Does Halitosis Effect Sexual Life in Males?

Ağız Kokusu Erkek Hastaların Seksüel Yaşamını Etkilemekte Midir?

Ağız Kokusu ve Seksüel Yaşam / Halitosis and Sexual Life

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Özet

Amaç: Ağız kokusu nefesin hoş olmayan değişimidir. Bu çalışmanın amacı ağız kokusu problemi olan ve olmayan erkeklerin seksüel hayat kalitesini değerlendirmektir. Gereç ve Yöntem: Ağız kokusu şikayeti olan, evli, çalışmayı tamamlayacabilecek, 20-50 yaş arası erkek hastalar çalışmaya dahil edildi. Kontrol grubunu kulak burun boğaz muayenesi normal olan, sağlıklı, evli, erişkin erkekler oluşturdu. Ağız kokusu olan erkeklerin seksüel hayat kalitesi uluslararası erektil fonksiyon anketi kullanılarak değerlendirildi ve benzer özellikte sağlıklı erkeklerin sonuçları ile karşılaştırıldı. Bulgular: Seksen hasta çalışmayı tamamladı. Gruplar yaş, vücut kitle indeksi, evlilik süresi açısından benzerdi(sırasıyla $P = .65$, $P = .20$, $P = .08$). Ağız kokusu olan grup tüm fonksiyonel alanlarda daha düşük skorlara sahipti ($P = .0001$). Ağız kokusunun derecesi ile uluslarası erekfil fonksiyon anketi skorları arasında korelasyon yoktu ($P < .05$). Tartışma: Bu çalışma ağız kokusu problemi yaşayan erkeklerin seksüel yaşam kalitesini değerlendiren ilk çalışmadır. Ağız kokusu sadece ağız sağlığını etkileyen bir durum değildir, ciddi derecede yaşam kalitesini de azaltmaktadır. Kulak burun boğaz hekimleri hastanın sadece ağız kokusunu tedavi etmekle kalmamalı, ayrıca hastanın ağız kokusuna eşlik eden sosyal ve seksüel problemlerle baş edebilmesi konusunda da yardımcı olmalıdır.

Anahtar Kelimeler

Ağız Kokusu; Yaşam Kalitesi; Seksüel Yaşam; Uluslararası Erektil Fonksiyon Anketi

Abstract

Aim: Halitosis is an unpleasant alteration of the halitus. The aim of the study is to assess the quality of sexual life of males with and without halitosis. Material and Method: Males between 20-50 years old; with a complaint of halitosis; married and able to complete the study were included in the study. The control group were healthy, adult, married males who have normal otorhinolaryngologic examination. The International Index of Erectile Function questionnaire (IIEF) were used to assess the quality of sexual life of males with halitosis and the results were compared with a similar group of healthy men. Results: A total of 80 adult subjects completed the study. When the groups were compared in terms of age, body mass index(BMI) and duration of marriage, they were similar ($P = .65$, $P = .20$, $P = .08$ respectively).The halitosis group had significantly lower scores for all function domains ($P = .0001$). There was no correlation between degree of halitosis and the scores of IIEF ($P < .05$). Discussion: This is the first study investigating the sexual health of males with halitosis. Halitosis not only effects oral health status but also strongly declines quality of life. The otorhinolaryngologist must not only treat halitosis but also help the patient to stand up to social and sexual problems concomitting halitosis.

Keywords

Halitosis; Quality of Life; Sexual Life; International Index of Erectile Function Questionnaire (IIEF)

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Introduction

Halitosis is a Latin word which means halitus(breathed air) and osis (pathologic alteration).

Halitosis is an unpleasant alteration of the halitus for the person who has the symptom and for related people either.[1] It is also known as fetid halitus, stinking mouth, bad breath or oral malodor.[2] It has a multifactorial etiology, but its main cause is the decomposition of the organic material by microorganisms of the oral cavity.

Halitosis is a common complaint among adults of both genders all over the world. It has been estimated that more then 85 million people suffer from halitosis. People spend over 2 billion dollars per year buying products to mask halitosis.[3]

It is very embarrassing for the patients, making them feel insecure to relate to other people and decreases their life quality. It is also embarrassing for relatives and friends of people who have halitosis. Halitosis strongly effects personal relations, it is not only a medical problem and also must be considered a social impediment.[1]

Many studies have investigated the psychosocial effects of halitosis.[4,5] But the effects of halitosis on sexual health has been neglected.

In this study we used the the International Index of Erectile Function questionnaire (IIEF)to assess the sexual health of males with halitosis and compared the results with a similar group of healthy men.

Material and Method

Study design and study population

This is a prospective study carried out by the collabration of otorhinolaryngology and urology departments. Ethics committee approval was obtained and the study was conducted adhering to the Declaration of Helsinki. Informed consent was obtained from all participants. Males between 20-50 years old; with a complaint of halitosis; married and able to complete the study were included in the study. The exclusion criteria were: ages below 20 years or over 50 years ;single or widowed;lack of mental capacity; previous any other disease; previous sexual or psychiatric disorders; use of any medication; body mass index (BMI) of 30 kg/m2 or more; a history of ear or urologic surgery. The control group were healthy, adult, married males who have normal otorhinolaryngologic examination.

Halitosis Assessment

Halitosis Assessment ''We conducted the Organoleptic test (OT) for the oral malodor measurement. Measurements were conducted between 9 and 11 o'clock in the morning because morning breath odor has been used as a standard mouth breath for oral malodor.[6] We advised patients not to have food or drink, and to refrain from their usual oral hygiene practice on the morning of the oral malodor assessment. To exclude confounding smells, we instructed patients to stop eating strong-smelling foods for at least 48 hour before the oral malodor assessment, stop using strongscented perfumes for 24 hours, and stop smoking or drinking alcohol for 12 hours prior to the assessment. The OT was conducted after subjects had closed their mouth for 3 minutes while breathing through their nose. The OT was performed by same clinician.rating the malodor on a 0-5 scale where a score of 0 = absence of odor, 1 = barely appreciable odor, 2 = slight malodor, 3 = moderate malodor, 4 =strong malodor, and 5 = severe malodor.

Assessment of sexual function

Sexual function was assessed using the IIEF. This questionnaire has been widely used to evaluate male sexual function. It consists of 15 items grouped into 5 sexual function domains: erectile function (six questions); orgasmic function (two questions); sexual desire (two questions); sexual intercourse satisfaction(three questions); and overall satisfaction (two questions).[7] Each question was scored from 1 to 5. The individual scores in each domain were rated to indicate the degree of clinical dysfunction; rating numbers were defined as follows: 5 = no dysfunction, 4 = mild dysfunction, 3 = mild-to-moderate, 2 = moderate and 1 = severe. Lower question scores indicates higher degrees of dysfunction, while higher scores means healthier sexual function.

Data analysis

Statistical analysis was performed using the SPSS (Statistical Package for the Social Sciences) 19.0 Evaluation for Windows. Normal distribution of continues variables were tested with Kolmogorov-Smirnov test. Student's t test were used for continues variables when comparing the groups. The correlations between continuous variables were assessed by Pearson correlation coefficient. The statistically significant level was accepted as a p value<0.05.

Results

A total of 80 adult subjects completed the study. All subjects were males between 20 and 50 years old, married and sexually active. The study group consisted of 40 males with a complaint of halitosis with a mean age of 33.95 ± 6.98.The control group were 40 healthy males with normal otorhinolaryngologic examination with a mean age of 33.28 ± 6.30. The BMI of the study group and control group were 23.77 ± 2.03 and 23.27 ± 1.39 respectively. The duration of marriage of the study group and control group were 10.40 ± 6.02 and 8.03 ± 4.20 respectively When the groups were compared in terms of age and BMI, they were similar (P = .65, P = .20, P = .08 respectively).

Comparison of results for IIEF between halitosis group and control group are summarized in Table 1. The halitosis group had significantly lower scores for all function domains (P = .0001).

We also investigated whether the degree of halitosis effects the scores of IIEF.There was no correlation between degree of halitosis and the scores of IIEF(P < .05).

Table 1. Scores for International Index of Erectile Function questionnaire(IIEF) between halitosis group and control group

	Halitosis group	Control group	p
Erectile function	21.85±3.06	25.40±3.32	.0001
Orgasmic function	8.03±1.33	9.25±0.77	.0001
Sexual desire	6.10±2.04	8.80±1.50	.0001
Intercourse satisfaction	10.70±1.68	12.53±1.50	.0001
Overall satisfaction	6.85±1.57	8.85±1.14	.0001

Discussion

Halitosis is a very common complaint in otorhinolaryngology

practice. Halitosis is a multi faceted medical condition that has negative effects on quality of life, psychosocial profile and sexual life of the individuals.

Halitosis can be considered a social impediment.[1] A research indicated that halitosis patients were with a strong trait of social anxiety disorder.[4] Bad breath becomes an important factor in personall relations that lead to social and personal isolation.[8] People suffering from halitosis create a social barrier between themselves and their friends, relatives, partners or colleagues at work.[9] It is evident that quality of life will be influenced if that person presents physical and mental restrictions that can interfere in aspects of speech, social relations and self-esteem.[10] In our study, subjects with halitosis had significantly lower scores for all function domains that means poorer sexual life. In our knowledge, the current study is the first to investigate the sexual health of patients with halitosis.

The effects of tinnitus, vertigo and hearing loss on sexual health have been previously investigated. Tinnitus patients accepted living with their disease, and that loss of sexual performance was not observed over the long term.[11] Zapata and López- Escámez[12] evaluated sexual health in patients with Ménière's disease, and suggested that this condition is associated with erectile dysfunction in men .Bakır et al.[13] indicated that hearing loss adversely effects men's sexual function and they found twice the prevalence of erectile dysfunction compared with control subjects. In another study with hearing loss patients , the orgasmic function, sexual desire and overall satisfaction domains showed worse scores whereas the scores for erectile function and intercourse satisfaction were similar.[14]

Moreover the sexual performance of patients with obstructive sleep apnea syndrome(OSAS) and the effect of apnea treatment have been previously investigated. It is reported that OSAS declines quality of sexual life and a significant improvemnt was detected with apnea improvement.[15]

Conclusion

That must be kept in mind that halitosis not only effects oral health status but also strongly declines quality of life. The otorhinolaryngolog must treat halitosis but also help the patient to stand up to social and sexual problems concomitting halitosis.

Competing interests

The authors declare that they have no competing interests.

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