

NCSRC Symposium 2012

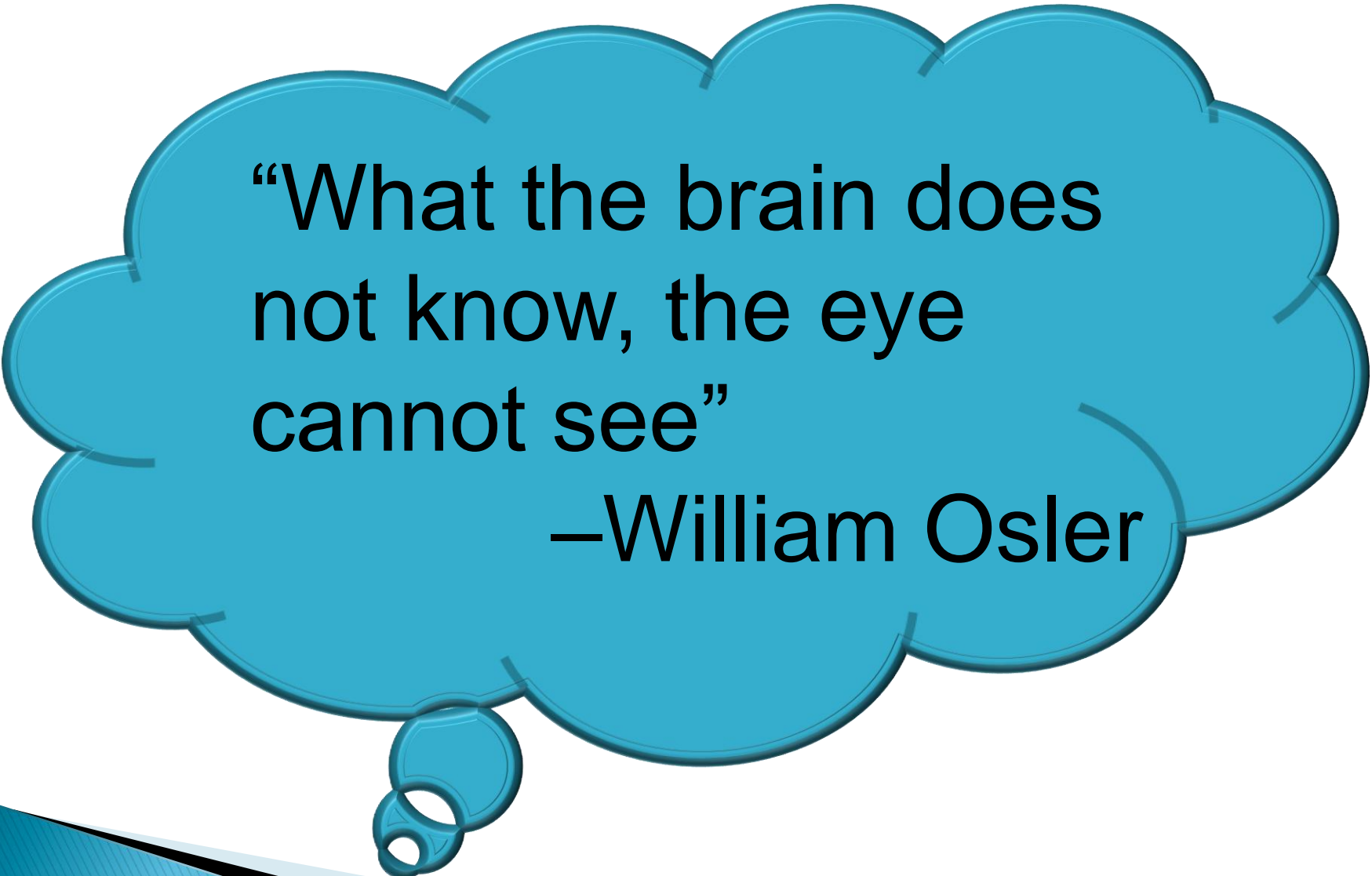
Michael O. McMunn, DDS, MAGD



The Role of the Dentist in Screening and Treating Obstructive Sleep Apnea

Michael O. McMunn, DDS, MAGD





“What the brain does
not know, the eye
cannot see”

–William Osler

Popular Magazines Featuring Sleep Apnea



Journals Talking about Sleep Medicine



Journals Talking about Sleep Medicine



President's Message



Sheri Katz, DDS
AADSM President
Diplomate, ABDSM

At this time last year, I was amazed to learn that we had more than 1,500 members in the American Academy of Dental Sleep Medicine and almost 700 attendees at our 18th Annual Meeting.

As I write my first message as AADSM President, I am absolutely thrilled to announce that we have grown to more than 1,900 members and welcomed nearly 800 attendees to our 19th Annual Meeting, of which more than 200 were first-time attendees! This record-breaking event surpassed my highest expectations!

Dr. Allan Pack's wonderful lecture on Genomics and Genetics set us up for three days of innovative research presentations and engaging courses this past June 4-6 in San Antonio, Texas. Top researchers and clinicians from around the world shared their knowledge during Meet-the-Professor luncheons, continuing education courses, posters presentations, and the General Session.

I know that the Program Committee Chair, Dr. Todd Morgan, the Program Committee, and the AADSM's strong management staff are already hard at work planning an excellent event for next year – I can't wait to see what they have in store for us in Minneapolis!

As always, our Annual Meeting renewed my passion for dental sleep medicine. This impressive gathering of dental professionals exemplifies the concept that I am making one of the focal points of my tenure – I believe that to promote our industry's legitimacy, we need to securely fasten dental sleep medicine to hard science and fortify our relationship with the medical community.

The Academy's thriving membership reinforces our position as the premier professional organization in dental sleep medicine. As our membership has grown, our educational programming has also matured. Here are some of this year's offerings:

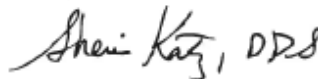
I am absolutely thrilled to announce that we have grown to more than 1,900 members and welcomed nearly 800 attendees to our 19th Annual Meeting.

We will host a one-day Introduction to Dental Sleep Medicine Workshop on September 25 at our new national office in Darien, Ill. In addition, we will offer a two-day Introduction to Dental Sleep Medicine Course in Las Vegas, Nev. this October 30-31. This course will cover more details about the field of sleep, oral appliance therapy, marketing, insurance reimbursement and integrating dental sleep medicine into your practice – it can be taken as a stand-alone course or a follow-up to the September 25th workshop. The AADSM offered its first advanced course last fall and received a phenomenal level of interest, so we're offering it again this year with different topics and speakers to meet the needs of our experienced clinicians. The advanced course will take place in Las Vegas October 30-31 alongside the introduction course.

Finally, I'm pleased to announce a new three-month clinical study club! The study club will occur for one hour each month via teleconference starting in September. The topics will include oral appliance selection, side effects and complications, and complex patients. Details on the study club, workshop and fall courses are available in this issue of *Dialogue* and at www.aadsm.org. Each of these programs will be led by sleep medicine experts who have unmatched knowledge and experience in treating sleep-disordered breathing.

The AADSM Board of Directors and I welcome your participation and insight. Your involvement in the Academy, especially our committees, strengthens the future of dental sleep medicine.

Sincerely,



Sheri Katz, DDS, D. ABDSM
AADSM President

Sleep Related Breathing Disorders



Sleep Related Breathing Disorders

Central Sleep Apnea

This is a condition where respiratory effort is diminished or absent in a cyclical fashion due to central nervous system or cardiac dysfunction.

Obstructive Sleep Apnea

This condition is characterized by repetitive episodes of complete (apnea) or partial (hypopnea) upper airway obstruction occurring during sleep.

Snoring

Vibration of tissues in the upper airway that causes a partial drop in blood oxygen saturation

Medical Implications of Obstructive Sleep Apnea

Sleep Apnea and Medical Complications

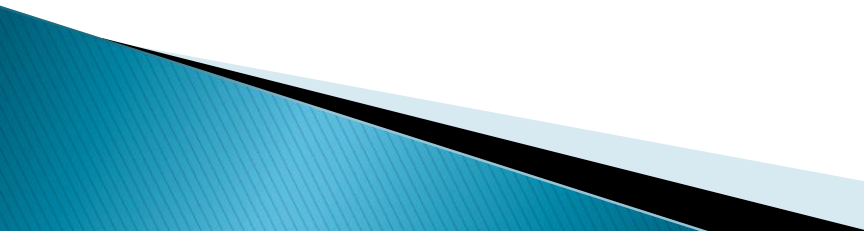
- ▶ Sleep Apnea and Strokes
- ▶ Sleep Apnea and Heart Failure
- ▶ Sleep Apnea and Hypertension
- ▶ Sleep Apnea and Pulmonary Hypertension
- ▶ Sleep Apnea and Obesity
- ▶ Sleep Apnea and Cardiac Arrhythmias
- ▶ Sleep Apnea and Depression/Anxiety
- ▶ Sleep Apnea and Cognitive Deficit
- ▶ Sleep Apnea and Vascular Changes
- ▶ Sleep Apnea and Gastric Reflux
- ▶ Sleep Apnea and Increased Mortality Rate with a AHI > 20
- ▶ Sleep Apnea and Diabetes
- ▶ Sleep Apnea and Hypothyroidism
- ▶ Sleep Apnea and Allergy

Role of the dentist in screening the OSA patient

Dental Screening

1. Health History
 2. Medications
 3. Family Health History
 4. Epworth/Stop Bang
 5. Oral Signs
 6. TMJ/MPD
 7. Instrumentation
- 

Screening/Health History

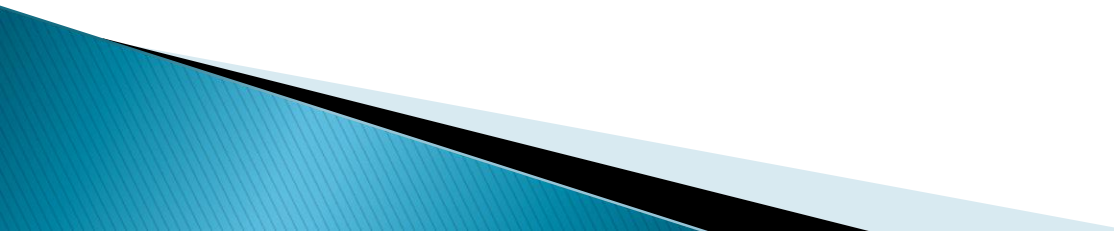
- ▶ History of Hypertension
 - ▶ History of Cardiovascular Disease
 - ▶ History of Diabetes
 - ▶ History of GERD
 - ▶ History of Depression
 - ▶ History of Stroke
 - ▶ History of Childhood Asthma
 - ▶ History of Sexual Dysfunction
 - ▶ History of Thyroid Disorder
- 

Screening/Current Medications



- ▶ Aspirin and Ibuprofen
- ▶ Antidepressants
- ▶ Benzodiazepines
- ▶ Trazodone
- ▶ Opioids
- ▶ Medications for insomnia
- ▶ Alternative/Natural medications (i.e. Ginseng, St John's Wort)
- ▶ Alcohol

Screening/Family Sleep History

- ▶ Father snores
 - ▶ Mother snores
 - ▶ Father with sleep apnea
 - ▶ Mother with sleep apnea
 - ▶ Relatives who have sleep apnea
- 

Screening/Questionnaires

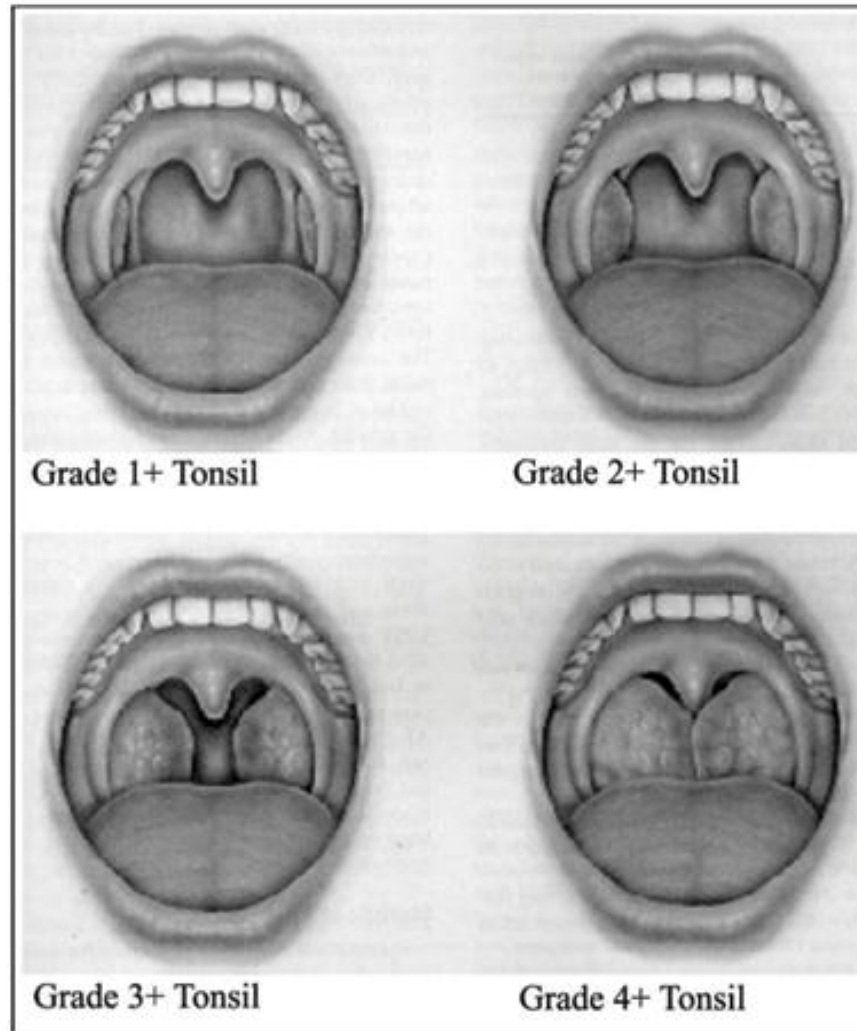
OSA Screening Questionnaires

- Epworth Sleepiness Scale (Objective)
- Subjective Sleep Questionnaire
 - It is suggested that both sleep partners fill out the questionnaires
- Stop Bang
- Stop Apnea

Screening/Oral Signs

Oral Exam

- ▶ Tonsils Grade



Screening/Oral Signs

Oral Exam:

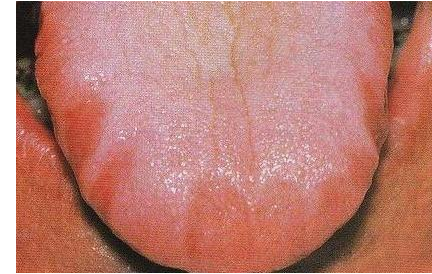
- Acid erosion of the teeth (GERD)
- Acute crowding of the anterior teeth
- Anterior wear of the teeth (bruxing)
- Class II occlusion



Screening/Oral Signs

Oral Exam:

- Scalloped tongue
- Linea alba
- Coated tongue



Scalloped Tongue



Coated Tongue

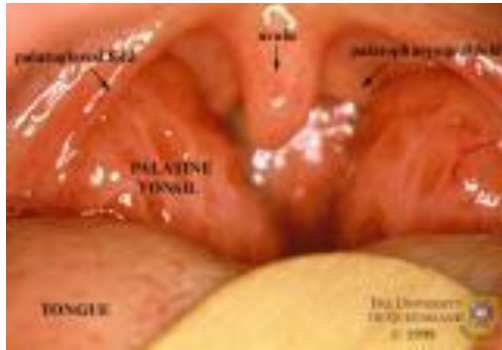


Linea Alba

Screening/Oral Signs

Oral Exam

- Uvula



Normal



Enlarged



Elongated



▶ FTP 1



Screening/Oral Signs

Oral Exam:

- Friedman Tongue Position

FRIEDMAN TONGUE POSITION: TONGUE POSITION IS BASED ON MOUTH STRUCTURES WITH MOUTH WIDELY OPEN WITHOUT TONGUE PROTRUSION

The optimal Friedman tongue position for a stand-alone Pillar Procedure is I or II. Patients with Friedman tongue position of III or IV may be candidates for a tongue procedure in combination with the Pillar Procedure.



I
Entire uvula and tonsils
are visible



II
Entire uvula is visible, but
tonsils are not visible



III
Soft palate is visible,
but uvula is not visible

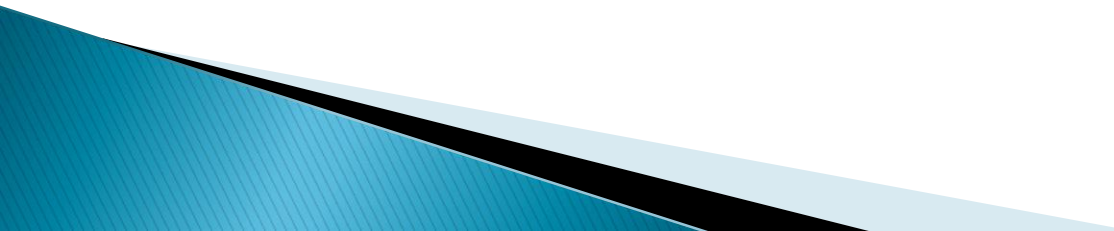


IV
Only hard palate is visible

What signs do you see for OA?



Did you find them all?

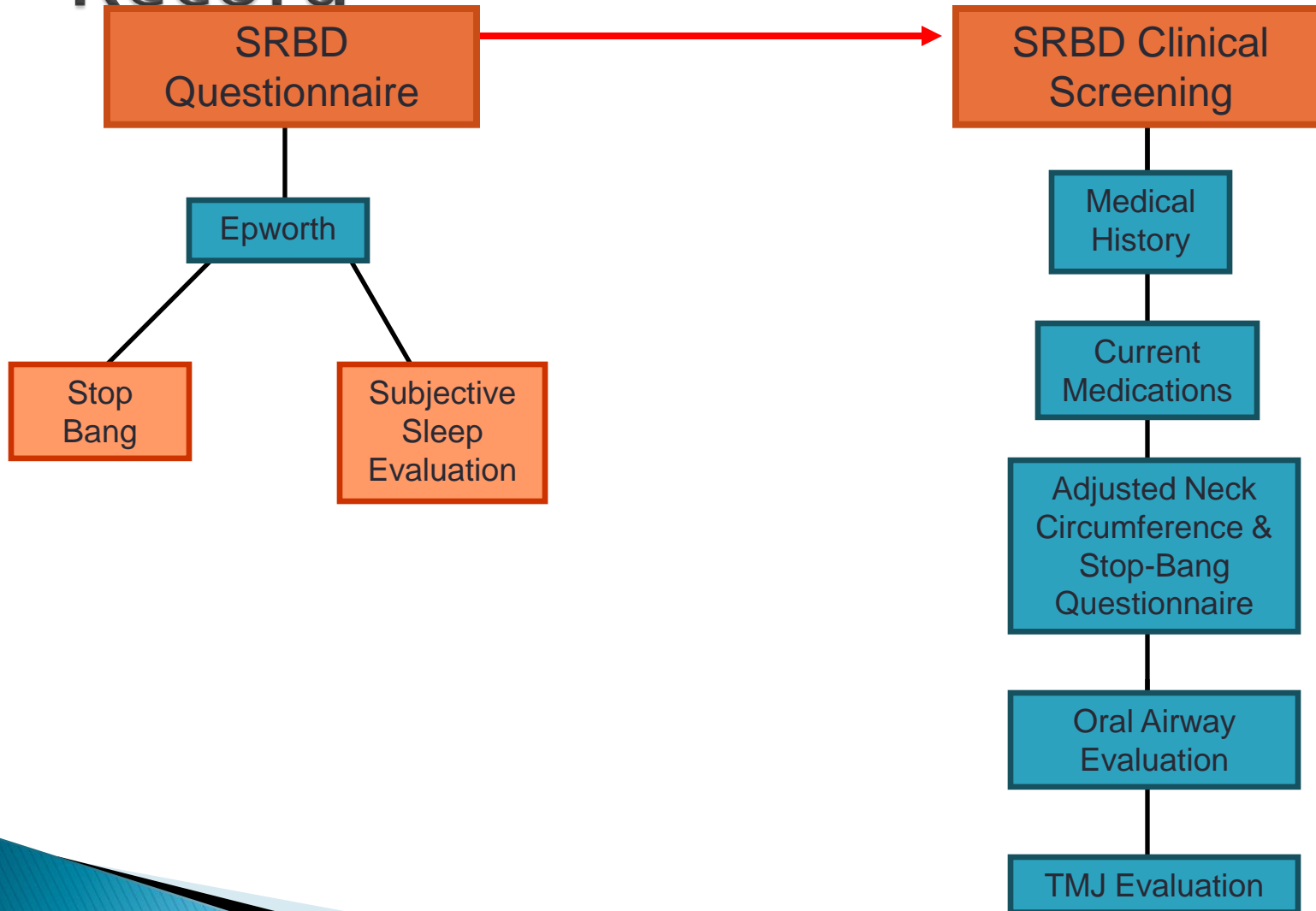
- ▶ FTP 4
 - ▶ Tongue Higher than Occlusal Plane
 - ▶ Lina Alba
 - ▶ Scalloped Tongue
 - ▶ High Palatal Vault
 - ▶ Anterior Wear
 - ▶ Crowded Dentition
 - ▶ Premolar Extraction
 - ▶ Macroglossia
- 

Screening/Instrumentation

- Home Sleep Study



Protocol for Screening a Patient of Record



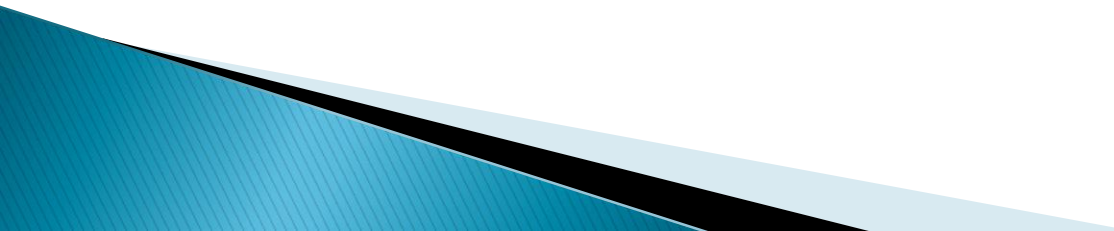
Referring Patient to Sleep Physician

Referring the Patient

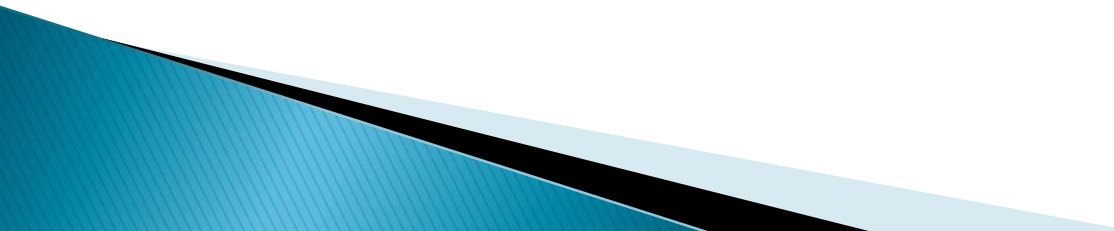
- ▶ If your data indicated that patient may have OSA the dentist needs to refer the patient to his/her PCP or directly to a specialist sleep physician.

Medical Insurance

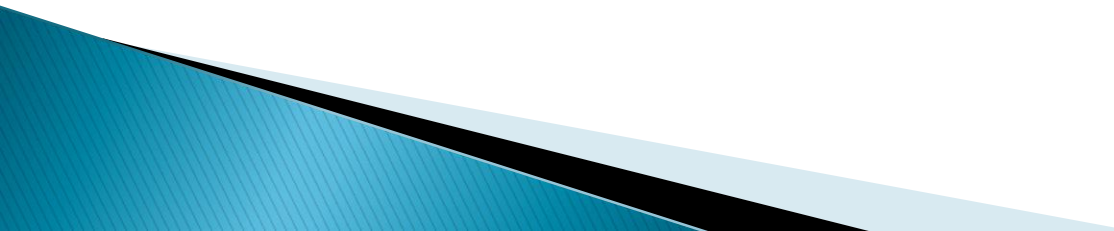
Medical Insurance

- ▶ OSA is a medical disease that is treated by a medical device.
 - ▶ Out of network
 - ▶ Dental offices can become in-network with medical insurance companies it just takes time.
 - ▶ You can not file any claims to medicare until medicare approves you to do so.
- 

What do you need before you begin this process?

- ▶ Full PSG from sleep lab
 - ▶ RX for oral appliance
 - ▶ Oral Exam
 - ▶ Epworth
 - ▶ Diagnosis code from sleep physician
 - ▶ Clinical office notes from sleep physician
 - ▶ The more information you can provide the better you are at proving this oral appliance is medically necessary.
- 

What is the process?


- ▶ Benefits and Eligibility
 - ▶ Pre-authorization
 - ▶ Claim
 - ▶ Letter of Medical Necessity
- 

What code to bill for

» E0486

Treating Patient

Protocol for OA Treatment on a Patient Referred from a Sleep Lab

- ▶ Patient has already been diagnosed with SRBD, which would be mild to moderate OSA
 - ▶ RX & full PSG should be sent to the dentist from the sleep physician
 - ▶ Epworth and clinical exam still should be accomplished
 - ▶ Discussion with patient regarding oral appliance
- 

Adjustable Appliances



Herbst



Somnomed



Adjustable PM Positioner



TAP



Silent Nite



Klearway

Partial List of Oral Appliances

- ▶ Aveo TSD
 - ▶ CPAP Pro
 - ▶ CRMP

 - ▶ EMA
 - ▶ ESA
 - ▶ Full Breath Appliance
 - ▶ Herbst

 - ▶ Hilsen AP
 - ▶ Klearway Oral
 - ▶ LSWD
 - ▶ MIRS
 - ▶ NAPA
 - ▶ NORAD
 - ▶ Nose Breathe Appliance
 - ▶ O.R.M.
- ▶ Snore-Guard
 - ▶ Snorex

 - ▶ Somnomed
 - ▶ SUAD

 - ▶ TheraSnore
 - ▶ Z-Appliance
 - ▶ OPAP
 - ▶ OSAP
 - ▶ Silent Nite
 - ▶ Snore-Aid
 - ▶ SnoreFree
 - ▶ Snore Silencer Pro
 - ▶ Somnomed MAS
 - ▶ TAP Appliances
 - ▶ TRD

Treating of the Patient

- ▶ Once the oral appliance returns from the dental lab, the appliance will be seated, adjusted if necessary, and detailed instructions will be given to the patient regarding the use of the oral appliance and the care of the oral appliance

Dental Sleep Medicine

M A G A Z I N E

Why Should I Attend Your Seminars?

What Makes Ours Better Than Others?

Dentists Can Save Lives?

Serious Health Risks are Linked to OSA

The Future of Sleep Disordered Breathing Testing?

The Negative Impact on Health & It's Financial Burden

Raising Awareness

Finding OSA patients in your practice.

The Million Dollar Question:

"Which appliance should I use?"

MAD

Mandibular Advancement Device

SNORING

may be harmful to your child's health

Your dentist may be able to help.

MEDICARE

Why You Should be Involved

