

HALITOSIS: DISCUSSING A DIFFICULT SUBJECT

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Oral malodor is an often devastating problem for many individuals. While science develops ways to conquer this problem, the mental tug-of-war we battle over how to broach the subject continues. As professionals, we want to provide the best care for our patients, including ways to eliminate social stigma. Whiter teeth and fresher breath may promote higher self-esteem, so we smoothly introduce whitening as a way to be more aesthetically pleasing; however, we can't help but to cringe when trying to discuss halitosis with patients. Why? Perhaps it seems too personal a problem. Maybe we don't want to embarrass our patients or ourselves. In reality, no aesthetic care is complete without the inclusion of breath freshening protocols. Following are some suggestions to "freshen" your approach to this difficult topic:

Rule out any systemic illness that could contribute to halitosis (eg, diabetes). Relating malodor to other illnesses shows a caring attitude and indicates the clinician is interested in total well-being. Suggest a complete physical examination for patients who have not been seen by a physician within the past year.

Include questions about malodor on patient health history forms. A question such as, "Do your gums bleed when you brush?" could logically be followed by, "Do you often notice a bad taste in your mouth?" A variety of questions could be posed, several which are listed in the table.

When conducting the patient interview, review the responses on the health history form without judgment. Be sure to clarify patient responses by paraphrasing their concerns (eg, "So you have a bad taste in your mouth most of the time?") In addition, relating your personal experiences with malodor can be very effective and can help put the patient at ease.

Look for hidden messages in questions asked by patients. If Mr. Jones wants to know about "the most effective mouthrinse," determine if he is asking for strictly cosmetic (fresh breath) reasons.

Design office brochures discussing the causes of malodor and possible treatment methods. Have them readily available in the waiting and treatment rooms.

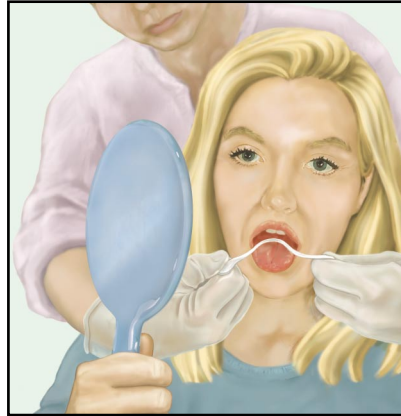


Figure. Demonstrating a tongue cleaning procedure can improve patient compliance.

Informational materials are also available from various companies who manufacture antihalitosis products.

Include tongue cleaning as a part of every recare appointment (Figure). Explain the procedure while the patient watches, and relate tongue bacteria to oral malodor. Inform patients that this is a new procedure performed by your office to offer total aesthetic care.

Halitosis is a problem we all experience at one time or another. Putting patients at ease when discussing possible causes and treatment is the first step in combating this dilemma. Such small victories can help us eventually win the war!

Oral Malodor Questionnaire

1. Do you sometimes feel self-conscious about your breath? How often?
2. When you have a bad taste in your mouth, can you relate it to anything specific (eg, foods, time of day, illnesses)?
3. How do you treat your malodor problem (ie, names of rinses, pastes, gels, cleaning devices)?
4. Do you find these products effective?
5. Does your mouth feel dry? How often?
6. Do you consume alcohol, smoke or chew tobacco? How often?
7. Do you consume spicy foods? How often?
8. What medications do you take? How often?
9. Do you experience sinus, respiratory, or gastrointestinal problems? Explain.
10. Describe your oral self-care routine (eg, brushing, flossing, irrigation, etc.)

Did You Know?

The 4th International Conference on Breath Odor will take place in Los Angeles on August 20-21. To be held in conjunction with the International Society of Breath Odor Research (ISBOR) and the UCLA Center for Health Sciences, it will address a wide range of subjects including psychological, physiological, microbiological, and clinical issues. For more information, contact: UCLA Continuing Dental Education; Telephone: 310-206-8388; Fax: 310-206-5218; e-mail: scot@dent.ucla.edu; Internet: www.dent.ucla.edu/ce.