

## AUGUST 2011 NEWSLETTER

### OBSTRUCTIVE SLEEP APNEA

Obstructive Sleep Apnea (OSA) is a disorder that is estimated to affect up to 1 in 5 Americans,<sup>i[1]</sup> although experts believe that 70 – 80% of those affected go undiagnosed.<sup>ii[2]</sup> Individuals with OSA suffer from interruptions in oxygen flow while sleeping due to collapse of the tongue and soft palate, which blocks air flow; this blockage typically lasts for 10 – 30 seconds but can last for over a minute. The resulting oxygen deficiency has a range of effects and can present a serious health risk. The classification of severity – from mild to severe – is dependent on how often the individual is awakened due to the lack of oxygen. Understandably, this frequent arousal from sleep can cause persistent daytime sleepiness and difficulty concentrating. However, the effects of OSA can be much more serious, even life-threatening. Untreated OSA significantly increases the risk of many systemic diseases, including heart disease, diabetes, stroke, depression, high blood pressure and obesity. Additionally, the excessive sleepiness can contribute to motor vehicle and work-related accidents. Treating OSA has a considerable positive impact on systemic health and also promotes quality of life by providing more restful sleep.

Individuals with OSA are typically unaware of the condition, so many of the clues to its presence are observed only by those within earshot, such as a spouse. Some signs to look for are:

- Excessive daytime sleepiness- Loud or persistent snoring- Gaspings while awakening from or during sleep

While snoring can be a normal occurrence, loud and persistent snoring can be a sign of OSA, particularly when noted in conjunction with obesity, which is a major risk factor. If you suspect you or someone you know may have OSA, the first step is to discuss it with your physician. A sleep study will be necessary to confirm the diagnosis. Once diagnosed, your physician will discuss treatment recommendations; typically, the first mode of treatment for moderate to severe OSA is the Continuous Positive Airway Pressure (CPAP) machine. However, due to the discomfort cited by many OSA sufferers – including difficulty sleeping, claustrophobia, noise disturbance and dry mouth – only a minority of patients are compliant with CPAP use. If your physician deems it appropriate, he or she may refer you to a dentist for fabrication of an oral appliance. These appliances work to open the airway, either by holding the tongue or lower jaw in a more forward position. Dr. Sebastiana Springmann is experienced in working together with her patients and their physicians to fit these appliances in order to help patients meet their goals of achieving overall health and a comfortable night's sleep. These custom-made oral appliances are supported by the American Academy of Sleep Medicine (AASM) for the treatment of mild to moderate OSA, as directed by a physician, for those who either prefer an oral appliance or are unable to adapt to CPAP use. The treating physician may recommend treatment in addition to the appliance, such as diet modification/weight loss, surgery or CPAP. For eligible patients, an oral appliance offers a non-invasive, quiet, reversible treatment option. If you're currently using a CPAP machine and have wondered if an appliance might be right for you, discuss it with your physician to see if you're a candidate.

Still want to know more? Here are some further resources:

- Explore the "Patients" section of the American Academy of Dental Sleep Medicine (AADSM) website: <http://www.aadsm.org/SleepApnea.aspx>
- For an online screening for OSA, go to the AADSM website: <http://www.aadsm.org/SelfTest.aspx>
- For more information on the SomnoDent oral appliance, go to [http://www.somnomed.com/Products/Advantages\\_of\\_using\\_the\\_SomnoDent\\_sup\\_sup](http://www.somnomed.com/Products/Advantages_of_using_the_SomnoDent_sup_sup)

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Gentle Affordable Contemporary Care<sup>iii[1]</sup>Shamsuzzaman, ASM, Gersh, BJ, & Somers, VK. Obstructive sleep apnea: implications for cardiac and vascular disease. JAMA 2003,290(14):1906-1914. Retrieved from <http://jama.ama-assn.org/content/290/14/1906.full> on May 1, 2011<sup>iv[2]</sup> Punjabi, NM. The epidemiology of adult obstructive sleep apnea. The Proceedings of the American Thoracic Society 2008,5:136-143. Retrieved from <http://pats.atsjournals.org/cgi/content/full/5/2/136> on May 1, 2011

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