Adult and Pediatric Obstructive Sleep Apnea

By: Eric G. Jackson, DDS, MAGD, FICOI, FICD, FADI

To most of the public, sleep apnea is marginally well known and poorly understood. The word “apnea” means “without breath,” which reveals an obvious problem for the well being of any individual.

There are three types of sleep apnea: obstructive, central, and mixed. Obstructive sleep apnea (OSA) is caused by a narrowing of the airway where the soft tissues relax and collapse just enough to close off the throat. It will be the primary focus of this article. Central sleep apnea (CSA) is a breakdown in communication between the brain and the body during the breathing process. Mixed sleep apnea is a combination of both obstructive and central apneas. If left untreated, each of these conditions will affect a person’s ability to peacefully sleep through the night. Due to their apnea condition, their sleep will be interrupted as many as several hundred times because they will stop breathing for as long as a minute or more. In each case, the brain arouses the sleeper to wake up just enough to resume breathing.

According to the American Academy of Dental Sleep Medicine, over 12 million Americans currently have OSA. This number is around the same level of people with asthma (10 million) and diabetes (16 million). Men are twice as likely to have signs and symptoms as women. OSA is a progressive disease as it progressively worsens with age and with increasing weight. In 2005 the Yale University of Medicine published a study in the November 2005 New England Journal of Medicine stating that any form of sleep apnea doubles or possibly triples a person’s risk of stroke or death. Most significantly, it has been estimated that sleep apnea may decrease a person’s life expectancy by 10 or more years. It is im-

(Continue on page 3)
Chicago Bandits Ring Ceremony

Friday, June 16th was a beautiful night for the Chicago Bandits 2016 National Pro Fastpitch (NPF) league championship ring ceremony! Team dentist Dr. Jackson received his second championship ring (The Bandits were Back-To-Back champs 2015 & 2016!) To watch the ceremony, visit Dr. Jackson’s YouTube page. (Channel: EJacksonDDS)

Congrats! Go Bandits!

Above: Dr. Eric Jackson’s championship ring from the Chicago Bandits as the Official Team Dentists. Left: Dr. Jackson accepting his 2016 championship ring from the Mayor of Rosemont, Bradley A. Stephens.

2017 Runner-Up for Best Pediatric Dentist

In June, our Dr. Jackson was named 2017 Runner-Up Best Pediatric Dentist in the Near West Suburbs of Chicago by the readers of the popular parent blog Kidlist: Activities for Kids! Congrats Dr. Jackson!

As voted by MyKidlist.com readers
Adult and Pediatric Obstructive Sleep Apnea (Continued)

important to note that snoring is not the same as sleep apnea. While the symptom of snoring typically occurs in most sleep apnea patients, the reverse is not true. Other possible symptoms of sleep apnea are excessive sleepiness, irritability, impotence, job impairment, cardiovascular disease, high blood pressure, depression, impaired concentration, morning headaches, xerostomia (dry mouth). In addition to these symptoms, there is an increased probability of being involved in a car accident due to resulting fatigue and decreased reaction time.

These symptoms are fairly broad however, and often go ignored or unnoticed by the patient. Without fail the primary push to seek diagnosis and treatment for apnea symptoms is the urging of a sleep partner/spouse. It can be very difficult for the person sleeping next to someone with OSA due to the volume and regular spastic gasps for air/choking that occur nightly.

CHILDREN ARE SUSCEPTIBLE TO SLEEP APNEA AS WELL! Pediatric obstructive sleep apnea is even less well known and less diagnosed than its adult counterpart and has become one of my primary lecture topics and passions. Nearly 1 in 5 children exhibit some sort of sleep disordered breathing ranging from mild snoring to obstructive sleep apnea. Like adults, these children are simply tired from a lack of quality sleep that their personalities, behaviors, and schoolwork are affected. Acting out, difficulty to concentrate/learn, bed wetting, stunted growth, memory problems, and poor grades are just a few of the potential side-effects of pediatric sleep apnea. These children are routinely being misdiagnosed with learning disabilities (LD), behavioral disorders (BD), and Attention Deficit Disorder (ADD)/Attention Deficit Hyperactivity Disorder (ADHD). They are being treated with medication and their lives are being altered due to a condition they potentially don’t have.

If you only take away one thing from this article (hopefully not!), here it is: NO CHILD SHOULD EVER SNORE. This golden rule is what I try to impress upon all parents. Pediatric sleep apnea patients often exhibit two additional classic presentations: grinding/bruxism of their teeth while sleeping and oversized tonsils/adenoids. Along with snoring, parents can easily identify the nighttime grinding/bruxism without the help of a medical professional. If just one of these symptoms exists, I recommend investigating further with both the child’s dentist and pediatrician.

What kinds of treatments exist for the adults and children who suffer from OSA? For adults, the gold standard treatment remains weight loss and a continuous positive airway pressure machine (CPAP). This device is a mask/tube/tank system worn at night and actively forces air down the patients’ airway to keep it from collapsing. It works very well and is worn by millions of patients, but is often described as bulky, cumbersome, and uncomfortable. For those OSA patients that cannot tolerate the CPAP, a mandibular advancement oral appliance can be fabricated by your dentist in addition to the recommended weight loss. While there are multiple types of these devices are simply essentially reposition and hold your lower jaw forward from its natural resting position thereby keeping the airway from collapsing. Like the CPAP, these devices are not without some tradeoff. Potential changes to your bite/TMJ and bulkiness are two such possible tradeoffs. A third option available is surgical correction, however it is typically my least recommended option.

For pediatric patients, initial treatment involves noninvasive methods such as improving sleep hygiene/patterns, increasing sleep hours, and weight loss. If ineffective, tonsillectomy is the next option typically discussed with an ENT. Decades ago tonsillectomies were commonplace for many children and often completed to address chronic sore throats, infections, etc. It is likely that many of these children had OSA as well and inadvertently received the proper treatment for that disease. These days the pendulum has swung the opposite way, and tonsillectomies are performed far less often….hence the increase in pediatric OSA! Along with adenoidectomies, tonsillectomies free the airway of obstruction and provide a clear path of breathing for the growing child.

We at Oral Health Care Professionals have excellent working relationships with several talented EN Ts in the area who routinely complete surgical procedures to address pediatric OSA. I have personally witnessed dramatic improvement in the quality of life for both pediatric patients and their parents. Nearly 20 years ago, one of my colleague’s sons suffered from pediatric OSA and exhibited many of the negative behavioral and educational side-effects mentioned earlier. He pushed for the tonsillectomy & adenoidectomy as treatment, with resistance from many individuals who were pushing for a diagnosis of LD/ADD. He was successful and once the surgery was completed, the boy exhibited dramatic changes. Consistent bad behavior became normal childhood behavior and poor grades completely reversed. His son graduated high school at the top of his class and is currently a successful young adult. Obviously this story is an example of the dramatic importance of curing pediatric OSA, and not an example of guaranteed results. It does show that proper diagnosis and a simple surgery (that few if any children remember if completed young enough) to treat a condition can have a profound impact on the child’s future.

This article provides only a limited glimpse into the topics of adult and pediatric sleep apnea. If you would like to speak about this topic, or any other, please feel free to call the office and schedule a complimentary appointment with me. Email and Twitter are also available options. I am extremely passionate about modern dentistry and love discussing it with patients, so don’t hesitate to contact me.

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The Dental Examiner
In May, Dr. Jackson and his assistant, Jenny, attended the 2017 Wellness Day Event at Downers Grove South High School. This event occurs every two years and functions as a modern twist on a health fair. For over 6 hours, Jenny & Dr. Jackson spoke to over 3000 students about dentistry and the dental profession! Phew! That’s a lot of talking and a lot of knowledge!

Pediatric Lecture

In April, Dr. Jackson was asked to speak again for the wonderful women of the Mothers of Preschoolers (MOPS) group at the Christ Church of Oak Brook! 5 years ago, he had a great time presenting a lecture to the same group on adult & pediatric obstructive sleep apnea...and this time was no different! His lecture was entitled “A Modern Overview of Pediatric Dentistry” and covered many of the most common questions and hot topic issues in pediatric dentistry with a lively Q&A afterwards.

Metropolitan Family Services

In March, Dr. Jackson was invited to speak at the Metropolitan Family Services Woodridge location during which he discussed all sorts of pediatric dental topics at length...AND had FUN as well!! It was a great way to spend the afternoon!

2017 DGS Smile Drive

In March, Dr. Jackson supported the 2017 Smile Drive sponsored by The Family, Career and Community Leaders of America (FCCLA) of Downers Grove South High School! Great Job to everyone involved and thank YOU for the personalized thank you note! We love supporting the local community!
We are very proud to say that 2017 marks an amazing 30 years of our wonderful Tooth Fairy Day event! Yes you read that correctly! Back in 1987 the Tooth Fairy first visited our office and has been coming to visit ever since. This often imitated, never duplicated, event is a tried and true method that helps our youngest patients get ready for their first visit.

Thank you to all the little ones and their families that made Tooth Fairy possible for 30 years! Thank you to our staff for all their hard work and time planning such a great event! Here’s to another 30 years of Tooth Fairy Day!

Want to read more about Tooth Fairy Day? Visit the website for further description, photos, and a video of the event at www.TheToothFairyDay.com

September 15, 2017 (Friday)
9:00 am to 1:00 pm

The Tooth Fairy is coming to our office to meet the children of our community and help teach good oral health habits. **FREE** event to everyone. Make your reservation today, slots are limited.

(630) 963-6750
Experience or issues that dentistry cannot treat? Physical Therapy may be an option for you!

(630) 964-4008 www.befitpt.com

1027 Burlington Avenue, Downers Grove, IL 60515

The Daily Grind Blog

Beginning in March, Dr. Jackson has been asked to author articles every other month for the national blog of the Academy of General Dentistry: “The Daily Grind”. With a target audience of the membership dentists, Dr. Jackson’s articles will typically deal more with the business and profession of dentistry as opposed to the patient driven articles that you commonly read in our newsletter. If you’d like to read his articles in “The Daily Grind” to date, check out the websites below. We’ll also have the links posted on our website under the “OHCP in the Media” heading!

March 2017: “Turn a Triple Pay for your Patients” http://agdblogs.blogspot.com/2017/03/turn-triple-play-for-your-patients.html

We Listen We Care We Get Results

Move Forward!

Experience Vertigo or TMJ issues that dentistry cannot treat?

Physical Therapy may be an option for you!

Services Include:
- One on one, hands-on/manual physical therapy treatments
- Integrated Pilates rehabilitation & core stabilization training
- Full service physical therapy facility with state-of-the-art equipment
- In-home outpatient therapy for Medicare patients
- Worker’s compensation physical therapy
- Private Pilates lessons on Pilates equipment
- Pilates Mat & Reformer class
- Personal training & fitness testing
- Workshops
- Various massage therapies

Get BACK to BALANCED
Did you know we are accepting new patients?

Refer family & friends and receive a gift card.

Your referral of friends, neighbors and family is one of the finest compliments that we can receive! In appreciation for your loyalty and trust we would like to say “Thank you” by offering you a gift card.

Refer 1 Friend or Family and we will send you a $50 Lettuce Entertain you gift card.*
Refer 2 Friends or Family and we will send you a $100 Visa gift card.*
Refer 3 Friends or Family and we will send you a $150 Visa gift card.*

*New patient must complete New Patient Exam to be eligible for referral program & mention you as his/her referral.

Dr. Jackson is proud to sponsor two Downers Grove DOLLS softball teams this summer! He spent several sweltering days out at Washington Park helping the players keep cool by bringing a cooler of icy G2 low-sugar Gatorade and speaking with parents and coaches about the importance of athletic mouthguards and sports dentistry. Let’s have a great summer girls!
ACROSS
3. ______ is national blueberry month.
6. According to custom, in the United States, a person can wear ______ pants only during the summer, or between Memorial Day and Labor Day.
7. Several countries have used the Declaration of Independence as a beacon in their own struggles for freedom. These countries include ______, Greece, Poland, Russia, and many countries in South America.
8. Contrary to popular belief, only two Founding Fathers signed the Declaration of Independence on July 4, 1776. The majority of signers penned their signatures on August 2, 1776.
9. Thomas Jefferson changed the wording of the Declaration of Independence from “the pursuit of property” to “the pursuit of ______.”
12. The “dog days of summer” refer to the weeks between July 3 and August 11 and are named after the ______ Star (Sirius) in the Canis Major Constellation.
13. ______ Day became a federal holiday in 1870.
14. ______ now boasts 318.9 million citizens, but on the first fourth of July were only 2.5 million.

DOWN
1. In the summer heat, the iron in France’s ______ Tower expands, making the tower grow more than 6 inches.
2. The original draft of the ______ of Independence was lost.
3. Marc Antony named the month of July, in honor of ______ Caesar.
4. Interesting fact about ______ is that television shows used to only be reruns during the summer months. The idea being that everyone was outside enjoying the weather.
5. The ______ Evening Post was the first newspaper to print the Declaration on July 6, 1776.
6. ______ is part of the cucumber, pumpkin and squash family and consists of 92% water.
10. John ______ and Thomas Jefferson both died on July 4, 1826.
11. On average, Americans consume 15 ______ of watermelon annually.

Answers on the bottom of page 7.