

Sleeping can damage your health

The editor attended an important seminar on sleep related disorders

So it was round the M25 again, the third time in as many weeks along a road most of us avoid like the plague. Having said that, two half-decent runs out of three is, I suppose, not bad for that particular thoroughfare. The occasion this time was a trip to Oxford, "the city of dreaming spires", although none of these is actually visible from the plushy comforts of the Oxford Hotel, remote out there on the ring road. No matter, though, we were there to enjoy other delights.

JJ Thompson, already a progressive dental laboratory specialising solely in the production of orthodontic appliances, having noticed growing interest from the medical and dental professions in the problems of snoring and sleep apnoea, decided to set up A-Sleep as a speciality division of the parent company. A-Sleep has been formed for the express purpose of providing a laboratory service for the delivery of oral appliance solutions for this distressing problem and "Sleep-related disorders", the title of the Oxford seminar, was the first venture in this particular field.

Professor John Stradling, professor of respiratory medicine at Oxford and the first of the two prestigious speakers, is one of those marvelously informal communicators. Although obviously hugely knowledgeable, he actually welcomes interruptions and questions as he goes along. This rather unusual technique transforms proceedings into a sort of ongoing discussion group, which, given the right kind

of audience – true on this occasion – is a wonderful way of imparting knowledge.

Sleep, he said, is believed to be the time when the brain shuts itself down for the purpose of regeneration and repair. There are large numbers of sleep disorders, of which sleep-induced apnoea is just one. His brief résumé of a few of the others – sleep walking, dreaming, terror attacks in children and the somewhat nastier narcolepsy – was give with a rare mixture of humour and sympathy, and his audience of doctors and dentists just loved it, with "interruptions" numerous!

Moving on to our specific subject, Professor Stradling explained that sleep apnoea, defined as "sleep-induced upper airway obstruction, leading to sleep disturbances", was caused by the collapse of the soft tissues of the upper airway, chiefly the soft palate, and illustrated the process with some quite wondrous MRI scan images showing the process actually happening.

Snoring is the most obvious symptom and, with the airway blocked, however fleetingly, on average 400 times every night, blood oxygen saturation levels fall dramatically, with the patient waking each morning feeling tired and often with a headache. Predisposing causes can be obesity, "thickness" of the neck, hypothyroidism and, to a very small extent, that scapegoat for everything these days – smoking. Responding to my "interruption", though, he did not think it likely that sleep apnoea would ever be appearing on cigarette packets as one of the listed "dangers"! He is adamant, however, that known sufferers from obstructive sleep apnoea (OSA) should not be driving, and put the level of responsibility for doing so up there in the same league as drink driving.

Professor Stradling confined his remarks on treatment to the one or two pieces of slightly outlandish looking apparatus sometimes used to help the more serious sufferers, preferring to leave much of current oral treatment details to the dental expert. It had been a fascinating couple of hours, with the lunch break coming all too soon.

Dr Susanne Schwarting, our afternoon speaker, is a very experienced dental surgeon, with a private practice devoted solely to sleep medicine in Kiel, Germany. With nearly 80 per cent of all sleep apnoea sufferers so far undiagnosed, she feels there is a tremendous opportunity for the profession to be of real assistance to patients, many of whom are not aware of the possibilities for treatment.

Good quality brochures on the topic displayed in the practice, and simple questions asked in the surgery – Do you snore? Do you feel unusually tired in the morning? – will go far towards identifying individuals who have probably been suffering stoically for years. Any

remedial work from then on should always be carried out in close co-operation with the patient's medical practitioner. We assess the oral side of things and administer treatment, while the GP advises on the general health aspects of the situation.

The collapse of the soft tissues that brings about the condition can be corrected simply by protruding the mandible and then stabilising it in its new forward position while the patient is asleep. Favourite among the mandibular advancing devices (with the unfortunate acronym MAD) is the Thornton Adjustable Positioner.

The TAP is a kind of upper and lower gum shield constructed of rigid carboxylate with a soft lining than the occlusal surfaces. The upper and lower parts can then be locked together with a metal hook. The appliance is adjustable antero-posteriorly and, with its degree of lateral movement, is said to be relatively comfortable to wear as these devices go. Construction requires the skills of a specialised technician knowledgeable in pressure moulding techniques.

Dr Schwarting concluded her informative discourse by telling the audience that, although oral appliances may not be the absolute in frontline treatment of the very severest OSA cases, they are most certainly the treatment of choice for anything less than this, with a cost-effective and minimally invasive approach to the problem second to none. An additional bonus for the operator is that patients are often almost effusively grateful for their treatment, seeing it as a cure for an ailment most had come to think of as something to be suffered virtually as a part of life.

There are concrete plans for the founding of a European Dental Sleep Medicine Society in Prague in October this year, and those interested would be welcome to email susanne@drschwarting.de for further details.

Our thanks must go to JJ Thompson and A-Sleep for organising a really engrossing day devoted to a topic which, I would guess, will very quickly become much more an everyday source of professional interest, indeed perhaps a personal one for some of us. It all went, dare I say, like a dream, and so come to that did my journey home round "that road". All 90 miles or so of it covered in just ... er, well perhaps enough said!

For information about A-Sleep sleep management appliances call 0114 275 1738 or email a-sleep@eurodentic.co.uk



Professor John Stradling



Dr Susanne Schwarting