

Taking Your Anti-Fracture Medication as Prescribed

Why am I taking this medication?

The medication was prescribed by your doctor to reduce your risk of having a fracture in one of your bones (especially in your spine or hip). Even if you have already had a fracture, the drugs can help reduce the risk of another fracture. Not only is a fracture often painful, it can have a serious impact on you and the lives of those around you. Following your treatment as recommended by your doctor will help you stay active and independent.

How do the medications work?

Most of these medications help to keep your bones stronger and denser by slowing the natural process that dissolves bone tissue. The more commonly used drugs include alendronate (Fosamax[®], Fosavance 5600[®]), risedronate (Actonel[®]), zoledronic acid (Aclasta[®]), raloxifene (Evista[®]), and denosumab (Prolia[®]). They are widely used for the treatment of osteoporosis. Because of its expense, teriparatide (Forteo[®]) is used most often in patients with the most severe osteoporosis.

How do I need to take them?

Depending on the type, you may have to take your medication every day, once a week, or once a month. Some of the newer drugs can be given by injection and may only be needed once or twice a year. If you take one of the oral bisphosphonates, such as alendronate (Fosamax[®]) or risedronate (Actonel[®]), you need to take the tablet on an empty stomach with a full 8-ounce glass of plain (not sparkling) water—except for a new Actonel[®] preparation, which may be well absorbed after a meal. You must then stay upright (standing or sitting) for at least 30-60 minutes before eating or taking other drugs. Many people find it helpful to take the tablet first thing in the morning and then have a shower, get dressed, and perhaps take a short walk before having breakfast.

What happens if I don't take the medication as prescribed?

If you don't follow instructions or miss too many doses, the drugs won't work! Studies have shown that if you miss very many of your prescribed doses or stop taking the drugs too soon, they won't make any difference to your bone health and your risk of having a fracture increases again. Find ways to build your treatment into your regular routine, such as always taking the pills at the same time or putting a reminder on your calendar. Also, regardless of which medication you take, remember to take adequate amounts of calcium and vitamin D and to exercise regularly.

Do the medications have any side effects?

Most people who take the drugs don't have serious or lasting side effects. If you take oral alendronate or risedronate and then lie down or eat sooner than the recommended time after taking a dose, you increase your risk of irritation of the esophagus or stomach upset. The most common side effects of the injectable medications are pain in the muscles or flu-like symptoms, especially at the beginning of treatment.

How do I handle side effects or other difficulties?

It is important to remember that the medication is helping to prevent a fracture! Many side effects often go away or become a lot milder after you take the medication for a while. Report any side effects to your doctor promptly. Because each person is different, you and your doctor may want to review treatment options periodically. Some people have side effects from one drug and not from another, and some people respond better to one type than another.

Remember, treatment plans can be changed. The important thing is to find a treatment that works best for you.

Sources:

1) International Osteoporosis Foundation (IOF): patient hints and tips. Available at: <http://www.iofbonehealth.org/staying-treatment> ; **2)** WebMD: bisphosphonates for osteoporosis. Available at: <http://www.webmd.com/osteoporosis/bisphosphonates-for-osteoporosis> ; **3)** UptoDate.com: Patient information: osteoporosis prevention and treatment. Available at: <http://www.uptodate.com/contents/patient-information-osteoporosis-prevention-and-treatment#> ; **4)** Siris et al. Adherence to bisphosphonate therapy and fracture rates in osteoporotic women: relationship to vertebral and nonvertebral fractures from 2 US claims databases. Mayo Clin Proc 2006;81:1013. ; **5)** IOF: The adherence gap – why osteoporosis patients don't continue with treatment. Available at: http://www.iofbonehealth.org/sites/default/files/PDFs/adherence_gap_report_2005.pdf; **6)** Osteoporosis – Should I Take Bisphosphonate Medicines? Available at: <http://www.conehealth.com/app/healthwise/document.aspx?id=te7592> ; **7)** Osteoporosis and You. Osteoporosis Canada. Available at: <http://www.osteoporosis.ca/osteoporosis-and-you/>