



# Hydroxychloroquine

Drug information



Hydroxychloroquine  
can be used to treat  
rheumatoid arthritis  
or lupus.

Hydroxychloroquine should effectively treat your condition, and stop it causing damage to your joints. It has been tested and has helped many people. However, as with all drugs some people will have side-effects. This leaflet sets out what you need to know.

## **What is hydroxychloroquine and how is it used?**

Hydroxychloroquine is a disease-modifying anti-rheumatic drug (DMARD). These drugs regulate the activity of the body's immune system, which may be overactive in some conditions. Hydroxychloroquine can modify the underlying disease process, rather than simply treating the symptoms.

Hydroxychloroquine is used to treat:

- rheumatoid arthritis
- discoid and systemic lupus erythematosus (SLE).

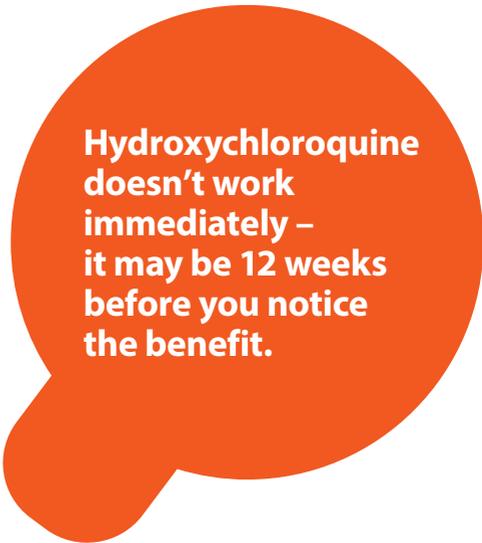
Over the long term hydroxychloroquine can reduce inflammation and so reduce pain, swelling and joint stiffness. If you have lupus it may also improve the rash. It's often taken in combination with other drugs (such as methotrexate).

Hydroxychloroquine is a long-term treatment and it may be 12 weeks before you notice the benefit.

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 suggest you get your vision checked before you start the medication. Your doctor will explain that your vision needs to be monitored regularly during treatment (often with a yearly review) and will ask you to report any visual symptoms.

If you have any existing eye problems before starting hydroxychloroquine you may need more frequent checks. Hydroxychloroquine won't usually be prescribed if you have existing maculopathy of the eye (problems with the central part of the retina).



**Hydroxychloroquine doesn't work immediately – it may be 12 weeks before you notice the benefit.**

## 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.

Unless you have severe side-effects it's important to keep taking hydroxychloroquine:

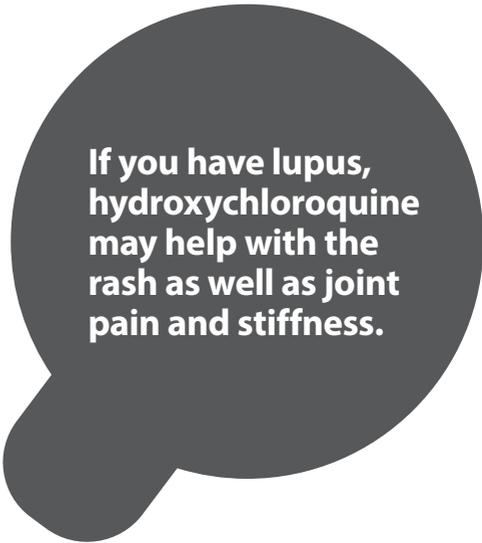
- even if it doesn't seem to be working at first
- even when your symptoms start to improve – to help keep the disease under control.

## Possible risks and side-effects

Side-effects aren't common. However, in some people hydroxychloroquine can cause:

- skin rashes, especially those made worse by sunlight
- feeling sick (nausea) or indigestion
- diarrhoea
- headaches
- bleaching of the hair or mild hair loss
- ringing in the ears (tinnitus)
- blurred vision.

There is a small risk that hydroxychloroquine may damage the retina (part of the



**If you have lupus, hydroxychloroquine may help with the rash as well as joint pain and stiffness.**

eye) and this risk increases with long-term use and higher dose.

Your doctor will advise you on a safe dose to take according to your weight, and you will need to have regular monitoring of your eyes.

This monitoring of your eyes may be arranged at a hospital clinic when you start the drug and then again once a year in hospital when you have been taking the drug for more than five years. Otherwise, you should have a check with an optician once a year and tell them that you're taking hydroxychloroquine. You should report any new eye symptoms to your doctor straight away.

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.

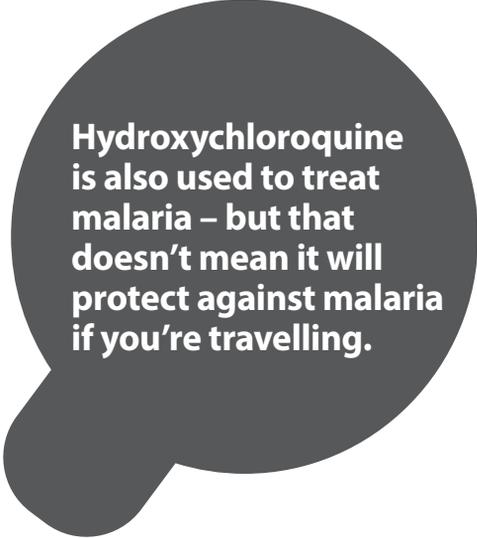
## Taking other medicines

Hydroxychloroquine is commonly given alongside other disease-modifying anti-rheumatic drugs (DMARDs) including methotrexate, especially in rheumatoid arthritis, rather than being prescribed on its own.

However, some drugs can interact with hydroxychloroquine. For example, indigestion remedies (including some over-the-counter preparations) can stop hydroxychloroquine being absorbed. It's recommended that you wait at least 4 hours after taking hydroxychloroquine before you take an indigestion remedy (antacid).

You should discuss any new medications with your doctor before starting them, and you should always tell anyone else treating you that you're taking hydroxychloroquine.

- You can carry on taking painkillers or non-steroidal anti-inflammatory drugs (NSAIDs) as well as hydroxychloroquine, unless your doctor advises otherwise. If hydroxychloroquine works for you, you may be able to reduce your NSAIDs or painkillers after a time
- Don't take over-the-counter preparations or herbal remedies without discussing this first with your healthcare team.



**Hydroxychloroquine is also used to treat malaria – but that doesn't mean it will protect against malaria if you're travelling.**

## Vaccinations

You can have vaccinations, including live vaccines such as yellow fever and shingles, while on hydroxychloroquine.

Even though hydroxychloroquine is also used in the treatment of malaria, you shouldn't assume that it will protect you if you're travelling to an area where there's a risk of malaria. Always check with a healthcare professional what precautions you need to take against malaria.

## Alcohol

There's no known interaction between alcohol and hydroxychloroquine. However, if you're also taking methotrexate you should keep well within the recommended limits (2–3 units of alcohol per day for women or

3–4 units per day for men). This is because methotrexate can interact with alcohol and affect your liver. In some circumstances your doctor may advise lower limits.

## **Fertility, pregnancy and breastfeeding**

We suggest you discuss your medication with your doctor if you're planning to have a baby, become pregnant or you're thinking of breastfeeding.

Current guidelines state that hydroxychloroquine can be taken in pregnancy. It's often best to continue taking it to prevent a flare of disease as the benefits of the medication usually outweigh the possible risks.

The guidelines also advise that you can breastfeed if you're on hydroxychloroquine. Hardly any detectable amounts of the drug get into the breast milk and there's no evidence that it has any effect on the baby. The benefits of continuing to take hydroxychloroquine to control your disease are likely to outweigh any risk.

## **Further information**

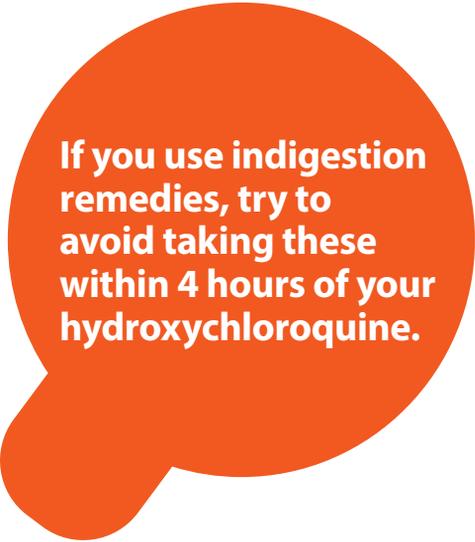
If you would like any further information about hydroxychloroquine or have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse specialist or

pharmacist. They will also be able to advise on possible alternatives if hydroxychloroquine doesn't suit you.

Arthritis Research UK publishes a wide range of information on arthritis including conditions, treatments, surgery and living with arthritis. You may be particularly interested in our booklets on:

- rheumatoid arthritis
- lupus (SLE)

You can order these free of charge by visiting our website, calling the number on the back of this leaflet or writing to us.



**If you use indigestion remedies, try to avoid taking these within 4 hours of your hydroxychloroquine.**

# Arthritis Research UK

Arthritis Research UK works to improve the quality of life for people with arthritis so that they can say they are **in control, independent and recognised.**

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](mailto: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 Dr Taryn Youngstein, Dr Benjamin Ellis, Sue Brown and Dr Ian Giles. An **Arthritis Research UK** medical advisor, Dr Ben Thompson, 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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