

The Overlooked Role of Smell in Physical, Mental, and Social Well-Being

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February 07, 2026

STORY AT-A-GLANCE

- › About 22% of adults have some degree of smell loss, and this sensory change often appears years before serious problems like memory decline, heart disease, or reduced longevity become obvious
- › Loss of smell is linked to higher risks of depression, social isolation, poor diet quality, and everyday safety hazards such as gas exposure and spoiled food, directly affecting independence and quality of life
- › Smell dysfunction often shows up early in neurodegenerative disease, which makes changes in your sense of smell an important early signal rather than a harmless part of aging
- › Simple actions such as regular smell checks, targeted smell training, and improving breathing and sleep patterns support the same brain systems affected when smell declines
- › Treating smell health like vision or hearing and pushing for routine screening helps identify hidden health risks earlier, when there is still time to take meaningful action

Smell loss affects far more people than most realize, and the numbers are hard to ignore. Large population data summarized in *Clinical Otolaryngology* show that about 22% of adults live with some form of olfactory dysfunction, while roughly 5% experience complete smell loss, known as anosmia.¹ Anosmia is more common than profound hearing loss or blindness, yet it rarely receives the same clinical attention.

Unlike vision or hearing problems, smell dysfunction often develops quietly. Olfactory dysfunction, meaning a reduced or absent sense of smell, is characterized by difficulty detecting everyday odors, distorted smells that no longer match reality, or a total loss of scent. Food loses its depth, warning odors like smoke fade into the background, and once-familiar spaces begin to feel oddly blank.

The research makes clear that this sensory change does not stay isolated. People with acquired smell loss face reduced longevity, a statistic that reframes smell as a marker of overall health rather than a minor inconvenience.² Early smell loss also appears in serious diseases like Alzheimer's, where smell decline tracks with changes in memory and brain structure long before diagnosis.

Despite these signals, routine smell screening remains rare in medical care. That gap matters because undetected smell loss links to poor nutrition, higher depression rates, safety hazards, and reduced independence. Researchers now argue smell health is so important that it belongs at the center of public health, not on the margins.

Smell Loss Exposes Hidden Health Risks

A narrative review published in the journal *Clinical Otolaryngology* examined why smell health has been overlooked despite its clear ties to physical, mental, and social well-being.³ The paper was written by international experts in olfactory science to summarize what decades of research show about smell loss and explain why public health systems still fail to treat it as a core health marker.

Smell loss often shows up alongside many of the same conditions that drive disability, hospital use, and early death. So, instead of studying only healthy volunteers, the review pulled together evidence from populations with chronic sinus disease, neurodegenerative disorders, diabetes, cardiovascular disease, cancer, and post-viral illness.

- **Smell dysfunction emerged as a predictor, not a side effect** – Olfactory dysfunction often appears before major disease milestones. The paper explains that complete smell loss frequently predates [Parkinson's disease](#) by five years or more, and more than 90% of patients have measurable smell impairment once motor symptoms appear. That timing turns smell testing into an early-warning signal rather than a late-stage observation.
- **Loss of smell linked to increased mortality risk** – The review highlights multiple studies showing that people who acquire smell loss face a fourfold increase in mortality risk compared with those who retain normal smell. This association holds even after adjusting for age and reported health status. This means smell decline tracks with survival in a way few people ever discuss during routine checkups.
- **Cardiovascular and respiratory risks also surfaced** – Poor smell function is associated with higher long-term risk of [stroke](#) and congestive heart failure. The authors also describe altered breathing patterns during sleep and wakefulness in people with anosmia, suggesting that smell loss disrupts normal respiratory rhythms tied to brain health and emotional regulation.
- **Daily safety problems were common and measurable** – The paper reports that 86% of people with smell loss worry about personal safety, and real incidents back that up. Over five years, 32% experienced spoiled food events, 15% reported gas incidents, 35% had gas scares, and 19% faced workplace hazards linked directly to smell impairment.

Loss of Smell Linked to Severe Mental Health Effects

The Clinical Otolaryngology study reported striking rates of psychiatric distress among people with olfactory dysfunction. Eating disorders affected 92%, social isolation 57%, relationship difficulties 54%, anxiety 45%, and depression 43%. Depression rates alone far exceed the global average of about 4%, placing smell loss on par with chronic diseases like diabetes and asthma in quality-of-life burden.

- **Diet quality shifted in predictable but harmful ways** — When **smell weakens** or distorts, people gravitate toward more energy-dense foods high in unhealthy fat and added sugar while eating a less varied diet. This pattern increases obesity risk and micronutrient deficiencies. In people with diabetes, smell dysfunction reached 71% among those with complications, tying sensory loss to metabolic decline you wouldn't expect to start in the nose.
- **Biology helps explain why smell tracks with brain health** — The authors describe how early disease-related proteins accumulate in olfactory regions of the brain. In Parkinson's disease, harmful protein clumps appear in the olfactory bulb years before movement problems.
- **The paper emphasized missed opportunities in health care systems** — Despite strong evidence, smell testing rarely appears in routine care, unlike vision or hearing exams. Many people remain unaware of gradual smell decline unless formally tested. The authors argue that simple screening paired with smell training could help identify cognitive and cardiovascular risk earlier, when intervention still matters.
- **Equity gaps compound the problem** — The review notes that people from ethnic minority groups seek care for smell loss at much lower rates due to access barriers, cultural perceptions, and lack of awareness. That disparity leaves entire populations without early warning signs for conditions tied to cognitive decline and reduced lifespan, reinforcing why smell health belongs in public health policy rather than specialty clinics.

Practical Steps to Protect and Restore Smell Health

Smell loss doesn't begin as a nose problem. It's a signal that something deeper has shifted in your brain, your breathing patterns, or your daily environment. The research makes it clear that ignoring smell changes allows wider health problems to advance quietly. Focusing first on awareness and early action helps address the root causes identified in the data rather than chasing symptoms later.

- 1. Start by checking your own smell function regularly** – Treat smell like vision or hearing, not like an afterthought. Pick familiar, non-irritating scents you already have at home, such as coffee, citrus peel, or soap, and notice whether intensity, clarity, or recognition changes over time. If you struggle to detect or identify these smells, that's important information because smell decline often appears years before cognitive or cardiovascular disease. Awareness is the first line of defense.
- 2. Reduce daily safety risks tied to smell loss** – If you heat your home or **cook with gas**, or work around chemicals, smell loss raises real hazards. I recommend installing natural gas detectors, not just smoke and **carbon monoxide** detectors. This step directly protects you from risks documented in people with smell dysfunction, particularly gas exposure. Safety measures remove danger while you address the underlying health issue.
- 3. Use structured smell training to stimulate your brain** – **Smell training** is a way to exercise the nerve pathways that carry scent information from your nose to your brain. When you repeatedly activate those olfactory nerve cells, the pathway itself becomes stronger and more responsive over time. To do this, choose four distinct fragrances such as rose, lemon, clove, and eucalyptus essential oils.

Actively sniff each scent for about 20 seconds, twice a day, such as after you wake up and before bed. While sniffing, focus your attention on the smell and try to recall what it has meant to you in the past. This focused repetition reinforces the **neural pathway involved in smell**, which is why research frames smell training as a form of targeted sensory rehabilitation rather than a passive exercise.⁴

- 4. Stabilize your breathing and sleep rhythms** – The review links smell loss with altered breathing patterns during both sleep and wakefulness. Pay attention to **proper breathing** during the day. At night, protect your sleep structure by keeping a consistent bedtime, avoiding bright light before bed, and sleeping in a **cool, dark room**.

If you wake frequently, focus on calming your breathing rather than checking the clock or your phone. These steps help regulate brain oxygen delivery and nervous system balance, which directly supports the same brain networks affected when smell declines.

5. Advocate for smell screening in your routine care – Smell dysfunction often goes unnoticed because gradual decline feels normal. Smell screening belongs alongside vision and hearing tests due to its links with longevity, heart health, and brain disease.

Asking your integrative health care providers about smell dysfunction increases the chance of early detection and meaningful action rather than late-stage response. These steps put you back in control. Smell health responds best when you act early, stay consistent, and treat it as a signal of whole-body health rather than a minor sensory inconvenience.

FAQs About Sense of Smell and Overall Health

Q: What is olfactory dysfunction, and how common is it?

A: Olfactory dysfunction is a reduced or lost sense of smell, including distorted smells or complete smell loss known as anosmia. Large population data show about 22% of adults have some degree of smell dysfunction, and roughly 5% have complete smell loss, making it more common than profound hearing loss or blindness.

Q: Why does smell loss matter for your overall health?

A: Smell loss is not just a sensory issue. Research links it to reduced longevity, higher rates of depression, poor nutrition, safety hazards, and increased risk of neurodegenerative and cardiovascular disease. In many cases, smell decline

appears years before major diagnoses, making it an early warning sign of broader health problems.

Q: How is smell loss connected to brain diseases like Alzheimer's and Parkinson's?

A: Smell loss often shows up early in neurodegenerative disease. In Parkinson's disease, harmful protein clumps build up in the brain's smell center years before movement problems begin. In Alzheimer's disease, declining smell tracks with memory changes and structural brain shifts long before diagnosis.

Q: What practical steps can you take if your sense of smell is declining?

A: You can regularly check your smell using familiar household scents, install gas detectors to reduce safety risks, practice structured smell training with specific fragrances, stabilize breathing and sleep rhythms, and actively raise the issue of smell screening during routine health visits.

Q: Can smell training really make a difference?

A: Yes. Smell training works by repeatedly activating the nerve pathways that carry scent information to your brain. Focused, consistent exposure to distinct smells helps reinforce those pathways, similar to physical therapy for a weakened muscle, and is recognized as a meaningful approach to supporting smell and brain health.

Sources and References

- ^{1, 2, 3} [Clinical Otolaryngology November 24, 2025](#)
- ⁴ [J Clin Med. 2023 Jul 18;12\(14\):4761](#)