

Hydroxychloroquine therapy

What is lupus nephritis?

Lupus nephritis develops in about 50-60% of patients with lupus. The diagnosis is made by the presence of proteinuria (protein in the urine) with or without haematuria (blood in the urine). All patients with lupus should have their urine tested for protein and blood at each clinic visit.

What is hydroxychloroquine?

Hydroxychloroquine is a disease modifying anti-rheumatic drug (DMARD). These drugs have the effect of dampening down the underlying disease process, rather than simply treating symptoms.

It reduces the activity of the immune system, which can become overactive in diseases like rheumatoid arthritis and systemic lupus erythematosus (SLE). All patients with lupus nephritis should take **hydroxychloroquine** unless it is contraindicated.

How is it usually taken?

It is usually given as 200 - 400mg daily to begin with. It is best taken with or after food. The dose may be reduced after a few months, and when your condition is very well controlled you may only need to take hydroxychloroquine 2–3 times per week.

Why is hydroxychloroquine prescribed?

Hydroxychloroquine is used to treat rheumatoid arthritis and systemic lupus erythematosus. Over the long term it can reduce inflammation and so reduce pain, swelling and joint stiffness. It may also improve the rash in patients with lupus. It is often taken in combination with other drugs (such as mycophenolate or methotrexate) to control rheumatoid arthritis or lupus.

How long does hydroxychloroquine take to work?

Hydroxychloroquine doesn't work immediately. It may be 12 weeks or longer before you notice any benefit.

What are the possible side effects?

Side-effects are uncommon. However, in some people hydroxychloroquine can cause the following:

- skin rashes, especially ones made worse by sunlight
- nausea or indigestion or diarrhoea
- headaches

- bleaching of the hair or mild hair loss
- tinnitus (ringing in the ears)
- blurred vision
- Irritability
- weight loss
- anaemia

Very rarely (in about 1 in 2000 cases) hydroxychloroquine may damage the retina (part of the eye). Monitoring of your eyes is sometimes arranged at a hospital clinic. If not, it's advisable to have an eye check with an optician once a year and to tell them that you're taking hydroxychloroquine.

If you develop any new symptoms or there's anything else that concerns you after starting hydroxychloroquine, you should tell your doctor or rheumatology nurse specialist as soon as possible.

Does hydroxychloroquine affect vaccinations?

You can have vaccinations while on hydroxychloroquine, including LIVE vaccines, ask your doctor or pharmacist.

Can I drink alcohol while on hydroxychloroquine?

There's no particular reason to avoid alcohol while on hydroxychloroquine. However, you may need to avoid alcohol for other drugs you might be taking, such as methotrexate which can interact with alcohol.

Does hydroxychloroquine affect fertility or pregnancy?

Hydroxychloroquine is generally considered to be safe in pregnancy. It's usually best to continue taking it to prevent a flare of disease as the benefits of the medication outweigh the possible risks. If you're planning a family or if you become pregnant while taking hydroxychloroquine, you should discuss this with your doctor as soon as possible.

Does it affect breastfeeding?

You can breastfeed if you're on hydroxychloroquine. Although the drug may pass into the breast milk, this is not likely to have any effect on the baby. The benefits of continuing to take hydroxychloroquine to control your disease outweigh any risk.

Will I need any special checks while on hydroxychloroquine?

Before starting on hydroxychloroquine your doctor may take a blood test to check that your liver and kidneys are working normally, but you won't need any regular blood tests during the treatment.

Your doctor will ask you about any problems with your eyesight and may check your vision before you start the medication. Your doctor will explain to you how your vision will be monitored during treatment (often with a yearly review) and will ask you to report any visual symptoms. If you have other eye problems before starting hydroxychloroquine you may need more frequent checks.

Can I take any other medicines alongside hydroxychloroquine?

Hydroxychloroquine is commonly given alongside disease-modifying antirheumatic drugs (DMARDs), especially in rheumatoid arthritis, rather than being prescribed on its own. Depending on your symptoms, this may happen in lupus too.

Some drugs interact with hydroxychloroquine, for example, indigestion remedies (including some over-the-counter preparations) can stop hydroxychloroquine being absorbed. It's recommended that you wait at least 4 hours after taking hydroxychloroquine before you take an indigestion remedy (antacid) or other calcium containing medications.

You should discuss any new medications with your doctor before starting them, and you should always tell any other doctor treating you that you're taking hydroxychloroquine.

You should also be aware of the following points:

- Hydroxychloroquine isn't a painkiller. If you're already on a non-steroidal anti-inflammatory drug (NSAID) or painkillers you can carry on taking these as well as hydroxychloroquine, unless your doctor advises otherwise. If hydroxychloroquine works for you, you may be able to reduce your NSAIDs or painkillers after a time.
- NSAIDs are not recommended if you have lupus nephritis.
- Don't take over-the-counter preparations or herbal remedies without discussing this first with your doctor or pharmacist.

Useful contact details

East and North Hertfordshire NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Rheumatology Secretaries:

- Telephone 01438 285624

Nephrology Secretaries:

- Telephone 01438 284362

Leaflet information

You can request this information in a different format or another language; please speak to your doctor or nurse.

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