

Perspectives on Over-the-Counter Appliances

As over-the-counter (OTC) appliances become more prevalent, qualified dentists may find that some patients are curious about these devices and may even have tried them. We reached out to several members of the American Academy of Dental Sleep Medicine to hear their perspective on these appliances.

WHAT EXPERIENCES HAVE YOUR PATIENTS HAD WITH OVER-THE COUNTER APPLIANCES? HOW HAVE YOU MANAGED THOSE EXPERIENCES?

“The patients that have a history of OTC appliance use usually note that they are bulky and can be ill-fitting. Most patients that use over-the-counter appliances do so prior to oral appliance therapy to “test run” this modality of care. When patients present to me after using OTC appliances, we are able to take the opportunity to learn what aspects of the appliance that were of most discomfort to the patient. This can inform our treatment decisions moving forward with custom designed oral appliance therapy.”

-Aaron Glick, DDS, FAGD, FICOI, D.ABDSM

“We have had a few patients try OTC appliances. It helped with their snoring, but they became uncomfortable. It made their teeth sore and tender and changed their bite.

These patients were quite interested in a custom device to eliminate the pain caused by these over the counter devices.”

-Sue Ellen Richardson, DDS, D.ABDSM

“I do not personally recommend the use of OTC devices, but what I see is patients coming in after trying them. Often, they were uncomfortable due to bulkiness or misfit and do not last long. The positive thing that I see is that a patient appreciates that mandibular repositioning has helped with their snoring, so they appreciate that they can successfully be treated with oral appliance therapy.”

-Mark Abramson, DDS, D.ABDSM

“Some patients are reluctant to reveal they used an OTC mandibular advancement device (MAD) – almost always to address snoring. It’s a relief when we tell them how glad we are they tried it! These diagnosed patients are demonstrating they will do ‘anything’ to help their breathing during sleep. What could be better for a dentist who is about to provide somewhat troublesome therapy that requires the patient’s cooperation? These fine patients have shown they are committed to doing what it takes to get healthy. The OTC MAD has given them a glimpse into the preferred future and they want a professional level solution. Our favorite new patients!

The downside, of course, is a bad OTC MAD outcome – the patient may feel the custom device won’t work any better. Unless they feel safe sharing this thought, their dentist may never know. That’s why I think every dentist ought to put something inviting about patients telling their stories about what’s worked for them and what didn’t in their patient communications - anything to get the conversation started.”

-Steve Carstensen, DDS, D.ABDSM

“What experiences have my patients had with over-the-counter sleep appliances? The patients try these appliances to control snoring. The key word is “my” as I’m sure we’ll never know the outcome of all the appliances purchased. In my patients, it has been more positive than negative - and by that I mean the patient had some success and realized a “custom-made” appliance would probably work. Many stated they were too bulky and started breaking down, but by and large it encouraged them to seek a more permanent solution. If I’m seeing that patient for the first time, then after my examination I send them to a sleep doc for evaluation of possible OSA, as most are using the OTC sleep appliances for snoring. Some of those patients being referred by a physician will often tell me they have tried OTC appliances. I have had sleep docs tell the patient to try an OTC appliance! On so many levels I find this troubling; what if the OTC device doesn’t work? What if it is too uncomfortable? I’m sure your readers can think of other issues. In emergency situations I do use temporary appliances but none are OTC.”

-Thomas Walker, DMD, D.ABDSM

CITATION

Perspectives on over-the-counter appliances. *J Dent Sleep Med.* 2020;7(4).



**Top Row (Left to Right): Dr. Aaron Glick, Dr. Sue Ellen Richardson, Dr. Mark Abramson
Bottom Row (Left to Right): Dr. Steve Carstensen, Dr. Thomas Walker**