2013 Sleep Apnea Letter to the Editor (LTE) Introduction

The Use of Oral Appliances in the Management of Sleep Apnea

*Prosthodontists can screen patients, and offer an alternative treatment option often not provided to patients by their physicians.*

Dear Editor:

For your consideration is a letter to the editor below about an alternative treatment option for patients with mild to moderate sleep apnea.

Thank you for your consideration,

(Name, Credentials)

Prosthodontist

(Address)

(City, State)

(Phone, Email) \* the editor may contact you directly prior to publication.

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**Sleep Apnea Cases Spike: Prosthodontists Screen, Treat and Collaborate on Patient Care Team**

Dear Editor:

As a prosthodontist, I know that the Academy of Sleep Medicine (AASM) provides guidelines recommending patients with mild or moderate sleep apnea should be given a choice between being prescribed a CPAP machine or an oral sleep apnea appliance.

As a prosthodontist, I am a member of the patient care team with sleep doctors in the management of sleep apnea. I know that it's important for patients to be informed of all sleep apnea treatment options, including a non-surgical solution that prosthodontists use today—oral appliance therapy, utilizing a simple oral device.

Patients often seek an alternative approach in the management of their sleep apnea as they cannot tolerate a CPAP machine. As specialized dentists with advanced training in oral health issues, prosthodontists can screen and educate patients about this serious health issue. We can be an important part of the patient care team to plan and fabricate appropriate oral appliances and then perform follow up sleep tests to ensure that the selected treatment option is effective. If patients are not diagnosed and treated appropriately, there are serious health consequences.

It’s critical to go to a prosthodontist to design a custom-fitted oral device to improve patient outcomes. To find a local prosthodontist simply type in your zip code at [GoToAPro.org](http://www.GoToAPro.org).

Thank you for your consideration,

(Name, Credentials)

Prosthodontist

(City, State)