

## Sleep Disordered Breathing

According to the National Institutes of Health (NIH), Sleep Disordered Breathing (SDB) “describes a group of disorders characterized by abnormalities of respiratory pattern (pauses in breathing) or the quantity of ventilation during sleep. Obstructive sleep apnea (OSA), the most common such disorder, is characterized by the repetitive collapse or partial collapse of the pharyngeal airway during sleep and the need to arouse to resume ventilation.” Only recently have experts begun to understand the full consequences of SDB. The NIH states, “. . . epidemiological and pre-post treatment analyses have identified substantial morbidities that primarily affect cardiovascular and neurobehavioral systems. These morbidities include pulmonary hypertension, arterial hypertension, nocturnal enuresis, reduced somatic growth, learning and cognitive deficits, and behavioral problems that resemble attention deficit-hyperactivity disorder.” Additionally, research has shown that even snoring, which has traditionally been considered more of a nuisance than a medical condition, may be associated with systemic medical complications.

There are significant psychosocial aspects of untreated SDB, which include fragmented sleep with excessive daytime sleepiness (EDS), depression, impotence, cognitive impairment and poor work performance, relationship impairment due to snoring and drowsy driving. According to the Institute of Medicine report “*Sleep disorders and sleep deprivation: An unmet public health problem*,” the cost estimate of EDS is \$150 billion annually in lost productivity and mishaps, and the cost of medical care as a result of EDS related motor vehicle accidents is estimated at an additional \$48 billion.

The California Dental Practice Act (DPA) defines the practice of dentistry as, “. . . the diagnosis or treatment, by surgery or other method, of diseases and lesions and the correction of malpositions of the human teeth, alveolar process, gums, jaws, or associated structures . . .” The anatomical structures associated with SDB (tongue, soft palate, uvula, mandible/maxilla, and parts of the upper airway) are the “associated structures” described in the DPA and place dentists in the prime position to notice abnormalities.

While dentists can play a key role in recognizing potential SDB and managing some aspects of treatment, sleep disordered breathing is a medical condition and its *diagnosis* is outside the scope of the practice of dentistry. Proper SDB diagnosis requires monitoring of the patient during sleep and evaluation of the events during the sleep cycle by a qualified physician. Collaboration between the physician and the dentist in identifying and diagnosing patients who are suffering SDB and determining the best mode of treatment ensures patients receive comprehensive and appropriate care. Additionally, as SDB is progressive, continued monitoring and managing of this chronic condition is best handled through continued dentist-physician collaboration.

Member interest in improving patient health through earlier diagnosis and treatment of SDB and startling statistics on the cost of untreated SDB, in both health and dollars, led to the development of the following CDA policy on Sleep Disordered Breathing (25RC-2011-H):

- It is appropriate for dentists to screen patients for signs and symptoms of sleep disordered breathing and to work with physicians to diagnose and treat sleep disordered breathing;
- CDA supports increased awareness and the education of dental and medical professionals on appropriate involvement in the screening, diagnosis and treatment of sleep disordered breathing; and
- CDA supports efforts at the federal and state levels to ensure dentists are recognized members of the health care team managing sleep disordered breathing, and to ensure that patients’ health care benefits are maintained regardless of whether a dentist or physician provides patient care.