



NC DENTAL SLEEP MEDICINE

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Clinical Indications: Primary Snoring, Mild/Moderate OSA, CPAP Intolerance or Combination Therapy with CPAP

Sleep Study/Oral Appliance Details for Consideration

Terms:

Apnea = A complete airway obstruction for 10 seconds or more.

Hypopnea = A partial airway obstruction of at least 30% or more.

AHI (Apnea/Hypopnea Index) = Average number of Apneas + Hypopneas per HOURLY.

MILD Sleep Apnea = Overall AHI of 5-15.

MODERATE Sleep Apnea = Overall AHI of 15-30.

SEVERE Sleep Apnea = Overall AHI of 30 or more

PRIMARY SNORING = AHI less than 5, can still be associated with daytime fatigue.

Supine AHI = Patient's AHI when they are on their BACK.

REM AHI = Patient's AHI when they are in REM stage sleep.

T90% = Percent of sleep time under 90% blood oxygen saturation.

Nadir = Lowest single drop in blood oxygen saturation.

MEAN DISEASE ALLEVIATION = Effectiveness of Treatment x Compliance Rate of Patient

**CPAP vs Oral Appliances successes are best compared by
MEAN DISEASE ALLEVIATION.**

**CPAP is better at stopping obstructive events but has a LOW COMPLIANCE RATE.
Oral appliances are not as effective at lowering AHI but have a HIGH COMPLIANCE RATE.**

The AASM recommends:

1. CPAP should always be the first line treatment in cases of SEVERE sleep apnea.
2. Patient should be given the option to choose between oral appliance or CPAP for first line treatment in cases of MILD or MODERATE sleep apnea.
3. Patients should be recommended an oral appliance for CPAP INTOLERANCE rather than no treatment.
4. Oral appliance be recommended for PRIMARY SNORING rather than no treatment.

Additional Notes:

1. Sleeping on your back (SUPINE) can increase AHI by allowing tongue and palatal tissue to fall backwards and collapse airway easier. In general, sleeping on your side is better for sleep apnea.
2. REM sleep stage is known for exacerbating sleep apnea. REM stage is associated with vivid dreaming. Your body inhibits muscular function during REM in order to prevent you from acting out your dreams. This muscle inhibition can limit the muscle coordination needed to maintain an open airway during sleep.
3. Obstructions, apneas or hypopneas, close the airway and lead to drops in blood oxygen saturation. Our goal is to eliminate the amount of time spent under 90% oxygen saturation.
4. The primary pathology is intermittent and abrupt drops in oxygen and over-activation of the sympathetic nervous system.
5. INSURANCE REMINDER - MEDICARE will NOT pay for an oral device if CPAP has been paid for in the last FIVE YEARS. (Same and Similar Rule). They will cover CPAP following a failed oral device attempt. Please be aware of this with MEDICARE patients

