

Paradigm shift: Treat the cause of sleep apnea—Obesity; not just a symptom of it—Snoring”

Dr. Rolf G. Behrents', et al, White paper*, two years in preparation, was designed to provide a document offering guidance to practicing Orthodontists in the management of Obstructive Sleep Apnea (OSA). The manner in which the contributors included respected sources from the medical and dental world makes it a capital contribution to the field and an incredible asset to those who offer services to treat OSA.

In the paper, and in the presentation which I delighted in watching him give at the AAO conference May 3-6 in Los Angeles, Dr Behrents indeed makes seventeen (17) references to obesity as a major risk factor of OSA, as measured by BMI (Body Mass index) — which becomes significant in adults at a BMI greater than or equal to 30kg/m². Those references accentuating the importance of obesity to the White paper include prominent placements in the STOPBANG assessment form (see “B” standing for BMI), in the Etiology slide and also in the Treatment slide where it is listed immediately beneath “Positional Therapy” and a heading called “Weight Reduction”.

Having illustrated the significance of obesity in OSA, Dr, Behrents further goes on to present a wealth of positional devices available to treat those patients who have been duly diagnosed by a physician with OSA, where CPAP therapy has been rejected and where the patient may be more amenable to the Positional appliances we have to offer them.

While he aptly offers up those positional appliances, he and his colleagues miss the opportunity to give the reader any knowledge or information regarding the extant Weight-Control appliances that are already being successfully used, not to treat snoring, which is a symptom of OSA, but to treat the obesity itself, which as Dr. Behrents’ own work makes clear is a root cause of OSA.

One such device that was not given an opportunity to be discovered by members of our community whose patients might benefit from it was OJW™: Weight Control, a device, service and protocol which I, myself, developed and have spent the last 20 years providing. While I take pleasure in noting that Dr. Juan Palomo*** (a listed contributor to the White paper and the speaker prior to Dr. Behrents) not only made mention of the treatment of obesity through weight control, but also cited my work directly by word and photo, noting that I had raised the treatment bar to new level, I am truly disheartened by the absence of this very important modality from Dr. Behrents’ very notable findings. In fact, to ignore such modalities of treatment, I believe, is a dereliction of our duty as professionals and a disservice to our patients.

In my video, OJW:Weight-Control — An Alternative Treatment for the Cause of Sleep Apnea (<https://youtu.be/MXkeBTcX0ZY>), utilizing a simple appliance, composed of brackets with vertical posts, bonded to the canines and premolars, I show exactly how

weight control is accomplished. In my protocol, a physician's written permission to the patient to begin a liquid diet is the dentists' permission to provide a weight-control appliance, and in no way can be described as practicing medicine.

If these modalities clearly exist and have been tested and proven successful, what is it that is constraining our profession from moving *beyond* our rigid reliance on the use of the typical appliances we currently provide our patients to wear to prevent snoring? Why are we obstinately continuing to treat only a symptom of sleep apnea when it is in our power, in many cases, to treat its cause — obesity? What are we waiting for?

I look forward to presenting my work to you, my colleagues, at a near future AAO conference.

Cordially,