AADSM Protocol for Oral Appliance Therapy for Sleep Disordered Breathing in Adults: An Update for 2012

1. Medical assessment must be made by a physician before oral appliance therapy (OAT) is initiated. (1-4)

a. In order to practice within the limits of their license as designated by their state, the dentist refers the patient to the physician for a complete medical evaluation and diagnosis to determine the absence or presence - and severity - of sleep-disordered breathing (SDB), which may include snoring, upper airway resistance syndrome (UARS) or obstructive sleep apnea (OSA). Following diagnosis, the physician sends the patient back to the dentist for OAT as appropriate.

Or;

b. The physician refers the patient directly to the dentist for OAT as appropriate.

2. The diagnostic sleep study is interpreted by a medical sleep specialist, who provides a copy of the interpretation for review by the dentist. The reviewed copy is maintained in the patient record.

3. The dentist assesses the patient through a complete clinical examination, including a determination of the current health and prognosis of oral tissues that might be affected by OAT. Evaluation of a recent radiographic survey is important to a complete examination. The dentist recommends the choice of appliance (5, 6, 10, 11), discloses relevant fees, and explains the rationale for OAT to the patient while recording all appropriate documentation. A dentist who owns or has any partial ownership of the device, or patent for the device, that is being recommended for treatment must disclose this information to the patient as a potential conflict of interest (COI).

4. The dentist communicates the proposed plan for OAT to the patient's physician and appropriate health care providers and regularly provides them with progress and follow-up notes, as well as other pertinent information. (7)

5. The dentist obtains informed consent from the patient prior to appliance delivery. (19)

6. In accordance with protocol established between the treating dentist and referring physician, the dentist fabricates a custom-made oral appliance and meets with the patient for an initial fitting and adjustment. After this initial fitting, the dentist may obtain objective data during an initial trial period using a portable monitor to verify that the oral appliance effectively improves upper airway patency during sleep by enlarging the upper airway and/or decreasing upper airway

collapsibility. If necessary, the dentist makes further adjustments to the device during a final fitting to ensure that optimal fit and positioning have been attained.* (15-18)

7. Following the final fitting, the dentist refers the patient back to the physician for a medical evaluation and assessment of OAT outcomes. To ensure satisfactory therapeutic benefit, the physician may have the patient undergo overnight polysomnography with the oral appliance in place. If the treatment is sub-therapeutic, the dentist consults with the physician to discuss the possibility of combining positive airway pressure (PAP) therapy with OAT. (16-18)

8. Patients diagnosed with primary snoring may be treated without objective, follow-up data; however, they should be followed up at least annually.

9. Follow-up protocol after the final fitting should include a patient evaluation every six months for the first year and at least annually thereafter. The annual recall exam should verify appliance efficacy and occlusion stability; check the structural integrity of the device; ensure that there is a resolution of symptoms such as snoring and daytime sleepiness; inquire about patient comfort and adherence to therapy; and screen for possible side effects of OAT such as temporomandibular joint (TMJ) pain, tinnitus, dry mouth, periodontal bone loss and tooth mobility. If annual assessment reveals symptoms of worsening OSA or the potential need for additional adjustments to the device, then the dentist communicates this information to the patient's physician. (5, 8, 9, 13)

10. Knowledge of various appliances is strongly recommended, as no single appliance is effective for treatment of all patients. Dentists who treat SDB are encouraged and have a responsibility to routinely pursue additional education in the field. (6, 10-12, 14)

*In describing the process by which a dentist adjusts an oral appliance, this protocol intentionally avoids using the term "titration" because of its association with medical interventions. In medicine this term is used to describe the gradual increase of a drug dose, and in sleep medicine it is associated with incremental changes to the air pressure delivered during polysomnography by positive airway pressure (PAP) therapy, which requires a direct order from a physician.

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