



Dentists Treating Sleep Apnea

By Dell Richards

Despite it being outside their scope of practice, many dentists are making snoreguards. Other dentists are helping their patients with sleep apnea. Aware they have to work under the supervision of a medical doctor who does the diagnosis, dentists are using at-home sleep tests to measure apnea episodes and making oral appliances to treat them.

“In my opinion, this is probably one of the most impactful areas in dentistry for public health,” said Mark J. Friedman, DDS, professor of Clinical Dentistry at the School of Dentistry, University of Southern California. “As a dentist, you can have a huge impact on public health if you screen your patients by asking a few questions.”

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70 million have sleep disorders such as insomnia, restless legs, and other issues.

Yet only 10 percent are diagnosed. That means the other 90 percent are at increased risk of cardiovascular problems, diabetes and obesity — not to mention exhaustion and accidents — without even knowing it.

“The numbers are staggering,” said Friedman, who screens every patient for sleep disturbances during the regular exam for gum disease, oral cancer, and blood pressure at his private practice, Center for Dental Aesthetics and Dental Sleep Medicine, in Encino.

Friedman asks such questions as:

- Do you dream a lot?
- Are you tired when you wake up?
- Do you want to take a nap in the afternoon?
- Do you have a tendency to snore?

“When you ask these questions, the response will clue you into whether the person needs an evaluation,” Friedman said.

For example, if the patient doesn’t dream much, it could mean they are likely to have a sleep disturbance and never get to the rapid eye movement stage of sleep, where people dream the most.

Recent steps by the American Academy of Sleep Medicine made it easier for dentists to move into this field. In January, the AASM issued new guidelines saying that oral appliances are a recommended first-line treatment for people with mild to moderate sleep apnea. While they also note that continuous positive airway pressure, CPAP, therapy should be the first choice, their position is realistic. After a year, more than 60 percent of patients no longer wear the CPAP.

Recent articles, published in the physician’s trade journal *Internal Medicine News*, reiterated that oral appliances were a more effective therapy than surgery or over-the-counter products.

To date, at least 40 dentists in California are using a new ambulatory study tool, Watch-PAT 100, to measure sleep.

Worn on the wrist and using a probe over two fingers, the device allows a patient to have their breathing tested at home. From reading their peripheral artery tone, PAT, which tells whether blood vessels are dilated or constricted, the Watch-PAT measures respiratory disturbances, oxygen saturation and actigraphy. A pulse rate also can be derived from the PAT signal as can REM sleep.

Not only is the cost less than that of a clinic, but the patient is not asked to sleep in a strange bed at a laboratory with electrodes on their body and people monitoring them.

“If a person has garden-variety snoring or sleep apnea, you don’t need a huge, expensive test,” said Gary Sagiv, director of marketing and sales, Itamar Medical Inc., the company that sells the Watch-PAT 100, which is FDA-approved and has been available in the United States for the past four years. “You’ll get as good or better results because the person can sleep. Our study is accurate as a clinical study and actually measures what you need to know.”

Gary Demerjian, DDS, has been using the Watch-PAT almost since it came on the market.

“The patient puts it on their hand and goes to sleep,” said Demerjian, who has offices in Glendora and Valley Village. “It monitors how many apnea episodes the person has had. It tells the oxygen level, and if it drops below a certain level. It also tells how many times the person woke up at night. With it, you can really tell what’s going on.”

Because Demerjian works with temporomandibular disorder patients on a daily basis, he also ends up seeing patients with sleep disorders.

“Many patients with TMD issues also have airway issues,” Demerjian said.



“Once we’re done with the TMD treatments, we try to control their clenching and grinding at night as well as their breathing because it is all related.”

To play it safe, Demerjian has patients go to their doctor for a diagnosis (and for medical insurance coverage) before he makes an appliance. “Unless you have a clinical diagnosis, you don’t know what you’re treating,” said Demerjian, who does not make a snoreguard without a doctor’s referral or a polysomnogram of the patient.

To deal with this issue, Itamar Medical recently initiated a program of sending the patient’s sleep study to a board-certified sleep doctor, who diagnoses it for the dentist and sends it back with a score. This allows the dentist to make an oral appliance and still be within the scope of medicine they are allowed to practice.

Michael Moore, DDS, also has a Watch-PAT 100, but has had a harder time convincing patients they need it. Because medical insurance is the payer, most dentists insist the patient pay the costs up front. Between the testing, the appliance and re-testing usually needed, the cost can run \$4,000 to \$5,000, depending on the dentist. “Because a physician has to diagnose it, you never see the person again,” Moore said.

Moore also is concerned with liability. He has patients sign informed consent releases so that he cannot be held liable if the patient stops wearing the appliance and has an accident or dies as a result.

Nonetheless, it is difficult to watch people making such shortsighted decisions about their health. “People with apnea can get really sick,” Moore said. “They are in fight-or-flight a lot of the time during the night because the brain is fighting to stay alive.”

Moore does use the Watch-PAT 100 as a prescreening device to see what the respiratory disturbance index numbers

are. By screening, Moore can tell if he can make a sleep appliance that would help. “You can also have them do a polysomnogram to check,” said Moore, of the gold standard.

Although biased, Sagiv believes that ambulatory, in-home tests are the wave of the future. He says looking at the numbers tells the story. “Today, over 90 million Americans who have sleep problems are undiagnosed with sleep centers screening less than 2 million a year,” Sagiv said.

In doing the math, it becomes obvious that a more efficient, less costly — but still effective system — needs to be put in place. Especially since snoring and sleep apnea worsens with age. Those ubiquitous baby boomers, who comprise a huge segment of the population and are just hitting their stride in terms of snoring and sleep apnea, are going to increase the numbers of people needing tests and oral appliances even more.

“Dentists can play a huge role in this,” Friedman said.

And in their patient’s health. Friedman, who has been doing esthetic restorative dentistry for 25 years, says he would give that up in a second to help snorers and people with sleep apnea because it has been so much more rewarding.

“For some people, it changes their life instantly. They wake up feeling good and can spend the day not having to sleep,” Friedman said. “Their spouse will sleep with them again. Their blood pressure goes down and it probably increases their longevity. Dentists have this whole new realm of people to treat who are vulnerable.”

For Friedman, Demerjian, and dentists like them, that is reason enough to brave this new frontier.

A practicing journalist, Dell Richards runs Dell Richards Publicity, a public relations firm specializing in dentistry, health care and technological innovation.



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Educating Parents on Children's Well-being

If everyone wants healthy children, it is ironic that some parents let their kids indulge in unhealthy behavior.

In *Membership Matters*, the publication of the Oregon Dental Association, some of the things dentists assume are common knowledge are not obvious to the community at large.

The link between enamel erosion and diet is not a well-known fact among parents or educators, said Carol Klingensmith, DDS.

In a sidebar to the Klingensmith's article, Janet Peterson, DMD, provided some tips for dentists who wish to work with local schools in fostering a wellness program for students:

- Too much consumption of fruit juice is as bad for children as soda. Juices often are as cariogenic and caloric as sugary sodas. Too much can have a negative effect on children's oral and overall health.

- Drinks that are reclosable, such as those with a screw cap can increase the number of times teeth are exposed to sugary soda pop. Children are more likely to sip soda from reclosable bottles longer than they do from cans.



Report Controlled Substance Loss Online

Thanks to updated Drug Enforcement Administration technology, dentists and other registrants can now go online and report the theft or loss of controlled substances.

All registrants are required to notify the area DEA field office, in writing, of any significant loss or theft of any controlled substance within one business day of discovery. However, if the facts to complete the form are not yet available, the DEA recommends initial written notification on business letterhead submitted by facsimile for later reporting online or by conventional mail "in a timely and accurate manner."

In a letter to the American Dental Association, the DEA explained online and alternative reporting procedures.

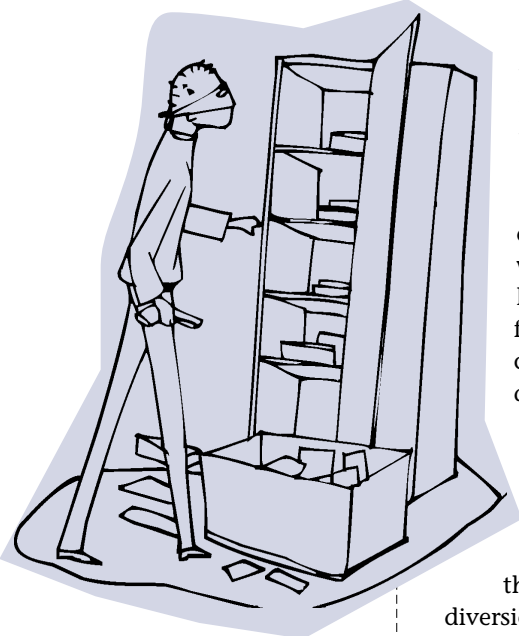
Dentist registrants may access the theft/loss form on DEA's diversion control Web page at www.DEAdiversion.usdoj.gov. The DEA Form 106 is accessible in various ways:

- Choose the "DEA Form 106 Online" box, which is third from the top on the right side of the diversion control homepage to go directly into the secure connection and online form.

- Select "Applications and Online Forms" (first tab) under the "Diversion Programs" heading on the left side of the page then select the seventh and last bullet, "Theft or Loss of Controlled Substances."

- The diversion control Web site also describes alternative reporting procedures and offers a toll-free telephone number, (800) 882-9539, for registration support. For questions about electronic submission of Form 106, call the DEA registration and program support section at (202) 307-4925.

Accountable loss from spillage, breakage, or other damage, such as Hurricane Katrina last year, should be reported separately on DEA Form 41, Destruction of Controlled Substances. Registrants follow different procedures for reporting losses recoverable or not recoverable, according to the DEA's letter.



Model Aims to Increase Diversity in Dentistry

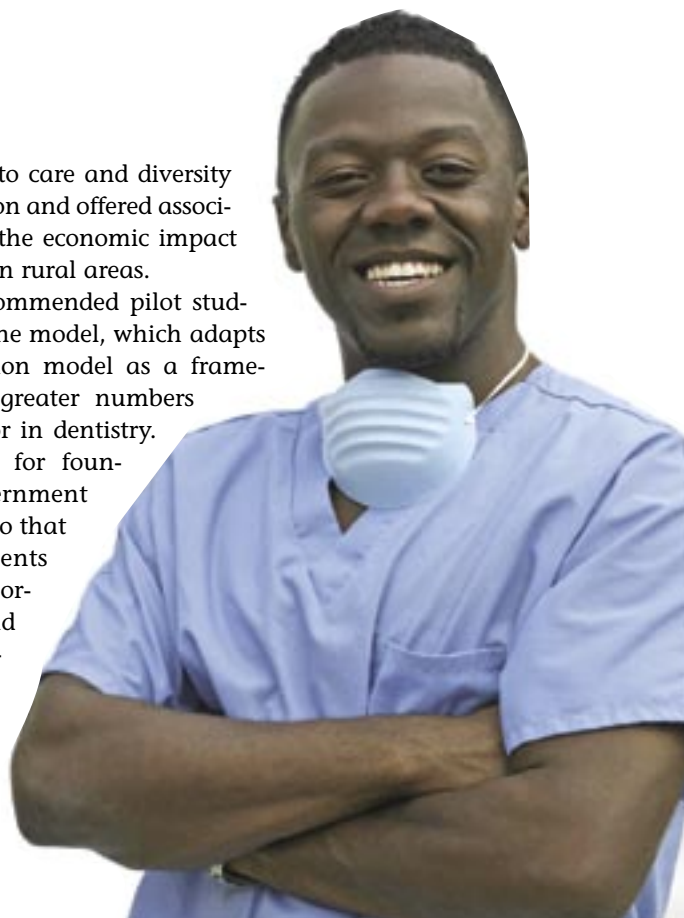
A dental education panel has offered a model “for realistically improving the proportion of underrepresented minorities in dentistry” that would engage minority-serving universities in preparing students to become dentists.

“We fully expect institutional interest will vary,” said the committee in a feasibility study released in May. The report, “Bridging the Gap: Partnerships between Dental Schools and Colleges to Produce a Workforce to Fully Serve America’s Diverse Communities,” is available at www.communityvoices.org. Supported by the W.K. Kellogg Foundation, Community Voices: Healthcare for the Underserved is located at the National Center for Primary Care at Morehouse School of Medicine.

The ADA’s Immediate Past President Bob Brandjord, DDS, was among several dental leaders who commented at the briefing. He encouraged a full reading of “this very good report that gives us good food for thought.” He also cited ADA’s efforts

to increase access to care and diversity within the profession and offered association research on the economic impact of dental practice in rural areas.

The report recommended pilot studies to implement the model, which adapts a medical education model as a framework to educate greater numbers of students of color in dentistry. The report called for foundation and government financial support so that low-income students will have the opportunity to enroll and “strongly recommends” that states without dental schools or those with workforce problems support a portion of the costs of education.



Now, About Those Phone Manners ...



With so much automation in many of today’s dental offices, it may be very easy to forget the fundamentals of one of the most basic tools used: the telephone.

In an issue of the *Illinois Dental News*, Tess Fyalka wrote of the importance of remembering the potential a telephone has on making a practice a great success. For example, too many dental offices use voicemail as a frontline tool to screen calls. This is an unwise policy, Fyalka said, because most people prefer to talk to someone when calling their dentist’s office. Want to lose a potential patient? Then, by all means, present them with a recording during business hours. Voice mail should be used only as a method to greet callers when the office is closed and not staffed.

One of the most important tasks an office manager can undertake is not training staff to handle phones correctly. It is not enough for assistants covering the phones merely to be polite, they also have to be properly trained to gather all the information necessary. Designating one person to handle incoming calls also makes sense. According to the article, Char Sweeney, a practice management consultant said, “When the call is mishandled, you’re more likely to have patients arrive at the practice not prepared to pay because they weren’t aware that this would be expected, or they may not have taken the appropriate medication, etc. When multiple people are answering the phone, there is a lack of accountability.”

Practice management consultants highly suggest that dentists have their friends phone the office once in a while pretending to be new patients. The results often are eye-opening, and may lead dentists to conclude that more phone training for staff is needed.



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BOB BRANDJORD, DDS

Adding New Dental Team Member Proposed

The American Dental Association’s House of Delegates is expected to receive a report this month calling for a new member of the dental team.

In April, a proposal was presented to the Board of Trustees as “an innovative answer” from the ADA to the problem of access to care.

Developed in response to a resolution adopted by last year’s house, the proposal details the duties, “core competencies,” and training of a community dental health coordinator who would assist dentists and other dental team members in bringing care to the needy in remote and underserved areas.

“The Community Dental Health Coordinator would work under a dentist’s supervision as an adjunct to the existing

dental team,” said the ADA’s Immediate Past President Bob Brandjord, DDS, who appointed the six-member committee that developed the CDHC proposal.

“The CDHC will connect with federally qualified health centers and community groups like senior citizen centers and school boards to promote dental health, particularly in remote areas or urban environments,” he said. “This is an innovative answer from the ADA to the problems of underserved populations and underserved parts of our country.”

Chaired by Perry K. Tuneberg, DDS, ADA 8th District trustee, the 96H committee worked in tandem with a larger Workforce Task Force charged with exploring other staffing and dental care delivery issues.

Upcoming Meetings

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| Nov. 2-4 | Hispanic Dental Association 14th Annual Meeting, Universal City, www.hdassoc.org or (217) 793-0035. |
| Nov. 5-11 | United States Dental Tennis Association, Palm Desert, www.dentaltennis.org . |
| Nov. 12-18 | 57th American Academy of Oral and Maxillofacial Radiology 57th Annual Session, Kansas City, MO., www.aaomr.org . |
| Dec. 3-6 | International Workshop of the International Cleft Lip and Palate Foundation, Chennai, India, (91) 44-24331696. |

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| April 15-21 | United States Dental Tennis Association, Sarasota, FL, www.dentaltennis.org . |
| May 3-6 | CDA Spring Session, Anaheim, (866) CDA-MEMBER (232-6362). |
| June 27-July 1 | Academy of General Dentistry Annual Session, San Diego Convention Center, (888) 243-3368. |
| Nov. 27-Dec. 1 | American Academy of Oral and Maxillofacial Radiology 58th Annual Session, Chicago, www.aaomr.org . |

To have an event included on this list of nonprofit association meetings, please send the information to Upcoming Meetings, *CDA Journal*, 1201 K St., 16th Floor, Sacramento, CA 95814 or fax the information to (916) 554-5962.