

NEWS FLASH:

Aussie man leaves wife because of her **bad breath**

What do you think are the most common reasons for marriage break ups today?

- 1. Communication problems?**
- 2. Lack of intimacy in the relationship?**
- 3. The challenges of a modern life?**

By Dr Geoffrey Speiser, Director, Australian Breath Clinic



Dr Geoffrey Speiser

It never fails to surprise me how often chronic bad breath – or halitosis – has been cited as a key factor in one partner leaving another. In fact, the state of a person's breath often becomes an issue when they are in a relationship as this smell dilemma has to be faced every day.

However, few in the dental profession realise the impact of bad breath on a person's self-esteem. Not only can a person suffering from halitosis experience limited growth in their personal and professional relationships but many will also suffer from the stigma associated with bad breath – a perception that the individual has poor personal hygiene or lacks grooming. Yet with today's technological and scientific advancements, bad breath is easy to diagnose and treat and dentists should consider how they can incorporate a breath diagnosis in their practice.

Recently a woman visited my breath clinic on the grounds that she felt her husband had lost interest in her and had started pursuing other women because of her bad breath. Based overseas, she blamed her chronic bad breath for ruining her relationship and had come to her wit's end trying to find a solution. After coming across our clinic online, she decided to fly to Sydney and see if we could fix her bad breath problem.

Case Study

The 55 year old female presented at the clinic with a heavily restored dentition. Her restorations were mainly amalgam fillings with one or two crowns. Bitewing radiographs confirmed

no decay sites, overhanging margins, or defective margins.

Periodontal probing showed generalized 4 and 5 mm pockets with the worst affected areas being the posterior teeth in both arches. Examination of her tongue showed a thick coloured coating which was worse towards the dorsum of the tongue.

Saliva testing with the GC Saliva Test Kit showed an adequate volume of saliva but with slight pH acidity, possibly due to frequent use of mouthwash and prescribed medications.

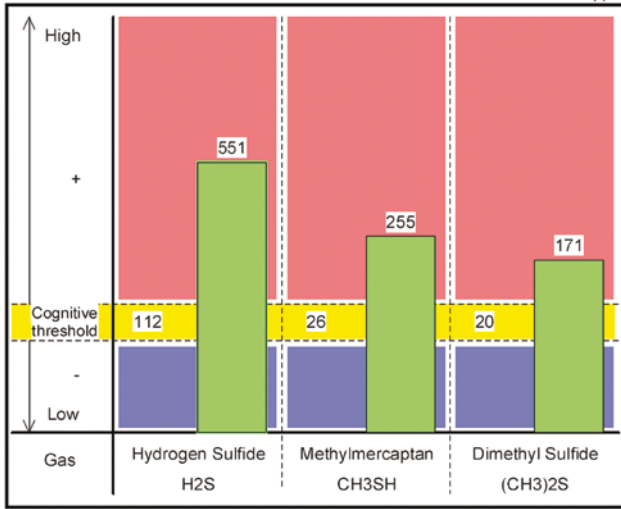
Medicines showed the usual mix of Blood Pressure Medication, antidepressants, and the occasional antihistamine. So it was quite surprising that her saliva volume was not affected.

Below is her initial HALICHECK reading. The HALICHECK is a Gas Chromograph machine that can measure and read individual volatile organic and volatile sulphur compounds in parts per billion. The three main gases related to bad breath are Hydrogen Sulphide H₂S, Methyl Mercaptan CH₃SH and Dimethyl Sulphide (CH₃)₂S.

1. Hydrogen Sulphide mainly comes from the anterior surface of the tongue.
2. Methyl Mercaptan mainly comes from gingival pockets and the dorsum of the tongue
3. Dimethyl Sulphide mainly comes from the dorsum of the tongue and back of the throat.

As you can see the woman's HALICHECK readings (green columns) show her as being high in all three halitosis gases (the yellow line is the

Date: 29/10/2010 09:35 Device ID: 0000
 Result Unit : ppb



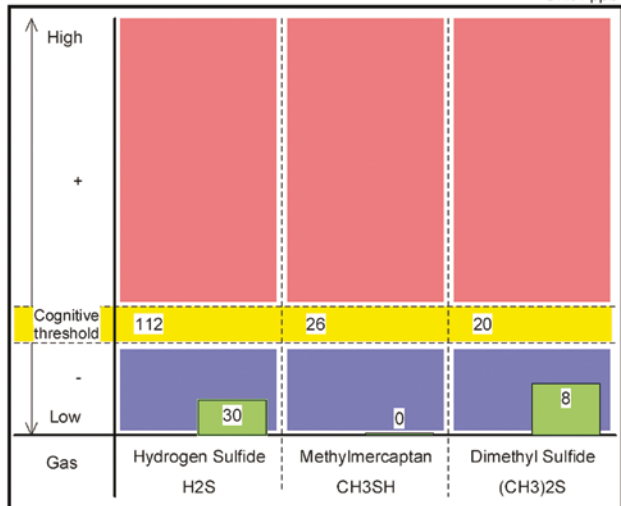
BEFORE

smell threshold). She was five times over the smell threshold for H₂S, she was ten times over the CH₃SH threshold smell level, and she was nine times over the (CH₃)₂S smell level. However, her case was actually a very easy one to treat. The ski slope effect (from H₂S to lower (CH₃)₂S) indicates poor oral hygiene, rather than a particular individual problem. Using the HALICHECK we were able to determine immediately that through education, motivation and cleaning technique she will drop immediately into the fresh breath levels.

The program I put her on involves individual treatment for each bad breath site.

1. **For the tongue surface** we use a non foaming Tongue Gel containing Propolis that we have developed. I ask the patient to brush the gel into the tongue surface for 60 seconds and then scrape this off with a tongue cleaner. This step is then repeated. The idea is to remove the biofilm that the bacteria inhabit and breakdown to smells.
2. **For the gums and teeth** as well as flossing and cleaning every day, I ask the patient to rinse with a mildly alkaline mouthwash twice a week to breakdown biofilm.
3. **Finally for the throat gases** I suggest the patient flushes

Date: 05/11/2010 09:25 Device ID: 0000
 Result Unit : ppb



AFTER

their nasal passages with a hypertonic saline solution as well as abstaining from all dairy products (milk and cheese)

At her next visit, the woman's breath reading showed a remarkable improvement after following the prescribed oral health regime.

Clinically her tongue is clean and pink, and her periodontal condition is also improving.

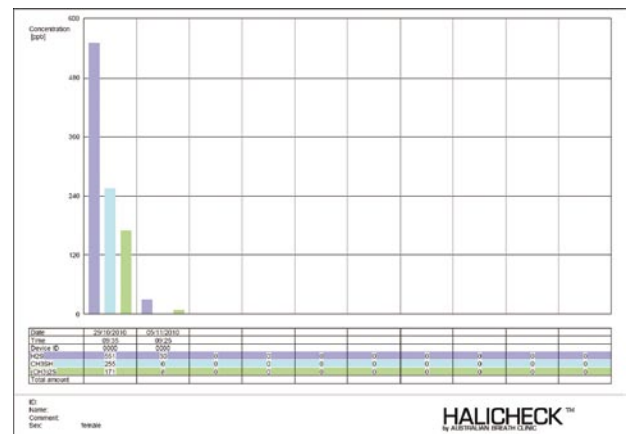
Obviously reassessment of pocketing will need to be carried out and there still may be a referral to the periodontist if there is residual pocketing.

So, was this a successful case? Yes and no.

The patient returned home with new found confidence and perfect breath. However it was too late to save her marriage. Although we never heard back if her husband had actually lost interest in her due to her bad breath, he had moved out while she was away. On the positive side, unencumbered by her bad breath, our patient had a new lease on life – she realised she didn't want her husband back and decided to also move on with her life.

My point is never to under estimate the power of treating bad breath as one of the biggest practice builders available to dentists.

Although treating bad breath is far from the glamour of treatments such as tooth whitening and veneers, bad breath is a common occurrence and as many as one in three Australians will suffer from bad breath at some point in their lives. Most of these people will turn to their dentist for help. From personal experience, new technologies are enabling dentists to take a scientific path to accurately diagnosing and treating bad breath rather than relying on subjective factors such as smell. Using charts and readings, dentists can guide their patients through the process, minimizing the individual's embarrassment, and also demonstrating the vital role dentists play in providing healthcare with extends far beyond the dental chair. ◆



Two easy visits to go from bad breath to fresh breath and give the patient this readout showing perfect oral hygiene.

If you wish to discuss any cases or to learn more about how I treat bad call me on (02) 9363 0744 or email me on dentist@breezecare.com