

Dental advice for people taking bisphosphonates

The Australian Dental Association has issued a statement for dental patients taking bisphosphonates after the ABC's 7.30 Report on December 11. [check date].

Bisphosphonates are a group of medications that are prescribed for the management of bone diseases such as osteoporosis, Paget's disease, cancers that spread to bone (especially breast and prostate), multiple myeloma and others.

In Australia in 2005 there were 3 million bisphosphonate prescriptions written for 300,000 patients. In 2003, there appeared the first report of an Australian study of the incidence of osteonecrosis of the jaw (ONJ) in patients taking bisphosphonates.

Osteonecrosis of the jaw is death of a section of the jawbone after surgery or trauma (usually an extraction). It often involves pain and there may be obvious exposure of bone in the mouth. Sometimes there is a draining sinus with extensive undermining of the surrounding mucosa overlying the dead bone. The most common complication of ONJ is soft-tissue infection, which may be extensive.

Dr John Matthews, Federal President of the ADA, said "Bisphosphonate-associated osteonecrosis of the jaw is a relatively new phenomenon. [At present] there is no evidence that bisphosphonates cause ONJ [but] we do acknowledge [that] there is a strong association. The level of incidence is low (about 500 cases so far reported in Australia).

"With proper care ... osteonecrosis risk is minimised.

"Patients who have commenced bisphosphonate therapy must inform their dental practitioner before undertaking any dental treatment. Likewise patients should advise their medical practitioners of their dental health before being prescribed bisphosphonates. The relationship between the dentist, doctor and patient is critical for the patient's health and well-being." Dental patients should be aware of the following:

Before commencing bisphosphonate therapy, a medical practitioner should refer the patient to a dental practitioner to ensure the/she is dentally fit and unlikely to require extractions in the foreseeable future.

The medical practitioner should:

- ensure the patient has a proven indi-

You load 13 tonnes, and whaddaya get?



Sergeant Tim Blad, postman at the central ADF logistic base in the Middle East, struggles with the Christmas parcels entering and leaving the region. A staggering 13 tonnes of mail has arrived since mid-November and more than six tonnes has left bound for family and friends back in Australia.

Photo: Major Trevor Davies

cation for bisphosphonate therapy;

- refer the patient for dental assessment;
 - commence bisphosphonate therapy (after dental treatment, if required).
- The dental practitioner should establish dental fitness by:
- eliminating caries (extractions, restorations);
 - establishing healthy periodontium (scaling, extractions);
 - advising the medical practitioner when the patient is dentally fit.

After commencing bisphosphonate therapy, the dental practitioner should monitor oral health regularly.

Patients who are taking bisphosphonates should not have extractions or bone surgery until careful assessment of the risk of ONJ has been undertaken. Patients should not cease or change their bisphosphonate therapy without the consent of their medical practitioner.

The most commonly prescribed bisphosphonates are:

- nitrogen-containing bisphosphonates
 - alendronate (Fosamax)

- risedronate (Actonel)
- disodium pamidronate (Aredia, Pamisol)
- zoledronic acid (Zometa)
- non-nitrogen-containing bisphosphonates
 - etidronate
 - sodium clodronate
 - tiludronate 5

Individual risk factors of ONJ associated with bisphosphonate therapy that have been identified include:

- Age — generally the older the patient the greater the risk;
- Medical state — ONJ is more likely in patients who are immunocompromised, the statistically demonstrable ones being corticosteroids and diabetes;
- Heavy smoking may be a risk factor;
- Bone disorder — the risk greatest for multiple myeloma, bone cancer and Paget's disease, the least risk being for osteoporosis.
- Drug — the more potent the drug and the longer the duration, thus the higher total dose the greater the risk;
- Bone invasive procedures — three

quarters of all cases directly follow dental extraction. Other procedures involving bone, including periodontal scaling and trauma from dentures, have also been identified.

The Australian Dental Association (ADA) is the peak national professional body representing about 10,000 registered dentists engaged in clinical practice.

ADA members work in both the public and private sectors.

The primary objectives of the ADA are to promote the practice of evidence-based dentistry and encourage access for all Australians to affordable preventive oral care.

For further information contact: Dr John Matthews — President — 0407 800 137;

Mr Robert Boyd-Boland — Chief Executive Officer — 02 9906 4412 or 0417 677 607.

More information on the activities of the ADA and state and territory branches can be found at:

www.ada.org.au

Another digger comes home from Vietnam grave

A ramp ceremony was held in Hanoi on December 17, marking the departure of the remains of Lance Corporal John Gillespie, whose remains were recovered in the Minh Dam Mountains (formerly Long Hai Hills) Vung Tau Province

Lance Corporal Gillespie's family will be accompanied by the Minister for Veterans' Affairs, Alan Griffin; the Repatriation Commissioner, Brigadier William Rolfe (Ret'd); Commander 1st Division Major General Richard Wilson; and Jim Bourke, Operation Aussies Home. Members of the 1st Combat Services Support Battalion will provide the bearer party.

Speaking on December 6, the Minister said, "This brave soldier was killed on the 17 April, 1971, when the helicopter in which he was travelling was

shot down by enemy fire. Lance Corporal Gillespie, who was pinned beneath the helicopter by his lower limbs, was unable to be rescued from the ensuing intense fire despite the efforts of other crew members. Heavy enemy activity in the area prevented recovery of Lance Corporal Gillespie's remains before the Australian forces' withdrawal from Vietnam."

The Australian Government team, including two members of Operation Aussies Home, located the remains during a complete and thorough archaeological excavation of the site, which had been located by Mr Peter Aylett, of Operation Aussies Home, in February 2004.

"Lance Corporal Gillespie lost his life while serving our country and I am pleased that these collaborative efforts

can bring closure to his family after so many years," Mr Griffin said.

Mr Griffin said, "Australia is grateful to the Vietnamese authorities who have greatly assisted the Australian Government Team efforts in Vietnam. Their continued assistance in honouring these Australian soldiers is greatly appreciated. I am also grateful to Operation Aussies Home, led by Mr Jim Bourke, who have worked tirelessly for many years to locate these remains as well as the remains of Lance Corporal Parker and Private Gillson, who were repatriated to Australia in June this year.

"Finally, Lance Corporal Gillespie was a brave digger who gave his life for our country. We honour him and will commemorate his return to Australia with dignity and according to his family's wishes."

France delivers first of multi-role helicopters

The French Ambassador to Australia, Mr François Descoueyte, attended a ceremony on December 18 in Brisbane marking the acceptance and delivery of the first two multi-role helicopters (MRH90) to Australia.

The MRH90 is a variant of NATO NH90 Troop Transport Helicopter and incorporates the latest rotary-wing technology. Of the 46 MRH90s ordered by Australia, four are assembled in France, the remaining 42 being assembled in Brisbane by Australian Aerospace, a subsidiary of Eurocopter.

The MRH90 follows on from the 2001 order by the Australian Defence Materiel Organisation on Australian Aerospace for 22 state-of-the-art Tiger Armed Reconnaissance Helicopters.