Other Names

Fosamax® (There may be other names for this medication.)

Why am I Taking Alendronate?

Alendronate is used to treat and prevent osteoporosis, a condition in which the bones become thin/weak and break easily. It is one of the bisphosphonate drugs, which work by preventing bone breakdown and increasing bone density (thickness).

How is it Administered?

Alendronate comes as a tablet or a solution, to take by mouth.

- You must take alendronate just after you get out of bed in the morning, before you eat or drink anything. Never take it at bedtime or before you get out of bed for the day.
- Swallow alendronate with 6-8 ounces of plain water. Never take it with any other liquid. Never take alendronate with any other kind of liquid.
- Swallow the tablets whole; do not split, chew or crush them. Do not suck on the tablets.
- If you take the solution, drink at least a quarter of a cup (2 ounces) of plain water afterwards.
- For at least 30 minutes after taking alendronate, do not eat, drink, take any other medications, vitamins, or antacids, or lie down – remain upright in a sitting or standing position.
- After the 30 minutes have passed, you may eat your first food of the day. After eating, you may lie down.

How Does it Work?

There are two kinds of bone cells – osteoblasts that create bone and osteoclasts that break down bone. The creation and destruction of bone is generally kept balanced, though we tend to lose bone mass as we age.

Some cancers cause the osteoclasts to break down bone faster. In addition to bone weakness and an increased risk of a fracture, this can cause pain and excess calcium to be released into the bloodstream. Calcium can affect your heart rate, among other bodily functions.

Alendronate is a bisphosphonate; these drugs slow down the break down of bone, and may help prevent the complications mentioned above.
What Should I Tell My Doctor Before I Begin Receiving Alendronate

Tell your doctor if you:
- have ever had an allergic reaction to alendronate or other medicines
- are not able to sit or stand upright for at least 30 minutes
- have ever had a low level of calcium or Vitamin D in your blood, or have problems with swallowing or your esophagus
- are pregnant or breastfeeding
- are undergoing radiation therapy or have ever had anemia, low Vitamin D levels, heartburn, ulcers or other stomach problems, any type of infection - especially in your mouth, problems with your teeth or gums, a blood clotting disorder, or kidney disease

This drug may interact with other medications or cause harmful side effects. Tell your doctor and pharmacist about all prescription or over-the-counter medications, vitamins, herbal, or diet supplements that you are taking.

What Are Some Possible Side Effects I May Experience?
- Nausea, stomach pain, gas, and/or bloating in the stomach
- Constipation and/or diarrhea
- Change in your ability to taste food
- Headache and/or dizziness
- Swelling of joints, hand, or legs

How Can I Manage These Side Effects?
- Ask your doctor about medication to help prevent or lessen nausea, diarrhea, or headache.
- Check with your doctor or nurse before using enemas, laxatives, or suppositories for constipation. Be sure to drink plenty of water, unless your doctor has advised you otherwise.

When Should I Call the Doctor?
If you experience any of the following symptoms, call your doctor immediately before you take any more alendronate:
- new or worsening heartburn or chest pain
- difficulty swallowing or pain on swallowing
- bloody vomit or vomit that looks like coffee grounds, or black, tarry, or bloody stools
- blisters or peeling skin, rash, itching, and/or hives
- swelling of eyes, face, lips, tongue, or throat
- difficulty breathing or hoarseness
- painful or swollen gums and/or loosening of the teeth
- numbness, a heavy feeling or poor healing in the jaw
- eye pain

Call your doctor right away if you experience severe bone, muscle, or joint pain at any time during your treatment with alendronate.
Cancer Treatment and Dental Health

Cancer treatments and medications can affect your teeth and gums. These complications may include:

- inflammation of the mucous membranes in the mouth (mucositis)
- infections and sores inside your mouth
- loss of minerals from your teeth that can cause sensitivity
- taste changes, dry mouth, tooth decay (cavities), difficulty chewing, pain
- gum disease

Your dentist is an important part of your cancer treatment. You should schedule a dental exam and cleaning before treatment begins and periodically during the course of your treatment. It is especially important to practice good dental hygiene. Remember to:

- brush your teeth and tongue after every meal and at bedtime. Use a soft toothbrush and gentle stroke.
- gently floss once a day to remove plaque. If your gums bleed or hurt, skip those teeth until bleeding stops.
- rinse your mouth with water and avoid mouthwash containing alcohol

Osteonecrosis of the Jaw

Osteonecrosis of the jaw is a rare condition that involves the loss, or breakdown, of the jaw bone, and it can be serious. It is not known exactly what causes it, but it has occurred in some cancer patients receiving alendronate.

Symptoms include pain, swelling, infection, or poor healing of the gums; loosening of teeth; and numbness or heaviness in the jaw.

Some other possible risk factors for osteonecrosis include:

- history of poor dental health, gum disease, or dental surgery
- radiation therapy to the head or neck
- chemotherapy or steroid medications (prednisone, etc.)
- anemia (low blood count) or poor circulation
- infection
- alcohol abuse, cigarette smoking, and/or poor nutrition

Diagnosis is made by x-rays or tests for infection. Treatments may include antibiotics, oral rinses, and removable mouth appliances. Rarely, minor dental work may be necessary. Once your cancer treatment has started, if you experience pain in your mouth, teeth, or jaw - or any other symptom of possible dental problems - tell both your oncologist and dentist immediately.
What Else Should I Know About Alendronate?

- Alendronate may cause severe bone, muscle, or joint pain. You may begin to feel this pain within days, months, or years after you first take alendronate. Although this type of pain may begin after you have taken alendronate for some time, it is important for you and your doctor to realize that it may be caused by alendronate. Call your doctor right away if you experience severe pain at any time during your treatment with alendronate. Your doctor may tell you to stop taking alendronate and your pain may go away after you stop taking the medication.

- Talk to your doctor about other ways to protect your bone health such as avoiding smoking and large amounts of alcohol, and having a regular program of weight-bearing exercise.

- If you have difficulty swallowing or conditions that delay esophageal emptying, you should not take this drug.

- If you miss a dose of once-daily alendronate, do not take it later in the day – take it the next morning as usual. If you miss a dose of once-weekly alendronate, take one dose the morning after you remember and then return to taking 1 dose on your regularly scheduled day the next week. **Never take a double dose and never take more than one dose in one day.**

- Keep this medication in the container it came in, tightly closed, and out of reach of children. Store it at room temperature and away from excess heat and moisture (not in the bathroom). Do not freeze alendronate solution.

- If you have any additional questions about alendronate, please talk to your doctor.