

Guidelines at-a-Glance

ADAPTED FROM

Ramar K, Dort LC, Katz SG, Lettieri CJ, Harrod CG, Thomas SM, Chervin RD. Clinical practice guideline for the treatment of obstructive sleep apnea and snoring with oral appliance therapy: an update for 2015. *J Clin Sleep Med* 2015;11(7):773–827.

Clinical Practice Guideline for the Treatment of Obstructive Sleep Apnea and Snoring with Oral Appliance Therapy: An Update for 2015

AASM LEVELS OF RECOMMENDATIONS

		OVERALL QUALITY OF EVIDENCE			
		HIGH	MODERATE	LOW	VERY LOW
ASSESSMENT OF BENEFIT/HARM/ BURDEN	Benefits clearly outweigh harm/burden	Standard	Standard	Guideline	Option
	Benefits closely balanced with harm/burden OR	Guideline	Guideline	Option	Option
	Uncertainty in the estimates of benefit/harm/burden				
	Harm/burden clearly outweighs benefits	Standard	Standard	Standard	Standard

QUALITY OF EVIDENCE

- ⊕⊕⊕⊕ High
- ⊕⊕⊕⊖ Moderate
- ⊕⊕⊖⊖ Low
- ⊕⊖⊖⊖ Very Low

RECOMMENDATIONS FOR TREATMENT OF PRIMARY SNORING

- 4.1** We recommend that sleep physicians prescribe oral appliances, rather than no therapy, for adult patients who request treatment of primary snoring (without obstructive sleep apnea). **STANDARD**
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B>H

RECOMMENDATIONS FOR TREATMENT OF OSA

BENEFITS VERSUS HARMS

- B>h** Benefits outweigh harms
- B=H** Benefits approximately equal harms
- H>b** Harms outweigh benefits

- 4.2a** When oral appliance therapy is prescribed by a sleep physician for an adult patient with obstructive sleep apnea, we suggest that a qualified dentist use a custom, titratable appliance over non-custom oral devices. **GUIDELINE**
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- 4.2b** We recommend that sleep physicians consider prescription of oral appliances, rather than no treatment, for adult patients with obstructive sleep apnea who are intolerant of CPAP therapy or prefer alternate therapy. **STANDARD**
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- 4.2c** We suggest that qualified dentists provide oversight—rather than no follow up—of oral appliance therapy in adult patients with obstructive sleep apnea, to survey for dental-related side effects or occlusal changes and reduce their incidence. **GUIDELINE**
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- 4.2d** We suggest that sleep physicians conduct follow-up sleep testing to improve or confirm treatment efficacy, rather than conduct follow-up without sleep testing, for patients fitted with oral appliances. **GUIDELINE**
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- 4.2e** We suggest that sleep physicians and qualified dentists instruct adult patients treated with oral appliances for obstructive sleep apnea to return for periodic office visits—as opposed to no follow-up—with a qualified dentist and a sleep physician. **GUIDELINE**
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