

Osteoporosis Medications and Oral Health

Overview

Because some medications can affect your oral health or your dental treatment plan, your dentist should know about all the medications that you take. For example, antiresorptive agents (which include bisphosphonates), can influence dental treatment decisions. These types of medications may be used to prevent or treat osteoporosis (a thinning of the bones) or as part of cancer treatment. They also are used to treat Paget's disease of the bone.

Some antiresorptive agents (such as Fosamax, Actonel, Atelvia, Didronel, Boniva) are taken orally (swallowed) to help prevent or treat osteoporosis and Paget's disease of the bone. Others, such as Boniva IV, Reclast or Prolia, are administered by injection. Higher and more frequent dosing of these agents are given 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.

How do these medications affect dental treatment plans?

These medications have been associated with a rare but serious condition called osteonecrosis (OSS-tee-oh-ne-KRO-sis) of the jaw (ONJ) that can cause severe damage to the jawbone.

While osteonecrosis of the jaw can occur spontaneously, it more commonly occurs after dental procedures that affect the bone or associated tissues (for example, pulling a tooth). Your dentist can tell you if the proposed treatment involves these tissues.

Am I at risk?

It's not possible to say who will develop osteonecrosis and who will not. Most people (94 percent) diagnosed with ONJ associated with these medications are patients with cancer who are receiving or have received repeated high doses through an infusion. The other 6 percent of people with ONJ were receiving much lower doses of these medications for treatment of osteoporosis.

It may be beneficial for anyone who will be starting osteoporosis treatment with antiresorptive agents to see their dentist before beginning treatment or shortly after. This way, you and your dentist can ensure that you have good oral health going into treatment and develop a plan that will keep your mouth healthy during treatment.

Should I cancel or postpone dental treatments?

Patients who take antiresorptive agents for the treatment of osteoporosis typically do not need to avoid or postpone dental treatment. The risk of developing osteonecrosis of the jaw is very low. By contrast, untreated dental disease can progress to become more serious, perhaps even involving the bone and associated tissues, increasing the chances that you might need more invasive treatment.

People who are taking antiresorptive agents for cancer treatment should avoid invasive dental treatments, if possible. Ideally, these patients should have a dental examination before beginning therapy with antiresorptive agents so that any oral disease can be treated. Let your dentist know that you will be

starting therapy with these drugs. Likewise, let your physician know if you recently have had dental treatment.

Should I stop taking my medication?

It is not generally recommended that patients stop taking their osteoporosis medications. The risk of encountering bone weakness and a possible fracture are higher than those of developing osteonecrosis. You should talk to your physician before you stop taking any medication.

What are the symptoms of osteonecrosis of the jaw?

Symptoms include, but are not limited to:

- pain, swelling, or infection of the gums or jaw
- injured or recently treated gums that are not healing
- loose teeth
- numbness or a feeling of heaviness in the jaw
- exposed bone

Contact your dentist, general physician or oncologist right away if you develop any of these symptoms after dental treatment.