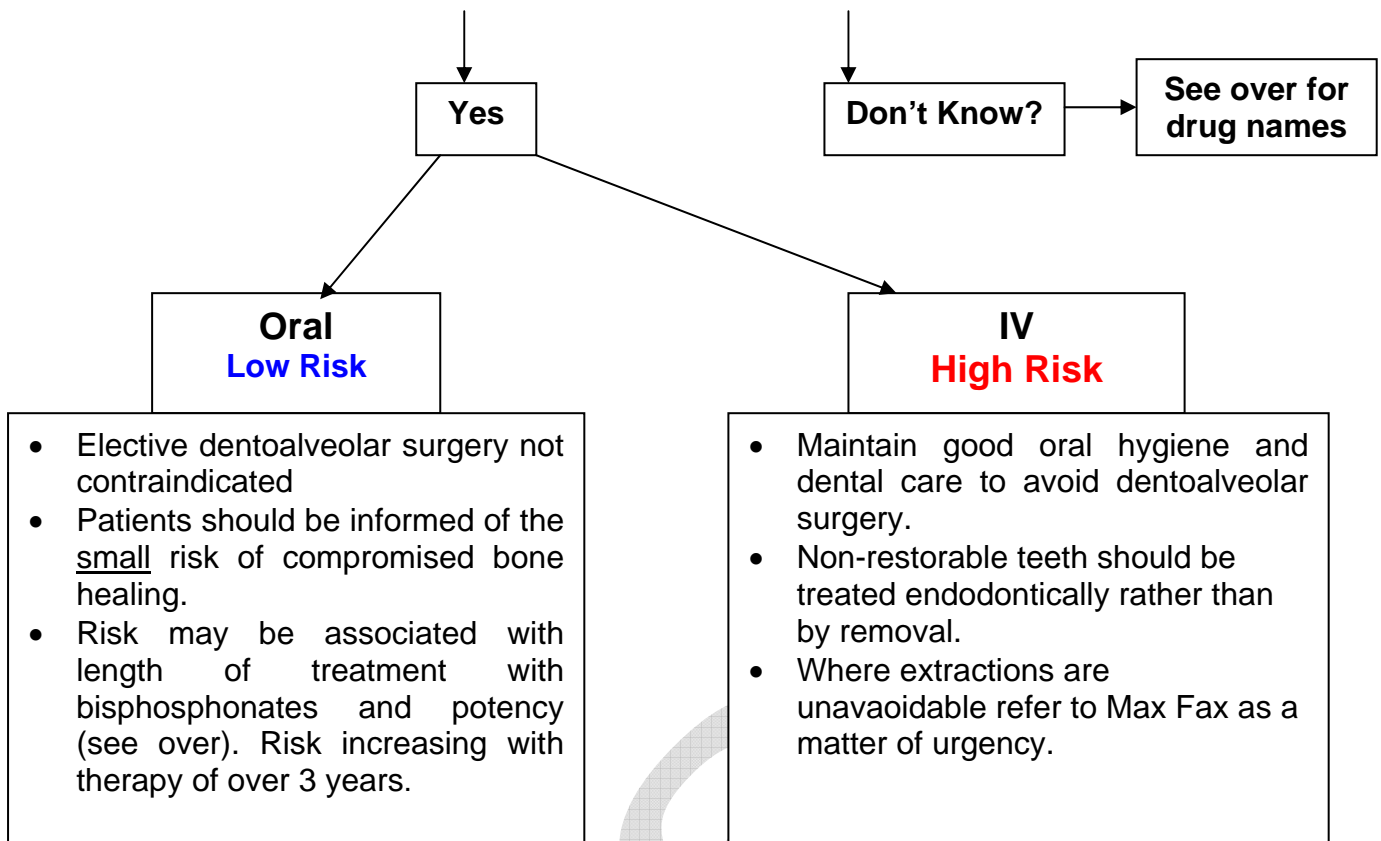


# Is your patient receiving Bisphosphonates?



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## Is your patient about to be treated with IV Bisphosphonates?

### Prior to treatment with IV bisphosphonates;

- Patient should be treated urgently as priority cases, as they will probably have bone metastases.
- Delaying onset of IV care should be discussed with medical oncologists.
- Patient should have a thorough oral examination, all invasive treatment completed and optimal periodontal health achieved.
- Patient must achieve good oral hygiene and dental care
- Potentially compromised teeth should be extracted, to avoid extractions after the IV treatment has started.
- For advice on establishing a treatment plan urgent referral to.....

Bisphosphonate preparations currently available in US and relative potency.

	Primary Indication	Nitrogen Containing	Dose	Route	Relative Potency*
Etidronate (Didronel)	Paget's Disease	No	300-750mg daily for 6 months	Oral	1
Tiludronate (Skelid)	Paget's Disease	No	400mg daily for 3 months	Oral	50
Alendronate (Fosamax)	Osteoporosis	Yes	10mg/day 70mg/week	Oral	1,000
Risedronate (Actonel)	Osteoporosis	Yes	5mg/day 35mg/week	Oral	1,000
Ibandronate (Boniva)	Osteoporosis	Yes	2.5mg/day 150mg/month	Oral	1,000
Pamidronate (Aredia)	Bone Metastases	Yes	90mg/3weeks	IV	1,000 – 5,000
Zoledronate (Zometa)	Bone Metastases	Yes	4 mg/3 weeks	IV	10,000 +

\* Relative to etidronate