

Sleep Disordered Breathing – A Medical Problem With a Dental Solution

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Clinical Findings Predictive of OSA

- Snoring
- Bed partner reports apneas and choking
- History of hypertension
- Obesity or large neck circumference

Sleep Apnea Terms

- APNEA

Greek - “without breath”

Cessation of ventilation 10 secs or more

- HYPOPNEA

Greek - “reduced breath”

Decrease airflow & oxygen desat of 3% or more

Diagnosis of OSA

- 5 or more apneas or hypopneas per hour along with 2 of the following being present
 - Snoring
 - Obesity
 - Hypertension
 - Excessive daytime sleepiness

$$\text{AHI} = \frac{\text{Total number of APNEAS} + \text{Total number of HYPOPNEAS}}{\text{Total number of HOURS of SLEEP}}$$

American Academy of Sleep Medicine (AASM)

“ Oral appliances are indicated for use in patients with mild to moderate OSA....”

“...CPAP is indicated whenever possible for patients with severe OSA before considering OAs.”

Landmark Study TAP / CPAP Comparison

- **Efficacy of an adjustable OA and comparison with CPAP for the treatment of OSAS**
 - **Holley A.B. et al., Chest 2011;140(6) 1511-16**

Required Medical Insurance Documentation

- **Sleep Study with diagnosis**
- **Rx for “oral appliance therapy to treat OSA” from physician**
- **Letter of medical necessity**
- **Completed Health Insurance Claim Form**

OSA Diagnostic Code G47.33

MRD Treatment Code E0486

Suggested Treatment Protocol - OSA

- **Self adjust - subjective improvement (STP)**
- **Advance 2mm forward from STP**
- **Overnight Pulse Ox Study**
- **Less than 1% night Ox Sat < 90%**
- **Not - advance more guided by pulse ox**
- **Refer back to Sleep Physician**
 - **Follow up PSG / Home Sleep Study**