You too could treat snoring and sleep apnoea

British Society of Dental Sleep Medicine members explain how to add dental sleep medicine to your practice

Snoring isn’t just an embarrassing, annoying noise; it’s documented to be a sign of obstructive sleep apnoea (OSA) or airway blockage and a potential killer. It’s linked to long-term chronic disorders such as raised blood pressure, adult onset diabetes, carotid artery and increased risk of stroke.

OSA, resulting in serious sleep disruption, can produce greatly impaired performance at work, at home, and on the road. Car accidents are statistically much more common in this group.

Snoring is caused by partial airway obstruction. The severity of the health effect varies widely. Dentists are perfectly positioned to screen for the signs and symptoms which may predict the presence of OSA and refer such patients to a respiratory physician for further diagnosis. If OSA is not suspected then the trained GDP is ideally placed to treat the snoring patient with a mandibular repositioning device (MRD).

In addition, dental sleep medicine is an interesting and rewarding skill to introduce into your practice.

Kirsten Rogers introduced a dental sleep medicine (DSM) service into her practice at 53 Wimpole Street, London.

She says: “Starting a dental sleep medicine service in your practice is easy. Being a relatively new field in dentistry, it would be prudent to seek out non-commercial post-graduate courses. By attending a short course with the BSDSM you will gain a solid foundation of knowledge and be well on your way to successfully managing patients with snoring and sleep related disorders.

“Joining the Society gives you access to a complete clinical guide so that you are ethically covered and standardised for every case. It’s a non-profit organisation run by genuinely caring dentists with years of experience in dental sleep medicine.”

Granta Dental is a private practice in a residential area close to the centre of Cambridge and was established by Dr Helen Harrison in 1990. With her special interest in TMD and occlusal problems, Helen has always sought to give patients a much clearer understanding of the links between their dental experience and the function of their whole oral and cranial systems (including their breathing).

When Dr Thomas O’Connor joined the team in 2013 he brought his knowledge and training which he gained from the BSDSM with regard to sleep apnoea and provision of mandibular repositioning devices and Granta Dental began to provide home sleep studies with the ResMed ApneaLink monitoring system.

Helen Harrison says: “Together with some further training with the BSDSM for all three dentists on the team and the implementation of its clear protocols and pathways for assessing and managing the presentation of sleep disorder in our patients we can now offer a much more comprehensive and clearly understood approach to patient care.

“Many patients are totally unaware, or in denial of, the
Ten tips for introducing dental sleep medicine (DSM) to your practice:

1. Go to www.dentalsleepmed.org.uk for more information and details of BSDSM courses.
2. Educate yourself with non-commercial courses in DSM.
3. Explore a variety of custom-made mandibular repositioning devices (MRDs).
4. Introduce yourself to local medical practitioners and specialists in respiratory medicine and ENT.
5. Add a simple screening question to your patient medical history form: ‘Do you snore?’
6. Decide on your fee scale – a standard initial assessment fee and an overall fee for providing an MRD (each device will have a different cost) and initial follow-up visits for adjustment.
7. Obtain a selection of tools such as a George Gauge™.
8. Educate your reception staff and nurses in the practice’s new dental sleep medicine service.
9. Be primed with questions when speaking with patients and know the Epworth Sleepiness Score (ESS) inside out.
10. Allow at least an hour for a new patient’s first visit for a snoring and OSA assessment and possibly impressions for an MRD.