



Is it Just Snoring or Something More?

By JEFFREY S. FORSLUND, D.D.S.

Does your spouse or partner snore? Do you hear them stop breathing during the night? Do you sleep in different bedrooms because of snoring? If you said yes to any of these questions, then you are not alone. Snoring can be annoying but it also can be a symptom of something more serious. In addition to snoring, your loved one may actually be struggling with Obstructive Sleep Apnea (OSA). Half to two-thirds of adults snore, and it is estimated that 17-20% of adults in the U.S. have OSA, which is more than diabetes and asthma combined. OSA increases the risk of heart attack, stroke, diabetes, cancer, dementia and other health problems.

It is also a major factor in increased risk for motor vehicle accidents due to feeling sleepy; research has shown that untreated OSA doubles your risk of car crashes.

A person who snores or has OSA also affects those around them. About 23% of partners sleep in separate bedrooms. If disturbed by their partner's sleep problem, the other partner loses an average of 49 minutes of sleep per night.

How does a person know if they have sleep apnea? Common symptoms include daytime sleepiness, snoring, waking up frequently, or being told they stop breathing at night. The three main risk factors for sleep apnea are being male, older age, and being overweight; however, this is not true of every patient.

There are several screening tools to assess a person's likelihood of having Obstructive Sleep Apnea. A commonly used one is the Epworth Sleepiness Scale.



EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Use the following scale to choose the most appropriate number for each situation:

- 0 = would never doze
- 1 = slight chance of dozing
- 2 = moderate chance of dozing
- 3 = high chance of dozing

Chance of Dozing (0-3) while:

Sitting and reading ____

Watching TV ____

Sitting, inactive in a public place (e.g. a theatre or a meeting) ____

As a passenger in a car for an hour without a break ____

Lying down to rest in the afternoon ____

Sitting and talking to someone ____

Sitting quietly after a lunch without alcohol ____

In a car, while stopped for traffic ____

Total: ____

CONTINUES ON PAGE 38 ►►►

According to the American Academy of Sleep Medicine (AASM), a score of more than 6 means you are “sleepy;” more than 10 you are “very sleepy;” and higher than 16 you are “dangerously sleepy”.

What should you do if you suspect that you or someone you know has OSA? The first step is to make an appointment with your regular physician or a sleep specialist. This first visit is to whether a sleep study is appropriate. Home sleep tests are available and can help make getting a diagnosis easier, but sometimes an overnight sleep study in a clinic is necessary. If OSA is the diagnosis, there are several ways to treat it. The most well-known treatment is a continuous positive air pressure (CPAP) machine. Another treatment is a mandibular advancement device (MAD). Surgical options are also available. The sleep physician will discuss the treatment options with the patient.

A MAD is a specialized, custom-made mouth guard that helps keep the airway open at night. AASM believes a MAD is appropriate for patients with all levels (mild, moderate, or severe) of OSA, or for patients that cannot tolerate or have the desire to try CPAP. MADs are also a great alternative for people travel a lot or go to areas where electricity is not available, such as when camping.

Here are a couple of stories from women whose spouses snored and got treatment with a MAD.

Jenny: “My husband Jeff struggled with sleep apnea for years but never had a sleep study to diagnose it. He completed an at-home sleep study in May of 2016 and was diagnosed with OSA. He was very excited to get the CPAP and start using it. As it turns out, he just couldn’t adapt to it, plus it wasn’t convenient for him to take while traveling. An oral sleep appliance (a MAD) was recommended; he was custom-fitted for it, and he loves how easy and convenient it is to use and to travel with. His snoring has since stopped and he is feeling well-rested in the morning.”

Stephanie: “My husband has always snored and has a family history of sleep apnea. His loud snoring and heavy breathing at night affected the quality of sleep for both of us. Last summer, he did an at-home sleep study and was diagnosed with mild sleep apnea. His

doctor recommended that he get a MAD. Within a week of getting the appliance, his snoring had dramatically decreased and soon after was gone completely. He finds it comfortable to wear; we are very glad that we chose to get the appliance. It has changed our quality of sleep and life.”

This story is from a female patient who received a dental appliance for her apnea.

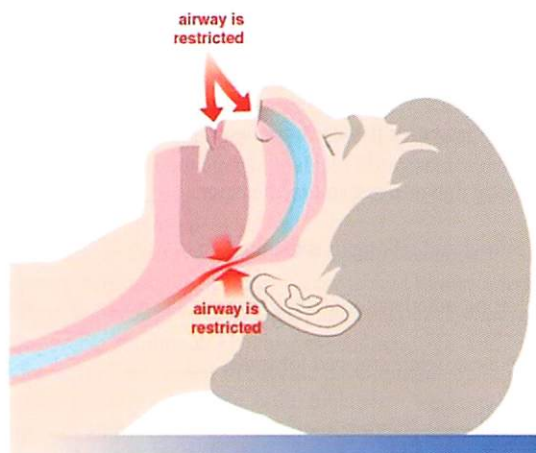
Amy: “I have never been a great sleeper. After I had children, my sleep patterns became horrible. I would wake up nearly every hour. I would notice little noises in the house and every little movement my children made. One night, I noticed I had been up eight different times during the night. I finally spoke to my primary care doctor and she prescribed sleeping pills. I was tired all day long. I work full time, am a wife and a mom to three kids and pets, I did not have one minute in my day to be tired. We were on an outing with a friend of ours who is a doctor. My husband told him about my snoring and being up and down all night, and how neither of us could sleep. Our friend recommended that I have a sleep assessment (at a hospital in Minneapolis). (Sure enough, I had sleep apnea.) Options for treatment were either a CPAP or a MAD.

“The MAD has changed my life. I wear it every night, clean it in the morning and start my day. I sleep so much better. I can physically feel the appliance moving my jaw forward and allowing me to breathe normally. I work out daily, have energy again and feel great. I was able to stop high blood pressure medications and sleeping pills that had been prescribed due to the effects on my body from not sleeping. My body had revolted previously and I was finally getting it back. This appliance has saved my family from a crabby mom and wife!”

It is stories like these where people have such a significant improvement in health and quality of life for themselves and for those around them that makes treating patients with snoring and obstructive sleep apnea so rewarding.

Jeff Forslund graduated from the University of Minnesota Dental School in 1988. He is a member of the American Academy of Dental Sleep Medicine and has lived in southern Minnesota for more than 25 years. He practices dental sleep medicine at Southern Heights Dental Group in Faribault and also at the Snoring and Sleep Apnea Dental Treatment Center in Edina. He can be reached at info@southernheightsdental.com and 507-334-6433 (Faribault) or info@snoringandsleepapnea.com

Without MAD



With MAD

