BNSSG Joint Formulary DMARD Monitoring Advice Guidance

HYDROXYCHLOROQUINE for use in rheumatic diseases

Background
This sheet provides guidance on monitoring of hydroxychloroquine in primary care. These recommendations have been primarily taken from current BSR guidance on DMARD monitoring. Some rheumatology departments may have slight variations in their monitoring practices. For the full shared care protocol and responsibilities for primary care refer to www.bnssgformulary.nhs.uk/Shared-Care-Protocols

Treatment schedule
A typical dose regime is to commence on 400mg orally daily and this may be reduced to 200mg per day after a few months. This should be continued as long as clinically indicated, unless there is a serious side effect or the drug becomes ineffective.

Cautions and special recommendations
Cautions

- Renal and liver impairment [caution if eGFR<50. If eGFR 30-50:maximum 75% of dose; eGFR 10-30: 25-50% of dose (equivalent of 150mg daily); eGFR<10: 25-50% of dose (equivalent of 50-100mg daily)]
- Patients with epilepsy: may reduce threshold for convulsions
- Avoid antacids within 4h of dose
- May exacerbate psoriasis
- Breast feeding. However hydroxychloroquine is safe to use during pregnancy and conception

Contra-indications

- Pre-existing maculopathy

Side-effects
Side effects are rare with hydroxychloroquine. Occasionally patients experience diarrhoea, loss of appetite, nausea, headache, double vision or skin rash or pigmentation. High doses of hydroxychloroquine may be associated with a maculopathy, presenting with impaired visual acuity and central visual field disturbance. However this is exceedingly rare. Several series have found no cases of toxicity in patients taking 400mg daily or less.

Drug interactions
Hydroxychloroquine should not be prescribed with amiodarone, cyclosporin, droperidol, mefloquine or moxifloxacin. The plasma concentration of digoxin may be increased when co-prescribed with hydroxychloroquine.

Monitoring
Pre-treatment assessment: FBC, renal function, LFT's. This will be done by the rheumatology department.

Monitoring: The Royal College of Ophthalmologists recommend annual review either by an optometrist or by enquiring about visual symptoms, rechecking visual acuity and assessing for blurred vision using the reading chart.
Patients should be advised to report any visual disturbance.

Actions to be taken:

- Visual impairment detected at baseline - Refer to optometrist
- Development of blurred vision or changes in visual acuity - Stop medication and refer to optometrist
- Patients requiring long-term therapy (>5yrs) - Consider discussing with ophthalmologist

Rheumatology Departments' contact details

Trust / Hospital	Contact	Telephone / Fax	On call service	Availability
University Hospitals Bristol Foundation Trust, Bristol Royal Infirmary	Rheumatology Telephone Advice Line	T: 0117 3424881 F: 0117 3423841	Registrar pager: 07623972925	**Mon – Thu 9am to 5pm** **Fri 9am to 1pm**
North Bristol Trust, Southmead Hospital	Consultant secretary as per clinic letter OR Rheumatology Telephone Advice Line	T: 0117 4140600 F: 0117 4140570 For clinicians only T: 07894800989	T: 07894800989 Sat/Sun 9am-noon (GP service for existing NBT rheum patients only)	**Mon – Fri 9am to 5pm**
Weston Area Health Trust, Weston General Hospital	Rheumatology Telephone Advice Line	T:01934 881075 F: 01934 647025	01934 636363 Bleep 279	**Mon – Fri 9am to 5pm**