

Bisphosphonate and other antiresorptive medications

Dental advice



Information for patients

Charles Clifford Dental Hospital



PROUD TO MAKE A DIFFERENCE

SHEFFIELD TEACHING HOSPITALS NHS FOUNDATION TRUST



Why have I been given this leaflet?

Taking some medications might affect the way bones work, particularly jaw bones and so there is a risk for developing a condition called bisphosphonate-related osteonecrosis of the jaw (MRONJ) / Antiresorptive agent-induced osteonecrosis of the jaw (ARONJ).

What are antiresorptive agents / bisphosphonates?

Bone is constantly being worn away and rebuilt by specialist bone cells. This is called bone remodelling. These medications slow down this process. They inhibit the cells that break down bone (osteoclasts) and allow the cells that rebuild bone (osteoblasts) to work more effectively. They are taken to improve bone density and reduce the risk of fractures.

What are the risks for my mouth of taking antiresorptive agents / bisphosphonates?

The main risk is that an area of your jaw bone may die (necrosis) and that the dead bone may show through your gum. This can happen after having mouth surgery such as a tooth extraction. However, it can happen, even if you have not had any mouth surgery, but this is less common.

How can jaw necrosis be prevented?

Ideally, your dentist should carry out a dental assessment before you start your bisphosphonate treatment, so you can have any dental or surgical treatment beforehand and avoid the possibility of complications. It may be advised that any teeth with active disease be extracted before the medication is started.

Should I stop taking the medication?

No, continue to take your medication as usual. The medical benefits outweigh the risks. Talk with your doctor and dentist if you have any questions.

How likely am I to have mouth problems caused by bisphosphonates?

Although it is difficult to be certain about the exact risk of developing MRONJ / ARONJ, it depends on how the medication is given (oral / tablets or injection), how often it is given and over how many years. Around 1 in 1000 to 1 in 10,000 patients who take bisphosphonate medication in tablet form have complications after surgery. If you are having intravenous bisphosphonates (injections) your risk will be higher. This risk varies depending upon your individual condition, general health and treatment.

What happens if I need a tooth out and I take bisphosphonate medication?

To minimise the risk of developing MRONJ / ARONJ we routinely prescribe an antibacterial mouthwash, which you will commence after your extraction. We will undertake the extraction very carefully to minimise any damage to that area of your jaw. Afterwards we recommend that you avoid damaging the area, such as not wearing your denture if it is in contact with the extraction site. We will monitor you closely afterwards by arranging to review you at regular intervals to ensure complete healing of your jaw bone and gums.

Are there signs and symptoms I should look out for?

You should contact your dentist immediately if you notice any of the following symptoms:

- Feeling of numbness, heaviness or other unusual sensation in your jaw
- Pain in your jaw / toothache
- Delayed healing to the gums, especially after dental work
- Bad taste / infection
- Swelling of your jaw
- Loose teeth
- Exposed bone
- A pus-like discharge from the affected area

How do you treat jaw necrosis if it happens?

There is no cure for MRONJ / ARONJ to date. Stopping your medication may not alter the progression of the disease. You should therefore discuss with your doctor or oral surgeon whether or not it is appropriate for you to stop.

In terms of treatment, it varies for each individual, but we usually advise an antibacterial mouthwash (Corsodyl) to help keep the area clean. If you show signs of infection e.g. pain, swelling, bad taste, we may prescribe antibiotics for you, which may have to be taken for a long time. Rarely, you will need surgery to help the area heal.

How can I avoid problems long term?

- Make sure you have a good dental health regime
- We strongly recommend that you see your dentist regularly to prevent:
 - gum disease
 - dental decay
 - extractions
- This includes getting advice about:
 - your diet
 - how to use fluoride toothpaste to prevent tooth decay
 - how to use your toothbrush correctly
- Ensure that you tell your dentist about any medicines you are taking
- Reduce the amount of alcohol you drink
- Do not smoke (for help giving up call the NHS Stop Smoking Helpline on **0800 612 0011** or go to <http://sheffield.yorkshiresmokefree.nhs.uk/>).

Who should I contact if I have any problems?

If you need to contact us, please ring the Oral Surgery department on:

- **0114 271 7854**
Monday - Friday, 9.00am - 5.00pm.



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