

Dental sleep medicine classes reach across the border

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The field of dental sleep medicine was barely out of its infancy when Tufts faculty realized the importance of training students to screen, diagnose and treat sleep disorders. In 2009, the school became the first in the U.S. to incorporate dental sleep medicine into its curriculum.

But Americans aren't the only ones whose nights are upended by conditions such as obstructive sleep apnea, which not only deprive their sufferers of much-needed rest but pose significant health risks. So when the Tufts-trained dean of a Mexican dental school realized his country could benefit from dentists with sleep medicine expertise, he reached out to Boston. The result is a collaboration between Tufts School of Dental Medicine and the University of Monterrey (UDEM) that allows students in Mexico to take the Tufts class in dental sleep medicine using distance-learning technology.

"I knew that I had to bring something that would have an impact for our community," says Hector Martinez, DG08, dean of the UDEM <u>dental school</u>. "So I turned right back to Tufts and asked for help to develop this program." The UDEM dental sleep <u>medicine program</u>, now in its second year, is the first of its kind in Latin America.

The course is taught by Leopoldo Correa, DG11, an associate professor of diagnosis and health promotion and head of the dental sleep medicine section at Tufts' Craniofacial Pain, Headache and Sleep Center. UDEM associate professor Hector Cuellar provides hands-on instruction on his end in Mexico. With a generation of students accustomed to using Skype



and Facetime, the virtual attendance of the Mexican students is fairly easy to handle, Correa says.

The 24 UDEM students are in their final year of a five-year dental program, all specializing in a track known as growth and development. UDEM is a bilingual university, and the students are tested to assure their fluency in English.

The prevalence of sleep disorders in Latin America has not been measured extensively, but a 2008 study in the *Journal of Clinical Sleep Medicine* that examined sleep issues in four Latin American cities, including Mexico City, found a "high prevalence of sleep-related symptoms and undiagnosed obstructive sleep apnea," ranging from 2.9 percent to 23.5 percent of the study subjects.

In the U.S., it's estimated at least 40 million people have some sort of sleep disorder, and up to 5 percent of the population may have obstructive sleep apnea, in which the airways consistently become blocked during sleep. The result, in addition to loud snoring or gasping, can be sleep that is disrupted anywhere from a few times to several hundred times a night. Along with daytime sleepiness, the periodic lack of oxygen can create a risk for cardiovascular conditions, such as high blood pressure or stroke, as well as diabetes and depression.

The first-line treatment is usually a nighttime device known as a Continuous Positive Airway Pressure (CPAP), which uses mild air pressure to keep the airways open during sleep. For many patients, an oral appliance is used to help prevent the collapse of the tongue and soft tissues in the back of the throat along with, or instead of, the CPAP.

Martinez's wife, Gabriela Garza, DG09, works at UDEM's orofacial pain clinic, where patients thought to have sleep disorders are evaluated and diagnosed.



"Most of the time patients don't know what the problem is," Martinez says. "In Mexico, patients don't visit the dentist to try and take care of sleep problems. All they know is they are not having good sleep." If nighttime restlessness or daytime sleepiness prompts anyone to take action, the choice is usually a trip to a physician. So the task for Martinez and his colleagues was not only to train dentists in sleep medicine, but to enlighten physicians and dentists outside UDEM about the relatively new field.

"Word started to spread about what we are doing for sleep disorders, and after that we started growing. We try to give physicians and dentists guidance on how to manage their cases," Martinez says.

"The University of Monterrey is trying to take the lead in public awareness of the medical consequences of untreated <u>sleep apnea</u> and sleep disorders," Correa says.

Mexico's public health plans do not cover treatment for <u>sleep disorders</u>, nor do most private Mexican dental insurance plans, Martinez says. At UDEM, a private university where there is an emphasis on community service, "we can give service to the low-income community, those who cannot pay for dental insurance and those who are not being treated by a government program, and give them very high-quality dental treatment, and a type of treatment that is very rare in Mexico," he says. "People are now coming from outside Monterrey, from distant parts of Mexico, to have diagnoses here on sleep medicine. So we're having an impact on the whole country."

Provided by Tufts University

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