



FAQs
for members

Frequently Asked Questions

about

Osteoporosis Medications and the Risk of Osteonecrosis of the Jaw

Background

- Bisphosphonates (Fosamax[®], Actonel[®], Boniva[®], Aredia[®], Zometa[®]) are a group of medications used to treat bone diseases like osteoporosis (fragile bones) and to prevent bone problems in some people with cancer. Fosamax, Actonel and Boniva are taken by mouth. Aredia and Zometa are given intravenously (into a vein).
- In recent years, reports have linked the use of bisphosphonates to a rare, but possibly serious condition involving the loss or breakdown of the jaw bone. This condition is called osteonecrosis of the jaw (ONJ).
- ONJ makes it difficult to control infections in the jaw bone and difficult to heal after the bone is exposed (such as after a tooth extraction).

How common is ONJ in people taking bisphosphonates?

- At this time, ONJ is thought to be a rare side effect, especially in people taking bisphosphonates by mouth. It is unknown how often ONJ occurs in people taking bisphosphonates, but most reported cases have been in people with cancer who received an intravenous bisphosphonate (Aredia or Zometa).
- The risk of ONJ is thought to be higher with the intravenous bisphosphonates, Aredia and Zometa, because they are more potent than the bisphosphonates taken by mouth.
- Osteonecrosis can occur in people, even without bisphosphonate use. Some of the known risk factors for developing osteonecrosis include: a diagnosis of cancer, concomitant chemotherapy, radiation therapy, steroid therapy (corticosteroids), anemia, blood clotting disorders, infections, and a history of poor dental health.

What are the symptoms of ONJ?

- Symptoms may occur suddenly, but more commonly occur at the site of a previous tooth extraction. Typical symptoms of ONJ include the following:
 - Toothaches or loose teeth
 - Pain, swelling, or infection in the gums
 - Poor healing of the gums after having a tooth pulled or other oral surgery
 - Sores in the mouth with exposure of the jaw bone
 - Pain, swelling, or heaviness in the jaws
 - Numbness in the mouth, lips, or jaws

Should I stop taking my bisphosphonate medication because of the risk of ONJ?

- Kaiser Permanente doctors do not currently recommend stopping the medication because bisphosphonates are still very important drugs that help reverse bone loss and reduce the risk of broken bones (fractures) related to osteoporosis. Watch for signs and symptoms of ONJ. Contact your doctor and dentist if you develop symptoms or have other risk factors for ONJ.
- The National Osteoporosis Foundation estimates that one in two women and one in four men over age 50 will have an osteoporosis-related bone fracture in their remaining lifetime. Bone fractures lower a person's quality of life and may cause a long or permanent disability.
- As with all medications, the benefits must be considered along with the possible risks. If you have specific concerns about ONJ, you can discuss them with your doctor at your next health care visit.

What can I do to decrease the risk of ONJ if I am taking bisphosphonate medication?

- Although ONJ is rare, it can become a serious condition. There is no cure for ONJ at this time and stopping the drug will not reverse damage to the jaw bone once it has occurred.
- It is important to maintain excellent oral hygiene (brush and floss teeth regularly) to help reduce the risk of tooth and gum infections. Make sure dentures fit well to avoid dental sores.
- Inform your dentist that you are taking a bisphosphonate for osteoporosis and get regular dental check-ups.
- If possible, avoid jaw or gum surgery, tooth extractions, and dental implants while on bisphosphonate therapy. Routine dental work, including cleanings, fillings, and crowns, appear to be safe.



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- Monitor for signs and symptoms of ONJ and contact your doctor and dentist if you develop any symptoms.