

Options for treating sleep disordered breathing or OSA.



I have recently been diagnosed, what do I do now?

If you have already been diagnosed with sleep apnea you may find yourself wondering, what do I do next? Your dentist and treatment coordinator are here to help! During your treatment consultation your options will be printed and discussed with you in detail. Obviously, everyone's diagnosis and treatments will vary however below are some treatment options that may be suitable.

Conservative management:

Weight loss – In overweight patients losing weight is advisable as it can help reduce apnea's and may alleviate the symptoms

Positional therapy – if your sleep apnea is dependent on the position you are sleeping, for example apnea mostly occurs when you are laying on your back; the positional therapy may be an option for you. This information is enclosed within your sleep report and your dentist will discuss this with you during your consultation appointment.

Health and sleep hygiene – in some cases quitting smoking, reducing your intake of alcohol or the use of nasal sprays to treat allergies may be helpful and influence your sleep related breathing disorder.

Ear nose and throat surgeon (ENT) – depending on what your dentist can see with your ICAT scan sometimes a consultation with an ENT is advised to make sure there is no structural interference with the upper airway. If an ENT is required your dentist will organise a referral for you.

CPAP: Continue positive air pressure. Pressurised air is pushed from the machine through the tubing and into the CPAP mask, entering through your nose and or mouth and into your throat, where the slight pressure keeps your upper airway open. It may take a little time to get used to the mask itself and the feeling of the air pressure. Although CPAP is very reliable method of treatment some people find it cumbersome and uncomfortable. Due to this patients may not wear the device all night which reduces the effectiveness of the treatment. Trials of CPAP can be offered before purchasing a machine. If CPAP is recommended your dentist will organise a referral for you.

Surgery – Surgery may be considered where there is a distinct obstruction to the nose and/or the throat. There are many types of operations that can be performed depending on the problem and this will require an opinion from an ear nose and throat surgeon. The risks and benefits need to be weighed up in each case and is often considered a last resort. Surgery can however be used in conjunction with another treatment option. For example, nasal surgery may be required to assist CPAP or MAS treatment and allow suitable airflow and make treatment more tolerable. In children with OSA surgery to remove tonsils and adenoids is common and often very beneficial.

MAS or COAT- Mandibular advancement appliance. A MAS device uses a simple technique called 'Continuous open airway therapy'. An oral appliance is recommended for use in patients with mild to moderate cases and is sometimes appropriate for patients with a severe OSA.

An MAS is a custom fitted dental device worn while you sleep that fits over your upper and lower teeth. It is designed to keep your airway open by holding your lower jaw forward. It is comfortable, discreet and easy to use. Thus, most patients have no problem wearing an MAS all night every night. These devices are fitted by a dentist over several visits and may need to be adjusted to ensure the device is working well. Because the causes of OSA vary it is hard to predict how well an oral appliance will work for you. Part of the cost of a MAS is covered by most health insurances.

Orthodontic/orthopaedic correction: Jaw development is one of the underlying reasons sleep disordered breathing and obstructive sleep apnea occurs. Facial growth development orthopaedics involves placing a fixed or removable appliance into the mouth. The appliances are designed to allow the body to use its own physiological responses to develop the jaw and facial bones to the most ideal position. Before this process your dentist may recommend a referral to an ENT specialist to further assess the tonsils, adenoids, sinus' and other soft tissue structures that may be obstructing the airway. Once these airway issues are addressed, treatment usually progresses very well and many patients finds that their general health and sleep patterns also improve significantly. Facial growth development orthopaedics, however, does not completely eliminate the need for a post orthodontic retainers.

Does my health insurance cover the cost of an MAS?

Yes. MAS devices are covered under the item code 984. Your rebate will depend on which insurance company you are a member of and your level of cover.

Does my health insurance cover the cost of orthodontic and orthopaedic correction?

Yes. Your treatment coordinator can give you treatment costings and item codes for this process and the rebate will depend on which health insurance company you are a member of and your level of cover.