CLIENT ALERTS & INSIGHTS

Updates to Ohio State Dental Board's Position Statement on Treatment of Sleep-Disordered Breathing

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Summary

The Ohio State Dental Board (the "Board") recently updated its position statement, "Role of the Dentist in the Treatment of Sleep-disordered Breathing." The treatment of sleep-related breathing disorders ("SRBDs") continues to develop across the country as a specialty within dentistry, and it is important to carefully balance the overlap between dental practitioners and physicians in this field. Ohio continues to balance those interests as reflected in the Board's statement.

Updates to Position Statement

The updated position statement clarifies and specifies the interaction between the dental provider and medical provider when it comes to treating SRBDs. Both the original and the updated position statements recommend that dentists refer patients that presents with findings consistent with an SRBD to a primary care provider for diagnosis and further evalution. The updated statement specifies that if dentists see a patient for which they believe an oral appliance (an "OA") is appropriate, dentists should collaborate with a physican for a prescription or referral prior to fabrication.

Importantly, the statement attempts to draw a line between the responsibilities of the dentist and those of the physician in the treatment process. According to the statement, the dentist is responsible for "monitoring and maintaining the OA" and additionally has the responsibility of identifying and managing "the potential occlusal, orthodontic, and temporomandibular side effects." The physician is responsible for monitoring the patient's medical condition-the SRBD-which would include evaluating treatment efficacy of the OA.

Best Practices for Dentists

1. Screen Patients, but Do Not Diagnose

Patients should be screened for an SRBD during the intake exam, including reviewing medical and dental history for notorious SRBD symptoms. According to the statement, the actual diagnosis of the SRBD should be done by a physician. Therfore, if these symptoms are present, a referral to a primary care provider should be made. Additionally, dentists with training related to sleep apnea testing can order home sleep apnea testing to assist in showing symptoms to lead to a definitive diagnosis in collaboration with the physician.

2. Ensure Proper Training of All Treating Dentists, Including Associates

Home sleep apnea testing should only be ordered by a dentist with satisfactory training in SRBDs. OAs should only be fabricated by dentists with the proper training in SRDBs and OAs. Training in this field should be continuously updated with relevant continuing education. If you are a practice that sees patients that present with SRDB symptoms, you should ensure that you as well as any associates are properly trained and keep up to date with relevant changes in the field.

3. Keep Open Communication with Physician and Monitor Patient Collaboratively

Since the treatment of the patient's SRBD, which is the responsibility of the physician, and the OA and its side effects, which are the responsibility of the dentist, are directly correlated, dentists should remain in communication with the treating physician to achieve the best outcome for the patient.

4. Seek a Prescription or Referral for an OA

Prior to fabricating an OA, the dentist should seek a prescription or referral from a physician. While it is in the dentist's qualifications, if properly trained, to determine whether the patient is a candidate for OA therapy, the position statement makes it clear that the overall treatment plan of the SRBD is ultimately the responsibility of the physician.

Possible Further Updates to Statement

A dentist must have a prescription or referral for the OA prior to fabricating, but the position statement says that the dentist "should" have a prescription or referral for the OA prior to fabricating. We reached out to the Board regarding this language choice, and it is currently under review by the Board's Scope of Practice Committee. We will continue to monitor for any updates to the position statement.

The Board's prior position statement can be read here.

The Board's updated position statement can be read here.

For additional questions, please contact:

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