



Patient & Family Guide
2021

Azathioprine and Mercaptopurine Therapy



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Your health care provider feels that treatment with azathioprine (a-za-THY-o-preen) (Imuran[®]) or mercaptopurine (mur-CAP-toe-pure-een) (6-MP) may help you manage an over-active immune response. This pamphlet will help you decide if this medication is right for you. It describes what azathioprine is, how it works, and possible side effects.

What are azathioprine (AZA) and mercaptopurine (6-MP)?

- The cells in your immune system fight infection and inflammation (swelling).
- If your immune system is over-active, it can cause inflammation and damage to body tissues and organs.
- Diseases that cause an over-active immune response are:
 - › Rheumatoid arthritis
 - › Inflammatory bowel disease (IBD), such as Crohn's disease and ulcerative colitis
 - › Certain forms of liver disease
- AZA is an immunosuppressive medication. It suppresses (weakens) the immune response, which lowers inflammation.

- 6-MP is very similar to AZA. It works much the same way, but your body breaks it down in a different way. This makes it less likely to cause nausea (feeling sick to your stomach) and vomiting (throwing up). 6-MP costs more than azathioprine. If you have nausea or vomiting when taking AZA, talk to your health care provider.

How well does AZA work? Will it work for me?

- AZA, when used alone, helps to control diseases that cause an over-active immune response in many people, including IBD.
- Take this medication as told by your doctor. This increases the chance that it will work well.

Combination therapy in IBD

- AZA and 6-MP are sometimes used together with a medication called infliximab (Remicade®). Infliximab is used to treat IBD.
- AZA and 6-MP may help make infliximab work better to treat IBD. They may also lower your chance of getting anti-medication antibodies. These antibodies may cause your body to not respond as well to infliximab.

What are the possible side effects of these medications?

- Some side effects are less serious than others but may still be uncomfortable or upsetting. You may also have complications that can cause serious health risks.
- **If you have problems with any side effects, tell your health care provider right away.** They may lower your dose or tell you to stop taking the medication.

Less serious side effects:

During the first few weeks of taking the medication you may have:

- › **Upset stomach or nausea**
- › **Diarrhea (loose, watery poop)**

These will usually go away after 10 to 14 days if you keep taking the medication. Take this medication with meals to lower these symptoms.

- › Allergic reactions, skin rash, fever, muscle aches, and joint pains
- › Skin infections

More serious side effects:

- **Bone marrow suppression:** When your bone marrow makes less blood cells: **This is a serious and life-threatening side effect.** Your health care provider can do a blood test to look at levels of thiopurine methyltransferase (TPMT) in your blood before therapy. Low TPMT levels can mean you are at a higher risk of bone marrow suppression, and treatment will not be given.
- **Pancreatitis:** An inflamed pancreas may happen within 1 to 2 months after starting the medication. It can cause abdominal (belly) pain and more liver enzymes. Your health care provider will stop the medication if this happens.
- **Hepatitis:** Liver inflammation: Your health care provider watches for this by looking at your blood work. This will go away when you stop taking the medication.
- **During pregnancy:** The biggest risk during pregnancy is a flare-up of your disease. Most people who are doing well on the medication and get pregnant can continue treatment for their entire pregnancy. **Talk to your health care provider if you get pregnant or plan to get pregnant.** Birth defects have not been found in humans using these medications.

- **Cancer:** Using these medications for a long time can slightly increase your risk of getting cancer.
 - › If you have had a kidney transplant or have rheumatoid arthritis and need large doses of these medications, you have a higher chance of getting lymphoma (cancer of the lymphatic system) or leukemia (cancer of the blood cells).
 - › Your skin cancer risk may go up a bit. **It is very important to protect your skin from the sun (wear sunscreen, long-sleeved shirts, hats) while taking these medications.** Tell your health care provider if you see any unusual moles or skin sores.

If you have any other side effects that you think may be caused by these medications, talk to your health care provider.

What can I do to lower the chance of these side effects?

- Take your medication with meals.
- Get a blood test before you start taking these medications. This will tell your health care provider if the medication could cause bone marrow suppression.

- Talk to your health care provider before you get any live vaccinations. **This does not include flu shots** — everyone should get a flu shot every year.
- Tell your health care provider if you have any infections.
- Have a regular check-up at least once a year with your health care provider.
- Talk with your health care provider before taking these medications if you are pregnant or breastfeeding, or have liver or kidney disease, shingles, an infection, or gout.
- Use sunscreen or sunblock with a sun protection factor (SPF) of at least 15. Wear long-sleeved shirts and hats. Avoid direct sunlight, sunlamps, and tanning beds.
- Talk to your health care provider if you see any unusual moles or skin sores anywhere on your body.

Concerns

- You may be worried that these medications are too dangerous.
- Serious side effects are not common. There is less risk from these medications than there is from your disease.

