OSA is a ‘treacherous and pandemic killer’

By Fred Michmershuizen, Online Editor

In an interview with Dental Tribune, Dr. J. Brian Allman, founder of the TMJ Therapy and Sleep Center of Reno, Nev., discusses obstructive sleep apnea (OSA) and the important role dentists can play in its diagnosis and treatment. Allman, whose mantra is “Airway is king and tongue volume is queen,” says he hopes all dentists become proficient dental sleep physicians.

What do dentists need to know about obstructive sleep apnea? Dentists are first in line to screen patients for OSA and must embrace the responsibility to ask questions regarding sleep issues, understand this disease’s craniofacial anatomy by recognizing anatomic clues and, last, learn the signs and symptoms of this treacherous and pandemic killer.

Some of the more obvious clues are actually very simple two- or three- or four-piece puzzles. For example, if a patient — or more likely, the patient’s bed partner — harbors complaints of snoring and daytime sleepiness, it is highly likely a sleep breathing disorder patient is sitting in front of you.

If a patient is having difficulty controlling his or her blood pressure, with a third medication imminent, a referral to a medical sleep specialist is recommended. Patients waking several times during the night, having difficulty sleeping or reporting getting up several times during the night to urinate also warrant further questioning.

By beefing up patient questionnaires and adding relevant questions regarding sleep issues, morning headaches, snoring, familial sleep apnea history and discrimination, the root of the problem Educated guesses become scientific decisions. Complex dental reconstruction See how life changing a reconstruction can be. Stepping ‘out of the dark’ If you haven’t gone digital yet, here are some tips.

UNE raises funds for new dental college

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UNE plans to establish a college of dental medicine that will address both the issue of access to care and the need for more oral health professionals in the region. UNE’s College of Dental Medicine will emphasize community dentistry, dental public health and prevention, excellence in clinical dentistry, an integrated health-care
Assessing conditions requiring medication — e.g., blood pressure, diabetes mellitus 2, COPD, obesity prescriptions — can boldly help identify, refer and help manage this deadly disease of head and neck anatomy.

Further, by learning the craniofacial clues such as retrognathic mandibular posture, crowded oropharynx and scollopaged tongue, likely sufferers can be keenly identified and referred for medical diagnosis.

How does obstructive sleep apnea differ from ordinary snoring? Snoring is the thunder and OSA is the lightning. One is annoying, and the other one can kill. We must realize that snoring is an indication of an airway impediment, albeit benign, in the case of primary snoring, but linked to cerebrovascular and cardiovascular conditions that can cause the caphony turn in to pathologic airway blockage during sleep. As we proceed through the continuum of obstructive sleep apnea, bulking the tongue, the main design issues — are all worth looking at. At this time, there is no one appliance that can do it all.

You have developed a seven-appointment oral appliance therapy scheduling and billing protocol. Will you summarize and brief the benefits to dentists in using this protocol?

First of all, dental sleep medicine DSM cannot be practiced in part, by every dentist worldwide. Practicing DSM suggests a wide spectrum of clinical involvement. Dentists at the very least, should screen and refer for appropriate medical diagnosis those patients identified with obvious signs and symptoms of sleep apnea.

Two of the biggest roadblocks for general dentists are developing dental office infrastructure and medical billing strategies. DSM is confusing for most dental offices and medical insurance companies as a dental service is provided to manage a medical condition.

Dental office billing personnel seeking reimbursement from commercial medical insurance companies for medical procedures is not widely understood and is often a discouraging source of frustration resulting in abandoning DSM practice. In an effort to streamline integration of what should be a routine general dental procedure, a seven-appointment oral appliance protocol was developed.

By applying our seven-appointment model, which includes dental procedure recommendations and medical billing examples for each of the consultation, impression, delivery and follow-up appointments, dental offices can hurdle the initial difficulties in DSM practice. Notably, the business of dental sleep medicine has been neatly packaged to get offices started on the right track. I’m not implying that billing is not without its difficulties and that our protocol is magic, but, by creating an office model that can be duplicated, more offices will be successful and more patients will be successfully managed.

How can TMI side effects be managed for patients with obstructive sleep apnea? By avoiding them all together! Historically, OSA appliances were built using arbitrary initial positioning that often times was a little difficult for patients to acclimate to, creating undue tension and strain on their craniofacomandibular complex — TMJ, muscles, tendons and ligaments.

By using a comfortable or ‘romanced bite registration’ technique, we can increase initial compliance with our oral appliances and reduce uncomfortable side effects. By taking the time to consider what is initially comfortable for our patients and then slowly advancing or adjusting comfortably over a longer period of time, we reduce the likelihood of patient discomfort, inflammation and pain.

Do you have anything you would like to add? OSA is a deadly disease of craniofacial anatomy and dentists with education can easily learn to recognize OSA severe.

With more effort and training, dentists can become members of the OSA multidisciplinary management team. And, considering the high percentage of snorers who are afflicted with OSA and are incorrectly and dangerously mistreated with only anti-snoring appliances with no consideration for the likelihood of deadly OSA, I believe dentistry is now guilty of supervised neglect; unable and untrained to discern snoring from sleep apnea.

Considering how little sleep training is offered in medical and dental schools, we are now at a disadvantage. Let’s stop the ignorance and start integrating medicine with dentistry. It ain’t just teeth anymore.

About the doctor

J. Brian Allman, DDS, DABIDSM, DAAPM, FAGD, FASGD, FICCMO, FAACP, FAAO, FIO, is the founder of the TMJ Therapy and Sleep Center in Reno, Nev., and is dedicated to the advancement of dental sleep medicine in general dental practice. He is co-founder of Dental Sleep Digest, a monthly interactive webinar series for dentists serious about advanced patient therapy education.

His journey includes seven fellowship and diplomate awards, Senior International Association of Orthodontics instructor and The OSA: Online Sleep Academy, a monthly interactive webinar series for dentists serious about advanced patient therapy education.

Allman lost his mother due to untreated OSA. You may visit him online at www.tmjreno.com.