DMARD MONITORING GUIDELINES – FOR GP INFORMATION 10.10.08

Hydroxychloroquine

A. Indications: (Licensed) RA, connective tissue diseases (systemic and discoid lupus) and some photosensitive dermatological conditions

B. Dose: Grade of evidence: C
Typical regime: 200–400 mg daily. Dosage may be reduced to 200 mg daily depending on clinical response.
Maximum dose: Should not exceed 6.5 mg/kg body weight per day.

C. Route of administration: Oral

D. Caution: Grade of evidence: C
(1) Patients with renal and liver impairment.
(2) Patients with epilepsy: may reduce threshold for convulsions.
(3) Avoid antacids within 4 h of dose.
(4) May exacerbate psoriasis.

E. Contraindications: Grade of evidence: C
(1) Breast feeding (see section G).*
(2) Pre-existing maculopathy.

F. Notable drug interactions (refer to BNF and SPC)
(1) Digoxin: Concomitant administration may cause an increase in plasma concentration of digoxin.
(2) Methotrexate: Concomitant administration may increase plasma concentration of methotrexate although methotrexate and hydroxychloroquine are often used in combination.
(3) Ciclosporin: Concomitant administration may increase plasma concentration of ciclosporin.
(4) Known hypersensitivity to 4-aminoquinoline compounds.
(5) Avoid use with amiodorone, moxifloxacin and quinine.
(6) Avoid concomitant use of mefloquine.

G. Pregnancy and breast feeding: Category of evidence: B
(1) Hydroxychloroquine has been used relatively safely in pregnancy. The risks of stopping treatment should be weighed against the small possible risk to the unborn child.
(2) Breast feeding is contraindicated.*

*Local guidelines currently in development
H. Monitoring schedule: Grade of evidence: B

BSR and BAD

(a) Pre-treatment assessment

FBC, U&E, LFT.

Ask about visual impairment which is not corrected by glasses [1].

Record near visual acuity of each eye (with reading glasses if worn) using a test type—or the reading chart [1].

If no abnormality detected, commence treatment.

If an abnormality detected refer first to an optometrist.

(b) Monitoring

The Royal College of Ophthalmologists (RCO) recommend (1): Annual review either by an optometrist or enquiring about visual symptoms, rechecking visual acuity and assessing for blurred vision using the reading chart.

Patients should be advised to report any visual disturbance [1, 14, 15].

I. Actions to be taken: Grade of evidence: B

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Visual impairment detected at baseline

Refer to optometrist and then if appropriate to ophthalmologist

Development of blurred vision or changes in visual acuity

Stop medication and then, as above

Patients requiring long-term therapy (5 yrs)

Discuss with ophthalmologist

Consultant: .................................

Telephone: .................................