

Aclasta (also known as zoledronic acid)

Rheumatology Department Patient Information Leaflet

Introduction

This information leaflet is about a medicine called 'Aclasta' (also known as zoledronic acid) which is used to treat people with osteoporosis and sometimes other conditions e.g. Paget's disease and hyperparathyroidism. This leaflet describes how Aclasta is given and some of its benefits and possible side effects.

What is osteoporosis?

The word osteoporosis literally means spongy (porous) bone. It causes your bones to become fragile so they break more easily.

Bone is a living, active tissue that constantly renews itself. Old bone tissue is broken down by cells called osteoclasts and replaced by new bone material produced by cells called osteoblasts.

The balance between old bone breakdown and new bone formation changes as we grow older, in that bone starts to be broken down more quickly than it is replaced, so our bones slowly begin to lose their density and therefore strength. This usually starts at about the age of 40 and continues for the rest of our lives.

We all have some degree of bone loss as we get older, but the term osteoporosis is used only when the bones become quite fragile.

This disease is especially common in women after the menopause, but it can also occur in men. Osteoporosis is also common in patients receiving steroids (e.g. prednisolone).

Although it may have no symptoms at first, osteoporosis means that your bones are more likely to break, especially in your spine, hips and wrists and it may cause back pain, loss of height and a curved back.

What is Aclasta?

Aclasta is a bone formation agent used to strengthen bones. It belongs to a group of medicines called bisphosphonates.

How does it work?

It works by attaching to bone and keeping it from breaking down too much. This protects bones from breaking so easily.

How is it given?

Aclasta is given by a drip (infusion) into a vein by your nurse. You normally receive one infusion a year. The drip takes at least half an hour to go through, and sometimes longer if your doctor feels this is necessary. This is carried out on west A4 day case ward at Russells Hall Hospital.

If your vitamin D level is low, you may also need to have vitamin D by tablet or injection before you have the infusion.

How long does it work?

Treatment is normally given every year for three years. However, as the treatment carries on working for so long, for the three years after this you do not need another infusion. The cycle of treatment is therefore 'three years on, three years off'. This cycle will then be repeated if your doctor recommends this and you want to carry on with the treatment.

A less common method of treatment is for patients to have an infusion regularly every 18 months.

What are the risks, side effects and complications?

Like all medicines Aclasta can cause side effects, although not everyone will get them.

Common side effects

Fever and chills – flu-like symptoms, pain in the muscles, bones and joints and headaches. These symptoms are usually mild to moderate and occur in the first week following the infusion. You are recommended to take a mild painkiller such as paracetamol to manage these side effects. If they do not go away, you should contact your consultant. You may only have these symptoms after the first infusion.

Another side effect that could occur is irregular heart rhythms (atrial fibrillation). If you feel dizzy, breathless or have heart palpitations, please inform your consultant.

Allergic reactions have been reported, such as a swollen face and tongue. Very rarely, there have been cases of a serious allergic reaction (anaphylactic shock).

Uncommon and rare side effects

A very rare side effect is a problem called osteonecrosis of the jaw, which means the death of bone tissue. It can cause pain, swelling or gum infections, loosening of teeth and poor healing of the gums, especially after dental work. This is why it is important to make sure that your teeth and gums are healthy before and during this treatment. If you are having ongoing dental treatment or are due to undergo dental surgery (e.g. tooth extractions), you need to inform your doctor about your dental treatment.

Swelling, redness, pain and itching to the eyes or eye sensitivity to light (uveitis). Please report to your doctor if you have any eye pain or disturbance in vision.

Talk to your doctor if you have ear pain, discharge from the ear, and/or an ear infection. These could be signs of bone damage in the ear (osteonecrosis of the auditory canal).

Unusual fracture of the thigh bone, particularly in patients on long-term treatment for osteoporosis may occur rarely. Contact your doctor if you experience pain, weakness or discomfort in your thigh, hip or groin as this may be an early indication of a possible fracture of the thigh bone.

What happens before I am treated?

Please tell your consultant about any medicines you are taking, including herbal remedies. In addition, you must inform your consultant if:

- You have a history of kidney problems
- You have had some or all of your parathyroid glands in your neck removed
- You have had sections of your intestines removed
- You have been treated with Zometa, as this contains the same active substance as Aclasta

You cannot have Aclasta if:

- You are pregnant, breastfeeding or planning to become pregnant
- You have severe kidney problems
- Your blood calcium is too low

The doctor or nurse will normally give you a blood form to ask you to have a blood test 1 or 2 weeks prior to the drip to make sure your calcium levels in the blood are acceptable.

It is a good idea to have a dental check-up before you start the treatment and inform your dentist that you are being treated with zoledronic acid.

What should I do before an Aclasta infusion?

You will be asked to drink plenty of fluids (such as two glasses of water) before coming to hospital for your infusion and during the infusion, to prevent dehydration.

You can eat normally.

Can I drive after an Aclasta infusion?

Yes, you can drive after the infusion unless you feel unwell.

What should I do after I have had an Aclasta infusion?

It is important to take good care of your teeth and gums and visit the dentist for regular check-ups whilst on the treatment. If you wear dentures, it is important to ensure they fit correctly.

You must tell your dentist you are being treated with zoledronic acid, as it is important for your dentist to know before you have any invasive dental procedures such as tooth extraction or root canal work.

Can I find out more?

You can find out more from the following:

National Osteoporosis Society

Tel: 0845 450 0230 (9am to 5pm, Monday to Friday)

Website: www.nos.org.uk

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Rheumatology helpline on 01384 244789 (this is an answer machine so please do not use this helpline in an emergency)

or speak to your pharmacist

You can download or print this leaflet from:

<http://dgft.nhs.uk/services-and-wards/rheumatology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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Ulotka dostępna jest również w dużym druku, wersji audio lub w innym języku. W tym celu zadzwoń pod numer 0800 073 0510.

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Aceasta broșura poate fi pusă la dispoziție tipărită cu caractere mari, versiune audio sau în alte limbi, pentru acest lucru vă rugăm sunați la 0800 073 0510.

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