AADSM Protocol for Oral Appliance Therapy for Sleep Disordered Breathing in Adults: An Update for 2013

DISCLAIMER

Conditions presented by a patient may require the dentist to deviate from this protocol while collaborating with the patient's physician to maximize treatment efficacy.

1. Medical assessment must be made by a physician before oral appliance therapy (OAT) is initiated. (1-4)

   a. In order for the dentist to practice within the limits of his or her license as designated and required by the state in which the dentist practices, and in compliance with all applicable state and federal regulations, the dentist shall refer the patient to the physician for a complete medical evaluation and diagnosis to determine the absence or presence, and severity, of sleep-disordered breathing (SDB), which may include snoring, upper airway resistance syndrome (UARS) or obstructive sleep apnea (OSA). Following diagnosis, the dentist may provide OAT as appropriate with a prescription provided by a physician that has had a face-to-face evaluation. The treatment of primary snoring does not require a physician's prescription; or

   b. The physician refers the patient directly to the dentist for OAT as appropriate.

2. The diagnostic sleep study is interpreted by a medical sleep specialist, who provides a copy of the interpretation to the dentist for review. The reviewed copy of the interpretation shall be maintained in the patient record.

3. The dentist assesses the patient through a complete clinical examination, including a determination of the current health and prognosis of oral tissues that might be affected by OAT. Evaluation of a recent radiographic survey is important to a complete examination. The dentist recommends the choice of appliance (1, 2, 5, 6, 7, 8), discloses and discusses relevant fees with the patient, and explains the rationale for OAT to the patient while recording all appropriate documentation. A dentist who owns or has any partial ownership of the device, or patent for the device, that is being recommended for treatment must disclose this information to the patient as a potential conflict of interest (COI) prior to the delivery of the device to the patient.

4. The dentist communicates the proposed plan for OAT to the patient's physician, and appropriate health care providers, and the dentist regularly provides the patient's physician and other health care providers with progress and follow-up notes, as well as other pertinent information. (1,2)

5. The dentist shall provide the patient with a copy of the consent form prior to appliance delivery. (9)

6. In accordance with protocol established between the treating dentist and referring physician, the dentist fabricates a custom-made oral appliance and meets with the patient for an initial calibration and adjustment. After this initial calibration, the dentist may obtain objective data during an initial trial period to verify that the oral appliance effectively improves upper airway patency during sleep by enlarging the upper airway and/or decreasing upper airway collapsibility. If necessary, the dentist makes further adjustments to the device during a final calibration to ensure that optimal fit and positioning have been attained. (10-13)

7. Following the final calibration, the dentist refers the patient back to the physician for a medical evaluation and assessment of OAT outcomes. To ensure satisfactory therapeutic benefit, an order may be written for the patient to undergo an overnight sleep test with the oral appliance in place. If the treatment is sub-therapeutic, the physician and dentist collaborate to discuss: the possibility of further calibration, validated alternative treatments, or combining positive airway pressure (PAP) therapy with OAT. (11-13)

8. Patients diagnosed with primary snoring may be treated without objective, follow-up data; however, the patients should be reevaluated at least annually.

9. Follow-up protocol after the final calibration should include a patient evaluation every six (6) months for the first year and at least annually thereafter. The annual recall exam should: verify appliance efficacy and occlusion stability; check the structural integrity of the device; ensure that there is a resolution of symptoms such as snoring and daytime sleepiness; inquire about patient comfort and adherence to therapy; and screen for possible side effects. If the patient's annual assessment reveals symptoms of worsening OSA or the potential need for additional adjustments to the device, then the dentist shall communicate this information to the patient's physician. (1, 2, 5, 14-16)

10. Knowledge of various appliances is strongly recommended, as no single appliance is effective for treatment of all patients. Dentists who treat SDB are encouraged and have a responsibility to routinely pursue additional education in the field and to comply with all applicable state and federal regulations. (6, 7, 8, 17, 18)

Reference List

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