

“Getting Over” Occlusal Changes

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The growing body evidence confirming the effectiveness of oral appliance therapy (OAT) in disease alleviation should increase demand for treatment.¹ Patients should not be denied access to OAT because of possible side-effects but they need to be informed.

OAT for sleep disordered breathing results in occlusal changes. The evidence of occlusal change occurring with OAT has been growing for years.^{2,3} Pliska et al.² recently confirmed that occlusal changes continue throughout OAT. Although most individual studies have documented the changes with the use of a particular appliance, all appliances can cause occlusal changes. If clinicians haven't seen change perhaps they are not looking. For years Dr. Alan Lowe has told us to “get over it!”⁴ and now we could add, “go forward.” What does “go forward” mean from a clinical and a research perspective?

In patients intolerant of CPAP who have moderate to severe OSA, occlusal changes are of relatively minor importance when balanced against the long-term consequences of untreated OSA. Surprisingly, especially given some philosophies in dentistry concerning ideal temporomandibular joint position and occlusion, occlusal changes go unnoticed by many patients. Patients adapt with few problems given that they return for multiple replacement appliances over years of treatment. However, there will be those who will find occlusal changes unacceptable and they should be given the opportunity to refuse treatment. The fact of occlusal change should be part of every treatment plan presentation and the importance placed in context of the individual disease severity.

Clinicians employ a variety of strategies intended to help patients maintain their occlusion. These strategies include: stretching exercises, biting with a jig or occlusal splint and chewing gum. There is some evidence to show the effectiveness of these strategies in the short term⁵⁻⁷ but no evidence to show the long term effect of any of the occlusal maintenance strategies.

We need to respond with scientific evidence to the patient questions of “if I do the exercises, by what percent will my chance of significant occlusal changes decrease?” “Will the exercises cause any long term detrimental effects to my teeth?” We need the studies looking at strategies to mitigate occlusal

changes. Hopefully 2015 will bring some answers to these questions.

CITATION

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DISCLOSURE STATEMENT

Dr. Dort is Editor-in-Chief of *Journal of Dental Sleep Medicine*.