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; 50-50 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 (OSAH).

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 dissaused 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; 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 - BSDSM (www.dentalsleeppm. 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 more 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 familiar with the very latest in dental technology and equip themselves accordingly.
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 practical role we have in treatment of snoring and sleep apnoea" (J.Bowker)

"Even as a dental professional I was a victim of serious snoring. The BSDSM raised my awareness 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.Desai)

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


FEATURE

WOLF LED CORDLESS CURING LIGHT

The Wolf light curing light, is a high-performance light source for polymerization of dental materials. It consists of a charger and a cordless handpiece powered by a rechargeable battery. The unit is designed for use on a table and cannot be wall-mounted. The light source is a high-performance light-emitting diode (LED).

In contrast to halogen lights, the emitted light specifically covers the light wavelength between 430 and 480nm. The polymerization performance is so high that the exposure times can be reduced by 50% in comparison with a conventional halogen light (with light intensity typically ranging from 600 to 800mWcm2).

Selected filling composites can be cured in as little as 5seconds if the light guide can be placed in close proximity to increment. Settable exposure times:
- 5,10,15,20 sec
- Continuous mode (120 sec)
- Tack-cure mode

About the author

Dr Roy Dookun BDS, MFDSRCS (UK), FDSRCS (Eng), FFDP (UK). He is President and co-founder of the BSDSM, a Board member of the European Academy of Dental Sleep Medicine and a Board member of the Association for Respiratory Technology & Physiology Sleep Apnoea Consortium.