

The future of breath odor research

Breath odor research captured the scientific community's attention only during the last decade and resulted in an explosion of interest at this end of the second millennium. Because it is innovative and dispersed over several disciplines, there is an evident lack of steering and of qualitative homogeneity. One should not be too concerned by this, however, because so much remains unknown and the socioeconomic relevance is so large—not only in health care but also in consumer products—that every bit of information is helpful.

This explains why a forum such as the International Society for Breath Odor Research (ISBOR) is so vital and reports of symposia like the present—for which Dr Brunette should be complimented—are so useful for both clinicians and laboratory researchers. One aspect is to unravel the intricacies of biochemical pathways leading to the production of malodorous components; another is how to translate this knowledge into patient information and/or clinical treatment strategies.

The public is unaware of the breakthroughs in breath odor diagnosis (both gas chromatography and sulfide monitors) and treatment (tongue scraping and brushing, some pharmacologic components in toothpastes and oral rinses, and tonsillectomies). The public is also rather misled by legends often repeated by the medical profession itself, such as the frequent contribution of gastric problems to breath malodor. It will be one of the main tasks of ISBOR,

in collaboration with national and international health organizations and media, to distribute proper information. Both the public and their doctors must know that continued masking of chronic breath odor is not a proper solution, and doctors trained in malodor science can best provide pertinent diagnosis and treatment. Dentists should learn to manage and treat malodor, or refer patients when they cannot provide proper management and care. At present, epidemiologic data indicate that referrals from the dental profession account for an incredibly low percentage.

Universities should immediately include halitosis issues in their teaching programs for medicine, dentistry, and psychology. In many curricula today, the subject is not even mentioned, except to note the breath odor that accompanies liver and kidney insufficiencies or diabetes.

Breakthroughs in research appear where no one expected them, but interdisciplinary interaction is often fruitful; public behavior is versatile, but changes can be obtained through prolonged multi-channel campaigns. Every one of us, involved or only interested in the sciences of breath odor, should play an active role.

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