What Causes Bad Breath and Treatment | Core Dental

Canonical: https://www.coredental.com.au/causes-bad-breath/

Details:

Bad breath, known medically as halitosis, is a common condition that causes a noticeable and unpleasant odour on the breath. Most cases begin in the mouth, from gum disease, tooth decay, mouth infections, plaque or a coated tongue. At Core Dental we recommend a full dental examination first, so we can treat any disease or decay, show you how to clean your tongue and check whether something outside the mouth may be involved.

What is the usual cause of bad breath?

The usual causes sit inside the mouth. Plaque is a sticky film of bacteria that builds up on teeth every day. When it is not cleaned away, bacteria multiply between the teeth and beneath the gum line and release substances that smell unpleasant. Plaque also produces acid that can wear away tooth structure and lead to decay.

The main mouth-related causes include:

untreated gum disease (periodontal disease)

tooth decay and broken-down teeth that trap food

infections in the mouth

plaque and food debris left behind by brushing and cleaning between teeth that is not thorough

dry mouth, because saliva helps rinse the mouth clean

Because these problems often have few early signs, a check-up is a dependable way to find out what is going on. Our dentists examine your teeth and gums, ask about your symptoms and recommend treatment that suits you.

How does your tongue contribute to bad breath?

The tongue is often overlooked. Its surface can hold a coating of bacteria and food residue, and that coating can be a source of odour even when your teeth are clean. A simple home check is to lick your wrist, let it dry for a moment and smell it. If it smells unpleasant, your tongue may be contributing.

When things feel furry in your mouth, for example the morning after a late night when you forgot to clean your teeth before bed, give your tongue a gentle brush as well as your teeth. A soft toothbrush or a tongue cleaner used gently from the back towards the front can help remove residue. If you are unsure how to do this comfortably, our dentists and hygienists can show you at your appointment.

Can food, drink and lifestyle habits cause bad breath?

Yes, they can.

Coffee. Coffee can lower the pH in your mouth, which can create a setting where odour-causing bacteria thrive. Drinking some water afterwards helps to rebalance your mouth.

Smoking. Cigarettes contain chemical substances that contribute to bad breath, and smoking also affects the health of your gums. Our team can talk with you about support to quit.

Dehydration. Bacteria do well in a dry environment, so keep your fluids up through the day so your mouth stays moist.

Strongly flavoured foods. Some foods leave an aroma for a while. Fresh mint can mask odours for a short time, but it does not treat the cause.

Can bad breath come from outside the mouth?

Sometimes. Bad breath can be short term and linked to things such as sickness with a fever, a gastrointestinal disorder, mouth breathing, poor sleep or a change in diet. If one of these applies to you, keep your fluids up, clean your tongue and teeth regularly, and the problem often settles within a short time.

If bad breath continues even though your teeth, gums and tongue are healthy, other causes can be considered. Conditions that affect the nose and sinuses, such as sinusitis, can contribute. Some medical conditions, including poorly controlled diabetes, liver disease and kidney disease, may change the smell of the breath. Your dentist cannot diagnose these, but we can tell you when it is a good idea to see your doctor and share what we find in your mouth.

How can bad breath be treated?

Treatment depends on the cause. At Core Dental this commonly involves:

a full dental examination, with X-rays where clinically appropriate

treating decay, replacing leaking or broken restorations and managing infections

a professional clean to remove plaque and calculus, and gum treatment where gum disease is found

advice on brushing, cleaning between your teeth and cleaning your tongue

advice on dry mouth, diet and smoking

a suggestion to see your doctor if the cause may lie outside the mouth

Mouthwash, mints and sprays can make your breath feel fresher for a short time, but they do not replace finding and treating the cause.

What can you do at home to keep your breath fresh?

Brush twice a day with fluoride toothpaste and clean between your teeth every night.

Brush or scrape your tongue gently each day.

Drink water through the day, especially after coffee.

Clean dentures nightly and leave them out to dry overnight if you wear them.

Avoid smoking.

Visit us for regular check-ups and cleans, with the timing set by your dentist to suit your oral health.

What should you tell us when you book?

When you book, tell us about your concern, how long it has been going on and whether it is worse at certain times of day. Bring a list of your medicines and any relevant medical information, because some medicines cause dry mouth. Your dentist will assess your teeth, gums, tongue and bite, explain the options and give you a written treatment plan with fees before treatment starts. Recommendations

depend on your own examination, and results vary for each person.

Call 000 immediately for uncontrollable bleeding, difficulty breathing or swallowing, serious facial injury or other life-threatening symptoms. For severe tooth pain or swelling without these signs, contact us promptly.

The bacteria, the compounds, and one reassuring fact

Bad breath has a named mechanism, and knowing it changes what you do about it — because it explains why mints fail and why the back of the tongue keeps coming up.

The Victorian Department of Health: halitosis "is mostly caused by sulphur-producing bacteria that normally live on the surface of the tongue and in the throat. Sometimes, these bacteria start to break down proteins at a very high rate and odorous volatile sulphur compounds (VSC) are released from the back of the tongue and throat."

Three things follow from that sentence.

The bacteria are meant to be there. They "normally live" on the tongue and in the throat. The problem is a change in rate, not an infestation, which is why scrubbing harder is not the answer.

The smell is a by-product of protein breakdown. Not of food sitting in the mouth, and not of the last thing you ate. Which is why covering it does nothing for long.

It comes from the back. The Department is specific about the location — "from the back of the tongue and throat" — and that is also the part hardest to reach and easiest to miss.

And the fact worth saying out loud: "Halitosis is not infectious." It is not something you catch or pass on.

The Department's own list of causes , apart from those tongue bacteria:

"Dental factors - such as periodontitis (infection around the teeth) or poor oral hygiene"

"Dry mouth - caused by medicines, alcohol, stress or a medical condition"

"Smoking - which starves the mouth of oxygen"

Stress is on that list, via dry mouth, and it rarely appears in home remedies.

The less common causes it names are worth knowing mainly so they are not over-read: "acid and bile reflux from the stomach"; "post-nasal discharge - for example, due to chronic sinusitis"; and a group it keeps firmly in proportion — "kidney failure, various carcinomas, metabolic dysfunctions, and biochemical disorders, together account for only a very small percentage of halitosis suffers".

Food is on the list too, with a limit attached: "foods - such as onions, garlic or cauliflower, which induce certain odours. However, these effects are only short-lived."

Sources: Better Health Channel (Victorian Department of Health), Halitosis or bad breath, betterhealth.vic.gov.au (the page states its review date as 31 August 2012); Dry mouth, betterhealth.vic.gov.au (reviewed 9 September 2025). Both accessed 6 November 2026.

Cleaning the tongue, and why saliva is the bigger lever

Two practical things come out of the published advice. One is a technique almost nobody is taught. The other is the reason bad breath is so often a dryness problem wearing a hygiene costume.

Tongue cleaning, with a direction. The Department: "Gentle but effective tongue cleaning may also be required. A variety of tongue brushes and scrapers have been produced in recent years. The tongue should be brushed in a gentle but thorough manner, from the back towards the front of the tongue, keeping in mind that the hardest to reach back portion smells the worst."

Back towards the front. Gentle but thorough. And the part you least want to touch is the part that matters most — which is exactly why a quick swipe at the tip achieves so little.

Treatment depends on cause, not on product. "There is no one treatment for halitosis. The treatment will depend on what is causing the problem. Avoiding dehydration and good oral hygiene, including brushing and flossing, are important. Some mouthwashes, lozenges and toothpastes can assist in fighting halitosis."

Can assist — that is the Department's own verb, and it is the honest one.

Where the cause is elsewhere , the Department names two specific routes. "People with chronic sinusitis may find the regular use of a saline nasal spray helpful." And, for the bacterial overgrowth itself: "A course of an antibiotic, effective against anaerobic bacteria (such as metronidazole, to reduce the overgrowth of sulphur-producing bacteria), may also help." Its instruction on both is to "speak to your dentist, doctor or chemist to identify the cause of your halitosis and to find the most effective treatment for you" — identify first.

Now the dry mouth half, which is where the numbers are. The Department describes dry mouth as common: "About 10% of the general population and 25% of older people experience dry mouth (not enough saliva in the mouth)." And it frames it the right way round: "A dry mouth is a symptom of an underlying problem, rather than a condition in itself."

Bad breath appears on its symptom list directly, alongside "saliva that feels thick or stringy", "a rough, dry tongue", "mouth ulcers", "a high rate of tooth decay" and "a prickly, burning sensation in the mouth". Several of those also appear on the halitosis page as features of halitosis — "thick saliva and a constant need to clear your throat", "morning bad breath and a burning tongue", "constant sour, bitter metallic taste". The overlap is not a coincidence; it is the same shortage of saliva described from two directions.

Why saliva matters this much. The Department lists what having enough of it does: it "has components that can directly attack the bacteria that cause decay", "has anti-fungal properties", "helps to destroy viruses", "neutralises the harmful acids produced by bacteria in plaque", and "contains calcium and phosphate which are important for preventing and healing damage caused by tooth decay".

And the cause most people never suspect: their medicine cabinet. "Drugs and medications - about 600 drugs and medications, both legal and illegal, are known to cause dry mouth. These include antihistamines, high blood pressure medications, sedatives, decongestants, analgesics (pain relief), antidepressants and illegal drugs such as cocaine."

Six hundred. If breath changed when a prescription changed, that is a real lead rather than a coincidence — and the Department's first listed treatment is to go back to the prescriber: "if you are taking a medicine that causes dry mouth as a side effect, the doctor who prescribed it may be able to change the dose or prescribe something different."

Other causes it lists include infection of the salivary glands such as mumps; salivary duct blockages, where "tiny stones made from saliva minerals may lodge in the salivary ducts"; medical conditions "including AIDS, amyloidosis, cerebral palsy, diabetes, Parkinson's disease, primary biliary cirrhosis and lupus"; nerve problems; cancer treatments such as "chemotherapy or radiotherapy (if directed at the head or neck)"; mouth breathing "in the case of a persistently stuffy nose or blocked sinuses"; "hormone changes from pregnancy or menopause"; and dehydration.

A test you may be given. "A typical saliva test involves rolling out the lower lip and patting it dry. Normally, saliva should re-moisten the lower lip within half a minute or so."

Products exist, and the Department routes them through a clinician. For dry mouth it lists saliva substitutes — "your doctor or dentist can prescribe an artificial saliva substitute. Use strictly as directed" — and a product range that "includes toothpaste, mouthwash, gums and topical gels", with the same instruction each time: "speak to your dentist for recommendations".

Sources: Better Health Channel (Victorian Department of Health), Halitosis or bad breath, betterhealth.vic.gov.au (the page states its review date as 31 August 2012 — its qualitative advice is quoted here, and no figures are taken from it); Dry mouth, betterhealth.vic.gov.au (reviewed 9 September 2025). Both accessed 6 November 2026.

Frequently asked questions

Can I fix bad breath with mouthwash alone?

Mouthwash can freshen your mouth for a short time, but it does not treat gum disease, decay or a coated tongue. Our dentists look for the cause first, then recommend treatment and home care that suits you.

Why does my breath smell worse in the morning?

Saliva flow drops overnight, and a dry mouth lets bacteria multiply. Cleaning your teeth and tongue before bed and drinking water through the day can help. If it stays unpleasant all day, book an examination.

Does coffee cause bad breath?

Coffee can lower the pH in your mouth and leave its own aroma behind. Drinking water after coffee helps to rebalance your mouth, and regular brushing and tongue cleaning help keep odour under control.

Can gum disease cause bad breath?

Yes. Bacteria beneath the gum line release substances that smell unpleasant. Gum disease also needs professional treatment, so if you notice bleeding gums or a persistent odour, we recommend an examination.

Should I see my doctor about bad breath?

If your teeth, gums and tongue are healthy and the odour continues, your doctor can check for causes outside the mouth, such as sinus problems or other medical conditions. We can share what we find in your mouth.

Is bad breath contagious?

No. The Victorian Department of Health states it plainly: "Halitosis is not infectious."

What is actually producing the smell?

Sulphur compounds from bacteria that live on the tongue normally. The Department's description is that halitosis "is mostly caused by sulphur-producing bacteria that normally live on the surface of the tongue and in the throat", and that when they break down proteins quickly, "odorous volatile sulphur compounds (VSC) are released from the back of the tongue and throat".

How should I clean my tongue?

In one direction, gently. "The tongue should be brushed in a gentle but thorough manner, from the back towards the front of the tongue, keeping in mind that the hardest to reach back portion smells the worst." Tongue brushes and scrapers both exist; the Department does not pick between them.

Could my medication be causing it?

It is one of the most likely explanations. Dry mouth is a listed major cause of bad breath, and on dry mouth the Department says: "about 600 drugs and medications, both legal and illegal, are known to cause dry mouth. These include antihistamines, high blood pressure medications, sedatives, decongestants, analgesics (pain relief), antidepressants and illegal drugs such as cocaine." Its first listed treatment is a conversation with the prescriber, who "may be able to change the dose or prescribe something different".

How common is dry mouth?

"About 10% of the general population and 25% of older people experience dry mouth." The Department also frames what it is: "A dry mouth is a symptom of an underlying problem, rather than a condition in itself."

Can stress cause bad breath?

Indirectly, through dryness. Stress appears in the Department's own list of what causes the dry mouth that causes halitosis: "Dry mouth - caused by medicines, alcohol, stress or a medical condition."

Does smoking cause bad breath?

It is listed as a major cause, with a mechanism attached: "Smoking - which starves the mouth of oxygen."

Is there a test for dry mouth?

There is a simple one. "A typical saliva test involves rolling out the lower lip and patting it dry. Normally, saliva should re-moisten the lower lip within half a minute or so." A dentist may also examine the mouth, where "the inner cheeks appear dry and rough, rather than moist and shiny", and review your medical history and symptoms.

Will a stronger mouthwash fix it?

Not on its own. "There is no one treatment for halitosis. The treatment will depend on what is causing the problem." The Department says some mouthwashes, lozenges and toothpastes "can assist" — assist, not resolve — and puts "avoiding dehydration and good oral hygiene, including brushing and flossing" first.

Could it be something other than my mouth?

Occasionally, and the Department keeps the proportions clear. Less common causes it lists are reflux, post-nasal discharge from chronic sinusitis, and a group that "together account for only a very small percentage of halitosis suffers". For sinus-related breath it notes that "people with chronic sinusitis may find the regular use of a saline nasal spray helpful". Its advice either way is to "speak to your dentist, doctor or chemist to identify the cause".

Related services and further reading

General dentistry

Dental check-ups

Dental hygiene

Why clean between the teeth

How to keep your gums healthy

How does smoking affect your oral health?

How does diabetes affect your oral health?

What to expect at your first Core Dental appointment

How can we help?

If you are worried about your breath, our team can examine your mouth, find the cause and talk you through treatment at any of our nine clinics. Call 13 13 16 or book online. If you have a dental emergency, see our emergency dentistry page.

Core Dental at a glance

Nine Core Dental clinics across Melbourne: Southbank, South Melbourne, Caroline Springs, Carrum Downs, Epping, Wyndham, Berwick, Bayside and Glenferrie.

Open six days a week: Monday to Friday 8.00am to 6.00pm and Saturday mornings.

We quote before treatment starts and offer interest-free payment plans, with HICAPS on-site claiming.

Call 13 13 16 or book online.

Contact Core Dental

Phone	13 13 16
Booking	Online via coredental.com.au, or call 13 13 16
Hours	Monday to Friday 8.00am to 6.00pm, Saturday 8.00am to 1.30pm (Bayside Saturday 8.30am to 1.30pm), Sunday closed
Clinics	Southbank , South Melbourne , Caroline Springs , Carrum Downs , Epping , Wyndham , Berwick , Bayside , Glenferrie

Results, recovery times and potential risks vary for each individual. This information is general in nature and is intended for people over 18. Seek advice from a qualified, AHPRA-registered practitioner before proceeding.

What is halitosis?

Halitosis is the medical term for bad breath, a common condition that causes a noticeable and unpleasant odour on the breath. At Core Dental our dentists look for the cause, which is often in the mouth, and recommend treatment to suit you.

What oral health problems cause bad breath?

Gum disease, tooth decay, mouth infections, plaque and a coated tongue are the usual mouth-related causes. At Core Dental we examine your teeth, gums and tongue to find which of these is involved before recommending treatment.

How can I check if my tongue is causing bad breath?

Lick your wrist, let it dry for a moment and smell it. If it smells unpleasant, your tongue may be contributing. Our Core Dental dentists and hygienists can show you how to clean your tongue gently and comfortably.

Which habits make bad breath worse?

Smoking, dehydration and drinking coffee without water can all contribute, and so can cleaning your teeth and tongue less often than you should. Core Dental dentists can suggest simple changes that suit your routine.

Can illness cause temporary bad breath?

Yes. Sickness with a fever, a gastrointestinal disorder, mouth breathing, poor sleep or a change in diet can cause short-term bad breath. Keeping fluids up and cleaning your teeth and tongue regularly often helps. If it persists, Core Dental recommends an examination.

Can conditions outside the mouth cause bad breath?

Sinus problems and some medical conditions such as poorly controlled diabetes, liver disease or kidney disease may affect breath odour. Core Dental dentists cannot diagnose these, but we can advise when to see your doctor.

How do I book a bad breath assessment at Core Dental?

Call 13 13 16 or book online through coredental.com.au for any of our nine clinics. Tell our team about your symptoms and medicines, and your dentist will examine you and explain your options with fees before treatment starts.