



## 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) <b>MANDATORY</b> Date</p>

- 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)<br><input type="checkbox"/> with AMO | <input type="checkbox"/> Polysomnography (PSG)<br><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			
<b>Total:</b>			<b>/ 24</b>

A score of 7 to 9: average score, it is possible to improve sleep quality.

A score  $\geq 10$ : 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](https://tired.biron.com)