

MEDICATIONS FOR RHEUMATOID ARTHRITIS



Medications For RA

There are many kinds of medication that people take when they have arthritis. Some are easily obtained across the counter from your local pharmacy, and others have to be prescribed by your doctor. These include the anti-inflammatory drugs and stronger medications to control arthritis.

These stronger medications are called disease modifying anti-rheumatic drugs (DMARDs) or “second line” drugs. This booklet is intended to be a general guide to the DMARDs commonly used to treat rheumatoid arthritis. However, they are also used to treat other forms of arthritis, for example psoriatic arthritis.

Each DMARD may be given on its own, but if it does not control your arthritis, a second one may be added. Using more than one DMARD is called combination therapy. Your doctor may also prescribe corticosteroids (Prednisone, Prednisolone, Depo-Medrol, Kenacort) for the treatment of rheumatoid arthritis.

The disease modifying drugs available include:

Chemical Name	Brand Name
Methotrexate	Emtexate
Hydroxychloroquine	Plaquenil
Sulphasalazine	Salazopyrin-en
Leflunomide	Arava
Etanercept	Enbrel
Infliximab	Remicade
Adalimumab	Humira
Rituximab	Mabthera
Tocilizumab	Actemra

The benefits of DMARDs are not felt straight away. It may be 6-10 weeks, sometimes a little longer before you may notice any benefit from these slow-acting medications. There is often a reduction in swelling, stiffness and pain together with a decrease in tiredness. Some of the blood tests that measure inflammation also improve.

It is important to remember that each person is different and each of us respond to medications in different ways.

Pregnancy

Talk to your doctor if you are planning to have a baby, as most (but not all) second line medications will need to be stopped before you become pregnant. DMARDs may be started again once you have finished breast-feeding.

Side Effects

DMARDs tend to have a greater effect on arthritis than NSAIDs and there are some side effects, which are associated with taking this type of medication. Careful monitoring of the dose, together with regular routine blood and urine testing will enable any possible problems to be picked up very quickly and appropriate action taken.

The following is a list of side effects which are sometimes seen in slow acting medications.

- **Nausea and/or diarrhoea:**
This is usually related to the dose and reducing the dose will often ease these symptoms.
- **Rashes:**
These may come and go while you are taking DMARDs. If they continue, the medication is stopped.
- **Mouth ulcers, sore or bleeding gums:**
These may occur with some of the medications and must be reported to your doctor at once.
- **Changes in the blood cells:**
 - a. White blood cells: These cells are important for fighting infection and may be reduced while taking any DMARD.
 - b. Platelets: These are necessary for blood clotting and may also be reduced.
- **Changes in the liver:**
Some functions of the liver may be affected while taking some DMARDs.
- **Changes in the kidney:**
The kidneys can sometimes allow protein and small amounts of blood to leak into the urine during treatment.

How Often Are Tests Done?

When the medication is started, blood tests (full blood count, liver and kidney function) and urine testing for protein and blood may be performed weekly or less frequently depending on what DMARD you are taking. Your doctor will organize the tests for you.

Recording Your Results

You may be given a booklet, which contains information on the dosage of medication, and details of each blood and urine sample tested. In this way it is easy for your doctor to see the information he needs to know. Any changes in the tests will also show if your doctor needs to take any action. It is important that you keep this booklet with you and take it each time you visit your doctor.

Please remember - the benefits that can be gained from taking slow acting anti-rheumatic drugs outweigh the possible side effects. Simple precautions on a regular basis, as mentioned, will prevent side effects from becoming a problem.

Following is information on individual DMARDs being used in Malaysia.

METHOTREXATE (EMTEXATE)

- Taken as a tablet.
- This medication is taken once a week with a usual starting dose of 7.5mg. It is usually taken on the same day each week, with the dose slowly increased.
- The dosage may be changed by your doctor, depending on how well your arthritis responds and whether you have side effects.
- It is best taken with food to avoid stomach upsets.

Potential side effects of Methotrexate

- Mouth ulcers or sore gums.
- Nausea - this usually only lasts 24 hours following medication.
- Reduction in white blood cells and platelet numbers in the blood.
- Changes in the liver.

Special precautions while taking Methotrexate

- Only take the medication weekly (never daily).
- Routine regular blood tests, as arranged by your doctor.
- It is very important to limit your intake of alcohol while taking Methotrexate. Your doctor will advise you what is considered an acceptable amount.
- It is very important to avoid pregnancy while taking methotrexate.

HYDROXYCHLOROQUINE (PLAQUENIL)

- Taken as a tablet.
- The dosage is usually taken once daily (based on your weight).
- Regular dosage is usually between 200-400mg daily.

Potential side effects of Plaquenil

- Skin rashes, particularly on the areas exposed to the sun.
- May affect the eyes. This is unlikely at dosages used today.
- Stomach effects such as nausea, cramps, and diarrhoea.

Special precautions while taking Plaquenil

- Regular eye checkup, at least every 12 months. Your doctor may refer you to an eye specialist.
- Use 15+ blockout in the sun and long sleeved clothing when exposed to the sun.
- Use a hat and good quality sunglasses.
- Plaquenil is best taken with meals.

SULPHASALAZINE (SALAZOPYRIN-EN)

- Taken as a tablet.
- The dosage depends on your response to treatment.
- At first, dosage is usually 500mg a day (one tablet).
- The dosage is increased slowly over a number of weeks until the full dosage is reached (often 4-6 tablets daily).
- The dosage may be changed from time to time depending on how your arthritis responds.

Potential side effects of Sulphasalazine

- Nausea and indigestion.
- Dizziness and headache.
- Skin rashes.
- Reduction of white blood cells and platelet numbers in your blood. This is a rare side effect.
- Slight changes in the liver.
- May stain contact lenses yellow, particularly soft lenses.
- Urine may have an orange colour.
- May reduce the sperm count in men and could cause temporary infertility. This effect only occurs while taking sulphasalazine. The sperm counts return to normal once the medication is stopped.
- There is no effect on fertility in women.

Special precautions while taking Sulphasalazine

- Routine blood test will be performed. Your doctor will indicate how often he/she wants you to have your blood tested.
- Tell your doctor of any symptoms you may have. Change of dosage of sulphasalazine may ease the symptom.
- Always take your medication after meals and use the enteric-coated EN brand.

LEFLUNOMIDE (ARAVA)

- Taken as a tablet.
- The dosage consists of loading dose - normally 100mg once daily for 3 days.
- The usual dose is 20mg once daily. If 20mg is poorly tolerated, it may be reduced to 10mg once daily, or 10mg daily may be used if other DMARDs are also being used.

Potential side effects of Leflunomide

- Diarrhoea – generally mild and will stop with time.
- A reduction in the white blood cells or platelets.
- Changes in the liver.
- Skin rashes.
- Minor hair loss.

Special precautions while taking Leflunomide

- Routine regular blood tests, as arranged by your doctor.
- Leflunomide should not be given to pregnant and breastfeeding women or women of childbearing potential who are not using reliable contraception.
- You must not start a family (both men & women) while on Arava. Pregnancy should be avoided for 2 years after cessation of therapy with Arava unless a special wash out procedure is carried out. Consult your doctor if you wish to become pregnant or father a child.

ETANERCEPT (ENBREL)

- Given as a subcutaneous injection 50mg once weekly or 25mg twice weekly.

Potential side effects of Etanercept

- Injection site reaction – mild to moderate reactions (rash, itch, swelling) that normally last for 3 to 5 days.
- You may be more likely to get severe infections while taking this class of medication.
- A very small percentage of patients developed lumps or tumours (cancers). Please see your doctor if you discover any new lumps.

Special precautions when using Etanercept

- Routine regular blood tests, as arranged by your doctor.
- Etanercept should be used during pregnancies only if absolutely needed.
- Nursing mother – It is not known whether Etanercept is excreted in human milk.

INFLIXIMAB (REMICADE)

- This drug is given in the form of intravenous infusion (injection into the veins) at an interval that will be determined by your doctor. It is usually given together with methotrexate.

Potential side effects of Infliximab

- An allergic reaction to Infliximab which may cause skin itching and/or difficulty in breathing.
- Headache
- You may be more likely to get severe infections while taking this class of medication.
- A very small percentage of patients developed lumps or tumours (cancers). Please see your doctor if you discover any new lumps.

Special precautions when using Infliximab

- Similar to Etanercept.

ADALIMUMAB (HUMIRA)

- Given as a subcutaneous injection 40mg every two weeks.

Potential side effects of Adalimumab

- Injection site reactions.
- You may be more likely to get severe infections while taking this class of medication.
- A very small percentage of patients developed lumps or tumours (cancers). Please see your doctor if you discover any new lumps.

Special precautions when using Adalimumab

- Similar to Etanercept and Infliximab.

RITUXIMAB (MABTHERA)

- Given usually as a course of two intravenous infusions, which may be repeated after 6 to 12 months.

Potential side effects of Rituximab

- During the infusion, headaches and chills can occur.
- Rarely, breathing difficulties and low blood pressure can also happen.
- Increased risk of infections.

Special precautions when using Rituximab

- Routine blood tests as determined by your doctor.
- Women should not become pregnant at least 12 months after Rituximab treatment.
- Women should not breast-feed at least 12 months after Rituximab treatment.

TOCILIZUMAB (ACTEMRA)

- Usual dosage is 8mg per kg body weight. Depending on your response, your doctor may decrease your dosage to 4mg per kg and increase to 8mg per kg when appropriate.
- Given in the form of intravenous infusion once every 4 weeks by a doctor or nurse. Usually given in combination with methotrexate. However, Tocilizumab can be given alone if your doctor determines that methotrexate is inappropriate for you.

Potential side effects of Tocilizumab

- Upper respiratory tract infections like cough and cold
- Allergic reactions during or after infusion – difficulty in breathing or light headedness, rash, itching, hives, swelling of the lips
- Infections – fever and chills, mouth or skin blisters, stomach ache and persistent headache.

Special precautions when using Tocilizumab

- Do not take it if you are allergic to Tocilizumab or any of the other ingredients in Tocilizumab or if you have an active and severe infection.
- Take special care if you experience allergic reaction.
- Tell your doctor if you have an infection, tuberculosis, intestinal ulcers or diverticulitis, liver disease, cancer or recently got or planning to get vaccinated.

CORTICOSTEROID

Although corticosteroids reduce inflammation they are not disease modifying drugs like the other DMARDs. These medications have the ability to decrease inflammation more quickly than DMARDs. The side effects are not the same as those of DMARD medications.

Prednisone, Prednisolone

- Taken as a tablet.
- Dosage varies from person to person, but the aim is to keep the dose below 5mg per day.
- May be given in high doses over a short period of time to control severe arthritis. The dose will then be adjusted by your doctor.

Special Precautions while taking Corticosteroid

- Treat any infections early.
- Maintain a well balanced diet.
- Maintain adequate calcium in the diet.
- Increase exercise level.
- Best taken in the morning.

Never stop steroids suddenly. The dosage should be decreased slowly over a number of weeks. Your doctor will advise you about this.

Injection of corticosteroid into a joint

Joints commonly injected are fingers, toes, knees, and shoulders. Most of the steroid stays in the joint and dissolves over a few days, however, a small amount is absorbed into the bloodstream. This may give an added relief to other joints, lasting up to six weeks and sometimes longer. Injecting corticosteroids into a joint does not produce the side effects associated with taking steroid by mouth.

Special precautions with injections into a joint

- Injections must be given by an experienced doctor, either your general practitioner or specialist.
- Usually no more than three or four injections are given into the same joint over a 12 months' period.

Arthritis Foundation, Malaysia

Aims & Objectives

The aims and objectives of the Foundation shall be as follows:

1. To further the welfare of people living with rheumatic, arthritic and related disorders;
2. To promote research, education and other activities relating to the prevention, diagnosis, causes and treatment of arthritic and rheumatic disorders;
3. To ensure the dissemination of existing knowledge about those disorders both to the lay public and to the medical profession by all means, including but not limited to publications, public lectures, forums and exhibitions, subject to the prior approval of the authority concerned;
4. To establish and operate projects rendering service to persons living with arthritis and rheumatism;
5. To recommend, promote and assist in the formulation of such legislation as may be required to promote and otherwise assist in the attainment of the objectives of the Foundation, including but not limited to the provision and improvement of service and facilities for people living with rheumatic, arthritic and related disease;
6. To arrange for the carrying out of activities related to or connected with the raising of funds for the Foundation, subject to the prior approval of the Registrar of Societies.



Send your ideas, articles, materials or medical questions to:

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