Sleep Apnea and the Dental Office
I want to breathe!!

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**Obstructive Sleep Apnea (OSA)**
One of the most common sleeping disorders that occurs when the collapse of the airflow causes the airway to decrease or stop. This apnea can last anywhere from 10 seconds to minutes.

During this time, the individual’s oxygen level drops resulting in hypoxemia (insufficient oxygen in the blood) and sleep disruption.

**CPAP**
- A machine that increases air pressure in the throat.
- Ensures airway doesn’t collapse when breathing in.

**Oral application therapy**
- Repositioning the lower jaw, tongue, soft palate and uvula.
- Increasing the muscle tone of the tongue.

**Surgery**
- Different types of surgeries focus on removing the part that is affecting the airflow: part of tongue, uvula, soft palate, tonsils, base of tongue, etc...
- Craniofacial surgery-- breaking and repositioning the upper and lower jaws to create a larger airway.

**Signs and Symptoms**

**Nighttime symptoms may include the following:**
- Snoring, usually loud, habitual, and bothersome to others
- Witnessed apneas, which often interrupt the snoring and end with a snort
- Gasping and choking sensations that arouse the person from sleep, though in a very low proportion relative to the number of apneas they experience
- Insomnia; restless sleep, with experiencing frequent arousals and tossing or turning during the night

**Daytime symptoms may include the following:**
- Waking up as tired as if you never slept
- Morning headache, dry or sore throat
- Excessive daytime sleepiness
- Daytime fatigue/tiredness
- Memory and Intellectual impairment (short-term memory, concentration)
- Personality and mood changes, including depression and anxiety
- Gastroesophageal reflux
- Hypertension

Many people don’t think of snoring as a sign of something potentially serious, and not everyone who has sleep apnea snores.

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**The Role of the Dental Hygienist**
Dental hygienists sees patients frequently and routinely, so they are often the first to observe variation in the oral cavity.

Dental hygienists can make assessments by:
- Review patient’s medical history.
- Dental hygienists can ask questions about sleep habits.
- Inspecting patient’s airways.
- Observe irritation of oral tissues (snoring produces dryness).
- Dental hygienists can educate the patient about the importance of diagnosing and treating OSA.
- Refer patient to a specialist/sleep center.

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**OSA Screening Questionnaire**

- **Type of diary:**
  - Monitor for 1 week
  - Monitor for 7 days

- **Changes of sleeping:**
  - More than 7 days
  - More than 2 weeks

- **APNEA: APNEA: APNEA: APNEA:**
  - Stop breathing
  - Inspire
  - Exhale
  - Apnea

- **OSA: OSA: OSA: OSA:**
  - Adult
  - Child
  - Infant

- **Questions:**
  - Sometimes
  - Most of the time
  - Always

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**For more info contact:**
American Academy of Sleep Medicine
- [http://www.aasmnet.org/](http://www.aasmnet.org/)
- [http://www.sleepapnea.org/](http://www.sleepapnea.org/)

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**Sleep apnea is a treatable condition that requires long-term management**

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**Image Sources**
- [http://www.aasmnet.org/](http://www.aasmnet.org/)
- [http://www.sleepapnea.org/](http://www.sleepapnea.org/)