

INFORM AND IMPLEMENT - DENTIST PERSPECTIVE ON OBSTRUCTIVE SLEEP APNEA (OSA)

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ABSTRACT

Obstructive Sleep Apnea (OSA) is characterized by repeated episodes of airway obstruction during sleep, resulting in pauses in breathing. The prevalence rate is 2%-5% of the paediatric population worldwide and is expected to increase due to the rise in childhood obesity. Among children, adenotonsillar hypertrophy is usually associated with OSA, as it involves narrowing of the airway and obstruction of the air passage during sleep. In most cases, their removal serves as an ultimate treatment of OSA. They also present with malocclusion and craniofacial abnormalities. Children with OSA have more caries, periodontal disease, and poor oral health-related quality of life. Although adenotonsillectomy and continuous positive airway pressure (CPAP) have been classically proposed as the primary treatment modalities for paediatric OSA, there are significant limitations to both therapies (E.g.: Dry mouth is amplified by the use of CPAP machines for sleep apnoea). Therefore newer treatment modalities are needed (current treatment modalities include adenotonsillectomy, CPAP, diet and medications and oral appliances). Among physicians treating children, dentist are most likely to identify adeno tonsillar hypertrophy and they can help screen sleep disordered breathing signs and symptoms using validated screening questionnaire (SACS, etc.). The dentist's role has evolved to include participation through a multidisciplinary approach in the management of children in whom Paediatric OSA has been diagnosed. This poster will highlight above the aetiology, epidemiology and the treatment considerations of POSA with special emphasis on the dental provider's role in identifying and treating POSA.

