

What unwanted effects could bisphosphonates have? - continuation

Some patients may experience bone, muscle or joint pain, headache, or rarely a rash (occasionally made worse by sunlight), eye pain, diminished or hazy vision and or see black floating spots. Allergic reactions such as hives or rarely, swelling of the face, lips, tongue and/or throat possibly causing difficulty in breathing or swallowing may occur. Rarely stomach or other peptic ulcers have occurred, of which some were severe and some bled. In some cases it was not known whether or not these were caused by the medication. Mouth ulcers have occurred when the tablets have been chewed or sucked. **Tell your doctor or pharmacist promptly about these or any other unusual symptoms.**

How should your tablets be kept?

Keep your tablet out of the reach of children. No special storage conditions are required for these medications. Do not put the tablets in another container, they might get mixed up. Do not remove the tablets from the blister pack until you are ready to take the medicine. Do not take the tablet after the expiry date, which is clearly marked on the carton, wallet and blister.

Are there patients who should not take Bisphosphonates?

Yes, do not take these medications if:

1. You have certain disorders of the oesophagus (sometimes called the gullet and is the tube that connects your mouth with your stomach).
2. You are unable to stand or sit upright for at least 30 minutes.
3. You are allergic to any of these ingredients.
4. Your doctor has told you that you have low blood calcium.
5. You are or think you may be pregnant.
6. You are breast-feeding.
7. These medications should not be given to children.

What else should you know before taking Bisphosphonates?

It is important to tell your doctor before taking the medication if:

1. You suffer from kidney problems.
2. You have any allergies.
3. You have any swallowing or digestive problems.

Can you take Bisphosphonates with other medicines?

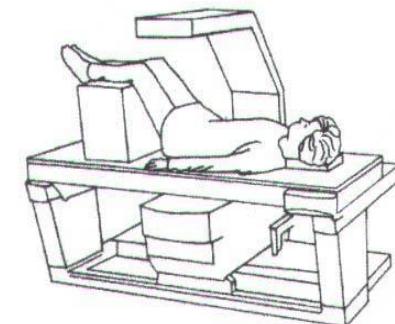
Bisphosphonates can interact with food, drinks and other medications which you take by mouth, and it is important that you follow the advice given under the heading "How should you take bisphosphonate therapy?" You should always tell your doctor about all medication you are taking or plan to take including any obtained without a prescription.

What about driving and operating machinery?

Bisphosphonates should not affect your ability to drive or operate machinery.

Please note that this brief summary is for general information and was not intended to review the issue. Tell your doctor or pharmacist promptly about any of the above-mentioned symptoms or any other unusual symptom. It will help if you make a note of what you have experienced, when it started and how long it lasted.

Egyptian Academy of Bone Health



Bisphosphates Therapy

Alendronate/Risedronate

Ibandronate/ Zoledronate

Here to Help

If you have any query, please do not hesitate to contact us.

Copyrights reserved

Prof. Yasser El-Miedany
Consultant Rheumatologist
Lead Clinician Bone Health

Why it is important to treat Osteoporosis?

Osteoporosis is thinning and weakening of the bones. It is common in women after the menopause. At the menopause the ovaries stop producing the female hormone, estrogen which helps to keep a woman's skeleton healthy. As a result, bone loss occurs and bone become weaker. The earlier a woman reaches the menopause, the greater the risk of osteoporosis.

Early on, osteoporosis usually has no symptoms. If left untreated, however, it can result in fractures (broken bones). Although fractures usually cause pain, fractures of the bones of the spine may go unnoticed until they cause height loss. Fractures may occur during normal, everyday activity such as lifting or from minor injury that would not be sufficient to fracture normal bone. Fractures usually occur at the hip, spine or wrist and can lead not only to pain but also to considerable deformity and disability (such as stooped posture and loss of mobility).

How can osteoporosis be treated?

It is important to remember that osteoporosis can be treated and that it is never too late to begin. Bisphosphonates are the most commonly medication for the treatment of osteoporosis. This is a group on non-hormonal medicines that prevent the loss of bone and reduces the risk of spine and hip fractures. Your doctor has prescribed one these drugs. The most widely used bisphosphonates are Alendronate, risedronate and Ibandronate..

Studies revealed that Alendronate has increased spine BMD by 8% and hip BMD by 5% after three years. It decreases hip fracture by 51% and vertebral fractures by 47%. Studies with risedronate revealed a decrease of 60% in hip fractures and 86% in the vertebral fractures. Both medications are available in once weekly doses, Alendronate 70 mg tablet and risedronate 35mg once weekly tablet. Ibandronate is available in once monthly doses of 150 mg.

How should you take Bisphosphonate therapy?

* Alendronate/Risedronate once weekly tablet?

It is important that you follow actions 1, 2, 3 and 4 to help the Alendronate/risedronate tablet reach your stomach quickly and help reduce potential for irritation of your oesophagus (the tube that connects your mouth with your stomach).

1. Choose the day of the week that best fits your schedule. Every week, take one tablet on your chosen day.
2. After getting up for the day and before taking your first food, beverage or other medication, swallow your Alendronate/risedronate tablet with a full glass of plain water only (not less than 200 ml or 7 fl.oz): not mineral water, not coffee or tea, not juice. Do not chew or allow the tablet to dissolve in your mouth.
3. After swallowing your tablet do not lie down- stay fully upright (sitting, standing or walking) for at least 30 minutes and do not lie down on your back until your first food of the day.
4. Do not take the tablet at bedtime or before getting up for the day.
5. If you develop difficulty or pain upon swallowing, chest pain or new or worsening heartburn, stop taking the tablet and contact your doctor.
6. After swallowing your tablet wait at least 30 minutes before taking your first food, beverage or other medication of the day, including antiacids, calcium supplements and vitamins. Alendronate/risedronate therapy is effective only if taken when your stomach is empty.
7. If you miss a dose, just take one Alendronate/risedronate tablet on the morning after you remember. Do not take two tablets on the same day. Return to taking one tablet once a week as originally scheduled on your chosen day.
8. It is important that you continue taking the Alendronate/risedronate for as long as your doctor prescribes the medicine.

9. If you took too many tablets by mistake, drink a full glass of milk and contact your doctor immediately. Do not make yourself vomit and do not lie down.

* Once Monthly Ibandronate:

If ibandronate tablets were prescribed for you, these tablets are taken once monthly. To take the medicine, you will be asked to follow the same instructions written above in the former section (How should you take bisphosphonate therapy). However, if you forget to take the tablet as scheduled, you still have the opportunity to take it any day you wish within 3 weeks. If you did not remember taking it within 3 weeks, then it is recommended that you wait for the next time the tablet is due according to the schedule you have.

*Once Yearly Zoledronate Intravenous injections

What unwanted effects could bisphosphonates have?

As with any medicine, Alendronate/Risedronate may have undesirable side effects. Some patients may experience digestive disturbances which may be severe. These include irritation or ulceration of the oesophagus (the tube that connects your mouth to your stomach), which can cause chest pain, heartburn, difficulty or pain upon swallowing and/or scarring leading to narrowing of the oesophagus. These reactions may occur especially if patients do not drink a full glass of water with the tablet and/or if they lie down less than 30 minutes after it or before their first food of the day. Oesophageal reactions may worsen if patients continue to take the tablet after developing symptoms suggesting irritation of the oesophagus.

Other gastro-intestinal side effects include abdominal pain, dyspepsia, constipation, diarrhoea, difficulty in swallowing, flatulence, full or bloated feeling in the stomach, nausea and vomiting and black and/or bloody stools.

Intravenous Injections may cause flu like symptoms, please speak to your doctor before having the intravenous injection therapy