The Hidden Value of Adding Sleep-Disorder Dentistry to Your Practice

When Lou Shuman, DMD, CAGS, became an orthodontic specialist, he pictured the course of his career as most dentists do—a way to improve the quality of life of the patients he would see and earn a living. Saving lives was the furthest thing from his mind. But his introduction to sleep-disorder dentistry changed his perspective. Now, he, along with others, are encouraging colleagues to look closer at the typical patient in the dental chair because adding this service might provide more value than one might think.

"Screening for and treating airway disorders give the dental profession the opportunity to save lives," he says.

Hypertension, coronary artery disease, stroke, atrial fibrillation, congestive heart failure, and higher mortality rates have been associated with untreated or undiagnosed obstructive sleep apnea (OSA). A more obvious outcome is the sleepiness caused by the condition tends to increase the chances for car crashes. OSA affects about 18 million Americans, according to the National Sleep Foundation. Risk factors include being male, an age 40 years and older, and overweight; however, anyone, including children, can have the condition. Loud snoring can be a sign of OSA, but it does not necessarily indicate the presence of OSA.

In his effort to educate his peers, Shuman helped found *Dental Sleep Practice* magazine and serves as its managing editor. "I want every dental practitioner in the United States and Canada to learn how and to integrate screening of OSA into their practices," Shuman says.

Although the number of dental practices offering this service is unclear, Shuman believes just a minority of dental practices offers routine screening for sleep disorders. Dentists have been becoming more interested in the issue, as seen in the surge of introductory sleep-disorder dentistry courses throughout the country.

"If you are able to screen and you send a patient to either a dental sleep specialist or a sleep physician, and the patient is treated and improves dramatically, you, as a practitioner, are a looked at as a hero," Shuman says. "It actually will grow your practice because the appreciation your patients will have for diagnosis and the benefits provided to them." With that loyalty and gratitude come patient referrals.

"However, the growth of your practice should not be the driving force," Shuman says. "The driving force should be that you, as a dental professional, can provide your patients with a critical service that can benefit them dramatically."

Training

Screening for sleep disorders is relatively simple for dentists to learn. Obesity, heavy bruxism, gastroesophageal reflux disease (GERD), and higher Mallampati classifications can indicate the presence of a problem, as does difficulty breathing when the patient is tipped back in the dental chair. Simple questionnaires can help confirm the likelihood of sleep-disordered breathing.

Beyond mere screening, dentists have to decide whether they have the time and interest to learn about treating sleep disorders because including such a service involves more than fitting an oral appliance, says Steve Carstensen, DDS, a nationally recognized expert on dental sleep medicine and editor-in-chief of *Dental Sleep Practice* magazine.

"You don't need a lot of equipment. Nearly every dentist already has almost everything you need. But if that's where your thinking stops, you can get yourself in trouble." He warns the oral appliances can cause some patients to have sore jaws or joint problems. If the dentist is not adept at managing those issues, then "you're going to have an unhappy patient who won't use the therapy," he says.

Medical Counterparts

Carstensen stresses sleep disorders are a medical problem; only physicians can make the diagnoses, so dentists who want to treat obstructed airways should develop productive relationships with their medical counterparts who understand the importance of oral appliances. Physicians are familiar with the use of continuous positive airway pressure (CPAP) devices for keeping airways open. "They trust CPAP because they've known it longer," he adds. When used properly, the device works well. However, research has shown only 40% to 50% of patients can tolerate the use. In contrast, recent studies have demonstrated that for almost every patient, the use of oral appliances, as fashioned by dentists, can be just as effective as CPAP at achieving the desired medical outcomes. "That information is not yet pervasive in the medical mind," says Carstensen. "But it's slowly getting there."

Also, airway-related dentistry requires taking appropriate medical examination notes, which are different from dental examination findings, Carstensen says. "It requires billing to medical insurance, not dental insurance," he says, noting that dentists may want to consider subcontracting that billing.

"The new learning and new systems require time and effort," he says. "But that's true for every new service; this one can be financially quite beneficial if set up right. That's not the only reason behind this decision."

Rewards

Carstensen notes the biggest rewards "take the form of the smiles on your patients' faces, the reputation you get in the community, the professional fulfillment in working with physicians, and the learning that comes with it. We make our communities healthier. The rewards that come from that are just stunning."