Should I take Risedronate (Actonel®) for osteoporosis?

A Cochrane decision aid to discuss options with your doctor

This decision aid is for you if ALL of these factors apply to you:

- You are a woman who has been through menopause
- You have broken a bone recently
- Your doctor has told you that you have osteoporosis, osteopenia or low bone density
- Your doctor has offered you risedronate (Actonel®)

How is osteoporosis managed?

Osteoporosis is a disease that makes your bones weaker and more prone to breaking. Throughout your lifetime, new bone cells grow and old bone cells break down to make room for the new, stronger bone. When you have osteoporosis old bone breaks down faster than it can be replaced. As this happens, the bones lose minerals (such as calcium). This makes bones weaker and more likely to break even after a minor injury, like a little bump or fall. Women who have gone through menopause are more likely to get osteoporosis than other people. You may already be doing things on your own to manage your osteoporosis; such as walking regularly or taking other exercise, and taking Vitamin D and calcium supplements.

People with osteoporosis and recent broken bones are advised to take treatments such as risedronate. Risedronate slows down the loss of minerals in your bone. The goal of risedronate treatment is to help prevent you from breaking another bone.

What are your treatment options?



Take risedronate: Once a day or once a week, you take a pill in the morning 30 minutes before eating. After you take it, you must remain standing or sitting up for 30 minutes.



Decline risedronate. You may wish to discuss other treatment options with your doctor.

What other factors may affect your choice?

Check ✓ any that apply and discuss your concerns with your doctor.

I suffer from stomach or esophagus problems, such as ulcers.
I am taking corticosteroid pills.
I am taking chemotherapy for cancer.

Working through the 4 steps of this decision aid may help you consider the options.

Step 1: What are the benefits and harms of each option?

What does the research show?

Blocks of 100 faces show a 'best estimate' of what happens to **100 women** over 1 to 4 years who either take or decline risedronate. Each face ((a)) stands for one person. The shaded areas show the number of people affected. There is no way of knowing in advance if you will be one of those affected.

Benefits +++ Take Risedronate Take placebo 3 more women avoided breaking a hip while avoid breaking avoid breaking taking risedronate. a hip a hip break a hip break a hip 999999999 0000000000 0000000000 **999999999** 999999999 999999999 Side Effects ++ 1 woman fewer stopped treatment due to 83 82 avoid side avoid side side effects such as stomach problems or effects effects ulcers in the esophagus. This may have happened by chance. stop treatment stop treatment 000000000 00000000000 **999999999 999999999 999999999** Serious Harms + Few people have serious harms. 9.999 avoid jaw 10,000 avoid jaw If **10,000** people take risedronate for an damage damage average of 2 years, one more person may has jaw damage have jaw have severe jaw damage from taking it. damage

Note: The options include 'estimates' of what happens to groups of people based on the available research. The quality of these estimates is summarized using the GRADE system as follows:

- ++++ High quality further research is very unlikely to change the estimate.
- +++ Moderate quality further research may change the estimate.
- ++ **Low** quality further research is **likely to change** the estimate.
- + **Very low** quality further research is **very likely to change** the estimate.

Step 2. What matters most to you?

Common reasons to choose each option are listed below.

Check ☑ how much each reason matters **to you** on a scale from 0 to 5. **'0'** means it is **not** important to you. **'5'** means it is **very** important to you.

0	Reasons to take risedronate	Not Impo	ortan 1	t 2	Ir 3	npor 4	Very rtant 5
	How important is it to you to avoid breaking a hip?						
	How important is it to you to slow down the loss of minerals in your bones?						
	List other reasons to take risedronate:						
×	Reasons to decline risedronate	Not Impo	ortan 1	t 2	Ir 3	npor 4	Very rtant 5
	II						
	How important is it to you to avoid the inconvenience of taking medicine before breakfast and remaining upright for 30 minutes?						ш
	medicine before breakfast and remaining upright for 30 minutes? How important is it to you to avoid very rare but serious damage						
	medicine before breakfast and remaining upright for 30 minutes? How important is it to you to avoid very rare but serious damage to your jaw?						

Now, thinking about the reasons that are most important to you...

Check 🗹 one.						
	I don't know					
	Take risedronate					
	Decline risedronate					
	Discuss other treatment options					

Step 3: What else do you need to prepare for decision making?

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$\check{\mathbb{M}}$	5/

Knowledge

Find out how well this decision aid helped you learn the key facts.

	Check ☑ the best answer.	Take Risedronate	Decline Risedronate	l don't know
1.	Which option lowers your chance of a broken hip?			
2.	Which option requires you to take pills before			
3.	breakfast? Which option slows the loss of minerals from bones.			
3. 4.	Which option has the <u>lowest</u> chance of jaw damage?			
⊸.	·	your answers a	at the bottom o	☐ of the page.
		,		1 1 3
			Yes	No
	Do you know enough about the benefits and harms of option?	each		
	Values			
_	Are you clear about which benefits and harms matter you?			
	Support			
	Do you have enough support and advice from others to choice?	to make a		
<u></u>	Uncertainty			
Q	Do you feel sure about the best choice for you?			
	Step 4: What are the next step	os?		
	·			
Check I	☑ what you want to do next…			
	Try risedronate			
_				
	Discuss other treatment options			
	Other, please specify:			

Step 3 answers: 1. Take Risedronate 2. TakeRisedronate 3. Take Risedronate 4. Decline Risedronate

This decision aid was developed by Rader, T. Maxwell, L. Ghogomu, E. Tugwell, P. Welch, V. Conflict of interest available from trader@uottawa.ca. Funded in part by the Canadian Institutes of Health Research. Format based on the Ottawa Personal Decision Guide © 2000, A O'Connor, D Stacey, University of Ottawa, Canada. Last reviewed: February 2011.

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