Strontium ranelate: cardiovascular risk—restricted indication and new monitoring requirements – local implementation guidelines

MHRA Safety Alert , March 2014

The European Medical Agency have issued the following recommendation regarding strontium:

Advice for healthcare professionals:

- Strontium ranelate is now restricted to the treatment of severe osteoporosis in postmenopausal women and adult men at high risk of fracture who cannot use other osteoporosis treatments due to, for example, contraindications or intolerance
- Treatment should only be started by a physician with experience in the treatment of osteoporosis
- The risk of developing cardiovascular disease should be assessed before starting treatment. Treatment should not be started in people who have or have had:
  - ischaemic heart disease
  - peripheral arterial disease
  - cerebrovascular disease
  - uncontrolled hypertension
- Cardiovascular risk should be monitored every 6–12 months
- Treatment should be stopped if the individual develops ischaemic heart disease, peripheral arterial disease, or cerebrovascular disease, or if hypertension is uncontrolled

Local Implementation

1. No patients should be initiated on strontium in general practice.
2. All patients currently prescribed strontium should be identified.
3. All patients, without exception, who have concurrent ischaemic heard disease, peripheral arterial disease, cerebrovascular disease or uncontrolled hypertension must have their strontium stopped.
4. Patients who have not previously had an oral bisphosphonate prescribed should be changed to weekly alendronic acid 70mg plus calcium and vitamin D.
5. Patients who cannot take an oral bisphosphonate due to intolerance should be referred to the osteoporosis team for advice.
6. If continued strontium treatment is recommended by the osetoporosis team then the patient's cardiovascular risk will need to be monitored every 6 – 12 months. This will only happen where other osteoporosis treatments are impractical.

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