

Osteoporosis medications and the risk of developing jaw complications

Osteoporosis is a serious skeletal disorder that weakens bones and increases the risk of developing fractures. It affects about 10 million Americans, 8 million of them women. Another 34 million are at risk of developing osteoporosis. This disorder affects more women than cancer, heart disease and stroke combined. Many patients are treated with a group of prescription drugs called “oral bisphosphonates.” Examples include alendronate (Fosamax, Merck & Co., Whitehouse Station, N.J.), risedronate (Actonel, Procter & Gamble, Cincinnati) and ibandronate (Boniva, Roche, Nutley, N.J.).

OSTEONECROSIS OF THE JAWS

Jaw complications linked to the use of these drugs are a growing concern. That is because the drugs have been associated with osteonecrosis of the jaws (ONJ), an uncommon but potentially serious condition that can cause severe destruction of the jawbones. News reports have alarmed and confused many patients who receive these drugs to prevent or treat osteoporosis. Most cases of ONJ have been seen in patients with cancer who receive treatment with intravenous bisphosphonates, which absorb differently from oral bisphosphonates. The true risk posed by oral bisphosphonates remains uncertain, but researchers agree that it appears to be very small.

OSTEOPOROSIS AND BONE FRACTURES

The risks of osteoporosis, especially the development of bone fractures, are serious. Fractures of the spinal column and hip are the most common osteoporosis problems, and hip fractures can be life-threatening. The National Osteoporosis Foundation reports that an average of 24 percent of patients 50 years and older with hip fractures die within one year of their injury. One in five patients with a hip fracture ends up in a nursing home. Six months after experiencing a hip frac-

ture, only 15 percent of patients are able to walk across a room without help. A woman’s risk of experiencing a hip fracture is equal to her combined risk of developing breast and ovarian cancers.

It is estimated that alendronate may reduce by 40 percent the risk of experiencing a hip fracture in patients with osteoporosis. Thus, it is possible that the drug could prevent more than 100,000 hip fractures and tens of thousands of deaths each year. Given the risks associated with osteoporosis and the proven benefits of oral bisphosphonate therapy, you should never stop taking these medications before discussing the matter fully with your physician.

TELL YOUR DENTIST

If your physician prescribes an oral bisphosphonate, it is important to tell your dentist so that your health history form can be updated. Because some dental procedures, such as extractions, may increase your risk of developing ONJ, the American Dental Association (ADA) has published treatment guidelines for patients receiving bisphosphonate therapy. The medical and dental communities continue to study ways to prevent and treat ONJ to ensure the safest possible result for dental patients taking bisphosphonates.

The ADA believes your physician serves as the best source of information regarding your need for oral bisphosphonates. Given the significant benefits of these medications for osteoporosis, your physician may recommend that you continue receiving oral bisphosphonate treatment despite the slight risk of developing ONJ. While neither your physician nor your dentist can eliminate the possibility of developing ONJ, regular dental visits and maintaining excellent oral hygiene are essential in helping to avoid this significant complication.

For more information, visit “www.ada.org”. ■

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