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**Laboratory Monitoring not required**

## **PROTOCOL FOR THE ADMINISTRATION OF HYDROXYCHLOROQUINE – INFORMATION FOR GENERAL PRACTITIONERS.**

### **BACKGROUND FOR USE:**

Hydroxychloroquine is a disease-modifying anti-rheumatic drug (DMARD), and is used to treat Rheumatoid arthritis, other inflammatory arthritis and connective tissue disease.

### **DOSAGE REGIME:**

Hydroxychloroquine is given orally at a dose of 200-400mg daily. In some cases of SLE it may be given at 600mg a day..

Hydroxychloroquine may take several weeks to have a beneficial effect whereas minor side effects may occur relatively early. Treatment should be discontinued if there is no improvement after 6 months. Discuss with specialist team.

Symptoms of overdose may include headache, visual disturbance, cardiovascular collapse and convulsions followed by sudden and early respiratory and cardiac arrest.

### **GP MONITORING:**

**Annual eye assessment (ideally including Optical Coherence Tomography (OCT), if continued for longer than > 5 years. The patient should explain to the Optician that they are taking Hydroxychloroquine so that appropriate tests will be performed.**

- **Blood monitoring is not required on this treatment.**
- **Hydroxychloroquine is considered safe for use in pregnancy and during breast feeding**

### **SIDE EFFECTS:**

Very common / common:



- Nausea and diarrhoea,
- abdominal pain

Uncommon:

- Pigmentary changes in skin and mucous membranes
- Retinopathy, corneal changes
- Alopecia, exfoliative dermatitis
- Precipitate or exacerbate porphyria
- Vertigo, tinnitus, headache, nervousness, skeletal muscle myopathy

Rare:

- Bone marrow depression, cardiomyopathy, convulsions, hepatic failure

**Drug interactions: (refer to BNF, Appendix 1 for full list of interactions)**

- Amiodarone – avoid concomitant use as increases risk of ventricular arrhythmias.
- Digoxin – digoxin levels may be increased.
- Antimalarials – interaction depends on agent used.
- Antiepileptics – can reduce convulsion threshold.
- Use with caution in patients taking medicines which may cause ocular or skin reactions or drugs known to affect liver or kidney function.
- Cimetidine – plasma concentration of hydroxychloroquine increased due to inhibition of metabolism.
- Antacids – avoid use within 4 hours of hydroxychloroquine dose.

**REFERENCE:**

<https://academic.oup.com/rheumatology/article/3053478/BSR-and-BHPR-guideline-for-the-prescription-and>

[http://www.rheumatology.org.uk/about/bsr/press\\_releases/bsr\\_publishes\\_new\\_guidelines\\_on\\_prescribing\\_antirheumatic\\_drugs\\_in\\_pregnancy\\_and\\_breastfeeding](http://www.rheumatology.org.uk/about/bsr/press_releases/bsr_publishes_new_guidelines_on_prescribing_antirheumatic_drugs_in_pregnancy_and_breastfeeding)



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