

**Department of Rheumatology**

**Hydroxychloroquine**  
**Oxford and Berks Regional Rheumatology Guidelines**

**To be read in conjunction with the shared care agreement between Oxfordshire Primary Care Trusts and the Rheumatology Department**

**Background for use**

Hydroxychloroquine suppresses the disease activity in rheumatoid arthritis. It is often used in combination with other disease modifying anti rheumatic drugs such as Methotrexate or Sulfasalazine. Hydroxychloroquine should only be initiated on the recommendation of a rheumatologist.

**Dosage**

Initial dose 200mg daily, May be increased to 200 mg b.d.

**Pre treatment assessment**

FBC, LFT's, U& E's, ESR and CRP will be checked prior to commencement.

Patients should have an ophthalmological examination before treatment  
Ophthalmological examination should be repeated at least every 12 months

**Monitoring**

Hydroxychloroquine does not require regular blood monitoring.

**Drug Interactions**

Concomitant use should be avoided with Levacetylmethadol, Amiodarone, and Mefloquine.

Hydroxychloroquine may increase the plasma concentration of Digoxin and Ciclosporin

Hydroxychloroquine has the potential to increase symptoms of myasthenia gravis and thus diminish effect of neostigmine and pyridostigmine.

Patients can have vaccinations while on hydroxychloroquine

**Contra Indications and Precautions**

Hydroxychloroquine should not be used for psoriatic arthritis as it may cause an exacerbation of psoriasis.

Hydroxychloroquine should be used with caution in hepatic and renal impairment.

**The Royal Collage of Ophthalmologists recommend:**

- If impairment or eye disease present, assessment by an optometrist is advised and any abnormality should be referred to an ophthalmologist.
- Record near visual acuity of each eye with glasses where appropriate using a standard reading chart.
- Initiate hydroxychloroquine treatment if no abnormality detected (at a dose not exceeding 6.5mg/kg daily).

**During treatment**

- Patients should be monitored yearly, enquiring about visual symptoms, rechecking acuity and assessing for blurred vision using the reading chart.
- Refer to an ophthalmologist if visual acuity changes or if vision is blurred and warn patient to stop treatment and seek advice from their rheumatologist.
- If treatment is required for more than 5 years, individual arrangements should be agreed with the local ophthalmologist.

**Side Effects and suggested action to be taken**

**Please note that in addition to absolute values for haematological indices a rapid fall or consistent downward trend in any value should prompt caution and extra vigilance.**

Gastrointestinal disturbance	If severe, drug may have to be discontinued
Skin rashes	These are often photosensitive. Stop in all but the mildest of cases.
Over dosage	Hydroxychloroquine is very toxic in over dosage. Immediate advice from the poisons centre is essential

**Contact Telephone Numbers**

<b>Heatherwood and Wexham Park Hospital</b>	<b>01753 633000 Bleep Rheumatology registrar</b>
<b>Clinical Nurse Specialists in Rheumatology</b>	<b>Wexham Park 01753 633166</b>