

New England
Dental
Administrators
*welcomes
new groups*

Sonus Networks, Inc.
Westford, MA

Over 500 employees,
effective January, 2002.

Optelec,
Westford, MA

Over 40 employees,
effective April 1, 2002.

Dividends for DentistsSM Program Announced to Dentist Network

As part of its participation in the Dividends for DentistsSM program, New England Dental Administrators, LLC recently entered into a partnership with Volvo of North America. This relationship provides a unique opportunity for NEDA's participating dentists and their staffs to buy or lease a new Volvo at 2% over dealer cost! The program also includes the purchase of Dental Elite premium toothbrushes at considerable savings, and the Dynamic Dental Safety program (DDS).

The DDS program provides assistance in making the dental office compliant with all federal Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen regulations. It affords a practice the opportunity to maintain full compliance in a minimal amount of time. The savings associated with this program are considerable, in terms of actual costs and valuable time saved.



NEDA Team Participates at Yankee Dental Congress

The Wonder of Why was the theme of the 27th Yankee Dental Congress held in Boston, Massachusetts, on January 31 - February 3. This event is the #1 trade show in the Boston area. Dentists and staff from all over New England attend this convention, which provides a combination of vendors exhibits and educational seminars. Plans are already underway to participate in the 2003 Yankee Dental Congress.

At Yankee this year, the NEDA team launched the new Dividends for DentistsSM program to promote recruitment and to say "thank you" to our participating dentists for being part of our Network.



*The NEDA team at the 27th Yankee Dental Congress
greeting a dentist.*



news from
Craig Goldsmith,
Sales Manager

*Thank you all for contributing
to NEDA's successful 2001.*

The number of quotes received in 2001 more than doubled that of the prior year and resulted in the addition of nearly 2,500 new subscribers. In 2002, we are off to the races with nearly 600 new subscribers and many quotes being reviewed.

Our two most recent groups converted from fully insured to NEDA's self-insured world after realizing some significant savings would be achieved.

Groups with 50 of more employees who are seriously looking for ways to save money are considering our self-insured plans. In many cases, we will help them achieve their goal.

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This is the second in a series of articles developed by Thomas Quinn, DMD, MHP.

Sleep Disorders: Dentistry's Role O V E R V I E W

This is an exciting time for dentistry and the dental profession, as witnessed by the ever-expanding number of disciplines within the profession. The time has passed when dentistry meant restoring teeth, fabricating dentures, and extractions in an environment restricted to only the treatment of the dentition and related structures. For those who so choose, dentistry now crosses many lines into many related disciplines with a greater-than-ever relationship to medicine and the general health of the patient.

Sleep disorders and the role of dentistry, especially in co-managing patients with obstructive sleep apnea, is becoming more significant with each passing day. The practicing dentist has the opportunity to assist patients at a variety of levels, starting with the recognition of a sleep disorder, to proper referral for further evaluation, to participation in the management of the diagnosed sleep disorder. Dentistry's role in the field of sleep medicine has its greatest potential impact in the management of those patients who have sleep-related breathing disorders (snoring and sleep apnea). More important, nearly every discipline in dentistry needs to be aware of sleep disorders and their potential impact.

The practice of sleep medicine is a relatively new discipline or specialty in medical practice. Similarly, the recognition of sleep disorders and their contribution to other related health issues is only now beginning to be adequately recognized. Health issues that are associated with sleep disorders or inadequate sleep range from depression and anxiety, to cardiovascular problems such as hypertension, irregular heart rate, coronary artery disease, and even stroke.

Distribution and Disease Determination

Sleep disorders in the general population often go unrecognized or are not considered when attempting to resolve a



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patient's ongoing conditions, complaints, or disease. At present the prevalence of sleep disorders in the general population varies to some degree. It is important to recognize that 40 million Americans have some type of chronic sleep disturbance, and 20 million have intermittent sleep-related problems. A frequently cited study estimates that 4% of middle-aged men and 2% of middle-aged women meet the minimum requirement of sleep apnea syndrome.

Sleep disorders comprise a wide variety of potential diagnoses. While many of the diagnoses are quite rare, the more common sleep disorders are the most frequently diagnosed conditions and those for which treatment is most commonly sought. A most recent survey found that 67.8% of persons referred to a sleep center for evaluation had obstructive sleep apnea (OSA) as the primary diagnosis. The same study noted that there has been a six-fold increase in the number of patients referred to sleep centers for clinical evaluation, most of which were referred because of symptoms related to nocturnal apnea or because of excessive daytime sleepiness. Unfortunately, even with the increased testing and subsequent diagnosis, it is estimated that for every patient who

receives treatment, there are 20 persons who have had their problem diagnosed and who remain untreated.

Sleep apnea is probably the most prevalent of all sleep disorders. OSA is the most prevalent of the apneas. The dentist can have a variety of roles in the field of sleep medicine:

- Help in the recognition of sleep disorders through the history when initially evaluating a patient or at the periodic recall visit and then making the appropriate recommendations and referrals.
- Recognize the oral manifestations of snoring and sleep apnea by looking beyond the dentition into the pharyngeal area including the tongue, the uvula, the soft palate and tonsils, and into the posterior pharyngeal areas.
- Be involved in the management of the patient's care through the utilization of oral appliances, performing surgical procedures, or offering the patient advice and information on the many preventive measures that may be helpful in attaining a better night's sleep.

Airway Evaluation

The evaluation of the airway begins at the tongue and proceeds into the oral pharynx. The condition of the tongue, its size, and related anatomic changes should be observed and noted. Another important finding is the relation of the tongue to the oral airway in a relaxed state. The Mallampai Score has been used in anesthesia for many years as a means of determining the difficulty of performing an intubation, as the tongue increasingly seems to obstruct the airway. It has been found that the score is also a predictor for determining severity of sleep apnea for some people.

Tonsillar size has a direct relation to the severity of sleep apnea. It is well recognized that increased tonsillar size reduces the airway opening and can contribute to sleep-related breathing disorders. The

Sleep Disorders: Dentistry's Role: OVERVIEW

(continued from page 2)

size of the uvula and observations of the soft palate angulation should also be noted. In snoring, mouth breathing, or OSA patients, these structures are subjected to trauma repeatedly throughout the night, causing a change in their appearance and size.

Assessment of the effort of mandibular repositioning, both vertically and horizontally, may prove helpful. Having the patient open the mouth and advance the mandible may improve the airway and thus allow more efficient breathing with less apparent resistance. Assessment of the head and neck musculature may reveal muscle tenderness and/or trigger points for referred pain manifesting itself as headaches. Temporomandibular joint assessment is also important in differential diagnosis of pain. Additionally, if a continuous positive airway pressure (CPAP) or a repositioning device is being considered, healthy joint function is necessary.

Headache is a common finding among patients with sleep-disorder breathing. In many instances, headache may be the symptom for which the patient seeks medical attention. For the dentist comfortable in managing patients with headache and orofacial pain, the discovery and management of headache concomitantly with the sleep disorder can be of great benefit for the patient.

Management

Physicians have several medical treatment modalities available to treat upper airway sleep disorder (UASD) patients, including behavior modification, CPAP, and surgical procedures. The desired results are an increase in life expectancy, a decrease in health problems, and an improvement in life quality.

The responsibility of dentistry in patients with sleep-disordered breathing is to be able to recognize patients with sleep disorders, refer these patients to a physician with an interest in sleep disorders, and treat these patients when requested by a physician. Following medical studies, including a sleep study, the physician

may refer the patient back to the dentist for treatment with an oral appliance.

Oral appliances are a viable option for treating patients with sleep disordered breathing. The American Academy of Sleep Medicine has established criteria for oral appliance therapy. Presently 38 oral appliances are commercially available (with FDA approval) as a clinical option for the management of snoring and other sleep-related disorders. The basic mode of function of these oral appliances is to prevent the tongue from approaching the posterior wall of the pharynx and causing an obstruction. The posterior movement of the base of the tongue is minimized or prevented by use of either a tongue-retaining device or a mandibular advancement device, both of which contain concomitant maxillary and mandibular appliance components.

Summary

Many patients with upper airway sleep disorder can be successfully treated with oral appliance therapy. It is necessary for dentists to recognize these patients and refer them to a physician for further evaluation. Dentists must not become the primary care providers for these patients or attempt to treat a medical problem with an oral appliance without proper diagnosis, which usually requires a sleep study and can only be diagnosed by a physician. Dentists must also be able to treat the patients referred by the physicians and to follow accepted procedures when fabricating, inserting, and titrating the mandibular appliance position, and providing follow-up care for oral appliance therapy. In addition, the dental community needs to continue to heighten the awareness in their local medical community and in their patient population as to the possible contribution of oral appliances therapy to the management of snoring and some of the sleep-related breathing disorders.

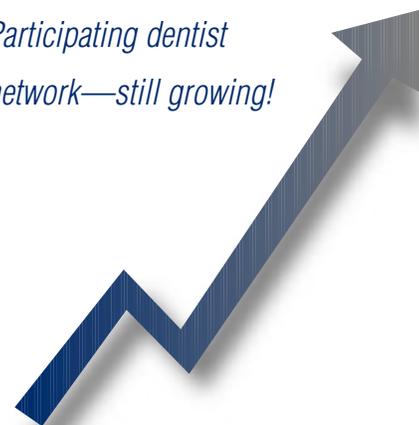
In future issues, we will explore other oral health issues.

New England Dental Administrators sponsors United Nations Event

On October 24, the United Nations Association of Greater Boston held a luncheon in honor of United Nations Day at the Boston Harbor Hotel. NEDA sponsored U.N./U.S. Dual Flag Pins as gifts to the guests at the luncheon. The keynote speaker, Ambassador Donald F. McHenry, former U.S. Permanent Representative to the UN, spoke on "Unilateralism in an Age of Terror." The United Nations Association of Greater Boston organizes various events intended to promote greater understanding about international affairs and the role of the United Nations in helping to improve peace, security, and human welfare throughout the world.

1,300

Participating dentist network—still growing!



NEDA continues to build a strong dentist network in Massachusetts.

Credentialed contracts exceeded our expectations—now over 1,300!

New England Dental Administrators Moves to Two Delta Drive



New England Dental Administrators, Two Delta Drive, Concord, New Hampshire

NEDA moved to a brand new building located at Two Delta Drive. The new space allows us to serve our customers better while providing NEDA with expansion opportunity. While our street address is changed from One Delta Drive to Two Delta Drive, our PO Box, telephone numbers, and zip code remain the same.

www.nedallc.com

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Meet the NEDA Board of Directors



*New England Dental Administrators Board of Managers
Sitting left to right: Robert A. Fremeau, DMD; Henry L. Roy, CPA;
Clifford B. Larlee, Jr.; Louis A. Carrier, Jr.;
Standing left to right: Linda J. Roche, Executive Director;
Thomas Raffio, FLMI, President; Thomas LoPizzo; Zane Akins; J. Allen Feeley, DDS*



*Betty Iovine, Human Resources Administrator, Holyoke Hospital, joins
Melanie Watroba, Network and Client Account Manager, and Craig Goldsmith,
Sales Manager, at a recent Holyoke Hospital benefit fair.*

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