



Zoledronate (Aclasta) Infusion

What is Zoledronate?

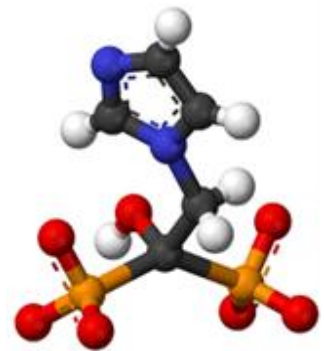
Zoledronate (also known as zoledronic acid, with a brand name of Aclasta) is a powerful type of bisphosphonate. In fact, it is the most potent bisphosphonate currently available.

Bisphosphonates (including Zoledronate) are commonly used to treat osteoporosis and Paget's disease, and are also used for preventing some forms of cancer from spreading in the bones.

How Bisphosphonates work:

Your bones are in a constant state of change. As new bone is added by cells called *osteoblasts*, old bone is dissolved by cells called *osteoclasts*.

Bisphosphonates help to prevent these *osteoclasts* from dissolving (or *resorbing*) your bones.



Treatment with Zoledronate

Zoledronate is given directly into the arm via a drip. This is called intravenous infusion. It takes between 15 and 30 minutes, and is carried out about once or twice a year by your general practitioner. Patients with Paget's disease need even less frequent treatments.

Patients are usually given calcium tablets and/or vitamin D tablets at the same time as the infusion. This helps to keep the blood calcium levels normal.



Benefits of Zoledronate

Zoledronate is proven to:

- increase bone density in patients with osteoporosis.
- reduce fracture rates, by 35 – 70%.
- reduce bone pain, in patients with bone disease.



Side Effects

Some patients experience flu-like symptoms after the first treatment of zoledronate, but apart from this, side effects are not common. When considering zoledronate treatment, it is important to balance the small risk of side effects against the greater risk of a major fracture.

Known Side Effects:

- Flu-like feelings – About 30% of people experience a flu-like feeling after their first treatment, which usually lasts 2 – 4 days, but can occasionally go on for longer, sometimes with associated muscle or joint aching. Treatment of this problem is usually with regular paracetamol.
- The chance of this side-effect occurring after the second or third zoledronate infusion is much lower (about 3 – 4%).
- Kidney damage – People with severe pre-existing kidney damage can sometimes experience deterioration in their kidney function after the administration of zoledronate. This is why it is important to drink extra fluid on the day of the infusion, and your doctor may advise you to stop taking any medication that can affect the kidneys. However, zoledronate is not normally given to people whose kidneys are not functioning well.
- Eye inflammation – Very rare.

Unproven Side Effects:

- Osteonecrosis of the jaw (ulceration in tooth sockets or the gums) – Has been found in a small number of cancer patients receiving a high-dose treatment, but not in people being treated for osteoporosis or Paget's disease.
- Atrial fibrillation (an abnormal heart rhythm) – this has been noted by one group of overseas investigations but not seen in any other clinical trials.
- Upper leg fractures – Reported in isolated cases by doctors in Singapore and the USA, but this has not clearly been linked to bisphosphonate therapy.

If you have any other questions about this medicine, or your bone condition, talk to your general practitioner.

Adapted from Auckland Bone Density patient information.