

Use of Complementary and Alternative Medicine (CAM) in patients with health complaints attributed to former dental amalgam fillings

Agnete E. Kristoffersen¹, Frauke Musial¹, Harald J. Hamre², Lars Björkman³, Trine Stub¹, Anita Salamonsen¹, Terje Alræk¹

¹National Research Center in Complementary and Alternative Medicine (NAFKAM), Tromsø, Norway
²Institute for Applied Epistemology and Medical Methodology, University of Witten-Herdecke, Germany
³Dental Biomaterials Adverse Reaction Unit, Uni Research Health, Bergen, Norway

Introduction

Some patients experience health complaints which they attribute to dental amalgam. The symptom pattern is similar to medically unexplained physical symptoms (MUPS). The most common amalgam related symptoms are fatigue/exhaustion, dizziness, mental symptoms (concentration and memory disturbances, anxiety, irritability, restlessness and depression), pain (muscle, joint, neck and shoulder, teeth/jaws/facial pain and headache), functional gastrointestinal symptoms (constipation, diarrhea and bloating), mouth blisters, metallic taste, and susceptibility to infections. The aim of this survey was to describe the prevalence, range and use of CAM among people with health complaints attributed to dental amalgam. Specific attention was paid to (1) self-reported effects of CAM, (2) differences in CAM use dependent on self-reported health, and (3) gender.

Methods

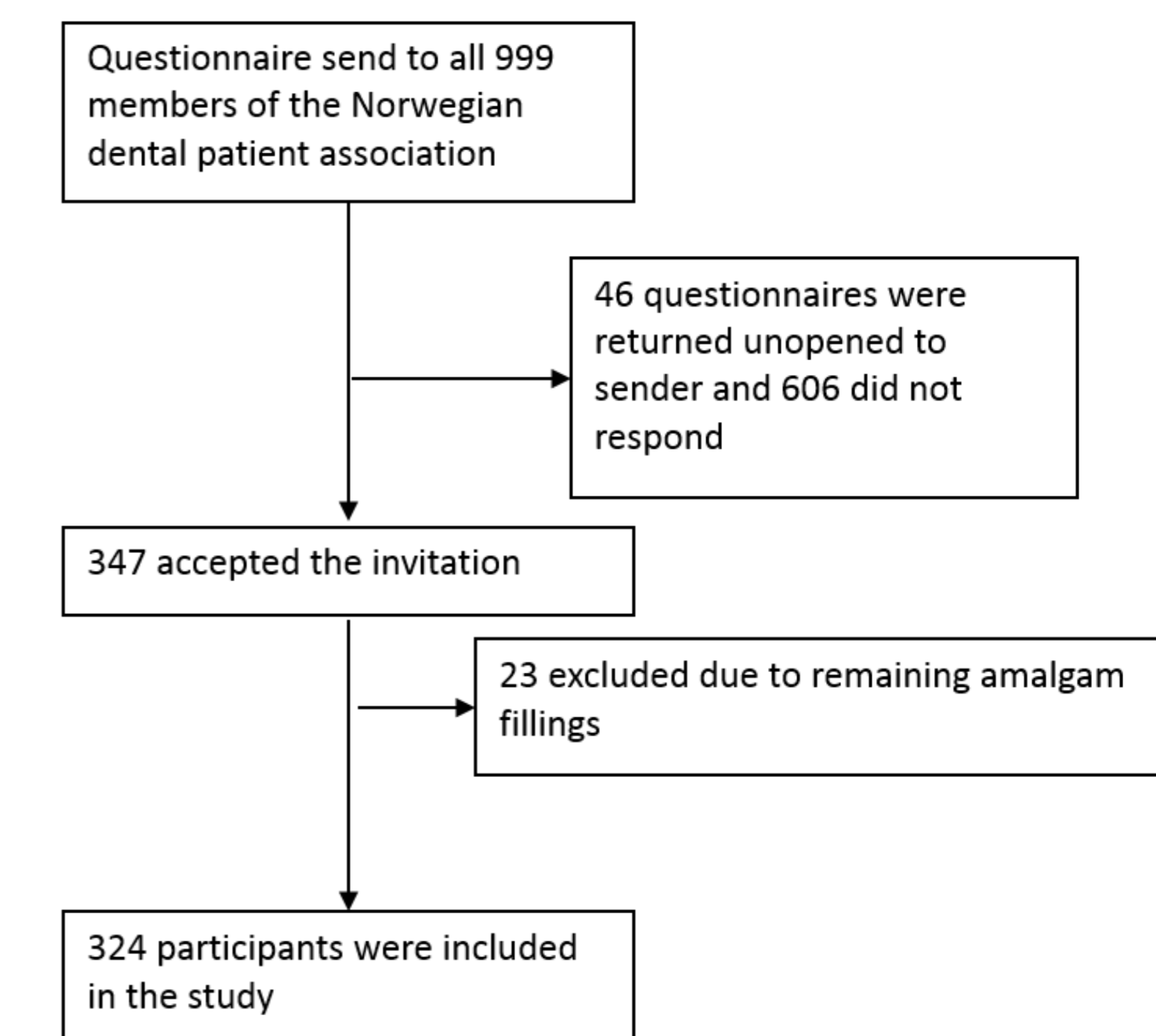
A survey was distributed by post to all members of The Norwegian dental patient association (n = 999) with a response rate of 36.4%. The anonymous questionnaire asked for socio-demographic data, health complaints, subjectively perceived health status, symptoms, and experience with therapeutic interventions. Only participants with all amalgam fillings removed were included in the study.

Results

Most of the respondents (89%) had used CAM, more men (96%) than women (86%, p=0.015). The most frequently used therapies were dietary supplements, recommended by a therapist (67%) followed by self-prescribed dietary supplements (59%), homeopathy (54%), acupuncture (49%) and special diets (48%). Use of CAM was similar for participants reporting normal to good health compared to participants reporting poor health. For most CAM modalities, the effect was better in the group reporting normal to good health compared to the group reporting poor health.

Conclusions:

CAM was widely used by participants in our study, a finding similar to findings from studies of MUPS patients. To date, health problems associated with dental amalgam is not an accepted diagnosis within the public healthcare system. Consequently, lack of adequate treatment within conventional health care might have contributed to the high number of CAM users.



Flow chart showing the selection of the studied population.

CAM use and perceived effect in members of the Norwegian dental patient association (n=324)

CAM categories	CAM modalities	Reported use %	Good effect %	No effect %	Worsening %
Overall CAM use		88.9			
<i>Alternative medical systems</i>		68.5			
	Homeopathy	54.0	57.4	39.7	2.8
	Acupuncture	48.8	38.8	58.2	3.0
	Ear acupuncture	32.7	38.8	58.8	2.4
<i>Mind-body interventions</i>		16.0			
	Thoughtfield therapy	12.0	37.5	62.5	0
	Lightning Process	4.9	46.2	53.8	0
<i>Biologically-based systems, including herbalism</i>		84.3			
	Therapist-prescribed dietary supplements/vitamins	66.7	74.7	23.1	2.2
	Self-prescribed dietary supplements/vitamins	59.0	63.0	32.2	4.8
	Special diet	47.5	74.4	23.3	2.3
	Herbs	37.7	55.6	38.9	5.6
	Biopathy	13.3	40.6	56.3	3.1
<i>Manipulative and body-based methods</i>		61.4			
	Reflexology	42.3	48.6	45.8	5.6
	Massage	40.1	41.4	43.4	15.2
	Kinesiology	29.3	43.3	50.7	6.0
	Naprapathy	13.3	46.4	46.4	7.1
	Craniosacral therapy	8.6	42.9	47.6	9.5
<i>Energy therapies</i>		41.7			
	Healing	33.6	33.8	63.6	2.6
	Magnetic-field therapy	19.1	29.5	61.4	9.1
	Rehabilitation in a CAM institution	9.3	80.0	16.0	4.0

