



Patient Guide

Binosto® 70mg Effervescent Buffered Tablets (alendronate)

This patient guide provides you with information about Binosto® and how you should take it, along with some information about osteoporosis, tips to help you manage your condition and links to sources you may find helpful.

Please make sure you also read the Patient Information Leaflet provided with your pack of Binosto.

What is Binosto®?

Binosto is a round, whitish, effervescent tablet that contains the active ingredient alendronate. Alendronate belongs to a group of medicines called bisphosphonates. Bisphosphonates are used to treat and help prevent conditions that affect your bones such as osteoporosis.

Bisphosphonates work by slowing down the cells which break down bone (osteoclasts). Therefore, they slow down bone loss, allowing the bone building cells (osteoblasts) to work more effectively. They can help to strengthen bone and help to prevent it getting any weaker. People who take a bisphosphonate are less likely to break (fracture) a bone. Binosto dissolves in water to produce an effervescent solution that you drink.

The dispensing label on the outside of the pack will confirm the dosage your healthcare professional has prescribed for you. You can only get Binosto with a prescription from your healthcare professional.



Why have I been prescribed Binosto®?

Binosto is prescribed for women who have been diagnosed with postmenopausal osteoporosis.

What is Osteoporosis?

Bones support and protect the various organs of the body, produce red and white blood cells, store minerals and allow our bodies to move.

Bone is a living, active tissue that constantly renews itself. Old bone tissue is broken down by cells called osteoclasts and is replaced by new bone material produced by cells called osteoblasts. The balance between the breakdown of old bone and the formation of new bone changes at different stages of our lives [see figure 1]. As we get older this process slows down and everyone will experience some bone loss. But for some people bone loss happens more quickly, this is known as osteoporosis and means the bones are at higher risk of suffering a break (fracture).



Figure 1

Stages of bone development and remodelling



Childhood

New bone is formed quickly as bones grow longer.



Teens and early 20s

Bones stop growing longer but quick bone formation allows bones to grow in density and strength.



Mid-20s up to about 40

New bone is produced at the same rate older bone is broken down. This balance means the adult skeleton is completely renewed over a period of 7-10 years.



40s onwards

Bone starts to be broken down more quickly than it is replaced so bones slowly lose their density.

Consequences of osteoporosis

Sufficient force will cause anyone to break a bone, however if you have osteoporosis, broken bones are more likely to happen from a simple fall, from either standing or seated height. The terms 'fractures' and 'broken bones' mean the same thing. Although fractures can occur in different parts of the body, the hips, wrist and spine are most commonly affected.

A broken wrist can be the first indication that you have osteoporosis and often occurs in women soon after menopause who put their arm out in an attempt to break their fall. Healthy bones should be able to withstand a fall from standing or seated height, so a broken bone in these circumstances is known as a fragility fracture.

Fractures due to osteoporosis of the bones in the spine (vertebrae) usually occur in the lumbar (lower) or thoracic (middle) area of the spine. Bones become squashed or compressed because of their reduced strength. Back pain is the most frequent symptom of a spinal fracture; however, the degree of pain can vary amongst individuals with some experiencing no symptoms at all. Although bones heal they do not return to their previous shape which can cause height loss or spinal curvature. If fractures are numerous and severe they can lead to significant height loss and curvature, causing shortness of breath, protruding stomach, indigestion problems and stress incontinence. This is because of a reduction in the available space for the internal organs.

The most common site for the hip to break is across the top of the thigh bone (fractured neck of femur). Hips broken as a result of osteoporosis occur most commonly in a person's late 70s or 80s, but can occur younger. Full recovery is always possible but will often depend on how well someone is before the broken hip occurs. A broken hip, when a person is older, can have a major impact on their independence, which is why it is so important to try to do everything possible to prevent a fracture happening in the first place, whilst maintaining quality of life.

How does Binosto® work?

As osteoporosis causes a decline in bone mineral density, this results in your bones becoming weak and fragile and more susceptible to fracture. Binosto is a medicine designed to prevent this decline in bone strength and help reduce fracture risk.

Binosto works by slowing down the body's process of breaking down old bone, giving the bone-forming cells time to rebuild new bone. In order to rebuild bone, your body needs good, regular sources of calcium and vitamin D, so your healthcare professional may prescribe these for you to take alongside Binosto.



Buffered
Binosto®
Alendronic acid 70 mg

When and how to take Binosto®

Unless otherwise stated, your doctor will have prescribed you one Binosto tablet to be taken once a week.

In some circumstances the active ingredient in Binosto, called alendronate, can cause gastric side effects. Alendronate is also known to interact with some other medicines and foods. Although Binosto has been formulated to minimise gastric side effects, it is important that you take it as directed:

1. After you get up for the day and before breakfast, dissolve one tablet in 120ml of plain (tap) water. It is important that the tablet is dissolved completely, as this ensures the whole tablet goes straight into your stomach and prevents any residual tablet lying in your gullet when you swallow it. Never chew or suck your Binosto tablet.
2. Swallow the whole water mixture in one continuous sitting, followed by at least 30ml of plain (tap) water. You may drink more if you wish.
3. Afterwards, it is important to sit or stand upright (you can walk around), and avoid eating anything for the next 30 minutes. This will help the medicine reach your stomach and reduce the risk of unpleasant side effects, or interactions with food or other medicines. You can drink more plain (tap) water if you wish.

If you forget to take your tablet on the right day, don't worry, you can take it the next morning that you remember and then continue with your prescribed (weekly or otherwise) dose as before. Do not take two tablets together.

Are there any side-effects?

All medicines can cause side effects but not everyone will get them. The possible side-effects of taking Binosto are mainly gastro-intestinal, such as stomach pain, dyspepsia (wind/indigestion), acid reflux and feelings of nausea.

Taking your medicine as described above and following the instructions in the patient information leaflet should minimise these effects, however, if you experience any of these side-effects, please contact your healthcare professional for advice or pharmacist for advice. Please read your Patient Information Leaflet for more information on side-effects.

Do not stop taking Binosto unless your healthcare professional tells you to do so.

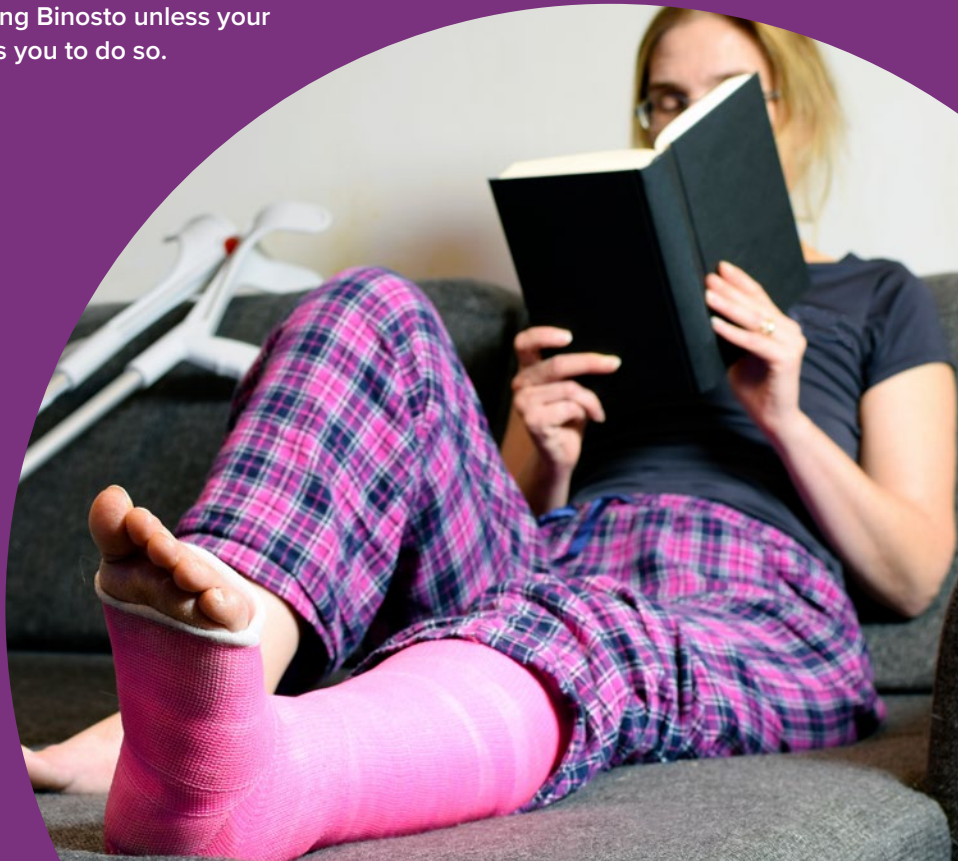


What happens if I stop taking it?

The effects of not taking your Binosto tablets will develop over a medium to long period of time. As the body begins to break down bone structure at its normal rate once again, your bones will weaken and can become susceptible to breaks (fracture). Bones affected by osteoporosis are not in themselves painful, but the broken bones that may result can cause pain and discomfort and may also result in decreased mobility.

If you have been diagnosed as having osteoporosis it may be because you have already suffered a bone fracture. Taking Binosto may help to prevent any further fractures from happening.

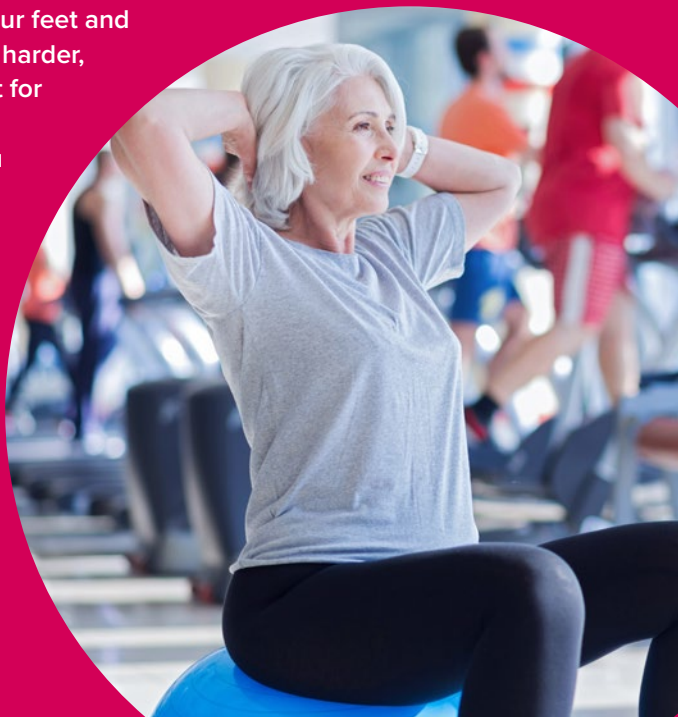
Remember, do not stop taking Binosto unless your healthcare professional tells you to do so.



What else can I do to manage my osteoporosis?

Healthy living is important for both building strong bones and to help prevent the loss of bone strength that occurs with osteoporosis. Healthy eating and good exercise are the best starting points for maintaining healthy bones. You can do this by partaking in plenty of weightbearing exercise and eating a well-balanced diet incorporating a wide variety of foods from the four main groups: fruit and vegetables; carbohydrates such as rice, cereals and pasta; milk and dairy products; and proteins such as meat, fish, eggs and pulses. Ensuring you get adequate calcium and vitamin D in your diet is also important. You need vitamin D to help your body absorb calcium. If getting sufficient calcium and/or vitamin D in your diet is difficult, it may be an idea to talk to your doctor about having a calcium and/or vitamin D treatment prescribed alongside Binosto.

Weight-bearing exercise is defined as any activity performed standing up, such as walking, jogging and dancing. When your feet and legs support your weight, your bones have to work harder, making them stronger. Choose exercise that is right for you, that fits in with your lifestyle and that you will enjoy and keep doing. Only do such activities if you feel fit enough to do so.



For further information on Binosto®, speak to your healthcare professional.
Do not stop taking your medicine unless your doctor tells you to.

Alternatively contact: STADA UK Thornton & Ross Linthwaite,
Huddersfield HD7 5QH. Tel: 01484 842 217

This patient guide has been produced as a service to medicine by
STADA Thornton & Ross.

If you experience any side effects, talk to your healthcare professional. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at www.mhra.gov.uk/yellowcard.

Adverse events should be reported. Reporting forms and information can be found at: www.mhra.gov.uk/yellowcard. Adverse events should also be reported to Thornton and Ross Limited by emailing thorntonross@medinformation.co.uk or by calling 01484 848 164

ALWAYS READ THE PATIENT INFORMATION LEAFLET

If you need more information about osteoporosis, or want to talk to someone about your condition, the Royal Osteoporosis Society has a helpline staffed by specialist nurses. Just call them on 0808 800 0035 or send an email enquiry to nurses@theros.org.uk



Take 5 minutes to check your bone health risk using the Royal Osteoporosis Society's risk checker by visiting theros.org.uk/risk-checker