

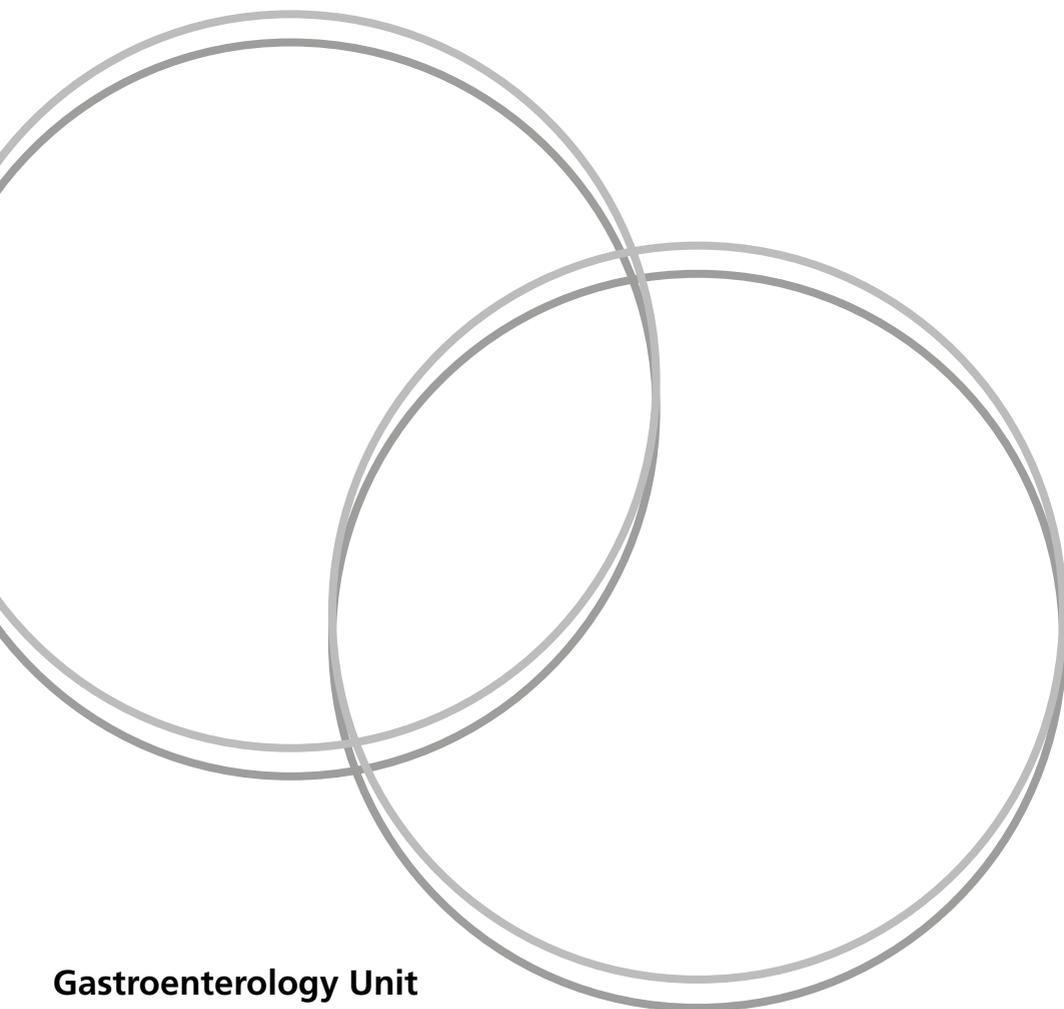


Oxford University Hospitals
NHS Foundation Trust

Mesalazine

(Pentasa®, Asacol®, Octasa®,
Salofalk®, Mezavant®XL, Zintasa)

Information for patients



Gastroenterology Unit

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

Mesalazine

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Why have I been started on this medicine?

Mesalazine has a major role in maintaining remission of ulcerative colitis. It can be used to treat mild to moderate flares of colitis. It also has chemoprotective properties in the bowel, which means that it reduces your risk of developing bowel cancer. It is also licensed for maintaining remission in patients with Crohn's colitis.

You should not interchange different brands of mesalazine unless instructed by your Gastroenterologist. If you experience a change in symptoms after switching brands you should let your doctor know.

How does it work?

Mesalazine belongs to a group of medicines called aminosaliclates or 5-ASA drugs. They act on the inflamed lining of the gut (intestine) to prevent the formation of mediators that cause inflammation. Each aminosaliclate formulation releases active drug in different parts of the intestine. Therefore different preparations of aminosaliclates are used depending on the pattern of inflammation.

How long does it take to work?

Mesalazine does not work straight away. In order to remain remission, you must continue to take your mesalazine even if you feel well.

Mesalazine is recommended as first line treatment for mild-moderate initial presentation of colitis or an exacerbation and for maintenance treatment. Inflammation affecting the rectum and lower end of the large bowel is often treated with mesalazine suppositories or enemas.

What dose do I take?

Higher doses are used in acute attacks and lower doses are used to maintain remission. Most patients take 2 to 4g per day as maintenance.

How do I take it?

Each brand of mesalazine comes in different strength tablets, and some are available in other formulations.

Pentasa®

comes as slow release tablets. The tablets may be dispersed in water, but should not be chewed or crushed. Pentasa® is also available in granules, liquid enemas and suppositories.

Asacol® MR

comes as enteric coated tablets, suppositories and a foam enema.

Salofalk®

comes as enteric coated tablets, granules, suppositories, foam enemas and liquid enemas.

Octasa® MR

comes as enteric coated tablets and suppositories.

Mezavant® XL

comes as enteric coated tablets

Zintasa

comes as enteric coated tablets.

Enteric coated preparations should be swallowed whole and not chewed.

You should not take indigestion remedies at the same time as mesalazine tablets.

How long will I be taking it?

If tolerated, you will probably remain on mesalazine tablets while your disease remains in remission. Rectal preparations of mesalazine (suppositories/enemas) are usually continued until your symptoms resolve, but can be continued longer-term if tolerated. Some people with limited colitis may only take suppositories as maintenance therapy and others need to continue the combination of oral and topical treatment. Do not stop taking your medicine unless your Gastroenterologist or nurse specialist tells you to, however well you may feel.

What are the common side effects?

The most common side effect of mesalazine is headache, and this is the main reason why some patients cannot take the drug. This should be discussed with your Gastroenterologist or nurse specialist.

Common side effects are also indigestion, nausea and watery diarrhoea, as well as mild allergic reactions such as rash, itchiness and fever. Generally however, mesalazine is very well tolerated with 80% of patients experiencing no side-effects.

Rectal preparations may cause local discomfort, itching and increased urgency to go to the toilet. They can also cause staining to clothing and other fabrics.

Very rarely, side effects can involve the liver, lungs, pancreas, and kidneys.

Mesalazine has very occasionally been reported to cause blood disorders and you should report any unexplained bleeding, bruising, sore throat, malaise or yellowness of your skin to your Gastroenterologist .

What do I do if I experience side effects?

Please discuss any side effect you experience with your doctor nurse specialist or pharmacist. If you experience unexplained bruising, bleeding (e.g. nosebleeds), spots under your skin, sore throat, fever or malaise, which may arise as a result of the affects on the blood then **contact your doctor immediately**.

Do I need blood tests?

Although side effects which cause blood disorders are very rare your doctor will take occasional blood tests.

Your kidney function will also be checked through a blood test before starting treatment and whilst on treatment.

What happens if I forget to take a dose?

If you forget to take a dose at the right time, take it as soon as you remember. Then go on as before, but do not take two doses within one hour or so of each other. If you take too much mesalazine tell your doctor immediately.

Does mesalazine interfere with my other medicines?

Most drugs can be taken safely, however always check with your doctor or pharmacist first.

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

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 mesalazine.

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 221 523** or

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

IBD Advice Line:

Tel: **01865 228 772** 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 Blackburn, Gastroenterology Pharmacist, 2002
Version 2 Sarah Cripps, Gastroenterology Pharmacist, April 2010
Version 3, Lloyd Thomas & Sarah Cripps, Gastroenterology Pharmacists,
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