

# Osteoporosis drugs and dysphagia

## Medications to look for:

- Fosamax (alendronate)
- Actonel (risedronate)
- Boniva (ibandronate)
- Atelvia (risedronate delayed release)
- Didronel (etidronate)
- Skelid (tiludronate)

## Patients should adhere to these instructions (unless otherwise directed by physician or pharmacist)

- Take first thing in the morning, on an empty stomach with 8 ounces of plain, thin water. (Atelvia should be taken immediately following breakfast.)
- Remain upright and do not eat or drink anything for at least 30 – 60 minutes. This allows the drug to move through the esophagus as quickly as possible.
- Patients with esophageal dysmotility may need to remain upright longer.

## Osteoporosis drugs can cause or worsen dysphagia

- These drugs can cause irritation, ulceration, or stricture of the esophagus.
- Patients may report these symptoms:
  - Food getting “stuck” in the throat or upper chest.
  - Coughing up food or pills after swallowing.
  - Needing to drink liquids to help the food go down.
  - Complaints of difficulty swallowing without overt clinical signs of oropharyngeal dysphagia.
  - Painful swallowing.
  - Heartburn, chronic cough, chronic throat clearing, chronic sore throat.
  - Excessive secretions/saliva, acidic taste, regurgitation, sinus problems.
  - Nausea, upset stomach, or upper abdominal pain or discomfort.

## Dysphagia can increase risk of harm from these drugs

- Esophageal dysphagia increases the risk that the medication will cause esophageal irritation or damage, which could in turn worsen the symptoms associated with eating and drinking
- Oropharyngeal dysphagia increases risk of aspirating the pill into the airway, denying the beneficial impact of the medication and potentially causing damage to the respiratory system.

## What can the SLP do?

The SLP can play a role in preventing or obtaining care for medication-induced gastrointestinal injury by:

- Notifying the physician if a patient isn't taking these medications in the recommended manner.
- Notifying the physician if a patient is unable to safely swallow whole pills with thin water or is unable to remain upright for at least 30-60 minutes after taking the medication (longer, if has esophageal dysmotility).
- Educating the patient/caregiver about medication-induced gastrointestinal injury and the importance of following administration instructions.
- Educating the patient that these pills cannot be crushed or taken with food or thickened water.

## How might the physician respond?

The doctor may:

- Prescribe a liquid form of the medication.
- Change the dose.
- Prescribe intravenous zoledronic acid (given in the MD office via injection).
- Switch to another therapeutic alternative.

Special thanks to co-author C. Michael White, Pharm.D., FCP, FCCP from the UConn School of Pharmacy. Follow the link below to find references and more information.