



**Royal
Osteoporosis
Society**

Better bone health for everybody

DRUG TREATMENTS FOR OSTEOPOROSIS



What is osteoporosis?

Osteoporosis occurs when the struts which make up the mesh-like structure within bones become thin, causing them to become fragile and break easily, often following a minor bump or fall. These broken bones are often referred to as 'fragility fractures'. The terms 'fracture' and 'broken bone' mean the same thing. Although fractures can occur in different parts of the body, the wrists, hips and spine are most commonly affected. It is these broken bones or fractures which can lead to the pain associated with osteoporosis. Spinal fractures can also cause loss of height and curvature of the spine.

Why do I need a drug treatment and what will they do?

Your doctor will have recommended a drug treatment because you have osteoporosis and have a high risk of fractures (broken bones). These treatments for osteoporosis help strengthen your bones and reduce your risk of having fractures. Factors such as your age and whether you have broken bones easily in the past will have been considered in the decision to start you on treatment. You may also have had a bone density scan which can provide additional information about how strong your bones are.

Will osteoporosis drug treatments help my pain?

Although these drugs strengthen bones and reduce the risk of fracture, they do not relieve the pain of broken bones. Your doctor can prescribe other types of drugs to help relieve your pain.

What drug treatments are available?

Bisphosphonates:	
<ul style="list-style-type: none">• alendronic acid / alendronate (Fosamax)• risedronate (Actonel)• ibandronate (Bonviva)• alendronate and vitamin D combined (Bentexo, Fosovance)	Tablets
<ul style="list-style-type: none">• alendronic acid oral solution• effervescent tablet (Binosto)	Liquid
zoledronic acid (Aclasta) ibandronate (Bonviva)	Infusions and Injections

Selective Estrogen Receptor Modulators	
raloxifene (Evista)	Tablet

Parathyroid hormone (PTH) treatment	
teriparatide (Forsteo, Terrosa, Movymia)	Injection

Other	
denosumab (Prolia)	Injection

Less commonly used drug treatments for osteoporosis	
Strontium ranelate (Aristo) sachet of granules, mixed with water	
Hormone therapy or hormone replacement therapy (HRT) for women	
Hormone therapy for men	

How do I know if I need a drug treatment and which one should I take?

All drug treatments for osteoporosis reduce the risk of fracture to about the same extent.

A range of factors will affect decisions about which one to take.

These will include:

- Your risk of breaking a bone in the near future (including a compression fracture in the spine)
- Which type of drug will suit you - tablet; 'drink'; injection; infusion ('drip')
- Potential side effects and long-term risks – balancing them against the benefits for your bones.
- Local or NHS guidance, based on what is cost-effective.
- Whether a generic non-branded (or biosimilar) drug is available which is cheaper than a branded form but essentially the same e.g. risedronate (brand name Actonel)

You will also have your own health beliefs about medications and your own experience and understanding of osteoporosis and fractures. Discussing these with your doctor will help in determining what is the right treatment for you.



How can I get the best out of my treatment?

- Continue to take tablets regularly for the correct length of time; this will vary depending on your individual circumstances. Occasionally, short-term treatment may be required although treatment is usually recommended for five years.
- Read the instructions with your medicines and follow them in order to reduce the risk of side effects and to ensure also that the drug is absorbed properly (further information may be found in our fact sheets).
- If you have problems or side effects, talk to your doctor, nurse or pharmacist or ring our Helpline to discuss your concerns.
- Make sure you eat a well-balanced calcium rich diet. Your doctor may prescribe calcium and vitamin D supplements as well as osteoporosis drug treatments if your intake is thought to be low.
- Ask your doctor about how long you need to take your osteoporosis treatment. Long-term use of some drug treatments can cause problems. Although these are rare, it is now considered good practice for doctors to review your osteoporosis drugs after a number of years. Your doctor will make sure that the drugs are still needed, that they aren't causing side effects and also that the benefits of continuing to take the drug continue to outweigh any potential harm. You may need to continue to take the drug, have a 'pause' in your treatment for between one and three years or be advised to stop taking it altogether. Your doctor will be able to advise you on what is best for you based on your individual circumstances.

How do I know my drug treatment is working?

It is difficult to know if a treatment is working because its main purpose is to prevent fractures, rather than to relieve pain or symptoms. However, all of the drug treatments for osteoporosis have been clinically tested and research has proven they reduce the risk of breaking bones. Having a bone density scan provides some information but doesn't tell you everything about your bone strength or show conclusively whether a drug is working or not. If you have a fracture whilst on treatment it does not necessarily mean that the drug is not working – no drug is 100% effective. However, if you continue to break bones, then, depending on your circumstances, a different drug may be suggested.

Are the drugs just for older women?

No, most drug treatments are also licensed for men with osteoporosis. Most people who need a treatment will be older because the risk of breaking a bone increases with age. Osteoporosis can occur in younger men and women and even children. In these cases a specialist opinion may be recommended to establish whether a drug treatment is required.



Is there a natural way of treating osteoporosis and preventing fractures rather than using drugs?

Although a healthy lifestyle helps to keep bones strong, it is considered insufficient on its own to prevent fractures in people with osteoporosis who are at high risk of fracture. Complementary therapies have not been shown to reduce the risk of breaking a bone. If you are at high risk of fracture it is unlikely therefore that a natural approach will be sufficient to reduce the risk of bones breaking. Ultimately, after discussing the risks and benefits with your doctor, the decision about whether to take a drug treatment or not will be yours.



For a list of all our publications see our leaflet *Our information resources* or visit our website [theros.org.uk](https://www.theros.org.uk).



For osteoporosis information and support contact our Helpline:



Freephone 0808 800 0035



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To order an information pack or other publications:



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Our publications are available free of charge, but as a charity, we would appreciate any donation you are able to give to support our work. Or why not join us as a member to receive our members' booklet *All about osteoporosis* and our quarterly magazine, packed with useful information, tips and the latest medical news?



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