



Prescription for Sleep Care - Dentist

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

Patient is a candidate for a mandibular orthosis (MAO) (Following recommendations of the AASM!)
 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	Sleep laboratory
<input type="checkbox"/> Home sleep test (≥12 years) <input type="checkbox"/> with AMO <input type="checkbox"/> Pediatric nocturnal oximetry	<input type="checkbox"/> Polysomnography (PSG) <input type="checkbox"/> with AMO <input type="checkbox"/> with bruxism assembly

Consultation

Sleep hygiene consultation with a respiratory therapist
 For patients who are dissatisfied with sleep duration and/or quality. The purpose is to guide patients towards good sleep hygiene, provide them with lasting tools, follow-up on their objectives, and if necessary, direct them to CBT-I.

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).

SLEEP HYGIENE CONSULTATION 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