

Dr. Gould: All right, everybody, welcome to Get Your Smile On. I am Dr. Joel Gould, your wellness dentist, and what we have for you tonight is the most exciting half hour podcast on dentistry and wellness dentistry in the world. I'm going to say that, make that claim, and I'd like somebody to prove me wrong.

Last week we had the exciting and very communicative Dr. Patti Panucci. We talked about orthodontics, and we will get her back on the show soon. She's fantastic. Tonight's topic, I've talked about this a few times before, and this a really huge topic. So tonight we're going to be discussing something that nobody wants to hear about. What I want to talk about is what do we need to live? We need three things. We need food, water, and air. Obviously we need a lot more than that, like PlayStations and Xbox and wine and walks along the beach, but we can live for three weeks without food. We can live for three days without water. We can only live for three minutes without air.

We spend one third of our lives sleeping. We know what we do the two thirds of the time that we're not sleeping, but the information that's come to me very recently about myself, about many people, is that for one third of our life we no idea what's going on. Today's topic of discussion is sleep disordered breathing. I have a personal story with this, because I admitted last week or the week before that I have obstructive sleep apnea.

Sleep disordered breathing isn't just obstructive sleep apnea. It is also something that's much lesser known, but just as serious, upper airway resistance syndrome, or UARS. This is the sister version to obstructive sleep apnea, and what's different about this is this isn't the type of person that you'd expect when you think of sleep apnea. I know people think a heavy guy with a big neck who snores really loud. That's your sleep apnea person. What I've come to find very recently is that that's completely untrue. Many people suffer from different sleep disorders related to breathing, and nobody can know who they are until we actually test and find out.

Tonight I'm going to be discussing this topic in detail with my guest, who is an ENT medical doctor and sleep doctor. We'll be bringing him on very shortly, because he's got a lot of information that we want to talk about.

A couple of different things I want to talk about here. We talked about oxygen. Everyone has an ideal oxygen saturation rate, and that's a fancy way for saying when you breathe the amount of oxygen that goes on to your blood should be a certain percentage. Ideal would be 98%. That'd be great. If you hold your breath for as long as you can you cannot get your oxygen levels to drop below about 93, 94, but I'd say probably you couldn't get it to go down more than 1 or 2%. When someone is sleeping

and their oxygen drops down by at least 4% this is a very serious thing. That 4% drop in oxygen signals to your body that you are choking. You're not breathing.

What happens? Your body has a reaction that we've all heard about, fight or flight. What happens with fight or flight? Your hormones go crazy. Your body thinks that you're dying, and your heart rate increases. Your body wakes you up. You wake up out of sleep over and over again all night long. That type of activity you think that you'd notice, but most people don't. It's very little known, and I had no idea either. I thought I was a great sleeper. If you would have asked me, "Do you know what sleep apnea is?" I would have said with anyone else, "Not me, I don't have it. I'm fine. I sleep great. I don't snore." Boy, was I wrong. Not only was I wrong, but I was so wrong that I didn't realize just how seriously this was affecting me.

Why is this so important? This is an epidemic. This is one of the largest public health issues affecting all of Western medicine all around the world. Sleep is very important. Just on a basic level, because we will cover this in a different podcast, sleep is important for so many reasons. It's the one time during your life that you actually let your brain sort itself out. We get into our REM sleep, and it lets your body start to heal. Only in the deep stages of sleep does your body truly and fully emit all the hormones and all the chemical mediators that you need to live and be healthy.

I want to get right to my guest tonight, because I want to discuss this. There's so many interesting things that have to do with this. Tonight my guest is Dr. Steven Park. He is board certified in sleep medicine, and he is board certified ENT including head and neck surgery. He received his undergraduate degree from John's Hopkins and his medical degree from Columbia. He took his ENT fellowship at Einstein Montefiore, and I had to look that one up, but I want to ask Dr. Park about that in one second. He is also the author of a #1 New York Times bestselling book called *Sleep Interrupted*, and he reveals the number one reason why many of us are sick and tired. He's got another book that's coming out that is called *The Complete Guide to Getting the Sleep You Need For the Life You Want*. Dr. Park, are you on the line?

Dr. Park: I'm here.

Dr. Gould: Great to have you on my show. Thank you so much. You're on the East Coast. How is everything going over there in New York?

Dr. Park: It's very nice and cool.

Dr. Gould: I like it. This is the time of year where you have a lot of humidity.

Dr. Park: Yes. That just broke earlier today. It's very pleasant right now.

Dr. Gould: Great. That's good. California we're having some humidity come in this weekend, and everybody's already panicking. It might actually be a little bit damp. Dr. Park I want to

let you just tell us a little bit about your fellowship. I looked up Montefiore, and it's a pretty special school. Do you want to tell us sort of what's unique about it?

Dr. Park: Sure. Actually the sleep lab at Montefiore was one of the first places where they had sleep technicians, and it was one of the pioneering sleep labs for development of the field of sleep apnea and sleep medicine. Let me just clarify a couple of things. My book was not a New York Times #1 bestseller. I wish it were. It was endorsed by numerous New York Times bestselling authors. That's one of my goals eventually.

Dr. Gould: Trust me on this. When everybody listens to this podcast and goes and orders it it may get to #1 on the New York Times bestselling list.

Dr. Park: I hope so.

Dr. Gould: Great. Sorry about that. Thank you for correcting me.

Dr. Park: Also, I'm board certified in otolaryngology, which is ENT, and also sleep medicine.

Dr. Gould: Great. Sorry about that. I guess this is new for me. I've listened to your podcast, and you have your lovely wife who helps you out. I've got my producer who's behind the scenes, and she's great, but I'm getting used to being able to speak in an appropriate way. Sometimes I'm going to mess up, but I do apologize.

Dr. Park: No problem whatsoever.

Dr. Gould: I guess we should probably talk about you. It's a very unusual combination, or for most people who don't understand what sleep and breathing disorders are it's unusual. What can you tell us? What brought you to this career path?

Dr. Park: I was in general otolaryngology in head and neck surgery for 13 years before I came to Montefiore four years ago. When I was in private practice in Manhattan I was doing a lot of sinus surgery, routine stuff that most ENTs did, and a lot of ear, nose, and throat medicine and surgery. One thing that I noticed was that whenever I did sinus surgery for the most part they did well, but for about 10-20% of the patients they kept coming back with recurrent symptoms. Almost invariably, we actually did a study showing that about 80% of these patients had undiagnosed sleep apnea. So then when I started looking for sleep apnea before I started doing sinus surgery, many patients didn't need sinus surgery. They got much better. That just kind of opened my eyes to the possibility that the sleep breathing disorders were an underlying problem with many of these chronic conditions, not just with ear, nose, and throat conditions, but pretty much every chronic condition out there in medicine.

Dr. Gould: You just said a huge mouthful. This is really only a couple of years ago then, so this isn't something that is widely known. This is something that you noticed, and then you said

this is something I want to investigate further. Did you get any sort of pushback from your colleagues over what was going on?

Dr. Park: Before I started doing that, before I wrote my book, I started to look at all the research out there, and what I found was that if you obstruct, and if you have reflux, because those two go hand in hand, every time you obstruct you bring up your stomach juices into your throat. That can cause more swelling and then more obstructions. It's a vicious cycle. One aggravates the other. Then that leads into more inflammation in the ears, nose, and throat, the lungs, causing sinus infections, ear infections, asthma, bronchitis, and then that causes further obstruction, causing low levels of oxygen like what you were talking about. There are research studies linking every one of these points, connecting the dots. I made this huge diagram that I described in my book, where all these chronic conditions are linked to sleeping and breathing problems and reflux.

Dr. Gould: We're at 2015. Were you kind of surprised that you had to figure this out on your own, that nobody else had sort of put the pieces of the puzzle together?

Dr. Park: I'm not the only one to do this. The problem is that there are many people who have been talking about these concepts for many years, but there's really no one mainstream organization that really promotes these kind of ideas, because everyone has their own agenda. I had to go a little bit outside of medicine, especially within the dental fields, especially with their emphasis on craniofacial jaw development. I remember there's one of my mentors who passed away a few years ago, Dr. Brian Palmer. I don't know if you know who he is, but he kind of enlightened me to the possibilities that the physical act of bottle feeding can aggravate malocclusion. He has lots of studies and papers that he produced showing that that's the case. That kind of led me to learn that the way you use your mouth as a child, also as an adult, can affect the way your jaw develops, and if your jaws don't develop fully then your airway gets more narrow.

Dr. Gould: Right. It's very obvious to me as a dentist when I'm shining a light onto people's mouths all day long that I'm seeing their mouth and their throat, and I think I shared this with you. This is my 25th year in practice, and I have been treating people with bruxism with brux guards or with grinding guards, and it's successful. So I was one of those people who was missing the diagnosis. I saw a symptom, and I treated the symptom, and I do one heck of a good brux guard, but it's just putting a Band-Aid on the greater issue, and that's sleep and sleep disordered breathing issues.

To me, when I got into this, and I started this a couple years ago. We do a lot of continuing education, and I was kind of fascinated by the idea that dentists would be involved in treating sleep problems. It wasn't until very recently that I myself was diagnosed with obstructive sleep apnea that this became so important to me. I hate to be one of those people that has to experience it themselves before they really truly understand. I think I kind of had that same moment as you where I saw the pieces of the

puzzle that were sitting directly in front of me the whole time, but I never put them together in the right way.

What brought you to go to dentists? We talked about the development, the craniofacial development. Is there an orthodontic school of thought that you've gotten used to working with?

Dr. Paul: Honestly, from what I can tell it's not mainstream dentistry. A lot of the concepts go completely against traditional orthodontics and dentistry, including the concept of how teeth get straightened. Ultimately the focus amongst these rogue dentists, so to speak, are they focus on the airway, pure and simple. That starts from early childhood development. You can even say that it starts within the mother's womb.

Dr. Gould: What factors would be in the womb? Would that be certain factors that we're talking about, mostly nutrition and Vitamin D and that? Is there anything that you know that in that stage would lead towards this type of a problem?

Dr. Paul: First of all, if the mother is susceptible to sleep breathing problems, then that's going to aggravate sleep apnea during pregnancy, and we know that that's a huge epidemic amongst pregnant women that's not being treated at all. So any degree of physiologic stress can prevent problem development of the baby. We also know that prematurity, which is another huge epidemic these days, prematurity has been shown to be a major risk factor for sleep apnea development in the future.

Dr. Gould: That's incredible.

Dr. Paul: Also if you add the obesity epidemic we know that if you're overweight that's going to significantly raise your risk of sleep apnea, and if you're pregnant that's a double whammy.

Dr. Gould: Right. As I sort of delve into this topic, because it's so far-reaching I was saying, when I understood the enormity of this problem it made me really confused that the medical field, the medical industry, hasn't put more pieces together and said, we should at least look into this. Do you feel sometimes that you're sort of screaming at the top of your lungs, but nobody's listening?

Dr. Paul: Yes. That's one of the reasons why I started to reach out to the public. I wrote my book, and I started this blog, and I write and I speak. One of my main missions, besides helping patients one to one, is to reach out to the public and educate the general public so that they can be empowered to know what's going on. Many of these patients, or not even my patients, but people who ready my blog and read my book, they actually are educating their doctors as to what's going on.

Dr. Gould: Right. We've already experienced that. I've had some patients who, now that I'm aware of this I've been reviewing people's medical history. I had a guy in today 33 years old,

and we take a blood pressure on anybody that we're going to be doing anesthetic on. When I saw his blood pressure, I looked at him, and I said, "You're a pretty fit guy. Why do you have high blood pressure?" He said, "I don't know, but my doctor wants to put me on high blood pressure medication." I thought, what are the chances that I'm so focused on this? I tipped him back, and I looked in his mouth, and he has all of the usual signs that I have recently learned are an indicator that this person mostly likely has an issue with sleep apnea.

He had a scalloped tongue, which is when your tongue is pushing up against your teeth. It takes on the shape of the teeth. He had inflamed tonsils and a large uvula. I said to him, "Do you snore?" He said, "I snore really loudly. My wife makes me sleep in the other room." I said, "Did your doctor at any point in time suggest that maybe you should get checked or tested for sleep apnea?" He said, "Absolutely not," but then he went further to say, "I think I have it." He gave me a couple different reasons. I thought, how incredible is this that, we're not in a backwater town here. This is Los Angeles, and medical doctors it's not that they're not getting it, they're not even asking the question.

Dr. Paul: I actually have a very similar story. Many years ago I had a friend who lived very close to me. He had recurrent sinus infections, and he was going to his ENT for many years. He suspected that he may have sleep apnea, so he kept bringing this up to his doctor. The doctor said, "You don't fit the profile. You definitely don't have sleep apnea." This went on for many years. Eventually we became friends, and I ended up diagnosing him with a sleep study with severe sleep apnea. Then he started to sleep much better using a C-PAP. It just goes to show that there's a lot of misconceptions and stereotypes amongst even mainstream doctors that still think that you have to fit this typical profile, and I think one thing that you and I both bring up often is that you don't have to fit the particular profile. You can be young, thin, even not a snorer and still have severe sleep apnea.

Dr. Gould: Right. That's something that really is kind of blowing my mind, because for myself when I look back and I see all the medical issues that I've had they all could be attributed to sleep apnea, and it all makes perfect sense. I wouldn't have seen it until I saw one thing that changed my life, and that was seeing my sleep study. When I came back after seeing that sleep study to my office I started just to casually ask questions, because I know what my perception of sleep apnea was.

So the things I would ask, I would say, "Have you been tested for sleep apnea?" Right away people would say, "Not me, I don't have it." I wanted to say, and these are my patients so I don't want to be hard on them, but I wanted to say, "I didn't ask you if you had it. I asked you if you were tested." There seems to be a huge perception that, first of all, not me, I don't have it, it's somebody else. What do you think has brought on this, it's almost like when I ask somebody, and of course I don't ask that anymore, because it's almost insulting. I think people get literally insulted that you would even ask them. Is it an assumption that you're saying they're fat or not healthy? They take it so seriously. J

Dr. Park: I think that there is some component of being embarrassed, because if you have sleep apnea then, again, even the public has a stereotype that you have to be heavy, overweight, snore, and have a big neck. So they don't want to be lumped into that crowd. Some people just don't know that they have a problem, because they perceive that they're sleeping well.

Dr. Gould: Again, I was one of those people. We talked earlier, as a wellness dentist, and I could define what wellness dentistry is, and even some of my best friends are like, what are you talking about? Discussing what wellness is in someone's overall health is you can't say to the dentist, "You just deal with the teeth and nothing else." You at a very early stage realized that if you're dealing with the airway you're going to have to start to talk to the people that deal with that, and that's dentists. When you first became aware that we could something called a mandibular advancement device or a MAD, was that really shocking? Was there a lot of stuff out there? What gave you the idea that you really wanted to work on this further working with dentists?

Dr. Park: If you look at the evolution of sleep apnea treatment, before 1980 all we had was a tracheotomy where we put a hole in your neck into your windpipe. Then C-PAP was developed and the palate operation was developed around the early 80s. Even the mandibular advancement devices there were prototypes that were being described in that same timeframe. For whatever reason the dental appliances never took off as quickly as C-PAP or surgical options. It's been around for a really long time, but I think even when I was in private practice about 10 years ago it wasn't really that well known about or even popular.

I think one of the major impediments was just accessibility, because most insurance companies weren't covering it. That's changed 180 degrees where most insurances do cover it, and many dentists are taking insurance. Even people are just more aware, so they'll pay cash, and they'll pay what it takes to sleep better. There's been this dramatic increase in awareness by the public and also sleep physicians and medical doctors about usefulness of these dental appliances.

Dr. Gould: Right. I listened to your podcast on MADs, mandibular advancement devices, and it was pretty great. What I wanted to get to, and the biggest thing about this topic is when you mention sleep apnea everyone thinks of that C-PAP machine, the giant mask. It's been only a couple of years, about 5 years, that the MAD would be considered the equivalent for moderate and mild sleep apnea. I know that the studies are there, but it's fairly recent.

Dr. Park: Yeah. Those are an accumulation of numerous large scale studies. When the American Academy of sleep medicine puts out these position statements they have hundreds of studies and pick the best ones. They don't say these things lightly. There's strong evidence now that these devices are equivalent to C-PAP for people with mild to moderate sleep apnea. A little caveat though. It doesn't get the numbers down as low as

C-PAP, but in general people will tolerate and use the oral appliances for longer periods of time, so basically it's a wash.

Dr. Gould: Some of the stats that I heard was that only 3% of everyone in America is being properly treated for sleep apnea, and that makes perfect sense, because a lot of people get their C-PAP machine. They put it on Craigslist. They put it in their closet. They stuff it away somewhere, because it's about as unsexy as you can get. Not that a mandibular advancement device is sexy. Again, I see a lot of people with bruxism, and these are people who are wearing something in their mouth anyway. So they already have their protocol where they'll brush their teeth, and they'll get ready for bed, and they'll put this device in. So it's something that's just so much easier, especially if you travel too.

We're getting close to the end of our time here, but there's still so many questions I want to ask you. What I want my listeners to understand is we can talk about sleep apnea and this and that, but I listened to some of your podcasts, and there's really some compelling stuff. What I would like you to do, you have the opportunity to speak to my listeners and say, what are the top 3 things that we're really worried about with sleep apnea? Why is this such a big deal?

Before I let you do that what I wanted to actually say was that I'm excited that the medical insurance companies have been smart enough to realize that getting someone treated for an internal device is going to be in the long run so much cheaper than treating them for so many medications and procedures and surgeries. They've recognized that this is definitely a cost effective measure to treat this. I think that it's such a huge step forward. I'm technically impressed. Medical insurance companies, they just want to save money. We hope they care about us too.

What would you say? I do want to scare my patients, because if they don't take this seriously this is something that's really major, and just seeing the reduction in my health recently because this has come up so quickly. What would you say to scare people, but realistically? We talked about brain damage. When you get brain damage, how does it happen? Maybe you want to start there.

Dr. Park: That's a huge topic. Topics that I've had in the past on my podcast on memory loss and brain damage those are some of the most popular, most reviewed. There's tons of research in the scientific literature on the detrimental effects of sleep apnea and low oxygen levels on brain function and development. There's more and more cross talking between the sleep apnea researchers and the dementia researchers these days. There's this huge overlap that's not being explored. You think that Alzheimer's is a different condition than sleep apnea brain damage, but if you look at the mechanisms it's probably the same. There are ongoing studies now that are looking at this issue. Clinically on a daily basis I see patients who have obvious undiagnosed sleep apnea for decades, and they clearly have memory loss, mild cognitive impairment and early dementia. It's a scary problem.

Dr. Gould: What's funny is that you know so much about this, and when I read your mission statement on your website, which I actually wanted to let everybody that your website is DrStevenPark.com, and you're easy to find. DrStevenPark.com, and we'll have your link up on our site at some point in time here. On your website anybody can go and listen to your different discussions on brain damage and all these other things that sleep apnea is causing. What do you think? It's 2015, and I saw a lot of stuff from five years ago of dentists trying to bring this up more to the public, and we weren't ready. When do you think that the moment the tipping point? What do you see coming up that's really going to be what actually gets all medical doctors to take a step back and say, I don't know everything about this. Maybe I should listen. Do you think we're close?

Dr. Park: I'm a little bit pessimistic. The problem is that the healthcare system is so overwhelmed already, financially and in terms of the volume of people who need services. The problem is that sleep services there's such a huge demand, and not enough supply of sleep services. To get a sleep study in some parts of the country it can be weeks or months. It's really frustrating even in a major metropolitan area, for me, to get patients to undergo sleep studies. With home testing I think that's going to be changing. Many insurance companies are requiring home tests as first line diagnostic tools for routine, run of the mill, sleep apnea patients. I think that's probably going to be the biggest turnaround for the next couple years is the shift from mostly in labs to out of lab studies.

Dr. Gould: On that note. This is a half hour show, because as exciting as this is I wanted to limit to that. What I do want to just briefly talk about is in my office we are using the Aries take home sleep study, and I was really impressed by just the ease of use. We get this diagnosis. The sleep study goes to a sleep doctor who does the real diagnosis. As a dentist I can only identify and treat. I can't diagnose, which is perfectly fine with me. We talked about what I'm doing in my practice, and the things that have kept people away from treating it is I'm really working in the trenches here. I'm trying to get a feeling for what's going to change people's attitudes.

I think that for me to announce to the world everybody should get tested for sleep apnea is of no value, but the issue that we have is that with my patients they trust me. I've been here for 15 years. When they see what I'm going through I'm telling an honest story. I'm not trying to sell anyone anything. This is a very major issue, and I really hope that I can help you and myself to get this message out, because I think about the unnecessary pain that I went through because of my problems, and I think about all the people that we could really help to just avoid medication and torture and pain and all this stuff. I'm really excited. I would love to have you back in a future show to get more specific, but I want to let you go, because I know it's getting late on the East Coast. I really want to thank you so much for your time. I really appreciated you coming on my show.

Dr. Park: That's for having me. It was great to be here.

Dr. Gould: Thank you very much, and we'll speak to you soon. Have a great night. So we're at the end of our half hour. I've gone a bit over, but Dr. Park what I've gone through, what I've realized, what I've seen is so shocking, but he saw all this a couple years ago. What an interesting guy to put the pieces together and not have any kind of issue with wanting to work with dentists, because we're the ones who are in control of that whole area. I'm going to wrap things up here.

Next week I have an equally and probably a little more scary topic. I'm calling the segment All About the D. D stands for Vitamin D. I want to end this show by saying you do not want to miss the next episode, because I'm going to tell you some earthshattering things about Vitamin D, and Vitamin D is not a vitamin. It's a hormone. It looks like cholesterol or testosterone, and you can buy it over the counter. More interestingly, you can get it from the sun. I want to leave it at that.

I want to say thank you to everybody for listening. I can't wait for you to hear next week's podcast. Thank you so much for listening. Follow us at Modern American Dentistry on Facebook or our website at ModernAmericanDentistry.com. Thank you to my producer, Maria DiGiovanni. You're the best. Everybody, get your smile on. We'll see you soon.