



American Academy of Dental Sleep Medicine Continuing Education Offering

Instructions for Earning Credit

A dentist with a current and valid license to practice dentistry in the US or abroad may read any or all of the selected continuing education (CE) articles in this issue of *Journal of Dental Sleep Medicine*, complete the CE evaluation form, and fax or mail the form to the AADSM to receive CE credit. There is no charge to members of the AADSM for this service. Nonmembers must pay a \$20 administrative fee. To earn credit, carefully read any or all of the articles designated for CE credit (see below) and complete the CE evaluation form. A verification of participation letter for CE credit will be faxed or mailed within 3 to 5 weeks. The individual dentist is responsible for maintaining a record of credit received.

Accreditation Statements

The AADSM is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ADA.org/cerp. The AADSM designates this activity for a maximum of .5 CE credits per article. Each participant should claim only those credits that he/she actually spent in the educational activity.



Statement of Educational Purpose / Overall Education Objectives

The *Journal of Dental Sleep Medicine* (JDSM) aims to reflect the state of the art in the science and clinical practice of dental sleep medicine. The focus of JDSM is on the interaction between sleep-disordered breathing and dental medicine. Additionally, as sleep disorders are complex and their management multi-disciplinary, JDSM brings readers cutting-edge information about all common sleep disorders and disruptions. JDSM includes patient studies as well as basic science studies of the physiology and pathophysiology of sleep disorders. JDSM also includes studies that illustrate clinical approaches to diagnosis and treatment.

About the AADSM

The American Academy of Dental Sleep Medicine (AADSM) is a professional membership organization promoting the use and research of oral appliances and oral surgery for the treatment of sleep disordered breathing and provides training and resources for those who work directly with patients. AADSM members collaborate with colleagues to learn about oral appliances and the role they play in the diagnosis and treatment of sleep-related breathing disorders. The AADSM helps educate practitioner dentists through clinical meetings that keep leading-edge ideas accessible and establishes and maintains appropriate treatment protocol.

The following articles may be read and evaluated for .5 CE credits each:

Issue 1:

1. Oral Appliance and Pharmacologic Agents in the Treatment of Sleep Apnea: A Pilot Clinical Study

Objective: Combination therapy using a mandibular advancement device (MAD) and pharmacotherapy (ondansetron + fluoxetine) will improve therapeutic efficacy in patients with moderate to severe obstructive sleep apnea (OSA).

2. The Simultaneous Use of Positive Airway Pressure and Oral Appliance Therapy With and Without Connector: A Preliminary Study

Objective: Information on the efficacy of the combination therapy (CT) of positive airway pressure (PAP) with oral appliance (OA), and the connection between PAP mask and OA in obstructive sleep apnea (OSA) is lacking. The goal of the study was to clarify the efficacy of CT with and without connector regarding self-reported side effects and sleepiness.

Issue 2:

1. Association of Sleep Disordered Breathing With Oral Health Findings in Children

Objective: This study examines the association of symptoms of sleep disordered breathing (SDB) with specific oral health indicators in children.

Issue 3:

1. Comparison of Three Mandibular Advancement Device Designs in the Management of Obstructive Sleep Apnea: A Retrospective Study

Objective: To evaluate the efficacy of three mandibular advancement device (MAD) designs in terms of apnea-hypopnea index (AHI), minimum blood oxygen saturation (min SpO₂), and Epworth Sleepiness Scale (ESS) between pretreatment and posttreatment sleep studies for the management of obstructive sleep apnea (OSA). The protrusive range at the time of the second sleep study was correlated with the effectiveness of MAD designs.

Volume 9
CE Evaluation Form

Please use the following scale: 5 = Strongly Agree, 4 = Agree, 3 = Unsure, 2 = Disagree, 1 = Strongly Disagree

Educational Assessment	Issue 1 Article 1	Issue 1 Article 2	Issue 2 Article 1
I learned something new that was important	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I verified some important information	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I plan to discuss this information with colleagues	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I plan to seek more information on this topic	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
My attitude about this topic changed in some way	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
This information is likely to impact my practice	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I understood what the authors were trying to say	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
I was able to interpret the tables/figures (if applicable)	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
The presentation of the article enhanced my ability to read and understand it	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Additional comments and/or feedback: _____

What changes, if any, do you plan to make in your practice as a result of these articles? _____

I attest to having completed the CE activity (CE will not be verified without signature)

Signature: _____ Date: _____
 Name: _____ Degree: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

Are you a member of the AADSM? (circle one): YES / NO (If no, complete the following payment information:

- Check made payable to AADSM for \$20 (US) is enclosed.
- Charge \$20 (US) to (check one): VISA MasterCard American Express

Credit Card #: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____ V-Code _____

Please return this completed form to the American Academy of Dental Sleep Medicine national office:
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