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NEUROPSYCHIATRY AND SLEEP MEDICINE

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Coordinating professions to fix a broken model

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The current patterns of practice in sleep medicine make diagnosis difficult and targeted therapy in the best interest of the patient less than ideal. Despite all of the efforts increase public awareness of sleep-disturbed breathing, over 80 percent of those with the disorder remain undiagnosed. Many who have been diagnosed and treated are not compliant with treatment and their lack of compliance, rather than leading to alternative treatments, often result in no treatment at all. Oral appliances were introduced without a well devised systematic approach to treatment. In 1995 Schmidt Norwawa wrote a landmark paper, which suggested that oral appliances were appropriate for mild to moderate sleep apnea. Much has been done to improved oral appliance therapy. Excellent studies demonstrate a major difference between custom, titratable appliances. Despite the fact that oral appliances have been assumed to only potentially effective in mild and moderate apnea cases, we are now well aware of the difficulties associated with using AHI as the determinant for the seriousness of the disorder. In various studies including those of Anandam, and Cistuli and Sullivan, and others oral appliances have been shown to be as effective as CPAP therapy in terms of Mean Disease Alleviation preventing cardiovascular incidents. Despite the Standard of Practice established by AASM and the AADSM Medicine suggesting the use of oral appliances as first-line therapy in specific conditions including severe OSA in patients who refuse CPAP therapy, the coordination of oral appliance therapy with other therapies has been difficult due to the lack of education about oral appliances in the medical community as well as other factors. The many challenges of sleep medicine will be reviewed. Potential solutions will be presented.

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