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DMARD MONITORING GUIDELINES – Reviewed 23.01.15

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The current BSR DMARD and Denosumab Monitoring Guidelines are now available via the following link: <http://www.rnhrd.nhs.uk/our-services/for-clinicians>

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 [1–5].

C. Route of administration: Oral

D. Caution: Grade of evidence: C

- (1) Patients with renal and liver impairment [4].
- (2) Patients with epilepsy: may reduce threshold for convulsions [4].
- (3) Avoid antacids within 4 h of dose [4].
- (4) May exacerbate psoriasis [3].

E. Contraindications: Grade of evidence: C

- (1) Breast feeding (see section G).*
- (2) Pre-existing maculopathy [4].

F. Notable drug interactions (refer to BNF and SPC)

- (1) Digoxin: Concomitant administration may cause an increase in plasma concentration of digoxin [4].
- (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 [3].
- (5) Avoid use with amiodorone, moxifloxacin and quinine [4].
- (6) Avoid concomitant use of mefloquine [4].

G. Pregnancy and breast feeding: Category of evidence: B

(1) Hydroxychloroquine has been used relatively safely in pregnancy [4, 6–13]. The risks of stopping treatment should be weighed against the small possible risk to the unborn child [6–13].

(2) Breast feeding is contraindicated.*

**RNHRD practice is to continue Hydroxychloroquine in breast feeding patients if clinically indicated to maintain disease control.*

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.

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

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

Ocular toxicity and hydroxychloroquine: Guidelines for screening 2004.

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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.

References

Hydroxychloroquine

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