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St George's University Hospitals  
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# Anti-resorptive Drugs Dental Advice for Patients

**Anti-resorptive drugs are a group of medications given to reduce remodelling or breaking down of the bone. They are sometimes called ‘bone strengthening’ medications. They can be given for several reasons including osteoporosis, Paget’s disease and the treatment of cancers.**

**It is very important to prevent the need for extracting teeth after you have started taking these medications.** These medications can have some effect on your jawbone, leading to a condition called Medication Related Osteonecrosis of the Jaws (MRONJ). This is when the bone is exposed and not covered by gum. The bone can be sore to your tongue, can trap food, become infected and can become painful. It is not possible to force the gum to grow over the bone and make it heal. Often, we must help you keep the area clean, without additional trauma to the area.

Sometimes the symptoms of MRONJ can start before the bone is exposed and seen in the mouth and can be confused with a toothache. The following table lists some of the medications that can be associated with MRONJ.

**If you have any queries about the information contained within this leaflet or any other aspects about your treatment, please contact our oral health advisor, Rhianna Clarke, on 020 8725 1233 (Monday to Friday, 9am to 5pm). Out of hours, for emergencies please contact your local emergency department (ED or A&E).**

<b>Drug type</b>	<b>Drug name</b>	<b>Trade name(s)</b>	<b>Indication</b>
Bisphosphonates	alendronic acid	Binosto® Fosamax® Fosavance®	osteoporosis
	risedronate sodium	Actonel® Actonel Combi®	osteoporosis Paget's Disease
	zoledronic acid	Aclasta® Zometa®	osteoporosis Paget's Disease treatment of cancer
	ibandronic acid	Bondronat® Bonviva® Lasibon® Quodixor®	osteoporosis treatment of cancer
	pamidronate sodium	Aredia®	Paget's Disease bone pain treatment of cancer
	sodium clodronate	Bonefos® Clasteon® Loron®	bone pain treatment of cancer
RANKL Inhibitors	denosumab	Prolia® Xgeva®	osteoporosis treatment of cancer
Anti-angiogenic medications	bevacizumab	Avastin®	treatment of cancer
	sunitinib	Sutent®	treatment of cancer
	aflibercept	Zaltrap®	treatment of cancer

## What is the risk of developing MRONJ?

This is difficult to quantify for each patient. The risk is low with oral medications and higher with intravenous medications. Any injury to the gums (dental extractions, dental surgery, trauma to the gums from ill-fitting dentures) can lead to MRONJ. Dental treatment such as fillings and hygienist treatment should not lead to MRONJ.

## Should I stop taking the drug?

No, continue to take the medication unless otherwise advised by your medical practitioner / specialist. The medical benefits will far outweigh the risks. Some medications have a long half-life and therefore stay in your system for many years, maybe even decades, therefore stopping some types of medication does not eliminate the risk of MRONJ.

## What can I do to reduce my risk?

**Oral hygiene** – get into the habit of brushing twice daily after meals. Use a medium tufted brush with a small head so that you can get around all the surfaces of all the teeth. Use floss or interdental brushes once a day. A single tufted brush can help to get to individual teeth.

**Fluoride** – make sure your toothpaste contains fluoride. Toothpaste is not for cleaning the teeth as such but for supplying your tooth with topical fluoride to prevent tooth decay and enamel erosion. Fluoride can also help combat the effects of acid erosion. After brushing DO NOT rinse away the excess toothpaste, just spit out the remainder.



A fluoride mouthwash at lunchtime can give a third dose of fluoride especially if you are unable to brush your teeth after lunch.

**Diet** – avoid sugary drinks such as fruit juices and soft drinks, as well as snacking **between meals**, not only with sweets but also with fruit. Fruit and fruit juice both contain natural sugars (that can cause tooth decay) and acids (that can cause acid erosion). Eat a well-balanced diet and try artificial sweeteners to limit the frequency of sugar going past your teeth.



Fruit eaten at mealtimes and fruit juices taken at mealtimes through a straw is better, especially if the mouth is rinsed afterwards with plain still water or a fluoride mouthwash. It is better to wait for 30 minutes after meals to brush your teeth so that you do not brush away the surface of the tooth which may have been softened by acids. These are neutralised by your mouth over time.

**See a dentist** – it is better to have any teeth with problems repaired or sometimes removed to prevent bigger problems later in life. Routine dental treatment can be provided by your dentist. For emergency dental treatment, your dentist is the first port of call.

## **What are the risks associated with dental treatment?**

General check-ups and routine dental treatment are safe. It is also safe for your dentist to perform fillings and crowns that are above gum level, perform root canal treatment and gum treatment, whilst you are taking and after you have taken these medications.

Dental extractions and any surgery to the gums performed after taking anti-resorptive medications may lead to MRONJ. The risk is higher if the medication is taken intravenously (IV) or if you have been taking these medications orally for more than three to four years.

The risk is different from patient to patient and may depend on what other medication you are taking (like

steroids) and your general wellbeing; if you smoke the risk may be higher.

In some situations, it will be necessary to remove some of your teeth before starting anti-resorptive medications. These are usually teeth that have infections or are badly broken down or teeth that are heavily restored and unlikely to be saveable in the future. This is to prevent needing extractions after you have already taken the anti-resorptive medication.

**Dentures:** If you wear dentures already, they should be well fitting. Dentures that do not fit well may also lead to trauma to the gums, which may then expose bone (MRONJ).

## Signs and symptoms you should look out for:

You should contact us if you notice any of the following symptoms:

- Feeling of tingling, numbness, heaviness or other unusual sensations in your jaw
- Pain in your jaw or teeth
- A bad taste in your mouth
- Swelling of your jaw
- Pus or discharge
- Loose teeth
- Exposed bone in your jaw.

The treatment for MRONJ often involves helping you to keep the area clean, treating infections with antibiotics and very rarely surgery.

# What can I use to help with my oral hygiene?

We will show you how to use these brushes.

**Single tufted brushes:** we can adjust these to suit each patient and we will teach you how to modify these brushes



**Interdental brushes (TePe brushes):**



These can be used horizontally and vertically and must be a tight fit in every gap



TePe Brushes



TePe Angles

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit [www.stgeorges.nhs.uk](http://www.stgeorges.nhs.uk)

## Useful sources of information

[Medication-related osteonecrosis of the jaw | Scottish Denta \(sdcep.org.uk\)](#)

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## Additional services

### Patient Advice and Liaison Service (PALS)

PALS can offer you advice and information when you have comments or concerns about our services or care. You can contact the PALS team on the advisory telephone line Monday, Tuesday, Thursday and Friday from 2pm to 5pm.

A Walk-in service is available:

Monday, Tuesday and Thursday between 10am and 4pm

Friday between 10am and 2pm.



Please contact PALS in advance to check if there are any changes to opening times.

The Walk-in and Advisory telephone services are closed on Wednesdays.

PALS is based within the hospital in the ground floor main corridor between Grosvenor and Lanesborough Wing.

**Tel:** 020 8725 2453 **Email:** [pals@stgeorges.nhs.uk](mailto:pals@stgeorges.nhs.uk)

## NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

**Web:** [www.nhs.uk](http://www.nhs.uk)

## NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year.

Calls are free from landlines and mobile phones.

**Tel:** 111



## AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website ([www.accessable.co.uk](http://www.accessable.co.uk)).

The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.

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