

MAS Review

SomnoMed, Inc. Newsletter October 2007

Volume I, Issue 2

What's New at SomnoMed?



SomnoMed is proud to introduce Mr. Ralf Barschow as the new Global Chief Executive Officer. Ralf is based out of Sidney, Australia and working closely with head regional executive, Mr. John Truitt. Mr. Barschow has more than twenty years experience in leading international dental materials and technology companies, performing executive functions, managing sales and marketing budgets

up to A\$250 million p.a. and forging a network of business contacts in the dental industry worldwide. Prior to accepting his role as CEO, Ralf came from the Australian subsidiary of Siemens AG, one of the world's leading operations. Before joining Siemens he lead the central European business as Managing Director of the US company Align Technology Inc., the NASDAQ listed inventor and maker of the Invisalign orthodontic product. He came to Align from his previous positions as Global Sales Director of Ivoclar Vivadent AG, one of the leading international dental enterprises and prior to that as Export Manager and various positions he held for over ten years in the German Degussa AG, one of the top 3 dental companies in the world. Ralf, a German citizen, studied international marketing and economics in Germany and England, lived in Germany, Liechtenstein, Singapore and Hong Kong and moved in 2006 to Australia.

Upcoming Continuing Education

Dr. Barry Glassman-Intro to Dental Sleep Medicine
Dallas, TX - December 7, 2007
Houston, TX - December 8, 2007
San Antonio, TX - December 9, 2007



For previous issues of MAS Review, visit www.somnomed.com and check out Latest News or call 1-888-447-6673.

From the Laboratory



As each SomnoMed MAS™ is custom made, taking the bite is very important for a good fit for the patient. SomnoMed requires a protrusive bite registration with a minimum vertical opening of 4mm. The degree of protrusion is a patient dependent variable; however it should be approximately 70% of maximum protrusion. SomnoMed accepts all manner of bite methodologies and has

found that the George Gauge™ is a simple instrument that allows accurate recording of a patient's protrusive records. A record of maximum protrusion is considered to be as far as a patient can move their mandible forward. Therefore 70% is slightly back from this position. Ask the patient to work back from maximum protrusion. The patient's protruded position must be comfortable, as this is where the start position for MAS therapy begins. A rigid bite medium is required and hard/stiff silicon or putty is recommended.

Ensure skeletal midlines are aligned on protrusion. If there is any deviation in skeletal midline from centric to protrusion, ensure that this is habitual. If this shift is habitual please note this in the comment section on the lab sheet. If the patient does not have a habitual shift on protrusion, retake the protrusive record with skeletal midlines aligned. A bite recorded with an unnatural deviation may lead to TMJ pain. A good bite record is critical to fit, compliance, efficacy, minimizing chair side adjustments, and overall success.

Automatic Payments Now Available

For your convenience, SomnoMed accepts all major credit cards. To help keep your accounts current, we are happy to keep your credit card information on file to be charged once at the end of every month and can email or fax confirmations to you at that time. Last month we mailed letters to all our clients regarding a company wide policy on payment terms. Please contact us if you have any questions regarding these terms. We appreciate your business and look forward to building a lasting relationship.

Marketing Tips from SomnoMed



Do your patients know you offer an alternative to CPAP Therapy? Tell them instead of waiting for the referral from a Sleep Physician!

SomnoMed provides two office posters to Dental Offices. One style is geared toward the Snoring Patient and asks “Do you snore?”. The second poster tells the OSA Patient to “Wake up with an alternative to CPAP Therapy”. Within your current patient database exists OSA sufferers who are struggling with their CPAP nightly and many of them may not be wearing it at all. These patients have already been diagnosed and if they are not successfully wearing their CPAP they are in desperate need of MAS Therapy. Be the Dentist to provide them an alternative to CPAP Therapy.

If you have not already received your posters, or for more marketing ideas contact SomnoMed at 1-888-447-6673 or ussales@somnomed.com.

Website Updated

The new SomnoMed website is up and running! The new features include a special section for Health Practitioners which provides marketing and networking tools as well as forms that can be downloaded and used in your Practice. Also order shipping supplies, demonstration models, titration tools, brochures and more at our Online Store! Check out the new features at www.somnomed.com.

New Continuing Education Courses

Dr. Barry Glassman, author of our Special Features, has an exciting opportunity coming up in December. His Introduction to Dental Sleep Medicine course now includes the cost of a SomnoMed MAS™. Choose from three dates and locations.

Course I - Introduction to Dental Sleep Medicine

This one day course will provide you the tools to identify and begin treating patients with sleep disorders. This will not only increase your income, but prove to be an exciting field in which the learning curve is NOT steep! The emphasis here is:

- Expand your practice and increase your Patient base
- Marketing and Insurance Education
- Networking with Sleep Physicians
- Identifying your Patients with Sleep Disorders

Dec 7th - Dallas, Tx, Embassy Suites Outdoor World

Dec 8th - Houston, Tx, Sheraton North Houston

Dec 9th - San Antonio, Tx, Radisson Downtown

Cost of Course I is \$695 and includes a SomnoMed MAS™, a \$490 value! Approved for 7 AGD/ADA credits.

Course II - Advanced Dental Sleep Medicine

In this two day course, you will learn how to quickly become a respected member of the Sleep Medicine Team and learn what to (and what not to) promise your patient. The Advanced course will have Case Presentations as well as an entire section dealing with Joint and Muscle Therapy and all possible MAS appliance complications.

April 11th & 12th - Dallas, Tx, Omni at Parkwest

Cost of Course II is \$1350. Approved for 14 AGD/ADA credits.

Register for Course I & II together for \$1795, a savings of \$250!

To sign up or for more information, call 1-888-447-6673 or email MASReview@somnomed.com.

Basic Principles of Dental Sleep Medicine, Part Two

By Dr. Barry Glassman

In the first article the basics of sleep medicine were reviewed. Normal sleep stages were outlined. We now look at the classification of sleep disorders.

CLASSIFICATION OF SLEEP DISORDERS

Sleep disorders are classified as dysomnias and parasomnias. Dysomnias are disorders of initiating and maintaining sleep as well as disorders of excessive sleepiness. Examples of dysomnias are narcolepsy, insomnias, circadian rhythm disorders (e.g. jet lag), and obstructive sleep disorders including sleep apnea. Parasomnias are undesirable physical phenomena that occur during sleep, such as sleep walking, nocturnal leg cramps, periodic leg movements, nightmares, and bruxism.

As dentists we are most involved with treatment for diagnosed obstructive disorders as well as the diagnosis and treatment of bruxism. Obstructive breathing disorders fall on a continuum beginning with snoring and including upper airway resistance syndrome, hypopnea with associated hypoxemia, and finally sleep apnea. An apnea is defined by the stoppage of breathing for ten seconds or more. If the stoppage of breathing is due to an obstruction in the airway, it is called an obstructive sleep apnea. Obstructive apneas are a result of the blockage of the airway, either at the junction of the oropharynx (soft palate and base of the tongue) or anywhere else in the pharyngeal area. When the blockage occurs in the pharynx due to muscular collapse at that site, the pharynx is said to be compliant. Most often obstructive apnea is a result of more than one site of obstruction. Central apnea refers to stoppage of breathing for ten seconds or longer not as a result of an obstruction but associated with the lack of respiratory effort. Central apneas, therefore, do not respond to oral appliance therapy.

Dentistry can play a major role in the treatment of obstructive disorders. An understanding of these disorders, the method of action of oral appliances as well as the potential dental and non-dental side effects of these oral appliances, will be the focus of next month's article.

Sleep medicine is a relatively new specialty in medicine. More and more studies have linked many medical complications with obstructive sleep disorders, including hypertension, stroke, myocardial infarctions, acid reflux (GERD), diabetes, and weight gain. In addition excessive daytime sleepiness resulting from sleep disturbed breathing (SDB) is often severe enough to cause accidents at work and motor vehicle accidents.

Obstructive disorders tend to cause elevations in sympathetic tone, thereby causing elevated pain levels in patients with sympathetically maintained chronic pain patients. Combined with the obvious difficulty chronic pain patients have in initiating and maintaining sleep, pain and SDB can be a vicious cycle making the pain levels and the quality of life of these patients.

Snoring is at the beginning of the continuum of sleep disorders. Obviously a social issue, but our sleeping patients need to be diagnosed as to whether or not they have a more complex obstructive disorder. As stated in my first installment, treating snoring without a more complete diagnosis is not advisable. This would be comparable to treating gingivitis without probing or evaluating a dental radiograph for the more significant underlying disease process of periodontitis. In this case, however, rather than risking tooth loss, we've missed an opportunity to diagnose a more significant sleep disordered breathing condition and a possibly protecting our patient from the life threatening comorbidities associated with obstructive sleep disordered breathing.

It has been estimated that ninety percent of all patient with obstructive sleep disorders remain undiagnosed. The reasons are numerous. The diagnosis can best be made after a polysomnogram, a laboratory controlled all night sleep study that is admittedly cumbersome and not entirely reliable and often not available. Clearly, alternative testing procedures which are available need to be considered. Family physicians often do not ask questions related to sleep, and family physicians do not see patients on a regular basis at the rate dental patients are seen by dentists. When asked why questions about sleep, such a critical aspect of health, are not included during examinations or interviews, family physicians refer to both the limited amount of time they have as well as some frustration with both the diagnostic procedures as well as the difficulties with the treatment options. It is clear that the dentist's role can be significant in helping to identify patients with SDB as well as giving the many patients who have difficulties utilizing continuous airway pressure and potentially successful alternative. The dentist can therefore play a role in both diagnosis and treatment.

In the next issue of *MAS Review*, we will look at the Dentists Role in Diagnosis and Treatment. The author would like to thank Dr. William Pistone, Mr. David Brooks, and Mr. Adrian Zacher for their contributions.

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