

[Translation of Article from *Danish Dental Journal*, 2008; 112: 1192-94, a journal published by *Danish Dental Association*]

New Guidance from the National Board of Health:

Composite resin is to be the first choice

In the future, composite resin is going to replace amalgam for the majority of restorations. This appears from a new Guidance from the National Board of Health. Hence, in many cases, the patients' option to choose a less expensive restoration disappears, and dentists who make many amalgam restorations today must, according to this Guidance, be ready to use composite resin more than previously.

The National Board of Health has just issued a new Guidance, containing new guidelines for the use of different types of restorative material. The Guidance is issued together with a new Order, which specifies that all kinds of restorations will be subsidized from now on. The background is an expectation of an upcoming requirement from the Danish Environmental Protection Agency concerning further restrictions in the use of mercury-containing products – including dental amalgam. Hence, the restriction in the use of dental amalgam is for environmental reasons, in addition to the fact that The National Board of Health is assessing that composite resin materials today has a longevity which is comparable to amalgam, in the vast majority of restorative treatments.

Thus, the new Guidance from The National Board of Health recommends that composite resin may now be used for all kinds of restorations, and when it comes to first-time-restorations, composite resin is to be the first choice.

Amalgam is not completely repealed in the new guidelines. It is still allowed to use silver amalgam under certain circumstances, but the indications are restricted (see fact box).

The patients' option disappears

In many situations, where the patients hitherto had the option between amalgam and composite resin, the new guidelines mean that this option disappears. The National Board of Health requires that composite resin is used, unless there is “no possibility for desiccation, difficult accessibility to the cavity, a particularly large cavity, or large distance to the adjacent tooth” as the Guidance says.

In return, composite resin restorations become cheaper for patients who receive subsidy from their municipality for dental treatments, e.g. elderly people or an early retired person of limited means, as the State, as mentioned above, has just changed the regulations for public subsidy for dental restorations. Instead of providing subsidy to amalgam restorations only, also glass ionomer and composite resin restorations are subsidized now. And these treatments do also imply subsidy from the municipalities.

The changes in subsidy do not increase the expenses for the State, as the subsidies given to composite resin restorations will be taken from the present subsidies to amalgam restorations. Yet for the municipalities it will probably mean a further expense, owing to the fact that they, as mentioned above, are covering a part of the bill for some people's dental restorations made of composite resin and glass ionomer. However, the municipalities will receive compensation for this additional expense, which means that for financial reasons, they are not really able to neglect to follow the Guidance.

Extract from the new Order

”Guidance regarding use of tooth restoration materials”:

2. Composite resin material

Composite resin material can be used for all kinds of restorations. When a tooth is restored for the first time, and glass ionomer is not used, the first choice shall be composite resin material.

3. Amalgam (silver amalgam)

Silver amalgam can be used when restoring permanent premolars and molars in case that it is obvious that a restoration in this material will have the best longevity. These cases are limited to treatments, where there is no possibility for desiccation, difficult accessibility to the cavity, a particularly large cavity, or large distance to the adjacent tooth.

4. Glass ionomer

Glass ionomer is typically used when restoring gingival caries lesions, abrasions, for total and partial tunnel preparations, as base- and lining material, temporary restorative, and for all kinds of restorations in primary teeth.

5. Replacement of restoration

As a rule, there has to be a health related indication, when replacing a permanent composite resin, glass ionomer or amalgam restoration.

Some clinics will have to change practise

How significant the new guidelines are going to be for the General Practitioners, depends upon the frequency of their use of dental amalgam. In many clinics amalgam is already more or less out-phased, while other dentists still treat many teeth with silver amalgam, says chief consultant in Danish Dental Association, Christian Holt.

-Amalgam has been declining strongly in recent years; so many dentists will not need to change treatment strategies because of the new Guidance. They have already made the shift from amalgam to composite resin long time ago. But in some clinics, amalgam is still used quite often, and here, the new Guidance will have a significant effect. The dentists will simply have to make more composite resin restorations, says Christian Holt.

He expects that this will result in prolonged waiting time for the patients.

-Clinics, where amalgam is used extensively, are most often clinics in districts outside the large cities, with a large number of patients. When these clinics are going to make more composite resin restorations instead of amalgam restorations, it will of course take longer time per restoration, which means that there will not be time to treat the same number of patients as before, says Christian Holt.

FAQ about the Guidance from The National Board of Health

Several dentists have recently contacted *Danish Dental Association* with questions concerning the new regulations for subsidy and the new Guidance. Here follow some of the most frequently asked questions.

A patient wishes to have an existing amalgam restoration in a molar replaced with a composite resin restoration. Will the patient receive subsidy?

If the restoration needs to be replaced for a health related indication, e.g. due to fracture or marginal discrepancies, the treatment implies subsidy. This is also the case when only a part of the restoration has failed, and only this part is replaced.

However, if the restoration is replaced for cosmetic reasons only, the treatment does not imply subsidy. Apart from this, it is also conflicting the new Guidance from The National Board of Health, as there has to be a health related indication for replacement of a restoration. In this connection it shall be noticed that the Guidance says that it is important to record the reason for the replacement, and also to record which information the patient has received.

What do I do, if the patient insists to have a restoration of silver amalgam? Am I allowed to meet the patient's wish?

No – not unless the indications for using amalgam are fulfilled (see fact box). The reason is that the Danish Environmental Protection Agency wishes to limit the use of mercury-containing materials.

Are we still going to use the subsidy numbers 1411, 1421, 1412, 1422, 1413 and 1423?

No – in the future, class I and class II restorations (with functional wear) in premolars and molars, are not to be reported, as these are going to be reported either as 1504/1554 or 1509/1559. The old numbers are therefore inactive, and will be deleted later on. However, for the time being, multi-surfaced restorations are still to be reported; i.e. 1414, 1415, 1424 and 1425.

Does it mean that there is no longer any difference in the numbers between restorations in premolars and molars?

Correct. There is no longer any difference.