

Impact of different beverages on color and structural characteristics of aesthetic composite resins

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Abstract

Objective: This study evaluated the color stability and surface roughness of two composite resins, Gradia Direct and Omnicroma, after immersion in various solutions.

Methods: In this in-vitro study, 80 composite resin samples were divided into two groups (n = 40) according to the composite resin brands: Group 1: Gradia Direct and Group 2: Omnicroma. Each group was further divided into four subgroups (n = 10) based on the immersion solution: A) distilled water (control), B) tea, C) cola, and D) coffee. Color stability was measured on day 1 ($\Delta E1$) and 28 ($\Delta E28$) compared to baseline, while surface roughness was measured at baseline and on day 28. Data were analyzed using two-way and three-way ANOVA and Tukey HSD test ($P < 0.05$).

Results: Two-way ANOVA indicated no significant difference in $\Delta E1$ or $\Delta E28$ between the two composite resins ($P > 0.05$). However, beverage type had a statistically significant effect on both $\Delta E1$ and $\Delta E28$ ($P < 0.05$). Pairwise comparisons revealed that coffee produced the greatest color changes on day 1 and day 28 ($P < 0.05$). Cola and distilled water demonstrated comparable color changes ($P > 0.05$), which were significantly lower than those of other groups at both intervals ($P < 0.05$). Three-way ANOVA found no significant effects of beverage type, composite type, time of assessment, or their interactions on surface roughness ($P > 0.05$).

Conclusions: Gradia Direct and Omnicroma showed comparable color stability and surface roughness after exposure to various beverages. Coffee and tea caused significantly greater discoloration effects than cola and distilled water on composite resins.

Keywords: Acidic drink, Beverages, Coffee, Composite resins, Surface properties, Tooth discoloration

Introduction

Color stability and surface characteristics of cosmetic composites are critical factors in aesthetic dentistry (1). Restorative materials function in a complex oral environment where they are continuously exposed to saliva, fluctuating pH levels, and dietary substances. These factors can affect the aesthetic and mechanical performance of resin composites (2).

Discoloration of resin composites is a common reason for restoration replacement (3). Numerous studies have investigated the color alterations of restorative composites after exposure to simulated oral conditions (2, 4-6). These changes result from a combination of extrinsic factors, such as composition, acidity, and staining potential of beverages, as well as intrinsic factors, including the chemical composition of the resin

matrix, type and amount of filler particles, and surface structure of the resin composite.

Beverages like soft drinks, tea, and coffee are known to alter the color of dental restorations due to their staining potential. The presence of chromogenic compounds in these beverages plays a critical role in causing stains. In addition, acidic beverages can contribute to surface degradation by roughening the resin or enamel surface, indirectly facilitating stain retention. The hydrophilicity and water absorption capacity of the resin matrix further increase the susceptibility of composite materials to staining, as more water absorption allows greater penetration of chromogens into the material (2).

Surface roughness is defined as the degree of surface irregularities such as ridges, grooves, and depressions, usually measured with a profilometer. Surface roughness affects the clinical performance of resin-based composites because roughened surfaces promote bacterial adhesion, plaque accumulation, and extrinsic discoloration (7).

In recent years, manufacturers have aimed to create restorative materials that better replicate the natural

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appearance of teeth. Omnicroma (Tokuyama Dental Corp., Tokyo, Japan) is a novel single-shade composite that achieves color matching via structural color, not through traditional pigments or dyes. Omnicroma uses uniformly sized spherical fillers (approximately 260 nm in diameter) composed of silicon dioxide (SiO₂) and zirconium dioxide (ZrO₂). These precisely sized filler particles create a photonic crystal structure that selectively reflects light in the red-to-yellow wavelength range, corresponding to the natural color spectrum of human teeth. In contrast, conventional composites like Gradia Direct rely on added pigments to mimic tooth shades (8).

There is limited evidence regarding the impact of different beverages on the color stability and surface roughness of recently introduced aesthetic composite resins. Therefore, this study aimed to evaluate and compare the color stability and surface roughness of two cosmetic composite resins (Gradia Direct and Omnicroma) after immersion in common beverages (cola, coffee, tea, and distilled water as a control).

Materials and methods

The protocol of the present in vitro study was approved by the ethics committee of Tehran University of Medical Sciences (IR.TUMS.DENTISTRY.REC.1401.015)

Sample size was determined as n=10, using PASS software (PASS 11, NCSS, LLC., Kaysville, Utah, USA) based on the results of Choi et al. (9) with $\alpha = 0.05$, 80% power, and effect size of 0.5.

Sample preparation

The composite resins used in this study are summarized in Table 1.

For specimen preparation, a Mylar strip (Kerr Corp., Orange, CA, USA) was placed on a glass slab. Composite

resin was then inserted into a cylindrical mold (10 mm diameter, 2 mm height) positioned on the glass slab. A second Mylar strip was placed over the composite, followed by a 1 mm-thick glass slab to apply uniform pressure, ensuring a flat and even surface. The excess material was removed, and the top surface of each specimen was light-cured for 40 seconds using a Demi Plus LED curing unit (Kerr Corp.) operating at a wavelength of 450–470 nm with an irradiance of 1330 mW/cm². After removal from the mold, the bottom surface of each specimen was additionally light-cured for 20 seconds to complete polymerization.

All specimens were polished sequentially using Sof-Lex™ discs (3M ESPE, St. Paul, MN, USA), progressing from coarse to superfine grit, with each disc applied for 30 seconds by the same operator. After polishing, the samples were rinsed under distilled water for one minute. To ensure complete polymerization and allow rehydration, all specimens were then stored in distilled water at 37°C for 24 hours.

Study groups and immersion protocol

Eighty composite resin samples were prepared from two composite resin brands (n = 40). The study groups were as follows:

Group 1: Gradia Direct (GC Corp., Tokyo, Japan)

Group 2: Omnicroma (Tokuyama Dental Corp., Tokyo, Japan)

Each group was then randomly divided into four subgroups (n = 10) according to the immersion medium: Subgroup A (Distilled water): Specimens were immersed in distilled water throughout the study, serving as the control.

Subgroup B (Tea): Specimens were immersed in a tea solution prepared by steeping one tea bag (Golestan Co., Tehran, Iran) in 200 mL of warm distilled water for 2 minutes, then allowing the solution to cool to 28°C

Table 1. Characteristics of the composite resins used in this study

Material Brand	Manufacturer	Classification	Organic Content	Inorganic Content
Omnicroma	Tokuyama Dental Corp., Tokyo, Japan	Supra-nano spherical resin-based composite	UDMA, TEGDMA, mequinol, dibutyl hydroxytoluene, UV absorber	Spherical silica-zirconia fillers; average particle size: 0.3 μm; Weight: 79%; Volume: 68%
Gradia Direct	GC Corp., Tokyo, Japan	Microfilled composite	Urethane dimethacrylate (UDMA), dimethacrylate, camphorquinone	Fluoro-alumino-silicate glass and silica powder fillers; average particle size: 0.85 μm; Weight: 73%; Volume: 64%

before use. Tea solutions were renewed every three days to prevent microbial growth.

Subgroup C (Cola): Specimens were immersed in cola (Coca-Cola; Khoshgovar Co., Tehran, Iran). Freshly opened bottles were used daily, and containers were tightly sealed to maintain carbonation.

Subgroup D (Coffee): Specimens were immersed in a coffee solution prepared by dissolving one teaspoon of Nescafé instant coffee granules (Nestlé, Vevey, Switzerland) in 180 mL of boiling distilled water, cooled to 28°C before use. The coffee was unsweetened and free of additives. Coffee solutions were renewed every three days to prevent microbial growth.

All immersion media were maintained at ambient temperature (~28°C). All specimens were rotated daily within the containers to ensure uniform exposure.

Color change measurements

Color was assessed at baseline (before immersion), day 1, and day 28. Before each assessment, the specimens were thoroughly rinsed with distilled water and dried.

The color assessment was performed using a spectrophotometer (Vita Zahnfabrik, Bad Säckingen, Germany). The device was calibrated against a standard white reference before each measurement session. Four independent readings were taken per specimen at each time point, and the mean of L*, a*, and b* values was recorded. Color differences (ΔE) were calculated between baseline and day 1 (ΔE_1), and between baseline and day 28 (ΔE_{28}), using the CIE Lab* formula: $\Delta E = [\Delta L^2 + \Delta a^2 + \Delta b^2]^{\frac{1}{2}}$

Surface Roughness Assessments

The surface roughness was measured as Ra (arithmetic average roughness), which represents the average deviation of surface peaks and valleys from the mean level in micrometers. Measurements were taken at baseline and on day 28, using a 3D optical profilometer (InfiniteFocus Real3D, Alicona, Belgium) at 100×

magnification. For each specimen, five random points were selected, and five readings were taken.

Statistical analysis

Data analysis was performed using SPSS software (version 25; IBM Corp., Armonk, NY, USA). Two-way ANOVA was run to compare color stability between groups and beverages, followed by Tukey's post hoc test for pairwise comparisons. Surface roughness data were analyzed by three-way ANOVA. A significance level of $P < 0.05$ was set.

Results

Color stability

Tables 2 and 3 summarize the color change values (ΔE) of the tested composites at different immersion intervals compared to the baseline.

Two-way ANOVA revealed no significant difference in ΔE_1 between the two composite resins ($P=0.66$). However, the effect of beverage type on ΔE_1 was statistically significant ($P<0.001$). There was no significant interaction between composite resin type and beverage on ΔE_1 ($P = 0.51$). Pairwise comparisons between beverages revealed that coffee (5.50 ± 1.08) and tea (2.48 ± 0.93) caused significantly greater color changes than cola (1.25 ± 0.62) and water (1.19 ± 0.51) ($P < 0.05$). Furthermore, the discoloration effect of coffee was significantly greater than that of tea ($P < 0.05$; Table 2).

On Day 28 (ΔE_{28}), two-way ANOVA revealed no significant difference in ΔE_{28} between the two composite resins ($P=0.28$). However, the effect of beverage type on ΔE_{28} was statistically significant ($P=0.02$). There was no significant interaction between composite resin type and beverage on ΔE_{28} ($P = 0.41$). Pairwise comparisons between beverages revealed that coffee (9.10 ± 2.66) and tea (7.14 ± 3.26) caused significantly greater color changes than cola (4.13 ± 0.74) and water (4.77 ± 5.55) ($P < 0.05$). Furthermore, the

Table 2. Mean $\pm$ standard deviation (SD) of ΔE_1 values for the two resin composites immersed in different beverages

Composite	Distilled water Mean $\pm$ SD	Tea Mean $\pm$ SD	Cola Mean $\pm$ SD	Coffee Mean $\pm$ SD
Gradia Direct	0.88 $\pm$ 0.25	2.46 $\pm$ 0.83	1.51 $\pm$ 0.65	5.41 $\pm$ 0.47
Omnichroma	1.70 $\pm$ 0.40	2.51 $\pm$ 1.13	0.99 $\pm$ 0.55	5.58 $\pm$ 1.55
Total	1.19 $\pm$ 0.51 ^A	2.48 $\pm$ 0.93 ^B	1.25 $\pm$ 0.62 ^A	5.50 $\pm$ 1.08 ^C
The effect of composite type	$P=0.66$			
The effect of beverage type	$P<0.001$			
Interaction effect	$P=0.51$			

Different uppercase superscript letters indicate statistically significant differences ($P < 0.05$) between beverages, as determined by Tukey's post hoc test.

Table 3. Mean $\pm$ standard deviation (SD) of ΔE_{28} values for the two resin composites immersed in different beverages

Composite	Distilled water Mean $\pm$ SD	Tea Mean $\pm$ SD	Cola Mean $\pm$ SD	Coffee Mean $\pm$ SD
Gradia Direct	3.91 $\pm$ 0.48	6.43 $\pm$ 0.86	3.71 $\pm$ 0.51	9.64 $\pm$ 1.12
Omnichroma	5.63 $\pm$ 7.78	7.84 $\pm$ 4.69	4.54 $\pm$ 0.74	7.91 $\pm$ 3.73
Total	4.77 $\pm$ 5.55 ^A	7.14 $\pm$ 3.26 ^B	4.13 $\pm$ 0.74 ^A	9.10 $\pm$ 2.66 ^C
The effect of composite type	P=0.28			
The effect of beverage type	P=0.02			
Interaction effect	P=0.41			

Different uppercase superscript letters indicate statistically significant differences ($P < 0.05$) between beverages, as determined by Tukey's post hoc test.

discoloration effect of coffee was significantly greater than that of tea ($P < 0.05$; Table 3).

Surface roughness testing

Surface roughness results are presented in Table 4. Only minimal changes in surface roughness (R_a) were observed across all comparisons. Three-way ANOVA revealed no significant effects of beverage type, composite type, time of assessment, or their interactions on surface roughness.

Discussion

This study evaluated the color stability and surface roughness of two aesthetic resin composites (Gradia Direct and Omnichroma) after immersion in common beverages. Both materials showed increases in discoloration (ΔE) over time, regardless of the staining solution. Considering that 24 hours of in vitro exposure roughly equals one month in vivo (10), the 28-day immersion corresponds to about 2.5 years of clinical use.

In clinical practice, beverages like coffee, cola, and tea often contact resin restorations. Previous studies have defined ΔE thresholds: changes below 1 are imperceptible, 1.0–3.3 are detectable only by trained

observers and are clinically acceptable, while ΔE values above 3.3 are clinically unacceptable (11). In this study, both Gradia Direct and Omnichroma maintained color stability within clinically acceptable limits on day 1, except for subgroups immersed in coffee, which showed unacceptable discoloration. On day 28, color changes were unacceptable in all immersion media, with coffee showing the greatest changes, followed by tea.

In the present study, Gradia Direct and Omnichroma showed similar performance, with no significant differences in discoloration. Only slight variations were observed between the two composites, which may be attributed to differences in their resin matrices and filler compositions. On the other hand, the effect of beverages on the discoloration of resin composites was significant. On both day 1 and day 28, the most pronounced changes occurred after immersion in coffee, followed by tea, while cola caused discoloration comparable to distilled water. The pigments from the staining beverages diffuse and absorb into the composite matrix over time, progressively worsening discoloration. These findings emphasize that beverage type plays a more critical role in composite discoloration than the composite material itself.

Table 4. Mean $\pm$ standard deviation (SD) of average surface roughness values (R_a , μm) for the composite samples immersed in different beverages

	Distilled water		Tea		Cola		Coffee	
	Baseline Mean $\pm$ SD	Day 28 Mean $\pm$ SD	Baseline Mean $\pm$ SD	Day 28 Mean $\pm$ SD	Baseline Mean $\pm$ SD	Day 28 Mean $\pm$ SD	Baseline Mean $\pm$ SD	Day 28 Mean $\pm$ SD
Gradia Direct	0.29 $\pm$ 0.35	0.27 $\pm$ 0.25	0.28 $\pm$ 0.27	0.25 $\pm$ 0.08	0.28 $\pm$ 0.17	0.35 $\pm$ 0.22	0.23 $\pm$ 0.15	0.39 $\pm$ 0.15
Omnichroma	0.25 $\pm$ 0.08	0.24 $\pm$ 0.09	0.35 $\pm$ 0.13	0.31 $\pm$ 0.22	0.56 $\pm$ 0.40	0.44 $\pm$ 0.24	0.49 $\pm$ 0.22	0.34 $\pm$ 0.35
The effect of composite type	P=0.06							
The effect of beverage type	P=0.11							
The effect of assessment time	P=0.79							
Interaction between composite* beverage	P=0.27							
Interaction between beverage* time	P=0.74							
Interaction between composite* time	P=0.37							
Interaction between composite* time* beverage	P=0.25							

The results of this study agree with those of some previous studies. For example, Ozkanoglu and Akin (12) found coffee and tea to cause more staining than water or Coca-Cola, with no significant differences between composites. Mundim et al. (13) also reported coffee as the strongest staining agent, while Coca-Cola had minimal effect despite its low pH. Bahbishi et al. (14) reported that tea caused the most staining among the tested beverages. Overall, these findings highlight that beverage type is a critical factor in the degree of composite discoloration.

The present results improve understanding of how composites respond to common staining challenges. These findings are crucial for patient education following aesthetic procedures. Patients should be made aware of the risks of beverage-related discoloration and the importance of special care to maintain and prolong the aesthetic appearance of composite restorations.

In the present study, no significant differences in surface roughness were found between Gradia Direct and Omnicroma. Furthermore, both composites showed non-significant changes across all beverages. No significant increase was observed in surface roughness from Day 1 to Day 28, indicating surface stability. These findings align with previous studies reporting minimal effects of beverages on composite roughness (14, 19, 20). However, da Silva et al. (21) demonstrated that alcoholic beverages like whisky and beer significantly increased roughness.

Surface roughness is influenced by filler type, particle size, matrix-filler bonding, and finishing and polishing procedures (18, 19, 22-29). Even small changes in surface roughness are clinically important, as they can increase plaque accumulation and affect the long-term performance of aesthetic restorations (19, 22). The relationship between surface roughness and color stability remains unclear. Some studies suggest that rougher surfaces are more susceptible to staining (15, 16), whereas others reported no consistent correlation (17, 18). The outcomes of this study also indicate that discoloration of resin composites in various beverages is not associated with changes in surface roughness.

This study has limitations. As an in vitro investigation, it does not fully replicate oral conditions such as saliva composition, thermal cycling, and dietary habits. Additionally, the study included only two composite materials and a limited range of beverages, which limits the generalizability of the findings. Future studies should test a wider range of beverages with different pH levels,

use longer immersion times, and include newer composite formulations.

Conclusions

Within the limitations of this study, Gradia Direct and Omnicroma exhibited comparable color stability and surface roughness after exposure to various beverages. Among the tested beverages, coffee produced the greatest color changes, followed by tea, while cola and water resulted in significantly less discoloration.

Acknowledgments

Not applicable.

Conflict of interest

The authors declare no conflict of interest.

Author contributions

M.R. was involved in the study design, experimental procedures, data collection, data analysis, supervision, and manuscript editing. B.B. contributed to data collection, data analysis, supervision, and critical revision of the manuscript. Z.Q.A.A. participated in the study design, experimentation, and drafting of the original manuscript. All authors reviewed and approved the final version of the manuscript and contributed substantially to its preparation and content.

Ethical approval

The protocol of the present in vitro study was approved by the Medical Ethics Committee of Tehran University of Medical Sciences (IR.TUMS.DENTISTRY.REC.1401.015).

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References

1. Ren YF, Feng L, Serban D, Malmstrom HS. Effects of common beverage colorants on color stability of dental composite resins: the utility of a thermocycling stain challenge model in vitro. *J Dent* 2012;40 Suppl 1:e48-56.
2. Szalewski L, Wójcik D, Bogucki M, Szkutnik J, Różyło-Kalinowska I. The Influence of Popular Beverages on Mechanical Properties of Composite Resins. *Materials (Basel)* 2021;14(11).
3. Morsy as, Gamal WM, Riad M. Color Matching of a Single Shade Structurally Colored Universal Resin

Composite with the Surrounding Hard Dental Tissues. *Egypt Dent J* 2020;66(4):2721-2727.

4. Ersöz B, Karaoglanoglu S, Oktay E, Aydın N. Color stability and surface roughness of resin based direct and indirect restorative materials. *European Annals of Dental Sciences* 2021;48(1):1-6

5. Jongsma LA, Kleverlaan CJ, Feilzer AJ. Clinical success and survival of indirect resin composite crowns: results of a 3-year prospective study. *Dent Mater* 2012;28(9):952-960.

6. Kassem AS, Atta O, El-Mowafy O. Fatigue resistance and microleakage of CAD/CAM ceramic and composite molar crowns. *J Prosthodont* 2012;21(1):28-32.

7. Rashid H. The effect of surface roughness on ceramics used in dentistry: A review of literature. *Eur J Dent* 2014;8(4):571-579.

8. Evans MB. The visual and spectrophotometric effect of external bleaching on omnichroma resin composite and natural teeth: West Virginia University; 2020.

9. Choi JW, Lee MJ, Oh SH, Kim KM. Changes in the physical properties and color stability of aesthetic restorative materials caused by various beverages. *Dent Mater J* 2019;38(1):33-40.

10. Ertaş E, Güler AU, Yücel AC, Köprülü H, Güler E. Color stability of resin composites after immersion in different drinks. *Dent Mater J* 2006;25(2):371-376.

11. Hasani E, Baghban AA, Sheikh-Al-Eslamian SM, Sadr A. Effect of bleaching on color change of composite after immersion in chlorhexidine and coffee. *J Conserv Dent* 2019;22(6):529-532.

12. Ozkanoglu S, EG GA. Evaluation of the effect of various beverages on the color stability and microhardness of restorative materials. *Niger J Clin Pract* 2020;23(3):322-328.

13. Mundim FM, Garcia Lda F, Pires-de-Souza Fde C. Effect of staining solutions and repolishing on color stability of direct composites. *J Appl Oral Sci* 2010;18(3):249-254.

14. Bahbishi N, Mzain W, Badeeb B, Nassar HM. Color Stability and Micro-Hardness of Bulk-Fill Composite Materials after Exposure to Common Beverages. *Materials (Basel)* 2020;13(3).

15. Bansal K, Acharya SR, Saraswathi V. Effect of alcoholic and non-alcoholic beverages on color stability and surface roughness of resin composites: An in vitro study. *J Conserv Dent* 2012;15(3):283-288.

16. Stawarczyk B, Sener B, Trottmann A, Roos M, Ozcan M, Hämmerle CH. Discoloration of manually fabricated resins and industrially fabricated CAD/CAM blocks versus glass-ceramic: effect of storage media, duration, and subsequent polishing. *Dent Mater J* 2012;31(3):377-383.

17. Öztürk E, Güder G. Correlation between three-dimensional surface topography and color stability of different nanofilled composites. *Scanning* 2015;37(6):438-445.

18. Tavangar M, Bagheri R, Kwon TY, Mese A, Manton DJ. Influence of beverages and surface roughness on the

color change of resin composites. *J Investig Clin Dent* 2018;9(3):e12333.

19. Veyries ML, Faurisson F, Joly-Guillou ML, Rouveix B. Control of staphylococcal adhesion to polymethylmethacrylate and enhancement of susceptibility to antibiotics by poloxamer 407. *Antimicrob Agents Chemother* 2000;44(4):1093-1096.

20. Özyurt E, Kurt A. Effect of different beverages on color stability and surface properties of composite resin materials. *Color Research & Application*. 2021;46(6):1382-1391.

21. MA DAS, Vitti RP, Sinhoreti MA, Consani RL, Silva-Júnior JG, Tonholo J. Effect of alcoholic beverages on surface roughness and microhardness of dental composites. *Dent Mater J* 2016;35(4):621-626.

22. Arciola CR, Campoccia D, Speziale P, Montanaro L, Costerton JW. Biofilm formation in *Staphylococcus* implant infections. A review of molecular mechanisms and implications for biofilm-resistant materials. *Biomaterials*. 2012;33(26):5967-5982.

23. Malekipour MR, Sharafi A, Kazemi S, Khazaei S, Shirani F. Comparison of color stability of a composite resin in different color media. *Dent Res J (Isfahan)* 2012;9(4):441-446.

24. Mutluay MM, Oğuz S, Ørstavik D, Fløystrand F, Doğan A, Söderling E, et al. Experiments on in vivo biofilm formation and in vitro adhesion of *Candida* species on polysiloxane liners. *Gerodontology* 2010;27(4):283-291.

25. Guler AU, Kurt S, Kulunk T. Effects of various finishing procedures on the staining of provisional restorative materials. *J Prosthet Dent* 2005;93(5):453-458.

26. Peng CH, Cheng CK, Chang CK, Chen YL. Multiresistant enterococci: a rare cause of complicated corneal ulcer and review of the literature. *Can J Ophthalmol* 2009;44(2):214-215.

27. Paranhos RM, Batalhão CH, Semprini M, Regalo SC, Ito IY, de Mattos Mda G. Evaluation of ocular prosthesis biofilm and anophthalmic cavity contamination after use of three cleansing solutions. *J Appl Oral Sci* 2007;15(1):33-38.

28. Rapone B, Ferrara E, Corsalini M, Converti I, Grassi FR, Santacroce L, et al. The Effect of Gaseous Ozone Therapy in Conjunction with Periodontal Treatment on Glycated Hemoglobin Level in Subjects with Type 2 Diabetes Mellitus: An Unmasked Randomized Controlled Trial. *Int J Environ Res Public Health* 2020;17(15).

29. Erdemir U, Yildiz E, Eren MM, Ozel S. Surface hardness evaluation of different composite resin materials: influence of sports and energy drinks immersion after a short-term period. *J Appl Oral Sci* 2013;21(2):124-131.