EFP | Perio Work shop | Periodontal Health for a Better Life | GUIDANCE FOR DENTIST AND DENTAL HYGIENIST

GUIDELINES FOR MANAGEMENT OF MALODOUR: EFFICACY OF MECHANICAL AND/ OR CHEMICAL AGENTS

GUIDANCE FOR DENTIST AND DENTAL HYGIENIST

These guidelines are the product of the XI European Workshop in Periodontology (the 'Prevention Workshop'), which took place in November 2014 in La Granja de San Ildefonso (Segovia), Spain. For further information, please see the Prevention Workshop website (prevention.efp.org). The full proceedings of the workshop were published in April 2015 in the Journal of Clinical Periodontology and can be downloaded (in pdf format) free of charge from: http://onlinelibrary.wiley.com/doi/10.1111/jcpe.2015.42.issue-S16/issuetoc. In addition, a podcast is available for viewing (at http://efp.stream-congress.com) in which the four co-chairmen of the Prevention Workshop discuss its conclusions and guidelines.

GUIDELINES FOR MANAGEMENT OF MALODOUR: EFFICACY OF MECHANICAL AND/OR CHEMICAL AGENTS

GUIDANCE FOR DENTIST AND DENTAL HYGIENIST

Halitosis is defined as having an offensive breath odour independently of its origin. Intra-oral halitosis is identical to oral malodour and describes cases where the source of halitosis lies within the mouth (e.g. tongue coating, gingivitis, periodontitis). Extra-oral halitosis, where the source of halitosis lies outside the mouth, is further subdivided into blood-borne and non-blood-borne halitosis.

Pseudo halitosis and halitophobia are used to describe patients who think or persist in believing they have halitosis, even after professional assessment and a diagnosis that they do not have halitosis. Temporary, or transient, halitosis is caused by dietary factors such as garlic. Morning bad breath, an intra-oral halitosis upon awaking, is also transient.

The aetiology of intra-oral halitosis is primarily tongue coating and to a lesser extent gingivitis/periodontitis or a combination of these two. Morning bad breath is caused by the decrease in saliva production during the night (no natural cleaning mechanism). Extra-oral halitosis originates from pathologic conditions outside the mouth such as nasal, paranasal and laryngeal regions, lungs or upper digestive tract (non-blood-borne extra-oral halitosis). In the case of a blood-borne extra-oral halitosis the malodour is emitted via the lungs and originates from disorders anywhere in the body (e.g. hepatic cirrhosis).

RECOMMENDATIONS

- Oral healthcare professionals (within the limitation of the respective professional legal authorities) should be aware of the fundamentals of halitosis and they have the primary responsibility for its diagnosis and management. Only a limited number of patients with extra-oral halitosis and halitophobia (<10% together) will need to be referred to an appropriate health professional.

GUIDELINES FOR MANAGEMENT OF MALODOUR: EFFICACY OF MECHANICAL AND/OR CHEMICAL AGENTS

- Diagnosis should include a proper medical-history questionnaire, periodontal examination and inspection of the coating of the tongue and an organoleptic description.

Once the diagnosis of intra-oral halitosis has been confirmed, the oral-healthcare professional should when appropriate:

- Provide personalised advice on halitosis.

- Optimise patient oral-hygiene practices including toothbrushing and interdental cleaning.