

A close-up photograph of a man and a woman sleeping peacefully in bed. The woman is in the foreground, her face resting on a white pillow, with her eyes closed and a serene expression. The man is behind her, also sleeping. The background is softly blurred, showing more of the bed and the couple's heads. The overall mood is calm and restful.

A PATIENTS GUIDE TO
**OBSTRUCTIVE
SLEEP APNEA
& ORAL APPLIANCE
THERAPY**

WHAT IS OBSTRUCTIVE SLEEP APNEA (OSA)?

SNORING AND OSA

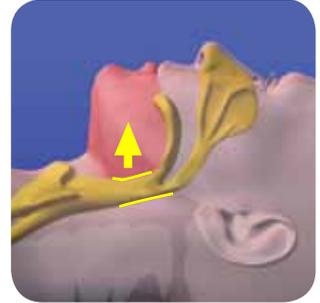
Snoring and OSA are common problems that can affect your sleep, health and have a significant impact on your quality of life. Often snoring is a symptom of OSA, caused by changes in your upper airway while you sleep. Your airway may narrow, limiting air flow as you breathe. Your soft tissue may vibrate (this is commonly known as snoring), or it may completely collapse, causing you to stop breathing. Collapsing of the soft tissue is called an Obstructive Apnea, and may last for 10-seconds or more. Your airway may even move through all three stages during the night.

Symptoms of Obstructive Sleep Apnea:

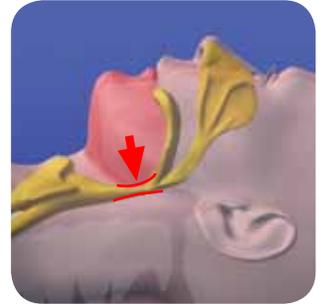
- Loud snoring
- Excessive daytime sleepiness
- Depression
- Fatigue
- Reduced resistance to infection
- Choking or Gasping for breath

MY AIRWAY

During normal sleep the muscles that control the tongue and soft palate hold the airway open.



When these muscles relax the airway narrows. This can lead to snoring and breathing difficulties.



If the muscles relax too much, the airway can collapse and become blocked, causing obstructed breathing.





DID YOU KNOW?

90% of stroke victims also suffer from OSA.

People with OSA are 4 times more likely to have a heart attack.

If you have OSA, then you are twice as likely to die in your sleep and 7 times more likely to have a motor vehicle accident.

OSA Patients are at a 40% greater risk of having depression.

Individuals with OSA are more likely to have sexual impotence and develop diabetes.

SLEEP APNEA SYMPTOMS & RISK FACTORS

- Stroke
- Diabetes
- Obesity
- Memory loss
- Heart disease
- High blood pressure
- Excessive daytime sleepiness
- Driving and work-related accidents
- Depression
- Morning headaches
- Irritability
- Decreased sex drive
- Impaired concentration

WHAT CAN I DO IF I HAVE ONE OR MORE OF THESE SYMPTOMS?

Ask your Physician or Dentist about taking an Apnea Risk Evaluation Screening test, which involves a simple questionnaire. If you have already been diagnosed with Sleep Apnea and are having trouble wearing your CPAP, refer to the SomnoDent® MAS Therapy option in this book. A trained SomnoMed Dentist will work with your physician as part of the medical team in your diagnosis, treatment and on-going care.



WHAT IS THE NEXT STEP? GET DIAGNOSED

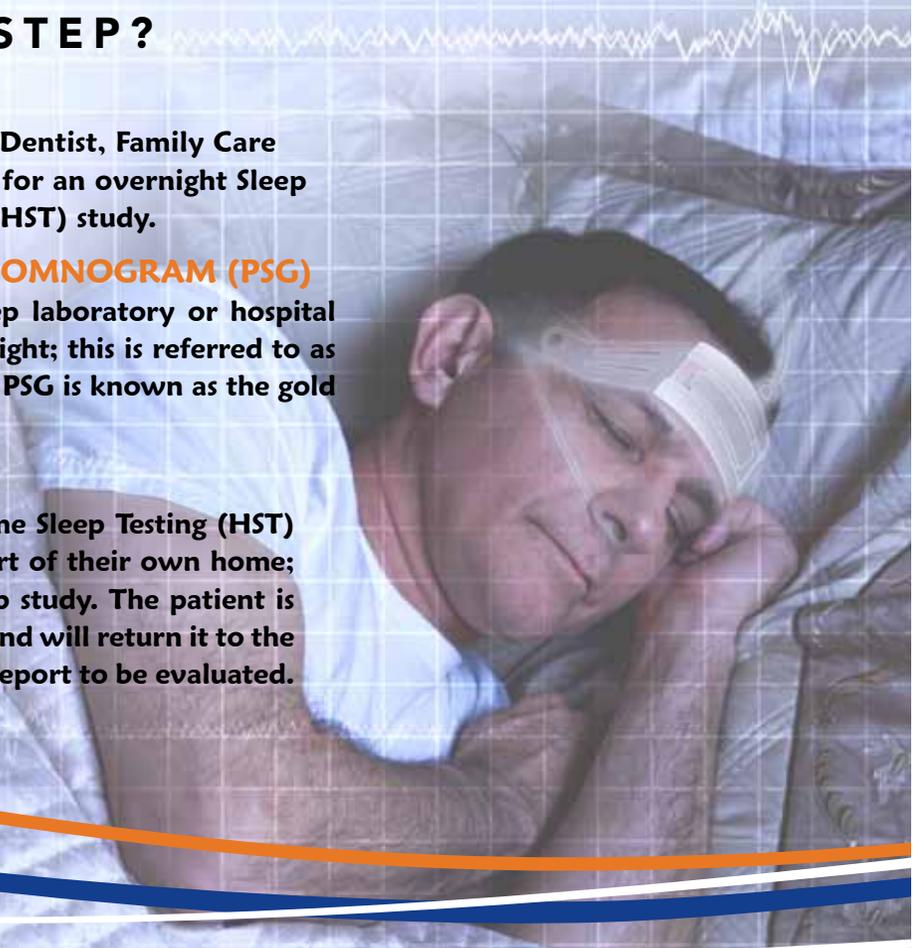
After an initial screening evaluation, your Dentist, Family Care Physician or Sleep Physician will refer you for an overnight Sleep Study (PSG) and/or a Home Sleep Testing (HST) study.

AN OVERNIGHT SLEEP STUDY POLYSOMNOGRAM (PSG)

A PSG is a test that is conducted in a sleep laboratory or hospital setting where the patient has to stay overnight; this is referred to as an “Attended or Monitored” sleep study. A PSG is known as the gold standard in sleep testing.

HOME SLEEP TEST (HST)

This test can be carried out by using a Home Sleep Testing (HST) device that the patient wears in the comfort of their own home; this is referred to as an “Unattended” sleep study. The patient is given instruction on how to use the device and will return it to the dispensing office the following day for the report to be evaluated.



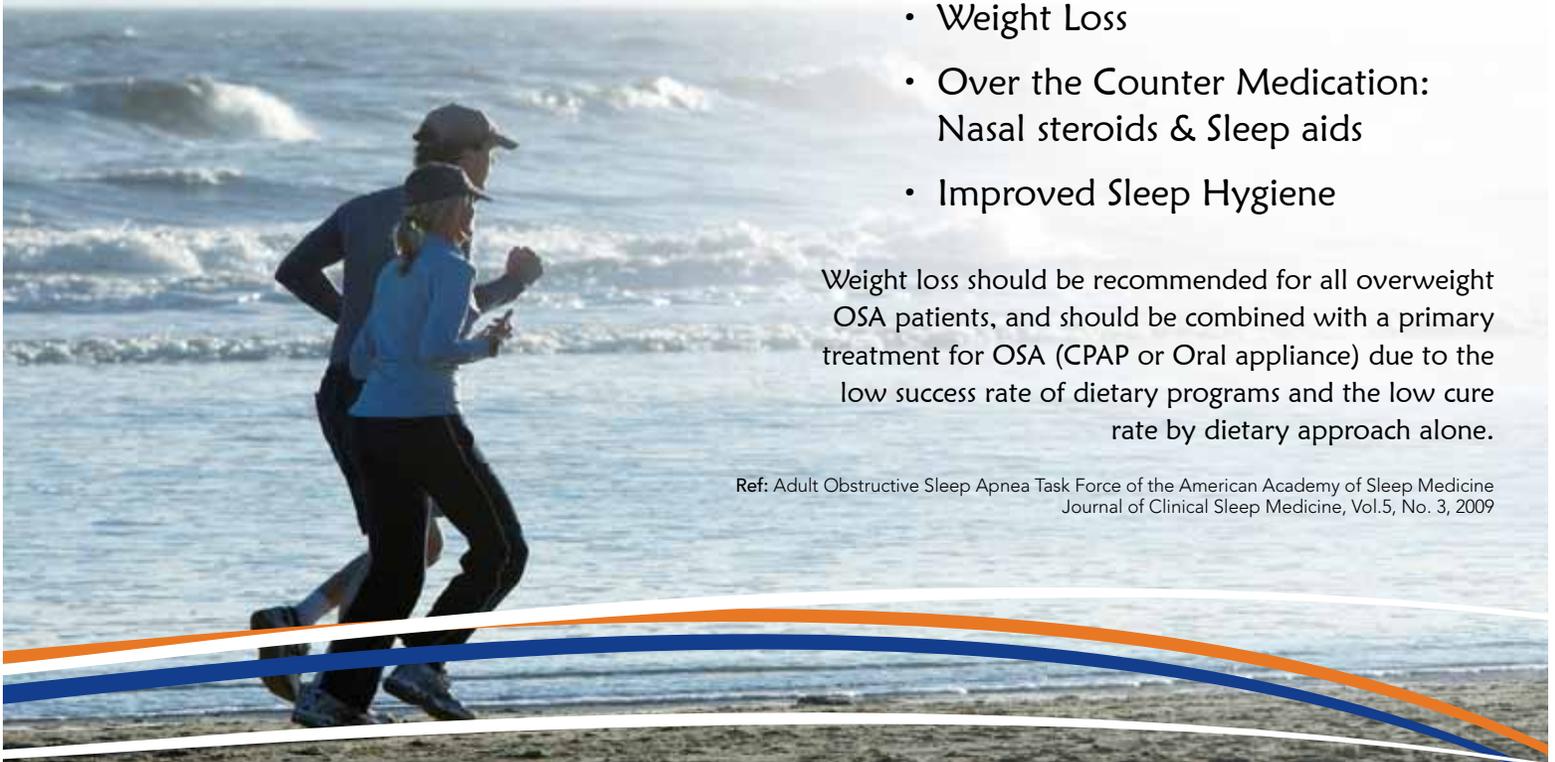
WHAT ARE MY TREATMENT OPTIONS?

1. LIFESTYLE CHANGES

- Weight Loss
- Over the Counter Medication:
Nasal steroids & Sleep aids
- Improved Sleep Hygiene

Weight loss should be recommended for all overweight OSA patients, and should be combined with a primary treatment for OSA (CPAP or Oral appliance) due to the low success rate of dietary programs and the low cure rate by dietary approach alone.

Ref: Adult Obstructive Sleep Apnea Task Force of the American Academy of Sleep Medicine
Journal of Clinical Sleep Medicine, Vol.5, No. 3, 2009



2. ORAL APPLIANCE THERAPY

SOMNODENT® MAS THERAPY

The comfortable, effective, custom made treatment for Obstructive Sleep Apnea.



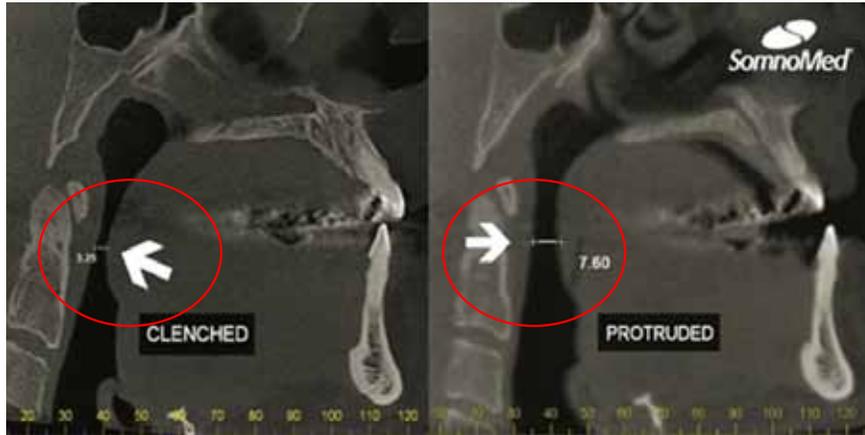
The SomnoDent® MAS is a Mandibular Advancement Splint (MAS) that treats Obstructive Sleep Apnea by moving the lower jaw slightly forward. This movement tightens the soft tissue and muscles of the upper airway, which prevents obstruction while you sleep.

WILL MY INSURANCE PAY FOR THIS TREATMENT?

Most insurance companies pay for a custom fitted oral appliance like the SomnoDent® MAS, this treatment is billed under your Medical insurance and not Dental. You may check your policy benefits for custom-fitted oral appliance therapy. Your treatment provider will be committed to you and your ongoing care. The important message here is your health and addressing the serious condition, Obstructive Sleep Apnea.

HOW DOES SOMNODENT® MAS THERAPY WORK?

The SomnoDent® MAS is worn only while you are sleeping. The Radiographic image on the left shows a narrow airway while the image on the right you can see the SomnoDent® MAS slightly protruding the lower jaw. Look how this movement opens the airway!



**Regular Bite
Narrow Airway**

**Protruded Lower Jaw
SomnoDent® in Place
Open Airway**



TREATMENT OPTIONS

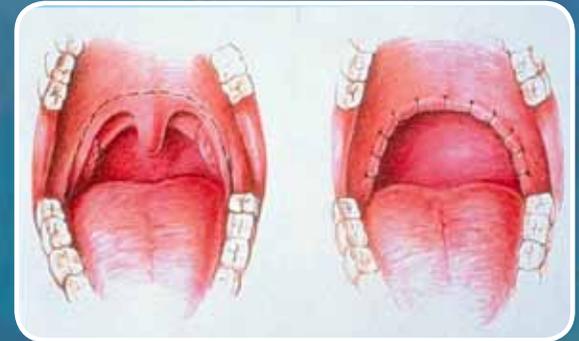
3. CPAP – CONTINUOUS POSITIVE AIRWAY PRESSURE

CPAP is worn at night while sleeping and is applied through a tube and mask that covers the nose. The tube and mask is attached to a pump that generates air pressure which splints the structures in the back of the throat, holding the airway open during sleep.

Many patients find this treatment uncomfortable or intolerable and seek an alternate treatment method such as SomnoDent® MAS therapy.

4. SURGERY

There are several different surgical procedures with varying degrees of success. The intention of surgery is to create a more open airway so obstructions are less likely to occur. Surgery can be quite invasive and sometimes worsen the apnea. One surgical procedure is the removal of the soft palate including the uvula and excess tissue as shown in this picture and known as a Uvulopalatopharyngoplasty (UPPP).



LIFESTYLE AND SLEEP HYGIENE

HELPFUL HINTS TO A BETTER NIGHT SLEEP

- **Go to sleep and wake up the same time every day.**
- **Establish a relaxing bedtime routine such as soaking in a hot bath, reading or listening to soothing music.**
- **Ensure your bedroom is dark, quiet, comfortable & cool.**
 - **Sleep on a comfortable mattress & pillows.**
 - **Use the bedroom only for sleep & intimacy; no TV.**
 - **Finish eating at least 2 – 3 hours before bedtime.**
 - **Exercise regularly.**
- **Avoid caffeine (e.g. coffee, tea, chocolate, soft drinks) within 6 – 8 hours before bedtime.**
 - **Avoid nicotine – when used close to bedtime can lead to poor sleep.**
 - **Avoid alcohol close to bedtime.**

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