

## **Dr. Michael Simmons, D.M.D., Launches Sleep Apnea Awareness and Treatment Program**

*Media Contact:*

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**San Fernando Valley and Antelope Valley, CA-** Dr. Michael Simmons, D.M.D., a highly respected and established dental professional for almost thirty years and educator since 1987 at UCLA School of Dentistry, has dedicated himself to rigorous study and research in the areas of sleep apnea, orofacial pain, and TMJ, providing patients with the most exceptional and professional care available in the San Fernando Valley and Antelope Valley areas.

Along with a very courteous and helpful staff at his two practices, Dr. Simmons offers snoring and sleep apnea patients equally effective alternatives to CPAP (continuous positive airway pressure) machine, including oral appliances, behavioral approaches and combination therapy including oral appliances and reduced pressure CPAP, which are all explained on his website at [www.CPAPorCUs.com](http://www.CPAPorCUs.com).

Dr. Simmons also coordinates treatment with other healthcare providers for better treatment outcomes by combining the different specialty approaches. This often includes pulmonology, neurology, psychology, otolaryngology, oral surgical and nutritional approaches.

He is committed to the long-term care and health conditions of his patients, believing each patient's sleep should be as comfortable and healthy as possible. Dr. Michael Simmons is committed to provide exceptional sleep apnea treatment and public awareness about snoring and sleep apnea, serious and sometimes life-threatening conditions included in the sleep disturbances that affect over 1/3 of the adult population.

Although the public's awareness of snoring and obstructive sleep apnea is steadily growing as featured health awareness media continues, education of available treatment options and knowledge of medical professionals that are specifically trained to provide treatment for these serious conditions are not being equally publicized. Sleep apnics and snorers are most often not provided with information on how specially trained dentists like Dr. Simmons can provide effective and safe treatment.

In a public awareness effort, beginning in 2008, Dr. Michael Simmons will be lecturing in the Los Angeles area on his sleep apnea treatment procedures and relating medical findings. He is focused on communicating about the serious health risks associated with snoring and sleep apnea to the public as well as

dental and medical professionals. His initial lecture at the AV hospital in January was well received and the next upcoming lecture is scheduled February 19th.

In addition, Dr. Michael Simmons is the cofounder of the multidisciplinary Sleep Group ISMNT (Integrated Sleep Medicine Network Team) that coordinates care on simple to complex medical problems that involve all manner of sleep disturbances. More information about this group can be found online at [www.doctorsagainstdrowsydrivers.com](http://www.doctorsagainstdrowsydrivers.com).

Dr. Simmons also has several collaborative treatment referral relationships with medical colleagues that refer non-compliant CPAP machine treated sleep apnea patients to receive his alternative care, specifically oral appliances known as MRP (mandibular repositioning) and TRD (tongue retaining devices) appliances.

A local lecturing tour and advertising campaign will continue February 19th at Odyssey in Granada Hills. Dr. Simmons would like to welcome anyone suffering from snoring or sleep apnea to schedule with him at either of his facilities, or contact him online from his website [www.CPAPorCUs.com](http://www.CPAPorCUs.com).

# # # #

## How We Treat Sleep Apnea

Patients seeking treatment with me will get personalized and individual attention.

- We start with a health questionnaire.
- Next it is a tour of our facility.
- You are escorted to a consultation room where we ask about the history of your condition.
- We review your past treatments and any sleep studies you have had.
- If needed, we show you an educational video about sleep problems.

The next step is a thorough medical orofacial and TMJ exam followed by a treatment plan. We review whether you are a candidate for oral appliance therapy and inform you of risks and benefits of the different approaches to addressing your sleep problem. We will then do an insurance pre-verification to determine what your out-of-pocket costs of treatment will be.

If you elect to have oral appliance therapy we will contact your primary care physician, with your permission, and coordinate any treatment and discuss your exam results. Often we will have you do a home sleep study as a baseline should you wish to treat with oral appliance therapy. This way we can titrate or modify the oral appliance for the maximum effect. Impressions or copies of your teeth are taken along with an indexing of a jaw position for the design of the oral appliance.

Your next visit will be to deliver the oral appliance and teach you how to use and maintain it. You will use the appliance for 1-3 weeks, then return for adjustments as needed. We will have you keep diaries of progress and review them at each visit. Sometimes we will combine the oral appliance with positional therapy. We will, if necessary, have you see a nutritionist colleague or other medical colleague. For severe cases that do not respond fully to oral appliance therapy alone we will do combination therapy.

You will have several follow-up appointments for the oral appliance. There will also be a repeat at home study to check for improvement. Once stabilized, we will recommend and prescribe a repeat lab polysomnogram so your physician has complete data on your progress with sleep improvement.

Sincerely,

Michael Simmons, D.M.D.

Diplomate American Board of Orofacial Pain  
Fellow American Academy of Orofacial Pain

**Curriculum Vitae 2008**  
**Michael Scott Simmons, D.M.D.**

*Personal History*

**Marital Status:** **Married Pamela, three children**

Office: Private Practice 2006-Present  
18386 Ventura Blvd  
Tarzana, CA 91356  
Private Practice 1991- 2006  
15760 Ventura Blvd. Suite 808  
Encino, CA 91436  
Private Practice 1981-Present  
1029 Elizabeth Lake Road  
Palmdale, CA 93551  
Teaching/Faculty 1987 - Present  
Department of Oral Medicine/Orofacial Pain  
UCLA School of Dentistry  
10833 Le Conte Avenue  
Los Angeles, CA 90024

**Education**

1974-1977 University of California, Los Angeles  
1977-1981 D.M.D. University of Pennsylvania, School of  
Dentistry

*Postdoctoral Training*

1981-Present Private practice in general dentistry  
1985-1986 UCLA, TMJ Clinic Preceptorship  
1986 Certification in Thermography  
1986-1987 Dept. of Anesthesiology, School of Medicine  
UCLA Fellowship in Pain Management  
Over 2000 hours of other continuing  
1981-Present education in  
other various disciplines of dentistry including: sleep  
medicine orthodontics, cosmetic dentistry and dental  
implants.  
1987 Fellow Academy of General Dentistry

*Academic Positions*

1987-Present Lecturer, UCLA, School of Dentistry, Department of Orofacial  
Pain & Oral Medicine  
1987-1990 Assistant Clinical Professor, UCLA, Pain Management Center,  
Department of Anesthesiology, School of Medicine.

|             |  |
|-------------|--|
| 1990-1996   | Member of UCLA Dental School "Patient Record Subcommittee" (Eight member committee), |
| 1990 – 1993 | Clinical Supervisor, UCLA Pain Clinic, Department of Orofacial Pain & Occlusion.     |

*Membership In Professional Organizations*

***American Dental Association***

***California Dental Association***

***American Pain Society***

***American Academy of Orofacial Pain***

American Academy of Dental Sleep Medicine  
American Academy of Sleep Medicine

**Positions In Professional Organizations**

|                           |  |
|---------------------------|--|
| 1989-1990                 | President-UCLA TMJ Associates Study Club   |
| 1989-1990                 | Secretary-Western USA Pain Society, (W.P.S.)                                       |
| May 1991                  | Program Chairman-Annual Meeting, W.P.S.  |
| 1991-1992                 | President-Western USA Pain Society   |
| 1991-1992                 | Division Chair Regional Sections Committee-<br>American Pain Society               |
|                           | Editor-Regional Sections for American Pain Society<br>Journal                      |
| 1992-1994                 | Education Committee-American Academy of Orofacial<br>Pain                          |
| 1998                      | Board Certification Exam Committee-American Board<br>of Orofacial Pain             |
| 1999                      | LASS (Los Angeles Sleep Society) Board Member<br>Dental Liason                     |
| 1999-2006                 | Member California Dental Association Ethics<br>Fernando Valley                     |
| Committee for San<br>2007 | Chairman California Dental Association Ethics<br>Committee for San Fernando Valley |

*Certification/Licensure*

|      |  |
|------|--|
| 1981 | American National Board of Dental Examiners<br>California State Board<br>California State License #29916 |
| 1996 | Diplomate American Board of Orofacial Pain   |

*Publications*

1. Simmons, M.S. "Myofacial Headache" In: Brechner, T.B., "Common Pain Syndromes," Yearbook Medical Publishers 1990.

2. Simmons, M.S. "Cluster Headache" In: Brechner, T.B., "Common Pain Syndromes," Yearbook Medical Publishers 1990.
3. Simmons, M.S. and T.D. Oleson Auricular electrical stimulation and dental pain threshold. *Anesthesiology Progress* 40: 14-19 1993.
4. Clark, G.T., Tsukiyama Y, Baba K, Simmons M. The Validity and Utility of Disease Detection Methods and of Occlusal Therapy for Temporomandibular Disorders. *Oral Surgery Oral Medicine, Oral Pathology Oral Radiology* 1997; 83: 101-6.  
Based upon a presentation at the National Institute of Dental Research Technology Assessment Conference on the Management of Temporomandibular Disorders. April 29 – May 1<sup>st</sup> 1996. Bethesda, Md.
5. Clark, G.T. and Simmons, M. Occlusal dysesthesia and temporomandibular disorders: Is there a link? *Alpha Omega dental journal* 2002.

Scientific Presentations

1. Graff-Radford, S.B., Simmons, M.S. et al, Are Bone Cavities associated with Trigeminal Neuralgia? Presented at the Western Pain Society Annual Meeting 1988.
2. Simmons, M.S., Oleson, T., Zarenbinski, C. Auricular acupuncture effects on tooth threshold sensitivity and it's reversibility by Naloxone. Presented at Western Pain Society Annual Meeting 1989.

Scientific Poster Presentations

Oleson, T.B., Simmons, M.S., Zarenbinsky, C. Evaluation of Auriculotherapy on dental threshold sensitivity and it's reversal by Naloxone, at American Pain Society Annual Meeting, Oct. 1989. (This poster won a citation award for best original research).

Lectures

1. UCLA Pain Management Center, Department of Anesthesia, School of Medicine, interdisciplinary conference on:
  - a. Unilateral Headaches, September 10, 1986
  - b. Clinical Dentistry, November 26, 1986
2. UCLA School of Medicine, Chronic Craniofacial Pain Lecture Postdoctoral Seminar.
  - a. More specifics on headache diagnosis, especially vascular headaches, January 23, 1987.
  - b. Spray and stretch trigger point injection workshop, March 13, 1987.
  - c. Classification of Headaches, January 19, 1990.
3. UCLA School of Dentistry-Junior Dental Class
  - a. History Taking, September 30, 1988.
  - b. Modalities and Approaches to the Difficult TMJ Patient, November 4, 1988.

4. UCLA School of Dentistry-Post Doctoral Mini Residency in TMJ and Facial Pain.
  - a. Differential Diagnosis and treatment of head and neck muscle disorders, March 9, 1990.
5. UCLA Pain Management Center Department of Anesthesia, School of Medicine.
  - a. Evaluation and Management of the Chronic Daily Headache Patient, August 1989.
  - b. Differential diagnosis and treatment of the TMJ, September 1989.
  - c. Rational for use of ergotamine in abortive treatment of migraine, November 1989.
6. Valley Industrial People monthly meeting. TMJ disorders and the interdisciplinary management of a complex TMJ patient, October 4, 1990.
7. UCLA Continuing Education Seminar "TMJ and Orofacial Pain: An Overview." The Importance of Patient Records in Patient Management, November 3-4, 1990.
8. UCLA Section of Oral Medicine, School of Dentistry.
  - a. The problem oriented dental record, April 26, 1991.
  - b. Sequencing treatment in the patient with facial pain, May 15, 1991.
9. Alpha Omega Dental Society, San Fernando Valley Chapter. Pit falls in the Identification and Management of Chronic Orofacial Pain Patients, October 9, 1991.
10. California Dental Society, San Fernando Valley Zones 2,4,5,6,7,12 "Management of Patients with Chronic Pain. A Multidisciplinary Approach," November 14, 1991.
11. UCLA Continuing Education Seminar "TMJ and Orofacial Pain: An Overview." The Importance of Patient Records in Patient Management, November 1991.
12. UCLA Continuing Education Seminar "TMJ and Orofacial Pain: An Overview." The Importance of Patient Records in Patient Management, November 1992.
13. Health Awareness Day, Beverly Hills Chapter of Hadassah. "Head TMJ and Orofacial Pain Management."
14. San Fernando Valley Dental Society, CA – Zone 12. "Identification and Management of Complex Orofacial Pain," January 1993.
15. Irving Gold Foil Study Club. The Presentation and Management of Patients with Orofacial Problems, October 1995.

16. Alpha Omega Dental Society, San Fernando Valley Chapter. Oral Dysesthesias, November 1995.
17. California Dental Society Regional Chapter. Complex orofacial pain conditions, January 2003.
18. Pain Management Associates, Palmdale California – Sept 2007 – Sleep Medicine, Pain Syndromes and Dentistry
19. Community Lecture on Dental Sleep Medicine – Alternatives to CPAP. Sept 2007
20. CDA Antelope Valley Sept 2007. OSA, CPAP and the connection to Dentistry
21. Irving Gold Foil Study Club Oct 11, 2007. Obstructive Sleep Apnea and the relationship to Dentistry
22. TV interviews for Time Warner Cable – multiple interviews over the months of Nov and Dec 2007 on OSA, CPAP and OAT.
23. Antelope Valley Hospital January 2008 - Lecture on Obstructive Sleep Apnea, CPAP and Oral Appliance Therapy

*Teaching Activities at UCLA*

1993- Present

CJT401a, Course Chair or Co-Chair 1<sup>st</sup> Year Dental Students Clinical Judgement, UCLA School of Dentistry. Lecturer and Clinical Instructor for Course CJT 401a.

1987 DS403s, Occlusion, UCLA School of Dentistry, July-September, William K. Solberg, DDS MS. Course Director.

DS403s, Jaw Pain and Dysfunction, School of Dentistry, September-December, Glenn T. Clark, DDS. MS., Course Director.

Pain Management Center: Medical and Dental Fellows Training, July 1987-June 1988.

1988 DS403s, Occlusion, UCLA School of Dentistry, July – December, William K. Solberg, DDS, MS., Course Director.

September-December, Glenn T. Clark, DDS, MS., Course Director.

Pain Management Center, School of Medicine, Medical and Dental Fellows Training, July 1988-1990.

1989 DS403s, Occlusion, UCLA School of Dentistry, July-September, William K. Solberg, DDS, MS., Course Director.

- 1990 Course Vice Chair 1<sup>st</sup> Year Dental Students CJT401a, Clinical Judgement, and UCLA School of Dentistry.  
Treatment Planning Clinic, Pre-doctoral, UCLA School of Dentistry July 1990-June 1991.
- 1991 Clinical Supervisor, Wednesday evening post-doctoral Clinic Pain Management Center, School of Dentistry.  
Course Co-Chair 1<sup>st</sup> Year Dental Students CJT401a, Clinical Judgement, UCLA School of Dentistry.  
William K. Solberg, DDS, MS., Course Chair.
- 1992 Course Chair Post-doctoral Orofacial Pain Residents, Myofascial Pain an interactive course.  
The California Workers' Compensation System. Techniques in report writing.  
Clinical Supervisor, Wednesday evening post-doctoral Clinic Pain Management Center, School of Dentistry.  
Course Co-Chair 1<sup>st</sup> Year Dental Students CJT401a, Clinical Judgement, UCLA School of Dentistry.  
William K. Solberg, DDS, MS., Course Chair.
- 1993 Clinical Supervisor, Wednesday evening post-doctoral Clinic Pain Management Center, School of Dentistry.  
Course Chair 1<sup>st</sup> Year Dental Students CJT401a, Clinical Judgement, and UCLA School of Dentistry.
- 1993- CJT401c, Clinical Judgement, UCLA School of Dentistry.  
1998 Lecturer and Clinical Instructor for Course CJT 401c.
- 2002 Clinical Judgement and Medical records. Post-doctoral. International student program
- 2004- Lecturer post doctoral students in Orofacial Pain Residency. Literature review  
2005

**Other**

- Television appearances on "Looking Good Feeling Good" January 24, 1992 and April 28, 1992. Shows have been repeated several times on various channels of Cable TV.
- Medicolegal expert in multiple trials including expert witness testimony in Federal Court.
- Multiple showings on Time Warner Cable for Obstructive Sleep Apnea – Evaluation and Treatment

## **Treatment Facilities**

### **Tarzana, San Fernando Valley**

THE Dental Office Tarzana is an ultra modern open office with a tranquil feel and welcoming atmosphere. There are nine treatment rooms and two private consult rooms for taking patients' histories, along with a friendly staff to assist you at all times. For quiet moments, patients may relax in the private Zen garden outdoor area with a soothing water fountain. In addition, the office is equipped with upgraded digital technology and conference room for training.

The office is conveniently located on Ventura Blvd on the south side of the street between White Oak and Reseda Blvd's. Parking is available in a 50 spot private lot adjacent to the back of our one story building. Office hours are Monday – Friday.

18386 Ventura Blvd  
Tarzana, CA 91356  
(818) 300-0070

### **Palmdale, Antelope Valley**

The Dental Sleep Medicine Center Palmdale has a warm and inviting atmosphere with wood floors and friendly staff. Each of the seven treatment rooms has its own television and computer X-ray viewer. Along with the Tarzana office, eco-friendly measures are demonstrated as often as possible.

Located at 1029 Elizabeth Lake Road. It is directly off the 14 fwy at the Palmdale Blvd exit. As you drive west from the fwy Palmdale Blvd becomes Elizabeth Lake Road. The office is a freestanding single story building with a private neighboring parking lot. Office hours are Monday – Saturday.

1029 Elizabeth Lake Road  
Palmdale, CA 93551  
(661) 947-3163

## Patient Testimonials

“Dr. Simmons is the BEST dentist around. He is extremely knowledgeable, his office high-tech and cutting edge and he explains any treatment in great detail. Plus, he is painless! Dr. Simmons also has the best staff. They are extremely nice, attentive and very humorous.

- Russ B., Woodland Hills - San Fernando Valley

“I suspected I had had sleep Apnea because I am diabetic and my blood sugar would go up at night when I was asleep. After the sleep study I was told I had one of the most severe cases of Apnea they had ever seen. I got a BiPAP machine and tried to use it but it made my face and neck swell terribly and caused other sinus problems. It is because of these complications I was referred to Dr. Simmons.

After using the appliance Dr Simmons made for me my blood sugar is not as high when I wake up and I have even had some readings of 110 instead of 180 in the morning. My husband is able to sleep in our bed all night for the first time in 20 years. I also feel more alert during the day epically driving, and have lost weight...He gave me hope not only in reversing the apnea, but maybe also my Diabetes.”

- Diane S., Redondo Beach

“I was referred to Dr. Simmons after an accident caused severe damage to my front teeth. I was extremely apprehensive about treatment, as I had received unpleasant news from other dentists about the treatment process. However, upon initial consult Dr. Simmons spent two hours with my husband and I reviewing all possible treatment options and long-term outcomes and I KNEW I had found the right dentist for me.

After six months and a few pain free surgical procedures I have a perfect smile and my bite is properly placed. I was fitted for an oral device to prevent nighttime teeth grinding and I sleep without any interruptions. He was an amazing cosmetic dentist but what truly impressed me was his knowledge and concern for the long-term health of my jaw, bite alignment, and grinding, which had apparently been altering my bottom teeth.

Each time I refer a friend or colleague to Dr. Simmons I always receive a thank you call and I know they will receive the exceptional care I did my first time visiting his state of the art facility and continue to receive every visit. Thank you again Dr. Simmons and Tarzana staff.”

- Katie N., Sherman Oaks – San Fernando Valley

“One of the best! I have been to dentists all over the country and Dr. Simmons is one of the best! He is very concerned about the welfare of his patients, and has even followed up with a phone call the next day to make sure I was not in pain following a procedure. He has some of the newest technology and strives to minimize his patient’s discomfort as much as possible. I have the utmost confidence in him and his staff.”

*-Cheryl, Los Angeles*

“Dear Dr. Simmons (the best dental office ever)!  
Okay so you are the only dentist that I have ever had! Thank you for always making me feel special and remembering me on special occasions! I really appreciate it! Europe was incredible! I had a great time! Can’t wait to tell you all about it! Thanks again!”

*- Ashley, Los Angeles*

“Dear Everyone!

Thank you ever so much... Simmons Dental care has the best staff of any dental/medical facility I’ve ever encountered...I feel extremely comfortable with all of you and look forward to another 20 years with you. ☺

P.S. Dr. Michael- You are absolutely the best dentist in the world!!

Love always, Laura”

*- Laura, Los Angeles*

“Dear Dr. Simmons,

You are such a “classy” guy, always knowing just the right thing to do. Best wishes for an outstanding new year, in which many new dreams are realized.

Our heartfelt thanks, Marie and Carroll”

*- Marie and Carroll, Los Angeles*

# Frequently Asked Questions

## *Why do we snore?*

Snoring is noisy breathing during sleep. It is a common problem among all ages and both genders, affecting approximately 90 million American adults. Snoring may occur nightly or intermittently.

Persons most at risk are males and those who are overweight, but snoring is a problem of both genders, although it is possible that women do not present with this complaint as frequently as men. Snoring usually becomes more serious as people age. It can cause disruptions to your own sleep and your bed-partner's sleep. It can lead to fragmented and un-refreshing sleep, which translates into poor daytime function, tiredness and sleepiness

## *How is snoring related to obstructive sleep apnea?*

Although snoring may be harmless for some people, it can be a symptom of a life threatening sleep disorder called sleep apnea, especially if it is accompanied by severe daytime sleepiness. Sleep apnea is characterized by pauses in breathing that prevent air from flowing into or out of a sleeping person's airway. People with sleep apnea awaken frequently during the night gasping for breath. The breathing pauses reduce blood oxygen levels, which can strain the heart and cardiovascular system, and increase the risk of cardiovascular disease. Snoring on a frequent or regular basis has been directly associated with hypertension. Obesity and a large neck can contribute to sleep apnea. Sleep apnea can be treated; men and women who snore loudly should consult a doctor.

## *How are obesity, hypertension (High Blood Pressure), diabetes, heart attacks, strokes and depression related to Sleep Apnea?*

Studies have found a relationship between the quantity and quality of one's sleep and many health problems. For example, insufficient sleep affects growth hormone secretion that is linked to obesity; as the amount of hormone secretion decreases, the chance for weight gain increases. Blood pressure usually falls during the sleep cycle, however, interrupted sleep can adversely affect this normal decline, leading to hypertension and cardiovascular problems. Research has also shown that insufficient sleep impairs the body's ability to use insulin, which can lead to the onset of diabetes. More and more scientific studies are showing correlations between poor and insufficient sleep and disease.

## *How do I know if I have Sleep Apnea?*

There are many questionnaires such as the Epworth Sleepiness scale and the David White test that are used to evaluate a patient's restfulness. Though they are not medical tests, these questionnaires suggest if you need to be evaluated by a doctor. Once a doctor sees you, he/she will be able to arrange a Sleep Study for you if indicated.

### *What is a sleep study?*

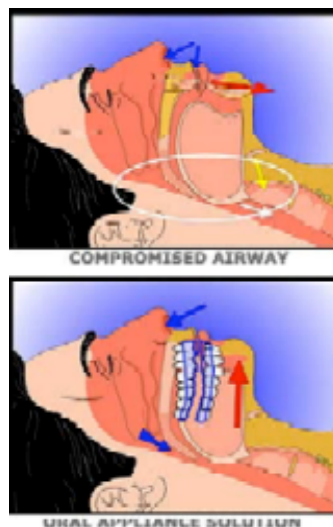
The most comprehensive sleep study is an Overnight Polysomnography (PSG). It is an all night comprehensive study done in a laboratory to confirm the diagnosis of Obstructive Sleep Apnea. This method has been proven to be effective because a sleep technician attends this technically complex study and 12 or more channels of information are collected for the entire night.

### *What is a CPAP?*

A CPAP is a continuous positive air pressure machine that blows air through a thin tube that is attached to a mask worn over the nose by the patient while sleeping. Air blows through the patient's airway in order to keep the airway open and unobstructed.

### *What is an oral appliance & how do they work?*

Adjustable oral appliances are custom fabricated devices that are placed on the teeth at night during sleep. They advance the lower jaw forward in order to keep the airway open or retain the tongue so it does not block off the airway during the muscle relaxation that occurs during sleep. (See photo)



### *How long have oral appliances been in use?*

Oral appliances are found in the scientific literature as early as the mid 1980s. Over time they have evolved to become an adjustable, effective means of exploring the full range of jaw positions. This has allowed specially trained dentists to treat even the most severe cases of obstructive sleep apnea.

The American Academy of Sleep Medicine first endorsed oral appliances in 1995 as a safe and effective means of treating snoring and sleep apnea. In the 2005 update, the endorsement of this therapy was upheld and the indications for use were expanded so that they are now the first-line therapy for mild to moderate sleep apnea. They are also approved as the second-line therapy in any level of severity, and for short-term substitutive use (in any level of severity). An oral appliance would be a great back up for a patient who is traveling or camping and does not want to or cannot carry a CPAP machine with them.

### *How effective is this treatment?*

One of the most commonly used devices has demonstrated a 92% adherence rate after 2 years. This was a large study at the University of Melbourne. The chances of success are very good, and the possibility of decreasing risk of stroke, heart attack, diabetes type 2, congestive heart failure, automobile accident, and other causes of decreased longevity is very high, though cannot be guaranteed.

A recent review of the literature, conducted under the auspices of the Standards of Practice Committee of the American Academy of Sleep Medicine established the current effectiveness of oral appliances for the management of snoring and obstructive sleep apnea and gave guidelines to dentists for patient management. If all patient cases published in peer-reviewed medical literature, regardless of severity are combined, as well as all the different appliances, there is a 57% chance of having complete treatment using just an oral appliance.

In the mild category of OSA, there is an 81% chance of complete treatment with an oral appliance. In the moderate category, the rate drops to 56%. Even in the severe category, 25% of patients will have complete treatment using only mandibular repositioning with an oral appliance. Increase of effectiveness occurs with combination therapy with other medical specialists like Otolaryngologists, neurologists, oral surgeons and pulmonologists.

### *How do I start Oral Appliance Therapy?*

If you are interested in an oral appliance, simply schedule an appointment for a consultation with our office. At that time we will discuss the treatment options for you and, if you do not have a recent sleep study, arrange one for you. We also have our own sleep study equipment, which can give us an indication of how severe each patient's apnea is and how effectively Oral Appliance Therapy is working during treatment.

### *Can I wear an oral appliance if I have bridges or dentures or other dental work?*

Bridges and other dental restorations will be examined by Dr. Simmons to make sure they are sufficient to withhold an oral appliance. Denture wearers present a real challenge. There are specific appliances that are designed for edentulous patients, and special designs can be made to accommodate patients. This is purely on a patient specific basis and should be evaluated directly by Dr. Simmons.