# IN SNORING, SLEEP APNOEA, BRUXISM AND TMD



2018

Are you screening for SLEEP APONEA?

Dental practitioners are in an excellent position to screen for sleep apnoea to help identify many undiagnosed (and therefore, untreated) OSA patients.

#### Dentists......

- Have direct observational access to the physiological structures of their patients' upper airways
- Are already screening chairside for other health conditions that can be easily spotted during a dental visit
- May see these patients more frequently than a primary care physicians will, with nearly one quarter more likely to see a
  dentist than a doctor over any given time period.

Dentists and patients alike stand to gain from OSA screening, especially with dental-related treatments for sleep breathing disorders gaining ground.

Maxillomandibular advancement (MMA) devices and other forms of oral appliance therapy (OAT) have been recently accepted as first-line treatments for sleep apnoea, as well as upper airway resistance syndrome (UARS) and chronic snoring. The AASM and the AADSM made joint recommendations last year showing support for OAT approaches. Oral appliances has been shown to be just as effective as continuous positive airway pressure (CPAP) therapy in treating sleep apnoea and leading to healthy patient outcomes. Dental patients also stand to benefit from having this assessment from an oral health perspective, which is good news for dentists.

Sleep apnoea is also commonly associated with the following dental concerns:

- Bruxism
- Gastroesophageal reflux disease (GERD)
- · Oral breathing
- · Periodontal disease and TMJ dysfunction

Dentists who choose to work on the front lines of OSA detection stand to benefit not only with the return patients needing additional long-term services, but with opportunities to help these patients improve their other oral health concerns by treating their sleep breathing disorders.

Source: Tamara Kaye Sellman, RPSGT, CCSH

For more information on how to implement Dental Sleep Medicine, into your dental office, please consider our 4 session miniresidency, including our in-office hands on practical component.

#### **COURSE DATE**

Course 1 3-4 March Course 2 26-27 May Course 3 25-26 August Course 4 3-4 November

COURSE FEE \$1600 PER COURSE

10% DISCOUNT FOR PAYING UPFRONT FOR ALL COURSES

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FOR MORE INFORMATION
PLEASE CONTACT
DR. SHAKSI ARORA, BDS
PHONE +61 2 9398 8338
EMAIL courses@eodo.com

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# **MODULE 1**

An overview of normal human sleep and its systemic consequences to differentiate between normal and abnormal sleep and to help you communicate more effectively with patients

- The philosophy and realities of introducing dental sleep medicine into practice
- Each participant will undertake a private sleep study using an ambulatory monitor

Discover which patients in your practice are at risk of OSA and recognize how snoring and sleep apnoea occur

Learn how to physically examine these sleep apnoeic patients Understand the basics of sleep, identify the signs, symptoms and health risks of OSA

Be able to intelligently discuss all snoring and sleep apnea treatment options with patients

Recognize medical protocols used to evaluate, diagnose and treat OSA, including details of medical diagnostic (polysomnography) and treatment (CPAP) modalities

Become familiar with the anatomy and physiology of the airway

# **MODULE 2**

Have all of the forms necessary to help with data retrieval and communication with physicians

Learn how to treat the snorer/apneic in the dental office while making sure you don't get into

trouble

Dental screening for SDB, including questionnaires and dental, head and neck examination.

Deliver a lab-fabricated sleep appliance

Discover secrets to market the sleep disorder part of your practice Analyze both a home sleep study and a PSG

- A literature-based view of the design, effectiveness, and potential problems with oral appliance therapy.
- Home monitoring devices for initial screening and subsequent monitoring of mandibular advancement device (MAD) therapy. Sleep-wake cycles

## **MODULE 3**

Stages of sleep
The many disorders or disturbances of sleep
The sleep breathing disorder continuum
Epidemiology of sleep victims
Sequelae of obstructive sleep apnea
Items to include on your health history

- The relationship between SDB and GERD, bruxism, and TMD pathophysiology and management .
- A no-nonsense view of surgical options and predictability.

### **MODULE 4**

· An introduction to paediatric sleep disorders and related co morbidities.

10 treatments (and counting) for sleep breathing disorders Different types of oral appliances for treating the SBD patient Side effects of appliances Protocol for your office Learn techniques for playing the medical insurance *game*.



# REGISTRATION FORM FOR MINI RESIDENCY IN SNORING/SLEEP APNOEA, BRUXISM and TMD

<ul> <li>☐ Module 1: 3<sup>rd</sup>-4<sup>th</sup> March 2018</li> <li>☐ Module 2: 26<sup>th</sup> – 27<sup>th</sup> May 2018</li> <li>☐ Module 3: 25<sup>th</sup> –26<sup>th</sup> August 2018</li> <li>☐ Module 4: 3<sup>rd</sup> -4<sup>th</sup> November 2018</li> </ul>	
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#### PAYMENT / FEES

AUD\$1,600.00 (plus GST) per module Pay for all courses upfront to receive 10% discount. All courses require full payment on application.

#### **CANCELLATION POLICY**

Cancellations made outside 4 weeks prior to course start date are refunded in full. Cancellations made within 4-2 weeks of course start date are charged a 50% cancellation fee Cancellations made within 2-1 week of course start date have an option of credit on account or no refund

Where no notice of cancellation is given or failure to attend there will be no refund issued.

\*All cancellations must be made in writing via email: courses@eodo.com