

Supporting Care Homes

BISPHOSPHONATES

GUIDANCE SHEET

What are bisphosphonates?

Bisphosphonates are a group of medicines used to treat osteoporosis. This is where bones become porous, break easily and heal slowly. The most commonly used bisphosphonate in the UK is alendronate. Risedronate and ibandronic acid are also bisphosphonates.

Key Points

1. Ensure residents are receiving their bisphosphonate treatment as directed.
2. Some homes decide to have a set policy that all residents have their bisphosphonate treatment on the same day of the week. If you feel this would be beneficial for your home please discuss with the appropriate residents and their GPs. Ask your GP or pharmacist for further advice as to the best way to do this.
3. Ensure the resident does not take their calcium and vitamin D3 supplement within four hours of taking of the bisphosphonate treatment. Some pharmacies will ensure that this is labelled as such: discuss with your pharmacist or GP for more information.



How do they work?

Bisphosphonates bind to the surfaces of the bones and slow down the cells that break down bone (osteoclasts). This allows the bone-building cells (osteoblasts) to work more effectively.

Are there side effects?

The most common side effects of taking bisphosphonates are nausea, abdominal pain and loose bowel movements. There is a small risk of ulcers in the throat with all bisphosphonates and there is a small risk of osteonecrosis of the jaw. Residents should have routine dental check-ups throughout their treatment and you should contact the GP or dentist if they experience any problems with their mouth or teeth whilst taking a bisphosphonate. For further information on these and other side effects, please see the instruction leaflet in the medicine packaging.

How should bisphosphonate tablets be taken?

The bisphosphonate must be taken immediately after getting out of bed in the morning, and before eating or drinking anything. The tablet should be swallowed whole with a full glass (minimum of 200ml) of plain tap water while sitting upright or standing.

The resident should not lie down for 30 minutes (60 minutes for ibandronic acid) after taking the bisphosphonate tablet and should continue to sit upright or stand for this time. After taking the bisphosphonate, it is important that the resident does not eat, drink, or take any other medications for at least 30 minutes (60 minutes for ibandronic acid).

Alendronate and risedronate are normally taken once a week. Ensure the tablet is taken on the same day of each week, e.g. every Monday. Ibandronic acid is taken once a month on the same date, e.g. the 10th of every month. In addition to this guidance sheet we advise you read the information sheet provided with the medicine. Talk to the GP, pharmacist or nurse if you are unsure how the resident should be taking the medication.

Should the resident be taking a calcium and vitamin D3 supplement in addition to a bisphosphonate?

The resident should take a calcium and vitamin D3 supplement unless their doctor has advised them not to. Calcium, combined with vitamin D3, helps to reduce the rate of bone loss that occurs with osteoporosis.

What calcium and vitamin D3 supplements are available?

There are a number of commonly prescribed calcium and vitamin D3 supplements. They are usually flavoured chewable tablets taken once or twice a day. There are also film coated tablets as well as effervescent formulations available for those patients who have swallowing difficulties or find the taste unpleasant.

Calcium and vitamin D3 supplements can be taken at any time of the day, however, taking them with lunch or dinner can help absorption and will reduce the chance of side effects. It is important to note that calcium can affect the absorption of bisphosphonates and so calcium tablets must be taken at least four hours after the bisphosphonate is taken, this should not be a problem as the bisphosphonate should be taken on an empty stomach.

It is important that the resident takes the medications as prescribed and follows all instructions very carefully. Your pharmacist will tell you if the supplement your resident is prescribed has any specific advice.

Using the Medication Administration Record (MAR) charts with bisphosphonates

MAR charts need to be clearly annotated to clarify when the next dose of bisphosphonate is required. For alendronate and risedronate, ensure the dose is given once a week on the same day and mark this clearly on the MAR chart. For ibandronic acid, ensure that it is marked clearly on the MAR chart: this should be on the same date each month.

At the end of the month make sure the information is transferred correctly onto the new MAR chart. Below is an example of how to use the MAR chart.

		Commencing	Week four						
Medication Profile		Time: Dose	17	18	19	20	21	22	23
4 Alendronic Acid 70mg tablets Take ONE weekly		07:00 x	x	x	x	x	kh	x	x
		08:00							
		12:00							
		16:00							
GP Signature	Carried forward	20:00							
Commenced	Route								
MEDICATION PROFILE		Time: Dose	17	18	19	20	21	22	23
56 Calcichew D3 Forte tablets Take ONE twice a day		08:00							
		12:00 x	kh	kh	kh	kh	kh		
		16:00 x	kh	kh	kh	kh			
		20:00							
GP Signature	Carried forward								
Commenced	Route								

What else do I need to know?

The resident should have regular dental check-ups while taking this medicine. If there are any problems with the resident's osteoporosis medication, please contact their pharmacist or GP for advice.

Please visit our website for more information:
<https://www.westhampshireccg.nhs.uk/medicines-in-care-homes>

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