

Sleep Apnea

PROBLEM:

As a prosthodontist, I know that sleep apnea affects many of our patients and can be fatal if left untreated. “Die in their sleep” is what can (and sometimes does) happen to people with undiagnosed, untreated sleep apnea. Sleep apnea causes the airway at the back of the mouth to close during sleep. When our airway closes, breathing stops and the body is deprived of oxygen. Breathing can stop many times in one night and each stoppage can last more than 30-60 seconds. Despite the seriousness of this condition as many as 80% of people with sleep apnea may be undiagnosed, according to the American Academy of Sleep Medicine.

Sleep apnea is estimated to affect 24% of middle-aged men and 9% of women. 2-3 % of children have obstructive sleep apnea, increasing to 30-40% in obese children¹. Patients suffer from daytime drowsiness, cognitive impairment, and increased risk of heart attacks, strokes, uncontrolled hypertension, and diabetes. Untreated sleep apnea can significantly impair a patient’s quality of life, and increased morbidity due to medical complications or motor vehicle accidents.

SOLUTION:

Prosthodontists -- dental specialists who provide comprehensive care for both oral health and dental esthetics --offer a non-surgical option for this deadly disorder that has proven both effective and comfortable for patients. A custom-fitted oral device (also called oral appliance therapy) is a recognized treatment option for mild to moderate cases of sleep apnea as stated in the treatment guidelines by the American Academy of Sleep Medicine. Prosthodontists often detect sleep apnea early through a simple screening and collaborate with sleep doctors to determine if the patient is a good candidate for the oral device.

TALKING POINTS:

1. Sleep apnea affects both children and adults. The main contributors to the rising incidence of the disease are obesity in children and adults and an aging population.
2. An increase in belly fat can push on the diaphragm decreasing the space for the lungs to expand for breathing. Neck fat and fat at the base of the tongue can also contribute to blocking the airways
3. Patients with uncontrolled hypertension and cardiovascular disease are most at risk for having sleep apnea. The American Heart Association recommends patients newly diagnosed with heart failure be screened for sleep apnea. Patients with diabetes are also at risk.
4. 30-40% of obese children have sleep apnea. Sleep apnea is the second most common cause of tonsillectomies in children. Early intervention and treatment of this condition in children can prevent neurological and behavioral problems from developing. Untreated sleep apnea in children may result in attention deficit disorders that appear similar to ADD.

5. People with moderate sleep apnea stop breathing for 10 to 40 seconds from 5 to 30 times per hour. This lack of oxygen puts severe strain on the heart and causes oxygen deprivation in the brain. Those with severe sleep apnea can have 30 or more episodes an hour in which they stop breathing for 60 seconds. In these cases it is possible to literally “die in your sleep”. The cause of death would most probably be listed as heart attack.
6. Patients are 3 times more at risk for stroke and heart attack if they suffer from sleep apnea.
7. Snoring, teeth grinding, drowsiness from lack of sleep and obesity are some of the major symptoms for both children and adults.
8. A simple screening test taken online or at the prosthodontist or primary care doctor’s office can detect whether it is likely that you have sleep apnea. If the test is positive, patients are often referred to a sleep specialist.
9. Prosthodontists treat the condition with an oral device that keeps the airways open during sleep. It is painless and effective for people with mild to moderate sleep apnea. Removal of adenoids and/or tonsils is often prescribed for children.
10. A third method of treatment is a device attached to a mask covering the face that provides continuous positive airway pressure (CPAP) while the patient is asleep. Many patients find this very uncomfortable and compliance is less than 50%.
11. Early diagnoses can prevent future problems such as malformed jaw and abnormal airway and mouth development. Working together with other specialists such as orthodontists can correct developmental problems of the face and jaws, and treat sleep apnea, while ENT physicians can assess the need for removal of the tonsils and adenoids.

Potential Reporter Questions:

1. How many adults have sleep apnea today?
2. What are treatment options today? Are they effective? Are they safe? What are the drawbacks?
3. How serious is sleep apnea as a chronic medical condition?
4. What are the primary causes?
5. What is the link to cardiovascular disease, diabetes, or cancer?
6. How is it diagnosed?
7. How do prosthodontists treat it?
8. Who is a candidate for the oral device? What’s the effectiveness?
9. Who is most at risk?
10. Can it be cured?
11. Can it be prevented?
12. Does early treatment make a significant difference?
13. Is sleep apnea genetic?

14. Who should be tested for sleep apnea?

Sources: www.aasm.org; Dr. Paul McLornan, Dr. Reva Barewal and Dr. Jean C. Wu interviews in the ACP video. Dr. Jyoti Srivastava and Dr. Carl Pogoncheff of 2014 PR Committee reviewed. Jean C. Wu 2nd reviewed (Dec. 2014) as co-author of the ACP Position on Sleep Apnea.

Additional ACP Member Resources available on GoToAPro.org/PR

ACP Sleep Apnea PR Toolkit

- Sleep Apnea Video
 - Play in your patient waiting room
- Screening Questionnaires
 - Download to use in your practice today
 - Epworth Questionnaire
 - Berlin Questionnaire
- Letter to the Editor
 - Customize one of ACP's templates for your local markets
 - Template A
 - Template B
- Press Release
 - Customize ACP's national version for local markets, blogs or web content
- Conditions and Symptoms
 - Access for patient education along with the new video

ⁱ (Bhattacharee R, Kim J, Kheirandish-Gozal L. Obesity and obstructive sleep apnea syndrome in children: a tale of inflammatory cascades. *Pediatr. Pulmonol* 2001;46:313-23)