AZATHIOPRINE/ 6 - MERCAPTOPURINE

INFORMATION FOR PATIENTS REQUIRING IMMUNOSUPPRESSION MEDICATION FOR INFLAMMATORY BOWEL DISEASE
Introduction
This leaflet is for patients who are about to start taking or are currently taking immunosuppression in the form of medication to treat your Crohn’s Disease or Ulcerative Colitis, together known as inflammatory bowel disease (IBD).

What are they?
Azathioprine and 6-Mercaptopurine are immunosuppressant drugs used in the treatment of inflammatory bowel disease. They are often prescribed when your other medications such as Aminosalicylates (5ASAs) and steroids have proved insufficient in bringing the condition under control. They can be as effective as high dose steroid treatments without causing their side effects.

How is it taken?
The medication is in tablet form and taken daily. The dosage is calculated based on your weight and guidance from pre-screening blood tests.

How long will they take to work?
Azathioprine and 6-Mercaptopurine do not work immediately. It can take between 6 - 12 weeks before you start to feel the benefits of your treatment.

Are there any side effects?
All medicines can cause unwanted side effects, although not everyone will get them. Some side effects may improve as your body adjusts to the new medication. Side effects from Azathioprine and 6-Mercaptopurine may include the following:

The most common side effects are:
• Nausea (feeling sick), vomiting and loss of appetite. This reaction can be especially strong during the first few weeks of treatment. Taking your medication at night, after eating or in two smaller doses each day instead of all at once may help reduce these side effects.
• In some people, a flu-like illness with fever and general aches and pains a few days or weeks after starting treatment. Tell your doctor if you begin to feel unwell in this way. It is not usually serious but may mean the treatment has to be stopped.
• Dizziness
• Diarrhoea
• Rash and itching
• It can very rarely affect your kidneys, pancreas and liver. You will be monitored for your liver and kidneys while on the medication
• Hair loss which may resolve on its own during treatment
• Other problems such as reduced bone marrow activity may lead to an increased risk of infections, bleeding or inexplicable bruising.
You will also be monitored for any signs of bone marrow suppression.

These side effects are sometimes very mild and will pass after a short time, but if they are severe, you will need to contact the hospital or your General Practitioner (GP).

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Other Side Effects

- Azathioprine and 6-Mercaptopurine increase the skin’s sensitivity to sunlight and the risk of developing some forms of skin cancer. Use sunblock and wear a hat and light clothing when out in strong sunshine. Do not use sunlamps or sun beds.
- There is a slight increased risk of a rare blood cancer called Lymphoma, a cancer that begins in the cells that fight infection. The risk is very small, between 3-6 people out of 10 thousand people, who take the treatment. This may be due to the severity and the action of the disease itself, the drug or a combination of both. More of these cases were in adolescent and young adults. There are also significant risks of not controlling your disease, for example the need for surgery and we believe they outweigh the rare risk of lymphoma.
- Symptoms to report immediately to your doctor are:
  - Swelling in the lymph nodes, ie: in your neck, groin or armpits, when you haven’t got an active infection or virus.
  - Persistent high fever, weight loss, night sweats, unusual or easy bruising.

Blood monitoring whilst taking Azathioprine or 6-Mercaptopurine

It is vitally important that you attend for regular blood tests throughout the course of taking Azathioprine or 6-Mercaptopurine. This is because, in some people, the blood count can drop so low that you can become dangerously ill. However, this side effect can be detected with regular blood testing and is reversible on stopping treatment. You will need to have your bloods tested every week for 1 month and then at 6-8 weeks, when you are next reviewed in clinic, then 3monthly. These tests will normally be done at your GP surgery, but will be discussed with you at the hospital before you start treatment. These tests will be a full blood count (FBC) liver and kidney function tests and to check your inflammatory markers (CRP/ESR). After this, the tests will be 3 monthly throughout your treatment, unless agreed otherwise with your gastroenterologist. It is very important that you get your blood tests done as instructed, even if you have been on the drug for years. **Failure to do this may result in your medication being stopped.**

Precautions whilst taking Azathioprine or 6-Mercaptopurine

- Try to avoid close contact with people who have infections. Azathioprine and 6-Mercaptopurine affect the way the body’s immune system works, which can make you more prone to infections. Also, even a mild infection such as a cold or sore throat may develop into a more serious illness.
  - Contact your doctor if you begin to feel unwell and think you may have caught an infection.
- Immunisation with **LIVE** vaccines should be avoided, or given before you start treatment. You may also be more likely to become seriously ill from the viruses that cause chickenpox, shingles, measles and pneumococcal disease. If you come into contact with chicken pox or shingles, and have not had chicken pox (or been vaccinated) yourself, then inform your doctor immediately. A blood test may be required to assess your immunity; if you are not immune, you may be offered specific immunoglobulin, or other treatment, to protect you against
severe infection.
• Other medicines that you are prescribed may interact with Azathioprine or 6-Mercaptopurine. These include drugs used to treat gout (Allopurinol), and certain antibiotics (Co-Trimoxazole and Trimethoprim). You should discuss these with your doctor.
• Avoid driving and hazardous work until you have learned how Azathioprine or 6-Mercaptopurine affects you, as these drugs can occasionally cause dizziness.
• No known problems with alcohol, as with any medication it is best to avoid drinking excessive alcohol.

**Azathioprine/6-Mercaptopurine in pregnancy and breast feeding?**
Tell your doctor if you are thinking of starting a pregnancy or find you are pregnant, and either you or your partner are taking Azathioprine or 6-Mercaptopurine.
Azathioprine and 6-Mercaptopurine are not known to affect fertility, but there is a small amount of evidence that suggests conceiving a child with a man taking these drugs might increase the risk of miscarriage or birth defects. Because of this some doctors have advised men planning to father a child to switch to other medication. However, more recent research has not confirmed these findings and most doctors now tend to advise men to keep taking Azathioprine or 6-Mercaptopurine, rather than risk a flare-up.
Most doctors also recommend women to continue with their Azathioprine or 6-Mercaptopurine while pregnant as there may be a greater risk to the baby if the woman stops her treatment and becomes unwell. A large number of studies have looked at the effects on Azathioprine and 6-Mercaptopurine on women with inflammatory bowel disease in pregnancy, and the general consensus is that these drugs are safe and well tolerated. Even so, it is important to talk to your specialist about the risks and benefits for you personally, so that your decision can be based on your own health.

**What about breastfeeding?**
The drug manufacturers do not recommend breastfeeding by women taking Azathioprine or 6-Mercaptopurine. However, very little of the active drug is secreted into breast milk and there is no evidence of harm in children of mothers who have breastfed while on these drugs. For some women the benefits of breastfeeding may outweigh any small potential risk. If you wish to breastfeed, discuss this with your doctor.

**Other information**
• Take care during recreational activities involving potentially contaminated water and boil any water for drinking if you have any doubt about its quality
• Where possible have any dental work completed before starting treatment or, before treatment, discuss your medication with your dentist
• It is advisable to use sunscreens during sunny weather or abroad
• Report any contact with chickenpox or measles to your doctor
• We advise that you have a flu vaccine yearly and pneumococcal vaccination as prescribed by your GP. However, if you plan to travel or need any live vaccines, discuss your medication with your GP or at the hospital

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• Attend regularly for your blood tests. The blood tests are very important as they will detect some side effects before you develop any symptoms
• Report any abdominal pain
• Report new throat ulcers
• Always carry this leaflet when travelling
• Seek immediate medical advice in the event of an overdose
• Do not double-up if you miss a dose of Azathioprine or 6-Mercaptopurine, but continue on your original regime

Keep all medicines out of the reach of children. Never give any medication prescribed for you to anyone else. It may harm them even if their symptoms are the same as yours.

For further information you can contact your inflammatory bowel disease Nurse Specialist

Further Useful information

You may find the following sources of information useful.

Crohn's and Colitis UK
www.crohnsandcolitis.org.uk

Digestive Disorders Foundation (CORE)
www.digestivedisorders.org.uk

Specialty Approval: February 2015
Care Group Approval: April 2015
Due for Review: January 2018
Responsibility for review: Gastroenterology Nurse Specialists
Leaflet reference: ALTC/P028
Version: 1
This leaflet is developed with guidance from the Crohn’s and Colitis UK
www.crohnsandcolitis.org.uk