

Azathioprine and Mercaptopurine (page 1 of 3)



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You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

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Azathioprine and Mercaptopurine have been used for many years to treat Crohn's disease or ulcerative colitis, the two main forms of inflammatory bowel disease (IBD). They are used to prevent relapses and avoid further steroid courses which have long-term side effects on your body.

This information leaflet is designed to answer common questions you may have if you have been given these drugs or are expected to need them.

How do they work?

Azathioprine and Mercaptopurine belong to a group of medicines called immunosuppressants. The immune system is important for fighting infections, but in the case of IBD it attacks the gut's own tissues and triggers chronic inflammation. Azathioprine and Mercaptopurine reduce this inflammation by dampening down the over-activity of the immune system cells.

How are they taken?

Azathioprine and Mercaptopurine are taken in a single dose daily after a meal. The dose is prescribed according to your weight and blood test results and normally involves swallowing 1-4 small 1cm-sized tablets. The dose can be adjusted at a later date if necessary.

How long do they take to work?

Azathioprine and Mercaptopurine do not work immediately. They can take several weeks to take effect, sometimes months. During this time you may need other medications, such as steroids, to stay well, bridging the gap during this time.

Do I need any special checks while on Azathioprine and Mercaptopurine?

Before starting the medication you will have blood tests to make sure that the dose is safe and there are no contra-indications. You will require regular blood tests while you are on Azathioprine or Mercaptopurine. At the start of treatment you will need a full blood count (FBC) and a liver function test (LFT). These tests will be weekly for the first 6 weeks of taking the medication, then they can be reduced to monthly for 4 months. After this we ask for them to be done every three months. The blood tests can be arranged through the hospital or in partnership with your GP.

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What are the possible side effects?

In most cases these drugs are well tolerated but all medicines can cause unwanted side effects. Some of these may improve as your body adjusts to the new medication and others can be avoided by switching from Azathioprine to Mercaptopurine. Side effects from Azathioprine and Mercaptopurine may include the following:

- **nausea** (feeling sick), vomiting and loss of appetite. This reaction can be especially strong during the first few weeks of treatment. Taking your medication after eating or at bed time or in two smaller doses each day instead of all at once may help reduce these side effects
- **a flu-like illness with fever and general aches and pains** a few days or weeks after starting treatment
- **anaemia and a reduction in the number of platelets and white blood cells** caused by a suppression of normal bone marrow function. This can lead to weakness or breathlessness, a susceptibility to infections, and a tendency to bruise or bleed easily. Regular monitoring should pick up a reduced blood count but it is important that you contact your doctor if you develop an infection of any kind.
- **liver inflammation.** Your treatment monitoring will include regular liver function tests (LFTs) to check your liver is working properly. Tell your doctor if you notice a yellowing or discoloration of the skin which may be a sign of jaundice
- **diarrhoea**, which may be difficult to distinguish from flare-up symptoms
- **pancreatitis**, (inflammation of the pancreas, a digestive gland in the abdomen), which can cause acute pain in the abdomen. Contact your doctor if you experience this type of pain
- **an increased risk of developing lymphoma** (a type of cancer affecting the lymph glands). However, research has shown that for most people the extra risk is likely to be small and is outweighed by the potential benefits gained from treatment with Azathioprine or Mercaptopurine
- **an increased risk of certain types of skin cancer** (non myeloma) by making your skin more sensitive to sunlight. This can be reduced by simple precautions such as using strong sunscreen (factor 50 and above) and wearing protective clothing when out in bright sunlight. Do not use a sun bed
- other rare side effects can include **dizziness, hair loss and skin rashes.**

Tell your GP or IBD team if you notice any of these symptoms. It may be that a change in how you take your medication can help.

Does Azathioprine and Mercaptopurine affect fertility or pregnancy?

The literature with respect to safety of Azathioprine and Mercaptopurine in men whose partners are planning to conceive is mixed. Data and clinical experience suggest that the drug is safe in this context, although some research has shown an increased risk of malformations.

The manufacturers of Azathioprine and Mercaptopurine advise avoiding this medication during pregnancy (due to low birth weight, pre-term delivery), however there is now considerable data suggesting it is relatively safe. In pregnancy we advise keeping patients on these drugs as the risks of flare-up (to mother and foetus) are higher than the risk of the drug.

Breast feeding is generally not advised but emerging evidence suggests there is very little exposure to the infant. Please discuss this if needed with your consultant.

Is it safe to drink alcohol whilst taking Azathioprine and Mercaptopurine?

Yes, although heavy drinking is not advisable.

Other information

- avoid close contact with people who have infections. Because these drugs are immunosuppressants, you are more likely to catch colds and flu
- have an annual flu vaccination. This will help protect you and is safe to have because the flu vaccine is a 'killed' inactive vaccine
- immunisation with LIVE vaccines should be avoided. (Influenza and pneumococcal vaccine can be given). Please discuss with your GP or hospital specialist team
- other medicines that you are prescribed may interact with Azathioprine or Mercaptopurine. These include drugs used to treat gout (Allopurinol), the blood thinning treatment Warfarin and certain antibiotics (Co-Trimoxazole and Trimethoprim). You should discuss these with your hospital specialist team.

For further information you can contact your IBD nurse specialist and visit the Crohn's and Colitis UK website:

www.crohnsandcolitis.org.uk