

menopausal lupus patients, is generally well tolerated with few side-effects.



## Taking your Medication

In order for a medicine to be effective it must reach a particular concentration in the blood and/or tissues, e.g. skin, joints, kidneys, etc. and therefore it is important to take a medicine regularly at the prescribed dose and frequency in order to attain and maintain this "effective concentration". Moreover, as different medicines exert their effects in different ways in the body, the time taken to achieve a notable benefit will vary – from minutes to several weeks! For people with chronic diseases, such as lupus, it is tempting to give up on medicine if the hoped for benefit is not seen quickly but patients should try to be patient and to persevere according to the prescriber's advice.

Anyone unclear or dissatisfied with any aspect of their medication, or concerned about meeting the cost of drugs prescribed for them, should discuss this with their prescriber or pharmacist.

# THE LUPUS UK RANGE OF FACT SHEETS

Further fact sheets are available as follows:

LUPUS Incidence within the community  
LUPUS A Guide for Patients  
LUPUS The Symptoms and Diagnosis  
LUPUS The Heart and Lungs  
LUPUS and the Brain  
LUPUS and the Kidneys  
LUPUS The Joints and Muscles  
LUPUS The Skin and Hair  
LUPUS The Mouth, Nose and Eyes  
LUPUS and the Feet  
LUPUS Fatigue and your Lifestyle  
LUPUS and Men  
LUPUS and Light Sensitivity  
LUPUS and Pregnancy  
LUPUS and Blood Disorders  
LUPUS and Associated Conditions

LUPUS UK is the registered national charity caring for people with presently incurable lupus and has some 7,000 patients in membership who are supported by 30 Regional Groups.

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Please contact our National Office should you require further information about lupus. LUPUS UK will be pleased to provide a booklist and details of membership.

## LUPUS UK

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# LUPUS and Medication



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# LUPUS and Medication

The types of drugs used in lupus can be broadly divided into those which treat the disease itself (e.g. antimalarials) and those used for other problems sometimes associated with lupus (e.g. blood pressure tablets).

## Non-steroidals

These are the standard drugs used for rheumatic pains. There are many to choose between and they have a good safety profile. They are designed to lower inflammation and are, therefore, widely used in all the rheumatic diseases. The main drawback is that they are prone to cause indigestion, especially in older patients.

## Anti-malarials

The drug hydroxychloroquine (Plaquenil) is widely used for lupus. It has a number of properties which make it potentially useful, having anti-inflammatory properties, some sun-protective properties and the property of giving some protection against clotting. The older drug chloroquine used to be more widely used but there is a suspicion that higher doses could cause eye (retinal) damage. Recent studies with hydroxychloroquine at a dose of one tablet

(200mg) daily show that the risk of retinal disease is minimal. Antimalarials are particularly useful for skin rashes, joint pains and for helping the fatigue of lupus.

## Corticosteroids (prednisolone)

These are life-saving in acute lupus and have totally changed the outcome of the disease. Modern treatment is geared to reduce the dose as much as possible and it is now known that the majority of lupus patients can be either maintained on a low dose or even weaned off the drugs altogether. The side-effects of steroids are well known and include weightgain and “moon” face, muscle weakness and, over a period of time, bone softening or osteoporosis.

## Immunosuppressives

The two most widely-used drugs are azathioprine and cyclophosphamide. Azathioprine is a milder immunosuppressive and is used for mild to moderate kidney disease or where it is proving difficult to reduce the steroid dosage. Cyclophosphamide, now always given if possible as an injection or “pulse”, is widely used for kidney disease and to a lesser extent for severe neuropsychiatric disease. It is a very effective drug and the newer regimes using lower doses by injection have a much higher safety profile. Major side-effects of cyclophosphamide are a reduction in white cell count and, with the use of higher doses, failure of the ovaries or sperm-producing cells in males.

## Other drugs

Other drugs are less frequently used in lupus and include intravenous immunoglobulin (often used when the platelets are low) and cyclosporin A, the drug widely used in transplantation medicine to suppress rejection. For very severe skin disease in patients where pregnancy is not a consideration, thalidomide has proved an extremely powerful medication.

## Non-lupus drugs

Various medications have helped improve the prognosis in lupus. These include a variety of improved blood pressure tablets and diuretics, anticoagulants (aspirin or warfarin) in those patients with a clotting tendency, anti-epileptic and anti-depressive medication. Skin creams include corticosteroids and newer, vastly improved sun-protection creams. Patients who have received long-term steroids are at increased risk from osteoporosis. There are now, in addition to standard calcium and vitamin D preparations, modern effective drugs for the prevention and treatment of osteoporosis.

Finally, HRT (hormone replacement therapy) and the Pill. The majority of young women with lupus suffer no problems on the oral contraceptive pill. However, it is now recognised that those women with antiphospholipid antibodies are at increased risk of thrombosis or migraine when taking the pill. Perhaps surprisingly, hormone replacement therapy, often given to treat osteoporosis in post-