

# Can't Sleep? Do You Have Headaches or TMJ Pain?

## New Data shows that this may not be just a coincidence

For almost 15 years, our office has successfully treated patients suffering from headaches and an array of jaw pain symptoms, categorized as temporomandibular joint (TMJ) disorders. People suffering from TMJ disorders can also exhibit symptoms like ear ringing (tinnitus), vertigo, and migraines that affect their overall quality of life. However, recent data indicates an estimated 75% of people with TMD also have sleep breathing disorders such as snoring and sleep apnea, which have become huge health concerns in today's medical community. Concurrently, 52 percent of people with sleep disorders have the potential for TMD problems, which means that these are really the same group of people and should be treated using a dual approach for proper care of the patient. It is estimated, that in the next 5 years the number one killer in the United States which is heart disease, could actually be attributed to undiagnosed or

untreated sleep apnea! For all of these reasons, we are taking this area of dentistry very seriously; and when treating these sleep patients, we need to be aware of their potential for TMJ pain and discomfort.

### A Combined Approach to TMJ and Sleep Disorders

As neuromuscular dentists who routinely treat TMJ disorders, our office has always focused on proper jaw alignment and muscle comfort for overall dental health, a guiding principle that puts us at an advantage in treating obstructive sleep apnea. We use various instruments, including advanced muscle tracking technology, to diagnose and treat our TMJ patients. In response to the latest research, we realized that it was very appropriate to utilize this same technology to treat our obstructive sleep apnea patients. We want to address these serious sleep issues, but we do not want to be responsible for

an inaccurate sleep appliance sending these fragile patients into a potential TMJ pain spiral.

Patients with TMJ disorders frequently have a destructive bite with worn down teeth that forces their lower jaw backwards. This backwards positioning can cause narrowing of a person's airway while they sleep, which leads to obstructive sleep apnea. Conversely, a person with an obstructed airway may clench and grind their teeth, which can wear down the teeth and deteriorate the bite, leading to TMD symptoms and pain. It's a bit of the chicken or egg syndrome, but the patient isn't concerned with which problem came first, they just want to feel better.

If a sleep breathing issue is suspected, we provide patients with a sleep monitoring device that records breathing and provides an Apnea/Hypopnea Index (AHI), which is a measure-

ment of the severity of sleep apnea. The studies combine information on blood oxygen level and the number of times sleep is disrupted by low oxygen during sleep to help us determine a course of action. This will give us the data we need to not only identify a potential problem, but to also properly treat or refer that patient for the right type of care.

If mild to moderate OSA is diagnosed, we can provide a customized dental device for nighttime wear to move the lower jaw forward and hold the airway open. After 2 months of use, we reevaluate our patients with the same screening equipment to determine if the appliance is providing maximum improvement or if further adjustments are necessary to the appliance.

If our screening device shows that a patient has moderate to severe sleep apnea, they will be referred for an evaluation with a sleep physician. Many times a comprehensive dental and medical approach will result in the best patient outcome.

Sally Shrock of Rochester is a patient who experienced symptoms of obstructive sleep apnea. She says her life was changed following OSA treatment. "For the first time in years, I now sleep like a baby with very little snoring. What a blessing that is for me and for my husband."

I strongly recommend against self-treatment for snoring because one-size-fits-most sleep apnea appliances can hurt, not heal. With all of the latest data, we feel the proper approach to treating TMJ disorders and obstructive sleep apnea is with the use of precise muscle measuring and monitored therapy, not simply an oral appliance.



**Dentally Speaking**

by Jeffrey S. Haddad D.D.S.

The incorrect appliance can force patients into a headache/jaw pain spiral. We have unfortunately treated patients in our practice who have been adversely affected by the use of over-the-counter, Internet ordered, or poorly made sleep appli-

ances. When we made new, precisely measured sleep appliances based on their personal muscle physiology and monitored the outcome, their pain symptoms were relieved and their sleep issues improved with greater predictability.

We have seen a significant increase in the number of patients we treat for combined obstructive sleep apnea/TMJ disorders since our practice began monitoring and treating sleep apnea almost 10 years ago. During that time, we have refined treatment approaches and the design of oral therapy appliances as new information, research, and technology have become available. This new research and data about the similarities between TMJ and sleep disordered patients makes it extremely important for dentists to make sure they are placing their patients in muscularly comfortable jaw positions when making dental appliances. We have seen very predictable and successful results with this technique and will continue to treat and monitor our patients in this very safe, measured approach.

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