

## CDA Position on **Dental Amalgam**

## **Preamble**

The safety and effectiveness of any restorative filling material is important to both patients and dentists. This position statement addresses the ongoing concerns, raised by some members of the public and the profession, related to possible adverse health effects of dental amalgam due to its mercury content. Recent scientific reviews and analysis of the safety of dental amalgam show that such concern is unfounded.<sup>1,2</sup>

## **Position**

Current scientific evidence on the use of dental amalgam supports that amalgam is an effective and safe filling material that provides a long-lasting solution for a broad range of clinical situations. Dental amalgam delivers benefits over other filling materials with respect to ease of use and longevity, especially in patients with a high risk of tooth decay.

CDA has established its position based on the current consensus of scientific and clinical experts and on recent extensive reviews of strong evidence by major North American and international organizations, which have satisfactorily countered any safety concerns. A recent high-level analysis conducted by the US Food and Drug Administration determined that the low level of mercury exposure from dental amalgam fillings is well below levels associated with adverse health effects in humans, including sensitive populations.<sup>1</sup>

It is considered unnecessary and ill-advised to replace functional or serviceable dental amalgam fillings (restorations) for safety concerns or perceived health needs. A conservative approach to filling replacement, combined with effective decay prevention, is strongly advised to help maintain the dentition over a lifetime.

Dentists have the responsibility to ensure that any recommended treatments reflect the ethical and quality-of-care standards of the profession and that informed consent has been obtained. The specific clinical circumstances and facts should be discussed by dentists with their patients, allowing the most appropriate material for the particular clinical situation to be selected. Patients who request replacement of serviceable restorations need to be provided with sufficient information to understand the implications of their decision.

## References

1. White Paper: FDA Update/Review of potential adverse health risks associated with exposure to mercury in dental amalgam. National Center for Toxicological Research, U.S. Food and Drug Administration. FDA White Paper (2006) and Addendum (2009):

 $\underline{www.fda.gov/MedicalDevices/Products and MedicalProcedures/DentalProducts/DentalAmalgam/ucm171117.htm}$ 

2. Nicolae A, Ames H, Quinonez, C. Dental amalgam and urinary mercury concentrations: a descriptive study. *BMC Oral Health* 2013, 13:44 doi:10.1186/1472-6831-13-44: <a href="http://www.biomedcentral.com/1472-6831/13/44">http://www.biomedcentral.com/1472-6831/13/44</a>

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