



대한치과수면학회

Korean Academy of Dental Sleep Medicine

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Korean Academy of Dental Sleep Medicine Newsletter

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□ 대한치과수면학회 춘계학술대회

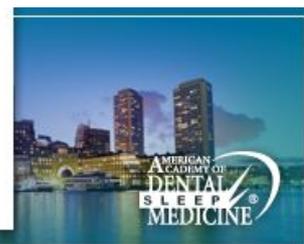
- 대한치과수면학회 춘계학술대회가 2012년 5월 19일(토) 오후 2시부터 서울대학교 치과병원 제1강의실에서 개최된다. 이번 학술대회에는 단국대학교 김기석교수, 서울대학교 박지운교수와 전) University of Pacific 교정과 교수를 역임한 조헌제원장과 분당서울대병원 정신건강의학과 유희정교수, 서울아산병원 이비인후과 정유삼교수 등이 코골이와 수면무호흡증의 진단과 문제점, 해부학적 문제의 진단을 위한 3차원 영상, 그리고 해부학적 문제를 해결하는 것이 어떤 기전으로 폐쇄성 수면무호흡증의 개선에 도움을 주는가 등의 균형 잡힌 수면의학의 이해에 도움이 될 강의를 준비되어 있다.
- 문의 : 총무이사 서울대학교 구강내과 정진우교수 (E-mail: jwchung@snu.ac.kr, TEL: 02-2072-3811)

□ 미국치과수면학회 학술대회

- AADSM 21st Annual Meeting
- Mark your calendar for Thursday, June 7 - Saturday, June 9, 2012 to join the AADSM at the Sheraton Boston Hotel in Boston, Massachusetts for the AADSM 21st Annual Meeting.



AMERICAN ACADEMY OF DENTAL SLEEP MEDICINE
21ST ANNUAL MEETING
BOSTON
THU. JUNE 7 - SAT. JUNE 9, 2012



- <http://www.aadsm.org/>

□ Recent Publications in Dental Sleep Medicine

- **Difference in dental arch size between obese and non-obese patients with obstructive sleep apnoea.** J Oral Rehabil. 2012 Feb;39(2):111-7.

Maeda K, Tsuiki S, Isono S, Namba K, Kobayashi M, Inoue Y.

Japan Somnology Center, Neuropsychiatric Research Institute, Tokyo Department of Somnology, Tokyo Medical University, Tokyo Department of Anesthesiology, Chiba University, Chiba, Japan.

A large tongue is recognised as a factor that increases the collapsibility of the upper airway in obstructive sleep apnoea (OSA) patients. We hypothesised that the propensity to develop severe OSA could be minimised if the dental arches were enlarged in obese OSA people who are thought to have a large tongue. We therefore compared the size of the dental arches in obese and non-obese OSA patients. Using a lateral cephalogram and study models, we compared the sizes of the tongue and dental arches in 23 obese and 23 non-obese Japanese male OSA patients, who were matched for age, apnoea hypopnea index (AHI) and maxillomandibular size. The median age (years) and AHI (events per hour) for the obese and non-obese groups were 36.5 and 39.0, and 13.4 and 14.3, respectively. The maxillomandibular size was matched with regard to SNA, SNB and lower face cage obtained from cephalometric measurements. The parameters that were measured for the study model included dental arch width, dental arch length, overjet and overbite. Tongue size ($P < 0.05$) and both upper ($P < 0.01$) and lower ($P < 0.05$) dental arch widths were significantly larger in obese than in non-obese OSA patients, and there was no difference in the severity of OSA between the two groups. These findings suggest that the tongue was larger and dental arches were enlarged in obese patients compared with non-obese patients under the same disease severity. Wider dental arches in obese OSA patients may help to offset the impact of the enlarged tongue on upper airway patency.

- **Sleep bruxism: a comprehensive overview for the dental clinician interested in sleep medicine.** Dent Clin North Am. 2012 Apr;56(2):387-413.

Carra MC, Huynh N, Lavigne G.

Faculty of Dental Medicine, Univeriste de Montreal, Montreal, Quebec, Canada.

Sleep bruxism (SB) is a common sleep-related motor disorder characterized by

tooth grinding and clenching. SB diagnosis is made on history of tooth grinding and confirmed by polysomnographic recording of electromyographic (EMG) episodes in the masseter and temporalis muscles. The typical EMG activity pattern in patients with SB is known as rhythmic masticatory muscle activity (RMMA). The authors observed that most RMMA episodes occur in association with sleep arousal and are preceded by physiologic activation of the central nervous and sympathetic cardiac systems. This article provides a comprehensive review of the cause, pathophysiology, assessment, and management of SB.

- **Temporomandibular disorder pain and dental treatment of obstructive sleep apnea.** Dent Clin North Am. 2012 Apr;56(2):415-31.

Merrill RL.

UCLA School of Dentistry, Los Angeles, CA 90095, USA.

Treatment of sleep apnea with mandibular advancement devices (MADs) may be associated with the development of symptoms of temporomandibular disorder (TMD). This article discusses the different types of TMD and orofacial pain problems that may occur during treatment of obstructive sleep apnea (OSA) with a MAD. It is critical that the general dentist who is providing dental devices for OSA perform a thorough physical and neurologic assessment of the temporomandibular joint and associated structures before providing such a device so that preexisting problems are identified and discussed with the patient.