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Awareness about Halitosis among General Population.

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ABSRACT

The aim of this study is to assess the awareness about halitosis, oral health-related habits, and behavior among patients visiting dental hospital for various reasons. Halitosis, colloquially called bad breath, is a symptom in which a noticeably unpleasant odor is present on the exhaled breath. Concern about halitosis is estimated to be the third most frequent reason for people to seek dental care and about 20% of the general population is reported to suffer from it to some degree. Seeing the percentage of population being affected by halitosis, understanding the awareness of patients about halitosis is important. Thus this research is on awareness about halitosis, among patients approaching a dental clinic. A questionnaire survey is conducted among 300 patients visiting dental hospitals for various reasons.

Keywords: halitosis, dental, bad breath.

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INTRODUCTION

There are various dental and oral related diseases that pose a social problem for the patient halitosis is one among them [1]. Halitosis is a symptom in which a noticeably unpleasant odor is present on the exhaled breath [2,3]. Concern about halitosis is estimated to be the third most frequent reason for people to seek dental care [2, 3]. About 20% of general population are reported to suffer from it to some extent. The unpleasant smell of breath mainly orginates from volatile sulfur compounds (VSCs) such as hydrogen sulfide (H₂S) and methyl mercaptan (CH₃SH) but also due to other compounds like diamine. Most of the compounds result from proteolytic degradation of peptide present in epithelium, saliva, food debri, GCF, plaque, blood by anaerobic bacteria [4]. Apart from these intra oral causes, some exta oral causes like hormonal, gastro intestinal disorder, renal or metabolic pathologies produce additional malodorous molecules that circulate in blood and expressed in expired air or the GCF. Extra oral halitosis can be subdivided into non-blood-borne halitosis such as halitosis from the nose and the respiratory tract, and into blood-borne halitosis. The majority of patients with extra oral halitosis have blood-borne halitosis, frequently caused by the odorous VSC di methyl sulfide (CH₃SCH₃) [5, 6]. The unfortunate fact is that many people do not know that they have a breath problem unless someone directly informs them. Iwakura et al, (1994)3 classified people suffering from oral malodor into three groups; Type 1, Self-conscious; Type 2, Conscious by the indication of others, and Type 3, Conscious by presumption from the attitude of others [5]. The aim of this study is to assess the awareness about halitosis among general population.

METHOD

A questionnaire study compromising 14 questions regarding awareness and knowledge about halitosis was designed and the institutional ethical committee approval was obtained. The study population was recruited from the outpatient reporting to the department of Periodontics, Saveetha Dental College from 1.05.2015 to 18.05.2015. After explaining the survey protocol, patients who were willing to complete the questionnaire where included in the study. A total of 300 patients completed the questionnaire, among the 400 questionnaire that was issued. The data was collected and analyzed using Microsoft Excel 2007 and SPSS Statistical Software 2002.

RESULT

Among the total respondents, 54% were males and the remaining 46% were females. The analysis reveals that out of 300 respondents 32 were smokers and 27 and 8 were alcoholics and pan chewers respectively. 60% of the study population reported, that they are suffering from halitosis (Figure 1), of which, 42% know about it by themselves, and the remaining through their friends and family members. 81% of the respondents believed that systemic disorder was the common cause for halitosis. This is in assessment with Bahadır Uğur Aylıkcı and Hakan Çolak [7], who reported more than half of the study population suffered from halitosis and they were aware that it is caused due to systemic problems. Majority (66%) of the respondents reported that oral hygiene has an effect on halitosis. Halitosis is usually felt in mornings, only minority of the sample reported that they developed halitosis after smoking, consumption of alcohol and certain food habits etc. For most of the respondents (51%) halitosis affects the quality of life in some ways. Few of them were bothered about the condition and had taken measures (figure 4) like increasing the frequency of brushing, using mouth washes, gargling salt water and visiting a dentist. 79% of them found improvement in the condition. Among those who visited the dentist reported, that scaling was the most commonly recommended treatment for the condition.

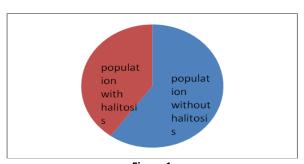


Figure 1



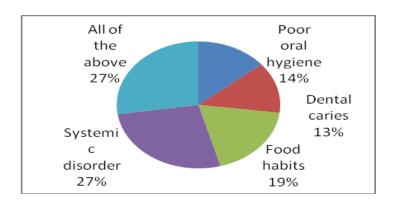


Figure 2: Study on the awareness among the respondents about the Common cause for halitosis

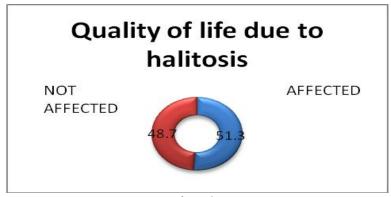


Figure 3:

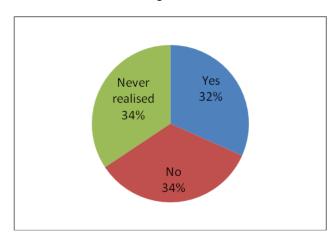


Figure 4: Steps taken to prevent halitosis



Figure 5: Effect after taking steps for halitosis



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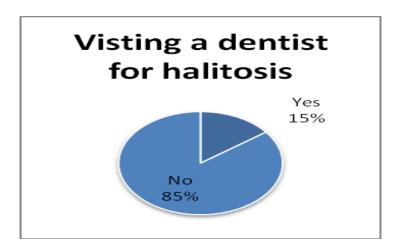


Figure 6:

CONCLUSION

From the questionnaire study which has been conducted, it is shown that a percentage of people were aware about the cause of halitosis. The study recommends conducting enlightening campaigns to create awareness about proper oral cavity and halitosis, its prevalence and treatments among public population.

REFERENCE

- [1] http://dentistry.about.com/od/toothmouthconditions/tp/10-Common-Dental-Problems.htm
- [2] http://www.bio-medicine.org/medicine-dictionary/Bad_breath/
- [3] Harvey-Woodworth CN. Br Dent J 2013;214(7):E20.
- [4] van den Velde S, Quirynen M, van He P, van Steenberghe D. J Chromatogr B Analyt Technol Biomed Life Sci 2007; 853(1-2):54–61.
- [5] Iwakura M, Yasuno Y, Shimura M, Sakamoto S. J Dent Res 1994;73(9):1568–74.
- [6] Tangerman A, Winkel EG. Phosphorus Sulfur Silicon Relat Elem 2013; 188(4):396–402.
- [7] Aylıkcı BU, Colak H. J Nat Sci Biol Med 2013; 4(1):14–23.