

Rheumatology Shared Care Guidelines

Azathioprine

Information sheet for GPs

Azathioprine is of proven benefit as a disease modifying agent in the treatment of rheumatoid arthritis. Clinical improvement is normally seen within 12 weeks after starting treatment. NSAID and simple analgesics should be continued but the doses can be reduced once azathioprine therapy is established.

Dose Regimen

- 1 to 3 mg/kg/day adjusted for clinical response
- If no improvement is seen within 3 months consideration should be given to withdrawing treatment.

Monitoring

- Baseline FBC, U&E, creatinine and LFTs
- FBC weekly for 6 weeks; 2 and 4 weeks after each dose increase and thereafter monthly
- LFTs monthly until dose stable.
- Ask patient about rash, oral ulceration, sore throat, abnormal bruising or bleeding at each visit
- Enter results in patient held record when shared care in place.

Side Effects

- Nausea
- Abnormal bruising/sore throat
- Rash/oral ulceration
- Macrocytosis
- WBC $<4.0 \times 10^9/l$
- Neutrophils $< 2.0 \times 10^9/l$
- Platelets $<150 \times 10^9/l$
- >2 -fold rise in AST, ALT, or ALP

Action

- 1.Ensure patient is taking tablets with food.
- 2.If troublesome prescribe prochlorperazine
- 3.If occurs as part of hypersensitivity reaction withhold and d/w rheumatologist
withhold until FBC available
withhold and d/w rheumatologist
check B12 and folate, treat accordingly if low
withhold and d/w rheumatologist
withhold and d/w rheumatologist
withhold and d/w rheumatologist
withhold and d/w rheumatologist

Ask about side effects at every consultation.

Please note that in addition to absolute values for haematological indices a rapid fall or consistent downward trend in any values should prompt caution and extra vigilance

Cautions

- Renal Disease, Hepatic Disease -reduce dose
- Allopurinol -reduce dose of azathioprine to one quarter of original dose.
- Pregnancy and Breast Feeding
- Live vaccinations (oral polio, measles, mumps, rubella, BCG, oral typhoid, yellow fever) should not be administered whilst taking azathioprine.
- Passive immunisation should be carried out using Varicella zoster immunoglobulin (VZIG) in non-immune patients if exposed to chickenpox or shingles.

References

SPC (Imuran Tablets, Glaxo Wellcome), Sep 1997
BSR Guidelines, July 2000
BNF 41, March 2001

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Please consult the manufacturers Data Sheet or Summary of Product Characteristics for further information.

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