

Sleep dentistry

Sleep dentistry concentrates on the diagnosis, treatment and prevention of obstructive sleep apnoea (OSA)-the most common sleep-related medical disorder.

For those suffering OSA, breathing is interrupted by a physical blocking of airflow to the lungs-despite the body's innate capacity and best efforts to continue breathing while we sleep.

The statistics are very revealing ...

- Estimates suggest that up to 20% of the population may suffer from some form of OSA. Most go undiagnosed.
- OSA sufferers often remain unaware of the condition-until they're told by an observant partner, or diagnosed due to associated symptoms.
- Partners often complain about the OSA sufferer's snoring, or express concern about their pauses in breathing during sleep.
- OSA sufferers are often tired during the day, and rarely wake up feeling fully refreshed. They may fall asleep easily when relaxing, reading or watching television.
- OSA significantly increases the risk of accidents on the road and in the workplace.
- When OSA goes unchecked for extended periods, the incidence of conditions such as cardiovascular disease, high blood pressure, diabetes, weight gain, stroke and depression significantly increase.
- It is estimated that untreated OSA can reduce life expectancy by up to 20%.

So how does this relate to dentistry?

Many people think that the typical OSA sufferer is a middle-aged, overweight male. This is not entirely true. While obesity is a contributing factor, more pertinent causes are jaw development and-subsequently-jaw position.

Jaw development begins before we're born. Our jaw position is largely determined by the end of adolescence. If we can promote the correct growth and position of our children's jaws and airways, then we can protect them from this insidious condition.

It is estimated that OSA is present in around 3% of pre-school children. Curiously, while adult sufferers tend to be tired and sluggish, children with OSA exhibit hyperactive behaviour. This affects concentration, learning and performance at school. Researchers believe this can lead to a 10 point drop in IQ.

So what can be done?

From a diagnosis and prevention point of view, if your child snores, you should get them checked out by your GP.

Removal of swollen tonsils and adenoids is coming back into favour, and can make a huge difference to an apnoeic child. Early interceptive orthodontics can make a big difference to the development of the upper and lower jaws. If there is more room in the mouth for the tongue and soft tissue, then there is more room for the airway.

Treatment for adults often involves use of a continuous positive airway pressure (CPAP) machine for the more severe cases. Milder cases can be treated with a removable appliance-a little like a mouthguard-which is worn while sleeping to keep the airway open.

Neuromuscular dentistry treatment can also prove beneficial.