

Bisphosphonate medications and your oral health

If you use a bisphosphonate medication to prevent or treat osteoporosis (a thinning of the bones) or as part of cancer treatment, you should advise your dentist. Here's why:

Some bisphosphonate medications (for example, alendronate sodium [Fosamax, Merck & Co., Whitehouse Station, N.J.]) are taken orally (swallowed) to help prevent or treat osteoporosis and Paget's disease of the bone. Others (for example, disodium clodronate [Bonefos, Schering AG, Berlin]) are administered intravenously (injected into a vein) as part of cancer therapy to reduce bone pain and hypercalcemia of malignancy (abnormally high calcium levels in the blood), associated with metastatic breast cancer, prostate cancer and multiple myeloma.

In rare instances, some people being treated with intravenous bisphosphonates for cancer have developed osteonecrosis of the jaw, a rare but serious condition that involves severe loss, or destruction, of the jawbone. Symptoms include, but are not limited to, the following:

- pain, swelling or infection of the gums or jaw;
- gums that are not healing;
- loose teeth;
- numbness or a heavy feeling in the jaw;
- drainage;
- exposed bone.

If you receive intravenous bisphosphonate therapy (or received it in the past year) and experience any of these or other dental symptoms, tell your oncologist and dentist immediately.

More rarely, osteonecrosis of the jawbone has developed in patients taking oral bisphosphonates to prevent or treat osteoporosis or Paget's disease.

Most cases of osteonecrosis of the jaw associated with bisphosphonates are diagnosed after procedures such as tooth extraction. However, the condition can develop spontaneously. Also, invasive dental procedures, such as extractions or other surgery that affects the bone, can worsen this condition. Patients receiving intravenous bisphosphonate therapy should avoid invasive dental procedures if possible. The risk of developing osteonecrosis of the jaw after dental surgery in

patients using oral bisphosphonates appears to be low.

ARE YOU AT RISK?

Because osteonecrosis of the jaw is rare, researchers cannot yet predict who will develop it. To diagnose the condition, clinicians may use X-rays or test for infection (taking microbial cultures). Treatments may include antibiotics, oral rinses and removable mouth appliances. Minor dental work may be necessary to remove injured tissue and reduce sharp edges of damaged bone. Surgery typically is avoided because it may worsen the condition. The consensus is that good oral hygiene along with regular dental care is the best way to lower your risk of developing osteonecrosis.

CANCER TREATMENT AND ORAL HEALTH

Dental care is an important element of cancer treatment. As soon as possible after a diagnosis of cancer is made, your treatment team should involve your dentist. If you will undergo treatment, you should do the following:

- schedule a dental examination and cleaning before cancer treatment begins and periodically during the course of treatment;
- inform your dentist that you will be treated for cancer;
- discuss dental procedures, such as extractions or insertion of dental implants, with your oncologist before starting the cancer treatment;
- ask your dentist to check and adjust removable dentures as needed;
- inform your dentist and physician about any bleeding of the gums, pain or unusual feeling in the teeth or gums, or any dental infections;
- update your medical record with your dentist to include the cancer diagnosis and treatments;
- provide your dentist and oncologist with each other's name and telephone number;
- maintain excellent oral hygiene to reduce the risk of infection. ■

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