in dental sleep medicine make mouthpieces to hold the jaw and/or tongue forward, resulting in an increase in airflow volume. There is, however, more to it than just making a mouthpiece. In our office, these dental sleep devices are custom made and adjustable.

Through our program we evaluate subjective findings and obtain objective testing with portable home sleep monitors. The results are evaluated and the devices are adjusted to obtain the maximum medical improvement for each individual.

It is more of a process than just handing someone a device. At Dental Sleep Solutions, we call the process Dental Sleep Therapy, and it generally takes us one to three months to achieve the desired results.

How are the sleep devices different from snore guards?
The real question here is: What is a snore guard, and how do we know it is just snoring? Has the patient had a sleep study?

I know there are several over-the-counter “boil and bite” products targeted at snoring prevention. In addition, I know there are dentists who claim to make “snore appliances,” but do not treat obstructive sleep apnea.

Well, I have news for them: if you are treating snoring, you are likely treating OSA without a diagnosis! Snoring and OSA are caused from the same anatomic problem: a collapsing airway. Patients who snore also have an increased risk of having OSA and, furthermore, snoring is often the first sign of OSA.

Before making any type of device for snoring, I feel the patient should be evaluated for OSA with a sleep study. The majority of time we will find out it is more than snoring. Once the diagnosis is complete, then proper treatment decisions can be made. It really upsets me to see that some individuals and dentists are treating this very serious medical disorder without a proper diagnosis and follow through.

What other treatments are available?
The “gold standard” for treatment of OSA has been CPAP, which stands for continuous positive airway pressure. Basically, it is a pump that is attached to a mask or nasal pillows — tubes in the nose — that increases the pressure in the airway. Much like blowing up a balloon, the pump is adjusted with enough pressure to keep the collapsing airway open.

It is the most predictable way to get air into the lungs and is a life-saving device for many people. The major problem is that many people can’t tolerate its use. There are numerous common complaints with the CPAP, the most common among them are claustrophobia, GI problems, skin irritation and inconvenient use.

In addition, one of the common reasons for seeking treatment for OSA is excessive daytime sleepiness [EDS]. CPAP can help, but sometimes the CPAP itself disrupts sleep so much that the positive effects on EDS are negated by this disruption. Other treatment options include various surgeries. Most of these surgeries are less predictable than treatment with dental sleep devices or CPAP and they are, of course, non-reversible, painful and have medical risks.

The American Academy of Sleep Medicine recommends dental sleep devices for patients with mild to moderate OSA who prefer them to CPAP, and for patients with severe cases of OSA who cannot tolerate CPAP. Surgery is recommended only after the non-surgical options.

How well do dental sleep devices work?

They work very well at relieving symptoms and decreasing apnea for mild to moderate OSA. They can even work well in many severe cases, but with less predictability.

A recent study by Dr. Aarnoud Hoekema [Oral-Appliance Therapy in Obstructive Sleep Apnea-Hypopnea Syndrome®, 2008] found that dental sleep devices were 84 percent effective for mild to moderate OSA patients — 4 percent higher than CPAP — and 69 percent effective for severe OSA.

Are dental sleep devices comfortable?

I guess the best answer to this is one of personal experience. I have OSA, and I wear a device comfortably every night and have been for more than five years. Patients generally find them much more comfortable and portable than CPAP.

The compliance rates vary from around 70 to 95 percent in studies, I have found that the vast majority of our Dental Sleep Solutions patients find them to be comfortable and wear their devices nightly.

What specialized equipment is necessary for a dentist to become involved in this kind of treatment?
The equipment necessary to successfully treat these patients for OSA is not nearly as involved and costly as it is for other areas of dentistry.

I’ve often thought if I were just getting out of school, getting involved in this area would be a great way to get started. Due to the increasing...
need for dentists in this area and the minimal equipment costs, it can be a great profit center for little investment.

A home sleep recorder, by Embel- 
ta, and the pharyngometer/rhino-
 meter by Ecovision are the two piec- es of equipment that I feel are nec-
 essary in treating OSA with dental sleep 
 devices. Our Embelletta home 
 recorder is a way of completing a 
 home sleep study.

This precise piece of equipment can 
 be used for diagnosis if utilized with 
 the help of a board-certified sleep 
 physician, and is essential to 
 determine if our dental device is 
 adjusted properly.

The Ecovision is a little computer about the size of an iPod that is 
 attached to the patient while he or she 
 sleeps at night. It records many channels of information including 
 airflow, pulse oximetry and respira-
 tory effort. The Embelletta is then 
 returned in the morning and we 
 download its information into the 
 specialized software.

This software will help us analyze 
 the data that was obtained to see if 
 our sleep device is adequately allevi-
 ating the apnea. Without this piece 
 of equipment, we would not be able to 
 tell if our devices are working properly.

The Ecovision is an apparatus that 
 sends sound waves through the air-
 way, giving us a volumetric reading of 
 the airway in a graphic format on 
 our computer screen. We can use it to 
 measure the nasal airway, the rhinometer, or the oral airway, the 
 pharyngometer.

It is great for screening patients 
 for airway problems, and for helping to 
 determine the optimal jaw position for our dental devices. By manipula-
 tion of the jaw while using the Ecovi-
 sion, we can more adequately predict 
 treatment outcomes and more desir-
 able jaw position. Both the Embelletta 
 and Rhinometer can be purchased 
 solely through Sleep Group Solu-
 tions.

What special training does a den-
 tist need to provide these services? 
 Dentists wanting to get involved should take an introductory course on 
 Dental sleep medicine.

There are many good places to 
 obtain education, but I recommend that they take one of our courses at 
 Sleep Group Solutions.

I feel our courses offer an excel-
 lent non-biased curriculum and they are geared toward getting the den-
 tists started immediately.

I treat sleep patients every day in 
 my own office, and I am pas-
 sionate about getting other dentists 
 involved in this exciting area. There 
 are other places to obtain education 
 in this area, but some of these are 
 sponsored by dental appliance com-
 panies.

At Sleep Group Solutions, we can 
 give our students honest advice about 
 dental sleep devices as well as 
 practical and useful systems to get 
 started.

Dental sleep medicine has become 
 a large part of my practice, and I 
 want to show other practitioners how to do it for themselves. They can go to 
 www.sleepseminars.com/modules 
 to see the upcoming schedule.

Is there a need for more dentists 
 to become involved? 
 Are you kidding? Absolutely yes. 
 Because of the lack of available den-
 tists with knowledge of dental sleep 
 medicine, I have been recruited by the 
 neighboring medical community to 
 provide care in the cities of Sara-
 sola and Tampa.

In both of these areas, I was 
 recruited by sleep physicians to help 
 treat their patients because there was no other trained dentist in 
 the area. We now have three offices of 
 Dental Sleep Solutions to help with 
 the demand. The prevalence of OSA 
 and snoring is overwhelming and 
 there are very few dentists available to 
 help.

How did you get involved in pro-
 viding this service? 
 Much like most of my life: a little luck 
 and a little perseverance. Nine or so 
 years ago, I had a patient of record who 
 needed a dental sleep device, which was prescribed by her physi-
 cian. I didn’t know much about it at 
 the time, but I started learning.

The more I learned the more I 
 realized the need for help in this area 
 and the enjoyment that you can get 
 from treating these patients. Once 
 I became more educated in the area, I 
 realized that I, too, had OSA.

Of course, this increased my inter-
 est in the subject as well. The more I 
 learned about and treated this life-
 threatening disorder, the more pas-
 sionate I became. Now it is the pri-
 mary focus of my practice, and I 
 love it.

What do you like best about pro-
 viding this service? 
 That could be a lengthy answer. 
 There are a great many things that 
 I find enjoyable about treating OSA in 
 my practice. I guess the most impres-
 sive is that I am now providing a 
 service that is not only dramatically improving peoples lives, it is actually 
 helping to save them. Not many den-
 tists can say that.

In my restorative practice, I have 
 encountered some fairly compre-
 hensive rehabilitative cases. After 
 months and even years of work, I 
 have received many gratifying thanks 
 from happy patients.

The amazing thing about treating 
 OSA patients is that in a matter of a 
 few weeks, I commonly receive more 
 than I did when I was doing it. I think you'll be happy that 
 also 
 gives the practice a nice financial 
 boost in this down economy.

Which dental sleep device is the 
 best? 
 This is often the first question that is 
 asked at one of our Sleep Group Solu-
 tions seminars. I usually answer it by 
 saying that it isn't a matter of which 
 device as much as it is about where 
 the jaw is placed.

There are many FDA-approved 
 devices for treatment of OSA, and 
 they all have pros and cons and they 
 all work. Although one may work bet-
 ter than another in some situations, it 
 is mostly a question of comfort.

It isn't so much about the par-
 ticular device, but more about proper 
 follow-through of their dental sleep 
 therapy.

How much does the treatment cost 
 and does insurance pay for it? 
 Of course, treatment costs can range 
 depending on the practice and the 
 particular patient. My estimated 
 range for dental sleep therapy would 
 be from $2,000 to $3,000. At Dental 
 Sleep Solutions, we are experienced 
 at medical insurance billing.

Of course, it depends on an indi-
 vidual’s coverage, but we are finding 
 that medical insurance is helping to 
 cover the costs in most situations. 

[Editor's note: See Dental Tribune Vol. 
 3, No. 2 for an article on medical cod-
 ing by Marianne Harper in the pages 
 of Hygiene Tribune.]

What is the first step for a dentist 
 to become involved? 
 Take a course at Sleep Group 
 Solutions. They offer a two-day course 
 that will get them off and running.

How does Sleep Group Solutions 
 service help a new dentist? 
 Of course, the first step is through 
 the educational courses we previ-
 ously mentioned. Also, as previously 
 stated, Sleep Group Solutions offers 
 the two pieces of essential equipment 
 needed to treat patients with breath-
 ing disorders.

Finally, Sleep Group Solutions is a 
 great resource. It is one of the larg-
 est companies in the sleep field and 
 they have many contacts throughout 
 the country. I have had great experi-
 ences working with this company.

The representatives at Sleep 
 Group Solutions are always willing 
 to help and will continue to support 
 dentists new to this field with advice 
 as well as helping with relationship 
 building with other sleep profession-
 als.

What is something you know now 
 after nine years of practice that you 
 wish someone had told you before you 
 began practicing? 
 I assume you mean after nine years of practicing dental sleep medicine because I've been practiced den-
 tistry for 20 years. I wish someone would have told me or influenced me to get involved 
 in treating dental sleep patients ear-
 ier. I never knew how much I could 
 enjoy this field.

Do you have any other pearls of 
 dental practice wisdom you would 
 like to share with our readers? 
 I have many “pearls” for dentists who are becoming involved in the treat-
 ment of sleep apnea, but my “pearl” for those who aren't is — consider 
 doing it. I think you'll be happy that 
 you did.

Your practice’s Web site is very 
 inviting. Do you happen to know 
 how many new patients have 
 found you via your Web site alone? 
 Presently, we are getting one or two 
 cases per month from the Internet, 
 but we are completely revamping our 
 Web site along with search engine 
 optimization. We expect those num-
 bers to explode in 2010 for Dental Sleep Solutions.

About the dentist

Dr. Gy Yatros has been practicing 
 since 1992 and is a diplomate of the 
 American Academy of Dental Sleep 
 Medicine. He is also a member in good 
 standing of the ADA, AGD, Florida Acad-
 emy of Cosmetic Dentistry, Academy of 
 Computerized Dentistry, Florida Den-
 tal Association and West Coast Dental 
 Association.

Yatros also teaches courses and 
 is available for practice consultation 
 with dentists interested in becoming 
 involved in dental sleep medicine.