

Patient Information: Azathioprine

The information in this leaflet is intended for general guidance. If your doctor has given you different advice, please follow his/her instructions.

Other names

Azathioprine is dispensed as a generic brand, however there are other brands available such as Imuran, Immunoprin, Berhaprine and Azamune.

What is azathioprine for?

Azathioprine works in a similar way to steroids, by reducing inflammation and suppressing the immune system. Your doctor may prescribe azathioprine for you when your body does not respond to prednisolone. Azathioprine has a “steroid sparing” effect which means that people can often reduce the dose of steroids they take. You may be prescribed both medicines at the same time.

How should I take it?

Take the medicine exactly as the doctor has prescribed. Take your tablet(s) at the same time each day and try not to miss any doses. It is best to take the tablets after food with half a glass of water as this helps to stop the feeling of sickness.

What if I forget a dose?

If you forget a dose take it as soon as you remember. If it is nearly time for your next dose, miss out the one you forgot. **DO NOT** take two doses together.

How long will I have to take azathioprine?

You will need to take it for as long as the doctor feels necessary, probably for several years. Your doctor will tell you if the dose needs adjusting. Do not change the dose yourself.

How will I know they are working?

It can take up to 2 to 3 months before you will see a benefit from azathioprine. Your symptoms should improve in this time.

Are there any side effects?

Most medicines can cause side effects, although these are rare with azathioprine. You may experience episodes of nausea and vomiting or flu-like illness. If this occurs or if you develop a skin rash, sore throat, fever, severe diarrhoea or anything else you think may be due to treatment, contact your doctor.

Infection

Azathioprine can reduce production of white blood cells, which help fight infection. You are advised to avoid contact with infections. If you are exposed to chicken pox or shingles and have never had this before, please contact your doctor immediately as you may need special treatment. Most people have had chicken pox as a child and are protected from catching it again.

Pancreatitis or hepatitis

Occasionally azathioprine can affect your liver or pancreas and can cause jaundice or severe pain in the upper part of the tummy. These effects will go away when you stop taking azathioprine. If you notice your skin turning yellow or get any unexpected bruising or bleeding contact your doctor urgently.

Cancer

It is not clear whether azathioprine increases the risk of cancer in people with inflammatory bowel disease. The risk of lymphoma (cancer of the lymph glands) is slightly increased in patients with inflammatory bowel disease treated with azathioprine. However, the risk of lymphoma is slightly higher in people with inflammatory bowel disease who do not take azathioprine than in the general population so it is not clear whether the increased risk is due to azathioprine or inflammatory bowel disease itself.

There is an increased risk of non-melanoma skin cancer. People taking azathioprine should avoid excessive sun exposure and use a high strength sun block.

It has been shown that treatment with azathioprine to keep patients with inflammatory bowel disease well, results in a small increase in life expectancy, ie, the benefits outweigh the risks.

How often do I need blood tests?

Before starting on azathioprine, special blood tests are required to check for latent virus. These include Hepatitis, HIV, Tuberculosis and Chicken Pox. A further test called TPMT is also required. This blood test helps to predict whether a patient is likely to develop a low white cell count in the first 3 months. It does not give any information about the other side effects and patients may still get a low white cell count in the future, so blood tests are still necessary. 1 in 300 people cannot tolerate azathioprine at all, and 1 in 10 should be given half the usual dose (these people are identified by the blood test). However, the latter group usually have a good response to azathioprine.

Blood tests are done every 2 weeks for the first 8 weeks and monthly for the next few months and every 3 months after that. **It is your responsibility to attend for a blood test, no reminders will be sent.**

The results are checked by your hospital consultant or GP and you will be informed if there is a problem.

Problems can still occur in between blood tests and if you develop a sore throat, high temperature or other symptoms that suggest you have an infection, you should attend for a blood test immediately.

If you run out of blood cards, please contact your GP, Consultant Secretary or Specialist team at the hospital. It may be possible for you to have the blood taken at your GP's surgery and the blood forwarded to the hospital. Some GP's are willing to monitor the results and prescribe azathioprine according to a written protocol.

Can I get pregnant?

Although we cannot reassure you that azathioprine is safe in pregnancy, mothers taking azathioprine have borne healthy babies. You should discuss this with your doctor, but it is usually better for the pregnancy to keep the inflammatory bowel disease in remission.

Can I drink alcohol?

Yes, it is safe to drink alcohol in moderation whilst taking azathioprine.

Can I take other medicines?

Please check with your doctor that it is safe to do so as some other medications can interact and change the efficacy of the azathioprine.

What about vaccines?

You should avoid immunisation injections which involve any of the live vaccines such as MMR and yellow fever. Flu vaccines and pneumovax are safe and recommended although they may not be as effective.

Covid vaccinations are also safe and recommended whilst on azathioprine treatment.

Who needs to know that I am taking azathioprine?

You should inform any doctor or dentist treating you. If you buy medicines from a chemist tell the pharmacist.

How do I find out more?

The information in this leaflet is limited. Please read the Patient Information Leaflet that will be supplied with your medication. If you would like to know more, ask your doctor or pharmacist.

If you have any comments about this leaflet or the service you have received you can contact :

General Manager
Medicine Division
Calderdale Royal Hospital

Telephone (01422) 222058

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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