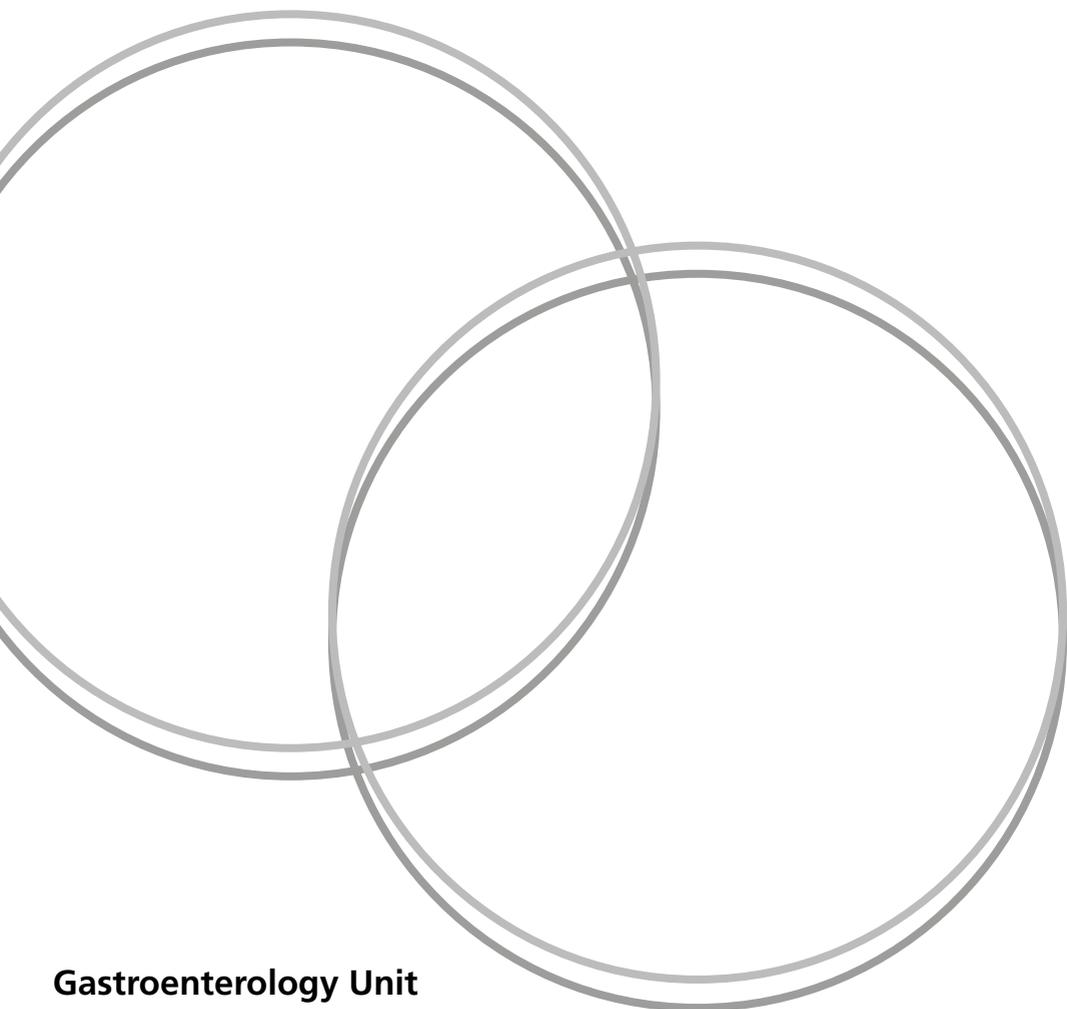




Oxford University Hospitals
NHS Foundation Trust

Azathioprine

**Medicines information
for patients**



Gastroenterology Unit

Azathioprine

This leaflet answers some common questions patients ask. Further information can be found in the information leaflet supplied by the manufacturer or from your pharmacist, IBD nurse specialist or doctor.

Why have I been started on this medicine?

Azathioprine (also known as Imuran®, Azapress®) is often prescribed for patients with chronic active inflammatory bowel disease that need continuous or repeated courses of corticosteroids. Azathioprine allows the dose of steroids to be kept to a minimum and eventually stop so is often referred to as a “steroid sparing agent” or “immunomodulator”.

If you are also taking an anti-TNF drug (e.g. infliximab or adalimumab) azathioprine can also help you stay responsive to the treatment. Anti-TNFs may stop working correctly if the body's immune system recognises the anti-TNF drug as foreign and produces antibodies to rid it from the body. This can happen to anyone on anti-TNFs and can stop the anti-TNF drug from working properly. Azathioprine protects against this response by suppressing the immune system, minimizing the production of antibodies against anti-TNF drugs.

How does it work?

Azathioprine 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. Azathioprine acts slowly and can take several weeks to take effect.

What dose do I take and how do I take it?

Azathioprine comes in tablet form and is available in two different strengths – 50mg and 25mg. The dose prescribed for you should be taken with or soon after food as it can cause stomach irritation if taken on an empty stomach.

The dose of azathioprine is initially based on weight but is usually 50-150mg once daily.

How long will I be taking it?

If tolerated, you will probably be on azathioprine for up to 5 years. You should not stop taking your medicine unless your Gastroenterologist or IBD nurse specialist 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 passed 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 azathioprine tell your GP, Gastroenterologist or IBD nurse specialist as soon as possible.

What are the common side effects?

During early weeks of treatment azathioprine may cause nausea and loss of appetite, rash, flu-like illness with fever, and generalised aches and pains. You may notice some hair loss while taking azathioprine. However, hair often does grow again, even if you carry on taking it. Sometimes azathioprine may inflame the liver or result in acute abdominal pain due to inflammation of the pancreas (a digestive gland in the abdomen). Sometimes there may be a sudden worsening of diarrhoea, which can be difficult to distinguish from the illness itself. Most patients (75%) however, can take azathioprine without any of these side effects.

Azathioprine can increase the risk of skin cancer. You should avoid excessive exposure to sunlight and UV light, apply high factor sunscreen and wear protective clothing when outside. The use of sunbeds should be avoided.

Do I need any special checks while on azathioprine?

Before you start azathioprine we will take a blood test called TPMT. This measures the enzyme in your body responsible for breaking down azathioprine. 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 azathioprine to reduce the risk of side effects. If you have no TPMT you should not take azathioprine.

Azathioprine has been reported to cause blood disorders leading to weakness or breathlessness, a susceptibility to infections, and a tendency to bruise easily.

It is therefore important that you have regular blood tests to check for early signs of changes in the blood. It is recommended that this be done weekly for the first month then at 2-3 monthly intervals.

You should avoid having 'live' vaccines whilst taking azathioprine e.g., mumps, measles and rubella (MMR), yellow fever, BCG, some typhoid vaccines and 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 azathioprine. Seasonal vaccination against influenza and pneumococcal vaccines are also recommended for adults taking azathioprine.

What do I do if I experience side effects?

If you experience any signs of illness or side effects such as unexplained bruising, bleeding, or signs of infection such as sore throat, fever, cough, shortness of breath, malaise, yellowness of the skin or whites of the eyes, or severe itching (a sign of liver damage), contact your GP, Gastroenterologist, IBD nurse specialist or pharmacist immediately. These are signs of changes in your blood and require a blood test. If you are in close contact with anyone who has chicken pox or shingles, inform your doctor as soon as possible.

Does azathioprine interfere with my other medicines?

Azathioprine can interact with other medicines, for example allopurinol, trimethoprim and co-trimoxazole. Always check with your Gp, Gastroenterologist, IBD nurse specialist or pharmacist first.

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

Is azathioprine OK in pregnancy and breastfeeding?

There is no evidence that azathioprine increases the risk of miscarriage, still birth or congenital abnormality. It is generally advised that azathioprine is continued in pregnancy to minimise the risk of relapse in the mother. Recent evidence has shown that the benefits of breastfeeding outweigh any theoretical risks of taking azathioprine. The daily dose should be taken immediately after a feed.

If you are planning to become pregnant whilst taking azathioprine you should first discuss it with your Gastroenterologist, but in general the advice is that it best continued.

Useful contacts

Gastroenterology pharmacist

Tel: **01865 221 523**

Email: **ibd.homecare@nhs.net**

IBD Advice Line

Tel: **01865 228 772**

Email: **ibd.advice@nhs.net**

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.

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.

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