

# Drug treatments for osteoporosis:

## Risedronate

Risedronate (also known as risedronic acid or Actonel®) is a drug treatment for osteoporosis. It can help to strengthen bones, making them less likely to break. It is available as a daily or, more commonly, a weekly tablet. You may be offered risedronate as a first treatment for osteoporosis. But it's more likely to be used as a second treatment, if you've been advised to change to a different drug for any reason.

### Who is this fact sheet for?

This information may be helpful if you (or someone close to you):

- have osteoporosis or a high risk of fractures (broken bones), and want to know how risedronate can help
- want to understand the advantages and disadvantages of risedronate, including the possible side effects.

### It includes the following information:

- What is risedronate?
- Why do I need a drug treatment?
- What does risedronate do and how does it work?
- Who can have risedronate?
- How do I take risedronate?
- How will my treatment be monitored?
- What are the possible side effects?
- Making a decision about treatment
- More ways to look after your bones
- Getting more information and support

#### What is osteoporosis?

Osteoporosis is a condition where the bones become weaker and break easily, even after a minor bump or fall. You might hear these breaks described as fragility fractures. The terms 'fracture' and 'broken bone' mean the same thing.

Fractures can affect almost any bone, but they are most common in the wrists, hips and spine. It's these broken bones that can cause pain, rather than osteoporosis itself. Spinal fractures can also cause height loss and a curved spine.

#### What is risedronate?

Risedronate (sometimes known as the brand name Actonel®) is a drug treatment for osteoporosis. It is a type of medication called a bisphosphonate. These are the most common treatments for osteoporosis.

#### Why do I need a drug treatment?

Doctors follow guidelines when deciding whether to offer treatments. If your doctor has recommended risedronate, this means your risk of breaking a bone is high enough to need a drug treatment. Risedronate can help to strengthen and protect your bones, making you less likely to break a bone in the future.

It's your choice whether to have risedronate or not. There's information on page 5 to help you decide.

## What does risedronate do and how does it work?

Risedronate can help to make your bones stronger and reduce your risk of broken bones, including hip and spinal fractures.

Bones are made up of living tissue. The inside of our bones is constantly being broken down and rebuilt by specialist bone cells. As long as this process is in balance, your bones should stay healthy and strong.

But if the process becomes out of balance, our bodies can start to break down more bone than we build. This can cause the bones to become weaker and more likely to break easily.

Risedronate works by slowing down the cells that break down bone. This helps to restore the balance and make your bones stronger.

You may still break a bone while taking risedronate. If this happens, it doesn't necessarily mean the drug isn't working. No medication can stop all fractures, but taking risedronate will make them much less likely.

Risedronate is not a pain-relieving medicine, so it won't reduce the pain caused by broken bones. But there are other treatments and ways to manage pain. Visit [theros.org.uk/info](https://theros.org.uk/info) for information about these.

## Who can have risedronate?

Risedronate may be suitable if you have osteoporosis, or if your risk of breaking a bone is high enough to need a treatment. It is licensed for use in women who have been through the menopause, and for men. Doctors will occasionally offer risedronate to younger women.

People are usually offered a very similar tablet, called alendronate, to start with. But you may be offered risedronate instead, particularly if you have a sensitive stomach or food pipe. This is because some people may find it gentler on the digestive system than alendronate.

Risedronate can also be used as a second treatment. For example, you might swap to risedronate if you're having problems with your first treatment, or if you've been on your first drug for several years and your doctor has recommended a change.

## When is risedronate not suitable?

Risedronate may not be suitable if you:

- can't swallow tablets
- have a problem with your oesophagus (gullet or food pipe), such as Barrett's oesophagus
- can't stand or sit up for at least half an hour (see page 3)
- have severe kidney problems
- have a low blood calcium level (hypocalcaemia) – you'll need to increase your intake of calcium and vitamin D before you can start risedronate
- are pregnant or breast-feeding.

## How do I take risedronate?

Risedronate is available as either:

- 1 tablet (5mg) every day
- 1 tablet (35mg) every week.

The following steps are important for ensuring the treatment works properly. They will also help to make side effects less likely (see page 3).

### Weekly tablets

Make sure you take your tablets regularly and correctly, on the same day each week. You may want to make a note in your diary or set a reminder on your phone, to help you remember.

### Take your tablet as soon as you wake in the morning

It's very important to take risedronate on an empty stomach, as soon as you wake up. Swallow the tablet whole, with a glass of plain tap water. It's important not to crush, chew or suck it.

Then wait at least 30 minutes before having your first food or drink of the day (other than plain tap water). This is to make sure your body can absorb and use the drug.

If you forget to take your weekly tablet, wait until the next morning before taking it. Then return to your usual day the following week.

### Don't take other medications or supplements during this time

If you take calcium supplements, wait at least half an hour after taking risedronate. This is because calcium can affect how well the drug is absorbed. Some doctors suggest waiting up to four hours, to leave even more time for the drug to be absorbed.

### Stay upright for at least 30 minutes afterwards

You must not lie down for at least half an hour after taking your tablet. This helps the tablet go down quickly into the stomach where it is absorbed. Your food pipe is more likely to become irritated if you lie down straightaway.

### Daily tablets

Follow the instructions above. But if you're on the daily dose and can't take your tablet in the morning, you can take it later in the day – as long as you don't eat or drink anything (other than plain tap water) for two hours before or after taking the tablet.

### How will my treatment be monitored?

When you start on risedronate, you may have an appointment after around three months, and again after one year. This is to check you're taking your treatment properly and not having any problems. Tell the doctor, nurse or pharmacist if you have any side effects (see below). They may be able to suggest ways to help manage them.

If you break a bone while taking risedronate, speak to your GP. Breaking a bone doesn't necessarily mean your treatment isn't working. But it may be a good idea to have a bone health assessment.

After about five years on risedronate, you should have a formal treatment review. Ask your doctor when this should happen if you're unsure.

At this review, your doctor will check if you still need a drug treatment, and that risedronate is still the right treatment for you.

You may have a bone density scan as part of your review, which will give your doctor some information about your bone strength. But they will need to consider other things as well, such as whether you've broken any bones since starting on risedronate.

While there's no way to prove for certain that your treatment is working, research has shown that osteoporosis drug treatments like risedronate do lower the risk of broken bones.

After your review, your doctor may advise you to:

- stay on risedronate for another five years
- stop treatment for a year or two, if this is safe for you – this is known as a treatment pause

- start a different drug treatment instead of risedronate
- stop having any treatment.

Risedronate is a long-lasting treatment and should keep helping your bones for about 1-2 years after you stop taking it. Your doctor can advise you on what's best for you, based on your own situation.

### What are the possible side effects?

As with any drug, risedronate can sometimes cause side effects. The most common side effects are listed on page 4, along with some rare problems that might very occasionally happen after several years of treatment.

It is important to remember that in general, side effects are less common than many people think. Most people on risedronate don't have any problems. Even if you do get side effects at first, they usually improve quickly and there are ways to manage them.

For a full list of possible side effects, look at the patient information leaflet that comes with your treatment. If you don't have a copy, ask your doctor or pharmacist for one.

It's important to understand that many of these problems aren't actually caused by the drug. When a medicine is first tested, the people taking it have to report anything unusual to the researchers. The problems they report are often just as common in people who aren't taking the drug.

The problems listed on page 4 are the main side effects that were seen more often in people taking risedronate, rather than a dummy drug.

If you do get any side effects that don't go away, it may help to:

- make sure the problem isn't caused by any other medication you are taking
- tell your doctor or pharmacist, who may be able to help find out what is causing the problem
- ask your doctor or pharmacist about other treatments that may suit you better.

## Possible side effects of risedronate:

The following table has information on the main side effects and how common they are. For example, fewer than 1 person in every 10 people who take risedronate will get problems with their oesophagus (food pipe) or heartburn. The other 9 in every 10 people who use the drug will not have this problem.

Side effect	How common is it?	What can I do about it?
Inflamed oesophagus (food pipe), sore throat, difficulty swallowing. A painful, burning feeling in your chest (heartburn)	Less than 1 in 10	Take the tablet with a full glass of tap water. Stay upright and avoid bending forward for at least 30 minutes afterwards. This should stop the tablet from sticking in your food pipe. Tell your doctor if the problem doesn't improve.
Bone, joint or muscle pain	Less than 1 in 10	This usually improves as your body gets used to the new medicine. A simple pain-relieving medication, such as paracetamol, may help.
Headache	Less than 1 in 50	A simple pain-relieving medication, such as paracetamol, should help.
Eye inflammation, causing pain or blurred vision	Less than 1 in 100	Tell your doctor if you already have an inflammatory eye condition or develop symptoms such as a painful red eye.

## Rare health risks:

Atypical (unusual) thigh bone fracture	Less than 1 in 1,000	This is a rare type of thigh bone fracture that can occasionally happen after many years of treatment, even with little or no force.
Osteonecrosis of the jaw	Less than 1 in 1,000	This is an extremely rare problem where healing inside the mouth is delayed, usually after major dental treatment. The general advice is to maintain good oral hygiene and have regular dental check-ups.

For more information on these very rare conditions, read our fact sheets, '**Atypical (unusual) thigh bone fractures**' and '**Osteonecrosis of the jaw (ONJ)**', or visit our website at [theros.org.uk/info](https://theros.org.uk/info)

## Making a decision about treatment

Some people worry about starting a new drug treatment and find it hard to make a decision. You might be concerned about possible side effects or health risks, or wonder if you really need treatment. Or you might not like taking medication in general.

It's important to learn all you can about your treatment options, so you can decide what's right for you. Talk to your doctor so that you fully understand your situation. Make sure you read – and understand – any information they give you, as well as the leaflet that comes with the treatment.

No-one can make you have treatment if you don't want it. But do take the time to understand the benefits and possible risks – both of taking risedronate, and of **not** taking risedronate.

Take care when visiting online forums or chat groups on social media. Reading about people's experiences can be helpful. But you may not always see a balance of views online. People are more likely to seek support for bad experiences than good ones. This can make it seem that everyone has problems with medications. In reality, most people have no side effects at all.

If you do feel worried, before or during your treatment, talk to your doctor or pharmacist, or contact our specialist Helpline nurses.

### Why have I been offered risedronate?

If you've been offered risedronate, this means your risk of breaking a bone is high enough that your bones would benefit from a drug treatment. For you, the benefits of taking this drug are likely to outweigh any possible risks. In other words, your risk of health problems if you do have treatment is smaller than your risk of breaking a bone if you don't have treatment.

Your doctor will have considered lots of things before recommending risedronate, including:

- how likely you are to break a bone without treatment
- whether tablets are suitable for you
- any other health problems you have
- any other medications you take
- the treatments available in your local area
- your own thoughts and feelings about treatment.

There are other treatments available for osteoporosis, but they may not all be suitable for you. For example,

some tablets have to be taken daily, which isn't ideal for everyone. Some drugs – including risedronate – are usually only available if you've already tried other drug treatments, or if other medications aren't suitable for you. And in some areas, local guidance means doctors can only prescribe certain drugs.

If you have any questions about the treatment you've been offered, speak to your doctor. They can explain why they've recommended risedronate and tell you about any other treatments that might be suitable.

### Think about the advantages and disadvantages

As with any treatment, there are advantages and disadvantages to using risedronate. You should think about these when deciding whether to have risedronate, and about what's important to you.

Here are some of the main things to consider.

#### Advantages

- It can help to reduce your risk of broken bones.
- It's available as a daily or weekly tablet.
- It starts to work quickly and is effective for at least five years of use.
- It keeps helping your bone strength for a while, even after you stop taking it.

#### Disadvantages

- As with all medications, some people get side effects (see page 3).
- There are some possible health risks after several years of use, but these are rare (see page 4).
- Tablets won't be suitable for everyone.

### What will happen if I don't have a drug treatment?

If you decide not to take a drug treatment, it is likely that your bones will get weaker over time. This means your chance of breaking a bone will increase. Some people may never break any bones, while others may break several. Everyone's risk is different, so it's important to understand your own situation and make the decision that's right for you.

### Is there a natural alternative to medication?

People often want to know if they can improve their bone strength without taking a drug treatment. The lifestyle changes listed on page 6 are all important for your bones. But if you have a high risk of broken bones, there isn't good evidence that any non-drug approaches will improve your bone strength enough to reduce the chance of breaking a bone.

## More ways to look after your bones

As well as taking medication, a healthy lifestyle is important for your bone health. This includes:

- a well-balanced, varied and calcium-rich diet
- safe exposure to sunlight, so that your skin makes vitamin D
- regular weight-bearing impact exercise and muscle-strengthening exercise
- not smoking
- not drinking more than the recommended levels of alcohol
- taking steps to lower your risk of falling, as falls can lead to broken bones.

### Calcium and vitamin D

Getting enough calcium and vitamin D is very important for your bones. While you're having a drug treatment, your doctor may advise you to:

- aim to consume around 1,000mg of calcium a day
- take a daily 20 microgram (20µg or 800 IU) supplement of vitamin D.

This is more than the usual recommended amount, to make sure you are getting enough for your bones. Your doctor may sometimes recommend higher or lower doses, depending on your own situation.

For more information on healthy living, including our calcium and vitamin D-rich food choosers, tips for preventing falls, and our films and fact sheets on how to exercise safely for your bones, visit our website at [theros.org.uk/healthy-bones](https://theros.org.uk/healthy-bones)

## Getting more information and support

We hope this fact sheet will help you feel more informed and confident when discussing your bone health with your medical team.

For more information about osteoporosis and bone health, including fact sheets on all available drug treatments, visit our website at [theros.org.uk/info](https://theros.org.uk/info) or order more of our printed publications.

If you need more information or support, talk to your healthcare professional. You can also call our specialist Helpline nurses with any questions or concerns about bone health or living with osteoporosis, for free, on **0808 800 0035** or email them at [nurses@theros.org.uk](mailto:nurses@theros.org.uk)



Content reviewed: March 2023

This information is based on the latest evidence and clinical practice. It should not replace advice from your own healthcare professionals.

To give us feedback on this fact sheet, email us at [health.info@theros.org.uk](mailto:health.info@theros.org.uk)

We provide our information free of charge. To make a donation or become a member, visit [theros.org.uk](https://theros.org.uk) or call 01761 473 287.

To view or order more information about osteoporosis and bone health:

 [theros.org.uk/info](https://theros.org.uk/info)

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