

SLEEP APNEA SYNOPSIS FOR CLIENT CARE

ACRONYMS

OSAHS- OBSTRUCTIVE SLEEP APNEA-HYPOPNEA SYNDROME

CPAP- CONTINUOUS POSITIVE AIRWAY PRESSURE (MASK)

EPIDEMIOLOGY: 5-15% OF THE ADULT POPULATION HAS OSAHS

COMMON QUESTIONS

1. WHAT IS PATHOPHYSIOLOGY OF OSAHS?

IT IS THE BLOCKAGE OF THE UPPER RESPIRATORY TRACT DURING SLEEP WHICH THEN CUTS OFF OR DECREASE OXYGEN INTAKE DURING SLEEP

2. WHY THE CONCERN/ WHY DO WE NEED TO SCREEN FOR IT/ WHY DO WE NEED TO REFER?

a. OSAHS IS A POTENTIAL **FATAL** DISORDER

- i. IT CAN LEAD TO HEART ATTACK
- ii. IT CAN LEAD TO STROKE
- iii. IT CAN LEAD TO SYSTEMIC INFLAMMATION JUST LIKE CHRONIC PERIODONTAL DISEASE (ACTIVATES THE SAME PRO-INFLAMMATORY MEDIATORS SUCH AS C-REACTIVE PROTIEN)

b. OSAHS IS CLOSELY **LINKED** WITH **OBESITY**

- i. OBESITY IS A GLOBAL EPIDEMIC
- ii. WE USE BMI IN OUR NUTRITIONAL ANALYSIS TO DETERMINE IF OUR CLIENTS ARE A HEALTHY WEIGHT, OVERWIEGHT OR OBESE

3. DENTAL HYGIENISTS HAVE A RESPONSIBILITY TO REFER AND PRACTICE INTERPROFESSIONAL HEALTH CARE

- i. OSAHS IS **FREQUENTLY UNDIAGNOSED**
- ii. DENTAL HYGIENISTS ARE FRONT LINE, PRIMARY CARE PROVIDERS WHO CAN ASSESS THE NEED FOR A MEDICAL DIAGNOSIS OF SLEEP APNEA

4. WHAT ARE THE RISK FACTORS FOR SLEEP APNEA?

a. HEALTH HISTORY INDICATORS:

- i. LOUD SNORING (NUMBER ONE INDICATOR)
- ii. WITNESSED ABRUPT GASPING AWAKENINGS (WITNESSED APNEAS)
- iii. EXCESSIVE DAYTIME SLEEPINESS/NARCOLEPSY
- iv. HYPERTENSION
- v. DIABETES
- vi. ASTHMA
- vii. GERD
- viii. BRUXISM
- ix. MALE GENDER
- x. AGE 35+

b. EXTRA ORAL-INTRA ORAL ASSESMENT INDICATORS

- i. LONG SOFT PALATE
- ii. LARGE TONSILS
- iii. MACROGLOSSIA
- iv. LARGE NECK CIRCUMFERENCE
- v. EDENTULOUS/PARTIALLY EDENTULOUS CLIENTS
 - 1. REMOVAL OF POSTERIOR TEETH COLLAPSES THE AIR WAY DURING SLEEP
 - 2. REMOVAL OF COMPLETE DENTURES COLLAPSES THE AIRWAY DURING SLEEP
 - 3. EDENTULOUS CLIENTS ADVISED TO KEEP DENTURES IN DURING SLEEP TO KEEP AIRWAY OPEN

- vi. CHRONIC PERIODONTAL DISEASE IS ASSOCIATED WITH OSAHS

5. WHEN DO WE REFER FOR ASSESSMENT OF SLEEP APNEA?

- a. **WHEN YOU FIND A COMBINATION OF RISK FACTORS IN THE CLIENTS ASSESSMENTS**

WHICH INCLUDE:

- i. LOUD SNORING
- ii. EXCESSIVE DAYTIME SLEEPINESS
- iii. WITNESSED APNEAS
- iv. MEDICAL HISTORY RISK FACTORS
- v. INTRA/EXTRA ORAL RISK ASSESSMENTS

6. WHO DO YOU REFER TO?

- a. TO THE CLIENTS **FAMILY PHYSICIAN** FOR ASSESSMENT OF OSAHS
- b. THE MD WILL THEN REFER THE PATIENT TO **A SLEEP STUDY CENTER**
- c. **SLEEP STUDY IS THE GOLD STANDARD** TO DIAGNOSE SLEEP APNEA
- d. THE PHYSICIAN WILL THEN GIVE THE PATIENT A **PRESCRIPTION FOR A CPAP**
- e. PHYSICIAN MAY REFER TO **DENTIST** FOR AN INTRA-ORAL SLEEP APNEA APPLIANCE.

7. DO YOU NEED TO SEND A WRITTEN REFERRAL?

- a. **YOU CAN SEND A VERBAL REFERRAL OR A WRITTEN REFERRAL FOR THE ASSESSMENT OF SLEEP APNEA. (REFERRAL FOR AN ASSESMENT, NOT A MEDICAL CONSULTATION)**
YOU MAY PROVIDE A WRITTEN REFERRAL FOR COMMUNICATION PURPOSES ONLY.
SLEEP APNEA **ALONE** DOES NOT IMPACT DENTAL HYGIENE TREATMENT. YOU MAY LIST THE INTRAORAL/HEALTH HISTORY RISK FACTORS YOU FIND ON THE REFERRAL TO THE PHYSICIAN TO NOTIFY THEM OF YOUR FINDINGS AND ASK THE PHYSICIAN TO ASSESS THE CLIENT FOR SLEEP APNEA.
- b. THIS IS **NOT** A MEDICAL CONSULTATION WHERE YOU CANNOT PROCEED WITH TREATMENT.