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V3963

Snoring and Sleep Apnea – Prevention and Treatment

Gordon J. Christensen, DDS, MSD, PhD
Michael DiTolla, DDS & Jeff Wyscarver, RPSGT

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Presented by: Gordon J. Christensen, DDS, MSD, PhD, Michael DiTolla, DDS, & Jeff Wyscarver, RPSGT

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4. **Blu-Mousse**
Parkell Inc.
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(631)249-1134
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5. **Bruxism/Sleep Monitor**
DDME Inc.
1929 Corta Bella Drive
Las Vegas, NV 89134
(800)513-9337
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6. **CPAP**
Various Devices and Manufacturers
7. **(CPT) Current Procedural Terminology**
American Medical Association
P.O. Box 930876
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8. **Dorsal Appliance**
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9. **EMA (Elastic Mandibular Advancement)**
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11. **Full Breath Solution Appliance**
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(800)423-3270
(818)998-7460
www.appliancetherapy.com
13. **George Gauge**
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14. **Herbst Sleep Appliance**
Great Lakes Orthodontics, Ltd.
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P.O. Box 5111
Tonawanda, NY 14151-5111
(800)828-7626
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www.greatlakesortho.com
15. **(ICD) International Classification of Diseases**
American Medical Association
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(949)226-4421
www.snorerx.com
25. **SomnoDent**
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(888)447-6673
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Carrollton, TX 75006
(866)264-7667
(214)369-0978
www.tapintosleep.com
28. **The Moses Appliance**
Modern Dental Laboratory USA
13228 SE 30th Street
Suite C-6
Bellevue, WA 98005
(877)711-8778
www.moderdentalusa.com
29. **The Silencer**
Silencer Products International Ltd.
805 West Broadway
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(800)399-4659
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30. **TheraSnore**
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31. **WatchPat**
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PROGRAM

V3963 Snoring and Sleep Apnea - Prevention and Treatment

CLINICIANS RESPONSIBLE:

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Jeff Wyscarver, RPSGT

President of DDME

GOALS & OBJECTIVES

At the completion of this video presentation, participants should be able to accomplish the following:

1. Discuss the incidence and significance of snoring.
2. Discuss the incidence and significance of sleep apnea.
3. Discuss the interrelationship of snoring and obstructive sleep apnea.
4. List the suggestions provided by the American Academy of Sleep Medicine Position Paper.
5. Discuss how treating snoring can increase sleep apnea.
6. List the sequence for diagnosis and treatment planning for snoring and sleep apnea.
7. List several potential treatments for snoring and sleep apnea.
8. Discuss mandibular advancement appliances.
9. Describe appliances that pull the tongue forward.
10. Describe appliances that depress the tongue.
11. Describe how the CPAP works.
12. Discuss the relative success of the various types of treatment for snoring and sleep apnea.
13. Discuss the relationship of obstructive sleep apnea to bruxism and periodontal disease.
14. Discuss the relationship of obstructive sleep apnea to diabetes, stroke, and obesity.
15. Describe the process of integrating snoring and sleep apnea into a busy practice.
16. Discuss fees for sleep medicine procedures.
17. List the tasks relative to diagnosing and treating snoring and sleep apnea that can be delegated to qualified staff persons.
18. List example medical insurance codes for sleep apnea.
19. Discuss submitting reimbursement claims to medical insurance companies.
20. Discuss which types of practitioners are involved in a sleep medicine team.

OVERVIEW

V3963 Snoring and Sleep Apnea - Prevention and Treatment

This video is intended to be a condensed overview of sleep medicine, emphasizing dental sleep medicine.

The following and other topics are included in the video:

- Incidence and significance of snoring
- Incidence and significance of sleep apnea
- The interrelationship of snoring and obstructive sleep apnea
- The American Academy of Sleep Medicine Position Paper on snoring and sleep apnea
- Can treating snoring increase forms of sleep apnea?
- Which type of practitioner treats snoring or sleep apnea?
- Suggested sequence for diagnosis and treatment planning
- What is the physiological mode of action for treating snoring and sleep apnea?
- Treatments for snoring and obstructive sleep apnea
- Mandibular advancement appliances
- Appliances that pull the tongue forward
- Tongue depressing devices
- CPAP and other similar devices
- Research comparison of treatment methods
- Relationship of snoring and obstructive sleep apnea to bruxism and periodontal disease
- Relationship of snoring and sleep apnea to diabetes, stroke, and obesity
- Integrating sleep medicine into a busy practice
- Using a team approach for treatment
- Demonstration of impressions, interocclusal records, and appliance delivery
- Fees for sleep medicine treatment
- Example of medical and dental codes for sleep medicine
- Submitting costs to dental and medical benefit plans

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POST-TEST

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1. Patients who snore:
 - a. always have sleep apnea.
 - b. never have sleep apnea.
 - c. may or may not have sleep apnea.
 - d. are usually under normal weight.

2. Third-party payment for snoring is:
 - a. available from dental insurance companies.
 - b. available from medical insurance companies.
 - c. available from both dental and medical insurance companies.
 - d. not available from dental or medical insurance companies.

3. Periodontal disease:
 - a. is always present before sleep apnea appears.
 - b. is not negatively influenced by mouth breathing.
 - c. is associated with the presence of sleep apnea.
 - d. is not associated with the presence of sleep apnea.

4. CPAP devices are:
 - a. the "gold standard" for treatment of sleep apnea.
 - b. often not well tolerated by patients.
 - c. not the most commonly used treatment for snoring.
 - d. all of the above.

5. Third-party payment for sleep apnea is:
 - a. available from dental insurance companies.
 - b. available from medical insurance companies.
 - c. available from both dental and medical insurance companies.
 - d. not available from dental or medical insurance companies.

6. It has been recommended that dentists:
 - a. are not solely responsible for diagnosis and treatment of sleep apnea.
 - b. should treat some forms of sleep apnea as diagnosed by a Board Certified Sleep Physician.
 - c. are not the recommended diagnosticians for central sleep apnea.
 - d. all of the above.

7. Snoring has been shown to be associated with:
 - a. stroke.
 - b. diabetes.
 - c. obesity.
 - d. all of the above.

POST-TEST (Cont'd)

V3963 Snoring and Sleep Apnea - Prevention and Treatment

- 8. Mandibular advancement appliances:
 - a. stabilize the mandible forward in protrusive about 1mm.
 - b. always have the mandibular and maxillary portions rigidly connected.
 - c. move the mandible forward up to 70% of the distance from centric relation to extreme protrusive.
 - d. open the mandible at least 10 mm.

- 9. Various types of oral appliances:
 - a. move the mandible forward into the protrusive position.
 - b. pull the tongue forward.
 - c. depress the tongue.
 - d. all of the above.

- 10. Research comparing clinical success for the various treatments for snoring and sleep apnea show:
 - a. only three of the mandibular advancement devices are effective.
 - b. CPAP to be the most effective, but often not tolerated by patients.
 - c. pulling the tongue forward is the most effective treatment.
 - d. sleeping on one's back reduces snoring.

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