

DENTAL DEPOT

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Sleepless in America

Snoring and Sleep Apnea in U.S.

- Approximately 40% of adults over 40 years old snore
- 9% of men and 4% of women have signs of OSA (Obstructive Sleep Apnea) on testing
- 4% of men and 2% women have signs and symptoms of OSA
- OSA is as prevalent as diabetes or asthma
- 67% of adults report >1 sleep symptom
- 7% have been told they have a sleep disorder by a M.D.
- 32% of Americans sleep less than/equal to 6 hours/night
- 23% of adults fell asleep at the wheel last year

Definition of Obstructive Sleep Apnea Syndrome

- Apneas and/or hypopnea events occurring at least 5 times per hour
- Events accompanied by oxygen desaturations of 4% or more
- Events accompanied by arousals
- Arousals lead to chronic daytime sleepiness
- **Apnea**- decrease in airflow of more than 80% for at least 10 seconds, ending with an arousal
- **Hypopnea**- abnormal respiratory event lasting at least 10 seconds with at least a 30% reduction in airflow, 4% oxygen desaturation and an arousal

Signs and Symptoms

- Excessive daytime sleepiness (78%)
- Restless sleep (100%)
- Snoring with intermittent pauses (94%): snoring does not equal sleep apnea
- Awakenings gasping/choking
- Fragmented and non-refreshing sleep
- Poor memory and clouded intellect (58%)
- Personality changes and irritability (48%)
- Decreased sex drive and impotence (42%)
- Morning headaches (36%)

Morbidity of Sleep Apnea

- Increased rate of motor vehicle accidents
- Loss of employment
- Uninsurability
- High blood pressure
- Marital problems
- Higher mortality

Consequences of OSA on cardiovascular disease

- 30-45% have high blood pressure
- 5 times greater incidence of hospital admission with MI (heart attack)
- 50% of patients with stroke have OSA
 - (Individuals with chronic snoring have a 3x greater risk of dying during sleep than non-smokers)

Predisposing Factors

- Age: prevalence progressively increases with advancing age
- Obesity: increases with weight
- Gender: 4 times more common in men
- Disproportionate upper airway anatomy
- Alcohol or sedative-hypnotics in evening

Management of Snoring and OSA

Non-surgical

- Behavioral management- sleeps on back, change to side
- Pharmacologic agents- do NOT work
- Oral Appliance Therapy

Surgical

- Tracheostomy
- Uvulopalatopharyngo-plasty
- Maxillary/mandibular advancement

Indications for use of Oral Appliance Therapy

- Primary/heavy snoring
- Mild/moderate OSA
- Poor tolerance for CPAP
- Failure of UPPP (surgical procedure)
- Use during travel
- In combination with CPAP

Where to go for help with Dental Sleep medicine -American Academy of Dental Sleep Medicine
Website: www.aadsm.org