

Patient information factsheet

Azathioprine to treat neurological diseases

This factsheet contains information about the use of azathioprine to treat neurological diseases, including how the treatment is given and the possible side effects. We hope it will help to answer some of the questions you may have. If you have any further questions or concerns, please speak to your consultant neurologist, specialist nurse or pharmacist.

What is azathioprine?

Azathioprine is an immunosuppressant drug (a drug that damps down the immune system) that is used to control the body's immune system in conditions where it is overactive and causing harm (autoimmune diseases). It can be used to:

- prevent rejection of transplanted organs
- treat severe rheumatoid arthritis
- treat other autoimmune diseases (such as myasthenia gravis)
- treat other immune mediated neurological diseases

Azathioprine can be prescribed on its own, but it is usually used in combination with steroid tablets. It is often referred to as a steroid-sparing agent, as it allows the dose of steroids to be kept to a minimum and reduces their side effects.

How is azathioprine given?

Azathioprine is usually taken by mouth in the form of tablets, but it does also come in liquid form. The tablets should be swallowed whole and not chewed or crushed.

How often should I take azathioprine?

Azathioprine can be taken once or twice a day.

Azathioprine should always be taken with or straight after meals to reduce your risk of an upset stomach.

What dose should I take?

Your doctor will prescribe the most appropriate dose for you. This dose will then slowly be increased over a few weeks to a target dose that is based on your weight. Do not alter your dose without checking with your doctor first.

What should I do if I miss a dose?

If you miss a dose, do not worry. Take the next dose at your normal time. **Do not double up the dose.**

How long will I need to take azathioprine for?

The length of time you will need to take azathioprine for will depend on your condition. However, most people take azathioprine for a few years. This is because it takes a little while (usually around six months to a year) to see the effects of the treatment.

Do not stop taking your medication (unless your doctor tells you to).

What are the possible side effects?

Most people who take azathioprine have no side effects.

However, as with all medicines, azathioprine can cause some side effects. The most common side effects of azathioprine are:

- a loss of appetite
- nausea (feeling sick)
- vomiting (being sick)
- weakness or fatigue (extreme tiredness)
- mild headaches

Nausea is common when you first start taking azathioprine, but this usually resolves after a few weeks. If you do feel sick, try:

- dividing your daily dose of azathioprine (taking it twice a day rather than once a day)
- taking azathioprine after food
- taking an anti-sickness medication (your doctor can prescribe this for you)
- temporarily reducing your daily dose of azathioprine

Approximately 10% of people stop taking azathioprine due to the following less common side effects:

- a low white blood cell count (this increases your risk of infection)
- an effect on liver function
- a skin rash

Contact your doctor for advice if you experience any of the following symptoms:

- unusual bleeding
- jaundice (when your skin or the whites of your eyes turn yellow)

Stop taking azathioprine immediately if you have a skin rash. Seek urgent medical advice from your doctor or specialist nurse if you have a fever or a chill.

Increased risk of infection

As azathioprine affects the immune system, it can make you more likely to develop infections. You should contact your doctor straight away if you come into contact with someone who has chickenpox or shingles (especially if you have not had chickenpox before). These infections can be more severe in people on azathioprine, and you may need special preventative treatment.

You should not have any 'live' vaccines while you are on azathioprine, as this may cause an infection. Please discuss vaccinations with your doctor, as some are safe to have, such as the Pneumovax and yearly flu vaccines.

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Increased risk of cancer

Azathioprine may slightly increase your risk of developing some types of cancer, including skin cancer. For this reason, it is important that you avoid being exposed to strong sunlight and that you protect your skin with a sun cream that has a high sun protection factor (SPF of at least 30).

For the full list of potential side effects that may occur with azathioprine, please read the leaflet supplied with your medicine.

How will I be monitored for side effects?

For the first eight weeks after starting azathioprine, you will need to have fortnightly blood tests, so your doctor can check your blood count and liver function. After that, blood tests will be less often, falling to a minimum of once every three months while you take azathioprine.

Your doctor may temporarily stop your treatment if your:

- white blood cell count drops too low
- platelet count drops too low
- number of red blood cells drops too low (you become anaemic)
- liver function is affected

Can I take azathioprine if I am pregnant or breastfeeding?

If you are pregnant, could be pregnant, trying to become pregnant or breastfeeding, please speak to your doctor before taking azathioprine.

Can I take other medications at the same time as azathioprine?

It is important that you tell your doctor what medications you are taking (including non-prescription and herbal therapies) before starting azathioprine. This is because some medicines interact with azathioprine, including allopurinol, warfarin and trimethoprim.

For more information about azathioprine, please read the leaflet supplied with your medicine.

Contact us

If you have any questions or concerns, please contact us.

Myasthenia specialist nurse
Telephone: **023 8120 5948**

Useful links

www.medicines.org.uk/emc
www.myaware.org

www.nhs.uk/conditions/myasthenia-gravis

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