

Policy Statement 6.27 – Bisphenol-A in Dental Restorative Materials

Position Summary

It is unlikely that Bisphenol-A in dental materials is associated with any potential adverse effects

1. Background

- 1.1. The Therapeutic Goods Administration (TGA) is responsible for regulating all clinical dental materials used in Australia.
- 1.2. Bisphenol-A (BPA) is present in many plastic consumer products and has attracted considerable attention in both public and scientific communities due to its potential adverse health effects.
- 1.3. BPA is unlikely to be an intentional ingredient of any dental material. Nevertheless, dental products may contain traces of BPA as a result of manufacturing processes.
- 1.4. The use of some types of resin-based dental materials, including orthodontic bonding resins, could expose patients to minute amounts of BPA, occurring primarily during the first 24 hours after placement.
- 1.5. The potential release of BPA from the dust derived from finishing, polishing and removal of resin composite is currently under investigation.
- 1.6. The potential influence of BPA released from dental materials depends on a number of factors, e.g., the type and magnitude of their biological effects in humans, and the sensitivity and validity of the analytical methods for determination of BPA in different body fluids.
- 1.7. There is limited scientific literature assessing the exposure and release of BPA from resin-based dental materials, as well as its potential oral and systemic effects.
- 1.8. The environmental concerns about BPA are well established.

2. Position

- 2.1. The appropriateness of resin-based dental materials for both restoring teeth and preventing caries is endorsed.
- 2.2. BPA use is not required for and should not be used during the manufacture of resin-based dental materials.
- 2.3. The risk assessment of BPA in dentistry should be based on relevant biological endpoints.
- 2.4. There is no evidence to suggest that long-term exposure to BPA from dental materials is associated with potential adverse effects.
- 2.5. Further research on exposure and release of BPA from resin-based dental materials and the relevant clinical implications, including how BPA is absorbed and cleared by the body, is strongly recommended.
- 2.6. There should be programs and initiatives to raise awareness of the importance of prevention of dental caries, in order to reduce the need for dental restorations.

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