



Resource

# Hydrochloroquine

Hydroxychloroquine is not prescribed frequently for the treatment of juvenile idiopathic arthritis (JIA), but may be used as part of a treatment programme alongside one or two other disease modifying anti-rheumatic drugs (DMARDs).

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Name of Drug	How the drug is taken	How it works	Blood tests
Hydroxychloroquine (HCQ)	Tablet	Reduces over activity of the immune system	Not mandatory

The overactive immune system in JIA can cause swelling, pain, heat and redness. Hydroxychloroquine may help to dampen down this process. Hydroxychloroquine has an effect on the messaging between cells and it is this mechanism that is beneficial in both RA and JIA, by interrupting the inflammatory response.

### Background

- Hydroxychloroquine was first developed as the drug 'chloroquine' to treat malaria
- Chloroquine was modified to hydroxychloroquine to significantly reduce the possible side effects that were causing eye problems

### How does hydroxychloroquine work?

- Hydroxychloroquine is only available as a 200mg tablet, therefore it is only suitable for children and young people who are able to swallow tablets
- The action of hydroxychloroquine is not fully understood and it is a cumulative effect over several weeks before any benefit is seen
- Initial blood tests are not generally required before treatment is started, unless advised by the specialist. When it is prescribed alongside other DMARDs the frequency of blood tests may be more regular, depending on the recommendations for the other DMARD(s).

### What are the possible side effects?

As with any medication, hydroxychloroquine has a number of possible side effects, although it is important to remember that these are only potential side effects and they may not occur at all. Side effects may include:

- Loss of appetite
- Headache
- Skin reactions – rash, itching, photosensitivity (increased sensitivity to sunlight)
- Abdominal pain, cramps, nausea
- Diarrhoea, vomiting
- Blood disorders

Screening for retinopathy

'A review group convened by the Royal College of Ophthalmologists has updated guidelines on screening for chloroquine and hydroxychloroquine retinopathy (Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Screening 2018). There are no reports of hydroxychloroquine retinopathy in patients under the age of 18 years, or evidence for screening paediatric patients for drug toxicity. However, the guideline recommends long-term users of hydroxychloroquine under the age of 18 years who otherwise satisfy the screening criteria should be referred for screening'.

Please Note: over dosage is very dangerous, particularly in small children. Medication should be kept out of reach of children.

More information on side effects can be found in the patient information leaflet for hydroxychloroquine that comes with your medicine.

Remember to report any concerns about possible side effects to your doctor, your pharmacist or nurse

### Hydroxychloroquine and immunisation/vaccination

Flu vaccine is available in two forms, an injection and a nasal spray. Unlike the injection, the nasal spray is a live vaccine. There is limited research evidence around live vaccines in people with a lowered immune system (due to their medication). It is therefore important to discuss with the healthcare team which of these options would be best.

### Hydroxychloroquine with other Medicines

As with most other medicines, there may be potential interactions with hydroxychloroquine.

Remember to take care when using any other medications or complementary therapies (even if bought 'over the counter' for colds or flu and importantly, any antacids for indigestion). Remember to check with a doctor, nurse or pharmacist that they are safe to take with hydroxychloroquine and any other medication taken.

### Hydroxychloroquine and Pregnancy

It is not necessary to stop treatment with hydroxychloroquine during pregnancy if the JIA is well-controlled but this is usually a decision made by the specialist consultant.

Hydroxychloroquine must be stopped during the weeks or months of breastfeeding as it is transferred in breast milk.

## Hydroxychloroquine and Alcohol

As hydroxychloroquine is nearly always prescribed alongside other DMARDs it is really important that any advice that relates to another DMARD must be acknowledged and used as the guide for this drug. This is particularly the case with methotrexate and sulfasalazine.

For those over 18 years there is no reason to avoid alcohol consumption whilst on hydroxychloroquine (though advice on alcohol intake will depend on the advice for any other drugs being taken). Current recommendations for low risk alcohol guidelines are not to exceed 14 units per week on a regular basis.

Please see our separate articles on other JIA medications.

## Tips regarding hydroxychloroquine

Hydroxychloroquine can make skin more sensitive to sunlight. The following tips can help with this:

- Remember to use sunscreen before going into the sun, as well as a t-shirt and hat
- Reapply sunscreen frequently as recommended

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