

Zoledronate (Aclasta) Infusion

Information for Patients

Zoledronate (also known as Zoledronic acid or Aclasta) is the most potent medicine in the bisphosphonate class currently available. Bisphosphonates work by preventing resorption of bone by inhibiting the function of bone-dissolving cells called osteoclasts. Bisphosphonates are licensed in New Zealand for the treatment of osteoporosis and Paget's disease, and are also used for preventing some forms of cancer from spreading in bone. Zoledronate is given by an intravenous infusion (into a vein in the arm via a "drip") over about 15-30 minutes. Zoledronate increases the bone density in patients with osteoporosis, to about the same extent as other medicines such as Alendronate (Fosamax), and is effective at reducing fracture rates, by 35-70%.

The main side effect from the use of Zoledronate is flu like illness, consisting of muscle aches and fever. This occurs in up to 30% of people who take it. This usually comes on within 24 hours of the infusion and seldom lasts more than three days. In most cases it is mild, though some individuals can feel significantly unwell for a few days. If this occurs, you should take some Paracetamol or other anti-inflammatory medicine for the duration of the symptoms. The great majority of individuals don't have any such symptoms. Some individuals with pre-existing kidney damage have seen deterioration in their kidney function after the use of Zoledronate. It is not clear that this is related to Zoledronate itself, but it is normal practice not to use this medicine in people whose kidneys are not functioning well.

Other than flu-like symptoms after the first infusion, side effects from Zoledronate treatment are uncommon, and are in general no different from placebo-treated patients in randomised trials. It should be remembered that major fractures can be very dangerous, so this should be balanced against the small risk of ill effects from treatments.

Treatment is usually accompanied by vitamin D tablets given at the time of the infusion, to help keep blood calcium levels normal. Calcium tablets are not normally recommended.

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Side effects of Zoledronate include:

- About 30% of individuals may experience a flu-like feeling after their first treatment, which usually last 24-72 hours, but which can occasionally go on for longer, sometimes with associated muscle or joint aching. This usually responds well to regular Paracetamol or an anti-inflammatory such as Nurofen or Diclofenac. The chance of this side-effect occurring after second or third Zoledronate infusions is much lower (about 3-4%).
- Individuals with severe pre-existing kidney damage can sometimes experience deterioration in their kidney function after the administration of Zoledronate. It is normal practice not to use Zoledronate in people whose kidneys are not functioning well.
- Very rarely, drugs in the bisphosphonate class can cause eye inflammation.
- Osteonecrosis of the jaw (ulceration in tooth sockets or the gums).

Unproven side effects with Zoledronate include:

- Atrial fibrillation (an abnormal heart rhythm 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 not clearly related to bisphosphonate therapy).

If you have any other questions about this medicine, or your bone condition, contact your Family Doctor.

唑来膦酸 (Aclasta) 输液 患者信息

唑来膦酸（也称为唑来磷酸或 Aclasta）是目前双膦酸盐类药物中最强效的药物。双膦酸盐通过抑制称为破骨细胞的骨溶解细胞的功能来防止骨吸收。双膦酸盐在新西兰被批准用于治疗骨质疏松症和佩吉特氏病，也用于防止某些形式的癌症向骨骼扩散。唑来膦酸通过静脉输液（通过手臂的静脉“滴注”）给予，时间大约为 15-30 分钟。唑来膦酸能在骨质疏松症患者中增加骨密度，效果与其他药物如阿仑膦酸（Fosamax）相似，并有效降低骨折率，减少 35-70%。

唑来膦酸的主要副作用是类似流感的症状，包括肌肉酸痛和发热。这种症状出现在约 30% 的使用者身上，通常在输液后 24 小时内出现，持续时间很少超过三天。大多数情况下，症状较轻，但有些人可能会感到几天内明显不适。如果发生这种情况，您可以服用一些扑热息痛（Paracetamol）或其他消炎药来缓解症状。大多数人不会有这种症状。有些已有肾损伤的患者在使用唑来膦酸后，肾功能可能会进一步恶化，目前尚不清楚这是否与唑来膦酸本身有关，但通常不建议肾功能不佳的患者使用这种药物。

除了首次输液后的类似流感症状外，唑来膦酸治疗的副作用很少见，通常与安慰剂治疗患者的反应没有显著差异。需要注意的是，主要骨折是非常危险的，因此在治疗时应权衡副作用的风险。

治疗通常伴随维生素 D 片剂，以帮助维持血钙水平正常。钙片通常不推荐使用。

唑来膦酸的副作用包括：

- 大约 30% 的人在首次治疗后可能会有类似流感的感觉，持续 24-72 小时，偶尔会持续更长时间，有时伴有肌肉或关节疼痛。通常服用扑热息痛或消炎药（如 Nurofen 或双氯芬酸）可以有效缓解症状。第二次或第三次唑来膦酸输液后，这种副作用的发生率大大降低（约 3-4%）。
- 严重肾损伤的患者有时在使用唑来膦酸后，肾功能可能会恶化。因此，通常不建议肾功能不佳的患者使用唑来膦酸。
- 非常罕见的情况下，双膦酸盐类药物可能会导致眼部炎症。
- 颌骨坏死（牙槽或牙龈溃疡）。

尚未证实的唑来膦酸副作用包括：

- 心房颤动（一组海外研究发现的异常心律，但其他临床试验中未发现）。
- 大腿上部骨折（新加坡和美国的医生在个别病例中报告了此情况，但尚未明确与双膦酸盐治疗有关）。

如果您对这种药物或您的骨骼状况有任何其他疑问，请联系您的家庭医生。