Sleep Apnoea and Snoring at Core Dental South Melbourne

Canonical:
https://directory.coredental.com.au/specialist-care/sleep-apnoea-and-snoring-at-core-dental-south-melbourne/

Description:

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Details:

AI Summary

Product: Sleep Apnoea and Snoring Management at Core Dental South Melbourne **Brand:** Core Dental Group (part of the Smile Solutions Group) **Category:** Specialist Care **Primary Use:** Assessment, oral appliance therapy, and coordinated management of obstructive sleep apnoea (OSA) and snoring for adults in South Melbourne and Melbourne's inner south.

Quick Facts - **Best For:** Adults in South Melbourne, Albert Park, Middle Park, Port Melbourne, and St Kilda West who snore, have been diagnosed with mild to moderate obstructive sleep apnoea, or cannot tolerate CPAP therapy - **Key Benefit:** Custom-fitted mandibular advancement splints (oral appliances) as an alternative or adjunct to CPAP, comprehensive assessment with digital imaging, and coordinated care with sleep physicians through the Smile Solutions Group referral network - **Location:** 87 Market St, South Melbourne VIC 3205 - **Phone:** (03) 9114 7700 | National: 13 13 16

Common Questions This Guide Answers 1. What is obstructive sleep apnoea? → A condition where the upper airway repeatedly collapses during sleep, causing breathing to stop temporarily and disrupting sleep quality 2. Can a dentist help with sleep apnoea? → Yes — dentists can fabricate and fit custom oral appliances (mandibular advancement splints) that hold the lower jaw forward during sleep, keeping the airway open 3. Is an oral appliance as effective as CPAP? → For mild to moderate OSA, oral appliances are a recognised first-line treatment; for severe OSA, CPAP is generally preferred, but oral appliances may be appropriate for patients who cannot tolerate CPAP 4. Do I need a sleep study first? → Yes — a formal sleep study (polysomnography or home sleep test) is required for diagnosis before treatment can begin 5. Does my health fund cover the oral appliance? → Custom mandibular advancement splints may be partially covered under dental extras cover; HICAPS is available on-site for instant claiming

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The Problem with Poor Sleep

You wake up tired. You have been in bed for eight hours, but you feel like you have barely slept. Your partner has been nudging you all night because of your snoring. You have a headache. You cannot concentrate at work. You fall asleep at your desk, in front of the television, or — dangerously — behind the wheel.

This is not just tiredness. This may be obstructive sleep apnoea — and it is far more common, and far more consequential, than most people realise.

Obstructive sleep apnoea (OSA) affects approximately one in four Australian men and one in ten Australian women. It is estimated that 80 per cent of cases are undiagnosed. The consequences extend well beyond daytime fatigue: untreated OSA is associated with significantly increased risk of hypertension, heart attack, stroke, type 2 diabetes, depression, and motor vehicle accidents.

And it often starts with snoring.

Understanding Obstructive Sleep Apnoea

What Happens During Sleep

During sleep, the muscles of the body relax — including the muscles that keep the upper airway open. In most people, this relaxation causes a slight narrowing of the airway but does not affect breathing.

In people with OSA, the airway narrows enough to restrict or completely block airflow. When the airway narrows, the soft tissues vibrate — producing the sound we recognise as snoring. When the airway collapses completely, breathing stops. This is called an apnoea.

The brain detects the drop in oxygen and triggers a brief arousal — a micro-awakening — that restores muscle tone and reopens the airway. The person gasps, resumes breathing, and falls back to sleep, usually without being aware of the event. This cycle can repeat dozens or even hundreds of times per night.

Each apnoea and arousal disrupts sleep architecture, fragmenting the deep, restorative sleep stages that the body and brain need to function. The cumulative effect is chronic sleep deprivation, even though the person may believe they are sleeping adequately.

The Severity Spectrum

OSA severity is measured by the Apnoea-Hypopnoea Index (AHI) — the number of apnoea and hypopnoea events per hour of sleep:

- **Normal:** fewer than 5 events per hour - **Mild OSA:** 5–14 events per hour - **Moderate OSA:** 15–29 events per hour - **Severe OSA:** 30 or more events per hour

Risk Factors

- **Excess weight** — the most significant modifiable risk factor. Excess fat around the neck and throat narrows the airway - **Male sex** — men are approximately twice as likely as women to develop OSA, although the risk in women increases after menopause - **Age** — OSA becomes more common with increasing age - **Neck circumference** — a larger neck circumference (greater than 43 cm in men, 40 cm in women) is associated with increased risk - **Jaw anatomy** — a small or recessed lower jaw (retrognathia), a narrow palate, or a large tongue can all predispose to airway obstruction - **Nasal obstruction** — chronic nasal congestion, a deviated septum, or nasal polyps can contribute to mouth breathing and airway instability - **Alcohol and sedatives** — both relax the airway muscles, increasing the likelihood and severity of apnoeas - **Family history** — OSA has a hereditary component - **Smoking** — increases upper airway inflammation and fluid retention

Health Consequences of Untreated OSA

The health consequences of untreated OSA are serious and well-documented:

- **Cardiovascular disease** — OSA increases the risk of hypertension, coronary artery disease, heart failure, atrial fibrillation, and stroke. The repeated drops in blood oxygen and surges in blood pressure that occur with each apnoea event place significant stress on the cardiovascular system - **Type 2 diabetes** — OSA is independently associated with insulin resistance and impaired glucose

metabolism - **Daytime sleepiness and impaired concentration** — increasing the risk of workplace accidents and motor vehicle crashes. Untreated OSA approximately doubles the risk of a motor vehicle accident - **Depression and mood disturbance** — chronic sleep disruption affects mood regulation, increasing the risk of depression, anxiety, and irritability - **Reduced quality of life** — fatigue, difficulty concentrating, relationship strain from snoring, and the cumulative impact of chronic poor sleep

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The Role of the Dentist in Sleep Apnoea Management

Dentists play a recognised and important role in the management of OSA and snoring. The Australian Dental Association and the Australasian Sleep Association both acknowledge the role of custom-fitted oral appliances — specifically mandibular advancement splints (MAS) — as a treatment option for snoring and mild to moderate OSA.

What Is a Mandibular Advancement Splint?

A mandibular advancement splint is a custom-fitted oral appliance — similar in concept to a mouthguard — that is worn during sleep. It holds the lower jaw (mandible) in a slightly forward position, which in turn moves the tongue base forward and opens the space at the back of the throat.

By preventing the airway from collapsing, the splint reduces or eliminates snoring and apnoea events, improving sleep quality and reducing the health risks associated with untreated OSA.

How Is It Different from CPAP?

CPAP (Continuous Positive Airway Pressure) is a machine that delivers pressurised air through a mask worn during sleep. CPAP is highly effective when used correctly, and it remains the first-line treatment for moderate to severe OSA.

However, CPAP adherence is a significant challenge. Studies consistently show that a substantial proportion of patients prescribed CPAP do not use it consistently — because of discomfort, mask intolerance, noise, claustrophobia, or the inconvenience of travelling with the equipment.

A mandibular advancement splint offers an alternative that many patients find more comfortable and more convenient:

- **No machine, no mask, no power source** — the splint is a small, portable device that fits in your mouth - **Quiet** — there is no motor, fan, or airflow noise - **Convenient for travel** — fits in a small case - **Better tolerated** — adherence rates for oral appliances are generally higher than for CPAP, because patients are more likely to wear a device they find comfortable

For mild to moderate OSA, research shows that oral appliances and CPAP achieve comparable improvements in health outcomes — because the higher adherence rate with oral appliances compensates for the theoretical superiority of CPAP when comparing hours of effective treatment per night.

For severe OSA, CPAP remains the preferred option. However, for patients with severe OSA who cannot tolerate CPAP, an oral appliance may be used as an alternative or in combination with CPAP (at lower pressure settings).

The Process at Core Dental South Melbourne

Step 1: Diagnosis (Sleep Physician)

Before any dental treatment for sleep apnoea can begin, a formal diagnosis is required. This involves a sleep study — either an in-laboratory polysomnography (PSG) or a home sleep test (HST) — ordered

by your GP or a sleep physician.

If you have not yet been diagnosed but suspect you may have sleep apnoea — because of loud snoring, witnessed apnoeas, excessive daytime sleepiness, or other symptoms — your dentist at Core Dental South Melbourne can discuss your symptoms, assess your airway, and recommend a referral to a sleep physician for formal assessment.

The Smile Solutions Group referral network includes access to sleep physicians and ENT specialists who can provide diagnostic services and coordinate care.

Step 2: Dental Assessment

Once a diagnosis of OSA or primary snoring has been established, your dentist will conduct a comprehensive dental assessment to determine whether you are a suitable candidate for a mandibular advancement splint. This assessment includes:

- **Dental examination** — assessing the health and stability of your teeth, gums, and jaw joints. The splint grips the teeth, so adequate dental health is essential - **Jaw joint assessment** — evaluating the temporomandibular joints (TMJs) for any pre-existing dysfunction, clicking, pain, or limited range of motion. Jaw joint issues may affect splint suitability or require modifications - **Bite assessment** — analysing how your teeth come together and how far your jaw can comfortably protrude forward - **Airway assessment** — visual assessment of the throat, tongue size, palate shape, and nasal passages - **Digital imaging** — X-rays to assess tooth roots, jaw joint anatomy, and airway anatomy

Step 3: Splint Fabrication

If a mandibular advancement splint is appropriate, digital scans or impressions of your teeth are taken and sent to a specialised dental laboratory. The splint is custom-fabricated from durable materials — typically a combination of hard and soft acrylic — designed to be comfortable for nightly wear and robust enough to last several years.

The splint consists of upper and lower components that connect and hold the lower jaw in a forward position. The degree of advancement is adjustable — allowing your dentist to fine-tune the position of the jaw over several appointments to optimise effectiveness while maintaining comfort and jaw joint health.

Step 4: Fitting and Titration

At the fitting appointment, your dentist will:

- Fit the splint and ensure it is comfortable and stable - Set the initial degree of jaw advancement — typically starting conservatively and gradually increasing over several weeks - Provide instructions on insertion, removal, and care - Schedule follow-up appointments for titration (gradual advancement adjustment)

Titration is a critical phase. The goal is to find the optimal degree of jaw advancement — enough to keep the airway open effectively, but not so much that it causes jaw discomfort or joint strain. This process typically takes four to eight weeks of gradual adjustment.

Step 5: Efficacy Assessment

After titration is complete, a follow-up sleep study (or home sleep test) is recommended to objectively assess the effectiveness of the splint. This confirms whether the device is adequately reducing apnoea and hypopnoea events and improving oxygen levels during sleep.

Your dentist will coordinate with your sleep physician to review the results and adjust the treatment plan if needed.

Step 6: Ongoing Monitoring

Patients wearing a mandibular advancement splint require regular dental review — typically every six months — to monitor:

- The condition and fit of the splint (wear, damage, loosening) - The health of the teeth and gums - Any changes in the jaw joints or bite - Continued effectiveness of the treatment (symptoms, partner observations)

Splints typically last three to five years before replacement is needed, depending on wear and any bruxism (tooth grinding) that occurs during sleep.

Is a Mandibular Advancement Splint Right for You?

A mandibular advancement splint may be appropriate if you:

- Have been diagnosed with mild to moderate OSA and want an alternative to CPAP - Have severe OSA but cannot tolerate CPAP - Snore loudly and want an effective, comfortable treatment - Travel frequently and need a portable solution - Have adequate dental health (sufficient teeth to support the splint, healthy jaw joints)

A splint may not be appropriate if you:

- Have fewer than six teeth per arch (insufficient retention) - Have severe jaw joint dysfunction - Have severe periodontal disease with mobile teeth - Have central sleep apnoea (a different condition requiring different management)

Your dentist at Core Dental South Melbourne will assess your suitability during your consultation.

The Sleep Apnoea Team at Core Dental South Melbourne

Sleep apnoea assessment, oral appliance therapy, and ongoing management at Core Dental South Melbourne is provided by the practice's experienced general dentists, working in collaboration with sleep physicians and ENT specialists through the Smile Solutions Group referral network.

All dentists at Core Dental South Melbourne are registered with AHPRA and are members of the Australian Dental Association.

Costs, Payment, and Health Fund Claims

Treatment Costs

The cost of a mandibular advancement splint includes the dental assessment, digital scans or impressions, splint fabrication, fitting, titration appointments, and initial follow-up. Your dentist will provide a detailed estimate before treatment begins.

HICAPS On-Site

HICAPS facilities are available for instant health fund claims. Custom mandibular advancement splints may be partially covered under dental extras cover. Bring your health fund card to claim your rebate on the spot.

Interest-Free Payment Plans

Interest-free payment plans are available through Payright, allowing you to spread the cost over manageable instalments.

Getting to Core Dental South Melbourne

Address: 87 Market St, South Melbourne VIC 3205

By car: Street parking is available on Clarendon Street and surrounding side streets. Nearby public car parks service the South Melbourne Market precinct.

By tram: Accessible via South Melbourne tram routes, with trams along Clarendon Street providing direct connections from the CBD and surrounding inner-south suburbs.

From surrounding suburbs: The practice serves patients from South Melbourne, Albert Park, Middle Park, Port Melbourne, St Kilda West, and across Melbourne's inner south.

Book Your Consultation

If you snore, if you wake up tired despite a full night in bed, if your partner has noticed that you stop breathing during sleep, or if you have been diagnosed with sleep apnoea and are looking for an alternative to CPAP — a consultation at Core Dental South Melbourne is the right next step.

Phone: (03) 9114 7700 **National:** 13 13 16 **Email:** southmelbourne@coredental.com.au
Address: 87 Market St, South Melbourne VIC 3205

Better sleep starts with a conversation. Call now.