime sleepiness it is referred to as Obstructive Sleep Apnoea Hypopnoea Syndrome (OSAHS).

Dentists are ideally placed to provide Mandibular Repositioning Devices for the treatment of simple snoring and mild to moderate sleep apnoea, and many are becoming increasingly interested in treating snoring patients in general practice.

However, they may be deterred by concerns over screening patients for OSA and complying with medical legal guidelines. Breaking into a new branch of dentistry, so closely allied to medical practice, can be quite daunting and many practitioners are dissuaded from providing such treatments.

In the UK, we lag behind the US and most of Europe in the treatment of snoring and OSA with oral devices. To help encourage more effective treatments, it was felt that an association of all interested parties was required. Anyone connected with the provision of treatment to OSA patients would be welcome to join; be they dental surgeons, dental technicians, medical practitioners, respiratory nurses, ENT consultants or consultant respiratory physicians.

To this end, a group of highly motivated dentists and technicians decided to act as a catalyst for the establishment of this British group and formed the British Society of Dental Sleep Medicine - BS DSM (www.dentalsleepmed.org.uk and @BSDSM).

The society encourages intercommunication and dissemination of knowledge between interested parties, with the ultimate aim of improving the treatment of patients with sleep disordered breathing (SDB), through the involvement of GDPs and the provision of oral appliances. The BSDSM also works toward facilitating a coordinated, synergistic approach with the medical community for research, treatment, education and professional development.

Patient selection
One of the first problems faced in the treatment of snoring patients is selecting those patients who are safe to treat.

Whilst the diagnosis of OSA lies firmly within the remit of the consultant respiratory physician, the dentist has a role in screening for and suspecting the presence of OSA. Dentists can provide MRDs to treat simple snoring without referring the patient for specialist diagnosis. However, the dental treatment of patients suffering from OSA with MRDs can only be undertaken if the GDP is working as part of a multidisciplinary team comprising a consultant respiratory physician. Safe patient selection therefore, was a major issue.

To address this issue, the BSDSM convened the Sleep Medicine Working Party, comprising experienced GDPs working in the field of SDB, eminent ENT and respiratory physicians. Our aim was to produce a robust, easy to use screening protocol. This tool would allow GDPs to select those snoring patients deemed unlikely to suffer from significant OSA (who can be treated in practice without prior referral for diagnosis) and those who would benefit from referral for specialist diagnosis.

This protocol (Ref 1) was presented to the British Thoracic Society Sleep Advisory Group in 2007 who “accepted the principles and value of such an approach”. It has been accepted by Dental Protection (UK) Ltd and the Dental Defence Union, and has also been incorporated into the Association of Respiratory Physiology and Technology Sleep Apnoea Consortium (ARTP SAC) Standards of Care for Mandibular Repositioning Devices and Dental Sleep Medicine Services 2011.

Dentist training
The BSDSM provides regular basic hands-on training courses as well as advanced training. Such courses cover an introduction into sleep and SDB, how oral devices work, patient assessment and screening, follow up requirements, device selection, practical aspects of appliance provision, use of home sleep monitoring devices and tips on how to introduce a successful dental sleep medicine service into your practice.

A major advantage of our training courses is that the BSDSM is a non-profit making society which is totally independent of any commercial interests or bias. We are free to demonstrate many different devices and products from a range of providers. If our experience shows it works, we will share it with you.

I firmly believe that there is no one perfect device that can be universally prescribed for every patient, so it is essential that GDPs are famil-
Sourcing a trained dentist
To help members of the pub-
lic find trained GDPs we fea-
ture a ‘find a dentist’ page on
our website. BSDSM members
are listed geographically and
can post their practice contact
details. Prospective patients
are reassured that these GDPs
have been trained in line with
current guidelines/best prac-
tice.

Membership benefits
BSDSM membership entitles
you to receive the international
journal “Sleep and Breath-
ing”; an eminently ‘readable’
publication featuring case re-
ports and original articles on
a vast range of sleep disordered
breathing problems.

The BSDSM board fully
supports its members and is
just an email away from help-
ing out with difficult cases and
problems encountered.

The BSDSM provides
members with a wide range
of standard documentation
which saves a lot of surgery
time and effort. GDP, GDP and
sleep physician letters, pa-
tient information leaflets and
detailed medical / snoring as-
esessment questionnaires. The
use of BSDSM patient assess-
ment and recall assessment
check sheets speed patient re-
calls and ensure that no vital
information is left unrecord-
ed. We also provide our mem-
bers with specimen valid con-
sent to treatment forms and
oral appliance care leaflets as
well as detailed instruction on
patient selection.

All BSDSM members re-
ceive substantial discounts on
BSDSM and other interna-
tional meetings. The BSDSM is af-
filiated to the European Acad-
emy of Dental Sleep Medicine
(EADSM). The BSDSM also
has links to several other pro-
fessional Sleep Related soci-
ties such as the British Lung
Foundation and the British
Sleep Society to name but a few.

Through our affiliation
with the EADSM, our aim for
the future is to encour-
age our members to become
EADSM accredited Dental
Sleep Medicine practition-
ers. This qualification would
be recognized by health care
providers throughout Europe
and would allow patients
and sleep physicians to recognize
those practitioners who had
received training at the high-
est level.

What BSDSM members think
“The BSDSM has been invaluable
in raising my awareness about
the importance of the dentist’s role in
the treatment of SDB and the important prac-
tical role we have in treatment
of snoring and sleep apnoea”
(J.Browker)

“Even as a dental professional I
was a victim of serious snoring.
The BSDSM raised my aware-
ness of the problem and showed
me the correct way to screen and
treat patients. My Practice is
now pretty much limited to
caring for patients with SDB”
(A.Desa)

“If you’re a question about SDB,
contact the BSDSM. Their
knowledge has been invaluable
to me as I’ve developed my prac-
tice in this field of dentistry”
(L.Lumness-Barnes)

Reference:
1. J. Stradling and R. Dookun
Snoring and the role of the
GDP: British Society of Dental
Sleep Medicine (BSDSM) pre-
treatment screening protocol
British Dental Journal Volume
206 No. 6 March 28 2009; 206:
307-312

Dr Roy Dookun BDS, MGDGP
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a GDP practising in Guernsey
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