

International Academy of Oral Medicine and Toxicology (IAOMT) Position Statement against Dental Mercury Amalgam Fillings for Medical and Dental Practitioners, Dental Students, and Patients

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INTRODUCTION

Position Statement Objectives:

(Adapted from IAOMT's "[Position statement on dental amalgam from the International Academy of Oral Medicine and Toxicology submitted to the European Commission](#)")¹:

- 1) To end the use of dental mercury amalgam fillings. Many other mercurial medical devices and mercury-containing substances have been removed from use, including mercurial wound disinfectants, mercurial diuretics, mercury thermometers, and mercurial veterinary substances. In this era when the public is advised to be concerned about mercury exposure through fish consumption, dental mercury amalgam fillings should also be eliminated, especially because they are the predominant source of mercury exposure in the general population.
- 2) To assist medical professionals and patients as a whole in understanding the scope of mercury in dental mercury amalgam fillings. The risk of illness or injury associated with the use of dental mercury presents an unreasonable, direct, and substantial danger to the health of dental patients and the health of dental personnel.
- 3) To establish the health benefits of mercury-free, mercury-safe, and biological dentistry.
- 4) To educate dental and medical professionals, dental students, and patients about safe removal of dental mercury amalgam fillings while raising the standards of scientific biocompatibility in dental practice.

History of Regulations:

According to the [United States Food and Drug Administration](#) (FDA), "Dental amalgam is a mixture of metals, consisting of liquid mercury and a powdered alloy composed of silver, tin, and copper. Approximately 50% of dental amalgam is elemental mercury by weight. Dental amalgam fillings are also known as 'silver fillings' because of their silver-like appearance."²

Millions of dentists around the world routinely use dental mercury amalgam to repair decayed teeth, but controversy has surrounded the use of mercury in dentistry since the 1800's, when the neurotoxin was first widely introduced as a filling material. The American Society of Dental Surgeons, the predecessor to the American Dental Association, [made its members pledge not to use mercury because of its known toxicity](#),³ and in more recent years, government officials, scientists, dentists, consumers, and many others have raised serious concerns about the risks dental mercury poses to humans and to the environment at large.

Global Regulations:

The governments of [Norway, Sweden, and Denmark](#)⁴ have [banned the use of mercury amalgam fillings](#)⁵ in dentistry, [France](#) has recommended that alternative mercury-free dental materials be used for pregnant women,⁶ and [Germany, Finland, Austria, and Canada](#) have worked to reduce the use of dental mercury amalgam fillings for pregnant women, children, and patients with kidney problems.⁷

The [United Nations Environment Programme's Intercessional Negotiating Committee](#) agreed upon the text of a global, legally-binding mercury treaty in January 2013. Article 6, Annex C, Part II, of the international treaty includes provisions with regards to dental mercury amalgam such as setting national objectives aiming at minimizing its use, promoting the use of cost-effective and clinically effective mercury-free alternatives for dental restoration, and discouraging insurance policies and programs that favor dental amalgam use over mercury-free dental restoration.⁸

U.S. Regulations:

In the United States, brochures have been created to educate patients about their choices for dental fillings in [California](#),⁹ [Connecticut](#),¹⁰ [Maine](#),¹¹ and [Vermont](#).¹² The brochures, some of which are legally required to be presented to dental patients, contain information about the release of mercury vapor from dental mercury amalgam fillings and concerns related to dental mercury amalgam usage, as well as information about mercury pollution to the environment caused by dental mercury.

Employee exposure to mercury is regulated in the United States by the [1970 Occupational Health and Safety Act](#)¹³ and [Workers' Rights Handbooks](#)¹⁴ which require employers to train employees to avoid or minimize exposures, offer informed consent at least as detailed as the Material Safety Data Sheet (MSDS), and for each incident when it is reasonable to assume exposure is likely, to follow work practices that minimize exposure, institute engineering controls to reduce exposure, provide personal protective equipment to all exposed employees, monitor the facility contaminant levels, medically test employees for symptoms related to exposure, and maintain records of all of the above in their Hazards Communication Notebook for a minimum of 30 years.

United States Food and Drug Administration (FDA) Regulations:

In [September of 2006](#), a joint panel of FDA scientific experts rejected an FDA White Paper's assurances of the safety of dental mercury amalgam.¹⁵

On [July 28, 2008](#), the IAOMT sponsored a Citizen's Petition¹⁶ demanding FDA classify dental mercury amalgam in conformance with the mandate of the [Medical Device Amendments of 1976](#).¹⁷

Exactly one year later, on [July 28, 2009](#), FDA announced that it was classifying dental mercury amalgam for the first time in Class II without requiring any significant special controls.¹⁸ FDA's Final Rule on this issue was published on [August 4, 2009](#).¹⁹

FDA also published an [Addendum](#) in support of its Final Rule,²⁰ which attempted to address the recommendations of the joint panels that convened in [September 2006](#) when they rejected the proclamations of dental mercury amalgam safety set forth in the FDA's White Paper on amalgam fillings.²¹

An FDA [warning](#) for dental mercury amalgam use in developing children and fetuses²² was then removed from the FDA website.

Following the issuance of the FDA's Final Rule, the IAOMT sponsored a [Petition for Reconsideration](#) in 2009 which identified at least seventeen errors committed by FDA in its discussion of risk assessment principles.²³

Based on the IAOMT petition, the FDA scheduled a meeting of the Dental Products Panel of the Medical Devices Advisory Committee in [December 2010](#). At the meeting, Dr. Suresh Kotagal, a pediatric neurologist at the Mayo Clinic announced, "...I think that there is really no place for mercury in children."²⁴ The Dental Products Panel encouraged the FDA to consider limiting dental mercury amalgam use in pregnant women and children and to consider labeling that would warn consumers about the risks of this mercury-containing product.²⁵

Due to the meeting, a decision on the issue was expected from the FDA by [December 31, 2011](#),²⁶ but as of April 14, 2013, no decision has been issued.

IAOMT's Position on Regulations:

Founded in 1984, [the International Academy of Oral Medicine and Toxicology \(IAOMT\)](#) is an organization of dentists, physicians, and research professionals devoted to the examination, compilation, and dissemination of scientific research relating to the biocompatibility of oral/dental materials. The fundamental mission of the IAOMT is to promote the health of the public. In this regard, the IAOMT continually examines and compiles scientific research relating to the biocompatibility of oral/dental materials.

Thus, this position statement was formulated by thoroughly analyzing available scientific data, reviewing personal experiences of IAOMT members in clinical settings, synthesizing expert opinions, funding relevant research to explore various aspects of dental mercury amalgam and non-amalgam alternate dental materials, and evaluating information about the issue provided by governmental authorities, health organizations, and environmental groups from around the world.

Additionally, this position statement clearly outlines significant quantities of reputable research that challenge the safety of dental mercury amalgam fillings by applying two cornerstones of public health policy: 1) Risk Assessment and 2) the Precautionary Principle.

1) "[Risk Assessment](#)" has been defined by the FDA as follows: "Risk assessment consists of identifying and characterizing the nature, frequency, and severity of the risks associated with the use of a product. Risk assessment occurs throughout a product's lifecycle, from the early identification of a potential product, through the premarketing development process, and after approval during marketing. Premarketing risk assessment represents the first step in this process prior to marketing."²⁷

Risk assessment expert Dr. G. Mark Richardson was invited by the FDA to present the results of a major risk assessment analysis of dental mercury amalgam fillings at the [2010 FDA meeting](#).²⁸

Richardson's work, which established that millions of Americans exceed the intake of mercury vapor considered "safe" by the U.S. Environmental Protection Agency due to the presence of dental mercury amalgam fillings, was published shortly thereafter.²⁹

[FDA's report about the 2010 meeting](#) noted, "The Panel deliberated on the exposure to mercury from dental amalgam, reference exposure levels, human clinical studies and the strength and weaknesses of the available evidence."³⁰

The continued deliberation over data and analysis leads to a second cornerstone of public health policy known as the precautionary principle.

2) In June 1992, the United Nations Environment Programme ratified the [Rio Declaration on Environment and Development](#) which, among other principles, established the precautionary approach among UNEP member states. In particular, Principle 15 states: "In order to protect the environment, the precautionary approach shall be widely applied by States according to their capabilities. Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation."³¹

Further to the Rio Declaration, in January 1998 at an international conference involving scientists, lawyers, policy makers, and environmentalists from the United States, Canada and Europe, a formalized statement was signed and became known as the "[Wingspread Statement on the Precautionary Principle](#)."³²

In it, the following advice is given: "When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause and effect relationships are not fully established scientifically. In this context the proponent of an activity, rather than the public, should bear the burden of proof."³³

When the precautionary principle is applied to dental mercury amalgam fillings, it is clear that they should not be used.

Based on the scientific evidence and concepts of risk assessment and the precautionary principle, it should also be noted here that the IAOMT is concerned that dental mercury amalgam fillings are following the same delayed route to safety regulations as occurred with cigarettes and lead-based paint.

SUGGESTED ACTION BY MEDICAL AND DENTAL PRACTITIONERS AND PATIENTS:

INTERVENTIONS--

Summary of Interventions:

- 1) The main ingredient for mercury amalgam fillings is mercury, approximately 50% by weight. Therefore, the appropriate terminology is “dental mercury amalgam fillings.”
- 2) Dental mercury amalgam fillings should not be used in dentistry.
- 3) The detrimental impact of mercury on fetuses, pregnant women, women of childbearing age, children, patients experiencing health issues, and dental workers mandate that special attention be given to these populations with regards to dental mercury amalgam fillings.
- 4) Removal of existing dental mercury amalgam fillings requires safety measures for dentists, dental staff, dental students, and patients.

Detail of Interventions:

1) The main ingredient for mercury amalgam fillings is mercury, approximately 50% by weight. Therefore, the appropriate terminology is “dental mercury amalgam fillings.”

All dental amalgam restorations contain approximately 50% mercury,³⁴ and it is scientifically proven that these fillings emit mercury vapors.^{35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59}

Thus, while these restorations are commonly referred to as “silver fillings,” “dental amalgam,” and/or “amalgam fillings,”⁶⁰ it would be more accurate to recognize them as “dental mercury amalgam fillings,” “mercury silver fillings,” or “mercury fillings.”

Terminology recognizing the main ingredient of mercury is needed so that medical and dental practitioners, dental students, and patients are aware that mercury is the main ingredient in this medical device.⁶¹ As such, this document refers to these restorations as “dental mercury amalgam fillings.”

Additionally, an understanding of the terminology associated with dentists that aim to end the use of dental mercury amalgam fillings and define how they practice is helpful to medical professionals and patients. These terms are commonly used, and dentists often choose one or several of these terms to describe their practice:

- “Mercury-free” is a term with a wide-range of implications but typically refers to dental practices that do not place dental mercury amalgam fillings.
- “Mercury-safe” typically refers to dental practices that use safety measures to limit or prevent mercury exposure, such as in the case of removing previously existing dental mercury amalgam fillings and replacing them with non-mercury alternatives.
- “Biological” or “Biocompatible” dentistry typically refers to dental practices that consider the impact of dental materials and treatments on oral and systemic health.

2) *Dental mercury amalgam fillings should not be used in dentistry.*

Exposure to mercury, even in minute amounts, is known to be toxic and poses significant risks to human health. A [World Health Organization report](#) warns of mercury: “It may cause harmful effects to the nervous, digestive, respiratory, immune systems and to the kidneys, besides causing lung damage. Adverse health effects from mercury exposure can be: tremors, impaired vision and hearing, paralysis, insomnia, emotional instability, developmental deficits during fetal development, and attention deficit and developmental delays during childhood. Recent studies suggest that mercury may have no threshold below which some adverse effects do not occur.”⁶²

Current scientific evidence demonstrates that dental mercury amalgam exposes dental professionals, dental staff, and dental patients to mercury vapor, mercury-containing particulate, and other forms of mercury contamination.^{63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141}

Dental mercury amalgam is therefore not a suitable material for dental restorations.

Furthermore, mercury vapor is known to be released from dental mercury amalgam fillings at higher rates during chewing, brushing, cleaning, clenching of teeth, etc.,^{142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159} and mercury is also known to be released during the placement, replacement, and removal of dental mercury amalgam fillings.^{160 161 162 163}

A series of recent studies demonstrate that urinary mercury concentrations consistently increase as the number of amalgam fillings increases.^{164 165 166 167 168 169 170 171 172 173}

In these studies, the average urine mercury content is consistently greater in groups with amalgam fillings than in those without, and urine mercury content consistently increases as the number of dental mercury amalgam fillings increases. Numerous studies have also demonstrated that the mercury exposure or concentration increases with increasing dental mercury amalgams in the following tissues and situations

- Due to chewing, brushing, and bruxism^{174 175 176 177 178 179 180 181 182 183 184 185}
- In exhaled or intra-oral air of persons with amalgam fillings^{186 187 188 189 190 191 192 193 194}
- In saliva of persons with amalgam fillings^{195 196 197 198 199 200 201}
- In blood of persons with amalgam fillings^{202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218}
- In various organs and tissues of amalgam bearers, including the kidney, pituitary gland, liver, and brain or parts thereof^{219 220 221 222 223 224 225 226}
- In feces of amalgam bearers^{227 228 229}
- In amniotic fluid, cord blood, placenta, and various fetal tissues including liver, kidney and brain, in association with maternal amalgam load^{230 231 232 233 234 235 236 237 238}
- In colostrum and breast milk in association with maternal amalgam load^{239 240 241 242 243 244 245}

Scientific evidence confirms that in most individuals with dental mercury amalgam fillings, [mercury exposure exceeds the Reference Exposure Level \(REL\)](#).²⁴⁶ [REL is a term used to denote the exposure level defined by national and international regulatory agencies at which there is an expectation of *no negative health outcomes* within the population.]

Also, [reports from the World Health Organization \(WHO\)](#) and [Canada's federal department of health \(Health Canada\)](#) conclude that mercury vapor from dental amalgam is the greatest source of human exposure to mercury in non-industrial settings.^{247 248 249 250}

Additionally, [in research published in 2011](#), Dr. G. Mark Richardson reported that more than 67 million Americans aged two years and older exceed the intake of mercury vapor considered “safe” by the U.S. EPA due to the presence of dental mercury amalgam fillings, whereas over 122 million Americans exceed the intake of mercury vapor considered “safe” by the California EPA due to their dental mercury amalgam fillings.²⁵¹

3) The detrimental impact of mercury on fetuses, pregnant women, women of childbearing age, children, patients experiencing health issues, and dental workers mandate that special attention be given to these populations with regards to dental mercury amalgam fillings.

Mercury's damaging influence on the developing brain and neurological system makes dental mercury amalgam fillings an inappropriate material for use in children, pregnant women, and women of childbearing age.^{252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285}

Additionally, physicians and dentists should, where patients are suffering from pathological states and/or disease of unclear causation, consider in their differential diagnosis whether exposure to mercury released from dental mercury amalgam fillings might be a contributing or exacerbating factor in such adverse health conditions.^{286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332}

Finally, dentists, dental staff, and dental students are exposed to mercury at a greater rate than their patients. Severe exposures from past practices include hand-squeezing of fresh amalgam, where drops of liquid mercury would run over the dentist's hands and contaminate the entire office.³³³ Research has demonstrated that dangerous levels of mercury are generated in the dental workplace.^{334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355}

Dental workers require protection from mercury exposures when working with dental mercury amalgam.

4) Removing dental mercury amalgam fillings requires safety measures for dentists, dental staff, and patients.

Chronic (low dose, long-term) exposure to mercury for dentists, dental staff, dental students, and dental patients does not exist when alternative materials are used for dental fillings. However,

there is a high risk of acute (high dose, short-term) mercury exposure to dentists, dental staff, dental students, and dental patients when dental mercury amalgam fillings are drilled out. The challenge is training dentists to use effective engineering controls and personal protective equipment as they remove the thousands of tons of mercury currently stored in the mouths of patients with dental mercury amalgam fillings. An additional challenge is meeting the current OSHA standards^{356 357} for exposure to dental workers and the EPA standards³⁵⁸ for patients during the removal process.

There are levels of increasing protection for limiting exposure during mercury-related dental procedures. Depending on the level of protection, health risks will vary.

OUTCOMES CONSIDERED--

First, it should be noted that mercury influences each individual differently based on a wide-range of co-existing factors. For example, underlying health conditions, the number of amalgam fillings in the mouth,^{359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374} gender,^{375 376 377 378 379 380} genetic predisposition,^{385 386 387 388 389 390 391 392} dental plaque,³⁹³ selenium levels,³⁹⁴ consumption of milk^{395 396 397} or alcohol,^{398 399} and other circumstances^{400 401} can play a role in each person's unique response to mercury.

Whereas individual response varies, evidence supports the potential for a decrease of symptoms related to mercury exposure and chronic mercury toxicity when dental mercury amalgam fillings are safely removed.^{402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419}

However, an outcome of dental mercury amalgam removal is acute exposure to mercury vapor and particulate for dentists, dental staff, dental students, and dental patients,^{420 421 422 423} especially endangering pregnant women, lactating women, women of childbearing age, fetuses, children being breastfed, and other sensitive populations.

Another outcome is the chronic exposure to individuals in less obvious areas of the dental office. We are at the very beginning of considering this as a source of chronic mercury exposure; however, this includes

- Mercury exposure to staff, patients, and visitors in other parts of the office not directly involved in the removal process
- Environmental mercury exposure caused by the waste from removal and storage of amalgam, especially because the [ADA's "Best Management Practices for Amalgam Waste"](#)⁴²⁴ is voluntary
- Storage and disposal of workplace protective clothing and instruments used during procedures involving dental mercury amalgam
- Mercury vapor exposure from sterilization of instruments used on dental mercury amalgam fillings
- Mercury vapor and particulate on the clothing, and under/around the dentist, staff, dental students, and patients in the immediate removal area
- Mercury particulate that is carried home in hair, on shoes, and other clothing from the dental office

The IAOMT has safety guidelines to be used during removal of existing dental mercury amalgam fillings to mitigate mercury exposure.

In conclusion, the following populations could substantially benefit with improved health by taking the suggested measures:

- 1) Minimization of exposure to dental mercury, vapor, and particulate for
 - All dental professionals, dental staff (including hygienists), and dental students who work with dental mercury amalgam
 - All patients with existing dental mercury amalgam fillings
 - All patients requiring the cleaning and/or removal of dental mercury amalgam fillings

- 2) Avoidance of dental mercury amalgam fillings for
 - All patients requiring new dental fillings
 - Pregnant or lactating women
 - Fetuses
 - Breast-fed children
 - Women of childbearing age
 - Patients genetically predisposed to mercury toxicity (Individuals with CPOX4, APOE(3,4) and BDNF polymorphisms)
 - Patients with
 - Allergies, especially allergy to mercury
 - Alzheimer's disease
 - Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)
 - Antibiotic resistance
 - Autism Spectrum Disorders
 - Autoimmune disorders
 - Cardiovascular problems
 - Chronic Fatigue Syndrome
 - Complaints of unclear causation
 - Hearing loss
 - Immunodeficiency
 - Kidney disease
 - Micromercurialism
 - Multiple sclerosis
 - Oral lichenoid reaction and oral lichen planus
 - Parkinson's disease
 - Periodontal disease
 - Reproductive dysfunction
 - Symptoms of chronic mercury poisoning
 - Patients undergoing chelation treatment or other detoxification treatments

MAJOR RECOMMENDATIONS—

Recommendations:

- 1) Dental mercury amalgam fillings should not be used in dentistry.
- 2) Furthermore, safety precautions should be taken when working with and/or removing previously existing dental mercury amalgam fillings so as not to expose dentists, dental staff, dental students, and dental patients to mercury.
- 3) Moreover, based on scientific evidence, the practice of mercury-free and mercury-safe dentistry as a means of improving public health should especially be considered for the following reasons:

○ WORKPLACE EXPOSURE:

- Dentists, dental professionals, dental staff, and dental students are occupationally and chronically exposed to mercury released from dental mercury amalgam, and researchers and clinicians have raised concerns about the safety of dental personnel who work with dental mercury amalgam.^{425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447}
- This includes mercury released during hygiene, cleaning, and polishing procedures.
- This includes mercury released during removal of old mercury amalgam fillings and replacement with new ones.
- Scientific data indicates that female dental personnel are severely impacted by occupational exposure to mercury.^{448 449 450 451 452}

○ PATIENT EXPOSURE:

- Mercury vapor is continuously emitted from dental mercury amalgam fillings, and particulate can also be discharged from dental mercury amalgam fillings, which means that people are directly exposed to mercury.^{453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528}
- The output of mercury is intensified by the number of fillings present and other activities such as chewing, teeth-grinding, brushing, dental treatments and procedures, and the consumption of hot liquids.^{529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561}
- This includes mercury released during hygiene, cleaning, and polishing procedures.
- This includes mercury released during placement of new restorations and removal of old ones.
- Ergo, men, women, and children patients are all at risk from the hazards of mercury released from dental mercury amalgam fillings.

- GENETIC PREDISPOSTION:
 - Mercury exposure from dental mercury amalgam particularly threatens individuals who are genetically unable to excrete mercury and/or genetically impaired in excreting mercury such as those with CPOX4, APOE(3,4) and BDNF polymorphisms.^{562 563 564 565 566 567 568 569}
 - Recent research has identified a genetic predisposition to neurological impacts by mercury exposure from dental amalgam in male children.⁵⁷⁰

- WOMEN AND CHILDREN:
 - Fetal and infant exposure to mercury via maternal dental mercury amalgam can have serious health consequences.^{571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600}
 - Mercury is excreted in breast milk of mothers with dental mercury amalgam fillings, and the mercury concentration in breast milk increases as the number of amalgam fillings in the mother increases.^{601 602 603 604 605 606 607}
 - Children are at-risk for health impairments caused by dental amalgam mercury fillings.^{608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623}

- ADDITIONAL AT-RISK POPULATIONS:
 - The mercury in dental mercury amalgam fillings can exacerbate and contribute to all of the conditions stated below, as well as a myriad of other health problems:
 - Patients with
 - Allergies^{624 625 626 627 628 629 630 631}
 - Alzheimer's disease^{632 633}
 - Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)^{634 635}
 - Antibiotic resistance^{636 637}
 - Autism Spectrum Disorders^{638 639 640}
 - Autoimmune disorders^{641 642 643 644 645 646 647 648}
 - Cardiovascular problems^{649 650}
 - Chronic Fatigue Syndrome^{651 652 653}
 - Complaints of unclear causation^{654 655 656 657 658 659 660 661 662}
 - Hearing loss⁶⁶³
 - Immunodeficiency^{664 665 666 667 668 669 670 671}
 - Kidney disease^{672 673 674 675 676 677 678}
 - Micromercurialism^{679 680}
 - Multiple sclerosis^{681 682 683 684 685}
 - Oral lichenoid reaction^{686 687 688 689 690 691 692 693} and oral lichen planus^{694 695 696}
 - Parkinson's disease⁶⁹⁷
 - Periodontal disease^{698 699 700}
 - Reproductive dysfunction^{701 702 703 704}
 - Symptoms of chronic mercury poisoning⁷⁰⁵
 - Patients undergoing chelation treatment or other detoxification treatments

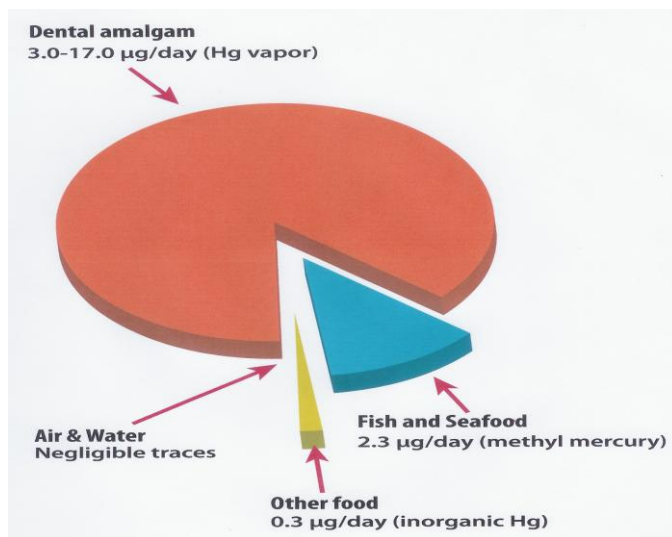
○ ALLERGY TO MERCURY:

- This is a completely separate health issue from toxicity.
- Most dentists do not test their patients for mercury allergy, but millions of patients are unknowingly allergic or sensitive to the dental mercury amalgam fillings in their mouths from the mercury or the other components.^{706 707 708 709 710 711 712 713 714 715 716 717}
- It is estimated that approximately 21 million American are allergic to mercury,⁷¹⁸ and studies also establish that exposure to dental mercury amalgam fillings correlates with higher prevalence of mercury allergies.^{719 720 721 722}
- At Baylor College of Dentistry, of 171 dental students patch tested, 32% were positive for mercury allergy. The percentage of positive tests correlated with the students' own amalgam scores and with the length of time they had been in dental school.⁷²³

Additional Data Supporting Recommendations:

The data on the following pages provides additional information about the hazards of dental mercury amalgam fillings and mercury exposure presented in these recommendations:

TABLE/CHART #1: This chart shows that dental mercury amalgam is the major route of mercury exposure for the general public.



Sources of Human Mercury Exposure (World Health Organization, 1991)*

**Note: In 1991, the WHO Environmental Health Criteria 118 concluded that “[e]stimated average daily intake and retention” from dental amalgam was 3.8-21 (3-17) ug/day.⁷²⁴ In the 2003 Executive Summary of this document, WHO states, “Dental amalgam constitutes a potentially significant source of exposure to elemental mercury, with estimates of daily intake from amalgam restorations ranging from 1 to 27 ug/day.”⁷²⁵*

TABLE/CHART #2: This is a list of common [symptoms of mercury poisoning](#) to be considered by practitioners when evaluating the possible side effects of dental mercury amalgam.⁷²⁶

Irritability	Anxiety, Nervousness	Loss of Memory	Inability to concentrate
Lethargy/Drowsiness	Insomnia	Depression, Despondency	Numbness and tingling of hands, feet, fingers
Loss of balance	Loss of self- confidence	Decline of intellect	Tremors/trembling of hands, legs, and eyelids
Stiff neck/shoulder pain	Bleeding gums	Muscle weakness	Shocks and pain in brain; Oral galvanism
Alveolar bone loss	Loosening of teeth	Metallic taste	Numbness in side of face
Burning sensation with tingling of lips	Tissue pigmentation	ringing in ears	Speech impairment; Difficulty in articulation
Food sensitivities	Abdominal pains	Nausea; Vomiting	Lymphadenopathy, bilateral cervical
Allergies/Sensitivities	Flu Symptoms	Chronic Headaches	Dermatitis
Subnormal body temperature	Cold, clammy skin, especially hands/feet	Excessive perspiration	Unexplained sensory symptoms
Chronic fatigue	Edema	Joint pains	Panic with difficulty in breathing

EVALUATION OF SUGGESTED ACTION BY MEDICAL AND DENTAL PRACTITIONERS, DENTAL STUDENTS, AND PATIENTS:

POTENTIAL BENEFITS--

By minimizing mercury exposure from dental mercury amalgam fillings or completely avoiding the use of dental mercury amalgam fillings, an individual's total body burden of mercury is beneficially reduced.

Minimizing or eliminating mercury exposure can potentially result in improvement and/or decreased risk of disease/illness/health impairments for

- All dental professionals, dental staff (including hygienists), and dental students who work with dental mercury amalgam
- All patients with existing dental mercury amalgam fillings
- All patients requiring the cleaning and/or replacement of dental mercury amalgam fillings
- All patients requiring new dental fillings
- Pregnant or lactating women
- Fetuses
- Breast-fed children
- Women of childbearing age
- Patients genetically predisposed to mercury toxicity (Individuals with CPOX4, APOE(3,4) and BDNF polymorphisms)
- Patients with
 - Allergies, especially allergy to mercury
 - Alzheimer's disease
 - Amyotrophic Lateral Sclerosis (Lou Gehrig's disease)
 - Antibiotic resistance
 - Autism Spectrum Disorders
 - Autoimmune disorders
 - Cardiovascular problems
 - Chronic Fatigue Syndrome
 - Complaints of unclear causation
 - Hearing loss
 - Immunodeficiency
 - Kidney disease
 - Micromercurialism
 - Multiple sclerosis
 - Oral lichenoid reaction and oral lichen planus
 - Parkinson's disease
 - Periodontal disease
 - Reproductive dysfunction
 - Symptoms of chronic mercury poisoning
- Patients undergoing chelation treatment or other detoxification treatments

As far as considering the costs of implementing these recommendations, the IAOMT co-released a [2012 report from Concorde](#) of Brussels, Belgium, which noted: “In order to obtain a useful perspective on the ‘external’ costs to society that are not included in the fees a dental patient pays the practitioner, we have examined 1) the costs of keeping dental mercury releases from being released into the environment, and 2) when dental mercury is no longer released into the environment, the various benefits accrued to human health and society. ...[W]hichever analytical approach one chooses, even when using conservative assumptions, and even allowing for the uncertainties inherent in much of the cost data, it is clear that the real cost of using amalgam far outweighs the cost of using mercury-free composite, not to mention an even cheaper alternative such as ART.”⁷²⁷

POTENTIAL HARMS--

1) There is a risk of additional mercury exposure to dentists, dental staff, hygienists, dental students, and patients from current unsafe procedures involving mercury amalgam fillings, especially if treatment, hygiene routines, removal, and/or replacement of fillings are conducted without taking appropriate protective measures.

2) As such, special consideration of any dental work involving amalgam mercury fillings should be given to

- All dental professionals, dental staff (including hygienists), and dental students who work with dental mercury amalgam

- All patients with existing dental mercury amalgam fillings

- All patients requiring the cleaning and/or removal of dental mercury amalgam fillings

- All patients requiring new dental fillings

- Pregnant or lactating women

- Fetuses

- Breast-fed children

- Women of childbearing age

- Patients genetically predisposed to mercury toxicity (Individuals with CPOX4, APOE(3,4) and BDNF polymorphisms)

- Patients with

 - Allergies, especially allergy to mercury

 - Alzheimer’s disease

 - Amyotrophic Lateral Sclerosis (Lou Gehrig’s disease)

 - Antibiotic resistance

 - Autism Spectrum Disorders

 - Autoimmune disorders

 - Cardiovascular problems

 - Chronic Fatigue Syndrome

 - Complaints of unclear causation

 - Hearing loss

 - Immunodeficiency

 - Kidney disease

 - Micromercurialism

Multiple sclerosis
Oral lichenoid reaction and oral lichen planus
Parkinson's disease
Periodontal disease
Reproductive dysfunction
Symptoms of chronic mercury poisoning
Patients undergoing chelation treatment or other detoxification treatments

3) Alternative dental restorative materials should likewise be assessed for safety and biocompatibility, especially on an individual basis.

4) Some insurance companies only cover the cost of dental mercury amalgam fillings which means that oftentimes consumers have to pay additional fees for alternative materials and techniques.⁷²⁸

Furthermore, whereas less than 50% of U.S. dentists are using dental amalgam mercury fillings,⁷²⁹ according to the *Journal of the American Dental Association*, these fillings are still being used routinely on 53.4% of Black/African Americans, on 72.9% of American Indians/Alaska Natives/Asians/Pacific Islanders,⁷³⁰ and on more than 75% of posterior restorations for new recruits to the U.S. Navy and Marines.⁷³¹

However, the [United Nations Environmental Programme's INC5](#) recently agreed on a global legally-binding treaty that specifically discourages insurance policies and programs favoring dental amalgam use over mercury-free dental restoration.⁷³²

CONTRAINDICATIONS--

1) Dentists, dental staff, and dental students working with mercury amalgam fillings during procedures such as cleaning, hygiene, and/or replacement are significantly exposed, along with their patients, to mercury. Safety measures, when used, diminish but do not totally eliminate exposure.

2) Removal of dental mercury amalgam fillings without appropriate protection causes significant mercury exposure to dentists, dental staff, dental students, and patients, especially women of childbearing age, pregnant or lactating women, fetuses, breast-feeding children, and other sensitive populations.

3) Due to mercury release, work on dental mercury amalgam fillings should not be done by dental personnel who are pregnant or lactating or conducted upon patients who are pregnant or lactating.

4) Alternative dental restorative materials should likewise be assessed for safety and biocompatibility, especially on an individual basis.

QUALIFYING STATEMENTS--

Whereas the American Dental Association (ADA), the United States Food and Drug Administration (FDA), and other groups have endorsed the use of dental mercury amalgam, hundreds of peer-reviewed, scientific studies show a definitive link between dental mercury amalgam fillings and disease/illness/health impairments.

Specifically, data has shown that an individual accumulates a constant dose (average 0.3 µg/day/ amalgam filled tooth surface) of mercury throughout the lifetime of a dental mercury amalgam filling.^{733 734} Furthermore, research has established that once inside the mouth, mercury remains a retained heavy metal until and if the body can excrete the toxin.^{735 736 737 738 739 740 741} The impact of this on an individual's health is variable due to a number of factors that we are just beginning to recognize and understand. Thus, practicing mercury-free and mercury-safe dentistry undoubtedly reduces the danger of chronic mercury exposure to dentists, their staff, dental students, and patients.

There are various escalating levels of protection techniques for limiting mercury exposure during mercury-related dental procedures. Depending on the technique/s chosen, different results are reached in personal and patient protection levels from exposure. The more thorough the protection, the more complex and costly the technique, and as such, financial, cultural and professional decisions are part of the process as to the level of protection ultimately used.

All dental restorative materials should be assessed for safety and biocompatibility.

DESCRIPTION OF IMPLEMENTATING SUGGESTED ACTION:

Many consumers choose composite fillings because the coloring matches the tooth better, and a [2007 poll](#) showed that just less than half dentists are using dental mercury amalgam in the U.S.⁷⁴²

Thus, many dentists have already stopped using dental mercury amalgam; however, others will require training in mercury-free and mercury-safe dentistry. Since [Norway, Sweden, and Denmark](#) have banned dental mercury amalgam,^{743 744} their dental schools and industry practices shed light upon how to make a complete transition away from dental mercury amalgam.

Yet, since all dentists still must remove dental mercury amalgam fillings, all dentists and dental students will also require training in mercury-free and mercury-safe dentistry. Applying protection techniques will minimize mercury exposure to susceptible and sensitive individuals.

The IAOMT has developed implementation strategies for dental education in mercury-free and mercury-safe practices, including information for dentists, patients, and the general public. These resources are available at www.iaomt.org.

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