

Why Am I So Tired?

*A Patient's Guide to Snoring, Sleep Apnea, and the Comfortable
Path Forward*

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Important Note

This booklet is for general education. It is not a substitute for medical or dental advice. Every patient is different. If you think you may have sleep apnea, please talk with your physician or dentist for the best care that fits you.

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Breathe better, sleep better and FEEL better!

A Letter from Dr. Schumacher

Dear Reader,

If you picked up this booklet, something probably caught your attention. Maybe you wake up tired no matter how long you slept. Maybe your partner has started sleeping in another room because of your snoring. Maybe you read about sleep apnea online and thought, "That sounds like me."

You are not alone. Millions of people deal with snoring and sleep apnea. Many of them have no idea why they feel so tired or worn down. The good news is that sleep apnea can be easily diagnosed, treated, and managed. Many people feel much better once they get the right care.

I wrote this booklet to help you understand what may be happening, what your treatment choices are, and what to do next. I am a dentist who has special training in dental sleep medicine, helping patients every day with quiet, comfortable mouthpieces called oral appliances. These devices have changed lives. But CPAP, surgery, and lifestyle changes can also help in the right situations. I want you to know all of your options.

Read this booklet at your own pace. Use the worksheets in Chapter 5. Show them to your partner or a family member. Bring them with you to your next visit. And if anything in here sounds like you, please reach out. We are here to help.

My overall goal for you is to breathe better, sleep better and feel better! The outcome and results will help improve the overall health and safety of you, your family and the community.

Warmly,

Dr. Charles Schumacher

Desert Hills Dental Care, Farmington, NM

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How to Use This Booklet

You can read this booklet from start to finish, or you can jump around. Here are some tips:

- Start with Chapter 5 if you want to find out if your symptoms match sleep apnea.
- Skip to Chapter 12 if you have heard about oral appliances and want to know more.
- Use the worksheets. Fill them in. Bring them to your next visit.
- Look up any new words in the glossary at the back.
- Share it with your bed partner. Their notes matter.
- There are special sections on kids, women and elderly at the end of this booklet that may be of special interest as well.

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Chapter 1: Why Sleep Matters

Sleep is not wasted time. While you sleep, your body and brain are very busy. Your heart slows down and rests. Your blood pressure drops. Your muscles relax and your body repairs itself. Your brain sorts through the day, stores memories, and clears out waste. **During sleep, your body and brain get recharged.**

Good sleep helps you feel awake, think clearly, and stay healthy. Bad sleep does the opposite. You may feel tired, foggy, grumpy, or sick more often.

The Stages of Sleep

Sleep happens in cycles, each one lasting about 90 minutes long. In an ideal night, you go through four or five complete cycles. Each cycle has light sleep, deep sleep, and dream sleep (called REM sleep).

Deep sleep helps your body heal. REM sleep helps your brain learn and remember. You need both. If something keeps waking you up, like a breathing restriction which lowers your blood oxygen, you miss out on these stages. You never get into an adequate amount of deep and REM sleep, because **your brain “wakes” you up so you don’t suffocate.**

How Much Sleep Do You Really Need?

Most adults need 7 to 8 hours of sleep each night. Some need a bit less, some need a bit more. But almost no one feels great on just 5 hours.

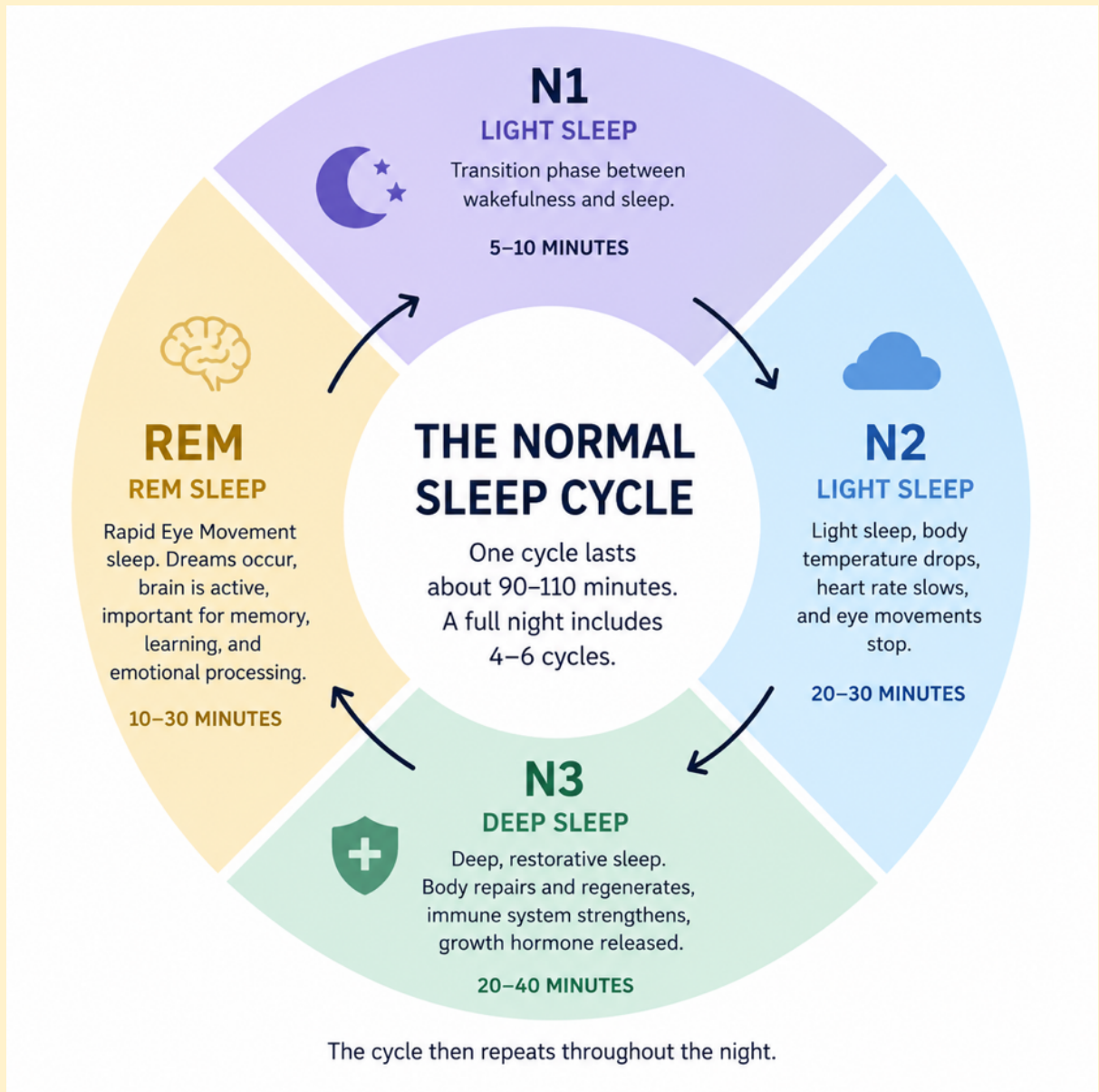
If you sleep 8 hours and still feel tired all day, something may be wrong with the quality of your sleep, not just the amount.

Signs you may not be sleeping as well as you think

- You wake up with a dry mouth or sore throat.
- You feel tired even after a full night in bed.
- You doze off at red lights, in meetings, or while watching TV.
- Your partner says you snore, gasp, or stop breathing.
- You wake up to use the bathroom two or more times a night.

Figure 1.1

Chart showing the stages of sleep across one night, with light, deep, and REM sleep cycles.



Chapter 2: What Is Snoring?

Snoring happens when air has trouble moving through your nose and throat. As you breathe in, a constricted airway causes the soft tissues in your airway to flutter and vibrate.

Almost everyone snores once in a while. A cold, a few drinks, or sleeping on your back can do it. **But regular, continuous snoring night after night is not normal. It often means your airway is partially blocked and restricted.**

Why Some People Snore More Than Others

- Anatomy: a large tongue, low soft palate, big tonsils, or a narrow jaw can crowd the airway.
- Weight: extra weight around the neck can press on the airway.
- Age: throat muscles get weaker as we get older.
- Alcohol and sleep medicine: these relax the muscles in the throat even more.
- Nasal problems: a deviated septum, allergies, or a cold can make you breathe through your mouth.
- Sleeping on your back: the lower jaw and tongue falls toward the back of the throat.

When Snoring Is a Warning Sign

Snoring on its own may just be a noise problem. But snoring with any of these signs may mean something bigger:

- Pauses in breathing that someone has seen.
- Gasping or choking sounds at night.
- Loud, heavy snoring most nights.
- Feeling very tired during the day, no matter how long you slept.
- Morning headaches.

Be Aware! Quiet snoring is not always safe snoring!

Some people with serious sleep apnea barely snore at all. They have long, silent pauses instead of loud sounds. If your bed partner says you stop breathing, take it seriously, even if your snoring is soft.

Chapter 3: Snoring vs. Sleep Apnea — What's the Difference?

Snoring is a sound. Sleep apnea is a breathing problem. They can happen together, but they are not the same thing.

The word "apnea" means a pause in breathing, no air is entering your lungs even though you are trying to breathe. If your airway is blocked for ten seconds or more while you are asleep, that is an apnea. There is another form of this, a "hypopnea", which is a partially blocked airway which also lowers your blood oxygen. If these events happen more than 5 times per hour, you have a sleep disorder called obstructive sleep apnea, or OSA.

How an Apnea Happens

When you fall asleep, the muscles in your throat and jaw relax. For most people, that is fine. The airway stays open. But for some people, the soft tissue, tongue, or jaw position closes the airway. Air cannot pass through.

Your body notices fast. Oxygen levels drop. Your brain sends an alarm. You may shift, snort, or gasp. The airway opens again. You take a few breaths. Then it closes again. This can happen hundreds of times a night.

Most people do not remember any of it. They just wake up tired.

What Your Bed Partner May See

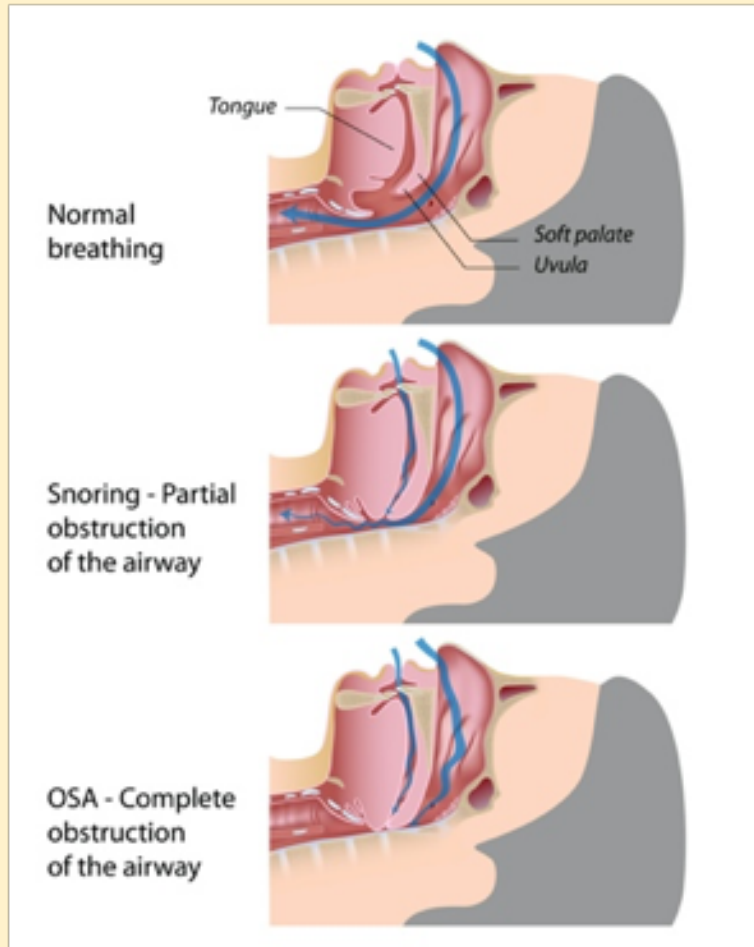
- Loud snoring that stops, then starts again with a big breath.
- Snorting, gasping, or choking sounds.
- Long silent pauses, then a sudden gasp.
- Restless movement or kicking.
- Sitting up to breathe.

What your bed partner may be witnessing

If your partner says you stop breathing at night, believe them. Many people deny it because they have no memory of it. Bed partners are often the first to catch sleep apnea.

Figure 3.1

Three side-view drawings: open airway, partly collapsed airway, and fully collapsed airway, with blue arrows showing airflow.



Chapter 4: The Types of Sleep Apnea, Explained Simply

There are three main types of sleep apnea. Most people have the first kind, OSA.

Obstructive Sleep Apnea (OSA)

This is the most common kind. The airway gets blocked when soft tissue and the tongue fall back during sleep. Your body keeps trying to breathe, but air cannot get through until the airway opens again.

Recent 2024–2025 modeling studies estimate (from NIH study):

- About **80–86 million U.S. adults** have OSA
- That equals roughly **1 in 3 adults (32–33%)**
- Approximately **80–85% remain undiagnosed**

Central Sleep Apnea

This kind is different. The airway is open, but the brain does not send the signal to breathe for a few seconds. It is less common than OSA. It can happen with heart problems, after a stroke, and sometimes is unexplained.

Mixed or Complex Sleep Apnea

Some people have both types. This is called mixed or complex sleep apnea. A sleep doctor can sort it out.

This booklet focuses on obstructive sleep apnea. That is the type a dentist can help with the most.

Why kids and adults are not the same

Children with sleep apnea often have large tonsils or adenoids. They may not snore loudly. Instead they may wet the bed, fall behind in school, or seem hyperactive. They just do not thrive and can be undersized for their age. If you are worried about a child, see your PCP, a pediatric ENT or sleep doctor.

Chapter 5: Could This Be You? A Self-Check

This chapter has four worksheets. They will not give you a diagnosis. Only a sleep test can do that. But they can help you and your doctor know if a sleep test is a good idea. Take your time. Be honest. Bring the worksheets to your next visit.

Worksheet 5.1: STOP-BANG Questionnaire

Check yes or no for each question.

- S — Snoring: Do you snore loudly (louder than talking or loud enough to be heard through a closed door)?
- T — Tired: Do you often feel tired or sleepy during the day?
- O — Observed: Has anyone seen you stop breathing or choke during sleep?
- P — Pressure: Do you have high blood pressure or take medicine for it?
- B — BMI: Is your body mass index greater than 35?
- A — Age: Are you older than 50?
- N — Neck: Is your neck size larger than 17 inches (men) or 16 inches (women)?
- G — Gender: Are you male?

Scoring: 0–2 yes answers means low risk. 3–4 means moderate risk. 5 or more means high risk. Higher scores mean a sleep test is a good next step.

Worksheet 5.2: Epworth Sleepiness Scale

How likely are you to doze off in these situations? Score each one:

0 = would never doze, 1 = slight chance, 2 = moderate chance, 3 = high chance.

- Sitting and reading. Score: _____
- Watching TV. Score: _____
- Sitting still in a public place (theater, meeting). Score: _____
- Riding as a passenger in a car for an hour. Score: _____
- Lying down to rest in the afternoon. Score: _____
- Sitting and talking to someone. Score: _____
- Sitting quietly after lunch without alcohol. Score: _____
- In a car, stopped in traffic for a few minutes. Score: _____

Total: _____

Scoring: 0–7 normal. 8–9 mild sleepiness. 10–15 moderate. 16–24 severe. A score of 10 or more is worth talking to a doctor about.

Worksheet 5.3: 12 Questions to Ask Yourself

- Do you wake up with a dry mouth or sore throat?
- Do you have morning headaches?
- Do you wake up two or more times a night to use the bathroom?
- Do you grind or clench your teeth at night?
- Do you have heartburn at night?
- Do you wake up feeling unrested?
- Have you been told you snore loudly?
- Have you fallen asleep at the wheel or had close calls?
- Hard to get through the day without lots of caffeine?
- Has your mood, focus, or memory changed?
- Do you experience heartburn or GERD?
- Do you have high blood pressure, diabetes, or heart problems?

If you checked three or more, please talk to a doctor or dentist about a sleep evaluation.

Worksheet 5.4: For My Bed Partner

This page is for the person who sleeps near you. They may notice things you cannot.

- I hear loud, regular snoring.
- I have seen them stop breathing during sleep.
- I hear gasping, choking, or snorting sounds.
- They move a lot or kick during sleep.
- They get up to use the bathroom often.
- They seem very tired during the day.
- Their mood, patience, or focus has changed.
- I have moved to another room to sleep.

If any of these are checked, please share this page with the doctor or dentist.

What to do with your answers

Bring all four worksheets with you to your next visit. You can call Desert Hills Dental Care for a complimentary consultation.

Chapter 6: Signs That Loved Ones Notice

People with sleep apnea often do not know they have it. They wake up, they get coffee, and they go on with the day. But the people who sleep near them often see something is wrong.

Sounds

- Snoring most nights.
- Pauses in breathing followed by a big gasp.
- Snorting or choking.
- Long, silent stretches that feel scary to watch, and are worrisome.

Movements

- Restless tossing and turning.
- Kicking or jerking.
- Sitting up to catch a breath.
- Walking to the bathroom many times.

Other Clues

- Sweating at night.
- Mouth breathing or drool on the pillow.
- Waking up confused for a moment.
- Waking up with a headache.

How to bring it up without starting a fight

- Pick a calm time, not the middle of the night.
- Use "I" statements: "I am worried about your breathing at night."
- Offer this booklet. Offer to go with them to a medical or dental visit.
- Remember that they may feel hurt or embarrassed at first. That is normal.

Patient perspective

"I didn't believe my wife until she recorded me. Listening to myself stop breathing was the scariest thing I had ever heard. The next week I made an appointment."

Tip: Use the App "SnoreLab," to record and measure frequency and intensity of snoring.

Chapter 7: Why It's Worth Taking Action

Sleep apnea is more than just bad sleep. Over time, it can hurt nearly every part of the body. The good news is that treatment can lower these risks. Many people start to feel better in just a few weeks.

Your Heart

Sleep apnea raises blood pressure. It makes the heart work harder all night. Over years, it can lead to high blood pressure, heart attack, irregular heartbeat (atrial fibrillation), and stroke.

Your Brain

When you cannot breathe well, your brain gets less oxygen. Over time this can affect memory, focus, and mood. People with untreated sleep apnea are more likely to feel depressed or anxious. **Some studies link it to higher risk of dementia.**

Your Metabolism

Poor sleep raises hunger hormones and lowers the hormones that help you feel full. **Sleep apnea is linked to weight gain, type 2 diabetes, and trouble losing weight. And it has been shown to increase sexual dysfunction for both men and women.** And, heartburn and gastroesophageal reflux (GERD) can be caused by OSA.

Your Safety

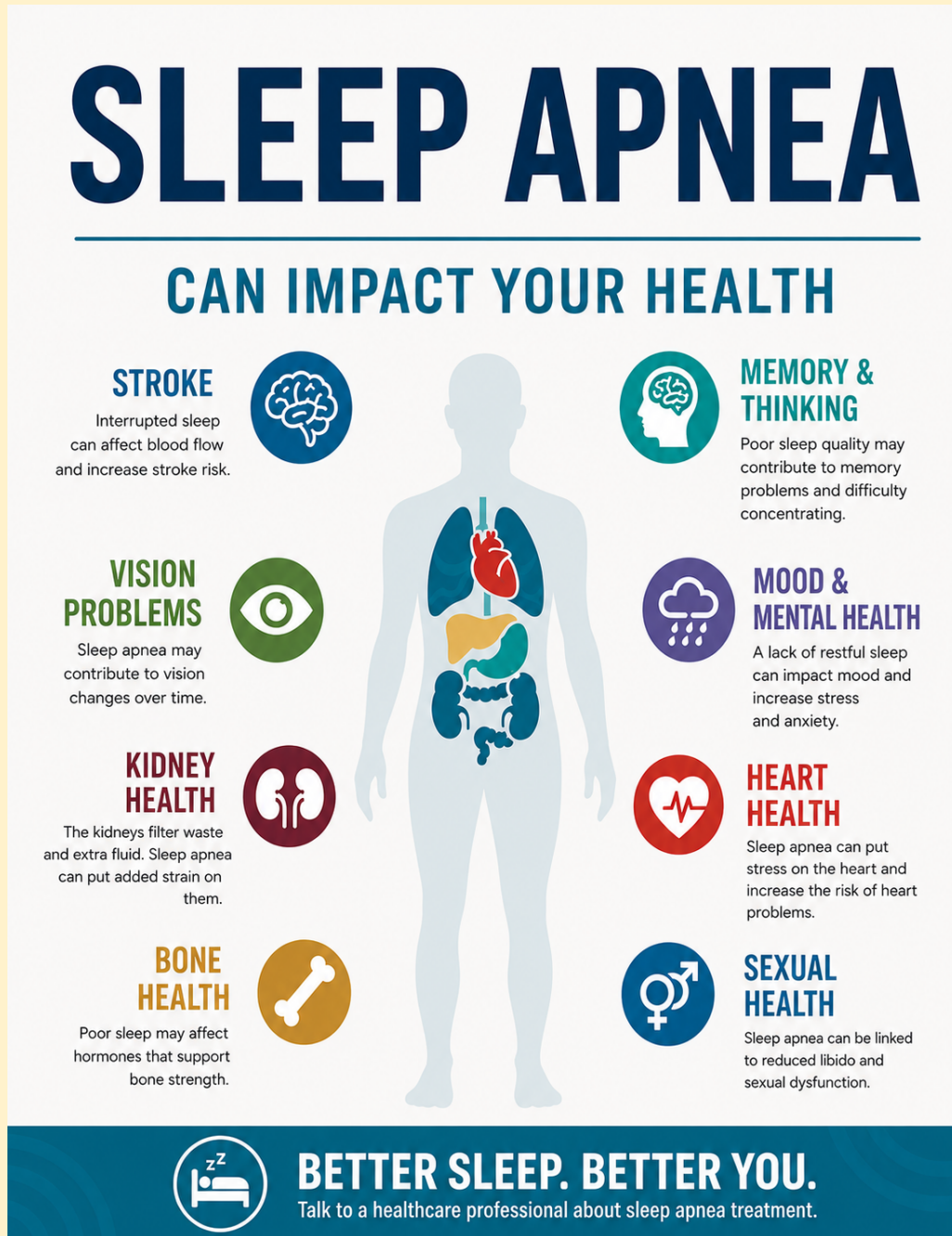
Tired drivers cause crashes. **People with untreated sleep apnea are much more likely to fall asleep at the wheel.** They are also more likely to make mistakes at work, especially with heavy machinery.

Your Relationships and Quality of Life

Poor sleep affects more than your physical and mental health. It affects your patience, your sense of humor, and your closeness with the people you love. Many couples sleep in separate rooms because of snoring.

Figure 7.1

Simple infographic of a body with affected areas: heart, brain, metabolism, mood, and safety — showing the reach of untreated sleep apnea.



Chapter 8: Talking with Your Dentist or Physician

If your worksheets in Chapter 5 made you wonder if you might have sleep apnea, the next step is to talk to a provider. The good news: you have more than one place to start.

Who Can Help?

- Your primary care doctor can order a sleep test and refer you to a sleep specialist.
- A sleep medicine physician can diagnose and treat sleep apnea.
- A dentist with special training in dental sleep medicine (like Dr. Schumacher) can fit you for an oral appliance and work with your physician.
- An ear, nose, and throat doctor (ENT) can check for problems like big tonsils or a deviated septum and nasal obstructions.

What Dentists Look For

During your dental visit, your dentist may notice things that hint at sleep apnea, even before you mention it. These include:

- Worn or chipped teeth from grinding.
- Scalloped marks on the sides of the tongue.
- A narrow upper jaw or crowded teeth.
- Redness or swelling on the soft tissues of the throat.
- A small or retruded lower jaw. (large “overbite” and small chin)

What to Bring to Your Visit

- Your completed worksheets from Chapter 5.
- Notes from your bed partner, if applicable.
- A list of medicines you take.
- A list of medical conditions, including high blood pressure and diabetes.
- Medical insurance information.

Figure 8.1

Flowchart of what to do next.



Why dentists are part of the sleep team

Dentists see most patients twice a year — more than primary care for many people. We are trained to screen for airway problems early rather than later. A dental sleep medicine dentist works alongside your physician, not in place of them.

Chapter 9: Sleep Testing, Demystified

To know for sure if you have sleep apnea, you need a sleep test. There are two main kinds. Both measure how you breathe while you sleep.

Home Sleep Apnea Test (HSAT or HST)

A home sleep test lets you sleep in your own bed. You pick up a small kit (or one is sent directly to your house), wear a few sensors, and sleep one night. The kit measures your breathing, oxygen, heart rate, and body position. In the morning, you return it or send it back. A sleep doctor reads the results.

Home tests are simple, comfortable, and less expensive. They are a great choice for most adults with clear signs of obstructive sleep apnea and minimal medical issues.

In-Lab Sleep Study (Polysomnography or PSG)

An in-lab study is done at a sleep center. You spend the night in a private room. Sensors track your brain waves, eye movements, breathing, oxygen, heart, and leg movements. A licensed tech observes you while you sleep.

In-lab studies give more detail. Your doctor may order one if your case is more complex, if you may have central sleep apnea, or if other sleep problems are likely.

Understanding Your Results

Sleep tests come back with a number called the AHI, or Apnea-Hypopnea Index, or RDI, Respiratory Disturbance Index. The AHI/RDI tells you how many times per hour your breathing paused or got very shallow, and monitors oxygen levels in your blood.

- Less than 5: normal.
- 5 to 15: mild sleep apnea.
- 15 to 30: moderate sleep apnea.
- More than 30: severe sleep apnea.

Your provider will explain what your number means and which treatment fits you.


What a normal AHI looks like vs. what you might see

- A truly normal AHI is less than 5 events per hour, over 30 is severe sleep apnea.
- Some people have an AHI of 40 or 50 and have no idea.
- Treatment goal: bring the AHI as close to normal as possible.

Figure 9.1

Comparison table of two types of sleep testing.

Comparison of Home Sleep Test (HST) vs Polysomnography (PSG)

FEATURE	HOME SLEEP TEST (HST)	POLYSOMNOGRAPHY (PSG)
 PURPOSE	Screens and allows diagnosis for sleep disorders, primarily obstructive sleep apnea (OSA)	Comprehensive evaluation of sleep disorders
 LOCATION	At home	Sleep lab / Hospital
 MONITORING	Limited channels (breathing, oxygen levels, heart rate)	Extensive channels (brain waves, eye movements, muscle activity, heart, breathing, oxygen levels, etc.)
 SETUP	Simple and self-applied	Complex; applied by trained technician
 DURATION	Typically 1 night	Typically 1 night
 COST	Lower cost	Higher cost
 BEST FOR	Patients with high suspicion of OSA and no other complex sleep issues	Patients with complex sleep symptoms or other suspected sleep disorders
 ACCURACY	Good for detecting non-complex OSA	Gold standard; more comprehensive and accurate

Chapter 10: Lifestyle Changes That Can Help

Some sleep apnea is mild. Some is caused or made worse by daily habits. The changes below will not cure most cases of sleep apnea by themselves. But they can help, and they can make any treatment work even better.

Weight

Extra weight, especially around the neck, can press on the airway. Losing even 10 percent of body weight can lower the AHI in many people. This can be hard, especially when poor sleep makes you crave food and feel tired. Treating the sleep apnea often makes weight loss easier. **Most weight loss can lower the severity of OSA, but does not completely eliminate it.**

Sleep Position

Many people only have sleep apnea when they sleep on their back. The tongue falls back and blocks the airway. Sleeping on your side can help.

- Put a tennis ball in a pocket sewn to the back of a t-shirt.
- Try a positional pillow or wedge.
- There are also wearable devices that buzz when you roll onto your back.

Alcohol and Sleep Medicines

Alcohol relaxes the muscles in the throat, and so do many sleep aids. Both can make sleep apnea worse. Try to avoid alcohol within three hours of bedtime. Talk with your doctor before stopping any medicine.

Allergies and Nasal Congestion

If your nose is stuffy, you mouth-breathe. Mouth breathing makes snoring and apnea worse. Treating allergies, using a saline rinse, or seeing an ENT can help.

Smoking

Smoking irritates the airway and can cause swelling and inflammation in the mouth and throat. Quitting helps your sleep and your overall health.

Sleep Hygiene

- Go to bed and get up at the same time every day.
- Keep your bedroom cool, dark, and quiet.
- Avoid screens for at least an hour before bed, and avoid caffeine after noon.

Chapter 11: CPAP — What It Is and Who It Helps

CPAP stands for Continuous Positive Airway Pressure. It is the most common treatment for moderate to severe sleep apnea. It works, and for many people, it changes their life.

How It Works

A CPAP machine sits next to your bed. A hose connects it to a mask. The mask covers your nose, or your nose and mouth. The machine sends a pressurized stream of air through the hose and into your airway. Air pressure keeps your airway open while you sleep.

When CPAP Is the Best First Choice

- Severe sleep apnea (AHI over 30).
- Sleep apnea with very low oxygen levels.
- Sleep apnea with heart, lung, or stroke history.
- Central sleep apnea or mixed sleep apnea.

What CPAP Looks Like Night to Night

You put on the mask, you turn the machine on and then go to sleep. Modern CPAP machines are quieter. The mask is usually fit to your individual face. Most patients adjust in a few weeks, but some never do. There are different types of CPAP, including APAP and BiPAP.

When CPAP Is Hard

Not everyone can use CPAP. Some people feel claustrophobic with the mask. Some have skin irritation or cannot tolerate the high air pressure. It can be difficult to travel with it. **Research has shown that around 50% of those who start using CPAP quit within 12 months.**

If CPAP is not working for you, do not give up on treatment. You have other choices, and Chapter 12 is about one of the best ways to treat OSA and snoring.

If CPAP isn't working for you, you have options

An oral appliance may be a good fit for mild, moderate, and some severe cases. Bring your sleep study results to a dental sleep medicine dentist, Dr. Schumacher, for a consultation. Treatment you will actually use is better than treatment that sits in a closet.

Figure 11.1

Illustration of a person sleeping with a CPAP nasal mask in place.



Chapter 12: Oral Appliance Therapy — A Comfortable Alternative

An oral appliance is a custom-made mouthpiece. You wear it at night. It is small, quiet, and easy to bring with you when you travel. For the right patients, it can work as well as CPAP — and many people stick with it much longer because it is comfortable.

What an Oral Appliance Does

The appliance fits over your upper and lower teeth, like two thin retainers connected together. It keeps your lower jaw from falling backward or positions it slightly forward to open up your airway. By moving the lower jaw forward, the tongue moves forward too. The space behind the tongue stays open. Air can flow.

There is no mask, no hose, no electricity. Just a mouthpiece, worn only during sleep.

Who Is a Good Candidate?

- Adults with primary snoring (snoring without apnea).
- Adults with mild or moderate obstructive sleep apnea.
- Adults with severe sleep apnea who cannot tolerate CPAP.
- People who travel often and need a portable option.
- People whose dentist confirms that their teeth and jaw joints are healthy enough to wear one.

How Well Does It Work?

For mild to moderate sleep apnea, oral appliances often lower the AHI by half or more. Many patients get to a normal or near-normal AHI. For severe sleep apnea, oral appliances do not always work as well as CPAP, but they can be very helpful. **And the appliance you will actually wear every night will always work better than the CPAP sitting in your closet.** We also use both an appliance plus CPAP in some cases.

The Good Things About Oral Appliances

- **Comfortable. Most patients adjust in a few days.**
- Quiet. No machine sounds.
- Portable and discreet. Fits in a small case.
- No electricity needed. Works on planes, camping, anywhere!
- **Covered by most medical insurance plans, including Medicare, when prescribed for sleep apnea.**

Things to Know Before You Start

- Some jaw soreness in the first week is normal. It usually fades.
- Some people have extra saliva or dry mouth at first.
- Long-term use can slightly change the way your teeth meet when you bite. Regular check-ins catch this early.
- Follow-up visits are part of the deal. Plan for them, as they are a critical part of the therapy and will optimize the results, especially after the initial delivery and fitting of the appliance.

Oral Appliance vs. CPAP — A Quick Comparison

CPAP works for almost everyone, but only if you use it. Oral appliances work for most mild and moderate cases, and many severe cases when CPAP fails. CPAP is the medical "gold standard." Oral appliances are the "used most often" alternative. **The best treatment is the one you will actually use.**

Figure 12.1

Diagram with and without an oral appliance, showing how the lower jaw and tongue move forward to open the airway. Turquoise color is the airflow.

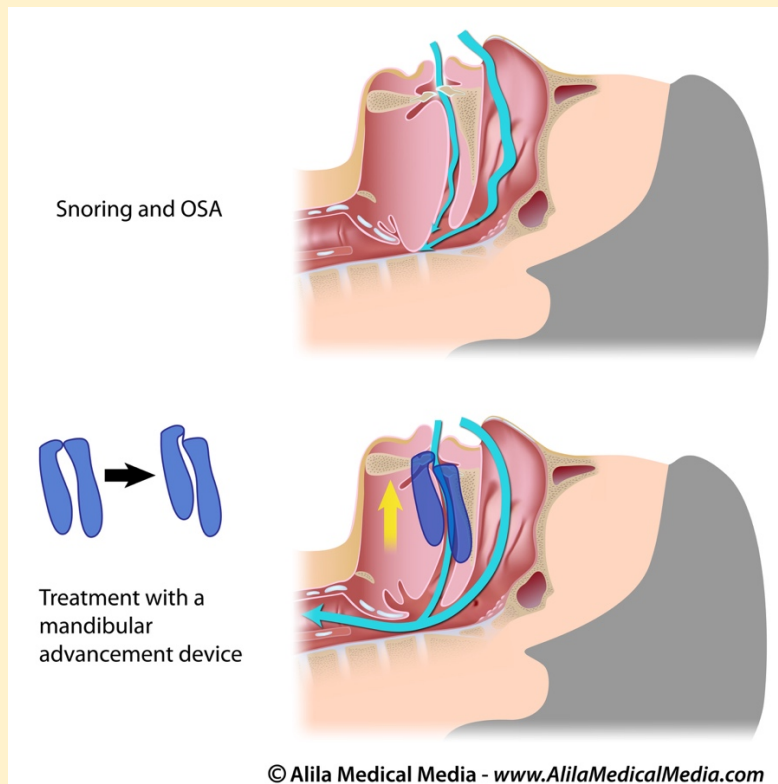


Figure 12.2

Photos of typical custom-made oral appliances. All fit entirely inside the mouth.



Chapter 13: Your Path to Better Sleep

If you and your dentist decide an oral appliance is right for you, here is what the process usually looks like. At Desert Hills Dental Care, we walk you through each step.

What to Expect at the Dentist

Visit 1: Consultation and Exam

We review your sleep study results, your medical history, and your worksheets. We check your teeth, gums, jaw joints, and airway. We talk about your goals and answer questions. If an oral appliance is a good fit, we plan the next step. A 3D x-ray may be required. If you have medical insurance, we verify your benefits before proceeding.

Visit 2: Digital Scan

We take a 3D digital scan of your upper and lower teeth. (Some offices still use traditional impressions.) The scan is sent to a lab where your custom appliance is made. This usually takes two to three weeks.

Visit 3: Delivery and Fitting

When the appliance is ready, you come back. We make sure it fits well. We show you how to put it in, take it out, and clean it. We start with a comfortable jaw position. You take it home and if you feel comfortable doing so, we show you how to make minor adjustments to the appliance positioning.

Follow-Up Visits: Titration

Over the next few weeks and months, we make small adjustments. This is called titration. We move the jaw position forward in tiny steps until your snoring and symptoms get better. Some patients also get a follow-up sleep test to confirm how well the appliance is working. We can do pulse oximetry tests for a small fee.

Long-Term Care

Once your appliance is dialed in, you come in for check-ups one to two times a year. We check your teeth, your bite, the appliance, and your sleep. A well-cared-for appliance can last three to five years or more.

YOUR PATH TO BETTER SLEEP

Snoring & Sleep Apnea Treatment Roadmap

1

WHY GET TESTED & TREATED?

- Snoring is often a warning sign of obstructive sleep apnea — a serious medical condition in which breathing is restricted or stops during sleep. See below for what is at stake — and what you stand to gain.

RISKS OF UNTREATED SLEEP APNEA

- High blood pressure, heart disease & stroke
- Type 2 diabetes & weight gain
- Daytime fatigue, poor focus, drowsy driving
- Depression, memory loss & morning headaches
- Strained relationships from loud snoring
- Sexual dysfunction
- Dementia

BENEFITS OF TREATMENT

- Restorative, uninterrupted sleep
- More energy, focus & better mood
- Lower blood pressure & cardiovascular risk
- Quieter nights for you and your partner
- Longer, healthier life
- Breathe better, sleep better, feel better

2

SLEEP STUDY, DIAGNOSIS & TREATMENT OPTIONS

- Complete a home sleep study or in-lab polysomnogram ordered by your physician
- Board-certified sleep physician reviews results and confirms the diagnosis
- Discuss your treatment options: oral appliance therapy, CPAP, combination therapy, or lifestyle/positional therapy
- Together we choose the option best suited to your severity, anatomy, and preferences

3

INSURANCE VERIFICATION

- Our team verifies your medical insurance benefits for sleep apnea treatment
- We obtain pre-authorization and gather required documentation (sleep study, physician referral, medical necessity letter)
- You receive a clear written estimate of coverage and any out-of-pocket cost before treatment begins

4

MEASUREMENTS & DIGITAL SCANNING FOR YOUR APPLIANCE

- Oral exam and bite evaluation, 3D CBCT imaging if needed
- Quick, comfortable 3D digital scan of your teeth — no messy impressions
- Precise bite registration to customize your appliance for maximum comfort and effectiveness
- Scans sent to the lab to fabricate your custom oral appliance

5

DELIVERY & FOLLOW-UP CARE

- Fitting appointment — appliance adjusted for a comfortable, secure fit and proper jaw position
- Instructions on wear, cleaning, and care
- Scheduled follow-up visits to fine-tune the appliance and monitor symptom relief
- Repeat sleep test to confirm effective treatment, then ongoing annual check-ups to protect your results

Chapter 14: Caring for Your Oral Appliance

Your oral appliance is a custom medical device. With good care, it should last for years. Here is how to keep it clean, safe, and working well.

Daily Cleaning

- Rinse the appliance with cool water in the morning.
- Brush it gently with a soft toothbrush. Use only a mild soap or denture cleaner — not regular toothpaste, which can scratch. Even bar soap will work.
- Once a week, soak it in a denture cleaning solution made for retainers and appliances. Follow the package directions. “Retainer Bright” from Amazon is a good choice.

Storage

- Keep it in its case when not in use.
- Store it dry, in a cool place.
- Keep it away from direct sunlight and heat (like a car dashboard).

What to Avoid

- Hot water — it can warp the plastic.
- Mouthwash with alcohol — it can dry out and crack the appliance.
- Bleach — not recommended.
- **Pets — dogs love the smell and will chew it. Keep it where they cannot reach.**

Travel Tip

- Pack your appliance in your carry-on, not checked luggage.

Signs It Needs Adjustment


- Snoring or symptoms come back.
- Jaw soreness that does not go away.
- Cracks, broken pieces, or loose parts.
- A change in your bite that doesn't resolve.

When to Replace

Most appliances last three to five years. Some last longer. Once it shows wear or stops working well, it is time for a new one. **Most insurance plans cover a replacement after 3-5 years.**






Figure 14.1


Caring for your appliance: Here's your "Quick-Reference" card.




ORAL APPLIANCE FOR SLEEP APNEA

CARE QUICK-REFERENCE CARD

 <p>CLEAN DAILY</p> <p>Rinse after each use. Brush gently with a soft toothbrush and mild soap or non-abrasive toothpaste.</p> <p>Do not use hot water.</p>	 <p>SOAK WEEKLY</p> <p>Soak for 10–15 minutes in a denture cleaner or appliance cleaner. Rinse thoroughly before use.</p> <p>Follow product instructions.</p>	 <p>STORE DRY</p> <p>Store in a ventilated case with the lid open to air dry. Make sure it is completely dry before storing.</p> <p>Moisture can cause bacteria and odor.</p>	 <p>AVOID HEAT</p> <p>Keep away from heat and direct sunlight. Do not use hot water to clean.</p> <p>Heat can warp or damage the appliance.</p>	 <p>AVOID PET, AND BLEACH</p> <p>Keep out of reach of pets. Do not use bleach or harsh chemicals.</p> <p>These can damage the appliance.</p>
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 **IMPORTANT REMINDERS**

- Handle your appliance with clean, dry hands.
- Inspect regularly for cracks, wear, or loose parts.
- If you notice any damage or discomfort, contact your dental provider.

GOOD CARE = LONGER LIFE + BETTER SLEEP 

Chapter 15: When Surgery or Combination Therapy Makes Sense

Most people with sleep apnea do well with CPAP, an oral appliance, lifestyle changes, or a mix of these. But some people need more. Surgery and combination therapy can help when other treatments are not enough, but usually it is the last option patients choose.

Soft Tissue Surgeries

- Nasal surgery: opens nasal passages so air flows better.
- Tonsil and adenoid removal: helps people with large tonsils, especially kids.
- UPPP (uvulopalatopharyngoplasty): removes or tightens tissue at the back of the throat. Less common than it used to be, as it is usually very painful.

Hypoglossal Nerve Stimulation (Inspire)

A pacemaker-sized implant is surgically placed under the skin and a wire is threaded through your neck, and then a wire is coiled around the hypoglossal nerve. During sleep, it sends an electric current to the nerve that moves the tongue forward. This positions the tongue forward and helps keep the airway open. It is for people who cannot tolerate CPAP and meet certain criteria, confirmed by an additional procedure with general anesthesia.

Maxillomandibular Advancement (MMA) — "Double Jaw Surgery"

This is a major surgery done by an oral and maxillofacial surgeon. The surgeon moves both the upper jaw (maxilla) and the lower jaw (mandible) forward at the same time. This makes the airway behind the tongue and soft palate much larger.

MMA can be an effective surgical treatment for obstructive sleep apnea. For the right patients, success rates are very high. But it is not a small procedure. Here is what to know:

- It is usually a last resort, after CPAP, oral appliances, and other options have failed or are not a good fit.
- It is most often considered for patients with moderate to severe sleep apnea, especially those with a small or retruded lower jaw.
- Recovery involves a hospital stay, weeks of a soft diet, and several months of healing, and usually in combination with orthodontics (braces).
- Your bite, facial profile, and sensation in the lips and chin may change. A good surgeon will discuss all of this with you in detail.

- Done in partnership with your sleep doctor, dentist, orthodontist, and surgeon.

Bariatric Surgery

For patients with severe obesity and severe sleep apnea, weight loss surgery can lower the severity of OSA. It is one part of a larger, overall plan, not a cure-all.

Combination Therapy

Some patients use more than one treatment. Examples:

- Oral appliance plus positional therapy.
- Oral appliance plus CPAP at a lower pressure setting.
- CPAP plus weight loss.
- Oral appliance with supplemental oxygen.

Second Opinions

Surgery is a big decision. If it is being recommended, ask questions. A second opinion is normal and welcome. A good provider will not be offended.

Treatment isn't always one and done

Sleep apnea can change over time. Weight, age, and health can shift the severity. What works today may need to be adjusted in a few years. We recommend regular check-ins keep your treatment on track.

Chapter 16: Kids Who Snore

Snoring in children is not cute, even though it sometimes sounds that way. Kids should breathe quietly through their noses while they sleep. Regular snoring in a child is a sign to take a closer look.

Common Causes

- Large tonsils and adenoids.
- Allergies and a stuffy nose.
- Mouth breathing day and night.
- A narrow upper jaw.
- Excess weight (less often than in adults).

Signs That Aren't Always Obvious

Kids show sleep apnea in different ways than adults. Watch for:

- **Trouble paying attention at school. Some kids get diagnosed with ADHD when sleep apnea is the real problem.**
- **Bedwetting after age 6.**
- **Falling behind in growth.**
- **Restless sleep, sweating, or sleeping in odd positions.**
- **Mood swings or trouble waking up.**

Why the Dentist Matters Here Too

Dentists who treat children can spot early signs of airway problems. A narrow palate, mouth breathing, or crowded teeth can all hint at trouble. Early treatment, like palate expansion, can help a child grow into a healthier airway.

Next Step for a Child

If you are worried about your child, ask the pediatrician for a referral to a pediatric ENT or pediatric sleep specialist.

Mouth breathing and your child's facial development

Children who mouth breathe over years can develop a longer face, a narrow upper jaw, and crowded teeth. Treating the cause early — allergies, big tonsils — can help their growth. Talk to your dentist or PCP if your child snores or breathes through their mouth.

Chapter 17: Women, Pregnancy, and Older Adults

Sleep apnea is often missed in women and older adults because the signs can look different. Knowing what to look for can save years of feeling unwell.

Women

Women with sleep apnea may not snore loudly. They may have signs that look like other problems:

- Fatigue that gets blamed on stress or busy life.
- Insomnia or trouble staying asleep.
- Anxiety, low mood, or irritability.
- Morning headaches.
- Brain fog.

Note: these signs are sometimes treated as depression or anxiety when the *real cause is poor sleep.*

Menopause

After menopause, the risk of sleep apnea in women rises and almost catches up to men. Hormone changes, weight changes, and shifts in tissue all play a role.

Pregnancy

Pregnancy raises the risk of snoring and sleep apnea, especially in the third trimester. Untreated sleep apnea during pregnancy is linked to higher blood pressure, preeclampsia, and gestational diabetes. If you are pregnant and snoring loudly, talk to your doctor.

Older Adults

Sleep apnea in older adults is sometimes blamed on "just getting old." It is not. Older adults can be treated, and treatment can improve memory, energy, and quality of life. Some studies show treating sleep apnea may slow cognitive decline.

If you've been told it's stress or depression, ask about your sleep.

Many women are treated for anxiety or depression when sleep apnea is the real cause. A sleep test is simple and worth asking about. You deserve to feel well-rested.

Chapter 18: For the Bed Partner

If you live with someone who snores or stops breathing at night, you are part of this story. Your sleep matters too, as well as your patience and your peace of mind.

How a Partner's Sleep Is Affected

Snoring or a partner who tosses and turns wakes you up, even if you don't fully remember. Over time, this leaves you tired, irritable, and worn down. Many partners move to a guest room, the couch, or another floor of the house. This is a real loss for relationships. We sometimes call this “**second-hand sleep apnea**”.

Encouraging Without Nagging

- Share this booklet. Let it speak for you.
- Offer to go to the appointment together.
- Avoid saying "You ruined another night of my sleep." Try "I'm worried about your breathing."
- Celebrate small wins. The first few quiet nights are a big deal.

Sleeping Apart Isn't a Failure

Sometimes the kindest thing for a relationship is good sleep on both sides. If you sleep in separate rooms while your partner is getting treatment, that is okay. Many couples come back together once treatment kicks in. Some keep their own rooms and still have a happy marriage. There is no wrong answer.

You are not the only one

“Sleep divorce” — sleeping in separate rooms — has become common. Many couples report that treatment actually saved their relationship. Get good sleep first. Sort out sleeping arrangements as the picture changes.

Patient perspective

"My CPAP sat in the closet for three years. My oral appliance goes everywhere I do—even on hunting trips. I sleep through the night. My wife sleeps through the night. We both got our lives back."

Chapter 19: Frequently Asked Questions

Is snoring really that big a deal?

It can be. Light, once-in-a-while snoring is usually not a problem. But regular snoring is one of the most common signs of sleep apnea. If your bed partner says you stop breathing, take it seriously.

Do I have to do a sleep study?

Yes, if a real diagnosis is the goal. A sleep study is the only way to confirm sleep apnea and measure how serious it is. Most studies today are simple home tests.

Will my insurance cover an oral appliance?

Most medical insurance plans, including Medicare, cover oral appliance therapy for sleep apnea when it is prescribed by a physician or PCP. Our office can help you check your coverage and benefits. Dental insurance does not cover this as it is considered a *medical* condition.

Can I try an over-the-counter mouthpiece first?

We do not recommend it. "Boil and bite" devices from a store are not custom. They can hurt your teeth and jaw, and they often do not work. A custom appliance, made for your mouth, is safer and far more effective.

Will the appliance change my bite?

It can slightly, over time. That is why follow-up visits matter. We watch for small changes and adjust to keep your bite healthy. For most patients, the trade-off — restful sleep and lower health risks — is well worth it.

How long until I feel better?

Many patients feel better within a few weeks. Others take a couple of months to fully adjust. Better energy, clearer thinking, and fewer headaches are common early wins.

Can I drink alcohol while using an oral appliance?

You can, but try not to drink within three hours of bedtime. Alcohol relaxes the airway and works against your treatment.

What happens if I don't treat my apnea?

Untreated sleep apnea raises your risk of high blood pressure, heart attack, stroke, diabetes, dementia and car accidents. It can also affect mood, memory, and relationships.

Can kids use oral appliances?

Usually not the same kind adults use. Children with snoring or sleep apnea may benefit from palate expansion, removing tonsils and adenoids, and treating allergies. Always work with a pediatric specialist.

What if my apnea gets worse over time?

Sleep apnea can change with weight, age, and health. Yearly check-ins help us catch changes early and update your treatment as needed.

What if I have TMJ problems?

If you have TMJ symptoms, we can address and treat these along with treating your OSA. In fact, many patients get better once they start wearing an appliance and breathing better during sleep. **The bottom line is that, yes, we can help both** with proper care and supervision. Dr. Schumacher has extensive training in TMJ problems as well as OSA, as they are commonly seen together in many patients.

What about Myofunctional Therapy?

Myofunctional therapy is similar to doing physical therapy, but for the tongue muscles and associated structures in the mouth. It has shown to help reduce snoring. There is a good App called “SnoreGym” which can help patients learn the techniques. You have to commit to a regular routine, similar to any type of exercise.

What about Laser therapy?

We have a special laser that can help tighten a floppy or loose soft palate. It works well to reduce snoring, but will not cure sleep apnea. We use it as an adjunct in certain cases.

Chapter 20: Glossary

Here are simple definitions for words you may hear during your sleep journey.

AHI (Apnea-Hypopnea Index): The number of times per hour your breathing pauses or gets very shallow during sleep.

Apnea: A pause in breathing that lasts at least ten seconds.

CPAP: Continuous Positive Airway Pressure. A machine that uses gentle air pressure to keep the airway open.

D.ABDSM: Diplomate of the American Board of Dental Sleep Medicine. A dentist with the highest level of advanced training and certification in treating sleep-related breathing disorders.

HSAT or HST: Home Sleep Apnea Test. A simple at-home test that measures breathing and oxygen during sleep.

Hypopnea: Shallow, restricted breathing that lowers blood oxygen because the airway is partially closed. Can be associated with snoring.

Mandible: The lower jaw.

Mandibular Advancement Device (MAD): A type of oral appliance that keeps the lower jaw from falling backward or slightly positions it forward.

Maxilla: The upper jaw.

MMA (Maxillomandibular Advancement): A surgery that moves both jaws forward to open the airway. Sometimes called "double jaw surgery."

Obstructive Sleep Apnea (OSA): The most common type of sleep apnea, caused when the airway closes, either partially or completely during sleep.

Oral Appliance: A custom-made mouthpiece worn during sleep to keep the airway open.

Oral and Maxillofacial Surgeon: A surgeon who specializes in the face, jaws, and mouth.

Oximetry: A test that measures the oxygen level in the blood.

Polysomnography: An overnight, in-lab sleep study that measures many body signals while you sleep.

Qualified Dentist: A dentist who has certification by the American Academy of Dental Sleep Medicine to provide proper oral appliance therapy for patients with OSA.

RDI (Respiratory Disturbance Index): It is a sleep-study measurement used to quantify the number of breathing disturbances that occur during sleep per hour. It is a number similar to AHI that also counts arousals due to breathing problems.

REM Sleep: The dream stage of sleep. Important for memory and mood.

Snoring Index: A measurement of how often and how loudly a person snores during sleep.

Soft Palate: The soft part of the roof of your mouth that is near the back of the throat.

Titration: Slowly adjusting a treatment (CPAP pressure or appliance position) to find the best setting. Sometimes called “calibration”.

Uvula: The small piece of tissue that hangs down from the soft palate.

Chapter 21: Resources and Next Steps

Trusted Organizations

- American Academy of Dental Sleep Medicine (AADSM): aadsm.org
- American Academy of Sleep Medicine (AASM): aasm.org
- National Institutes of Health (NIH): nih.gov
- Desert Hills Dental Care, LLC Farmington, NM deserthillsdental.com and sleepwellnessfarmington.com

Your "What to Do This Week" Checklist

- Fill out the worksheets in Chapter 5.
- Ask your bed partner to fill out the partner worksheet.
- Write down any questions you have.
- Call your PCP or Desert Hills Dental Care to schedule a sleep consultation.
- Try one lifestyle change from Chapter 10.
- Share this booklet with someone else who might need it.

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- <https://pubmed.ncbi.nlm.nih.gov/40957495/>

About the Author and Desert Hills Dental Care

Charles Schumacher, DDS, D.ABDSM is a general dentist with advanced training in dental sleep medicine. He is a **Qualified Dentist** of the American Academy of Dental Sleep Medicine and a **Diplomate** of the American Board of Dental Sleep Medicine, the highest credential in the field. He is also has obtained **Fellowship Status** in the American College of Dentists, the Academy of General Dentistry, and the Pierre Fauchard Academy.

Dr. Schumacher and his team at Desert Hills Dental Care in Farmington, New Mexico, treat patients with snoring and obstructive sleep apnea using custom oral appliance therapy. They work closely with local physicians and PCPs, sleep specialists, and surgeons to make sure each patient gets a plan that fits their life.

If anything in this booklet felt like it was written about you, please reach out. A short conversation could be the start of better sleep, better health, and better days.

Desert Hills Dental Care

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Check out our websites for videos and testimonials:

deserthillsdental.com | sleepwellnessfarmington.com

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Breathe better, sleep better and FEEL better!

