



Explore the Evidence:

Oral appliance therapy for the treatment of obstructive sleep apnea

Give your patients a proven alternative for treating sleep apnea.

Oral appliance therapy offers an effective, FDA-cleared treatment option. Delivered by AADSM Qualified Dentists, this custom-fit solution keeps the airway open during sleep and is backed by strong scientific evidence. With high patient compliance rates, it's a treatment your patients are likely to use—and benefit from.



Oral Appliance Therapy Treats Obstructive Sleep Apnea, Reduces Blood Pressure and **Improves Quality of Life**

- Proven long-term treatment efficacy.¹
- Demonstrated effectiveness in cardiovascular outcomes with reductions in blood pressure, even among patients with severe OSA.²⁻⁵
- Improvement of neuropsychological function and mental state. OAT has been shown to improve sleepiness/quality of sleep, cognitive function and depression.⁵⁻⁷



Loud snoring may be the most obvious consequence of sleep apnea, but if left untreated, can lead to a broad range of complications, including high blood pressure, heart disease, liver dysfunction, and type 2 diabetes.”

– Nicholas Bakalar, as quoted in the NYT article “For Sleep Apnea, a Mouth Guard May be a Good Alternative to CPAP” published 5/31/21

Oral Appliance Therapy is an **Effective Alternative** to CPAP

Studies have shown that OAT is comparable to CPAP, for all levels of OSA severity:

- When considering higher levels of compliance with OAT, effectiveness of the two therapies is similar. Because patients prefer OAT and are more compliant with OAT, it has greater real-world effectiveness. Thus, higher compliance translates to comparable outcomes such as quality of life, sleepiness and driving performance.^{1,2}
- Studies have shown no clinical differences between OAT and CPAP. Studies have demonstrated that OAT is comparable to CPAP in outcomes like sleep structure or blood pressure among those with cardiovascular disease.^{3,4}
- Even in cases of severe OSA, OAT should be considered for patients who cannot tolerate or do not want to use CPAP.^{5,6}



[OAT] is easy to tolerate, effective and it costs a lot less than CPAP. Thirty to 40 percent of our patients can’t use CPAP, and these patients almost always find the dental appliance helpful. I recommend it as a first-line treatment”

– Dr. Guillaume Buiet, Head of Otolaryngology at Venice Hospital as quoted in the NYT article, “For Sleep Apnea, a Mouth Guard May be a Good Alternative to CPAP” published 5/31/21

Patients Adhere to Oral Appliance Therapy

Evidence indicates that patients prefer OAT over other therapies and, thus, are highly compliant with treatment. Studies have reported high compliance in short-term treatment (93%) and long-term therapy (86% adherence rates, with 97% of patients using the device for at least 4 hours a day).¹⁻²

Custom-made appliances have been associated with greater adherence to treatment than non-custom appliances.³



But CPAP machines can be noisy, cumbersome and uncomfortable, and many people stop using the devices altogether, which can have dire long-term consequences.”

– Nicholas Bakalar, as quoted in the NYT article “For Sleep Apnea, a Mouth Guard May be a Good Alternative to CPAP” published 5/31/21

Custom Oral Appliances are More Effective than Non-Custom Appliances

Custom appliances lead to more favorable outcomes for patients with OSA over prefabricated or non-custom appliances:

- Patients tend to prefer custom oral appliances over non-custom appliances. This tends to lead to greater compliance with treatment.^{1,2}
- Custom oral appliances tend to have fewer side effects.¹
- Custom appliances are more comfortable and more effective.^{1,3}



We recommend a custom device made by a dentist.”

– Dr. Sara E. Benjamin, Neurologist and Sleep Specialist at Johns Hopkins as quoted in the NYT article, “For Sleep Apnea, a Mouth Guard May be a Good Alternative to CPAP” published 5/31/21

Oral Appliance Therapy Can Be Effectively Combined with Other Therapies

OAT is a favorable adjunctive therapy for patients who cannot successfully be treated with monotherapy.

- OAT can be effective when combined with CPAP/EPAP. When patients cannot be treated with OAT, or are resistant to both OAT and CPAP, combination therapy can be effective.^{1,2}
- Hypoglossal nerve stimulation, combined with OAT, could be a good alternative to CPAP.³
- OAT can be combined with positional therapy. The combination of the two therapies could be more effective in reducing AHI and the Sleep Apnea-Specific Hypoxic Burden than each therapy alone.⁴



The problem develops when the soft tissue at the back of the throat collapses during sleep, blocking the airway. This leads to breathing cessation for brief periods, gasping for air, difficulty staying asleep, and all the problems of daytime sleepiness, from poor job performance to fatal accidents”

– Nicholas Bakalar, as quoted in the NYT article “For Sleep Apnea, a Mouth Guard May be a Good Alternative to CPAP” published 5/31/21

Do You Have Patients Who Struggle with OSA?

Scan the QR code to connect with an AADSM Qualified Dentist in your area.



Scan the QR code to review the evidence presented in this brief.

