

# MEDICATION RELATED OSTEONECROSIS OF THE JAW (MRONJ)



### ASK

- Have you had an area of exposed bone in your mouth for more than 8 weeks (about 2 months)?
- Have you recently had a tooth extracted or do you have a denture that rubs?
- Do you take anti-resorptive medications (e.g., bisphosphonates such as Alendronic Acid), anti-angiogenic drugs (e.g. sunitinib) or the RANKL inhibitor denosumab
- Are you taking any of the medicines referred to above for the management of cancer? (Higher risk of MRONJ)
- How long have you been taking bisphosphonates for? (>5 years = higher risk of MRONJ)
- Do you also take any steroids? (Higher risk of MRONJ)



### ADVICE

- These medications carry a small increased risk of MRONJ
- See a dentist for a check-up ideally before starting any of the relevant medications
- Tell your dentist if you are taking any of these medications
- Regular dental check-ups are advised to help prevent the need for future dental treatment
- Do not hold the tablet in your mouth due to risk of damage to the oral mucosa
- MRONJ can happen after a dental extraction, spontaneously, or sometimes from ill-fitting dentures
- If MRONJ is suspected, keep the area clean, leave the denture out if rubbing and see your dentist



### FOLLOW UP

- The individual may require high fluoride toothpaste as prescribed by the dentist
- Antibiotics may be prescribed by the dentist for any associated infection
- SDCEP guidelines: <https://www.sdcep.org.uk/published-guidance/medication-related-osteonecrosis-of-the-jaw/>



### ALERT

- Advise people to see their dentist urgently if symptoms are concerning or a non-healing ulcer is present



### PHARMACY PRODUCT

- Chlorhexidine mouthwash
- Analgesia advice including paracetamol and ibuprofen

## PHARMACY DENTAL FACT SHEET