

Six Reasons Not to Fill a Cavity

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Now that we have your attention, we still want you to fix the cavity. But not by drilling-and-filling it. Rather, by treating it painlessly, quickly and inexpensively.

“Quickly” is especially relevant now in the time of COVID because (while dentists are very safety-conscious to begin with), spending a mere five minutes getting a cavity fixed requires about 80% less exposure time than the old-fashioned drill-and-fill takes.

For cavities, our proposed figurative and literal solution is silver diamine fluoride, known as SDF – painless, fast, cheap, and effective. Despite these attributes, your dentist has uttered not one word to you about applying this solution to cavities that you, or especially your children, have gotten. (If we’re wrong, we would love to get in touch with your dentist. Al@quizzify.com .)

Is this because SDF doesn’t work? Quite the opposite. It works too well. Here are the six reasons you should try to convince your dentist to at least consider this treatment – especially for your children, where the American Association of Pediatric Dentistry recommends it.

1. The world uses this

It has been in use in Japan for a century, for example.

2. The FDA has now approved it

Well, that’s not entirely accurate.

More accurate would be the statement: “The FDA approved this six whole years ago.”

Presciently, eminent author (and prominent Quizzifan) Dr. Marty Makary correctly predicted that dentists would not adopt SDF despite all its attributes. Or perhaps because of them. What dentist wants to make less money -- and have his or her most basic skill set obsoleted?

3. If you are reading this article, you should be covered

We checked. While you may be different for a special reason we cannot anticipate, most people reading this article are covered.

4. Dentists admit that this works, even if they don't like it

Consider this quote from the CEO of Delta Dental in Arizona. While SDF has been covered for you for several years, that Arizona insurer recently decided to cover this for the first time, prompting an article in Dentistry Today:

*"Arizonans cite dental anxiety and worries about cost as the two key reasons for not going to the dentist. By adding SDF as a covered benefit, more dentists can offer this low-cost and pain-free **alternative** [boldface ours] to patients. Together, we're **eliminating** [ditto] those barriers to care."*

What makes this statement so head-scratching would be:

- SDF never had a "cost barrier to care" that needed to be "eliminated." The full charge for SDF is much less than most co-pays. (You are probably covered anyway.)
- Calling SDF an "alternative" to drill-and-fill is like calling seat belts an "alternative" to auto accidents. It is simply a better idea, period, for the two-thirds of cavities where it is indicated. (Not deep ones, and not ones in hard-to-reach places, or visible front teeth.)

5. Dentists are their own worst enemies when it comes to admitting the effectiveness of SDF

Another dentist quoted in the article said: "The [senior] population is very concerned about the cost of procedures. I'm able to provide an SDF treatment at a much lower cost with no pain and little time in the chair."

Maybe it's just me, but it seems like even people under 65 might also prefer low cost, no pain, and little time in "the chair."

And, speaking of being your own worst enemy, try asking your own dentist about SDF. When I requested it, my Newton dentist replied: "You know, that stuff's not a miracle."

If that's your opening argument, you lose the debate, which she did. She noted that it would turn the decay black (it does), at which point I observed that the decay was under a crown, so one would see it.

She applied it, and it worked exactly as advertised. She never even charged me, perhaps out of embarrassment.

6. Dentists are already recommending SDF' but only for people who can't afford fillings

Fortuitously, this article describes a group of Arizonans who are already enjoying this “alternative” to drill-and-fill -- people who can't afford the latter. Because filling cavities is so costly and time-consuming, the SDF “alternative” is mostly used, as the article observes, in “health clinics, wellness centers, and mobile dental clinics for the underserved or uninsured...because of its cost-effectiveness and ease of application.”

This may be the only instance in which indigent patients get a better result than fully insured patients.

But no one gets better results than Quizzifans...and that's why you should register for all our quizzes covering all our other educational factoids, starting now and including our “Cavities in the Time of COVID” quiz.

Not to mention that you could earn one of ten \$100 gift cards being given out every month. (Each of those could pay for 3 treatments of SDF, not that we hope you need them.)

To find a dentist in your area using SDF, ping info@elevateoralcare.com or 877-866-9113. Here are the American Dental Association guidelines, on the very likely chance your own dentist is resistant.

