

EP. 69 Creating Value for Dental Visits by Screening for Sleep Apnea

In our experience in visiting many dental offices around the country, we have found a number of offices that are screening for sleep apnea, which is known as obstructive sleep apnea or OSA. I often hear that getting insurance coverage for treating the OSA is either nearly impossible or takes a lot of time and energy. That has been a discouragement for continuing.

However, it is known that approximately 52 million Americans and almost one-fourth of men seen in any dental practice have OSA. Also, less than 15% of these people have actually been diagnosed with OSA, and only 25% of this group has successfully used a CPAP device (continuous positive airway pressure) all night every night.

In a recent presentation at the ADA annual meeting, it was stated that, even if your office does not choose to treat OSA, it is still our obligation to recognize and screen for the disorder and make the appropriate referral and follow up.

Here are a variety of ways to screen for sleep apnea:

- A close evaluation of the patient's medical history, which could include CPAP usage, sleep habits, and any previous diagnosis of OSA.
- Taking the patient's blood pressure, since more than half of patients with high blood pressure have OSA.
- Another indicator a large neck size which is associated with OSA.

Dental signs and symptoms are said to include:

- Bruxism
- TMD
- Abfraction lesions
- The use of an oral splint for bruxism or orofacial pain.

Other indicators of OSA include:

- Loud snoring.
- Choking/gasping for breath during sleep.
- Waking up frequently.
- Daytime sleepiness and/or poor concentration.
- Insomnia diagnosis
- Gastroesophageal Reflux Disease (GERD)/Acid reflux.
- Bed wetting in children.

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The recommendation is that whether your office chooses to treat OSA or not, we as healthcare providers should be able to recognize the signs and symptoms. Have an honest conversation with the patient, and even find a sleep medicine physician to refer to. Going forward, do your own research in this area, have a meeting with your team about how you will address this with your patients, and add this to your Standard of Care.