

DENTAL DIGEST

BAD BREATH

Bad breath, officially known as Halitosis, can be bothersome for both a person and the people around them. It can have social, psychological, and medical consequences.

In general, there are two major classifications for the source of chronic (long term) bad breath: dental and medical. Most of the time halitosis is dentally related, but underlying medical issues such as kidney failure, liver cirrhosis, diabetes, and other infections (tonsillitis, sinusitis, post-nasal drip) can be causes. This is why if a dentist cannot determine the origin of bad breath in a patient and the medical history is clear, we oftentimes will recommend a thorough medical workup.

Before delving into the dental reasons, diet and medications can also be factors, although oftentimes transient. Eating certain foods such as garlic will give your breath a smell, but it disappears after a short time. If you eat garlic on a daily basis, then the odor may not dissipate quickly. Medications such as bisphosphonates and others that cause xerostomia (dry mouth) can also be culprits.

There are certain bacteria that are found in the deep grooves of the tongue and gum pockets around your teeth. These bacteria can produce chemicals known as Volatile Sulphur Compounds (VSCs). It is these VSCs that cause bad breath. Therefore, it is important to keep these bacteria in check, in order to effectively harness the malodor.

The most common source of oral malodor is the tongue. The tongue has lots of grooves that can trap debris and harbor bacteria. Mechanical daily treatment with a tongue scraper at the back of the tongue is very successful, and rinses with Listerine, Chlorhexidine, or Tooth and Gums Tonic are also possible solutions (just be sure you don't have a contra-indication to any of these chemicals). Using a rinse and a scraper together can be extremely effective.

Another dental source of bad breath is gum disease. Deep pockets around the teeth harbor bacteria, plaque, tartar, and debris. You should note that tongue coatings (discussed above) are much more common in people with gum disease. After any deep cleaning treatments are performed, ongoing suggestions include frequent dental cleanings (every 3 to 6 months), oral rinses, and daily home care.

Decay (cavities) is another source of malodor. Restoring cavities is important not only to keep your teeth healthy, but also to keep halitosis in check.

Xerostomia (dry mouth) is not a direct cause of halitosis, but it exacerbates the problem by allowing bacteria to flourish. This is because saliva has an anti-microbial effect, and keeps the bacteria in check. Xerostomia can be caused by medications and diet. Treatments for xerostomia include drinking water, limiting alcohol and caffeine, chewing sugarless gum, utilizing a humidifier when sleeping, and Over-The-Counter saliva substitutes such as Biotene. "Morning breath" is actually a result in a natural reduction in saliva flow while sleeping.

So, if you suffer from bad breath that you just can't figure out, talk to your dentist and see if they can help you start figuring out this puzzle! You, and the people around you, will be glad you did!

About the author: Dr. Ira Goldberg has been performing general dentistry procedures, as well as dental implant procedures, for 24 years. He is a Diplomate of the American Board of Oral Implantology / Implant

Dentistry, a Diplomate of the International Congress of Oral Implantologists, and a Fellow of the American Academy of Implant Dentistry, a Fellow of the Academy of General Dentistry, and a Scholar of the Dawson Academy for Complete Dentistry. He performs all phases of implant dentistry at his office in Succasunna, NJ. He lectures to dentists in the field of implantology. For a free consultation, including a free 3-D scan (if necessary), please call his office at (973) 328-1225 or visit his website at www.MorrisCountyDentist.com Dr. Goldberg is a general dentist.