



# Oral Appliances to Treat Snoring and Obstructive Sleep Apnoea



## Important Things to Know About Oral Appliances

- They are one of the ways to treat sleep apnoea.
- They work well, but not as well as CPAP.
- They are used for people with mild to moderate sleep apnoea or those who can't use CPAP.
- You put them in your mouth before you sleep, like a mouthguard.
- They change the position of your jaw to give you a wider airway.
- You can also use them to stop snoring.
- You must have a dentist fit one specifically for you as over-the-counter devices don't work consistently enough.
- You need to take care of them and keep them clean.

## What are oral appliances?

Oral appliances are one of the options that you can use to treat mild or moderate **Obstructive Sleep Apnoea**, as well as **Snoring**. They are also called Mandibular Advancement Splints (MAS) or Mandibular Advancement Devices (MAD) or Mandibular Repositioning Appliances (MRA). They look a bit like a mouth guard. At night, before you go to bed, you put it in your mouth. There is no need to wear it during the day.

## How do they work?

They push your lower jaw forwards. Your airway will open up more and there will be less of a risk that it will vibrate (snore) or obstruct.

## How well do they work?

As with all treatments, some people respond better than others. The oral appliance will work best if you have mild to moderate sleep apnoea, if your sleep apnoea is a lot better when you lie on your side than when you lie on your back and if you are not overweight. If you have central sleep apnoea (less common than obstructive sleep apnoea), then oral appliances will probably not help. But until you have tried it, no one can say for sure how well it will work for you.

## How well do they work compared to CPAP?

CPAP (**Continuous Positive Airway Pressure**) will stop sleep apnoea straight away in almost all people who use it. An oral appliance will usually improve your sleep apnoea, but it may not completely stop it. So if you have moderate or severe sleep apnoea, CPAP may be a better option.

## Does it have any side effects?

If fitted correctly, it should be comfortable most of the time. Because it pushes your jaw forward, some people feel discomfort initially, but this tends to get better with prolonged use. Mostly, any discomfort is in the joint at the back of your jaw, just in front of the ear. This should soon go away when you take the appliance out in the morning. Other people find that it causes saliva to build up in the mouth, or makes the teeth feel tender. Again, these symptoms settle quickly with continuing use. Over the long term, there may be tooth movement, changes in your bite or problems with the joint and muscles of the jaw. It is important to have a regular check up with the dentist who supplied the appliance to detect these problems early so they can be dealt with.

## How can I get one?

Your GP can refer you to a [Sleep Specialist](#). They will work out how bad your sleep apnoea is and what can be done about it. You will probably have an overnight [Sleep Study](#). You can do this either at home or in a sleep lab. It takes one night. After the sleep study, you will have another appointment with your sleep specialist to talk about which treatment will be best for you. If you decide on an oral appliance, your sleep specialist will refer you to a dentist who specialises in the treatment of sleep apnoea. You will continue to be looked after by both the sleep specialist and the dentist.

## Does it need to be specially fitted for me, or is there a one size fits all oral appliance?

Each person has a different mouth and jaw shape, so you should have one made to fit you. Your dentist will take an impression of your teeth and send the mould away for the appliance to be made. This usually takes 2 or 3 weeks, when it is fitted into your mouth, it will be adjusted so that it moves your jaw forward to a position that will be effective but is still comfortable. The device will have a screw adjustment to allow further fine tuning of the position over the next few weeks. Your dentist will help supervise this.

There are some kinds of dental devices that you can buy over the counter. These are cheaper, but they usually do not work. You will be wearing an appliance for a long time, so it is best to have one fitted especially for you. This will make it work better and help avoid any side-effects. After the appliance is fitted, follow-up visits with your dentist or sleep specialist will be needed.

## Can it be used to stop snoring?

Yes. If it is fitted properly, it works well for snoring.

## How should I look after an oral appliance?

You should brush and floss your teeth before you put it in each night. Plaque can build up on an appliance just like on your teeth, so you need to wash it carefully each day. Make sure you dry it out fully. Also keep it in a place when children and pets can't get at it.

## I am using one, but I think it doesn't work as well as it used to. What should I do?

Perhaps you have started snoring again, or feel tired during the day. If so, then you need to have it checked out. Your dentist might be able to adjust the appliance further. If it comes out when you are asleep, then you should have it looked at. It might not be fitted right. After a number of years some people using an oral appliance find they need to consider other treatments for their sleep apnoea.

## Where can I find further information?

[http://www.umm.edu/patiented/articles/what\\_dental\\_devices\\_used\\_treat\\_sleep\\_apnea\\_000065\\_9.htm](http://www.umm.edu/patiented/articles/what_dental_devices_used_treat_sleep_apnea_000065_9.htm)

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The peak national association of clinicians and scientists devoted to investigation of sleep and its disorders

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Ongoing concerns about sleep or other medical conditions should be discussed with your local doctor.

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