



ABOUT SMELL DISORDERS

This leaflet provides some information about sense of smell and smell disorders. It may help in the discussions you have with your GP or specialist when deciding on possible treatment. This leaflet is to support, rather than substitute, any discussions between you and your doctor(s). Before you give your consent to any investigations or treatments, you should raise any concerns with your GP or specialist.



What is anosmia?

Anosmia is the medical name for the loss of sense of smell. There are different medical terms for other changes in the sense of smell:

- Hyposmia: reduced sense of smell
- Parosmia: smells being different to what is expected
- Phantosmia: perception of smells that are not present.

Some healthcare professionals refer to the above as 'smell disorders'.

What causes the loss of smell?

Sometimes it is not possible to find the cause of the sense of smell changing or being lost – in fact, a cause may not be found in up to 1 in 5 people.

However, we know the following are the commonest causes of smell loss:

- Viral infections (common colds, and COVID-19)
- Head trauma
- Nose or sinus problems (e.g. chronic rhinosinusitis, nasal polyps, structural abnormalities)
- Medical drugs (e.g. opiates)
- Age – we know our sense of smell naturally reduces as we get older
- Smoking.

Some medical conditions may be associated with anosmia, including Alzheimer's disease, Parkinson's disease and schizophrenia.

How will my altered smell be investigated?

Your GP may initially manage your altered sense of smell in the community. If you are referred to ENT in the hospital, you will normally be examined in the ENT clinic. This often includes a camera (endoscopic) examination of the nose to look for causes. The ENT doctor may also do some blood tests to check for nasal allergies if appropriate.

A scan may also be requested to look for a cause of your smell loss – either a CT (computed tomography) or MRI (magnetic resonance imaging) scan.

Will I get my sense of smell back?

Depending on the cause (if found) of your altered smell, your doctor may be able to give you an estimated prognosis of when or whether your sense of smell is likely to improve. Unfortunately, it is very hard to predict accurately.

In general, loss of sense of smell may be reversible in people who smoke – if you stop smoking your sense of smell may well return. Following a virus, many people will have their smell return quickly, within a few weeks, but others may experience more long-lasting altered smell, although the chance of recovery is still good.

Patients with sinus disease or nasal polyps may find their sense of smell improves with treatment, but this is not always the case.

Increasing age, Alzheimer’s disease and Parkinson’s disease typically result in more permanent loss or a continually worsening sense of smell.

Head trauma can cause injuries to the small nerves in the nose that sense smell (called olfactory nerves), or the part of the brain that receives the signal. Sometimes this will recover (over months to years), either partially or completely, but in others the change is permanent.

Do I need to make any adjustments to how I live?

Being able to smell is an important way we keep ourselves safe. You should be aware of the scenarios where you may not be able detect day-to-day hazards, and try to reduce these risks:

- Gas cooking – you may not be able to smell gas leaks so check carefully that you have turned the gas off, or consider changing to an electric cooker.
- Fire – ensure your smoke alarms are functioning.
- Personal hygiene – regular washing, dental care, and, if appropriate, diabetic foot checks.
- Food – ensure you check the ‘best before’ date of foods as you may be unable to smell if they have gone off.

How can I help myself?

- **Smell training** – this should be performed every day for at least 2-3 months to improve your current sense of smell and re-learn different smells. Fifthsense.org.uk and abscent.org both have online tools to guide you through this process.

The following supplements have a limited evidence-base but may be worth considering as low-risk treatments for some forms of smell disorders.

- Omega 3 supplements – take daily for 2-3 months, alongside smell training.
- Vitamin A drops (Vitasorb) – these can be bought over-the-counter or online. Use four drops in each nostril once daily for 2-3 months, alongside the above advice.

If you have any problems, or questions, please contact: