DMARDs in Adult Rheumatology Shared Care Information

Hydroxychloroquine

Please also refer to the Shared Care Guidelines - Principles of Shared Care and Responsibilities of Speciality Team, GP, Pharmacist & Patient

Indication:
- Licensed – Rheumatoid arthritis and connective tissue diseases (systemic and discoid lupus)
- Some photosensitive dermatological conditions

Presentation and Availability:
- 200mg tablets

Contraindications:
- Breastfeeding
- Pre-existing maculopathy
- Known hypersensitivity to 4-aminoquinoline compounds

Cautions:
- Renal and hepatic impairment
- Patients with epilepsy (may reduce seizure threshold)
- G6PD deficiency
- Porphyria
- May exacerbate psoriasis
- May aggravate myasthenia gravis

Side effects:
- *Uncommon*: Indigestion, diarrhoea, rashes, pruritus, depigmentation, hair loss
- *Rare:* Retinopathy (see monitoring below), ECG changes, convulsions, blood disorders (anaemia, aplastic anaemia, agranulocytosis, and thrombocytopenia), hepatotoxicity

Note:
- Very toxic in overdose – seek immediate advice

See SPC for a list of side effects: http://www.medicines.org.uk/emc/default.aspx

Pregnancy and breastfeeding:
- Discuss with specialist
- Hydroxychloroquine has been used relatively safely in pregnancy. The risks of stopping treatment should be weighed against the small possible risk to the unborn child
- Breastfeeding is contraindicated

Drug Interactions:
- Antacids – Avoid within four hours of dose
- Amiodarone – Avoid due to increased risk of ventricular arrhythmias
- Moxifloxacin - Avoid due to increased risk of ventricular arrhythmias
- Quinine – Avoid concomitant use
- Mefloquine – Avoid due to increased risk of convulsions
- Digoxin – Possible increase in digoxin levels when used together
- Ciclosporin – May increase in plasma concentration of ciclosporin

See SPC for further clarification of drug interactions: http://www.medicines.org.uk/emc/default.aspx

Hydroxychloroquine – Dosage and Monitoring

Dosage and Administration:
- Usually 200- 400mg daily
- May be reduced to 200mg daily depending on clinical response
- Maximum dose should not exceed 6.5mg/kg daily (based on ideal body weight to avoid excessive dosage in obese patients)

Pre-treatment Assessment:
- FBC
- U&Es and Creatinine
- LFTs
- Visual assessment
  - Ask about visual impairment which is not corrected by glasses
  - Record near visual acuity of each eye (with reading glasses if worn) using a test type or the Snellen chart or advise sight tight by optician
  - If no abnormality detected, commence treatment
  - If acuity less than N6, refer first to an optometrist or ophthalmologist if required

During Treatment:
See 'Responsibilities of Speciality Team, GP, Patient and Pharmacist in Shared Care Agreement'

- FBC, LFT's U&E and Creatinine, CRP and ESR may be requested periodically by rheumatology team to aid clinical assessment, or prior to next hospital appointment

- The Royal College of Ophthalmologists recommend:

Monitoring	▪ Advise patients to report any visual disturbance ▪ Annual review either by optometrist or by enquiring about visual symptoms, rechecking visual acuity and assessing for blurred vision using a reading chart ▪ Only continue to prescribe if annual eye tests are performed
Development of blurred vision or changes in visual acuity	▪ Stop medication and refer to optometrist or ophthalmologist
Patients requiring long-term therapy (5 years or more)	▪ Local Ophthalmology policy is to continue annual review as above and if central vision decline noted, to refer to ophthalmology