

THE EDITOR'S CORNER

Sleep-Disordered Breathing and Orthodontics: Understanding the Update

The original 2019 AAO white paper on obstructive sleep apnea (OSA) was written to provide guidance for orthodontists entering an increasingly controversial area of health care, at a time when the specialty lacked a unified document addressing its role in managing OSA. The paper's message was straightforward: orthodontists can play an important role in identifying patients at risk for OSA, but diagnosis and definitive medical management remain the physician's responsibility.

Since then, airway-focused orthodontics has expanded dramatically through research, continuing education, social media, and commercial marketing, while also drawing criticism from clinicians who felt the 2019 document was either overly cautious or failed to fully recognize orthodontics' role in OSA. The 2026 update addresses these controversies, clarifying where the evidence is strong, where it remains limited, and how orthodontists fit within an interdisciplinary model of care.¹

The first change readers will notice is the shift from OSA to the broader term sleep-disordered breathing (SDB). OSA is only one condition within a spectrum ranging from habitual snoring to more significant breathing disturbances, and many patients in orthodontic offices may exhibit symptoms or risk factors for SDB without meeting the criteria for OSA.

The update also places greater emphasis on physician diagnosis and interdisciplinary care. The white paper reminds orthodontists that SDB is a medical condition; definitive diagnosis remains outside the orthodontist's scope of practice. Although orthodontists may play an important role in screening patients at risk and identifying craniofacial contributors, the update reinforces that SDB management should be conducted in collaboration with sleep physicians and other medical specialists.

Perhaps the most significant update involves cone-beam computed tomography (CBCT) imaging and airway measurements. The update takes a much firmer position on the idea that airway dimensions on CBCT scans or lateral cephalograms should not be used to diagnose SDB or predict

treatment success. SDB is a dynamic medical condition influenced by neuromuscular function, sleep state, body position, and multiple nonanatomic factors. Merely increasing airway size does not necessarily translate into improved breathing during sleep.

The sections on palatal expansion and functional appliances were also rewritten using more cautious, nuanced language. Although these treatments may influence airway dimensions or breathing patterns in select patients, the document emphasizes that they should continue to be based primarily on appropriate orthodontic and skeletal indications, with any airway benefits considered secondary rather than guaranteed outcomes. Simply put, expanders and functional appliances have not been shown to prevent future SDB.

The white paper also addresses several controversial topics increasingly associated with airway-focused treatment, including frenectomy, extractions, and distalization mechanics. Current evidence does not support routine frenectomy for prevention or treatment of SDB, nor does it support claims that orthodontic extractions or distalization mechanics cause airway obstruction. Despite their growing popularity in social media parenting groups, online forums, and continuing education courses, these theories remain largely speculative.

In summary, the 2026 update reminds us that orthodontists play an important role in screening for SDB and interdisciplinary care. But the evidence does not support the idea that orthodontic treatment independently prevents, cures, or predictably manages SDB. Let me be clear: there is no such thing as an "airway orthodontist." All orthodontists are airway-focused in that we recognize risk factors, understand contributors, and refer appropriately when concerns arise. NDK

REFERENCES

1. Palomo JM, Cohen-Levy J, Flores-Mir C, et al. Sleep-disordered breathing and orthodontics: an American Association of Orthodontists white paper update. *Am J Orthod Dentofacial Orthop*. 2026;169:419-427.