

Composites vs. Amalgam

A Townie discussion from www.dentaltown.com

doctorvu Posts: 12 Reg.: Apr

? posted 11-01-2001 11:46 AM

I am writing a handout to give to patients explaining why I do not place amalgam anymore (actually haven't for years), and more importantly why insurance companies will only reimburse at amalgam levels. Does anyone have any similar pamphlets I could look at for ideas?



toofdr1 Grand Rapids, MI

Posts: 1180

Reg.: Aug 2000

Posted 11-01-2001 03:27 PM

Here is my personal take on composite vs. amalgam. I am a non-amalgam dentist and will state my personal views on this subject.

- 1. With the new bitine rings and matrices, closing a contact with composite is now a non-issue. So cross that one off the list.
- 2. Amalgams crack teeth unless the utmost care is taken to "shoe" the cusps of wide restorations that the vast majority of dentists do not do (including me in my amalgam days).
- 3. Darn near every amalgam that I take out has decay along the margins.
- 4. In my hands, I get significantly less post-op sensitivity with composite than I used to get with amalgam.
- 5. "Bonding" the restoration in makes intuitive sense to me (I know that Amalgambond works great, but it is a hassle)
- 6. The vast majority of my patients prefer a tooth-colored restoration instead of an ugly black/silver one.
- 7. I can be much more conservative in preparing for composite than amalgam.
- 8. I feel that overall if both types of restorations are done correctly, no one will argue that composite is inferior to amalgam in any way. That being said, I see more composites done "wrong" than amalgams done wrong due to technique sensitivity and laziness on the part of the dentist. Therefore, I believe wholeheartedly in doing composites right including great isolation, using the bonding agents correctly, curing correctly, proper finishing, etc.
- 9. It is important for the dentist to realize the limitations of any direct material and go to an indirect restoration when needed. I would never consider having an MOD amalgam in my own mouth. A very conservative MOD composite I might consider due to the bonding effect.

marty

Post: 10 Reg.: Nov 2001

हिंदी posted 11-03-2001 08:24 PM

Post 15 of 129

Question: What dental restorative material has the worst coefficient of thermal expansion, the most water absorption, the most shrinkage during placement and the most internal stress?

Answer: Composite.

Question: How many people who post on this board and place no amalgams or few amalgams ever talk to their patients about the question and answer mentioned above?

Answer: Zero!

Question: How many of the doctors on this board have ever heard of the credo: "First do no harm"?

Continued on page 20

Post 3 of 129

Post 1 of 129

DentalTown.com Message Boards *Composite vs. Amalgam Pt Education*

Post 17 of 129

Post 18 of 129

Post 20 of 129

Answer: Who's counting, but how many of those who fall into the category listed in the second question have looked themselves in the mirror lately? What do they see? What do the rest of us see?

drdice Ontario, Canada Posts: 756 Reg.: Jun 2000

posted 11-03-2001 10:56 PM

Since I love amalgam I of course have to chime in here.

I feel that the biggest advantage that I have with amalgam for my patients is that I am able to save teeth which otherwise would be doomed for failure due to lack of finances or lack of dental insurance coverage for crowns.

I routinely come across this all the time...patient needs a "big-ass" restoration on a molar. They cannot afford having it crowned (i.e. the proper and ideal treatment). What the heck am I supposed to do for this patient? I know if I place an MODBL composite that I will only be solving things temporarily (I know there are a few of these WFT composites on molars which have lasted a fair amount of time...but only a small percentage). Thus, I can do the WFT amalgam and place a nice thick base of glass-ionomer underneath it and shoe down the cusps and now we've got something that is going to provide years and years of service...hopefully long enough until they can afford a crown.

Wyn Wisconsin Posts: 243 Reg.: Sep 2001 Posted 11-04-2001 08:21 AM

Marty, it is ridiculous to imply that anyone on this board would be harming their patients. I have no problem with the fact that in your practice you feel that you are doing your patients a service by providing amalgam. I could ask similar questions about amalgam. Believe it or not amalgam has negative properties too. Do you present these to your patients? The fact is that none of the materials that we use are ideal materials. It is how we use the advantages and disadvantages of each material to our advantage that make for successful restorations. I would be interested to hear what your protocol is for placing amalgam including type of amalgam used, isolation, bonding material (if any), when you make the decision to go indirect, etc. I would also like to hear the same for your posterior resins (if you do them at all). Please explain your "Do no harm comment."



Mission Viejo, CA Posts: 2620 Reg.: Mar 2000

Rod

posted 11-04-2001 10:07 AM

Some very excellent points by BOTH sides here. I haven't placed amalgams in over 13 years, but that doesn't mean I think composites are perfect, and it doesn't mean that I don't think there's a place for amalgam.

Given that I do not like placing amalgams, I guess I'm lucky to practice in an area where my patients don't want them either, and are willing to pay more for composite.

As far as California, our state board sent a note that it is now "ILLEGAL" to place an amalgam in the mouth of a pregnant woman. Hmm. Does THAT make sense, if amalgam is SO safe?

I do agree that amalgams break teeth. I see it every stinkin' day. But hey, it's good for business, huh? Actually, that's true, but I think most of us (who wear two hats — one as business owner, and the other as health care provider) make most judgments without the healthcare provider hat on.

I would hate to see amalgam go away. Yeah, I don't do 'em, but I'm lucky enough to practice in a very affluent community, and I'm very aware that most of the country is not nearly so able to afford non-amalgam dentistry.

I do believe amalgam serves a very justified need.

There is a lot more on Composite vs. Amalgam on the www.dentaltown.com message boards, in the Cosmetic Forum–Search Words (typed exactly): **Composite vs. Amalgam Pt Education.** There are more than 800 individual posts on amalgam. To search for them on the DentalTown website use the search word 'amalgam' and if you're still curious try the search word 'mercury.'