HYDROXYCHLOROQUINE

What are the aims of this leaflet?

This leaflet has been written to help you understand more about hydroxychloroquine. It tells you what it is, how it works, how it is used to treat skin conditions, and where you can find out more about it.

What is hydroxychloroquine and how does it work?

Hydroxychloroquine is licensed for the treatment of malaria, and is one of several antimalarial drugs that have anti-inflammatory effects useful in other diseases. Hydroxychloroquine is particularly effective for systemic lupus erythematosus (SLE) and discoid lupus erythematosus (DLE). By reducing inflammation, hydroxychloroquine can decrease pain, swelling and stiffness of joints, and improve or clear some rashes.

Which skin conditions are treated with hydroxychloroquine?

These include:

- Various forms of lupus erythematosus
- Sarcoidosis
- Porphyria cutanea tarda

How long will I need to take hydroxychloroquine before I see an effect?

Hydroxychloroquine does not work immediately. It may be 12 weeks or longer before you notice any benefit.

When should I take hydroxychloroquine?

You should take hydroxychloroquine with or after food.
What dose should I take?

Your doctor will advise you about this. Usually you will be started on a full dose (for example, 400 mg or 2 tablets of hydroxychloroquine) and later your doctor may reduce it (for example, to 200 mg (or one tablet) daily of hydroxychloroquine). Some patients need to take hydroxychloroquine only two or three times per week when their disease is well controlled.

What are the possible side effects of hydroxychloroquine?

Side effects are uncommon; however, a few people may develop a rash, indigestion, diarrhoea, headache, blurred vision, darkening of the skin, or bleaching of the hair.

Hydroxychloroquine can aggravate pre-existing psoriasis.

Does hydroxychloroquine affect fertility or pregnancy?

Hydroxychloroquine must be avoided during pregnancy as it may harm the unborn child. If you are planning a family, or wish to breast feed, you should seek advice from your doctor.

How will I be monitored for the side effects of hydroxychloroquine treatment?

Before starting on hydroxychloroquine your doctor may wish to take a blood test to check that your liver and kidneys are working normally. You will not need any regular blood tests.

Your doctor should also enquire about any visual problems, and check your vision before you start the medication, and thereafter once a year.

Are there any other side effects if hydroxychloroquine is taken for a long time?

Very rarely, high doses of hydroxychloroquine may damage the retina (the layer of cells in the back of the eye that detects light and allows you to see). This is prevented by keeping the dose low. While you are taking hydroxychloroquine annual eye tests may be recommended.
May I drink alcohol while taking hydroxychloroquine?

There is no particular reason for you to avoid alcohol while taking hydroxychloroquine, although it is advisable to adopt sensible drinking habits in line with NHS guidelines.

Can I take other medicines at the same time as hydroxychloroquine?

Most other drugs can be taken safely with hydroxychloroquine. There are important interactions with Amiodarone and Digoxin, taken for heart disease, and with drugs used for epilepsy. However, if you start any new drugs, you should tell the doctor that you are already taking hydroxychloroquine.

Indigestion remedies, including some sold over the counter, can stop hydroxychloroquine being absorbed.

Always discuss other medications with your doctor or pharmacist before taking them.

Where can I find out more about hydroxychloroquine?

If you want to know more about hydroxychloroquine, or if you are worried about your treatment, you should speak to your doctor or pharmacist.

This information sheet does not list all of the side effects of hydroxychloroquine. For fuller details, look at the drug information sheet that comes as an insert with your prescription for hydroxychloroquine (http://www.medicines.org.uk/EMC/medicine/10971/XPIL/Plaquinil/).

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: its contents, however, may occasionally differ from the advice given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists’ Patient Information Lay Review Panel