

OSTEOPOROSIS

Which Treatment Is Right for You?

The following drugs reduce the risk of fragility fractures

No one medication is right for everyone. Your health history, preferences, and other factors will determine the best drug for you.



Medications	Recommended for	Effect on fracture risk	How are they administered?	Most common side effects
BISPHOSPHONATES Fosamax (alendronate) Binosto (aledronate) Actonel (risedronate) Atelvia (risedronate) Boniva (ibandronate) Reclast (zoledronic acid)	Many patients with osteoporosis	↓ ↓ ↓	By mouth daily, weekly, or monthly; IV injection every 3 or 12 months	Heartburn, irritation of stomach and/or esophagus, nausea, bone/joint/muscle pain, mild flu-like symptoms
Prolia (denosumab)	People with osteoporosis & kidney disease or can't take bisphosphonates or have very high fracture risk	↓ ↓ ↓	Injected into the skin every 6 months	Bone/muscle pain, red/dry/itchy skin
ANABOLIC AGENTS Forteo (teriparatide) Tymlos (abaloparatide)	People with very high fracture risk, severe osteoporosis, prior spine or hip fractures	↓ ↓ ↓	Injected into the skin daily	Headaches, dizziness, nausea, fatigue
Evenity (romosozumab)	People with very high fracture risk, severe osteoporosis, prior spine or hip fractures	↓ ↓ ↓	Injected into the skin monthly	Headaches, joint pain
Evista (raloxifene)	Women with osteoporosis who can't take bisphosphonates or other osteoporosis medications	↓	By mouth daily	Respiratory symptoms, hot flashes, joint or muscle cramps
Miacalcin (calcitonin) Fortical (calcitonin)	People with osteoporosis who can't take other medications	↓	Nasal spray daily; injected into the skin or muscle daily	Runny or bloody nose

For more information on treatment options, visit the [National Osteoporosis Foundation website](https://www.nof.org)