Policy Statement 6.7 – Use of Dental Appliances to Treat Sleep-Disordered Breathing

AUSTRALIAN DENTAL ASSOCIATION

Position Summary

Initial diagnosis of Sleep Apnoea must be made by an appropriate medical practitioner. If a dental appliance is required, it should be managed by a dentist.

1. Background

1.1. Sleep-disordered breathing (SDB) has the potential to seriously interfere with quality of life and general health including cardiovascular disease and stroke, and has been associated with hypertension and premature death.

1.2. Anatomical airway collapse and altered respiratory-control mechanisms cause SDB.

1.3. An increased incidence of SDB is associated with obesity.

1.4. There are a number of therapeutic options to treat SDB, one of these is the use of oral appliances, which may lead to a reduction of snoring or the harmful effects of OSA by one or more of the following mechanisms:

- mandibular repositioning;
- tongue advancement; and
- alteration of palatal and mandibular position or dynamics

1.5. Appropriate treatment strategies for the use of oral appliances in therapy for SDB are succinctly expressed in a paper published by the American Academy of Sleep Medicine entitled *"Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnoea and Snoring with Oral Appliance Therapy; An Update for 2015.*

Definitions

1.6. DENTAL PRACTITIONER is a person registered by the Board to provide dental care.

1.7. OBSTRUCTIVE SLEEP APNOEA (OSA) is a form of SDB that involves snoring but is caused by a more significant upper airway obstruction with consequent sleep fragmentation, hypoxaemia or both.

1.8. SLEEP-DISORDERED BREATHING (SDB) is a group of disorders characterised by abnormalities of breathing or respiratory pattern or the quantity of ventilation during sleep.

1.9. SNORING is the most common form of SDB and is a sign of upper airway obstruction.

1.10. DENTIST is an appropriately qualified dental practitioner, registered by the Board to practise all areas of dentistry.

2. Principles

2.1. The diagnosis of SDB should only be performed by suitably qualified person.

2.2. Oral appliances can be a first-line therapeutic option for people with snoring and mild to moderate forms of OSA. Oral appliances may also be indicated for people with severe OSA who are not compatible with positive airway pressure therapy.

2.3. Treatment recommendations/prescriptions for SDB are made by the patient's medical practitioner, taking into account the diagnosis, severity of the disorder, signs and symptoms, treatment history and other patient factors. The patient's medical practitioner can be a general medical practitioner, a medical practitioner with training in sleep medicine or another physician or surgeon (e.g. ENT surgeon).

2.4. Both initial prescriptions for SDB therapy and monitoring of therapy effectiveness require careful

assessment by the patient's medical practitioner.

2.5. Where there is long-term use of oral appliances, monitoring of the patient's temporomandibular joint function and orthodontic movement of teeth is essential.

3. Position

3.1. The initial diagnosis of SDB can only be made by a medical practitioner with training in sleep medicine, generally with the aid of a diagnostic sleep study.

3.2. Medical and dental expertise are both required to manage patients who are candidates for oral appliance therapy for SDB. Medical expertise is needed to determine whether it is indicated and to ensure that, once prescribed, the therapy is and remains effective. Dental expertise is needed to assess suitability of the treatment from the dental viewpoint, to supervise its implementation, and to follow up to ensure that oro-facial side effects or complications are promptly recognised and managed. A team approach is essential.

3.3. Dentists are the only dental practitioners who are qualified to manage oral appliance therapy for SDB.

Policy Statement 6.7

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