

Talking about sleep apnea



Do you often wake up tired, even though you have gotten a full 8 hours of sleep? Have people told you that you snore? If so, you might not be getting good quality sleep. Daytime sleepiness and snoring are 2 of the main symptoms of obstructive sleep apnea (OSA).

With OSA, the back of the throat and the tongue relax and block the airway during sleep. If you cannot get a breath, you may wake up slightly to reposition yourself and clear your airway. This can happen several times a night, keeping you from getting a restful night's sleep.

It may seem odd to talk to your dentist about your sleep habits, but he or she has a strong knowledge of the oral structures that can cause OSA. Your dentist might also detect oral signs of OSA, like dry mouth (as a result of mouth breathing)¹ or ridges in the tongue, which could indicate forward pressure as you try to open the airway during sleep.² Your dentist can be a key player in treating OSA.

WHAT PUTS ME AT RISK OF HAVING OBSTRUCTIVE SLEEP APNEA?

While OSA can occur in children, it is more common in adults. The risk of having OSA increases with age. Hormones may play a role in OSA as well. Before menopause, women are less likely than men to have OSA. That risk remains lower for women who take hormone replacement therapy after menopause, but it evens out between women who do not take hormone replacement therapy and men.²

Other factors that can increase your risk include²

- being overweight
- tobacco use
- alcohol use.

Despite no evidence that 1 condition causes the other, people with OSA seem to be at higher risk of having a number of other conditions, including

- high blood pressure
- diabetes
- heart attack
- stroke.

TREATING OBSTRUCTIVE SLEEP APNEA

If you think you may have OSA, talk to your dentist. He or she can work with your physician in addressing the issue. Your physician may ask you to complete a sleep study, where you go to a medical office overnight. While you sleep, a specially trained technician will monitor your breathing and the quality of your sleep.

The first steps to managing OSA might be addressing some contributing factors, including losing weight, quitting smoking, and avoiding alcohol.

In addition, a continuous positive airway pressure (CPAP) machine can be used to treat OSA. The CPAP machine has a mask that covers your nose only or your nose and mouth while you sleep. It lightly blows air to help keep your airway open. It is effective for nearly 3 of 4 people.³

However, if the CPAP machine does not work for you, your dentist may be able to make an oral appliance that can hold your tongue or jaw forward while you sleep. Throughout your treatment, your dentist will check that your oral appliance continues to fit properly.

Although there are also surgical options to addressing OSA, less invasive approaches are most often the preferred first options to try.

SUMMARY

One breathing problem that can interrupt your sleep is OSA. It can leave you feeling tired during the day. Several other health concerns, such as obesity, high blood pressure, and diabetes, are associated with OSA. Behavioral changes like losing weight, quitting smoking, and avoiding alcohol can help address OSA. Many people try CPAP machines to help treat OSA. If CPAP does not work for you, another option might be an oral appliance made by your dentist. ■

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Prepared by Anita M. Mark, senior scientific content specialist, American Dental Association Science and Research Institute, Chicago, IL.

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1. Apessos I, Andreadis D, Steiropoulos P, Tortopidis D, Angelis L. Investigation of the relationship between sleep disorders and xerostomia. *Clin Oral Invest.* 2020;24:1709-1716.
2. Rundo JV. Obstructive sleep apnea basics. *Cleve Clin J Med.* 2019;86(suppl 1):2-9.
3. Chang HP, Chen YF, Du JK. Obstructive sleep apnea treatments in adults. *Kaohsiung J Med Sci.* 2020;36:7-12.