



Ciclosporin should effectively treat your condition and prevent joint damage. It has been tested and has helped many people. However, as with all drugs some people will have side-effects and your response to treatment needs to be carefully assessed. This leaflet sets out what you need to know.

What is ciclosporin and how is it used?

Ciclosporin is a type of drug known as a disease-modifying anti-rheumatic drug (DMARD).

In some conditions, the immune system becomes overactive and can cause problems in the joints and elsewhere in the body. Ciclosporin regulates the immune system, to limit the progress of autoimmune conditions and potential damage to the joints.

Ciclosporin is prescribed to reduce pain, swelling and stiffness in rheumatoid arthritis. It's also used to treat a number of other autoimmune and inflammatory conditions, including psoriatic arthritis and systemic lupus erythematosus (SLE).

Ciclosporin isn't a painkiller and doesn't work immediately. It's a long-term treatment and it may be up to four months before you notice the benefits. It's important to keep taking it (unless you have severe side-effects):

- even if it doesn't seem to be working at first
- even when your symptoms start to improve (to help keep the disease under control).

Ciclosporin may not be suitable for you if:

- you have kidney problems
- you have high blood pressure which isn't controlled by medication
- you have gout or high levels of urate in your blood
- you've had cancer.

Your doctor will check your blood pressure and arrange for you to have a blood and urine test before you start treatment.

If ciclosporin isn't suitable your doctor will discuss other treatment options with you.

Ciclosporin can limit the damage caused to your body by your condition.

When and how do I take ciclosporin?

Ciclosporin is usually taken in capsule form twice a day. It's also available as a liquid.

Your doctor will advise you about the correct dose. Usually you'll start on a low dose, and your doctor may increase it if necessary. The dose you're given will depend on your body weight and how well your kidneys are working.

Possible risks and side-effects

Possible side-effects of ciclosporin include a rise in blood pressure and effects on your kidneys. Ciclosporin can sometimes cause increased levels of lipids (e.g. cholesterol) in the blood. You'll have regular blood tests and your blood pressure will also need to be checked frequently while you're on ciclosporin. You may be asked to keep a record of your blood test results in a booklet, and you should take it with you when you visit your GP or the hospital.

You must not take ciclosporin unless you're having regular checks.

There are different brands of ciclosporin available and, although the drug itself is the same in all the brands, it may be absorbed differently. Your doctor will try to keep you on the same brand if possible. If it's necessary to change



to another brand your doctor may advise more frequent checks to make sure the levels of drug in your blood remain the same. To improve side-effects you may be advised to reduce the dose of ciclosporin.

You should tell your doctor or rheumatology nurse specialist if you develop any of the following after starting ciclosporin:

- nausea (feeling sick)
- diarrhoea
- headache
- gum overgrowth
- tiredness
- excess hair growth
- any other new symptoms or anything else that concerns you.

You should stop ciclosporin and see your doctor immediately if any of these symptoms are severe.

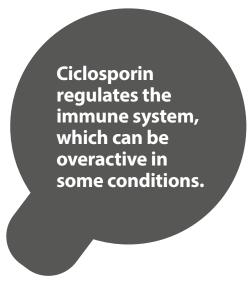
You should also see your doctor if you develop chickenpox or shingles or come into contact with someone who has chickenpox or shingles. These infections can be severe in people on treatments that affect the immune system such as ciclosporin. You may need antiviral treatment, and your ciclosporin is usually stopped until you're better.

Grapefruit and grapefruit juice can increase the amount of ciclosporin available in your body and so increase the risk of side-effects.

Taking other medicines alongside ciclosporin

Ciclosporin may be prescribed along with other drugs to treat your condition. However, some drugs may interact with ciclosporin, so you should discuss any new medications with your doctor before starting them, and you should always tell anybody treating you that you're taking ciclosporin.

- You should only take non-steroidal anti-inflammatory drugs (NSAIDs) on the advice of your GP or rheumatologist.
- You can carry on taking painkillers as well as ciclosporin, unless your doctor advises otherwise.
- Don't take over-the-counter preparations or herbal remedies without discussing this first with your doctor, rheumatology nurse specialist or pharmacist.



Vaccinations

If you're on ciclosporin it's recommended that you avoid live vaccines such as yellow fever. In certain situations, however, a live vaccine may be necessary (for example rubella immunisation in women of childbearing age), in which case your doctor will discuss the possible risks and benefits of the immunisation with you.

If you're offered shingles vaccination (Zostavax) it's best if you can have this before starting ciclosporin as it isn't usually recommended for people who are already on ciclosporin.

Pneumococcal vaccine (which gives protection against the commonest cause of pneumonia) and yearly flu vaccines don't interact with ciclosporin and are recommended.

Alcohol

There's no particular reason to avoid alcohol while on ciclosporin, so it's fine to drink alcohol in moderation.

Fertility, pregnancy and breastfeeding

Current guidelines state that ciclosprin can be taken when you're pregnant. If you're planning a family or if you become pregnant while taking ciclosporin you should discuss this with your doctor.

The drug may pass into breast milk but is barely detectable in babies, so is unlikely to be harmful. You will need to discuss with your doctor whether to take this drug while breastfeeding. Tell a doctor you're on ciclosporin if you're prescribed another drug or treatment.

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We're dedicated to funding research into the cause, treatment and cure of arthritis so that people can live pain-free lives.

For more expert information visit our website or if you would like to tell us what you think about our booklets email bookletfeedback@arthritisresearchuk.org or write to the address below.

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We would like to thank the team of people who contributed to the development of this booklet. It was written by Prof. Ariane Herrick and updated by Prof Kuntal Chakravarty and Dr Ian Giles. An **Arthritis Research UK** medical advisor, Dr Luke Gompels, 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.





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