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SWEDEN ACTS ON AMALGAM!

[The following article has been prepared by Mats Hanson, Ph.D. of Sweden.]

In the last days of the spring session, the Swedish Parliament voted with a comfortable majority for a new dental insurance system, starting in January 1999, in which amalgam is not further subsidized. The new system will pay 30% of the costs for basic dental repair work, the rest is paid by the patient. As before, dentistry for children and teenagers is free and there will be some further subsidizing of check-ups for young adults as well. The insurance system covers both public (county clinics) and private dentistry.

Amalgam will NOT be paid for in the new system. In addition, the Department of Health has promised that amalgam will be forbidden with two years. The delay is caused by European Union (EU) legislative processes. In the EU there will be an addendum in the directives for medical devices which allows a member country to forbid a material which it finds objectionable (the former requirement for proven harm will not be necessary). The Swedish Department of Health claims to be the prime mover behind this addendum. Amalgam will then be forbidden for preventive health reasons.

Such a prohibition might clash with free trade regulations and end up in the European Court. Indeed, the dental companies tried to stop the parliamentary decision to single out one filling material (amalgam) as not entitled to subsidizing by having a lawyer, specialist in EU law, send a letter to the parliament, claiming that this was against free trade and EU law. The parliament, however, had the courage to maintain its position and maybe felt confident that they could win a fight in the court. We also provided anti-amalgam MP's with the latest news that restrictions were also underway in England and France. Also that replacement of dental materials should be covered by the medical system when there is a suspicion of adverse reasons (no proof required). This is called dentistry during a limited period as a rehabilitation measure for medical problems. The dental costs will then be covered by the medical insurance system and means that amalgam removal will cost 900 skr (\$115).

Many members of Parliament opted for a simplified system where the patient, his/her dentist and doctor together decide what to do and the medical system just pays the bill. Many MP's were also anxious that the new system should not favor special dentists or doctors (e.g. public dentistry) or require decisions by any appointed medical board before treatment started, except maybe in

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special complicated cases or especially expensive treatments. Finally, there was also strong support in Parliament for the Amalgam Clinic at the Uppsala Hospital and the Center for Metal Biology, also in Uppsala.

THE FRENCH (AMALGAM) REVOLUTION

[We are indebted to Dr. Pierre Larose of Montreal for the following translation of documents and newspaper accounts from France.]

France has recently joined the list of countries to publicly debate and limit the use of amalgam because of its mercury content. The French Superior Council on Public Hygiene has just come out with a series of recommendations to regulate the use of mercury amalgam. Dentists are the first targeted in these recommendations because of the risks of long term contamination (renal or nervous problems). They must now adhere to strict safety guidelines.

At the center of the controversy is a French epidemiologist, Dr. Jean-Jacques Melet who is facing disciplinary charges for treating mercury toxic patients and publicly affirming the dangers of amalgam. It all started in the Fall of 1997, when 15 patients claiming that they were victims of mercury poisoning from their dental fillings decided to file an official complaint. The group has since doubled and more complaints are in preparation.

In February of 1998, the French Order of Dentists and the French Dental Association, representing nearly all dentist unions in France, maintained that amalgam did not release mercury and therefore could not be dangerous. Bernard Kouchner, Secretary of State for Health, immediately ordered an expert commission into the matter. In March 1998, a number of dental patients formed an association called "Non au mercure dentaire." Their petition was published in France Soir, a national newspaper. They are asking the government to ban amalgam and to test all dental materials before they are marketed. They may be reached at: B.P. 6051, 34030 Montpellier Cedex 1, France - Tel: 04 99 23 00 94. In May over 150 French dentists signed and published their petition against mercury amalgams "For the honor of the profession." They requested authorities urgently inform practitioners on the real dangers of amalgam.

On May 19th, the Government published its official statement on amalgam. Following is a translation of the statement from the CSHPF:

"Mercury and silver based dental amalgams have been used in the treatment of carious lesions for over 150 years. They are considered as very therapeutically effective (bactericidal) medical devices. In certain situations, these materials are actually irreplaceable. These materials have been regularly studied in order to evaluate their toxicity because they have been periodically accused of causing various problems.

Dental amalgams release small amounts of mercury that are partially absorbed. The daily absorbed dose is generally lower than 5 ug. Generally, the contribution of mercury from amalgam is insufficient to cause dose-dependent pathological effects. The only pathology that is probably related to amalgams is a local lichenoid reaction and it is often associated with sensitization to mercury. However, these lesions can also be attributed to other types of materials.

Some systemic toxic effects have been observed independently of dose after professional exposures to mercury; we are speaking of glomerular renal problems of immunotoxic origin. We can not exclude the fact that these may be observed in people bearing amalgam but such facts have never been reported in the scientific literature.

Also, because large quantities of mercury are manipulated in dental offices, we must here recall the recommendations for dental professionals themselves. Moreover, specific regulations have just been adopted to limit the disposal of mercury in the environment. (Translator's note: French dentists will be liable of two years imprisonment or a 500,000 FF fine for disposing of mercury in public sewage systems in three years).

Alternative bio-materials remain more complex and costly to use. They do not last as long. Their biocompatibility is not superior to that of amalgam. However, in this area, technological progress is vary rapid (improvement of mechanical properties, adhesion, resistance to wear and biocompatibility).

THE COUNCIL'S RECOMMENDATIONS TO PATIENTS

Considering the risk benefit ratio available from current data, it is not justified to ban the use of amalgams or to recommend their systematic removal. It is however important to bear in mind a number of precautions concerning their use:

1. New generation amalgams (known as non-gamma 2) which exhibit better performance and superior longevity to those of traditional amalgams and also release less metallic ions must be used instead of traditional amalgams (know as gamma 2). Only pre-dosed capsules must be used.

2. In cases of high prevalence of carious lesions in the child, adolescent and young adult, amalgam remains the material of choice. For small lesions, mercury-free adhesive techniques using biomaterials are indicated.

3. Lichenoid lesions observed in the vicinity of amalgam may be indicative of mercury intolerance. This intolerance, correctly documented, justifies removal of these restorations.

4. Amalgam restorations should not be placed beside other metallic restorations in order to avoid risk of corrosion.