

# SHARED CARE PROTOCOL AND INFORMATION FOR GPs



## Hydroxychloroquine

Clinical indication: For the treatment of rheumatological inflammatory diseases

Version 2.0: September 2009

Due for review: September 2011

### Introduction

With the exception of sulfasalazine, DMARDs are usually started after assessment by a rheumatologist.

'Rheumatological Management and Shared Care Guidelines' available on website: [www.refhelp.scot.nhs.uk](http://www.refhelp.scot.nhs.uk)

### Shared Care

A shared care protocol is used to **facilitate the sharing of care and transfer of prescribing**. This would usually take place once the patient's condition is stable; the patient is demonstrably benefiting from the treatment and is free from any significant side effects. GPs should only take on the prescribing when they are confident in the use of the drug, in the context of the protocol. Contingency plans must be in place to enable the patient to receive the recommended treatment, should the GP decline to prescribe.

### Indication for Therapy

Indications – active joint inflammation usually supported by indices of inflammation.

Duration – most drugs require up to 3 to 4 months trial to assess efficacy. Therapy is continued providing the drug is working and there are no side effects.

Relapse is common after withdrawal of therapy.

### Preparations available

200mg tablets.

### Recommended Dosage and Administration

- 200mg twice daily (patient weight >65kg).
- 200mg once a day (patient weight ≤65kg).
- Max daily dose 6.5mg/kg (divided doses).

### Cost

60 x 200mg tablets = £5.46.

### Adverse Effects and Drug Interactions

Common: GI disturbance, headache, skin reactions.

Rare: ECG changes, convulsions, visual changes, retinal damage.

May exacerbate psoriasis.

Increased risk of ventricular arrhythmias with amiodarone, moxifloxacin and quinine: avoid concurrent use. Plasma concentration of digoxin increased. Mefloquine should be avoided. Avoid antacids within 4hrs of dose.

### Precautions and Contra-Indications

Contra-indicated in hypersensitivity to 4-aminoquinoline compounds and pre-existing maculopathy of the eye. Cautioned in renal and liver impairment; epilepsy.

### Pregnancy and Lactation

It is not necessary to withdraw therapy during pregnancy if the disease is well controlled. Breast feeding should be avoided.

### Contact Points

Rheumatology Clinical Nurse Specialists:

0131 537 1405

Rheumatology SpR (via switchboard):

0131 537 1000

Rheumatology Clinical Pharmacist:

0131 537 1000 (bleep 8461)

Rheumatic Diseases Unit (WGH):

0131 537 1798

Rheumatology Secretary (St John's Hospital):

01506 52 3824

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**Shared Care Responsibilities**

**Aspects of Care for which the Consultant is responsible**

- Assessing the need for DMARD.
- Arranging for the patient to receive counselling in verbal and written form.
- Providing relevant baseline investigations.
- Following the patient's response to treatment at the out- patient clinic.
- Communicating advice to the patient's GP re monitoring requirements.
- At any stage of treatment, advising GP of concerns re monitoring or potential adverse effects of treatment.

**Aspects of Care for which the General Practitioner is responsible**

- Prescribing DMARD under the guidance of the consultant.
- Reporting any suspected adverse reactions to the patient's consultant and complete a yellow card if appropriate. Discuss any significant abnormalities with consultant.
- Liaising with the consultant regarding any complications of treatment.
- Monitoring the general health of the patient.
- Monitoring for specific side effects as detailed in "Monitoring" section.
- Provision of pneumococcal and annual influenza vaccination.

**Monitoring**

- Rheumatologist will arrange baseline ocular monitoring - acuity and Amsler chart testing. Patients will be advised to have an annual eye test and to report any changes/abnormality in their vision to their GP.
- Trends in ESR are useful in decision-making.

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This information was prepared by the Rheumatic Diseases Unit and Pharmacy Department, Western General Hospital, NHS Lothian through liaison with the General practice Prescribing Committee and LUHD Drug and Therapeutics Committee