

Research targets a social taboo

JANE JAROUDI BREAKS THE TABOO OF HALITOSIS AND EXPLAINS THAT FOR 90% OF SUFFERERS, BAD BREATH IS A CONDITION EASILY TREATED BY THEIR DENTISTS

Bad breath is an uncomfortable and taboo subject.

Accurate statistics on the number of people afflicted by the problem are hard to come by, but some experts believe as much as 85% of the population suffers from malodorous breath at some time in their lives.

In recent years, there have been major advances in research into halitosis, and understanding of the problem has grown enormously.

Dentists are increasingly able to meet the growing demands of patients with bad breath by offering specialist diagnostic and treatment services. One of the most recent developments rapidly gaining credibility among dentists is the use of chlorine dioxide based oral hygiene products to eliminate the source of bad breath.

Researchers have known for some time that volatile sulphur compounds (VSC), predominantly hydrogen sulphide, methyl mercaptan, and dimethyl sulphide, break down the resistant barrier of the periodontium causing oral malodour. As the severity of the periodontal breakdown increases so too does the presence of VSCs. By eliminating these compounds there is the potential to control periodontitis and eliminate bad breath.

Perry Ratcliff at the University of California, San Francisco, has dedicated more than 10 years' of his research career to this development. He

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has used the chlorine dioxide technology to develop Retardex oral rinse, spray and Retardent toothpaste. The toothpaste works in the mouth by reacting with the mucins in saliva. It is non-foaming and low in abrasion.

The active stabilised ingredient chlorine dioxide in the mouthwash neutralises the volatile sulphur compounds which may help in preventing and treating active periodontitis.

The products are designed to be used either independently or in combination.

Professor Ratcliff believes this technology will eventually have as big an impact on dental care as fluoride had on caries. He says it has a very high bacterial kill rate and can be used for the long-term treatment and maintenance of bad breath without any side affects such as staining and parotid gland disturbance.

When he first began to develop the chlorine dioxide technology, Professor Ratcliff used to test the product on his patients. He says he found a dramatic reduction in probe scores when patients returned for follow-up after using the toothpaste and oral rinse twice a day over a 30-day period. Chlorine dioxide, a chemical safely used in the food industry and as a disinfectant in drinking water can oxidise and thus neutralise volatile sulphur compounds.

One problem associated with chlorine dioxide is that in

its natural state it is a volatile gas. Professor Ratcliff, however, has achieved a significant breakthrough by developing formulae to stabilise chlorine dioxide while keeping it active in an aqueous solution.

There is now plenty of documented research evidence to back the claims made for chlorine dioxide based products. Recent findings, published in March this year in the *Compendium of Continuing Education Dentistry*, shows a statistically significant reduction in oral malodour in patients for at least 8 hours after one 30-second rinse with such a product.

Bernard Jaffa, who treats bad breath at the Gentle Dental Care Practice in Belfast, says he has been very impressed with the performance of Retardex and Retardent when combined with tongue scraping. He comments: 'Bad breath is a huge problem which destroys some people's social lives, their relationships and work prospects. I have found middle-aged men particularly and women in the process of changing partners to be very self-conscious about their breath. Often their partners send them in for treatment.'

'It is wonderful to be able to help these people, especially when they come back to the clinic with smiling faces. Dentists should be addressing this issue. There is a huge demand for bad breath



Retardex and Retardent use chlorine dioxide technology

treatment. It is a very embarrassing and difficult complaint.'

In a recent survey conducted by Periproducts, bad breath came second only to body odour as a concern people have about themselves and others.

While the BDA has estimated that approximately 30% of the population suffers from chronic bad breath at any one time, the survey indicated that nearly 70% of those individuals questioned had experienced bad breath on someone else.

Few, however, felt able to tell these people about the problem. This means that many people may be unknowingly suffering from bad breath and so are not improving the freshness of their breath or their lifestyle.

The simple fact is, while there are some medical reasons for bad breath, 90% of the causes come from what happens in the mouth. It is a treatable condition and the dental profession can help.

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