1st Edition 08/26

Dental Work While on Osteoporosis Treatment

Osteoporosis treatment is commonly used over many years, which is part of managing bone health to reduce the risk of fracture. Like all medications there are possible side effects, but these are rare and thousands of Australians take osteoporosis medication without incident. One area that has caused a lot of confusion is dental work while on osteoporosis medication. This is because of a rare side effect known as Medication Related Osteonecrosis of the Jaw (MRONJ). This new statement will help consumers to clarify this issue. This advice is general – please speak to your healthcare provider, dental team and GP about your situation when needed.

What is Medication-Related Osteonecrosis of the Jaw (MRONJ)?

MRONJ is a rare condition that can affect healing of the jawbone in people taking certain osteoporosis treatments (i.e. bisphosphonates, denosumab), when combined with specific medical criteria and advanced dental procedures.

For most people taking these osteoporosis medicines, the risk of MRONJ is low. The risk can be higher when specific health issues (including poor oral health) are reviewed along with the length of time on osteoporosis treatment, and importantly the type of dental procedure planned. Common dental work such as cleaning and fillings are not included.

If possible, major dental treatment should be completed before starting osteoporosis medication. However, if you are already taking osteoporosis medication, it is important to continue your treatment and speak with your doctor and dentist about the safest next steps.

Do not stop or delay your osteoporosis medicine without speaking to your doctor first. Suddenly stopping or delaying treatment can increase the risk of bone loss and fractures.

How is MRONJ Risk Assessed?

For people taking specific osteoporosis medicines, MRONJ risk is assessed by looking at:

- You as a patient, such as general health, oral health, other medicines, and how long osteoporosis treatment has been used, and
- Dental procedure, such as the type and complexity of dental treatment planned.

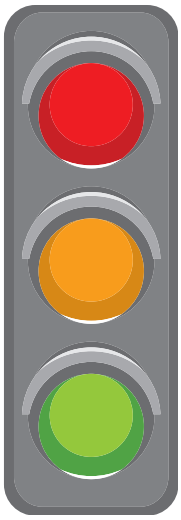
Types of osteoporosis medicines included:

Type of Medication	Dosage
Bisphosphonate	Tablets (weekly or monthly) • Risedronate (brand name Actonel EC or other generic brands) • Alendronate (brand name Fosamax or other generic brands) Annual intravenous infusion • Zoledronate (brand name Aclasta)
Denosumab	6-monthly injection • Denosumab (brand names: Prolia, Corora, Jubbonti, Stoboclo)

Dental Work While on Osteoporosis Treatment cont.

Traffic Light System

The traffic light system is used to visualise levels of risk for patients on osteoporosis treatment and when planning a dental procedure.



Red Light: Considered higher risk

Orange Light: Considered intermediate risk

Green Light: Considered low risk/standard patient

Low Risk – Standard Patient Group

Patient

Low Risk

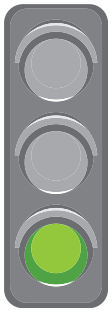
- Taking bisphosphonates and/or denosumab for less than 4 years
- NO specific health conditions[1]
- NO specific medication use[2]
- Good overall dental health

Dental Procedure

Low Risk

- Simple tooth removal and/or minor, non-invasive procedures
- Uncomplicated implant placement
- Procedures that do not involve the back part of the lower jaw

Standard Dental Management



Your risk of MRONJ is LOW

- Proceed with simple extractions and implants
- Maintain good oral hygiene

[1] Specific health conditions include poorly controlled diabetes, poor nutrition, inflammatory disorders, smoking, active and/or protracted dental infections, gum disease (peridontal disease)

[2] Specific medication use include glucocorticoid steroids, cancer treatment (anti-angiogenic or tyrosine kinase inhibitor)

Dental Work While on Osteoporosis Treatment cont.

Intermediate Risk

You have a mix of low and higher risk factors. See explanation below.

Patient

Low Risk

- Taking bisphosphonates and/or denosumab for less than 4 years
- NO specific health conditions *(see list below for Higher Risk)*
- NO specific medication use *(see list below for Higher Risk)*
- Good overall dental health

Dental Procedure

Advanced

- Implants or extractions in the back teeth area (premolar/molar)
- Removal of 3 or more teeth
- Presence of any growth on the inside of lower jaw that needs attention

If you have been taking the listed treatment for more than four years and do not have any of the risk factors (listed below), you can **generally** proceed with advanced dental treatment. Be sure to let your dentist know how long you have been taking the treatment so they can take this into account when planning your care.

OR

Patient

Higher Risk

Taking bisphosphonates and/or denosumab for 4 years or more combined with

- Specific conditions such as
  - Poorly controlled diabetes
  - Poor nutrition
  - Inflammatory disorders
  - Smoking
  - Active and/or protracted dental infection, gum disease (periodontal disease)

And/or

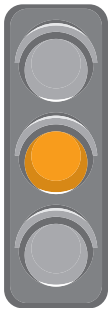
- Specific medication use
  - Glucocorticoid steroids
  - Cancer treatment (anti-angiogenic or tyrosine kinase inhibitor)

Dental Procedure

Low Risk

- Simple tooth removal and/or minor, non-invasive procedures
- Uncomplicated implant placement
- Procedures that do not involve the back part of the lower jaw

Precautionary Dental Management



You have an INTERMEDIATE risk of MRONJ

- Talk to your dentist about your treatment and what it involves
- Treat any tooth or gum infection early
- Antibacterial mouthwash one week or more prior and following extraction
- Maintain good oral hygiene
- Consider referral to Dental Specialist with MRONJ expertise

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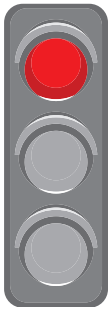
Higher Risk

Please note: The higher risk patient group is small. The majority of higher risk patients will not experience Medication related ONJ. However, once identified as higher risk, this patient group will require expert supervision and careful planning to ensure risk reduction. This may involve your treating osteoporosis doctor and treating dentist to consult, when required.

Patient	Dental Procedure
Higher Risk	**Advanced**

Taking bisphosphonates and/or denosumab for 4 years or more combined with
• Specific conditions such as
  ◦ Poorly controlled diabetes
  ◦ Poor nutrition
  ◦ Inflammatory disorders
  ◦ Smoking
  ◦ Active and/or protracted dental infection, gum disease (periodontal disease)
And/or
• Specific medication use
  ◦ Glucocorticoid steroids
  ◦ Cancer treatment (anti-angiogenic or tyrosine kinase inhibitor)
	• Implants or extractions in the back teeth area (premolar/molar)
	• Removal of 3 or more teeth
	• Presence of any growth on the inside of lower jaw that needs attention

Specialist Dental Management Recommended



- Refer to Dental Specialist with MRONJ expertise
- Discussion with osteoporosis specialist regarding ongoing use of antiresorptives and treatment goals

Special Category for Cancer Patients

Cancer patients on specific osteoporosis medication are considered **very high risk** and require specialist management. Cancer patients are often treated with higher and more frequent doses of osteoporosis medicines, to protect their skeleton.

Specialist Management Recommended

For more information

Call our national toll-free number
1800 242 141

Visit our website
healthybonesaustralia.org.au

Talk to your doctor

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Protect Build Support