



Prescription for Sleep Care - Dentist

Patient	Requesting professional
<p>_____ Last and first name</p> <p>_____ Address</p> <p>_____ City Postal code</p> <p>_____ Phone number</p> <p>_____ Gender DOB (yyyy/mm/dd)</p>	<p>_____ Dentist's last and first name Licence number</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">STAMP</p> <p>_____ Dentist's signature (handwritten or electronic) MANDATORY Date</p>

☐ Patient is a candidate for a mandibular orthosis (MAO) (Following recommendations of the AASM¹)

☐ Send a copy of the examination to the physician:

Last and first name

Clinic

Clinical information

☐ Snoring

☐ Surgery failed

☐ Indications justifying PSG:

☐ OSA suspected

☐ Intolerance to CPAP

☐ Other clinical information:

Dental protocol

The dental protocol speeds up access to a diagnostic test at the request of the requesting dentist, and prioritizes the medical evaluation of patients following their sleep test. The protocol includes:

- Diagnostic study
- A sleep medicine consultation
- Prescription of therapeutic option

Diagnostic sleep test with dental protocol

At home

☐ Home sleep test (≥12 years)

☐ with AMO

☐ Pediatric nocturnal oximetry and sleep medicine consultation

Sleep laboratory

☐ Polysomnography (PSG)

☐ with AMO

☐ with bruxism assembly

Consultation

☐ Consultation – Brief Behavioral Treatment for Insomnia (BBT-I)

The goal is to provide effective and tailored treatment for chronic insomnia by focusing on behavioral components such as stimulus control and sleep restriction. This program is also intended for individuals who are dissatisfied with the duration and/or the quality of their sleep.

☐ Sleep medicine consultation with a pulmonologist - Adult (RAMQ)

☐ Consultation in sleep medicine with a pulmonologist - Pediatrics (RAMQ)

Which examination should you choose?

HOME SLEEP TEST is recommended for patients presenting a moderate to high clinical probability of sleep apnea WITHOUT severe comorbidity such as COPD, heart failure or another pathology affecting oxygenation upon awakening.

LABORATORY POLYSOMNOGRAPHY (COMPLETE PSG) is recommended if the diagnosis is uncertain, if the patient has a severe comorbidity or if another sleep disorder is suspected (e.g. narcolepsy, restless legs, sleep behavioural abnormalities).

BRIEF BEHAVIORAL TREATMENT FOR INSOMNIA (BBT-I) is aimed at patients who are dissatisfied with the duration and/or quality of their sleep (insomnia).

SLEEP MEDICINE CONSULTATION is indicated when the clinical data does not clearly identify the best choice of test. This consultation is conducted by a pulmonologist and covered by the RAMQ.

Screening Tool – Epworth Sleepiness Scale

What is the possibility of dozing off or falling asleep in these situations? (Based on the scale below)

0: No risk	1: Low risk	2: Moderate risk	3: High risk
Situations			Results
Reading while sitting			
Watching television			
Sitting quietly in a public place			
Passenger in a moving vehicle for over an hour			
Lying down in the afternoon when circumstances permit			
Sitting while talking to someone			
Sitting calmly after a meal without alcohol			
In a car, while stopped for a few minutes at a traffic light or in traffic			
Total:			/ 24

A score of 0 to 7: Normal Sleepiness

A score of 8 to 9: Light Sleepiness, possibly normal.

A score ≥ 10 : indicates excessive daytime sleepiness, which may be associated with a sleep disorder or warrant an investigation.

Screening tool – STOP

STOP - Questionnaire



Snore

Tiredness, sleepiness

Observed apnea

Pressure

2 / 4 = high risk

Sensitivity from 62% to 86%, specificity from 43% to 77%, VPP 89%, RR 3.79

Reference: Ann Intern Med, 1999, J Clin Anesth, 2007, Sleep Breath, 2007



Screening for a sleep disorder
Biron appointment at
→ tired.biron.com