

Addendum for *Bone Mineralisation in Cystic Fibrosis*
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Bisphosphonate therapy has been associated with osteonecrosis of the jaw. The condition is very rare in individuals receiving oral bisphosphonate therapy for osteoporosis, occurring with a frequency of about 0.7 cases:100,000 person years exposure. Most cases occur in cancer sufferers treated with high doses of intravenous bisphosphonates and are associated with dental disease e.g. following tooth extraction, although other less severe conditions such as periodontal disease have been implicated. We recommend that patients with CF at increased risk of osteonecrosis (i.e. those treated with oral glucocorticoids and those with poor oral hygiene) should see their own dentist for review of their dental health before or shortly after starting therapy and at approximately six monthly intervals thereafter. With the patient's agreement their dentist should be informed that they are taking bisphosphonate therapy. The very low risk should be discussed with the patient with emphasis on the importance of good oral hygiene and the importance of contacting the CF unit or their dentist if they develop dental problems. Patients with significant dental disease or those requiring major dental procedures should delay starting bisphosphonate therapy until treatment has been completed. There is no evidence that stopping bisphosphonates in patients who develop dental problems during bisphosphonate therapy reduces the risk of osteonecrosis of the jaw. The risk/benefit balance of bisphosphonate therapy needs to be assessed individually for each patient.

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