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Amalgam: Gone for good?

By Prof. Dr Falk Schwendicke, Germany

For about a century, dental amalgam has been the standard restorative material for posterior caries lesions. Given the ease of placement, particularly its moisture tolerance, but also its relatively high resistance against masticatory forces and secondary caries, amalgam remains the restorative standard in most statutory or public health insurances until today. Whilst concerns towards its biocompatibility and wider health effects repeatedly entered the public debate, a number of studies were able to refute such assumptions and to showcase the general safety of amalgam, if properly placed.

Notably, the usage of amalgam will likely cease in many countries in the world over the next years – grounded in the so-called Minamata treaty. Emanating from the spoilage of mercury used in an industrial process in the city of Minamata in Japan and a series of widespread health effects due to subsequent mercury uptake, the vast majority of nations worldwide have signed the Minamata treaty, binding the signees to reduce and eventually stop the usage of mercury in any industrial process. In that sense, dentistry is an outlier; only for dentistry, the treaty did not mandate a complete “phase-out” of the material, but a “phase-down”. Signing nations promised to undertake measures to reduce the usage of dental amalgam, for example via the reinforcement of prevention or the development and adoption of alternative restorative strategies. In many countries in the world, including all countries of the European Union, policy makers have indeed decided to overachieve this promise and phase-out the usage of dental amalgam completely. For some groups, i.e. pregnant or lactating women, this phase-out has already become reality. Within this reality, dentists are now faced with an important question: Which alternative material to use?



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