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Research Article

**AWARENESS OF ORAL HYGIENE AMONG MEDICAL AND
DENTAL STUDENTS****Dr. Umama Javed¹, Dr. Mahrukh Usman², Dr. Hadiqa Mumtaz³****Article Received** November 2020**Accepted:** December 2020**Published:** January 2021**Abstract:**

Bad breath, also known as halitosis, is a symptom in which a noticeably unpleasant breath odor is present. It can result in anxiety among those affected. It is also associated with depression and symptoms of obsessive compulsive disorder. This survey study was conducted among different medical and dental college students of different medical and dental colleges. The personal and demographic data were collected on a predefined proforma. Different questions about oral hygiene, bad breath, brush and mouth wash usage were asked. A total of 159 medical and dental students participated in the study. There were 112 males and 47 females in the study. The mean age of the students was 22.23 ± 1.67 years. Out of 159, 79 students reported halitosis and 80 students had no halitosis. Bad breath was more prevalent in male students than female students.

Keywords: Halitosis, Bad Breath, Medical Students, Dental Students**Corresponding author:****Dr. Umama Javed,**

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INTRODUCTION:

Bad breath, also known as halitosis, is a symptom in which a noticeably unpleasant breath odor is present. It can result in anxiety among those affected. It is also associated with depression and symptoms of obsessive-compulsive disorder. The concerns of bad breath may be divided into genuine and nongenuine cases. Of those who have genuine bad breath, about 85% of cases come from inside the mouth. The remaining cases are believed to be due to disorders in the nose, sinuses, throat, lungs, esophagus, or stomach. Rarely, bad breath can be due to an underlying medical condition such as liver failure or ketoacidosis. Non-genuine cases occur when someone feels they have bad breath but someone else cannot detect it. This is estimated to make up between 5% and 72% of cases. The treatment depends on the underlying cause. Initial efforts may include tongue cleaning, mouthwash, and flossing. Tentative evidence supports the use of mouthwash containing chlorhexidine or cetylpyridinium chloride. While there is tentative evidence of benefit from the use of a tongue cleaner it is insufficient to draw clear conclusions. Treating underlying disease such as gum disease, tooth decay, or gastroesophageal reflux disease may help. Counselling may be useful in those who falsely believe that they have bad breath. Estimated rates of bad breath vary from 6% to 50% of the population. Concern about bad breath is the third most common reason people seek dental care, after tooth decay and gum disease. It is believed to become more common as people age. Bad breath is viewed as a social taboo and those affected may be stigmatized. People in the United States spend more than \$1 billion per year on mouthwash to treat the condition.

In about 90% of genuine halitosis cases, the origin of the odour is in the mouth itself. This is known as intraoral halitosis, oral malodour or oral halitosis.

The most common causes are odour producing biofilm on the back of the tongue or other areas of the mouth due to poor oral hygiene. This biofilm results in the production of high levels of foul odours. The odours are produced mainly due to the breakdown of proteins into individual amino acids, followed by the further breakdown of certain amino acids to produce detectable foul gases. Volatile sulfur compounds are associated with oral malodour levels, and usually decrease following successful treatment. Other parts of the mouth may also contribute to the overall odour, but are not as common as the back of the tongue. These locations are, in order of descending prevalence, interdental and subgingival niches, faulty dental work, food-impaction areas in between the teeth, abscesses, and unclean dentures. Oral based lesions caused by viral

infections like herpes simplex and HPV may also contribute to bad breath.

The intensity of bad breath may differ during the day, due to eating certain foods [such as garlic, onions, meat, fish, and cheese], smoking, and alcohol consumption. Since the mouth is exposed to less oxygen and is inactive during the night, the odour is usually worse upon awakening ["morning breath"]. Bad breath may be transient, often disappearing following eating, drinking, tooth brushing, flossing, or rinsing with specialized mouthwash. Bad breath may also be persistent [chronic bad breath], which affects some 25% of the population in varying degrees [1-3].

MATERIAL OF METHODS:

This survey study was conducted among different medical and dental college students of different medical and dental colleges. The personal and demographic data were collected on a predefined proforma. Different questions about oral hygiene, bad breath, brush and mouth wash usage were asked. All the data was analyzed with SPSS Ver. 23.0. Relevant statistical analysis was performed. The qualitative variables were presented as frequency and percentages. The quantitative variables were presented as mean and standard deviation.

RESULTS:

A total of 159 medical and dental students participated in the study. There were 112 males and 47 females in the study. The mean age of the students was 22.23 ± 1.67 years. Out of 159, 79 students reported halitosis and 80 students had no halitosis. Bad breath was more prevalent in male students than female students.

DISCUSSION:

Scientists have long thought that smelling one's own breath odour is often difficult due to acclimatization, although many people with bad breath are able to detect it in others.

Research has suggested that selfevaluation of halitosis is not easy because of preconceived notions of how bad we think it should be. Some people assume that they have bad breath because of bad taste [metallic, sour, fecal, etc.], however bad taste is considered a poor indicator.

Patients often self-diagnose by asking a close friend. One popular home method to determine the presence of bad breath is to lick the back of the wrist, let the saliva dry for a minute or two, and smell the result. This test results in overestimation, as concluded from research, and should be avoided. A better way would be to lightly

scrape the posterior back of the tongue with a plastic disposable spoon and to smell the drying residue. Home tests that use a chemical reaction to test for the presence of polyamines and sulfur compounds on tongue swabs are now available, but there are few studies showing how well they detect the odour. Furthermore, since breath odour changes in intensity throughout the day depending on many factors, multiple testing sessions may be necessary. If bad breath is persistent, and all other medical and dental factors have been ruled out, specialized testing and treatment is required. Hundreds of dental offices and commercial breath clinics now claim to diagnose and treat bad breath [4-6].

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