

11-1-2022

Screening for Sleep Apnea

Arthur Feigenbaum DMD
ProHealth Dental, ajfdmd@gmail.com

Follow this and additional works at: <https://commons.ada.org/nysdj>



Part of the [Other Dentistry Commons](#)

Recommended Citation

Feigenbaum, Arthur DMD (2022) "Screening for Sleep Apnea," *The New York State Dental Journal*: Vol. 88: No. 6, Article 4.

Available at: <https://commons.ada.org/nysdj/vol88/iss6/4>

This Article is brought to you for free and open access by ADACommons. It has been accepted for inclusion in The New York State Dental Journal by an authorized editor of ADACommons. For more information, please contact commons@ada.org.

Screening for Sleep Apnea

Dentists are urged to be alert to signs of sleep deprivation among their patients. They could be indications of obstructive sleep apnea, which if left untreated, can lead to serious consequences.

Arthur Feigenbaum, D.M.D.

It is estimated that 54 million adults in the U.S. have obstructive sleep apnea (OSA) and that an overwhelming of them (80%) are undiagnosed or untreated. OSA treatment improves quality of life and leads to other important health outcomes.^[1-4]

In 2017, the American Dental Association (ADA) recognized the integral role dentists play in helping patients seek diagnosis and treatment for OSA. Their policy “encourages dentists to screen patients for SRBD (sleep-related breathing disorder) as part of a comprehensive medical and dental history to recognize symptoms such as daytime sleepiness, choking, snoring or witnessed apneas and an evaluation for risk factors such as obesity, retrognathia or hypertension. If risk for SRBD is determined, these patients should be referred, as needed, to the appropriate physicians for proper diagnosis.”^[5]

If you think about it, trained dentists are the ideal healthcare providers to screen for OSA. How often have you had a patient fall asleep in your chair or mention that his wife is complaining about his snoring? Dentists have a front row seat to patients’ airways, see patients often and have built relationships—sometimes across generations—with patients. These opportunities and trusted relationships put dentists in an optimal position to identify patients with undiagnosed OSA. We can use questionnaires and assess craniofacial and upper abnormalities during routine oral examinations to identify patients at increased risk for OSA.^[6] Oral examinations commonly used by trained dentists are both

useful in identifying risk for OSA^[7,8] and may enhance the effect of screening tools.^[9]

Unfortunately, screening for OSA is usually not covered in dental school curricula, but the American Academy of Dental Sleep Medicine (AADSM), which is dedicated exclusively to helping dentists screen and treat SRBD, has developed standards for screening, treating and managing adults with SRBD, as well as educational resources.^[6] These screening resources are available at aadsm.org/screening.

Screening for OSA requires dentists to collect information on demographic and anatomic factors that put patients at increased risk. There are validated questionnaires that are commonly used for screening. The Epworth Sleepiness Scale assesses chronic tiredness but is not specific to OSA. The STOP-BANG questionnaire is commonly used by anesthesiologists and indicates a high probability of moderate-to-severe OSA.

You’ll use the information you collect during screening to decide whether the patient should be referred to a physician for diagnosis. Learning how to screen your future patients for OSA can set them on a path to renewed energy and better health, and they’ll have you to thank for it.

Case Studies

1. Female, 48 years old, 5 ft 5, 140 pounds. No snoring or gasping reported. No comorbid medical conditions but indicated day-

time tiredness. She was a dental patient at one of our offices and was seen by our dental hygienist, who called me over to get my opinion. No anatomical issues were observed but patient was referred to a sleep physician to get tested. The sleep test indicated severe sleep apnea and the patient was given CPAP (continuous positive airway pressure) device. This therapy could not be tolerated, and she returned to us for an oral appliance. She has now been normalized and her sleepiness has been eliminated. Sleep apnea can occur at any age and within any demographic. Symptoms can vary or may not even be noticed.

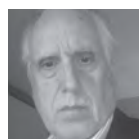
2. 1997. Female, 73 years old, deceased. Had hypertension, Type 2 diabetes, took afternoon naps, snoring, obese. Spent her last years in and out of hospitals for various cardiovascular ailments. Her quality of life became unmanageable. Nobody screened or treated her for sleep apnea.

Case study #2 was my mother. I guess in 1997, this was the standard of care. Afterall, before CPAP was invented, in the 1980s, the only treatment for OSA was tracheostomy, so only the very severe were treated. It shocks me that in 2022, there is still inadequate screening for this life-threatening condition.

It is imperative that we all screen for what is the largest non-communicable disease in the world. It is not a disease of only overweight middle-aged males. Screen everyone! 💡

REFERENCES

1. Aarab G, et al. Long-term follow-up of a randomized controlled trial of oral appliance therapy in obstructive sleep apnea. *Respiration* 2011.
2. Phillips CL, et al. Health outcomes of continuous positive airway pressure versus oral appliance treatment for obstructive sleep apnea: a randomized controlled trial. *Am J Respir Crit Care Med* 2013.
3. Naismith SL, et al. Effect of oral appliance therapy on neurobehavioral functioning in obstructive sleep apnea: a randomized controlled trial. *J Clin Sleep Med* 2005.
4. Rietz H, et al. Nocturnal blood pressure is reduced by a mandibular advancement device for sleep apnea in women: findings from secondary analyses of a randomized trial. *J Am Heart Assoc* 2018.
5. American Dental Association 2019.
6. Levine M, et al. Dental sleep medicine standards for screening, treating, and managing adults with sleep-related breathing disorders. *J. Dent Sleep Med* 2018.
7. Liistro G, et al. High Mallampati score and nasal obstruction are associated risk factors for obstructive sleep apnoea. *Eur Respir J* 2003.
8. Ruangsri S, et al. Which oropharyngeal factors are significant risk factors for obstructive sleep apnea? An age-matched study and dentist perspectives. *Nat Sci Sleep* 2016.
9. Avincaal MO, et al. Modified Mallampati score improves specificity of STOP-BANG questionnaire for obstructive sleep apnea. *J Craniofac Surg* 2017.



Arthur Feigenbaum, D.M.D., is director of dental sleep medicine, Pro-HEALTH Dental, and director of Dental Sleep Medicine, Delta Sleep Center of Long Island, Commack, NY. He is president-elect of Queens County Dental Society, a diplomate of the American Board of Dental Sleep Medicine and chairman of the AADSM Annual Meeting Committee. Queries about this article can be addressed to Dr. Feigenbaum at ajfdmd@gmail.com

Do You Know All You Need to Know **About Your New Hire?**



Alliance Risk Group is the new NYSDA-endorsed provider for pre- and post- employment background investigation packages designed exclusively for NYSDA members at discounted rates. Don't be in the dark when hiring your next staff person.

Find out more at our website at www.nysdental.org/endorsed or call **800-579-2911**.

NYSDA Endorsed Service

For more information about this and other Endorsed Programs call: 800-255-2100

