



American  
Dental  
Association®

October 2017

## The Role of Dentistry in the Treatment of Sleep Related Breathing Disorders

*House of Delegates adopts official policy statement at ADA 2017 – America’s Dental Meeting*

This presentation is intended for educational purposes only. Statements of facts and opinions expressed are those of the educator/doctor individually, and unless expressly stated to the contrary, are not the opinion of the course sponsor, Vivos Therapeutics, Inc.

### The Role of Dentistry in the Treatment of Sleep Related Breathing Disorders

Adopted by ADA’s 2017 House of Delegates

Sleep related breathing disorders (SRBD) are disorders characterized by disruptions in normal breathing patterns. SRBDs are potentially serious medical conditions caused by anatomical airway collapse and altered respiratory control mechanisms. Common SRBDs include snoring, upper airway resistance syndrome (UARS) and obstructive sleep apnea (OSA). OSA has been associated with metabolic, cardiovascular, respiratory, dental and other diseases. In children, undiagnosed and/or untreated OSA can be associated with cardiovascular problems, impaired growth as well as learning and behavioral problems.

Dentists can and do play an essential role in the multidisciplinary care of patients with certain sleep related breathing disorders and are well positioned to identify patients at greater risk of SRBD. SRBD can be caused by a number of multifactorial medical issues and are therefore best treated through a collaborative model. Working in conjunction with our colleagues in medicine, dentists have various methods of mitigating these disorders. In children, the dentist’s recognition of suboptimal early craniofacial growth and development or other risk factors may lead to medical referral or orthodontic/orthopedic intervention to treat and/or prevent SRBD. Various surgical modalities exist to treat

“Dentists are encouraged to screen patients for SRBD as part of a comprehensive medical and dental history”

for severe sleep apnea when a CPAP is not tolerated by the patient.

- When oral appliance therapy is prescribed by a physician through written or electronic order for an adult patient with obstructive sleep apnea, a dentist should evaluate the patient for the appropriateness of fabricating a suitable oral appliance. If deemed appropriate, a dentist should fabricate an oral appliance.
- Dentists should obtain appropriate patient consent for treatment that reviews the proposed treatment plan, all available options and any potential side effects of using OAT and expected appliance longevity.
- Dentists treating SRBD with OAT should be capable of recognizing and managing the potential side effects through treatment or proper referral.