



Oxford University Hospitals
NHS Foundation Trust

Mercaptopurine

Information for patients



Gastroenterology Unit

This leaflet answers some common questions patients ask about Mercaptopurine.

Further information can be found in the information leaflet supplied by the manufacturer or from your pharmacist, IBD nurse specialist or doctor.

Mercaptopurine

Why have I been started on this medicine?

Mercaptopurine (also known as 6-MP or Puri-Nethol) is often prescribed for patients with chronic active inflammatory bowel disease who require continuous or repeated courses of corticosteroids. 6-mercaptopurine is often referred to as a "steroid sparing agent" or "immunomodulator". It allows the dose of steroids to be kept to a minimum and eventually stop. If you are also taking an anti-TNF drug (e.g. infliximab or adalimumab) it can also help protect against the loss of response to this treatment due to the formation of antibodies against anti-TNF. These antibodies are due to your body recognising the anti-TNF as 'foreign', can occur in anyone on anti-TNFs, and they can stop the anti-TNFs from working properly.

Mercaptopurine is unlicensed for inflammatory bowel disease, but has been used for many years in treating this condition. It is also used in patients with organ transplants, rheumatoid arthritis and psoriasis.

How does it work?

Mercaptopurine suppresses inflammation and ‘turns-off’ the activity of the immune system (hence the term “immunomodulator”). Evidence for its effectiveness is stronger in Crohn’s disease but it is widely used in ulcerative colitis. Mercaptopurine acts slowly and can take several weeks to take effect.

What dose do I take?

The dose of mercaptopurine is initially based on weight but is typically 50-100mg once daily.

How do I take it?

Mercaptopurine comes in tablet form and is available as 50mg strength. The dose should be taken once a day with, or soon after food as it can cause stomach irritation if taken on an empty stomach.

How long will I be taking it?

If tolerated, you will probably be on mercaptopurine for up to 5 years.

Do not stop taking your medicine unless your doctor tells you to, however well you may feel.

What happens if I forget to take a dose?

If you remember within 12 hours, take your dose as normal. If more than 12 hours has elapsed then forget that day’s dose and take your next dose at the normal time. Do not double the dose. If you take too much mercaptopurine tell your doctor immediately.

What are the common side effects?

During early weeks of treatment mercaptopurine may cause nausea and loss of appetite, rash, flu-like illness with fever, or generalised aches and pains. You may occasionally notice some hair loss while taking mercaptopurine. However, hair often does grow again, even if you carry on taking it.

Mercaptopurine has been reported to cause blood disorders leading to weakness or breathlessness, a susceptibility to infections, and a tendency to bruise easily. This affects about 1 in 30 patients taking mercaptopurine

Occasionally mercaptopurine may inflame the liver or result in acute abdominal pain due to inflammation of the pancreas (a digestive gland in the abdomen). There may occasionally be a sudden worsening of diarrhoea, which can be difficult to distinguish from the illness itself.

Of the 30% of patients who are intolerant to azathioprine, about two thirds will tolerate mercaptopurine.

You should avoid exposure to sunlight and UV light – apply high factor sunscreen or wear protective clothing when outside and avoid use of sunbeds.

Do I need any special checks while on mercaptopurine?

Although affects on the blood and liver are fairly rare, it is important that you have regular blood tests to check for early signs of changes. We recommend this is initially done weekly for the first month and then at 2-3 monthly intervals. You should also have your blood checked if you experience side effects such as a sore throat (see below). The blood tests can be done at the clinic or, with agreement of your GP, at your local surgery.

Before you start mercaptopurine we will take a blood test called TPMT. This measures the enzyme in your body responsible for breaking down mercaptopurine. It is known that some people have lower levels of TPMT than others, while some people have none at all. If you have a low level you will need a lower dose of mercaptopurine to reduce risk of side effects. If you have no TPMT you should not take mercaptopurine.

You should avoid having 'live' vaccines whilst taking mercaptopurine e.g, Mumps, measles and rubella (MMR), yellow fever, BCG, some Typhoid vaccines, Varicella vaccines. If you require travel vaccines or your doctor, nurse or pharmacist advise that you need a vaccine always tell the healthcare professional that you are taking mercaptopurine. Seasonal vaccination against influenza and Pneumococcal vaccines are also recommended for adults taking mercaptopurine

What do I do if I experience side effects?

If you experience any signs of illness or side effects such as unexplained bruising, bleeding, sore throat, fever or malaise, contact your doctor or pharmacist immediately. If you are in close contact with anyone who has chicken pox or shingles inform your doctor as soon as possible.

Does mercaptopurine interfere with my other medicines?

Mercaptopurine can interact with other medicines, for example allopurinol, trimethoprim or co-trimoxazole. Always check with your doctor or pharmacist first.

It is safe to drink alcohol in moderation whilst on mercaptopurine, but it may aggravate the nausea.

Seasonal vaccination against influenza are recommended for people of any age whilst they are taking azathioprine, and also vaccination with pneumococcal polysaccharide vaccine against pneumonia. Mercaptopurine doesn't appear to increase the risk of acquiring influenza, but the illness can be much more severe if caught. You should avoid having 'live' vaccines such as polio and rubella. Discuss with your doctor or pharmacist first.

Is mercaptopurine OK in pregnancy and breastfeeding?

There is no evidence that mercaptopurine increases the risk of miscarriage, still birth or congenital abnormality. It is generally advised that mercaptopurine is continued during pregnancy to minimise the risk of relapse in the mother.

Recent evidence has shown that the benefits of breast feeding outweigh any theoretical risks of taking mercaptopurine, because minimal or no evidence of the drug metabolites can be detected in breast milk. The daily dose should be taken immediately after a feed.

If you are planning to become pregnant whilst taking mercaptopurine you should first discuss it with your Gastroenterologist, but the advice is generally that it is best to continue taking mercaptopurine.

Keep all medicines out of the reach of children. Never give any medication prescribed for you to anyone else. It may harm them even if their symptoms are the same as yours.

Useful contacts:

Gastroenterology pharmacist:

Tel: **01865 221523** or

email **ibd.homecare@nhs.net**

IBD Advice Line:

Tel: **01865 228772** or

email **ibd.advice@nhs.net**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Version 1 Sarah Cripps (nee Blackburn), Gastroenterology Pharmacist, October 2001, 2010, 2010

Version 3 Lloyd Thomas & Sarah Cripps February 2019

Verified by Dr SPL Travis, Consultant Gastroenterologist

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