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.

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...
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 snoring, but linked to cerebrovascular and cardiovascular complications, should the cacophony turn in to pathologic airway blockage during sleep. As we proceed through the continuum of pathology, snoring can progress to severe snoring, leading to sympathetic nervous system over-load, hypertension, stroke and other sequelae. Life-threatening metabolic consequences.

What kinds of appliances are available to treat people with obstructive sleep apnea? There currently are several appliance designs, such as the SomnoDent, a disposable device, 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 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, neurologists and other medical specialists can provide the best, most effective therapy that patients will comply 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 published OSA therapy guidelines recommending oral appliances be prescribed in mild and moderate OSA. One problem is there are not enough trained dentists. Our medical colleagues are often unaware of a competent colleague to refer patients to, but we’re working to more and more dentists to provide these collaborative services.

About the doctor

J. Brian Allman, DDS, DARBSM, DAAPM, FAGD, FASGD, FICCMO, FAACP, FAAFO, FIAO, is the founder of the TMJ Therapy 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 sleep medicine.

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 challenges in DSM startup. Fortuitously, while this therapy is not widely understood and is often an 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.

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.

I’m not implying that medical billing personnel for medical procedures is an a discouraging source of frustration resulting in abandoning DSM practice.

There currently are several appliances available to treat people 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 comfortable 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 craniofacial anatomy and dentists with education can easily learn to recognize OSA early.

With more effort and training, dentists can become members of the OSA multidisciplinary management 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 likelihood of deadly OSA, I believe dentistry 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 disadvantage. Let’s stop the ignore and start integrating medicine with dentistry. It ain’t just teeth any more.

Interview

Theodore M. Shiffrin, DDS

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Editorial Board

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