

Information about
Denosumab (Prolia)



What is Osteoporosis and why do you need treatment?

Osteoporosis is a condition where your bones thin and are more likely to break. 1 in 2 women and 1 in 5 men over 50 suffer from this. Having osteoporosis means that you are more likely to break (fracture) bones. If you have already broken a bone, you are 2 to 3 times more likely to break another bone.

Your Doctor recommends that we treat you with Denosumab because of your risk of breaking a bone in the future.

What is Denosumab (60mgs)

Denosumab is an antibody which is a chemical that attaches to proteins using the immune mechanisms.

Denosumab:

- slows down bone loss and bone thinning,
- helps to rebuild bones and
- makes bones less likely to break.

If you take Denosumab for 5 years, this may halve your risk of a broken bone. However we may advise you to continue on it longer than 5 years.

How will we give you Denosumab?

We will give you a subcutaneous (under the skin) injection every 6 months. The usual dose is 60 mgs. Each time before you receive Denosumab, we will give you a blood test to check the amount of calcium in your blood.

After your first injection we may recommend that we check the amount of calcium in your blood after 2 weeks.

The Doctor or Nurse Specialist at the Bone Clinic will decide how long it is appropriate for you to stay on Denosumab.

Are there any side effects?

As with all medicines, some people may develop side effects when they receive this treatment. A low level of calcium in your body is a rare side effect. However if you develop muscle spasms or tingling in your hands or face you should get urgent medical attention by contacting your GP or NHS 24 on 111.

The most common other side effects are an increased risk of infections'. Please tell us of any infections you have had at your next visit. Other common side effects include constipation, rash, sciatica and limb pain. If you develop any redness or swelling around your injection site, please tell your GP.

A rare side effect seen in people taking other osteoporosis treatments is the occurrence of a stress fracture (break) in the thigh bone (femur). The longer you take Denosumab, the higher the risk that this may happen. If you develop any persistent thigh pain whilst receiving Denosumab, please tell your GP.

Another possible side effect which may occur because of taking Denosumab is a condition called osteonecrosis of the jaw (ONJ). This means a part of the jaw will not be covered by the gum which can cause pain and be at risk of infection.

ONJ is more likely to happen if you have poor dental health or after having a tooth removed. Therefore, if you have not had a dental check up in the last 6 months, please arrange to do so before starting Denosumab. Please tell your dentist at your next visit that you receive Denosumab.

If you have had a recent (or are about to have) a tooth removed or root canal treatment you should delay starting Denosumab for 3 months until your gum heals.

If you are planning to become pregnant or become pregnant or are breastfeeding please discuss with your GP or with the staff at the Bone Metabolism Clinic.

Do I need any other treatment for Osteoporosis?

Most patients who are treated with Denosumab also need calcium and vitamin D supplements. We may advise some patients to take a diet rich in calcium and to take vitamin D supplements. Occasionally we may give you tablets containing high strength vitamin D several weeks before the injection.

Lifestyle advice

- Eat a healthy balanced diet
- Take regular exercise
- Stop smoking
- Drink alcohol within recommended amounts (No more than 14 units per week for a woman and 21 units per week for a man)

More information about osteoporosis is available from:

The National Osteoporosis Society
Camberton
Bath BA2 0PJ

Website: www.nos.org.uk

Helpline: **0845 450 0230**

Email: info@nos.org.uk

If you have any further questions, then please speak to one of the doctors or nurse specialists in the Bone Metabolism Unit.