







Azathioprine.

You have been prescribed **Azathioprine**
This is a **Daily** Medication.

	Morning
Week 1	 Azathioprine 50mg (1 tablet)
Week 2	  Azathioprine 100mg (2 tablets)
Week 3	   Azathioprine 150mg (3 tablets)
Continue on Azathioprine 150mg until your next appointment. Make sure you have a Blood test During week	

It may take 6 to 12 weeks before you notice any benefit

You will need to have blood tests every

**If you have any queries please contact
Helpline number: 01793 604323**

If you would like this information in another format, i.e. large print or another language, please contact the Patient Advice and Liaison Service (PALS) department on 01793 604031

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Patient Information

What about immunisations?

If you're on Azathioprine it is recommended that you avoid live vaccines such as yellow fever. However, in certain situations, a live vaccination may be necessary. In this case, your doctor will discuss the possible risks and benefits of the vaccination with you.

If you're in your 70s and are offered shingles vaccination (Zostavax) you should seek advice from your rheumatology team – you may be able to have the shingles vaccine if you're on a low dose of azathioprine.

Pneumovax (which gives protection against the commonest cause of pneumonia) and **yearly flu vaccines** don't interact with Azathioprine and are recommended.

Can I drink alcohol while on Azathioprine?

You should only drink alcohol in small amounts because azathioprine and alcohol can interact and damage your liver. You should discuss this with your doctor.

What about breastfeeding?

Azathioprine may pass into the breast milk. The decision whether or not to breastfeed on Azathioprine should be discussed with your doctor or nurse specialist. Though in the past, doctors were very cautious about this, more recent evidence suggests that it is safe. Many mothers find that they can breastfeed safely whilst on Azathioprine.

Where can I obtain further information?

If you would like any further information about Azathioprine, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse or pharmacist.

Arthritis Research UK

Tel: 0870 850 5000

Website: www.arthritisresearchuk.org

Notes:

Azathioprine is a type of drug known as a disease-modifying anti-rheumatic drug, or DMARD. These drugs have the effect of dampening down the underlying disease process, rather than simply treating symptoms. Azathioprine reduces the activity of the immune system (the body's own defence system), so it's always used with care.

Why is Azathioprine prescribed?

Azathioprine is used to treat several different types of rheumatic disease, including systemic lupus erythematosus (SLE), rheumatoid arthritis and other autoimmune and inflammatory diseases. It may also be prescribed if you're on steroid treatment so that your steroid dose can be reduced.

When and how do I take Azathioprine?

Azathioprine is taken in tablet form daily. It's usually taken with or after food. The tablets should be taken with a glass of water. They should be swallowed whole and not crushed or chewed.

Your doctor will advise you about the correct dose. Usually you will start on a low dose, e.g. 50 mg daily, and your doctor will tell you how to increase the dose gradually. The dose you're given will depend on your body weight, but is usually between 100-200mg.

How long does Azathioprine take to work?

Azathioprine does not work immediately. It may be 6-12 weeks before you notice any benefit.

What other treatments could be used instead of Azathioprine?

A number of other drugs are used in the treatment of rheumatoid arthritis and related conditions. Your doctor will discuss these other options with you.

Will I need any special checks while on Azathioprine?

Your doctor may order a test called TPMT to find out whether you have adequate levels of the enzyme which removes Azathioprine from the body. Low levels of TPMT could mean higher risk of side-effects.

Because Azathioprine can affect the the blood count and sometimes cause liver problems, your doctor will arrange for you to have a blood test before you start your treatment and then regularly throughout.

You must not take Azathioprine unless you're having regular blood checks.

What are the possible risks or side-effects?

Azathioprine can cause nausea (feeling sick), vomiting, diarrhoea, loss of appetite (this may be alleviated by taking with food or last thing at night), hair loss and skin rashes.

Azathioprine can affect the blood count (one of the effects is that fewer blood cells are made) and can make you more likely to develop infections. It can also affect your liver. You should tell your doctor or rheumatology nurse specialist straight away if you develop any of the following after starting Azathioprine:

- a sore throat
- a fever
- any other symptoms of infection
- unexplained bruising or bleeding
- jaundice (eyes or skin turning yellow)
- any other new symptoms or anything else that concerns you.

You should stop sulfasalazine and see your doctor immediately if:

- Any of the symptoms listed above are severe.
- You haven't had chickenpox and you come into contact with someone who has chickenpox or shingles
- You develop chickenpox or shingles.

Chickenpox and shingles can be severe in people on treatments that affect the immune system such as Azathioprine. You may need antiviral treatment which our doctor will be able to prescribe.

There's a slightly increased risk of certain types of cancer with Azathioprine. You should discuss this with your doctor.

Can I take other medicines along with Azathioprine?

Azathioprine may be prescribed along with other drugs in treating your condition. Some drugs interact with it, so you should discuss any new medications with your doctor before starting them. You should always tell any other doctor treating you that you're on Azathioprine.

Azathioprine is not a **painkiller**. If you are already on a **non-steroidal anti-inflammatory drug (NSAID)** or painkillers you can carry on taking these as well as azathioprine, unless your doctor advises otherwise.

Do not take over-the-counter preparations or **herbal remedies** without discussing this first with your doctor, rheumatology nurse or pharmacist.