



TO: FHCP CONTRACTED PCP'S

FROM: CAROL COOPER, L.P.N. / PROVIDER RELATIONS COORDINATOR

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RE: BISPHOSPHONATE THERAPY

Below is a copy of the general recommendations from the ADA for patients on Bisphosphonate Therapy. There are also links to the complete report and to patient handouts.

3.1 General recommendations

Routine dental treatment generally should not be modified solely due to use of oral bisphosphonates.

All patients **should receive routine dental examinations.**

Patients who are prescribed oral bisphosphonates and are not receiving regular dental care would likely benefit from a **comprehensive oral examination before or early** during their bisphosphonate therapeutic regime.

All patients taking the drug should be informed that:

- ⌚ Oral bisphosphonate use places them at very low risk for developing BON (Bisphosphonate-associated Osteonecrosis). The actual incidence is unknown with estimates ranging from zero to 1 one in 2,260 cases for oral bisphosphonate users (Table 1).
- ⌚ The low risk for developing BON may be minimized but not eliminated.
- ⌚ An oral health program consisting of sound oral hygiene practices and regular dental care may be the optimal approach for lowering the risk for developing BON.
- ⌚ There is no validated diagnostic technique currently available to determine if patients are at increased risk for developing BON.
- ⌚ Discontinuing bisphosphonate therapy may not eliminate any risk for developing BON.

http://www.ada.org/prof/resources/pubs/jada/patient/patient_73.pdf

http://www.ada.org/prof/resources/topics/topics_osteonecrosis_bisphosphonate_report.pdf