

Why Dental Amalgam Should Not be Phased Out in the Philippines

Contributed by Administrator
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> 3. Life Science Research Office (LSRO,) 2004. This NGO> conducted a review of the literature published from 1996 to> 2003. This was funded by the National Institutes of Dental> and Craniofacial Research, NIH and the Center for Devices> and Radiological Health, US FDA. They concluded that, "The> current data are insufficient to support an association> between mercury release from dental amalgam and the various> complaints that have been attributed to this restoration> material...> 4. Agency for Toxic Substance and Disease Registry (ATSDR),> 2005> "The practice of having all your dental amalgam fillings> replaced with non-mercury filling materials just to remove> the possibility of mercury exposure is not recommended by> ATSDR. In fact, the removal of the mercury amalgam fillings> would actually expose the patient to a greater amount of> mercury for a while."> 5. FDI (World Dental Federation) , October 2007 issued the> following statements> a. dental amalgam releases very small> amounts (nanograms) of mercury, some of which is absorbed by> the> body> b. the level of urinary mercury is positively> correlated with the number of amalgam restorations, but can> also be affected by> sources other than amalgam.> c. there is no evidence to support> an association between the presence of amalgam restorations> and> chronic degenerative> diseases, kidney disease, autoimmune disease, cognitive> function, adverse> pregnancy outcomes or any> non-specific symptoms> d. local hypersensitivity reactions> can occur on the mucosa adjacent to amalgam> restorations, but are extremely> rare and usually resolved on removal of the amalgam> e. further research into the> possible adverse effects of dental amalgam is desirable> alternatives to amalgam may have> adverse effects> 6. WHO 2009 report on the 'Future Use of Materials for> Dental Restoration"> "Existing alternative dental materials are not ideal due to> limitation in durability, fracture resistance, and wear> resistance... recognized the need for strengthening of> research into the long-term performance, possible adverse> effects, and viability of such materials".> 7. European Union Scientific Community on Emerging and Newly> Identified Health Risks (SCENIHR), 2008. After looking at> the researches done on the common filling materials,> including dental amalgam, concluded that:> "All the materials are considered safe> to use and they are all associated with very low rates of> local adverse effects with no evidence of systemic> disease." The alternative materials such resin composites,> glass ionomer cements, ceramics among others, are not> without clinical limitations and toxicological hazards."> 8. National Center for Toxicological Research US Food and> Drug Administration, July 2009> "It is concluded that there is insufficient evidence to> support an association between exposure to mercury from> dental amalgams and adverse health effects in humans,> including sensitive subpopulations"> 9. WHO Consensus on Dental Amalgam 2009> Safety of Dental Amalgam> "While there has been a number of case> studies and informal reports, no controlled studies have> been published demonstrating systemic adverse effects from> amalgam restorations. At present, there is NO scientific> evidence showing that general symptoms are relieved by the> removal of amalgam restorations"> 10. American Dental Association,Â Council on Scientific> Affairs, July 2009> "The scientific evidence supports the> position that amalgam is a valuable, viable and safe choice> for dentalÂ patients."> 11. FDI (World Dental Federation), 2010> "Amalgam is a safe and highly effective restorative> material. To maintain and protect global public health, a> phase down of amalgam will be only appropriate when an> alternative and suitable restorative material is> available."> 12. United Nations Environment Programme (UNEP). Minamata> Convention on Mercury, Geneva, 19 January 2013> Delegates agreed to a phase-down of the use of dental> fillings using mercury amalgam.> 13. International Association for Dental Research, 2013. As> regards its participation in the UNEP Minamata Convention on> Mercury, Geneva, 19 January 2013> "IADR participated and contributed to the negotiations,> along with FDI World Dental Federation and the International> Dental Manufacturers, and has advocated for a reduction in> the use of dental amalgam (versus a ban) through increased> attention to dental prevention and health promotion,> increased research and development on alternatives, and best> management techniques for amalgam waste."> > The University of the Philippines Manila, College of> Dentistry is strongly opposed to the proposed ban on dental> amalgam for the following reasons:> a. All the reputable organizations listed above have> concluded that there is no scientific evidence linking> amalgam with any health condition> b. Banning dental amalgam in the Philippines will result in;> ---an increase in the cost of dental treatment because the> alternative, composite resin, is twice more expensive;> ---because of the high cost of the alternative, many people> will instead have their teeth extracted. There will be more> Filipinos that will become edentulous (toothless)> c. There is no perfect filling material. All will have their> indications, contraindications, advantages and> disadvantages. Dental amalgam is economical, not> technique-sensitive and is indicated for the restoration of> moderate to large cavities which is commonly seen among> majority of Filipinos. In contrast, posterior composites are> two times more expensive, technique-sensitive and indicated> for restoring small to medium- sized cavities in patients> with good oral hygiene. We have to accept the sad reality> that many of our kababayans have poor oral hygiene and do> not even have a toothbrush.> VICENTE O. 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