

What You Need to Know about Bisphosphonates

You may have heard recent reports about bisphosphonate drugs and their potential effect on periodontal health. These reports can be alarming and even misleading, especially for those taking bisphosphonates. The information below explains what bisphosphonates are, how they are related to periodontal health, and how bisphosphonates may impact your periodontal treatment.

Bisphosphonates, also known as bone-sparing drugs, are used to treat and prevent osteoporosis, and are also prescribed to patients diagnosed with certain bone cancers. Bisphosphonates can be administered in two ways: orally and intravenously (IV). Oral, or tablet, bisphosphonates (common names include Fosamax, Boniva, and Actonel) are usually prescribed for osteoporosis, while IV bisphosphonates (common names include Aredia and Zometa) are typically prescribed for patients with advanced bone cancers to help decrease pain and fractures.

In rare instances, some people that have been treated with bisphosphonates, especially the intravenous form, develop a rare condition called osteonecrosis of the jaw (ONJ), which can cause severe, irreversible, and often debilitating damage to the jaw. ONJ can be worsened by invasive dental procedures such as tooth extractions or dental implants. People may not have symptoms in the early stages of ONJ, but pain can gradually develop as the condition progresses.

Symptoms of ONJ include:

- Loose teeth
- Numbness or a feeling of heaviness in the jaw
- Pain, swelling, or infection of the qums or jaw
- Gums that do not heal
- Exposed bone

Currently, there is no treatment that definitely cures ONJ. However, antibiotics and anti-inflammatory drugs may help relieve some of the pain associated with ONJ. Most people diagnosed with ONJ will also need surgical treatment.

If your physician prescribes a bisphosphonate, especially IV bisphosphonates, it is very important to tell your dental professional, because your dental treatment plan may be affected. There have been other risk factors associated with ONJ including age, gender, and other medical conditions, so it is important to share all health information with your dental professional.

It is also important to maintain your oral health if you are taking bisphosphonates. Even though the risk of developing ONJ while taking a bisphosphonate remains very small, if you need periodontal surgery, your dental professional may recommend that you interrupt your bisphosphonate therapy prior to, during, and/or after your procedure. Be assured that both the medical and dental communities are studying ways to ensure the safest outcomes for patients taking bisphosphonates who require invasive dental procedures.

The American Academy of Periodontology Patient Page is a public service of the AAP and should not be used as a substitute for the care and advice of your personal periodontist. There may be variations in treatment that your periodontist will recommend based on individual facts and circumstances. Visit *perio.org* to assess your risk and for more information on periodontal disease.



Osteoporosis and Tooth Loss

Osteoporosis is a condition that causes low or decreasing bone mass. Untreated osteoporosis can often lead to tooth loss, mainly because the disease diminishes the density of the bone supporting the teeth. Since both osteoporosis and periodontal disease have shared risk factors such as tobacco use and age, and because both can result in bone loss, an association between the two diseases has been difficult to prove. However, if you are at risk for or being treated for osteoporosis, it is still important to keep your oral health at its best. Be sure to brush your teeth at least twice every day, floss at least once every day, and see a dental professional, such as a periodontist, every six months.

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