

Recommendation for the use of oral appliances

1. The use of oral appliances should be discussed with the sleep physician as one possible strategy in the management of snoring and sleep apnoea.

2. When a trial with an oral appliance is undertaken particular attention should be given to **oral hygiene**. Restoration to dental work should be undertaken beforehand by your dentist.

If any temporal mandibular (jaw) discomfort occurs it should also be discussed and the oral appliance may have to be modified accordingly.

He who has health,
has hope;
and he who has hope,
has everything.

Arabian Proverb

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Oral Appliances



as treatment for
Snoring
& Sleep Apnoea

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Nasal CPAP or Oral Appliance?

Nasal CPAP (Continuous Positive Airway Pressure) is a device which keeps the airways open by applying continuous pressure. This is done via air being pumped through a mask which is placed over the nose. This effectively reduces apnoea and snoring.

One study has compared nasal CPAP with oral appliance. The results suggest that nasal CPAP is more effective than oral appliances in controlling sleep apnoea however oral appliances are better tolerated than nasal CPAP.

Side Effects of Oral Appliances

Excessive salivation and transient discomfort in the morning have been reported during the initial use of oral appliances.

Oral appliances may cause temporal mandibular joint discomfort and dental misalignment.

Follow up

Progress of treatment should be undertaken within two or three weeks initially and two or three months after regular use.

Oral Appliances for treatment of Snoring and Obstructive Sleep Apnoea

Indications :

Oral appliances are indicated for use in patients with primary snoring (snorers only) and mild sleep apnoea who do not respond to other treatment. Oral appliances can also be used in patients with moderate to severe sleep apnoea when treatment with nasal CPAP is unsuccessful or cannot be tolerated.

For both snoring and sleep apnoea *weight reduction* remains the most important step to be considered. There are at least 13 dental appliances which have been described and used in patients with snoring and sleep apnoea. The one used in Newcastle consists of an upper and lower dental arch appliance which is custom made for each individual with the mandible pushed slightly forward to the point of opposition of the anterior upper and lower teeth.

Mechanism of Action:

Oral appliances are likely to work through different mechanisms. It is proposed that they modify the position of the lower jaw together with the base of the tongue and the soft tissue structure of the throat. The forward and slightly downward repositioning of the lower jaw may bring about an increase in space in the back of the throat as well as altering the mechanical property of the soft tissue of the palate.

Efficacy of Oral Appliances :

Snoring: Current experience suggests that snoring is improved in the majority of people who use oral appliances. Complete abolition of snoring has been reported between 17% and 50% of the patients studied. The severity of snoring has also been reported to be decreased in patients in whom snoring is not completely abolished.

Sleep Apnoea: During the use of oral appliances in sleep apnoea patients the number of times a person stops breathing per hour has been reported to be significantly reduced; even though complete abolition of the disturbed breathing may not be achieved.