

Package leaflet: Information for the patient

Strontium ranelate Aristo 2 g granules for oral suspension

Strontium ranelate

▼ This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See the end of section 4 for how to report side effects.

Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

What is in this leaflet

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1. What Strontium ranelate Aristo is and what it is used for

Strontium ranelate Aristo is a medicine used to treat severe osteoporosis:

- in postmenopausal women,
- in adult men,

at high risk of fracture, for whom other alternative treatments are not possible. In postmenopausal women, strontium ranelate reduces the risk of fracture at the spine and at the hip.

About osteoporosis

Your body is constantly breaking down old bone and making new bone tissue. If you have osteoporosis, your body breaks down more bone than it forms so that gradually bone loss occurs and your bones become thinner and fragile. This is especially common in women after the menopause. Many people with osteoporosis have no symptoms and you may not even know that you have it. However, osteoporosis makes you more likely to have fractures (break bones), especially in your spine, hips and wrists.

How Strontium ranelate Aristo works

Strontium ranelate Aristo, which contains the substance strontium ranelate, belongs to a group of medicines used to treat bone diseases.

Strontium ranelate Aristo works by reducing bone breakdown and stimulating rebuilding of bone and therefore reduces the risk of fracture. The newly formed bone is of normal quality.

2. What you need to know before you take Strontium ranelate Aristo

Do not take Strontium ranelate Aristo

- if you are allergic to strontium ranelate or any of the other ingredients of this medicine (listed in section 6);
- if you have or have had a blood clot (for example, in the blood vessels in your legs or lungs);

- if you are immobilised permanently or for some time such as being wheel-chair bound, or confined to bed or if you are to undergo an operation or recovering from an operation. The risk of vein thrombosis (blood clots in the leg or lungs) may be increased in the event of lengthy immobilisation.
- if you have established ischaemic heart disease, or cerebrovascular disease, e.g. you have been diagnosed with a heart attack, stroke, or transient ischaemic attack (temporary reduction of blood flow to the brain; also known as “mini-stroke”), angina, or blockages of blood vessels to the heart or brain;
- if you have or have had problems with your blood circulation (peripheral arterial disease) or if you have had surgery on the arteries of your legs;
- if you have high blood pressure not controlled by treatment.

Warnings and precautions

Talk to your doctor or pharmacist before taking Strontium ranelate Aristo

- if you are at risk of heart disease, this includes high blood pressure, high cholesterol, diabetes, smoking;
- if you are at risk of blood clots;
- if you have severe kidney disease.

Your doctor will evaluate the conditions of your heart and blood vessels regularly, generally every 6 to 12 months for as long you are taking Strontium ranelate Aristo.

During treatment, if you experience an allergic reaction (such as swelling of the face, tongue or throat, difficulty in breathing or swallowing, skin rash), you must immediately stop taking Strontium ranelate Aristo and seek medical advice (see section 4). Potentially life-threatening skin rashes (Stevens-Johnson syndrome, toxic epidermal necrolysis and severe hypersensitivity reactions (DRESS)) have been reported with the use of Strontium ranelate Aristo.

The highest risk of occurrence of serious skin reactions is within the first weeks of treatment for Stevens-Johnson syndrome and toxic epidermal necrolysis and usually around 3-6 weeks for DRESS. If you develop a rash or serious skin symptoms (see section 4), stop taking Strontium ranelate Aristo, seek urgent advice from a doctor and tell him that you are taking this medicine.

If you have developed Stevens-Johnson syndrome or toxic epidermal necrolysis or DRESS with the use of Strontium ranelate Aristo, you must not be re-started on Strontium ranelate Aristo at any time. If you are of Asian origin, talk to your doctor before taking Strontium ranelate Aristo as you may be at higher risk of skin reactions.

Children and adolescents

Strontium ranelate Aristo is not intended for use in children and adolescents (below the age of 18).

Other medicines and Strontium ranelate Aristo

Tell your doctor or pharmacist if you are taking/using, have recently taken/used or might take/use any other medicines.

You should stop taking Strontium ranelate Aristo if you have to take oral tetracyclines such as doxycycline or quinolones such as ciprofloxacin (two types of antibiotics). You can take Strontium ranelate Aristo again when you have finished taking these antibiotics. If you are unsure about this ask your doctor or pharmacist.

If you are taking medicines containing calcium, you should leave at least 2 hours before you take Strontium ranelate Aristo.

If you take antacids (medicines to relieve heartburn) you should take them at least 2 hours after Strontium ranelate Aristo. If this is not possible, it is acceptable to take the two medicines at the same time.

If you need to have blood or urine tests to check your level of calcium, you should tell the laboratory that you are taking Strontium ranelate Aristo as it may interfere with some testing methods.

Strontium ranelate Aristo with food and drink

Food, milk and milk products reduce the absorption of strontium ranelate. It is recommended that you take Strontium ranelate Aristo in-between meals, preferably at bedtime at least two hours after food, milk or milk products or calcium supplements.

Pregnancy and breast-feeding

Do not take Strontium ranelate Aristo during pregnancy or when you are breastfeeding. If you take it by accident during pregnancy or breastfeeding, stop taking it straight away and talk to your doctor.

Driving and using machines

Strontium ranelate Aristo is unlikely to affect your ability to drive or use machines.

Strontium ranelate Aristo contains aspartame (E 951)

If you suffer from phenylketonuria (a rare, hereditary disorder of the metabolism) talk to your doctor before you start to take this medicine.

3. How to take Strontium ranelate Aristo

The treatment should only be started by a doctor with experience in treating osteoporosis.

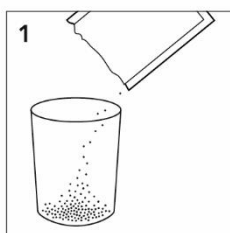
Always take this medicine exactly as your doctor or pharmacist has told you. Check with your doctor or pharmacist if you are not sure.

Strontium ranelate Aristo is for oral use.
The recommended dose is one 2 g sachet a day.

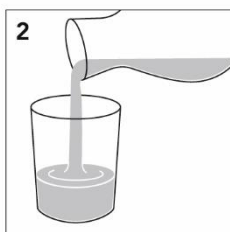
It is recommended that you take Strontium ranelate Aristo at bedtime, preferably at least 2 hours after dinner. You may lie down immediately after taking Strontium ranelate Aristo if you wish.

Method of administration

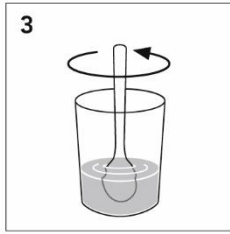
Take the granules contained in the sachets as a suspension in a glass containing a minimum of 30 ml (approximately one third of a standard glass) of water. See instructions below. Strontium ranelate Aristo can interact with milk and milk products, so it is important that you mix Strontium ranelate Aristo only with water to be sure it works properly.



Empty the granules from the sachet into a glass.



Add water.



Stir until the granules are evenly dispersed in the water.

Drink straight away. You should not leave more than 24 hours before you drink it. If for some reason you cannot drink the medicine straight away, make sure you stir it again before drinking.

Your doctor may advise you to take calcium and vitamin D supplements in addition to Strontium ranelate Aristo. Do not take calcium supplements at bedtime, at the same time as Strontium ranelate Aristo.

Your doctor will tell you how long you should continue to take Strontium ranelate Aristo. Osteoporosis-therapy is usually required for a long period. It is important that you continue taking Strontium ranelate Aristo for as long as your doctor prescribes the medicine.

If you take more Strontium ranelate Aristo than you should

If you take more sachets of Strontium ranelate Aristo than recommended by your doctor, tell your doctor or pharmacist. They may advise you to drink milk or take antacids to reduce the absorption of the active ingredient.

If you forget to take Strontium ranelate Aristo

Do not take a double dose to make up for forgotten individual doses. Just carry on with the next dose at the normal time.

If you stop taking Strontium ranelate Aristo

It is important that you continue taking Strontium ranelate Aristo for as long as your doctor prescribes the medicine. Strontium ranelate Aristo can treat your severe osteoporosis only if you continue to take it.

If you have any further questions on the use of this medicine, ask your doctor or pharmacist.

4. Possible side effects

Like all medicines, this medicine can cause side effects, although not everybody gets them.

If the following happens to you, stop using Strontium ranelate Aristo and talk to your doctor immediately:

Common: may affect up to 1 in 10 people

- Heart attack: sudden crushing pains in your chest which may reach your left arm, jaw, stomach, back and/or shoulders. Other symptoms may be nausea/vomiting, sweating, shortness of breath, palpitations, (extreme) tiredness and/or dizziness. Heart attack may occur commonly in patients at high risk for heart disease. Your doctor will not prescribe Strontium ranelate Aristo for you if you are at particular risk.
- Blood clots in veins: pain, redness, swelling in your leg, sudden chest pain or difficulty breathing.

Rare: may affect up to 1 in 1,000 people

- Signs of severe hypersensitivity reactions (DRESS): initially as flu-like symptoms and a rash on the face then an extended rash with a high temperature (uncommon), increased levels of liver enzymes seen in blood tests (uncommon) an increase in a type of white blood cell (eosinophilia) (rare) and enlarged lymph nodes (uncommon).

Very rare: may affect up to 1 in 10,000 people

- Signs of potentially life-threatening skin rashes (Stevens-Johnson syndrome, toxic epidermal necrolysis): initially as reddish target-like spots or circular patches often with central blisters on the trunk. Additional signs may include ulcers in the mouth, throat, nose, genitals and conjunctivitis (red and swollen eyes). These potentially life-threatening skin rashes are often accompanied by flu-like symptoms. The rash may progress to widespread blistering or peeling of the skin.

Other possible side effects

Very Common: may affect more than 1 in 10 people

Itching, hives, skin rash, angioedema (such as swollen face, tongue or throat, difficulty in breathing or swallowing), bone, limb, muscle and/or joint pain, muscle cramps.

Common: may affect up to 1 in 10 people

Vomiting, abdominal pain, reflux, indigestion, constipation, flatulence, difficulty in sleeping, inflammation of the liver (hepatitis), swelling in limbs, bronchial hyperreactivity (symptoms include wheezing and shortness of breath and cough), increased level of a muscle enzyme (Creatine phosphokinase), increased levels of cholesterol, nausea, diarrhoea, headache, eczema, memory trouble, fainting fit, pins and needles, dizziness, vertigo.

However, these effects were mild and short-lived and usually did not cause the patients to stop taking their treatment. Talk to your doctor if any effects become troublesome or persist.

Uncommon: may affect up to 1 in 100 people

Seizures, oral irritation (such as mouth ulcers and gum inflammation), hair loss, feeling confused, feeling unwell, dry mouth, skin irritation.

Rare: may affect up to 1 in 1,000 people

Reduction in production of blood cells in the bone marrow.

If you have stopped treatment due to hypersensitivity reactions, do not take Strontium ranelate Aristo again.

Reporting of side effects

If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet.

You can also report side effects directly via Yellow Card Scheme, website:

www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. By reporting side effects you can help provide more information on the safety of this medicine.

5. How to store Strontium ranelate Aristo

Keep this medicine out of the sight and reach of children.

Do not use this medicine after the expiry date which is stated on the carton and sachet after “EXP:”. The expiry date refers to the last day of that month.

Do not throw away any medicines via wastewater. Ask your pharmacist how to throw away medicines you no longer use. These measures will help protect the environment.

6. Contents of the pack and other information

What Strontium ranelate Aristo 2 g granules for oral suspension contain

- The active substance is: Strontium ranelate. Each sachet with 4 g granules contains 2 g of strontium ranelate.
- The other ingredients are: mannitol (E 421), maltodextrin, aspartame (E 951), vanillin

What Strontium ranelate Aristo looks like and contents of the pack

Strontium ranelate Aristo 2 g granules for oral suspension are available in sachets containing white to beige granules.

Strontium ranelate Aristo 2 g granules for oral suspension are supplied in boxes of 14, 28 or 84 sachets containing 4 g granules each.

Not all pack sizes may be marketed.

Marketing Authorisation Holder

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This leaflet was last revised in December 2017.