

# How did you sleep last night?

By Dr. Pamela Marzban

**“Do you snore, Mike?”** I asked a patient of mine during an exam. “Do I ever—just ask my wife,” he said laughingly. He was a smart guy and wanted to know why I asked. I went on to tell him that his front teeth were worn and that can be a sign of snoring. Mike also had a large neck and a large tongue that fell back into his throat when he opened his mouth. His low-hanging soft palate and shiny teeth were also a clue. All of these conditions usually coincide with Obstructive Sleep Apnea (OSA).

Sleep apnea is not new, but its importance is increasing. More and more it’s becoming associated with overall health. In patients with OSA, breathing repeatedly stops for 10 seconds or longer during sleep, which often presents as a choking or gasping sound. This occurs when the muscles in the back of the throat collapse, causing the airway to close. OSA symptoms may present as chronic snoring, excessive fatigue, depression, difficulty concentrating, headaches, memory problems, and irritability. If you suffer from sleep apnea, treatment is necessary for living a long enjoyable life.

In the past, the only means to diagnose the condition would be by a sleep physician that would conduct an overnight sleep study at a clinic. The sleep study would result in a polysomnogram, which shows the physiological changes that occur during sleep, such as eye movements, electrical activity in the brain, muscle activity, heart rhythms, oxygen levels in the blood and air flow in the lungs. Most people are aware of this process and don’t want to stay in a

strange place with wires attached everywhere. Now there are at-home sleep monitors that people can comfortably and easily use to provide a polysomnogram. These devices are dispensed by sleep trained dentists and evaluated by a medical doctor. Once the severity of OSA is established, treatment can be as simple as lifestyle changes. However for some OSA patients this may be ineffective and they would seek alternative treatments such as:

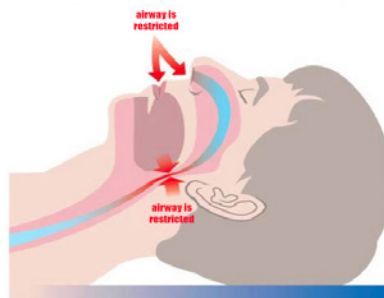
- Using a CPAP machine that forces air into the airway to keep it open during sleep.
- Using an oral appliance called a Mandibular Advancement Device (MAD) at night to shift the lower jaw and tongue away from the airway.
- Surgery to remove tonsils, shrink excessive tissue, or shift the lower jaw and tongue forward.

The dental profession is getting more and more involved in sleep apnea because patient compliance with wearing MADs is much higher than that of a CPAP. Unfortunately the medical community is not completely aware of the benefits of dental devices, so when they have noncompliant CPAP patients, they do not always discuss alternatives. Aside from that, there is resistance from insurance companies to cover dental appliances.

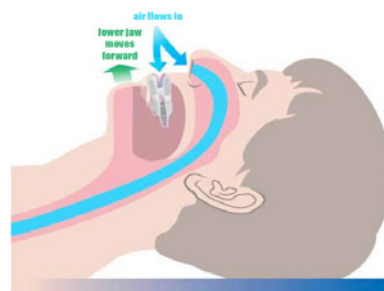
OSA is very serious and needs to be treated to help save lives. Unfortunately a vast percentage of the public is ignoring the problem because they don’t want to have a sleep study at a clinic and they don’t know about at-home sleep monitors; nor do people want to wear a CPAP or suffer through surgery.

I know that a properly made dental device can help. If you think that you or your loved ones may be suffering from OSA, don’t hesitate to discuss it with your dentist and medical doctor.

## WITHOUT MAD



## WITH MAD



**Dr. Pamela Marzban** is a dentist in practice in Fairfax County. If you have dental questions, you may call her at **703-520-2426** or visit her at [www.marzbandds.com](http://www.marzbandds.com)