

# Commentary on: The attitudes of general dental practitioners and medical specialists to the provision of intra-oral appliances for the management of snoring and sleep apnoea

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## IN BRIEF

- Provides information on the current provision of mandibular advancement appliances by a random sample of dentists.
- Summarises the opinions of medical specialists on the provision of these appliances.
- Discusses the need to fund this treatment by the National Health Service.
- Highlights the need for the further training of dentists in the provision of mandibular advancement appliances.

**Aim** To determine the attitudes and awareness of dental and medical practitioners in Scotland to the provision of oral appliances for the management of snoring and sleep apnoea. **Setting** The questionnaire was completed by general dental practitioners randomly selected from across Scotland and by doctors specialising in sleep medicine within Scotland.

**Method** A questionnaire was devised and sent to 17 specialists in sleep medicine and 210 general dental practitioners, community dental service practitioners and hospital-based dental practitioners. A reply-paid envelope was included with each questionnaire. **Results** There were 14 replies (82%) from specialists and 105 (50%) from dentists. All the specialists felt that dentists had a role in the management of these patients. Of the replies from dentists, 60 (57%) stated that they provided appliances but their screening for sleep apnoea and discussion of the side-effects of appliances varied widely. Seventy-eight dentists (74%) expressed an interest in attending a course on the management of sleep apnoea and snoring. **Conclusions** The current practice of specialists and dentists in the management of obstructive sleep apnoea and socially disruptive snoring with oral appliances in Scotland is varied. Many dentists expressed a wish for further training in this area.

## COMMENTARY

Obstructive sleep apnoea hypopnoea syndrome (OSAHS) is a complex problem, with a spectrum which ranges from a dangerous debilitating situation to that of simple snoring. Treatment inevitably involves specialists and generalists from both medicine and dentistry. This paper aims to determine the attitude of clinicians to the provision of intra-oral appliances for its management. The most effective are mandibular repositioning appliances (MRAs), which protrude the mandible, allowing the tongue base to clear the posterior pharyngeal wall. The Scottish Intercollegiate Guidelines Network and the British Thoracic Society recommend intra-oral devices for snorers and patients with mild OSAHS (exhibiting normal daytime alertness), or as an alternative therapy for those with more severe OSAHS, who are unable to tolerate CPAP.

Increased public awareness of these

appliances has led to increasing demand, however, the provision within the UK varies widely and the funding remains problematical. This paper discusses the results of a questionnaire sent to 210 dentists to test the value of these appliances and whether dentists are comfortable in supplying them. A further questionnaire was sent to specialists with expertise in sleep medicine – this questioned mainly what screening tests should be performed in a primary care setting.

The low response rate indicated that dentists do not regard snoring/OSAHS as within their expertise – this is mirrored by their snoring patients who rarely complain to the dentist. Of those dentists who responded, 45% referred the patient onto a specialist; only 30% provided appliances, with, however, no screening of patients for sleep apnoea. Forty percent of dentists gave lifestyle advice to include weight loss and stop-

ping smoking. Most dentists stated that they were uncomfortable providing treatment without further training, but that they would be keen to do so.

For their part, 64% of the specialists felt that screening in primary care should include an Epworth Sleepiness Scale with an assessment of daytime somnolence, of paramount importance when driving.

To summarise, the current practice of dentists and specialists in relation to dental involvement in OSAHS management is varied. Dentists need further training in the provision of MRAs and in the use of appropriate screening tests so as to provide an appropriate referral. Lifestyle changes and the side-effects of appliances should be discussed and the clinical guidelines should be clarified as patient expectation and demand increases.

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