

LETTERS TO THE EDITOR

## Management of side effects of oral appliance therapy for sleep-disordered breathing: summary of American Academy of Dental Sleep Medicine recommendations

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Oral appliance therapy (OAT) is an excellent treatment option for patients who cannot or will not use continuous positive airway pressure (CPAP). However, concern over potential side effects can be a potential deterrent to patients using these appliances. As patients consider OAT, it is important for them to understand that potential side effects are uncommon, minor, and can be effectively managed by qualified dentists.

In 2016, an American Academy of Dental Sleep Medicine (AADSM)—organized task force of experts developed a set of consensus recommendations to guide dentists in the management of side effects from OAT (1). Some categories of side effects are not unique to oral appliance therapy: tissue-related side effects, appliance issues, and damage to teeth or dental work. The remaining two categories, temporomandibular joint (TMJ) side effects and occlusal changes, can be effectively managed to the point where symptoms go almost unnoticed.

For example, the incidence of TMJ pain after initiation of OAT is not common among typical OAT patients. If it does occur, persistent TMJ pain may be ameliorated by correction of asymmetric mandibular advancement, decrease in the appliance titration rate, modification of the interocclusal distance, or addition of posterior stops to occlusal surfaces in some appliance designs. Thus, such TMJ-related side effects are relatively uncommon and minor.

Furthermore, side effects such as alterations in occlusion or dental relationships are often so minor as to escape detection by the average OAT patient. Although occlusal side effects are typically the most frequently experienced side effect and appear insidiously, they are rarely a cause for discontinuation of OAT by patients. Passive jaw exercises and the use of morning occlusal guides are commonly used to manage both transient jaw pain and bite changes.

Patients should not preclude OAT based on fear of these side effects. The key to effective OAT treatment is management by a well-trained, qualified dentist. A qualified dentist is a person who has at least a diplomate certification in dental sleep medicine by a nonprofit organization, is designated as a dental director of a dental sleep medicine facility (as accredited by a nonprofit), and/or has been designated an AADSM-qualified dentist. Qualified dentists are adept at recognizing and managing commonly seen side effects and have the education, experience, and skills to remedy them. As such,

patients can and should entrust their treatment to a qualified dentist who will follow up on a regular basis (every 6 months to a year) to evaluate for and manage side effects appropriately.

As with any treatment, the possibility of OAT side effects should be balanced against their benefits in managing sleep-disordered breathing. OAT not only is a proven and effective therapy but also can be easily tolerated when administered under the watchful eye of a qualified dentist. Patients should rest assured that if they cannot or wish to no longer use their CPAP, OAT can be an excellent alternative in helping them live a healthy life.

### CITATION

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### REFERENCE

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