

For eight years, Dave Huntley of Ogden used a breathing machine to help him sleep through the night. But he found the hoses from his Continuous Positive Airway Pressure machine awkward and the unit difficult to transport on trips.

A visit to his dentist, Dr. John Clary of Ames, led him to an alternative - a simple mouthpiece. Clary, working in conjunction with sleep physicians, has offered the dental devices to patients with sleep-related breathing disorders for about five years.

Huntley says the transition was easy.

"It was the best night's sleep I've had in years," he said.

Clary, a member of the American Academy of Dental Sleep Medicine, is one of a few dentists in Iowa trained to offer the oral appliances. He became interested in the growing issue of sleep apnea, a condition where breathing periodically stops during sleep, often causing excessive snoring and leaving the person drowsy during the day. Clary wanted to learn more after comparing notes with a cousin who runs a sleep lab in Texas.

Sleep apnea is as common as adult diabetes, and affects more than 12 million Americans, according to the National Institutes of Health. Historically, the CPAP was the only option for patients with sleep apnea. However, compliance was poor. A 2006 study by the American Academy of Sleep Medicine showed only 50 percent of patients used their machines after one year. Many complained their masks didn't fit.

As a result, the association agreed that dental appliances should be the first line of treatment for mild to moderate sleep apnea, as determined by a sleep study.

Without proper follow-up, many patients would simply stop using their machines. Clary learned this as patients came in for regular dental exams every six months.

The dental device, made of plastic and wires, brings the jaw forward and keeps the airway open during sleep. It can be adjusted to avoid facial pain, headaches and popping and clicking.

Huntley likes that the device doesn't dry out his nasal passages and can be carried in his pocket. His line of work - managing engineers for the Union Pacific Railroad - requires that he travel, getting on and off trains frequently.

"Carrying a CPAP was a little cumbersome. I stay in motels and sometimes you

can't find a plug-in, and I hate sleeping without it," he said.

The portability of the smaller device is also helpful when Huntley camps in the summertime. He added that it's worked so well that his wife uses one, too.

Dr. Terry Burk, a chiropractor in Huxley, had similar results. He stopped using a CPAP machine after three months because the mask made his nose raw.

"I slept worse with the CPAP machine. It was so utterly annoying and I wasn't able to get used to it. When I changed positions, the mask would slip and it would whistle, at which point, my wife would poke me more than she used to," he said.

The dental device caused some minor headaches and muscle pain for about a week, Burk said, but has finally brought a good night's sleep.

Clary stressed that patients be diagnosed through a formal sleep study before being fitted for an appliance.

He screens patients through a short survey and refers them to a sleep physician if needed. He also uses a home monitoring device patients can wear on their wrist overnight to monitor breathing episodes.

Costs for the oral appliance can range from \$2,400 to \$3,000. Clary charges \$2,400, which includes follow-up visits. Some insurance companies will cover part of the cost.

Clary cautioned against using devices purchased over the counter or through professionals not trained in facial pain or use of the appliance. Without proper monitoring, patients don't know if the devices are working or that the sleep apnea is being treated correctly, he said.