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Adherence to oral appliance therapy in severe sleep apnea

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Study Objectives: Oral appliances (OA) are recommended for patients with severe obstructive sleep apnea who fail to comply with continuous positive airway pressure therapy. This study aimed to quantify adherence to OA therapy and evaluate demographics and reasons associated with non-adherence.

Methods: The medical records of 52 patients with severe apnea-hypopnea index (AHI) \geq 40, who were treated with OA after rejecting continuous positive airway pressure treatment, were studied for OA adherence. Patients were divided into two groups - users (UG) and non-users (NUG) and were followed from five months to six years (average 44.63 \pm 17.17 months) after OA delivery.

Results: The mean usage time of the OA in the NUG was 10.07 ± 8.96 months. Adherence rate was 57.7% (30/52 patients). The main factors associated with non-adherence were concerns with OA effects on teeth (22%) and its insufficient efficacy (22%). Other factors were discomfort (15%) or no need for treatment because of improved wellbeing following weight loss (15%). The overall number of interfering factors was significantly higher in the NUG (p=0.041). Nine out of 52 (17.3%) patients switched back to CPAP even though they had initially rejected using it.

Conclusions: Non-adherence to OA is significantly associated with concern of its effects on teeth, the lack of efficacy and discomfort. Clinicians should closely monitor adherence patterns and assess potential interfering factors as part of the routine diagnostic work up.

Biography

Yaron Haviv is working at department of Oral Medicine, Hebrew University Hadassah School of Dental Medicine, Jerusalem, Israel. The Department of Oral Medicine provides clinical services in all areas of oral medicine. The Department of Oral Medicine houses a number of sub-specialty clinics, all of which provide various services to dental patients. The clinics provide dental care for patients (including handicapped patients) and emergency cases. The sub-specialty clinics, some of which are covered by Israeli health funds, provide services in oral mucosal disease, chronic orofacial pain, sensory changes in the face, salivary gland dysfunction and more.

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