

# Policy Statement 6.7 – Use of Dental Appliances to Treat Sleep-Disordered Breathing

## Position Summary

Initial diagnosis of Sleep Apnoea must be made by an appropriate medical practitioner. If a dental appliance is required, it should be managed by a dentist or dental specialist.

### 1. Background

- 1.1. Sleep-disordered breathing (SDB) has the potential to seriously interfere with quality of life and general health. It has been associated with hypertension, cardiovascular disease, stroke and premature death.
- 1.2. Anatomical airway collapse and altered respiratory-control mechanisms cause SDB.
- 1.3. Obesity is associated with an increased incidence of SDB
- 1.4. There are a number of therapeutic options to treat SDB. One of these is the use of oral appliances, which may lead to a reduction of snoring or the harmful effects of Obstructive Sleep Apnoea (OSA).
- 1.5. Appropriate treatment strategies for the use of oral appliances in therapy for SDB are succinctly expressed in a paper published by the American Academy of Sleep Medicine entitled *“Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnoea and Snoring with Oral Appliance Therapy; An Update for 2015.*

#### Definitions

- 1.6. DENTAL PRACTITIONER is a person registered by the Australian Health Practitioner Regulation Agency via the Board to provide dental care.
- 1.7. DENTIST is an appropriately qualified dental practitioner, registered by the Board to practise all areas of dentistry.
- 1.8. MEDICAL PRACTITIONER is a person registered by the Medical Board of Australia.
- 1.9. OBSTRUCTIVE SLEEP APNOEA (OSA) is a form of SDB that involves snoring but is caused by a more significant upper airway obstruction with consequent sleep fragmentation, hypoxaemia or both.
- 1.10. SLEEP-DISORDERED BREATHING (SDB) is a group of disorders characterised by abnormalities of breathing or respiratory pattern or the quantity of ventilation during sleep.
- 1.11. SPECIALIST DENTIST or SPECIALIST is one who practises a recognised specialty, possesses a higher qualification relevant to this area of dentistry and has been so registered.

### 2. Position

- 2.1 Both initial diagnosis and prescriptions for SDB therapy, as well as monitoring of therapy effectiveness require careful assessment by the patient’s medical practitioner.
- 2.2 Dentists and dental specialists are the only dental practitioners who are qualified to manage oral appliance therapy for SDB. Oral appliances can be a first-line therapeutic option for people with snoring and mild to moderate forms of OSA.
- 2.3 Oral appliances may also be indicated for people with severe OSA who are not compatible with continuous positive airway pressure (CPAP) therapy.
- 2.4 Where there is long-term use of oral appliances, monitoring of the patient’s temporomandibular joint function and orthodontic movement of teeth is essential.

- 2.5 Medical and dental expertise are both required to manage patients who are candidates for oral appliance therapy for SDB. Medical expertise is needed to determine whether it is indicated and to ensure that, once prescribed, the therapy is and remains effective. Dental expertise is needed to assess suitability of the treatment from the dental viewpoint, to supervise its implementation, and to ensure that oro-facial complications are prevented and/or promptly recognised and managed. A team approach is essential.

#### **Policy Statement 6.7**

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