



INFORMATION SHEET

Obstructive sleep apnea

Obstructive sleep apnea (OSA) is an often under-diagnosed condition affecting 20 million American adults. People with sleep apnea stop breathing several times a night because their airways collapse.

The collapse is caused by physical abnormalities of the soft or hard tissues, such as a large tongue, thickening of the respiratory wall, a recessed jaw or insufficient muscle tone to keep the airways open. These obstacles prevent air from reaching the lungs and brain.

These breathing pauses may occur multiple times a night, resulting in a significant drop in blood oxygen levels and disrupted sleep and daytime alertness. To varying degrees, it may cause excessive drowsiness during the day, intense fatigue, irregular heart rate, increased blood pressure and a higher risk of heart disease and stroke.



How is OSA diagnosed?

Talk to your doctor or dentist about your sleep problems and symptoms. If a sleep disorder is suspected, you will be referred to a specialized sleep doctor for an assessment.

A sleep recording called a complete polysomnography (PSG) or a cardiorespiratory polygraphy (PG) may then be performed. This may be done overnight, at home or in hospital, to determine the type of respiratory disorder and its severity, and to suggest an appropriate treatment for you.

How is OSA treated?

Often, the recommended treatment for OSA is respiratory assistance using a CPAP (continuous positive airway pressure) machine. This treatment delivers pressurized air through a mask over the nose. The air pressure prevents the airways from collapsing and allows you to breathe freely while asleep.

CPAP is a non-invasive and reversible treatment that can reduce OSA symptoms if used regularly. This device is prescribed by a doctor.

Other treatments may also be also suggested for treating OSA, including:

- using a bi-level CPAP machine, which may be prescribed in the most severe cases of OSA.
- auto-bi-level CPAP treatment (a machine with two pressure setting that adjust automatically): pressure is adjusted during sleep based on the patient's needs.
- wearing a mouthpiece.
- changing sleeping position.
- surgery for cases of craniofacial syndrome.
- new treatments such as electrical stimulation and medication.

What your dentist can do about sleep apnea

Your dentist can determine whether you are at risk of having a sleep disorder and refer you to a sleep doctor. They can also suggest you wear a mouthpiece, depending on the sleep study results. It has been scientifically proven that mandibular advancement devices can be helpful in treating sleep apnea or snoring. Patients with mild-tomoderate apnea are very good candidates for this type of therapy.

What you should know about the possible limitations of dental treatment

Because of individual differences, mouthpiece devices may not reduce snoring or apnea episodes in all patients. Depending on your type of apnea or snoring, this therapy may not work very well or may not work at all for you. It's important to follow up with your dentist and sleep doctor. The only way to properly assess how well the device is working is to have another sleep test. This monitoring is carried out with your sleep specialist and is an important phase of treatment.

In addition, some patients may find it hard to tolerate the device in their mouths. Follow-up is important because small adjustments may help. Even so, some people will not be able to tolerate the device. If this applies to you, you will need to see the sleep doctor again to look into other treatments.

Potential risks and complications of OSA treatment using a mouthpiece device

• Some patients may develop temporary side effects, such as excessive salivation, temporomandibular joint tenderness (the joint near your ears), tooth sensitivity or a change in bite (how the teeth close). In any case, these side effects subside within two or three hours after the device is removed.

- If you grind your teeth or clench your jaw excessively (bruxism), the device may break and because of your oral condition, the dentist may require you to stop wearing the device permanently.
- A restoration (filling, crown) may break or fall out as a result of wearing the device.
- If you have a cavity problem or periodontitis (gum disease), they may need to be treated before you start treatment for OSA. If the problem occurs while using the device, your dentist may require you to suspend its use.
- If you feel discomfort or pain in the temporomandibular joint or if your bite changes as a result of wearing the device, stop using it right away and contact your dentist.

Recommendations for use

You should see a dentist regularly for exams and tooth cleaning throughout your treatment.

The device should be checked once or twice a year during a checkup when your dentist will check your dental condition and how the device fits. If there is a problem between checkups, stop using the device and contact your dentist as soon as possible.

Find out about the services your dentist offers.

I gave this information sheet to patient (name):

Date:

Dentist's signature:

Please note that the scientific content in this sheet was reviewed and adapted in line with scientific knowledge and recognized best dental medicine practices at the time of publication (January 2024).