Hydroxychloroquine

This leaflet provides information on hydroxychloroquine and will answer any questions you have about the treatment.
What is hydroxychloroquine?

Hydroxychloroquine (trade name Plaquenil) is a type of drug known as a disease-modifying anti-rheumatic drug (DMARD). These drugs have the effect of dampening down the underlying disease process, rather than simply treating symptoms. It’s often taken in combination with other drugs.
At a glance

What type of drug is hydroxychloroquine (trade name Plaquenil)?
Hydroxychloroquine is a disease-modifying anti-rheumatic drug (DMARD).

What does it do?
It reduces inflammation and so reduces pain and swelling.

What is it used for?
It's used to treat rheumatoid arthritis and systemic lupus erythematosus (SLE).

How is it taken?
It’s usually given as 200–400 mg tablets daily to begin with. When your condition is very well controlled this may drop to 2–3 times per week.

Are there any side-effects?
Side-effects are uncommon, but some people may experience, skin rashes, indigestion, diarrhoea, headaches and blurred vision.
Why is hydroxychloroquine prescribed?
Hydroxychloroquine is used to treat rheumatoid arthritis and systemic lupus erythematosus (SLE). It can reduce inflammation and so reduce pain, swelling and joint stiffness. It may also improve the rash in patients with lupus (SLE). It’s often taken in combination with other drugs (such as methotrexate) to control rheumatoid arthritis or lupus (SLE).
Hydroxychloroquine is also used in the treatment of malaria.

When and how do I take hydroxychloroquine?
Hydroxychloroquine is taken in tablet form, with or after food.

Your doctor will advise you about the correct dose. Usually you will start on a full dose of 200–400 mg daily, and later your doctor may reduce this. When your condition is very well controlled you may be advised to take hydroxychloroquine only 2–3 times per week.

How long does hydroxychloroquine take to work?
Hydroxychloroquine doesn’t work immediately. It may be 12 weeks or longer before you notice any benefit.

Record your dosage here to help you manage your treatment:

How many? 
What dosage/strength? 
How often? 
When?
What are the possible side-effects?
Side-effects are uncommon. However, in some people hydroxychloroquine can cause the following:
- skin rashes, especially ones made worse by sunlight
- nausea or indigestion
- diarrhoea
- headaches
- bleaching of the hair or mild hair loss
- tinnitus (ringing in the ears)
- blurred vision.

Very rarely hydroxychloroquine may damage the retina (part of the eye), but your doctor will monitor you carefully to keep the chances of this happening to a minimum.

If you develop any new symptoms or there’s anything else that concerns you after starting hydroxychloroquine, you should tell your doctor or rheumatology nurse specialist as soon as possible.

What are the risks?

Does it affect vaccinations?
You can have vaccinations while on hydroxychloroquine.

Can I drink alcohol while on hydroxychloroquine?
There’s no particular reason to avoid alcohol while on hydroxychloroquine. However, you may need to consider the other drugs you are taking. For example, if you’re also taking methotrexate you shouldn’t drink more than 4 units per week.

Does hydroxychloroquine affect fertility or pregnancy?
The risks to the unborn child of taking hydroxychloroquine seem to be very small. Sometimes it’s recommended that hydroxychloroquine is continued through pregnancy to prevent a flare of disease. If you’re planning a family you should get advice from your doctor. If you become pregnant while taking hydroxychloroquine, you should discuss this with your doctor as soon as possible.

Does it affect breastfeeding?
You shouldn’t breastfeed if you’re on hydroxychloroquine. The drug may pass into the breast milk and could be harmful to your baby.

What else should I know about hydroxychloroquine?

Are there any alternatives?
A number of other drugs are used in the treatment of rheumatoid arthritis, lupus (SLE) and related conditions. Your doctor or rheumatology nurse specialist will discuss these other options with you.

Will I need any special checks while on hydroxychloroquine?
Before starting on hydroxychloroquine your doctor may take a blood test to check that your liver and kidneys are
working normally, but you won’t need any regular blood tests during the treatment. Your doctor will ask you about any problems with your eyesight and may check your vision before you start the medication. Your doctor will explain to you how your vision will be monitored during treatment and will ask you to report any visual symptoms.

Can I take other medicines alongside hydroxychloroquine?

Hydroxychloroquine may be prescribed along with other drugs to treat your condition. It’s now very usual for hydroxychloroquine to be given alongside disease-modifying anti-rheumatic drugs (DMARDs), especially in rheumatoid arthritis, rather than being prescribed on its own. Depending on your symptoms, this may now happen in lupus too.

Some drugs interact with hydroxychloroquine – for example, indigestion remedies (including some over-the-counter preparations) can stop hydroxychloroquine being absorbed. You should discuss any new medications with your doctor before starting them, and you should always tell any other doctor treating you that you’re taking hydroxychloroquine. You should also be aware of the following points:

- Don’t take over-the-counter preparations or herbal remedies without discussing this first with your doctor, rheumatology nurse specialist or pharmacist.

Where can I get more information?

Arthritis Research UK is the charity leading the fight against arthritis. We do this by funding high-quality research, providing information and campaigning. We publish over 60 information booklets which help people to understand more about their condition, its treatment, therapies and how to help themselves.

If you would like any further information about hydroxychloroquine, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse specialist or pharmacist.
Get involved!

You can help to take the pain away from millions of people in the UK by:

• volunteering
• supporting our campaigns
• taking part in a fundraising event
• making a donation
• asking your company to support us
• buying gifts from our catalogue.

To get more actively involved, please call us 0300 790 0400 or email us at enquiries@arthritisresearchuk.org or go to: www.arthritisresearchuk.org

A team of people contributed to this booklet. It was written by Dr Ariane Herrick, who has expertise in the subject. It was assessed at draft stage by consultant and reader in rheumatology Dr Gabrielle Kingsley. An Arthritis Research UK editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An Arthritis Research UK medical advisor, Kate Gadsby, is responsible for the content overall.

Please note: We have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change. This information sheet is for general education only and does not list all the uses and side-effects associated with this drug. For full details please see the drug information leaflet that comes with your medicine. Your doctor will assess your medical circumstances and draw your attention to any information or side-effects that may be relevant in your particular case.

This leaflet has been produced, funded and independently verified by Arthritis Research UK.

Arthritis Research UK
Copeman House, St Mary’s Court, St Mary’s Gate, Chesterfield, Derbyshire S41 7TD
Tel 0300 790 0400
calls charged at standard rate

Registered Charity No 207711
© Arthritis Research UK 2011
Published September 2011 2242/D-HYDOX/11-1

This paper is made up of 100% fibre ECF virgin wood fibre, independently certified in accordance with the FSC (Forest Stewardship Council).

www.arthritisresearchuk.org