



# DENTISTS IN THE SLEEP CENTER A PHYSICIAN'S POINT OF VIEW

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# ADA Definition of Dentistry

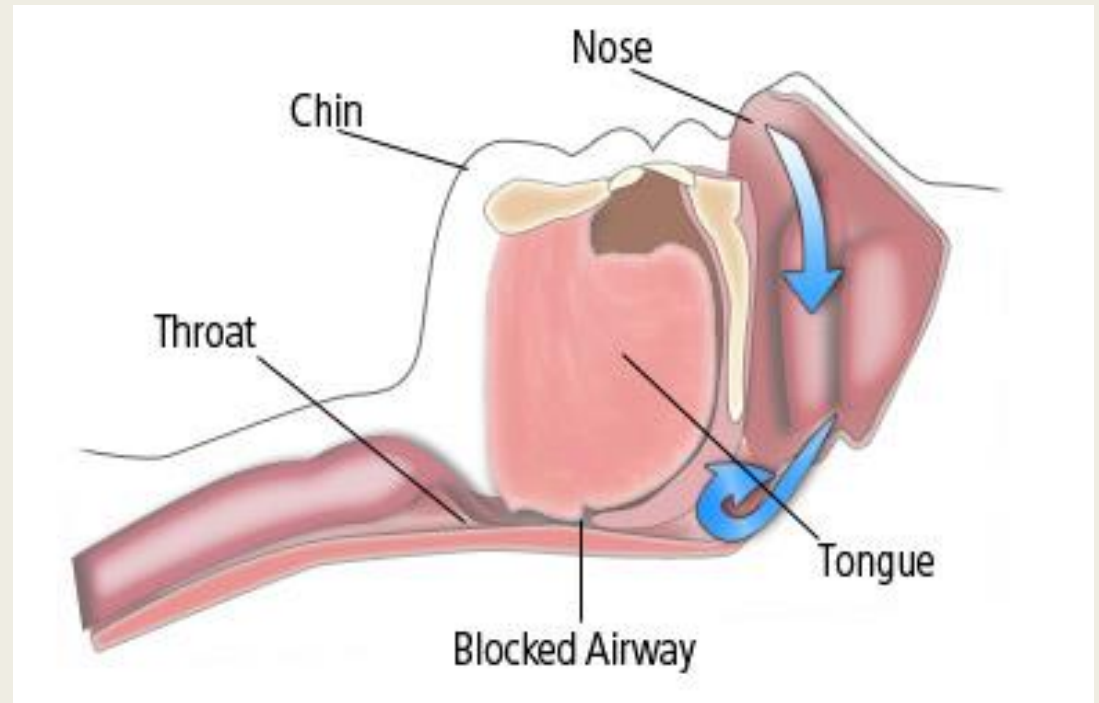
- Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law.

# Dentists are Highly Qualified Health Professionals

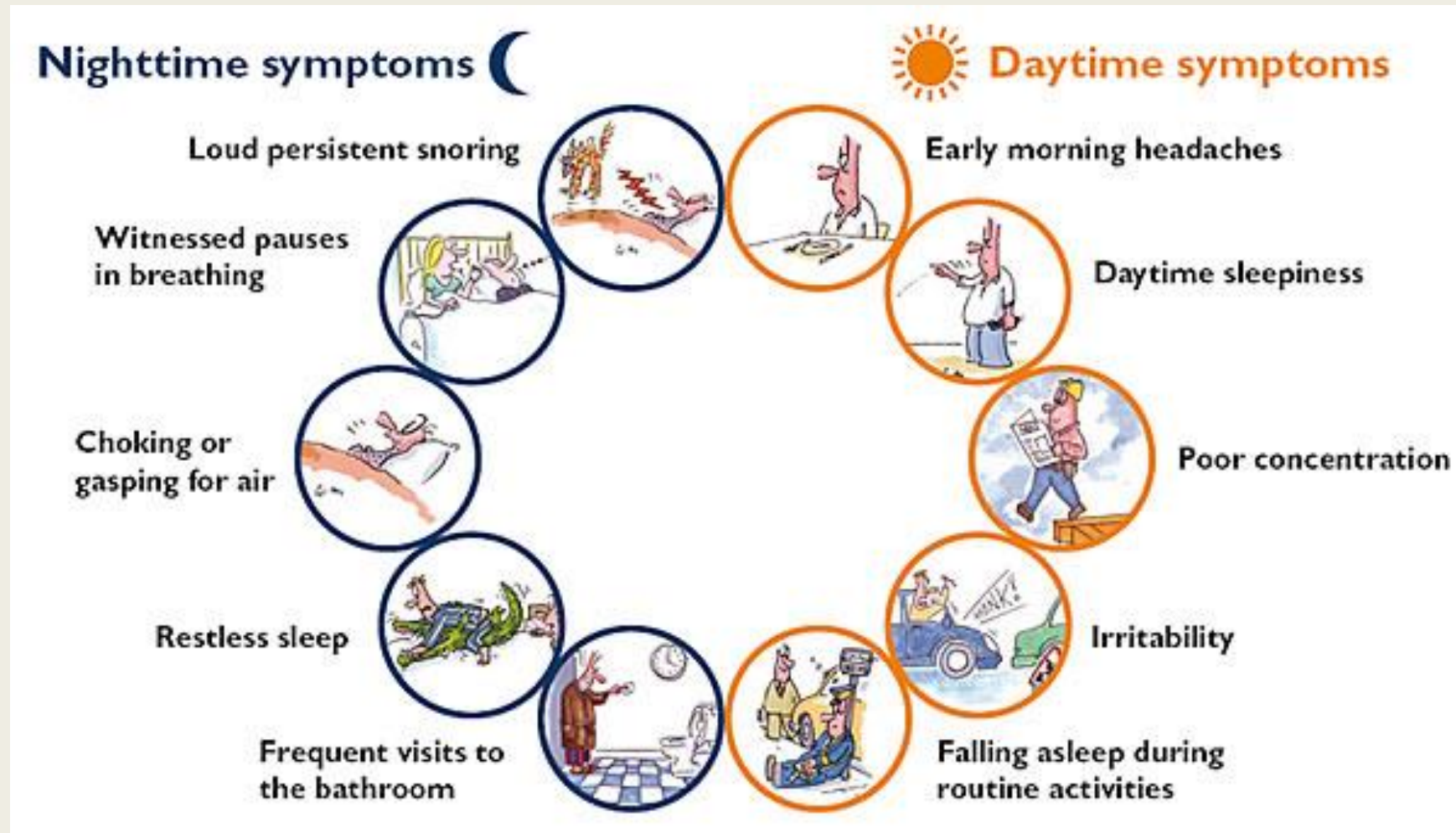
- 4 years of Bachelor's degree
- High scores in the Dental Acceptance Test (DAT)
- Complete a Doctoral Degree - DDS or DMD
- Take the National Board of Dental Examination (NBDE) part I and II
- Undertake requirements for Licensure
- Additional Training for some specialties
- Rigorous continual post-graduate education

# What is Obstructive Sleep Apnea (OSA)?

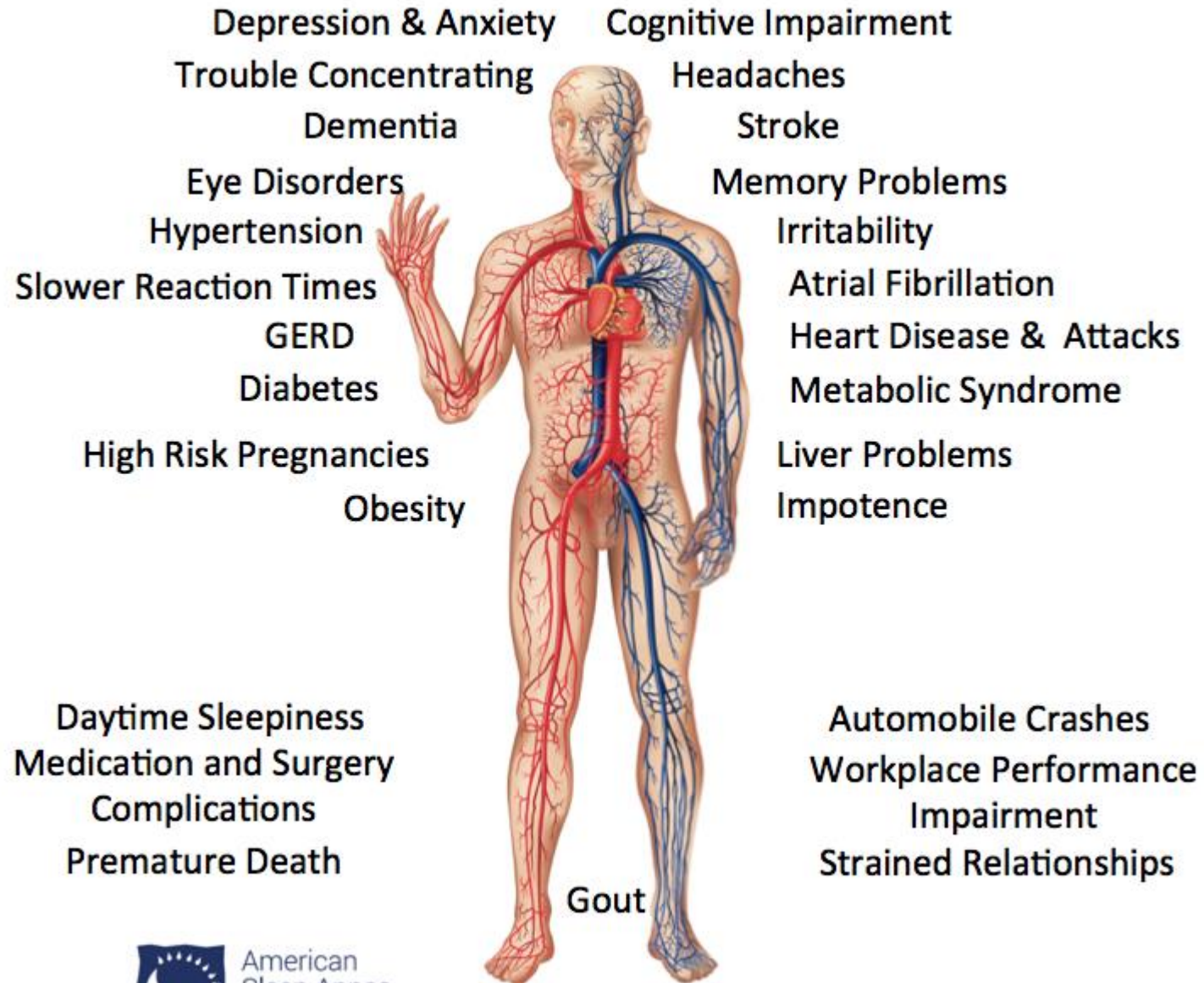
- The occurrence of snoring, daytime sleepiness, witnessed breathing interruptions or awakening due to gasping resulting from a least 5 obstructive respiratory events (apneas, hypopneas, respiratory effort related arousals) per hour of sleep.



# OSA Symptoms



# Consequences of Sleep Apnea



# Why are Dentists Well Equipped to Discuss OSA?

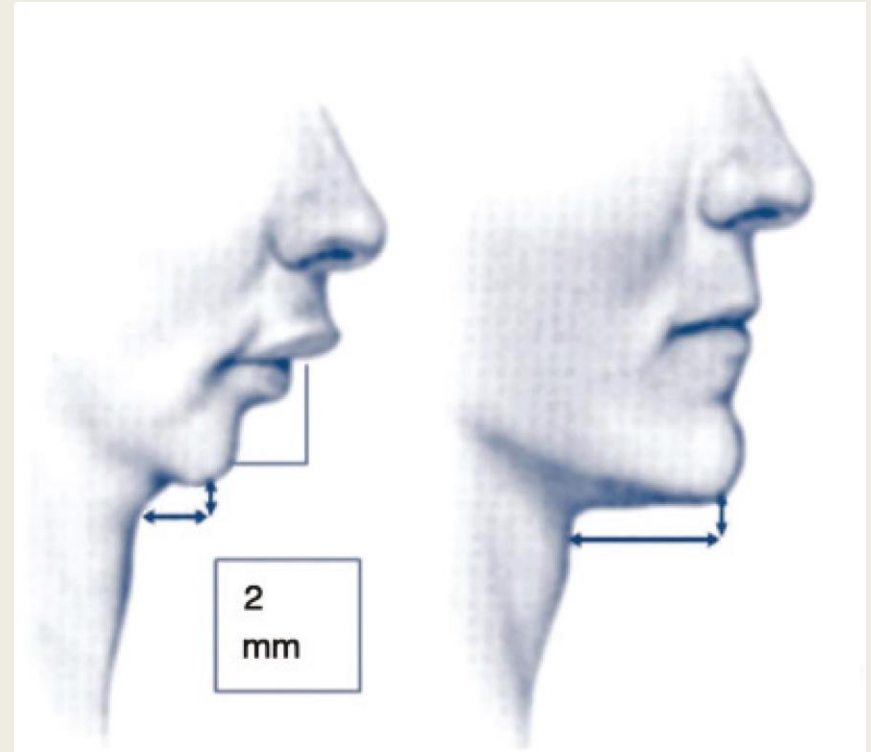
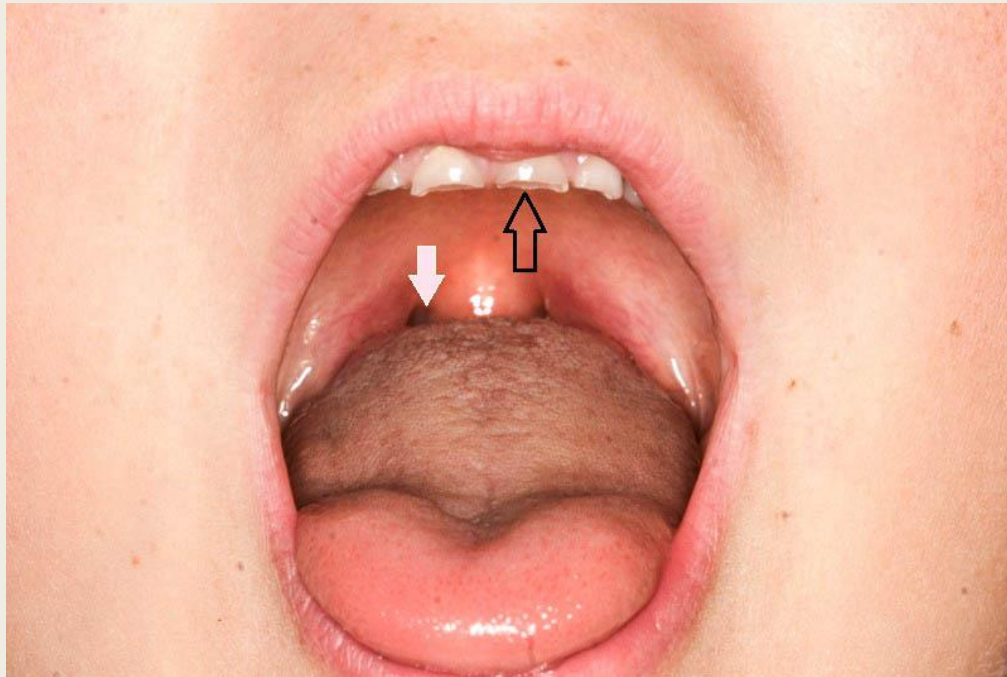


# You Look at the Airway All Day... In Children





# And Adults!



# What Your Dentist Looks For In Diagnosing Sleep Apnea

## Uvula

Enlarged and elongated uvula contacting or touching the tongue.

## Tonsils

The larger the tonsils, the smaller the airway, the easier to obstruct airflow.

## Tongue

A large tongue rests on top of or above your lower teeth causes airflow obstruction by falling back into the throat area during sleep.



Normal



Enlarged

# Oral Appliance Therapy (OAT) For OSA and Snoring is Proven in Selected Patients

 SPECIAL ARTICLES

JCSM  
Journal of Clinical  
Sleep Medicine

pii: jc-00186-15

<http://dx.doi.org/10.5664/jcsm.4858>

## Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy: An Update for 2015

An American Academy of Sleep Medicine and American Academy of Dental Sleep Medicine  
Clinical Practice Guideline

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# What Patients Benefit The Most from OAT?

- Primary snoring without OSA
- Mild OSA
- OSA intolerant to PAP treatment



# Dental Sleep Medicine Creates Extra Revenue

- Oral appliances are reimbursable by medical health insurance
  - *Aetna, Anthem, BCBS, Cigna, United Health, Medicare*
- E0485 Pre-fabricated OAT
- E0486 Custom Made OAT
- Some use a cash only model
- Additional testing
- Increased referrals



# Practical OSA Screening

## STOP BANG Questionnaire

1. **S**nororing

Do you *snore* loudly (louder than talking or loud enough to be heard through closed doors)?

2. **T**ired

Do you often feel *tired*, fatigued or sleepy during daytime?

3. **O**bserved

Has anyone observe you *stopping* breathing during your sleep?

4. **B**lood **P**ressure

Do you have or are you being treated for high blood *pressure*?

5. **B**MI

BMI more than 35kg/m<sup>2</sup>?

6. **A**ge

*age* over 50 years old?

7. **N**eck circumference

Neck circumference greater than 40 cm (15.75")?

8. **G**ender

*Male gender*?

High risk of OSA - 'yes' to three or more items

# Dentistry's Role According to AADSM

- Screening and referral
- Provide and monitor oral appliance therapy as part of treatment with physician
- Monitor and treat potential side effects of oral appliance therapy
- Follow up



# How Does a Competent Dental Sleep Specialist Benefit the Sleep Center?

- Provide more treatment options to patients with sleep disorders.
- Improve compliance / effectiveness of PAP therapy in difficult cases
- Increased referrals to the sleep center and otolaryngology (ENT).



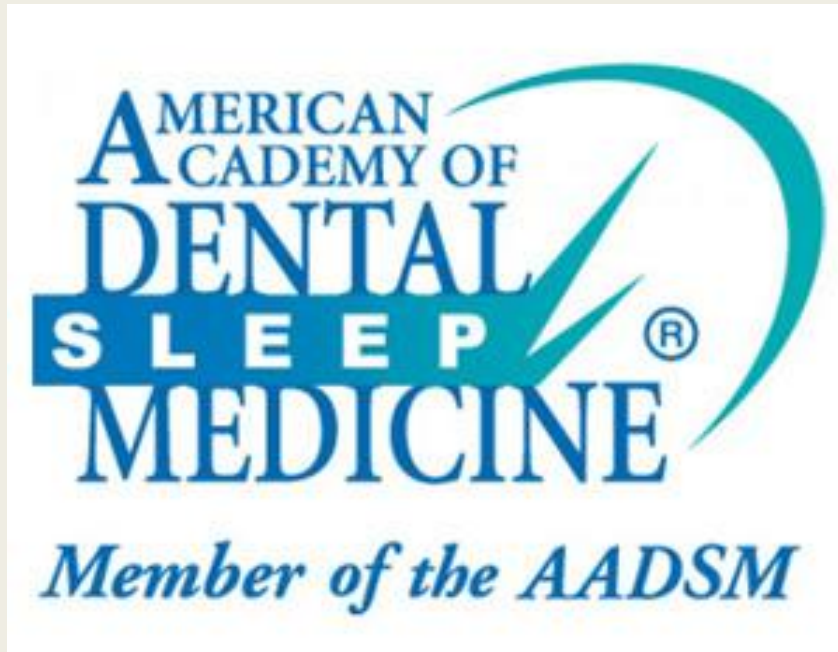


# Why Won't the Physician Refer Back?

- Unknown dentist
- Unknown expertise
- Physician unsure of OAT efficacy
- Patients disappear
- Unethical behavior



# Addressing Competency



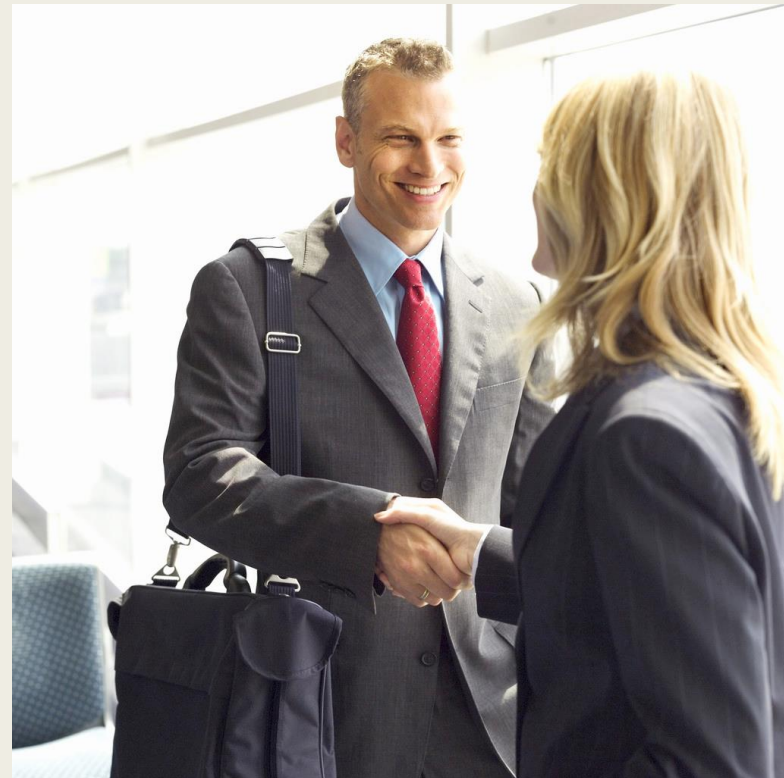
[www.aadsm.org](http://www.aadsm.org)



<http://americanleepandbreathingacademy.com/>

# Introducing and Educating Your Referral Sources

- Have your name listed in the AADSM or ASBA websites
- Hold seminars for the general public
- Face to face meetings with providers and office staff
- Be knowledgeable
- Sales & marketing
- Communicate your management



# Red Flags for Unethical Behavior



- Asking for kick backs
- Overcharging patients
- Performing frequent or unnecessary tests / procedures
- Telling patients with severe OSA or CSA they don't need a CPAP
- Not communicating about Rx
- Not sending patient's back

# Home Sleep Apnea Testing (HSAT)

- Abbreviated physiological variables
  - Nasal/Oral Airflow (thermistor, pressure)
  - Thoracic / Abdominal Effort
  - SaO<sub>2</sub>
  - Pulse rate
  - Snoring microphone\*
  - Position\*
- Rule in moderate to severe OSA with high pre-test probability
- Cannot rule out OSA
- Not used for other sleep disorders (CSA, RLS, narcolepsy, insomnia, etc.)
- Not used in Children

# HSAT Contraindications

- Severe pulmonary disease
- BMI > 40
- Narcotic analgesic use
- Raynaud's
- Neuromuscular disease
- Stroke
- CHF
- Asymptomatic patients
- Individuals suspected of having other sleep disorders
- Identification of individuals working in safety-critical occupations
- Pediatric populations
- Inability to cooperate
- Lack of dexterity

# HSAT in the Dental Office

## Common Scenarios

- Used to diagnose OSA
- Assess after OAT adjustments
- Often times data from unscored HSAT used
- Often times patients charged cash for every study

## Physician Concerns

- Using unscored HSAT data as equivalent of scored HSAT data is like saying that an OTC OAT device is as good as one fabricated by a dentist
- Unnecessary over-testing
- Lost revenue

# Dentist and Sleep Physicians: Friend, Foe or Frenemy?

- We must acknowledge that some conflict of interest exists, but...
- By placing the patient's interests first we can cooperate in a mutually beneficial relationship
- How?
  1. The patient has an accurate diagnosis
  2. The patient has greater choice of treatment
  3. Increased referrals
  4. Multidisciplinary team including ENT and nutrition
  5. Cost savings and better outcomes for the patient



