

Results Testimonial



"The best I've ever experienced, hands down, from the girls at the front to the hygienists and assistants to Doc herself, this place has been perfect for my family.

I've been a patient for ten years and soon I realized my kids didn't need to be at their pediatric dentist, this is the place for them. I have gotten the best service, follow-up, information, and explanation at this office and I can't say enough kind things about them. We like to supply Dr. Sabo with a constant stream of chipped front teeth from swimming and skateboarding incidents and she handles them all like a pro. My kids and I actually look forward to our appointments, there's no fear, no anxiety, this place is just great."

- Jessica W.

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The same trend holds for left ventricular function and endothelial function. Cardiovascular death rates were similar in both groups and, in each case, far lower than those untreated for OSA. Though CPAP therapy patients showed significantly lower residual AHI on the whole after treatment, there was no associated demonstrable negative effect on cardiovascular health.⁴

This is great news, both for patients eager to undergo a less cumbersome treatment for their OSA and for the medical experts tasked with treating them. As research continues to close the gulf between CPAP and OAT, we can leverage both treatments to maximize the benefit for the people we serve.



Physician Update

February 2019

Oral Appliance Therapy as Effective as CPAP for Cardiovascular Health

Obstructive sleep apnea (OSA) is a serious disorder affecting nearly an estimated 1 in 5 Americans that is characterized by sleep-disordered breathing leading to a wide array of adverse symptoms, each of which can weigh heavily on a patient's quality of life.^{1,2} Although consequences of the disorder — such as daytime sleepiness — can make a patient's daily life difficult, the effect that the oxygen desaturation associated with OSA has on the cardiovascular system is arguably much more serious, invisibly doing major damage over the course of a lifetime and significantly increasing cardiovascular-related morbidity and mortality.² Hypertension, myocardial infarction, angina pectoris, and stroke have all been strongly and independently linked to OSA, making it one of the most dangerous conditions affecting such a large portion of the population.²

With this in mind, there is a significant need for treatments that adequately address the cardiovascular consequences of OSA. Today, the use of a continuous positive airway pressure (CPAP)

machine is considered the gold standard for treatment. However, research indicates that patient adherence to the treatment is patchy, with some individuals outright declining the treatment at all due to its bulky, somewhat inconvenient nature.³

For these patients and those seeking a lower-cost, less cumbersome intervention, oral appliance therapy (OAT) is a promising alternative. Though the devices have been shown to be roughly as effective as CPAP in alleviating many of the adverse symptoms of OSA, some medical experts continue to question whether it truly addresses the more serious consequences of OSA.

Luckily, research indicates that when it comes to cardiovascular disease, both OAT and CPAP therapy result in similarly significant, beneficial effects.^{4,5} In one systematic review, the treatment's effect on blood pressure was within the same order of magnitude as CPAP therapy, ranging from a 34 percent to 75 percent decrease, irrespective of the patient's initial apnea-hypopnea index (AHI).⁴

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¹Sutherland K, Vanderveken OM, Tsuda H, et al. Oral Appliance Treatment for Obstructive Sleep Apnea: An Update. *Journal of Clinical Sleep Medicine*. 2014. doi:10.5664/jcs.m.3460

²Franklin KA, Lindberg E. Obstructive Sleep Apnea is a Common Disorder in the Population — A Review On The Epidemiology Of Sleep Apnea. *J Thorac Dis*. 2015;7(8):1311-22.

³Palm A, Midgren B, Theorell-Haglöw J, et al. Factors Influencing Adherence to Continuous Positive Airway Pressure Treatment in Obstructive Sleep Apnea and Mortality Associated with Treatment Failure — A National Registry-Based Cohort Study. *Sleep Medicine*. 2018;51:85-91. doi:10.1016/j.sleep.2018.07.007

⁴Haesendonck GV, Dieltjens M, Kastoer C, et al. Cardiovascular Benefits of Oral Appliance Therapy in Obstructive Sleep Apnea: A Systematic Review. *Journal of Dental Sleep Medicine*. October 2015. doi:10.15331/jdsm.4430

⁵Vries GED, Hoekema A, Houwerzijl EJ, Wijkstra PJ. Cardiovascular Effects of Oral Appliance Therapy in Obstructive Sleep Apnea: A Systematic Review and Meta-Analysis. *Sleep and Control of Breathing*. 2017. doi:10.1183/1393003.congress-2017.pa4727



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