

Osteoporosis and alendronate

Summaries and decision aid

Information about osteoporosis and treatment

What is osteoporosis?

Osteoporosis is a condition of weak brittle bones that break easily. The most common breaks or fractures are in the spine, hip, or wrist and these may occur without a fall. Osteoporosis is detected using a bone density test that measures the amount of bone loss. A result that is at least 2.5 “standard deviations” below normal confirms the diagnosis. This means people have lost at least 25 per cent of their bone mass or density.

Hip fractures can cause severe disability or death.

- Among 100 women with normal bone density, about **15** may break a hip in their lifetime.
- Among 100 women with low bone density, about **35 to 75** may break a hip in their lifetime.

This number depends on amount of bone loss, age, and other risk factors, such as:

- *major bone-related risks*: previous broken bones since age 50 (not from trauma); family history of fracture (e.g. mother who broke a hip, wrist, spine)
- *major fall-related risks*: poor health; unable to rise from a chair without help; use of sleeping pills.

Spine fractures are more common, disabling, and painful. They can cause stooped posture and loss of height of up to 6 inches.

To find out your personal risk of broken bones, ask your doctor.

What can I do on my own to manage my disease?

- ✓ Calcium and vitamin D
- ✓ Regular impact exercises (e.g. walking)

What treatments are used for osteoporosis?

Three kinds of treatment may be used alone or together. The common (generic) names of treatment are shown below.

1. *Bone-specific drugs*
 - Alendronate
 - Calcitonin
 - Etidronate
 - Risedronate
2. *Hormones that affect bones and other organs*
 - Parathyroid hormone
 - Hormone replacement therapy (oestrogen and progestin)
 - Raloxifene
3. *Other*
 - Hip protector pads

What about other treatments I have heard about?

There is not enough evidence about the effects of some treatments. Other treatments do not work. For example:

- Calcitonin non-spinal fractures
- Etidronate for non-spinal fractures
- Raloxifene for non-spinal fractures

What are my choices? How can I decide?

Treatment for your disease will depend on your condition. You need to know the good points (pros) and bad points (cons) about each treatment before you can decide.

Osteoporosis decision aid

Should I take alendronate?

This guide can help you make decisions about the treatment your doctor is asking you to consider.

It will help you to:

1. Clarify what you need to decide.
2. Consider the pros and cons of different choices.
3. Decide what role you want to have in choosing your treatment.
4. Identify what you need to help you make the decision.
5. Plan the next steps.
6. Share your thinking with your doctor.

Step 1: Clarify what you need to decide

What is the decision?

Should I take alendronate to slow bone loss or prevent breaks?

Alendronate may be taken as a pill daily or once a week.

When does this decision have to be made? Check one

within days within weeks within months

How far along are you with this decision? Check one

- I have not thought about it yet
- I am considering the choices
- I am close to making a choice
- I have already made a choice

Step 2: Consider the pros and cons of different choices

What does the research show?

Alendronate is classified as: **Beneficial**

There is “Platinum” level evidence from 11 studies of 12 855 women after menopause that tested alendronate and lasted up to 4 years. The women had osteoporosis (low bone density) or normal to near normal bone density. These studies found pros and cons that are listed in the chart below.

What do I think of the pros and cons of alendronate?

1. Review the common pros and cons that are shown below.
2. Add any other pros and cons that are important to you.
3. Show how important each pro and con is to you by circling from one (*) star if it is a little important to you, to up to five (*****) stars if it is very important to you.

| PROS AND CONS OF ALENDRONATE TREATMENT | | | |
|--|--|-----------------------------|--|
| PROS (number of people affected) | | How important is it to you? | |
| Fewer broken bones in the spine 5 less women out of 100 have breaks in their spine over a lifetime with alendronate | | * * * * * | |
| Fewer broken bones in the hip or wrist 21 less women out of 100 with osteoporosis have breaks in their hip or wrist over a lifetime | | * * * * * | |
| Increases bone density | | * * * * * | |
| Flexible dosing may be taken once a week | | * * * * * | |
| Other pros | | * * * * * | |
| CONS (number of people affected) | | How important is it to you? | |
| Side effects: heartburn, stomach irritation | | * * * * * | |
| Increases chance of developing ulcers in the oesophagus or gullet | | * * * * * | |
| Must be taken in morning 1 hour before eating and sit or stand after taking the pill | | * * * * * | |
| Personal cost of medicine | | * * * * * | |
| Other cons | | * * * * * | |

What do you think about taking alendronate? Check one

Willing to consider this treatment
 Pros are more important to me than the Cons

Unsure

Not willing to consider this treatment
 Cons are more important to me than the Pros

Step 3: Choose the role you want to have in choosing your treatment

Check one

- I prefer to decide on my own after listening to the opinions of others
- I prefer to share the decision with: _____
- I prefer someone else to decide for me, namely: _____

Step 4: Identify what you need to help you make the decision

| | | | | |
|-------------------------|--|------------------------------|-----------------------------|---------------------------------|
| What I know | Do you know enough about your condition to make a choice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Do you know which options are available to you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Do you know the good points (pros) of each option? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Do you know the bad points (cons) of each option? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| What's important | Are you clear about which pros are most <i>important to you</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Are you clear about which cons are most <i>important to you</i> ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| How others help | Do you have enough support from others to make a choice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Are you choosing without pressure from others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Do you have enough advice to make a choice? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| How sure I feel | Are you clear about the best choice for you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |
| | Do you feel sure about what to choose? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |

If you answered No or Unsure to many of these questions, you should talk to your doctor.

Step 5: Plan the next steps

What do you need to do before you make this decision?

For example: talk to your doctor, read more about this treatment or other treatments for osteoporosis.

Step 6: Share the information on this form with your doctor

It will help your doctor understand what you think about this treatment.

Decisional Conflict Scale © A O'Connor 1993, Revised 1999.

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