



A better night's sleep

COURTESY OF YOUR DENTIST

BY KERRIE KENNEDY

Dr. Jeffrey Weller

Ten questions to ask yourself or your partner:

1. Are you snoring?
2. Does anyone ever notice you stop breathing during sleep?
3. Do you gasp for air during sleep?
4. Do you awaken with dry-mouth?
5. Do you have morning headaches?
6. Do you have difficulty staying asleep?
7. Do you feel tired during the day?
8. Do you have difficulty paying attention while awake?
9. Do you have irritability?
10. Do you have wear on your teeth?

You don't usually think of your dentist as being on the front-line of your healthcare, but in fact, many diseases and conditions are first recognized in the mouth. One of those conditions—sleep apnea—can not only be detected by your dentist, but it can also be treated by your dentist. *Hinsdale Magazine* checked in with Dr. Jeff Weller to find out more about sleep apnea.

What can sleep apnea do to your health?

With sleep apnea, you have an obstructed airway not getting oxygen at night, and that affects your heart and your blood-pressure, which can lead to heart disease.

As a dentist, how do you identify sleep apnea?

We have a list of questions we go through with patients; we have them fill out a questionnaire. We also look at the condition of their mouth, and look for signs of acid erosion and/or wear or attrition of the teeth—signs potentially caused by sleep apnea. And of course we talk to our patients. Are they aware of themselves snoring? Often, one of the telltale signs of obstructive sleep apnea is very loud and excessive snoring or stoppages in breathing. Snoring is the result of air passing through an obstructed or partially-obstructed airway. Another

major sign is daytime sleepiness that can be accompanied by irritability or depression. Even medical conditions such as high blood-pressure, diabetes and obesity can be signs of underlying sleep apnea.

Is this part of a regular check-up?

In my practice, it is. We focus on comprehensive care, meaning that we're looking at wear and tear on teeth as kind of a disease in the mouth. A lot of dentists are teeth doctors; they don't look at the underlying cause of the problem. As dentists, we are in a unique position to identify apnea that may otherwise often go unnoticed. We are able to assess the airway and potential risk factors of blockage, such as a large tongue, excess tissue or a narrow airway. We also know that oftentimes bruxism (tooth-grinding) and sleep apnea go hand in hand. Therefore, when we see evidence of grinding—such as tooth-wear, broken teeth, chipped teeth or pain on chewing—we can consider sleep apnea as a potential etiology for these issues. Worn, chipped teeth and acid erosion found on patients in our practice makes us dig a bit deeper into our patients' health. We're focused on getting to root of why a patient is destroying tooth structure so that when we restore, we can also help control the elements that caused us to get there in the first place.

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