RUSSIAN ROULETTE & SLEEP APNEA

What do they have in common?

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Sleep medicine is an extremely young discipline; in fact less than 50 years old. When the complexity of the sleep apnea syndrome was first described, its focus was directed towards obese, sleepy individuals. Since those early days, unfortunately, the obesity epidemic has produced a rising pool from which to draw. Severe sleep apnoeics need urgent treatment. Of that there is no doubt yet they represent but the tip of the iceberg. An avalanche is developing and that avalanche is full of the yet-to-be-diagnosed mild and moderate sleep apnoeics– people for whom CPAP could be perceived as overkill by themselves and their primary care physicians and as such they risk remaining untreated and vulnerable.

The words we use have power. They have the power to properly represent, to diminish or to amplify. Grading sleep apnea as mild, moderate or severe awards a subjective connotation to an objective diagnosis. The word mild implies a lack of necessity and certainly a lack of urgency. Where would we be today if cancer was graded as mild, moderate and severe? "Mrs. Jones, you have cancer but it is only mild." Instead Mrs. Jones is told that she has cancer, period. She is given a grading, the lower the better. Better because she has the opportunity to do something about it. A lower grade affords the prospect of being able to treat it early, to prevent its spread and ultimately an untimely demise.

Can the same be done with sleep apnea? "Mrs. Jones, you have sleep apnea. The good news is that it is Grade 1, which means we can do something about it. We can manage the condition to prevent the health, cognitive and lifestyle consequences, which insidiously manifest themselves over time. We can keep you well." Too often both the patient and their health care provider, through an incomplete understanding of the cause and consequences misinterpret a mild sleep apnea diagnosis as something that can be postponed and that intervention is optional.

Unfortunately the physiology does not read the rulebook, it just responds. And it is the continued physiologic intervention to the repetitive fluctuations in blood gases and airway compromise that lead to an up-regulation of the sympathetic nervous system into the state of chronic stressful responsiveness that underlies the pathophysiology of sleep disordered breathing. Even primary snoring has health consequences. Don't play Russian roulette with your patients. They deserve better.

As dentists with an understanding of the physiology of the head, neck and airway and all associated structures, we are in a prime position to optimise the physiology before we put the patient in the cast – the sleep appliance. It is vital, for optimum health outcomes, that we not only provide a patent airway but in doing so, turn down the sympathetic nervous system. We have to support the jaw and airway to prevent the patient from having to do it for themself.

The Physiologic Approach to Treating OSA Course Dates

OSA I	OSA II
March 21-23, 2015	March 25-27, 2015

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