What is Dental Sleep Medicine???

Area of dentistry that concentrates on use of oral appliances to manage sleep-related breathing disorders (SRBD), including snoring, upper airway resistance, and obstructive sleep apnea (OSA)

Currently focuses primarily on management of adult SRBD

Not a recognized specialty by the ADA

Requires more education than ability to take good dental impressions

Three Guidelines/Policies to Review

- 2015: American Academy of Dental Sleep Medicine/American Academy of Sleep Medicine Joint Guidelines on Treatment with Oral Appliances (practice parameters)
- 2017: American Dental Association Policy on Sleep-Related Breathing Disorders
- 2018: American Academy of Dental Sleep Medicine Standards of Practice for Adults with Sleep-Related Breathing Disorders

Clinical Relevance

- Describe best practices by recognized relevant professional organizations that govern practice of dental sleep medicine
- Provide guidance on clinical steps
- Insurance companies may use to determine reimbursement policies
- May be cited in litigation

Dental Sleep Medicine:
Beyond First Impressions

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Practice Parameters: Background

- Evidence-based guidelines first published by American Academy of Sleep Medicine (AASM) in 1995
- Updated every 10 years as new and better evidence accrues
- Guidelines accompanied by concomitant review of relevant literature


2015: First set developed jointly by both Academy of Sleep Medicine and Academy of Dental Sleep Medicine

Practice Parameters (cont’d)

- 2015: First set developed jointly by both Academy of Sleep Medicine and Academy of Dental Sleep Medicine

2015: Joint Guidelines by AADSM & AASM

“Qualified Dentist”

- Valid state license
- Proof of liability coverage
- At least one of the following:
  - Certification in dental sleep medicine by a non-profit organization
  - Designation as the dental director of a dental sleep medicine facility accredited by a non-profit organization
  - Minimum of 25 hours of recognized continuing education in dental sleep medicine provided by a dental sleep medicine focused non-profit organization or accredited dental school in the last two years

6 Recommendations

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Joint Clinical Guidelines: Recommendations # 1-3

1. Sleep physicians should prescribe oral appliances for adult patients who request treatment of primary snoring (without obstructive sleep apnea). (STANDARD)

2. When oral appliance therapy is prescribed by a sleep physician for an adult patient with OSA, a qualified dentist should use a custom, tratable appliance over non-custom oral devices. (GUIDELINE)

3. Sleep physicians should consider prescription of oral appliances for adult patients with obstructive sleep apnea who are intolerant of CPAP therapy or prefer alternate therapy. (STANDARD)
Joint Clinical Guidelines
Recommendations #4-6

4. Qualified dentists should provide oversight of oral appliance therapy in adult patients with OSA, to survey for dental-related side effects or occlusal changes and reduce their incidence. (GUIDELINE)

5. Sleep physicians should conduct follow-up sleep testing to improve or confirm treatment efficacy for patients fitted with oral appliances. (GUIDELINE)

6. Sleep physicians and qualified dentists should instruct adult patients treated with oral appliances for OSA to return for periodic office visits with a qualified dentist and a sleep physician. (GUIDELINE)

American Dental Association SRBD Policy

The Role of Dentistry in the Treatment of Sleep Related Breathing Disorders
Adopted by ADA’s 2017 House of Delegates

https://www.ada.org/en/~/media/ADA/Member%20Center/FIles/The-Role-of-Dentistry-in-Sleep-Related-Breathing-Disorders

ADA Policy on SRBD (2017)

- Key points
  - Dentists have a role in screening for SRBD and should refer at-risk patients to appropriate MD for diagnosis
  - Dentists should screen children through history and clinical examination for signs and symptoms of orofacial growth and development, or other risk factors that may lead to sleep disorders and intervene through medical/dental referral or interdisciplinary treatment to help treat the SRBD and/or develop an optimal physiologic airway and breathing pattern
  - Dentists treating SRBD with oral appliances should be capable of recognizing and managing potential side effects
  - Dentists should maintain regular communications with physicians and other healthcare providers regarding treatment progress
  - Follow-up sleep testing by the MD should be conducted to confirm treatment efficacy

ADA and AADSM Policy Differences

- Use of portable monitors
  - ADA: “The use of unattended cardiological (Type 3) or (Type 4) portable monitors may be used by the dentist to help define the optimal target position of the mandible. A dentist trained in the use of these portable monitoring devices may assess the objective interim results for the purposes of OA titration.”
  - AADSM: has established a task force to develop an oral appliance titration protocol, including the role of portable monitors (HSAT)

ADA and AADSM Policy Differences

- Additional education in dental sleep medicine
  - ADA: “Dentists treating SRBD should continually update their knowledge and training of dental sleep medicine with related continuing education.”
  - AADSM and AASM joint statement (2015): a minimum of 25 hours recognized continuing education in dental sleep medicine provided by dental sleep medicine-focused non-profit organization or dental school
  - AADSM: two levels of credentials
    - “Qualified Dental” recognition: completion of Level I AADSM Mastery Program (25 hrs CE) plus substantial performance on written exam, 15 hrs CLE every two years
    - Diplomate of American Board of Dental Sleep Medicine (DAS): two tracks lead to AADSM certification (certifying exam and case, OR completion of 3 tracks of AADSM Mastery program plus certification)

Establishes guidelines for the practice of dental sleep medicine

https://www.aadsm.org/docs/jdsm.7.10.sa1.pdf

http://jdsmdentalmedicine.org/content/5/3/61

Dental Sleep Medicine Standards for Screening, Treating, and Managing Adults with Sleep-Related Breathing Disorders

Establishes guidelines for the practice of dental sleep medicine

https://www.sleeppap.org/journals/jdsm

**Dental Sleep Medicine Standards of Practice**

- Screening
- Physical examination
- Patient education
- Diagnosis
- Treatment options
- Initiation of oral appliance therapy (OAT)

**Oral appliance (OA) selection, fabrication, delivery**
- Oral appliance calibration (titration)
- Long-term follow-up/management
- OA replacement
- Side effects

**Diagnosis**

- Qualified dentist conducts extensive screening including history and physical exam and interprets findings
- If screening suggests risk for SRBD, dentist refers patient to MD for evaluation and diagnosis
- If SRBD confirmed by MD, MD provides prescription for oral appliance therapy (OAT) and sends patient to qualified dentist for treatment
- OAT prescription accompanied by letter of medical necessity and sleep study findings

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**Currently No Dental Protocols for Pediatric SRBD**

- Who should diagnose?
- What is definition of “pediatric SRBD patient”?
- What are viable dental treatment options?
- What is appropriate age to initiate dental management?
- What are treatment outcome variables?
- What is definition of treatment success?
- What are risks and benefits of dental management?
- What follow-up is indicated? By whom?

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**Next Steps**

- Standardization of dental sleep medicine (DSM) education
- Consensus on minimal qualifications for practice of DSM
- Acquisition of evidence to support dental treatment options for pediatric SRBD
- Development of practice guidelines and protocols for management of pediatric sleep disordered breathing
- Clarification of roles of dental specialists in managing SRBD

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**Sleep Apnea and Orthodontics: Consensus and Guidance**

January 25-27, 2019
Marco Island, Florida USA
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