Obstructive Sleep Apnea Syndrome (OSAS) is a common sleep respiratory disorder, characterized by snoring and partial (hypopnea) or complete (apnea) obstructions of airflow. Oxygen desaturation and sleep fragmentation, caused by the airflow limitations, can lead to an excessive daytime sleepiness and an increased risk of cardiovascular, cerebrovascular and metabolic diseases [1-8].

Nowadays, “Dental Sleep Medicine” plays an important role in the treatment of patients affected by OSAS. Mandibular Advancing Devices (MADs) represent a conservative, non-invasive and effective alternative for patients presenting a mild or moderate OSAS. Besides, it may give a valid possibility for patients affected by severe OSAS who refused CPAP (Continuous Positive Airway Pressure) and are not good candidates to surgery [9-11]. Furthermore, MADs can be combined to other treatment options, in order to obtain a better clinical outcome.

Involving a multidisciplinary expertise is essential for a correct diagnosis and treatment plan, and eventually the treatment management. Due to the high number of signs, symptoms and consequences of the syndrome, to the several etiological factors and the different treatment options, this becomes of paramount importance.

A comprehensive clinical examination should assess: -sleep-oriented present and past medical history; -daytime and nighttime symptoms; -findings of sleep testing; -comorbidities; -anthropometric and functional characteristics; -findings of polysomnography; -anatomical and functional causes of obstruction; -morphology of skeletal and soft tissues; -oral (dental, periodontal and occlusal) and TMJ status. The objective is to create tailored treatment plan, which takes into account guidelines, contra/indications reported in literature, predictability of alternative therapies and preference of patients. This multidisciplinary approach gives the sleep dentist the following advantages: 1. improves patient selection; 2. reduces failure ratio, by means of combined treatments; 3. helps to control the possible persistent symptoms.

Regarding patients selection, research on positive and negative predicting factors to MAD therapy is still a challenge because of the heterogeneity of causes, anatomical and functional characteristics and treatment outcomes. In attempt to identify good responders to MAD therapy, several authors emphasised the predictive role of the OSAS severity (good responders present a lower number of obstructive events at baseline polysomnography, when compared to poor responders), of the dependence on supine position (positional OSAS affects the quality of sleep and the oral status (dental, periodontal and TMJ health)); - to evaluate whether or not an oral device can be positioned; - to carry out the necessary perioral, dental and prothetic pretreatments; - to realize MAD simulators for sleep physician (used during polysomnography) and for ENT (used during DISE), for a higher predictability of the mandibular advancement effects [20-25]; - to complete other treatments outcome, when it is considered insufficient [15]; - to collaborate with sleep physician in the evaluation of treatment outcome, taking into account the tolerance of the patient to mandibular advancement and his characteristics.

In conclusion, only a multidisciplinary approach to treat Obstructive Sleep Apnea Syndrome allows the best clinical outcome. “Coming together is a beginning, staying together is progress and working together is success. Henry Ford”.

References
2. combining a night positional trainer to a MAD, achieved a significantly lower AHI (Apnea/Hypopnea Index), when compared to baseline or to only-MAD therapy results. However, when different anatomical sites are involved in the genesis of obstructive events, the combination of MADs with ENT Surgery can be needed [17]. Nevertheless, the treatment of high nasal resistance can improve MAD tolerability and outcome, by decreasing the tendency to mouth opening during sleep. Mouth opening often leads to an increased collapsibility of the pharynx and enhances the risk to lose the lower split of the appliance (so the advancement of the mandible), especially when a low retention to teeth is present [18,19]. Mandibular Advancing Devices can be also combined to CPAP (Continuous Positive Airway Pressure), with the aim of reducing the effective airway pressure and the encumbrance of the interface in patients with poor compliance to CPAP [19].

Finally, the expertise of a neurologist can be essential to control daytime sleepiness that persists despite a significant improvement of the AHI, and sleep quality and continuity, thus improving the tolerance to the oral appliance.

On the other hand, the important role of an expert sleep dentist is: - to recognize symptoms of OSAS and to refer the patient to a sleep physician; - to help in formulating the complete diagnosis and the correct treatment plan, by evaluating the craniofacial morphology and the oral status (dental, periodontal and TMJ health); - to evaluate whether or not an oral device can be positioned; - to carry out the necessary perioral, dental and prothetic pretreatments; - to realize MAD simulators for sleep physician (used during polysomnography) and for ENT (used during DISE), for a higher predictability of the mandibular advancement effects [20-25]; - to complete other treatments outcome, when it is considered insufficient [15]; - to collaborate with sleep physician in the evaluation of treatment outcome, taking into account the tolerance of the patient to mandibular advancement and his characteristics.

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