

# Bad Breath (Halitosis)

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Bad breath is often called halitosis or oral malodour although they are of the same etiology. More than 50 percent of the global population have halitosis, and this problem is regularly considered a taboo. Although halitosis or bad breath is a result of several factors, more than 90 percent are related to oral cavity causes such as poor oral hygiene, periodontal disease, tongue coat, food impaction, unclean dentures, faulty restorations, oral carcinomas and throat infections. Patients are often unconscious that they have bad breath and may learn of it from another person. Bad breath is often an outcome of the bacteria fermented food particles in the mouth. Some foods and spices may release the odoriferous substance in the respiratory cavity like garlic. There is no scientific evidence supporting the claim that breath odor mirrors the status of digestive and intestinal tract.



### Causes

Causes of bad breath are classified into four namely transient causes, intraoral causes, extraoral causes and psychogenic causes. While most halitosis begins from the mouth, several cases of halitosis are also signs and symptoms of other medical conditions in the body.

- **Transient Causes:** these emanate from the food taken such as odor-causing foods like garlic, onions or ginger, habit such as drinking alcohol and cigarette smoking. Dry mouth syndrome may also cause halitosis.

- **Intraoral Causes:** are causes which originates within the mouth such as the proliferation of bacteria in the teeth, tongue and gums. Acute infections in the mouth like dental abscess, oral candidosis (fungal infection) and acute ulcerative gingivitis (infection and inflammation of the gums) are also considered as intraoral causes. Poor oral hygiene the results to putrescent food particles in between teeth, on the tongue and around the gums may promote the infection further that will most likely cause halitosis.
- **Extraoral Causes:** are causes which stem outside the oral cavity. Commonly, liver and pancreatic diseases such as hepatic encephalopathy (end-result of liver failure) and diabetes. Uremia, defined as the high level of urea in the blood and other neoplastic or infectious diseases in the respiratory tract and gastrointestinal tracts such as GERD, pyloric stenosis and certain forms of cancer such as oral and gastric cancer are some of the extraoral underlying conditions that may precipitate halitosis.
- **Psychogenic Causes:** are causes that are believed to arise from emotional or mental stimuli and from psychological or psychiatric disorders such as halitophobia (an exaggerated fear of having a bad breath)

## Diagnosis

A dentist usually evaluates bad breath although a primary care physician may also notice the existence of halitosis. Below are the methods most commonly used by dentists of clinicians to diagnose bad breath:

- A dentist or the physician may merely exhale the air coming from the patient's mouth and nose and compare the two. If the odor arises from the mouth but is not present in the nose, it is likely to be of oral and pharyngeal origin. If smell originates from the nose but not in the mouth, it may come from sinus or nasal passages. The presence of odor in both the nose and the mouth indicates that it may be caused by one of several origins of bad breath.
- The dentist or doctors may also use Halimeter, halimeter is a particular apparatus that measures the amount of sulfur compound (a compound commonly blame for bad breath)
- Extensive tests are discouraged unless the physical assessment and clinical history are pointing out to underlying diseases. There are available tests using gas chromatography and chemical tests, but these are not frequently accessed.

## Management and Treatment

The primary goal of control and treatment of halitosis is to treat the underlying conditions which may be the major causes of bad breath.

- If the causes are oral, the dentist might recommend professional cleaning and treatment of gum diseases and dental caries.
- Self-care treatment involves developing good oral hygiene such as:
  - Toothbrushing more than two (2) times per day
  - Thorough flossing and brushing of the tongue with toothbrush or scraper
  - Mouthwashes offer minimal benefits, but sometimes the dentists might recommend the ones containing chlorine dioxide.

- A mouthwash containing chlorhexidine may be useful in the management of halitosis for a short duration only because prolonged use might result in superficial discoloration of the teeth.