



POLICY AND PROCEDURE - Policy #20

DENTAL APPLIANCE THERAPY FOR THE TREATMENT OF SLEEP DISORDERS

References:

Dental Practitioners Registration Act 2001

Health Practitioners (Professional Standards) Act 1999

Scope:

1. This policy documents the minimum standard of clinical practice required of dental practitioners in the use of dental appliances to treat sleep disorders. This is in order to minimise the risk of harm to patients.
2. This policy applies to dental practitioners with current registration under the *Dental Practitioners Registration Act 2001* ("the Act"). However dentists and dental specialists are the only dental practitioners who can lawfully supply and fit dental appliances for the treatment of sleep disorders.
3. It is fundamental to this policy that dental practitioners must practise only those skills for which they have been educated and in which they are competent.

Background:

4. Dentistry has a role to play in the treatment of sleep disorders such as snoring and obstructive sleep apnoea.
5. Dental appliance therapy is an option for the treatment of sleep-disordered breathing caused by upper airway obstruction. Dental appliance therapy has been used as an alternative or adjunct to the other available medical therapies.
6. There are, however, significant consequences of not treating sleep disorders properly, including cardiovascular and neuropsychological disease and similarly there may be clinical consequences for the mouth, teeth and temporomandibular joints following the use of dental appliances, including temporomandibular disorders and permanent occlusal changes.
7. Dentists and dental specialists who are practising in this area of dentistry must follow the recommendations for the use of dental appliances for the treatment of sleep disorders that are documented in the American Academy of Sleep Medicine's publication *Practice Parameters for the Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances: An update for 2005*. These guidelines have informed this policy.

Practice Standards:

8. Devices must only be provided and fitted by dentists and dental specialists following an assessment by a medical practitioner who specialises in sleep disorders. This person would ideally be an accredited sleep physician. The specialist medical practitioner will direct the patient toward the most effective therapeutic option (e.g. lifestyle changes, dental, surgical or positive airway pressure) and may involve the services of a dentist or a dental specialist.
9. Dental appliance therapy for sleep-disordered breathing or snoring must not commence without a referral from a medical practitioner trained in sleep disorders.

10. The management of sleep disordered breathing or snoring by the use of dental appliances requires a multidisciplinary team approach in both the initial diagnosis and prescription and in the on-going monitoring of the efficacy of the treatment, with the medical practitioner taking primary responsibility for the patient's overall management of sleep disordered breathing.
11. If treatment using a dental appliance is medically indicated, the dentist's role is in providing the appliance and in supervising the patient's treatment from a dental point of view. This includes:
 - a. determining if the patient is a suitable candidate for an appliance from a dental perspective;
 - b. evaluating and selecting the optimal appliance for the individual patient, having regard to the efficacy and side-effects of the appliances available;
 - c. prescribing the fabrication of the device;
 - d. fitting and adjusting the appliance.
12. Patients must have follow-up visits with the dentist every 6 months for the first year after the oral appliance has been fitted. The dental practitioner should review these patients at least annually thereafter and recommend to patients that they are seen at a frequency recommended by the sleep medicine practitioner.
13. It is the dental practitioners' responsibility to: check that the patient is using the device correctly; that it is properly adjusted and not causing discomfort; monitor the health of the oral structures and the integrity of the occlusion; and assess whether side effects and complications involving the cranio-facial complex are developing, such as the appliance producing temporomandibular joint dysfunction, tooth movement or damage or causing occlusal changes.
14. After initial fitting and adjustment of the oral appliance, the dental practitioner should refer the patient back to the treating sleep medicine practitioner for assessment of response to treatment. The dental practitioner can assist the sleep medicine practitioner in determining the efficacy of the oral appliance in treating sleep-disordered breathing or snoring.
15. Should a patient choose to not use the oral appliance, the dental practitioner should, if possible, ensure that the patient is referred back to the treating sleep medicine practitioner with a letter advising about the appliance therapy that was attempted.

Non-Compliance:

16. The Board may take disciplinary action against practitioners who fail to comply with this policy.

Resources:

Documents

17. Practice Parameters for the Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances: An Update for 2005
An American Academy of Sleep Medicine Report
Clete A. Kushida, MD, PhD¹; Timothy I. Morgenthaler, MD²; Michael R. Littner, MD³; Cathy A. Alessi, MD⁴; Dennis Bailey, DDS⁵; Jack Coleman, Jr., MD⁶; Leah Friedman, PhD⁷; Max Hirshkowitz, PhD⁸; Sheldon Kapen, MD⁹; Milton Kramer, MD¹⁰; Teofilo Lee-Chiong, MD¹¹; Judith Owens, MD¹²; Jeffrey P. Pancer, DDS¹³
18. Thorpy M., Chesson, A., Derderian S., Kader G., Millman R., Potolicchio Jr, S., Rosen, G., Strollo Jr., P.J., Wooten, V. Practice Parameters for the Treatment of Snoring and Obstructive Sleep Apnea with Oral Appliances American Sleep Disorders Association Report by the Standards of Practice Committee of the American Sleep Disorders Association, SLEEP 1995; 18:511-513
This is the primary reference referred to in the requirements above and can be found at:
http://www.aasmnet.org/Resources/PracticeParameters/PP_Update_OralAppliance.pdf

19. Joint announcement from the executives of the Thoracic Society of Australia and New Zealand, the Australian Dental Association and the Australasian Sleep Association
Guidelines for the use of dental appliances to treat snoring and obstructive sleep apnoea 1998
<http://www.thoracic.org.au/mar98.html>
20. Australian Dental Association Inc. Use of Dental Appliances to treat sleep disorders Policy Statement 5.7, November 11/12 2004 [http://www.ada.org.au/ PolGuides.asp](http://www.ada.org.au/PolGuides.asp)
21. Schmidt-Nowara W., et al. Oral Appliances for the Treatment of Snoring and Obstructive Sleep Apnea: A Review, SLEEP 1995; 18(6): 501-510 <http://www.aasmnet.org/PracticeParam.aspx>

Organisations

22. American Academy of Sleep Medicine <http://www.aasmnet.org/>
23. Australian Dental Association <http://www.ada.org.au/>
24. Australasian Sleep Association <http://www.sleepaus.on.net/>
25. Thoracic Society of Australia and New Zealand <http://www.thoracic.org.au>

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