



Awareness Regarding the Factors Associated with Halitosis Among Female Students

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Introduction

Bad breath is a problem for the majority of individuals. Due to increased media exposure, halitosis is increasingly being found in patients and dentists. Despite this, it's still a very taboo subject. Always have a nurse check a patient for halitosis if in question. The halitosis clinic may include patients who want to try treating their halitosis on their own before coming to the clinic. Chewing gum, candy, and mouthwash are all common antihalitosis remedies. To be sure, this is accurate because the things are considered to serve solely as a smokescreen to hide the underlying source of bad breath and hence have no impact on it whatsoever.

Nearly two-thirds of patients have already seen a general practitioner or specialist about their foul breath prior to coming to see me. It's no secret that many people with chronic halitosis experience significant emotional distress as a result of their condition. Periodontal disease, tongue coating, cavities, and a reduced salivary flow are all common causes of bad breath. In terms of social and psychological well-being, halitosis can have a significant impact. Inhalants with a strong, unpleasant odor have been linked to a wide range of mental health issues, including anxiety, depression, obsessive-compulsive disorder, and behavioral disturbances.

Ways of doing things and tools available

A random sample was employed to design a cross-sectional study. Gonda's universities distributed surveys to its students, which were completely anonymous. The goal of the investigation was to shed light on the study's findings as well as any emerging issues. It was found that 197 women were sent the survey, and all but one of them returned it with their answers. Three individuals struggled with the task due to a lack of resources, including time. As a result, a questionnaire was used to design the survey, and the results were tested in a pilot study.

There were multiple questions in the questionnaire that examined our study target's awareness of halitosis and their ability to assist in identifying possible causes and remedies. We collected this information about our target audience, such as their age, gender, and geographic area.

The data was analyzed with SPSS 22 (the most recent version).

Results

87.5 percent of the total population (or 88.1 percent) responded. The participants ranged in age from 18 to 25, with the average being 21 years old. According to the findings, 78% of individuals said they did not have halitosis. About 18.9% of people who said they had discovered their own halitosis had it.

Most of the people who were affected by halitosis had it in their stomachs. Second and third, respectively, were the periodontal pocket (36.5 percent) and the tongue (23.5 percent). A percentage of about 34.7% More than 80% of people (78.9%) believe that bad breath is caused by not brushing enough, with the next three most common causes being dry mouth (32.3%), smoking (20.5%), and ear infections (18.5%). (27.9 percent). gastrointestinal problems such as Crohn's disease, intestine obstructions, and others accounted for 89 percent of all systemic ailments. The next most common health problem was cardiovascular disease, then came respiratory disease and finally diabetes.

About 68% of participants agree that mouthwash can be used as part of a strategy to combat bad breath. About 32.1% of people said they would consult their dentist before making any decisions about dentistry.

Individuals without braces believed that bad breath was caused by not brushing (a p-value of 0.011) and were more likely to visit a dentist because of this belief (a p-value of 0.020). SPH patients, on the whole, didn't have to worry as much about bad breath or brushing their teeth. A multivariate regression analysis found significant differences ($p=0.032$) across age groups in the perception of foul breath. According to the results of a post hoc Tukey test, more people under the age of 22 than those above the age of 22 thought they had halitosis ($p=0.027$). Respondents aged 21–23 (with a p value of 0.033) believe that halitosis begins in the stomach, same like those aged 18–20. (with a p value of 0.072). ENT disease was revealed to be a less prevalent cause of poor breath in young adults (18 to 20 years old) than in adults over 22 ($p=0.031$). People between the ages of 21 and 22 were significantly more likely than other age groups ($p=0.004$) to reject the treatment approach for halitosis.

Discussion

When it comes to interpersonal relationships, bad breath affects everyone. A number of factors contribute to bad breath, including periodontal disease, digestive issues, and tongue covering. The discrepancy between the two results could be explained by differences in the sample sizes. While students in the health sciences preferred the language as the main source, this may be connected to how respondents understood the problem.

Aside from gastrointestinal diseases, medical literature is sparse on extraoral variables such as breath odor, according to our research. Chronic sinusitis, upper respiratory tract infections, diabetes, advanced age, feminine gender, and lower socioeconomic status are all risk factors for halitosis. Dry mouth, which makes it difficult to breathe properly, may cause this difficulty. In addition to the typical causes of halitosis, like ENT and lung disease, metabolic problems, and some drugs, more research should be done on them.

Only 5% of people with bad breath wanted a buddy to tell them about it. Halitosis's impact on emotional states may be influenced by societal attitudes around the disease. Additionally, experts who can identify and treat this problem have a bigger responsibility. They show how important it is to include these types of discussions in dental school curriculum.

References

- Quirynen M, Dadamio J, Van den Velde S, De Smit M, Dekeyser C, Van Tornout M, et al. Characteristics of 2000 patients who visited a halitosis clinic. *J Clin Periodontol.* 2009;36:970–5.
- Zürcher A, Filippi A. Findings, diagnoses and results of a halitosis clinic over a seven year period. *Schweiz Monatsschr Zahnmed.* 2012;122:205–16. This is a retrospective study which analyzed data from 465 patients of the Halitosis Clinic at the University of Basel.
- Quirynen M, Zhao H, van Steenberghe D. Review of the treatment strategies for oral malodour. *Clin Oral Investig.* 2002;6:1–10
- Scully C, El-Maaytah M, Porter SR, Greenman J. Breath odor: etiopathogenesis, assessment and management. *Eur J Oral Sci.* 1997;105:287–93.
- Goldberg S, Kozlovsky A, Gordon D, Gelernter I, Sintov A, Rosenberg M. Cadaverine as a putative component of oral malodor. *J Dent Res.* 1994;73:1168–72.
- McDowell JD, Kassebaum DK. Diagnosing and treating halitosis. *J Am Dent Assoc.* 1993;124:55–64.
- Tessier JF, Kulkarni GV. Bad breath: etiology, diagnosis and treatment. *Oral Health.* 1991;81:19–22. 24.
- Seemann R, Conceicao MD, Filippi A, Greenman J, Lenton P, Nachnani S, et al. Halitosis management by the general dental practitioner—results of an international consensus workshop. *J Breath Res.* 2014;8:017101. This article summarizes the results of a consensus workshop of international authorities with the aim of reaching a consensus on general guidelines on how to assess and diagnose patients' breath odor and on the treatment of halitosis.
- Yaegaki K, Coil JM. Examination, classification, and treatment of halitosis; clinical perspectives. *J Can Dent Assoc.* 2000;66:257–61.
- Coil JM, Yaegaki K, Matsuo T, Miyazaki H. Treatment needs (TN) and practical remedies for halitosis. *Int Dent J.* 2002;52:187–91.
- Miyazaki H, Arai M, Okamura K, Kawaguchi Y, Toyofuku A, Hoshi K, et al. Tentative classification of halitosis and its treatment needs. *Niigata Dent J.* 1999;32:7–11.
- Krespi YP, Shrimme MG, Kacker A. The relationship between oral malodor and volatile sulfur compound-producing bacteria. *Otolaryngol Head Neck Surg.* 2006;135:671–6.
- Apatzidou AD, Bakirtzoglou E, Vouros I, Karagiannis V, Papa A, Konstantinidis A. Association between oral malodour and periodontal disease-related parameters in the general population. *Acta Odontol Scand.* 2013;71:189–95.
- Sterer N, Rosenberg M. Breath odors. Origin, diagnosis and management. Berlin: Springer; 2011. p. 5–75. CrossRefGoogle Scholar
- Delanghe G, Bollen C, Desloovere C. Halitosis—foetor ex ore. *Laryngorhinootologie.* 1999;78:521–4.
- Rosenberg M, Knaan T, Cohen D. Association among bad breath, body mass index, and alcohol intake. *J Dent Res.* 2007;86:997–1000.