



Results of Quick Poll on Dental Sleep Medicine

Dental sleep medicine is the field of dentistry that focuses on the use of oral appliance therapy to manage sleep-disordered breathing, including snoring and obstructive sleep apnea (OSA).¹ OSA, commonly described as a cessation of breathing during sleep as a result of airway collapse, is a public health concern as it has potentially severe consequences if left untreated. Severe OSA increases one's risk of developing hypertension, heart attacks, or strokes, as well as motor vehicle accidents.² Continuous positive airway pressure is the treatment gold standard although the FDA has approved the use of oral appliances for mild to moderate cases, and this is where the dental sleep medicine practice plays a role.³

In February, 2021, a Quick Poll on Dental Sleep Medicine (DSM) was conducted by the National Dental Practice-Based Research Network (Network). A total of 311 practitioners responded to the Quick Poll. The results of the Quick Poll showed that the majority (78%) of the respondents were either only seeing a few dental sleep medicine patients (44%) or not providing any DSM services at all (34%). The rest either refer cases elsewhere or are actively involved in providing DSM services. (Figure 1)

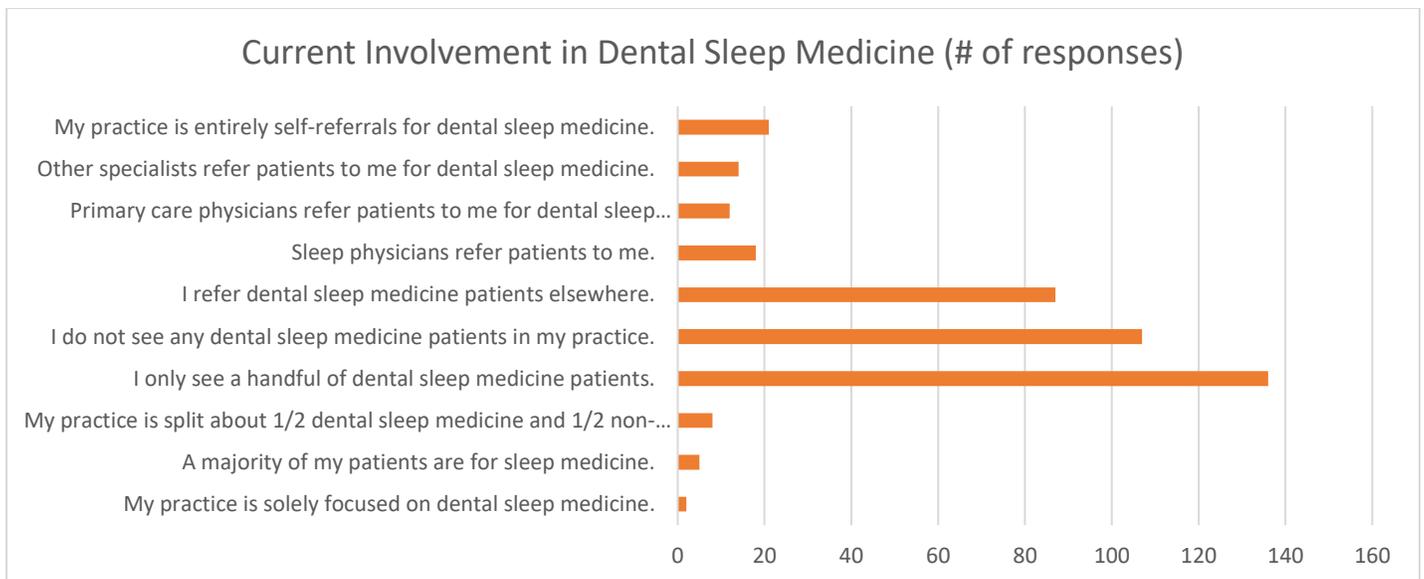


Figure 1. Bar chart illustrating involvement of respondents in dental sleep medicine

The majority of the respondents (68%) see both adults and children in their practice. Of these, only a quarter (24%) of the respondents screen for sleep disordered breathing and about one-third (32%) do not do any form of screening for snoring or sleep disordered breathing. Of the practices that saw only adults, approximately half of them screen for snoring/ sleep disordered breathing. The same was true for the practitioners that only saw children. (See Figure 2.)

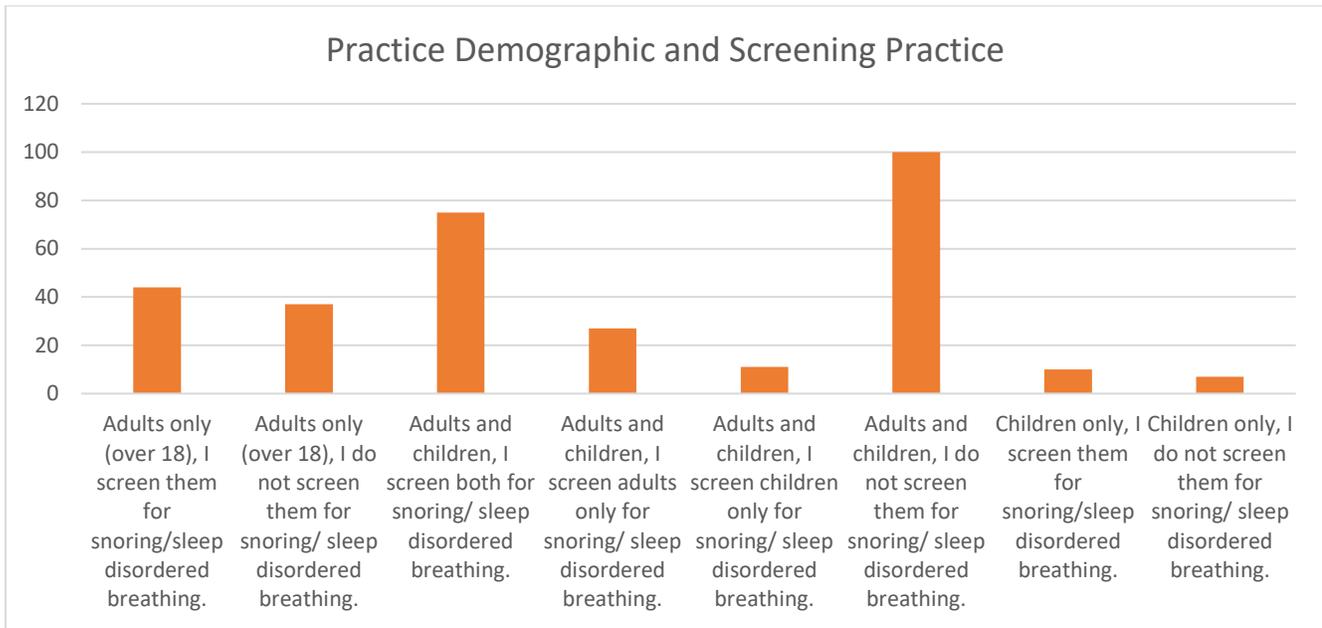


Figure 2. Bar chart illustrating practice age demographics as well as screening practice

In gauging interest in the topic of DSM, the Quick Poll found out that 41% of the respondents were quite interested but have not found the time to take CE courses on the topic. Another 39% have already taken multiple courses on DSM. A few were not interested (15%) or were already certified dental sleep medicine specialists (4%). (Figure 3)

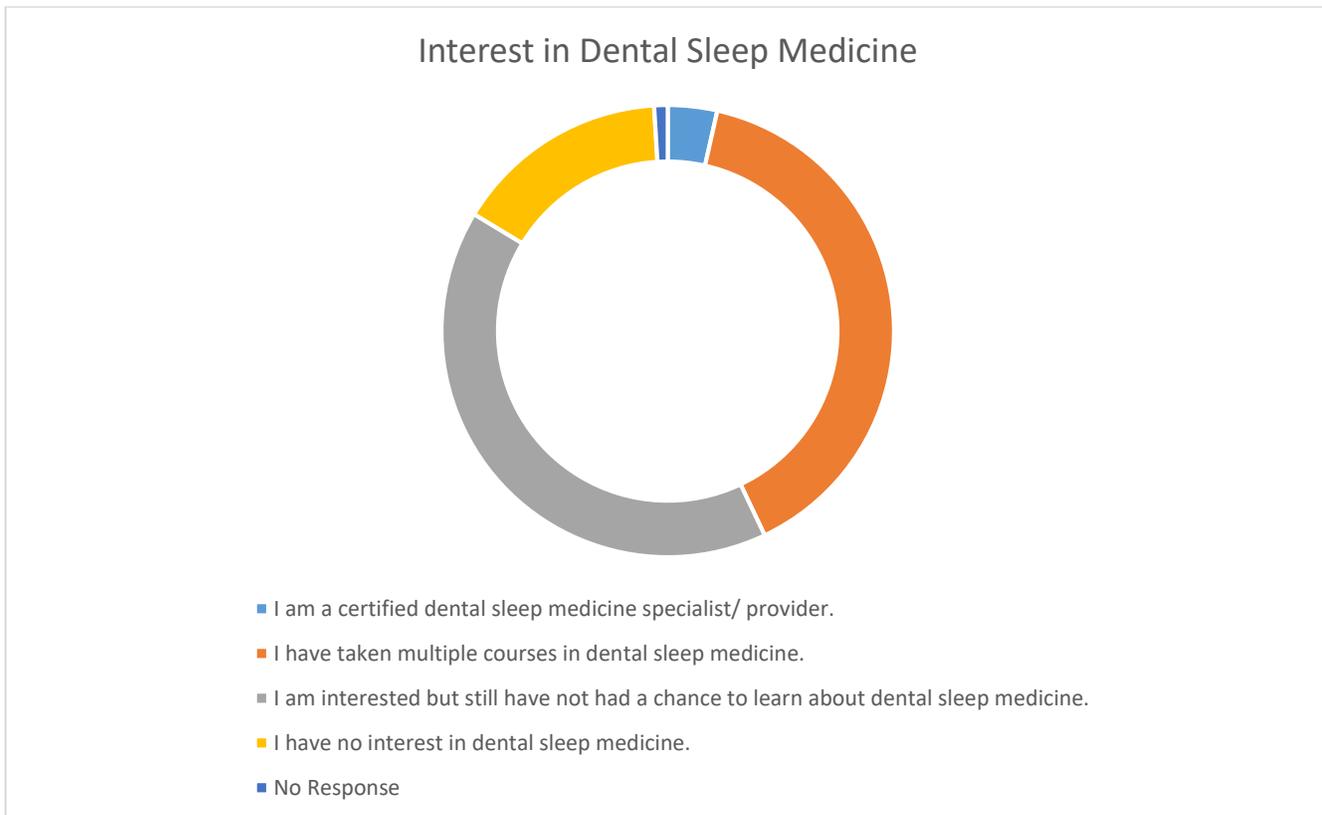


Figure 3. Chart illustrating degrees of interest in dental sleep medicine.

The Quick Poll attempted to identify the concerns of practitioners regarding providing dental sleep medicine services. Responders could choose multiple concerns as they found applicable in their practice setting. The top five most common issues identified were: insurance/medical billing issues (46%), lack of patients'

knowledge on sleep hygiene/sleep medicine (38%), side effects of oral appliance therapy (33%), predicting good responders to oral appliance therapy (33%), and concerns with effectiveness of oral appliance (30%).

Finally, the practitioners were asked about topics of interest for PBRN studies related to dental sleep medicine. The majority were interested in DSM research and the top three topics were: various practice models of dental sleep medicine (42%), responders to oral appliance therapy (34%), and compliance to oral appliance therapy (33%).

References:

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2. Yaggi, et al. Obstructive Sleep Apnea as a Risk Factor for Stroke and Death. *N Engl J Med* 2005; 353:2034-2041.
3. Ramar K, Dort LC, Katz SG, Lettieri CJ, Harrod CG, Thomas SM, Chervin RD. Clinical practice guideline for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: an update for 2015. *J Clin Sleep Med* 2015;11(7):773–827.