

# PATIENT INFORMATION ON STRONTIUM

(Brand name: Protos)

This information sheet has been produced by the Australian Rheumatology Association to help you understand the medicine that has been prescribed for you. It includes important information about:

- how you should take your medicine
- the possible side effects
- other precautions you should take while you are taking strontium.

Please read it carefully and discuss it with your doctor.

## Important things to remember

- While taking strontium you should see your doctor regularly to minimise any possible side effects.
- If you are worried about any side effects you should contact your doctor as soon as possible.
- To make sure it is effective, it is very important that you follow the instructions for taking strontium carefully.
- Strontium should *not* be taken with some other osteoporosis medicines such as bisphosphonates, e.g. alendronate (Alendro, Fosamax, Fosamax Plus), risedronate (Actonel, Actonel Combi, Actonel Combi D) and zoledronate (Aclasta); or denosumab (Prolia), raloxifene (Evista) or teriparatide (Forteo).

For more information about OSTEOPOROSIS see the Osteoporosis Australia website [www.osteoporosis.org.au/](http://www.osteoporosis.org.au/) or phone Osteoporosis Australia on 1800 242 141.

## What is strontium?

Strontium (brand name Protos) is a medicine used to treat osteoporosis. Osteoporosis is a common disease that causes bones to become fragile and brittle so that they break (fracture) more easily even as a result of normal activity (as distinct from a fall).

Fractures are painful and restrict a person's ability to carry out their normal daily tasks. Strontium reduces the risk of a broken bone or fracture. This medicine consists of a specific type of 'salt' containing strontium, which is an element found naturally in water, food and in trace amounts in the body.

## How does it work?

Bone is constantly changing with old bone breaking down and new bone being formed to take its place. This usually happens in a balanced way. If the cycle becomes unbalanced bone breaks down faster than it is replaced. This leads to osteoporosis.

Strontium is a medicine that slows or stops the bone breaking down. It may also increase bone formation. As a result, bone strength increases and the risk of fracture is reduced.

## **What benefit can you expect from your treatment?**

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Since osteoporosis is usually not painful (until a fracture occurs) you will not 'feel' any immediate benefit from your treatment with strontium.

You may be asked to have tests to check the effect of treatment on your bones. For example a bone mineral density test is usually done after one to two years of treatment. This is a type of X-ray that involves a very small amount of radiation.

Tests of urine or blood are also sometimes used to measure the effects of treatment on bone formation and breakdown.

## **How is strontium taken?**

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Strontium is a powder that comes in single dose sachets and needs to be mixed with water before you take it. To make sure it is effective it is very important that you follow the instructions carefully:

- Empty the powder from the sachet into a glass.
- Add at least 30mls of water (about one third of a standard glass).
- Stir the powder until it is evenly mixed in the water. This should take only a few seconds.
- Drink the mixture straight away. If you do not drink it straight away make sure you stir it again before drinking.
- Do not leave this mixture for more than 24 hours before you take it.

## ***What is the dosage and when should it be taken?***

Strontium comes in 2 gram sachets. The dose is one sachet every day.

It should be taken on an empty stomach at least two hours after eating.

The best time to take it is at night before going to bed.

## ***Can other medicines be taken with strontium?***

It is safe to take most medicines when you are taking strontium. However, it should *not* be taken with some other osteoporosis medicines (refer *Precautions*, page 3).

Your doctor will usually recommend that you take calcium and vitamin D as further treatment for osteoporosis. If you are taking medicines containing calcium you should not take your strontium within 2 hours of taking these medicines.

## ***How long is the treatment continued?***

For osteoporosis, treatment with strontium is usually given for a number of years. Your doctor will review your progress each year. Once you have had one fracture your chance of having another one is high so it is important to keep taking the medicine as long as it is effective and as long as no serious side effects occur.

## **Are there any side effects?**

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Most people who take strontium do not experience side effects. Tell your doctor if you are concerned about possible side effects. A reduction in dose or change to another medicine may minimise the side effects so that you can continue to have treatment for your bones.

## ***Most common possible side effects***

The most common side effects include:

- *stomach upset including nausea and diarrhoea*
- *headache*
- *skin irritation.*

## ***Less common or rare possible side effects***

- *Blood clot* in a vein is rare. Contact your doctor immediately if you experience pain or swelling in your legs or a sudden shortness of breath.
- A very rare but *serious reaction* including skin rash, fever, swollen glands, high numbers of white cells in the blood and effects on the liver, kidneys and lungs can occur within 3 to 6 weeks of starting

treatment. Contact your doctor straight away or seek immediate medical treatment if this occurs.

- There are also a number of other uncommon side effects and precautions that are described in the leaflet that comes with the medicine. You should read the leaflet and discuss any concerns with your doctor.

## **What precautions are necessary?**

### ***Blood tests***

- Monitoring blood tests are not usually required for people taking strontium, although in certain situations these may be needed.

### ***Kidney disease***

- Strontium should not be taken if you have severe kidney disease.

### ***Use with other medicines***

- You should tell your doctor (including your general practitioner, rheumatologist and others) about all medicines you are taking or plan to take. This includes over the counter or herbal/naturopathic medicines.

- You should also mention your treatment when you see other health professionals.
- Strontium should *not* be taken with some other osteoporosis medicines such as bisphosphonates e.g. alendronate (Fosamax, Alendro, Fosamax Plus), risedronate (Actonel, Actonel Combi, Actonel Combi D) and zoledronate (Aclasta), or denosumab (Prolia), raloxifene (Evista) or teriparatide (Forteo).
- Strontium treatment should be temporarily stopped during treatment with certain antibiotics (e.g. tetracyclines).
- The risk of side effects from the low doses of aspirin used to prevent heart attack and strokes is not increased when taken with strontium.

### ***Use in pregnancy and breastfeeding***

- Strontium is not recommended to be taken during pregnancy or when breastfeeding. If you are planning a family or become pregnant you should discuss this with your doctor as soon as possible.

## **How to store strontium**

- Store strontium in a cool, dry place, away from direct heat and light.
- Keep all medicines out of reach of children

### **Questions?**

If you have any questions or concerns write them down and discuss them with your doctor.

### **Your doctor's contact details**

If you are taking strontium you should see your doctor regularly to make sure the treatment is working and to minimise any possible side effects.

### **How to help us help you Sign up to the ARAD project now!**

The Australian Rheumatology Association collects information on how well these drugs work and how often they cause problems.

The best way to get this information is from you!

**Contact us in any of the following ways:**

**Email:** [ARAD@monash.edu](mailto:ARAD@monash.edu)

**Telephone:** Sydney 02 9463 1889

**or** Melbourne 03 9508 3424

**Fax:** 1-800-022-730

**Visit our website:** [www.ARAD.org.au](http://www.ARAD.org.au)

The information in this sheet has been obtained from various sources and has been reviewed by the Australian Rheumatology Association. It is intended as an educational aid and does not cover all possible uses, actions, precautions, side effects, or interactions of the medicines mentioned. This information is not intended as medical advice for individual problems nor for making an individual assessment of the risks and benefits of taking a particular medicine. It can be reproduced in its entirety but cannot be altered without permission from the ARA. The NHMRC publication: *How to present the evidence for consumers: preparation of consumer publications* (2000) was used as a guide in developing this publication.