



# Canadian Academy of Clinical Sleep Disorders Disciplines (CACSDDD)

## Clinical Guidelines

### For the Treatment of Sleep Apnea and related Sleep Breathing Disorders

#### ***Preamble***

The CACSDDD is a Canadian multidisciplinary, collaborative organization whose membership includes dentists, denturists, physicians, sleep technologists, dental laboratories and related healthcare practitioners. The CACSDDD is dedicated to the diagnosis and effective treatment of Obstructive Sleep Apnea (OSA) and Sleep Breathing Disorders (SBD) conditions.

**Diagnosis:** CACSDDD recognizes that OSA is a medical condition and must be diagnosed by a trained medical professional. Once identified, patients must be presented with the full range of treatment options which may include the prescription for and the proper fitting of a Dental Oral Sleep Appliance.

**Treatment:** Oral Appliances (OA) shall be delivered by dental professional trained in the proper screening of patients to determine their suitability for the prescribed Oral Appliance.

#### ***Clinical Guidelines***

1. Patients shall be referred to a dental professional with a prescription for Oral Appliance Therapy (OAT) by a qualified Physician.
2. The medical diagnosis for the patients shall be determined either by a baseline overnight Polysomnogram (PSG) or a Home Sleep Apnea Test (HSAT) diagnosed and interpreted by a qualified physician.
3. The dental professional must be knowledgeable in all phases of the appropriate examination process to determine the suitability of the patient for the fitting of an OAT.
4. Before any treatment is carried out the patients shall sign an informed consent form explaining that the provision of OAT is a long-term process which requires the patient to attend the dental office for follow up adjustment, as required, and

titration studies, and return to the sleep physician for a sleep study confirming efficacy.

5. At every follow up appointment after the OA is delivered, any adverse effects associated with OAT need to be reviewed and compliance needs to be discussed and reaffirmed.
6. When the dental professional and the patient determine that significant improvement of snoring and/or apnea has been achieved, the efficacy of OAT needs to be measured objectively by a HSAT or level 1 PSG interpreted by a qualified physician.
7. All HSAT data including titration studies shall be reviewed and scored by a Registered Polysomnographic Technician (RPGST), or Registered Sleep Technologist (RST),
8. The patient must be followed for the first year after delivery of the OA, and then annually thereafter, to ensure subjective measurement and objective compliance and to provide any necessary adjustments. All treatments supplied to the patient by the dental professional including notice if a patient has terminated treatment must be communicated to the prescribing physician with written documentation in a timely manner.

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Reference: AASM Guidelines, July 2015