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DENTAL TRIBUNE

The World's Dental Newspaper · U.S. Edition

SEPTEMBER 2010 www.dental-tribune.com VOL. 5, NO. 19

Snoring and sleep apnea
Along with insomnia, these three conditions affect about 90 million Americans.
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Using Inman Aligners instead of orthodontics or a restorative option.
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San Francisco practice makes house calls

In a society where expert medical care seems ever more elusive and impersonal, the last thing you might expect is a dental practice that makes house calls. However, Bay Area House Call Dentists (BAHCD), based in San Francisco, has built a thriving practice around visiting their patients where they live.

Rather than serve the well to do, BAHCD specializes in helping some of the Bay Area's least-served populations: the elderly, the housebound and the infirm. BAHCD is a service of the Blende Dental Group, headed by Dr. David Blende, a practitioner with more than 20 years of experience providing comprehensive dental care and a leader in the field of dental surgery.

"We serve not only people with disabilities, which is what people think of when they think of special needs, but also people with severe phobias and complex medical conditions," explained Dr. Cheryl Elacio, director of house call services and geriatric services for BAHCD. "Basically anyone who is not a good candidate for a traditional dental office for either physical, emotional or cognitive reasons."

BAHCD patients may include a child with autism, a senior with Alzheimer's disease, an obese or otherwise immobile individual or someone who's simply too scared to set foot in a dentist's office. These are people who regularly go without dental care because their caretakers are unable to get them to a dentist, and because dental problems, unless accompanied by acute pain, often go diagnosed.

The Bay Area House Call Dentists visit the elderly, housebound and the infirm in their San Francisco homes (Photo/Photoquest, Dreamstime.com).

During their house calls, BAHCD practitioners take X-rays, perform cleanings, identify gum disease, prescribe medicines, remove infected teeth, identify and sometimes fix poorly fitting dentures and determine effective courses for longer term comprehensive treatment where needed.

Because of the flexible design of

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Let's hear it for hygienists!

Crest Oral-B will recognize five deserving dental hygienists who go above and beyond the call of duty on a daily basis. Nominated by their peers, these professionals truly make an impact on patients and the oral health cause.

→ See page 16A

Another reason to stay in shape

The health complications of being overweight, such as increased risk of heart disease, type 2 diabetes and certain cancers, have long been reported. Health care professionals often urge patients to manage their weight and strive to get physical exercise each day to achieve and maintain overall health.

And now, researchers have uncovered another benefit of maintaining a fit lifestyle: healthy teeth and gums.

In a study published in the August

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the equipment used, patients can be examined in their own favorite chair or even lying in bed. Not only can such treatment bring immediate relief, but it can also save the patient and his or her caretaker many subsequent, arduous trips out of the house.

"If a patient needs a lot of work requiring several specialists, he might have to visit one office after another — an endodontist's office for a root canal, a periodontist's office for gum surgery, a dentist to deal with decay," says Blende. "But when we do a house call, we're going to gather all the information we need to make a diagnosis and bring in members of our specialist team. So we've saved them, maybe, three or four appointments. If they need multiple cleanings, they're all done in the home. So a patient might go from leaving home for six or seven trips in a year to leaving home just once if they need treatment that must be done in our office or in a hospital."

That can save a lot of anxiety for a caregiver and can mean the difference between receiving or forgoing comprehensive dental care for someone who can't, or won't, leave his/her home without difficulty. If the patient needs treatment that cannot be done in the home, the BAHCD team handles the arrangements for the follow-up work at the BAHCD office or in a local hospital. That includes helping to get the patient to and from treatment, completing the work itself and having a specialist on hand to keep the patient calm, comfortable and safe.

Elacio and her BAHCD colleague, Dr. Samer Itani, perform many of the house calls. Once a patient is found to need hospital or in-office work, Blende frequently takes the helm in planning and providing this care. Blende is an expert in using general anesthesia during dental procedures, which is especially important for children and phobic patients. Allowing a confused or frightened patient to sleep through dental surgery considerably reduces stress for all concerned.

When their patients do need hospital attention, Blende, who is chief of the Division of Dentistry at Kaiser Permanente San Francisco and chief of the Dental Division at California Pacific Medical Center, and Itani, vice chief of the Division of Dentistry at Kaiser Permanente San Francisco, are well positioned to make that happen quickly and smoothly.

Increasingly over the past two years, the BAHCD team, including a staff of experienced and compassionate assistants, visits senior communities, where they may see up to 20 patients in an afternoon. The problem of undiagnosed dental issues is particularly acute in such communities, according to Itani. And those issues, he says, are much more dangerous to a patient's overall health than many people realize.

"We recently went to a community where we saw 19 seniors," Itani says. "Several had been there for over a year, yet their caregivers weren't even aware they had partial dentures. So, clearly, those dentures weren't getting cleaned properly. That's when infection starts to set in, not to mention the obvious issue of discomfort. We might find broken teeth or gum disease, lesions that can be a sign of oral cancer, and gum disease, which is quite dangerous because it breeds bacteria which gets into the blood stream, contributing to pneumonia, heart attacks and stroke."

"All these things have to be treated, but they often aren't," Itani says. "It's a crucial issue for the elderly, not just for their daily comfort but for their overall health."

In fact, Bay Area House Call Dentist teams frequently receive referrals from other dentists who are in despair over getting their elderly or infirm patients in for office visits, who turn to the BAHCD's in-house treatment capabilities as the best answer.

"House calls are not easy, but we firmly believe that everybody can have, and everybody deserves, the best possible care," Itani says.

A success story

Minerva Dutra of Petaluma, Calif., is more than convinced of the value of in-home dental care. Dutra's 76-year-old mother, Delores Dawson, has Alzheimer's disease, uses a wheelchair and lives in a residential care home. Dawson recently received at-home care from BAHCD, followed by surgery performed by Blende.

"My mother has specific needs, and other dentists weren't able to accommodate her," Dutra says. "I was very happy to have a dentist come to us instead of my having to drive my mom all around. The doctor who came to our home, Elacio, and her assistant were sweet, caring and extremely skillful. When it was time for the surgery, Blende was fantastic, always letting me know what was going on and taking extra steps to be sure my mom was comfortable. I had all the confidence in the world in him. Now my mom feels much better. It's a great relief." DT

(Source: PRWEB)

← DT page 1A, ANOTHER

A study indicates that weight control and physical fitness may help reduce the risk of severe gum disease. (Photo/Paul Moore, Dreamstime.com)

issue of the Journal of Periodontology, researchers found that subjects who maintained a healthy weight and had high levels of physical fitness had a lower incidence of severe periodontitis. Using body mass index (BMI) and percent body fat as a measure of weight control, and maximal oxygen consumption (VO2max) as a measure of physical fitness, researchers compared subjects' weight and fitness variables with the results of a periodontal examination. Those with the lowest BMI and highest levels of fitness had significantly lower rates of severe periodontitis.

Periodontitis, or gum disease, is a chronic inflammatory disease that affects the supporting bone and tissues around the teeth. Gum disease is a major cause of tooth loss in adults, and research has suggested gum disease is associated with other diseases, such as heart disease, diabetes, and rheumatoid arthritis.

Samuel Low, DDS, MS, associate dean and professor of periodontology at the University of Florida College of Dentistry, and president of the American Academy of Periodontology (AAP), says that research connecting overall health and periodontal health should motivate people to maintain a healthy weight and get enough physical fitness.

"Research continues to demonstrate that our overall health and oral health are connected," says Dr. Low. "Weight management and physical fitness both contribute to overall health; and now we believe staying in shape may help lower your risk of developing gum disease. Since gum disease is related to other diseases, such as cardiovascular disease and diabetes. There is even more reason to take care of yourself through diet and exercise."

Low also encourages comprehensive periodontal care through daily tooth brushing and flossing, and routine visits to a dental professional, such as a periodontist, a specialist in the diagnosis, treatment and prevention of gum disease. DT

(Source: American Academy of Periodontology)

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Published by Dental Tribune America

Dentist from Colorado among 10 aid workers killed in Afghanistan

By Fred Michmershuizen, Online Editor

Dr. Thomas Grams, 51, an American dentist who had been working with humanitarian relief organizations for the past five years to provide free dental care in Afghanistan, was among a group of aid workers killed in an attack by the Taliban in August.

Dr. Grams had given up his dental practice in Durango, Colo., to work full time in the war-torn county.

A total of 10 medical relief volunteers — six Americans, two Afghans, a German and a Briton — were killed in the attack, which drew widespread media attention. The incident was covered on major network news broadcasts, and Grams' picture was printed on the front page of The New York Times along with the other slain workers.

The group had spent two weeks treating villagers in a remote valley in northern Afghanistan before being ambushed by Taliban extremists on their way back to Kabul, according to published reports.

"Dr. Tom humbly served the men, women and children of Afghanistan, working tirelessly to provide dental care to those who would not otherwise be able to reach medical clinics," Khris Nedam, founder of Kids 4 Afghan Kids, a humanitarian aid organization with whom Grams worked, told Dental Tribune.

"Dr. Tom loved his work and cheerfully brought hope to rural areas, showing them that someone cared enough about them to reach out and help. He used his professional skills to build bridges in some of the most difficult, rural areas," Nedam said. "In return he was loved and respected by all and will be sadly missed by everyone."

Tim Grams, Grams' twin brother, told news organizations that his brother started traveling with relief organizations to Afghanistan, Nepal, Guatemala and India several years ago. After he sold his practice, Grams started going several months at a time, his brother said.

"He was shocked by the dental condition of the villagers," Nedam said in an online posting. "In one of our first conversations during his first visit he wondered if the children ate a lot of sugar. I replied no, their teeth are in such bad condition because of lack of dental care and malnutrition."

"Dr. Tom worked to teach the children how to brush their teeth and worked out a system to use his drills more efficiently given the limited amount of electricity," Nedam wrote. "He spoke to groups about his work in Afghanistan raising funds and organizing dental supplies to take with him. He also collected and transported hundreds of toothbrushes for the village families and at the same time, a desire grew within him to help the village in ways other than dental care."

In addition to Grams, the slain aid workers also included Dr. Tom Little, an optometrist from Delmar, N.Y.; Glen Lapp, a nurse from Lancaster, Pa.; and Cheryl Beckett, an expert in nutritional gardening and mother-child health from Knoxville, Tenn.

"We are heartbroken by the loss of these heroic, generous people," said U.S. Secretary of State Hillary Rodham Clinton, who condemned the Taliban for the deaths.

"Dr. Tom's life truly represents servanthood and caring, as his work touched so many lives," Nedam told Dental Tribune. DT

Dr. Thomas Grams (Photo provided by Kids 4 Afghan Kids)

Sedation and general anesthesia practices in U.S. dentistry vary widely

A wide variation has been found in the training for and practice of sedation and general anesthesia within the dental profession in the United States. Safe, effective pain and anxiety control techniques are an essential part of dentistry. A survey designed to be a snapshot of common practices provides insight into this limited area of research.

An article in the June issue of the journal Anesthesia Progress reports the results of a survey of 717 providers. The questionnaire-based survey, conducted from April to December 2008, investigated training, practice characteristics, and anesthesia techniques of dental care providers.

A universal instructional standard for sedation and general anesthesia is lacking in the training requirements of U.S. dental boards, although similarities do exist. Most commonly, training was through oral surgery residencies. Overall, respondents reported that 33 percent of their postgraduate instruction was hospital-based.

Thirty-five percent of dental anesthesia assistants were without formal training, closely followed by 33.5 percent who received training through an American Association of Oral Maxillofacial Surgeons program. A much lower 7.3 percent were trained through an American Dental Society of Anesthesiology program.

Other aspects of the survey included types of patients and procedures for which sedation or general anesthesia were used. The questionnaire also asked which medication agents were most commonly used and how they were administered. Postanesthesia care was most commonly found to be given by the actual provider (51.7 percent of cases), but a nurse or assistant often provided recovery care as well (45 percent).

Most survey respondents, nearly 82 percent, were both dentist and anesthetist for their practice, a long-established tradition. However, the authors note that recent state regulations as well as anesthesia education in U.S. dental schools are now limiting this method of practice.

Full text of the article, "Practice Characteristics Among Dental Anesthesia Providers in the United States," Anesthesia Progress, Volume 57, Issue 2, 2010, is available at *www2.allenpress.com/pdf/anpr-57.2_52-58.pdf.*

About Anesthesia Progress

Anesthesia Progress is the official publication of the American Dental Society of Anesthesiology (ADSA). The quarterly journal is dedicated to providing a better understanding of the advances being made in the science of pain and anxiety control in dentistry.

The journal invites submissions of review articles, reports on clinical techniques, case reports and conference summaries. To learn more about the ADSA, visit *www.adsahome.org.* DT

(Source: ADSA)

Researchers say the best teeth whitener is fruit

A recent study by Harvard University revealed that eating fruit daily is the best way to whiten teeth. Through a three-month clinical study, it was determined that strawberries, orange peels and lemon juice are the most effective teeth whiteners in the world.

Strawberries can be made into a puree and smothered on the teeth. Strawberries have a natural enzyme that removes tooth stains, according to *teethwhitener.net.*

Orange peels can be used to remove tooth stains, just by rubbing the inside of a peel against tooth surfaces.

A little lemon juice and salt work very well to remove stains. Just wash your mouth out with this or even rock salt and warm water will work at night to remove stains.

Baking soda has long been known to work wonders for smiles. It may taste awful, however adding baking soda on a toothbrush along with mouthwash can help alleviate the negative taste. Also a strawberry mixture added to baking soda/peroxide not only adds a sweet taste to the concotion, but is yet another effective whitener.

It is best to not drink coffee, tea, colas or red wine, which are all known to stain teeth and cause some decay of the enamel. Apples and potatoes can cause discoloration, but they also tend to clean off the teeth. Mouth washing is important after eating apples.

Also, stop or slow down tobacco use, as both dipping and smoking can cause tooth discoloration. Avoid mouthwash, as it sometimes will stain teeth. Finally, remind patients that an ounce of prevention is worth more than a pound of cure. Going to the dentist once or twice a year for a cleaning and checkup is strongly suggested. DT

Fruit has been found to be the most effective teeth whitener in the world. (Photo/Vertes Edmond Mihai, Dreamstime.com)

(Source: PRWEB)

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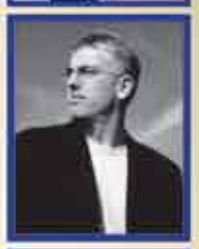

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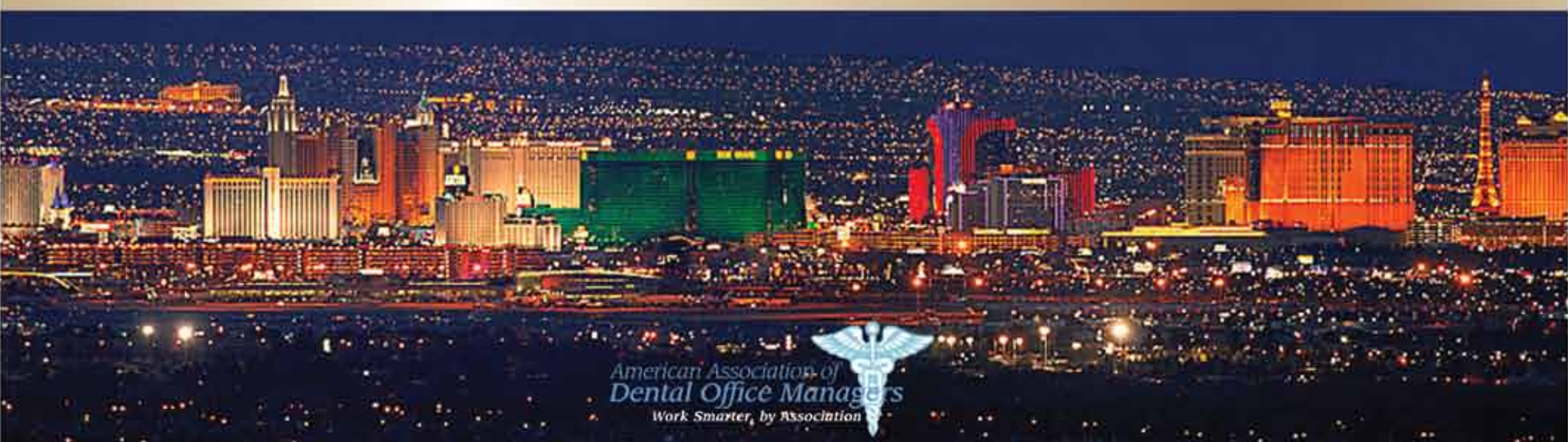

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Dental career or daily drudgery?

If walking through the door of your practice creates instant anxiety, it's time to ask for outside help

By Sally McKenzie, CEO

Recently, I was sitting with a small group of dentists during the lunch break at a dental meeting and they were commiserating, divulging their war stories from the "front" if you will. Obviously, in my line of work it is not uncommon to have dentists willingly share their often painful experiences. This was no exception. The dentists were talking about some major problems they were having in their offices.

One of the dentists, I'd say he was probably 45 years old, a mid-career guy — let's call him Doc No. 1 — was asking Doc No. 2 (I'd put him around 55 years old and should be nearing retirement) about how his office schedules patients.

Doc No. 1 explained that his days are a string of frustrations, stops and starts; frantically running until everything comes to a screeching halt. There was no rhyme or reason to how his scheduling coordinator is organizing the day.

In addition, his practice's production was nowhere near where he thought it should be, regardless of the current economy: one day it's $5,000 the next it's $1,000.

Doc No. 2 asked him if he's talked to his scheduling coordinator and Doc No. 1 replied with an emphatic, "Definitely. I've probably told her 100 times that I want to be busy." He notes that when he brings it up, things will improve a little for a while but then it's back to the same erratic production.

Well, it's true that misery loves company because Doc No. 2 proceeded to open up about the staff conflict and collections nightmares he's been experiencing for the past three years. Thus, this has been going on far longer than the current economic downturn.

Suffice it to say that Doc No. 1 was certainly feeling much better about his scheduling woes after hearing Doc No. 2's blow-by-blow account of the turf wars and serious financial worries he's facing.

Worn down over time

It's true: you can become cynical as the years pass. You deal with disappointments and frustrations. People you count on let you down. Principles you once believed in become hollow, and the professional dreams and goals you once had lose their luster.

I see this happen to too many dentists. I hear it in your voices when you call me, and I see it on your faces at dental meetings. Even after all the years I've worked with dentists, I still cannot understand why you are so willing to settle for a practice that you don't want. That being said, I do understand how this happens.

The reality is that most dentists are committed to being truly excellent clinicians. You are dedicated to your patients and to providing what is best for them. But you don't come out of dental school with management degrees or human resources experience. Most of you have never even considered writing a business plan for your practices.

You are not experts at guiding your scheduling coordinator in developing the best systems to create the most effective and profitable schedule for your practice. You see conflict on the team and want to run in the opposite direction. You want to pay your staff a fair salary, but overhead is a nightmare.

As committed as you are to providing the best for your patients, you cannot do so effectively if your own systems are struggling, your teams are dysfunctional little fiefdoms, or you are stressed out from the worry of paying bills and dealing with staff problems.

All the while I'm thinking to myself: Why are these dentists living their careers in such misery? Suffering is truly optional. These dentist desperately need the help of an outside management consultant.

It doesn't have to be McKenzie Management, but they need someone to help them identify a plan of

→DT page 8A

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← DT page 6A

action. Otherwise, they are going to be on the misery march to retirement for many, many years.

Searching for answers

In nearly 30 years of working with dentists, I know how incredibly difficult it is for dentists to acknowledge that they don't have all the answers. They don't have the training or the expertise to deal with the multitude of issues and problems that come up just by nature of running a business.

Yet, I also know that once they reach a point when they have had enough — when the thought of walking through the doors of their practice generates so much anxiety and unhappiness — it is often at this point that they will finally seek out a company that can help them realize the dream they had given up hope of ever achieving.

These dentists finally come to terms with the fact that sometimes it takes someone else besides the dentist or his/her spouse to look at the practice and objectively assess what is working and what isn't; identify why production is down one month and up the next; figure out why a group of people cannot gel into a team; discover why collections, patient numbers and overhead aren't where they should be in spite of a team's best efforts.

Yes, it takes a lot of soul searching, but at some point the dentist decides that he/she is finally sick and tired of struggling. She isn't going to compromise any more.

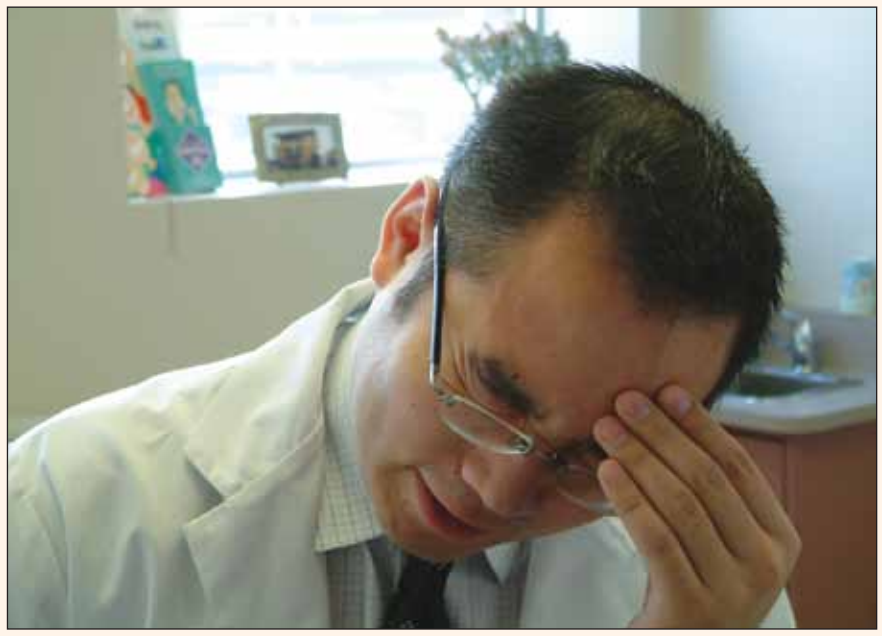
He has studied, read and attended all the practice management continuing education courses he can and to no avail. She has tried to fix it herself year-after-year. In the end, no matter what these dentists do, it seems that the same problems with the same systems or the same people persevere.

When a dentist accepts that he/she doesn't have to have all the answers and picks up the phone to call for help, this is the point at which a dentist can begin to build an entirely new practice and, more importantly, an entirely new and satisfying career in dentistry.

Consider your practice. Aside from simply feeling things should be better, there are a number of tangible indicators that your office could benefit from bringing in a consultant, such as:

- You have holes in the schedule that go unfilled, yet patients must wait more than three weeks to get an appointment.
- You either don't know what your patient retention is or it's below 95 percent.
- Gross salaries are more than 20 percent of income.
- Overhead is more than 55 percent of practice income.
- There are no performance measurements in place to evaluate employees.
- Job descriptions are either nonexistent or unclear.
- Staff conflict is a common distraction.
- Practice production has leveled off or declined.

The list goes on, but the bottom line is you really don't like going to work. I dare say, it's time to hire a management consultant.



Is it time to accept that you don't have all the answers when it comes to running your practice? (Photo/oscardds, sxhc.hu)

Check experience and references

There are many consultants out there, and, obviously, I firmly believe that McKenzie Management is the best. Yet, no matter whom you hire, be prepared to be completely honest with him/her.

Just as your work with patients, if they are not honest with you, you can't meet their expectations, the same is true with your management consultant.

Explore what the different companies have to offer. You want an experienced consultant who can address the specific challenges that your office is facing.

You need a consultant who can help your team implement systems that will benefit the total practice. You want a consultant who can effectively explain the recommendations, the "why" behind them, and provide access to training and tools that will enable the team to effectively implement your vision.

Talk to the CEOs of these firms and ask questions, seek references and talk to those references. Do the consultants you're considering have a reputable company behind them? Do they have the expertise necessary to address the challenges specific to your practice? Will they customize their recommendations to address your needs?

Will they be there for you in the long run to help you overcome hurdles that will arise along the way? Do they offer training and educational materials that can help specific members of the team? Can they explain to you exactly how they have helped other practices? Will they seek not only your input, but that of your team as well?

Finally, will they tell you what you want to hear or will they tell you the truth? It is that last point that is the most difficult for anyone. Just like the patient who doesn't want to hear that he needs three crowns, you're likely not going to want to hear everything the consultant needs to tell you.

However, it is in listening that you learn and it is in learning that you can take the steps necessary to build the practice that you thoroughly enjoy walking into every day of your career. DT

About the author

Sally McKenzie is CEO of McKenzie Management, which provides success-proven management solutions to dental practitioners nationwide.

She is also editor of The Dentist's Network Newsletter at *www.the dentistsnetwork.net;* the e-Management Newsletter from *www.mckenziemgmt.com;* and The New Dentist™ magazine, *www.thenewdentist.net.*

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Snoring and sleep apnea

How they can adversely affect relationships and health

By Dr. Brock Rondeau, DDS, IBO, DABCP

It has been estimated that approximately 90 million people in North America suffer from sleep disorders including insomnia, snoring and sleep apnea.

Snoring is extremely common in our society, as it has been estimated that 60 percent of men snore and 40 percent of women over age 50 snore. Snoring occurs when there is a partial obstruction of the airway that causes the palatal tissues to vibrate.

Snoring is a serious social problem for the bed partner and adversely affects many relationships. I treat many patients where snoring is a significant negative factor in their lives.

Some studies report that the bed partners' sleep is seriously affected by as much as one hour per night, which can have a negative affect on their health as well due to their lack of adequate sleep (this is similar to the negative health issues associated with second hand smoke).

USA Today reported that 27 percent of couples over age 40 sleep in separate bedrooms. I think there is a direct correlation between this and the incidence of snoring. As the incidence of obesity continues to increase in our society, these numbers are going to continue to increase.

Sleep apnea is a medical disorder that can only be diagnosed by a sleep specialist in a sleep clinic. The patient must have an overnight sleep study called a polysomnogram that is evaluated by the sleep specialist.

Many sleep specialists prefer to prescribe the CPAP (continuous positive air pressure) device to treat obstructive sleep apnea and do not appreciate the effective role that oral appliances can provide for patients who have mild or moderate OSA (obstructive sleep apnea) or patients who cannot tolerate the CPAP device.

A significant breakthrough occurred for the dental profession in 2006. In the January issue of the medical journal Sleep, the American Academy of Sleep Medicine (medical sleep specialists) issued guidelines stating that for patients with mild to moderate obstructive sleep apnea, the oral appliance was the No. 1 treatment option.

The guidelines also stated that oral appliances were a viable option for treatment for patients who do not respond to weight loss or have tried the CPAP device and were unable to tolerate it.

The diagnosis for OSA is made using an apnea-hypopnea index (AHI). The diagnosis is made during an overnight sleep study in a hospital or private sleep clinic. This sleep study is known as a PSG (polysomnogram). The number of apneic and hypopnic events are recorded as follows:

Sleep apnea: tongue completely blocks airway

- apnea: a cessation of breath for 10 seconds or more
- hypopnea: the blood oxygen level decreases 4 percent or more cessation of breath for less than 10 seconds
- mild sleep apnea (osa): 5–15 events per hour
- moderate sleep apnea (osa): 16–30 events per hour
- severe sleep apnea (osa): more than 30 events per hour

There are three treatment options for obstructive sleep apnea:

- oral appliances
- CPAP device (continuous positive air pressure)
- surgical removal of structures causing the obstruction

The diagnosis of obstructive sleep apnea can only be made by a medical professional, and it is usually a sleep specialist. Therefore, dentists must send their patients to a hospital or private sleep clinic for a polysomnogram (16-channel overnight sleep study).

Only when the written report is received from the sleep center can the dentist proceed with the fabrication of oral appliances.

The dentist should review the sleep study with the patient once the AHI

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