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Position Statement: Role of the Dentist in the Treatment of Sleep-related Breathing Disorders

The Ohio State Dental Board (Board) is committed to ensuring the safe practice of dentistry to the public. The purpose of these recommendations is to address inquiries regarding the role of the dentist in the treatment of a patient with sleep-related breathing disorders. Sleep-related breathing disorders (SRBD) - disorders characterized by disruptions in normal breathing patterns, including snoring, upper airway resistance syndrome, and obstructive sleep apnea.

Although a dentist “diagnoses or treats diseases or lesions of human teeth or jaws, or associated structures,” SRBD is a potentially life-threatening medical condition with numerous implications on systemic health and requires the diagnosis of a licensed physician. R.C. section 4715.01. If the patient presents with a history or clinical findings consistent with SRBD, it is recommended that the dentist refer that patient to their primary care physician to coordinate diagnosis and treatment by a medical provider. The need for, and appropriateness of, a home sleep apnea test (HSAT) must be based on the patient’s medical history and a face-to-face examination by a medical provider, either in person or via telemedicine.

It is the duty of the diagnosing medical provider to determine if oral appliance therapy is indicated in the treatment of a specific patient. The dentist is uniquely qualified to obtain the necessary records to fabricate intra-oral appliances for the therapeutic benefit of individuals suffering from SRBD when this course of therapy is recommended by the treating medical provider. The dentist shall determine which appliance is best suited for the dentition of the patient and also suitable for reaching the objectives set forth by the referring medical provider.

The dentist shall ensure the fit on the intra-oral structures is such that the therapeutic benefit is able to be fully realized by the patient. It is recommended that titration of the device, follow up care, and/or any adjustments that have an unknown impact on the systemic issues surrounding SRBD be overseen by the treating medical provider. Identification and management of the potential occlusal, orthodontic, and temporomandibular side effects will be among the responsibilities of the dentist when these patients present for routine periodic examination. Patients presenting at routine examination with concerns regarding efficacy of SRBD treatment will be referred back to the treating medical provider for evaluation.

References

1. The Role of Dentistry in the Treatment of Sleep Related Breathing Disorders, Adopted by ADA’s 2017 House of Delegates. American Dental Association.
<https://www.ada.org/~media/ADA/Member%20Center/Files/The-Role-of-Dentistry-in-Sleep-Related-Breathing-Disorders.pdf?la=en>
2. Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy: An Update for 2015. American Academy of Sleep Medicine.
<http://jcsn.aasm.org/ViewAbstract.aspx?pid=30098>