

## **CHLOROQUINE (NIVAQUINE/PLASAMOAQUINE) / HYDROXYCHLOROQUINE (PLAQUENIL)**

### **What is Chloroquine?**

Chloroquine is an antimalarial agent  
It is used to treat:

Rheumatoid Arthritis, Systemic Lupus Erythematosus (SLE) and its associated skin conditions, Childhood Arthritis (Juvenile Idiopathic Arthritis), Antiphospholipid Syndrome and other Autoimmune Diseases.

### **How does Chloroquine work?**

Chloroquine is a disease-modifying anti-rheumatic drug (DMARD). It interferes with effectiveness of communication between cells in the immune system by interfering with their receptors. It also interferes with activity of structures, inside the cell, thereby blocking activation of the immune system. In these ways it decreases inflammation.

In arthritis it reduces pain and swelling. It also limits/prevents damage to the joints and helps to reduce/prevent disability in the long-term.

### **How is Chloroquine taken?**

Usual dose is 1 tablet (200 mg), orally, once/twice a day.

Dose may be reduced to maintenance dose, after a few months, after a response is received.

It is best taken with food as it has a slightly bitter taste.

Chloroquine works slowly and may take 1 – 2 months, for symptoms to start to improve. The full effect of treatment may take up to 6 months.

The body gets rid of chloroquine, so if you miss a dose, there is no need to double the dose, the next day.

Treatment with chloroquine may be continued indefinitely, as long as it is effective and no serious side effects occur.

### **What are the side effects?**

Chloroquine is typically well tolerated. Serious side effects are rare.

Most Common:

Nausea, Vomiting, Loss of appetite, diarrhoea – these improve with time.

#### Less Common/Rare:

Skin rashes and increased sensitivity to the sun. Use sunscreen when in the sun. Chloroquine may rarely worsen psoriasis rash.

Skin hyperpigmentation.

Anemia – in patients with condition known as G6PD deficiency or porphyria.

Temporary blurring of vision due to deposits in the front of the eye (cornea).

This is fully reversible when the medicine is stopped. Report to your doctor any visual

disturbances, (blurred vision, mist or fog before the eyes or light sensitivity).

More serious eye problems involving the retina (back of the eye) are extremely

rare. Can cause visual changes or loss of vision. Such visual problems are

more likely to occur in individuals taking higher doses for many years (> 5 yrs.),

in individuals 60 yrs. or older, those with significant kidney or liver disease.

At the recommended doses the development of visual problems are rare.

Nevertheless if changes do occur, they occur slowly and can be picked up

at routine screening. Despite the very slight chance of eye damage, most

rheumatologists send their patients for an eye examination, once yearly.

#### Very Rare:

Thinning of the hair, Ringing in the ears, Bleaching of the skin and/or hair,

Muscle weakness.

### **What precautions are necessary?**

#### Eye testing

When you start treatment with hydroxychloroquine your doctor will discuss your vision and may ask you to have an eye test. This eye test may be repeated during your treatment to monitor effects on your eyesight.

#### Use with other medicines

Hydroxychloroquine can interact with other medicines. You should tell your doctor (including your general practitioner, rheumatologist and others) about all medicines you are taking or plan to take. This includes over the counter or herbal/naturopathic medicines.

Most vaccines can be given safely. Talk with your rheumatologist before receiving any vaccines.

#### Use with alcohol

There is no particular reason for you to avoid alcohol while taking hydroxychloroquine.

However drinking more than 4 standard drinks on one occasion, even if infrequently, is strongly discouraged.

### Use in pregnancy and breastfeeding

If you intend becoming pregnant, or if you conceive while taking hydroxychloroquine, or if you are breastfeeding, you should discuss this with your doctor.

Chloroquine is safe to be used during pregnancy and breastfeeding. It has been associated with improved maternal and fetal outcomes in lupus patients. Its use during pregnancy has not been associated with congenital malformations. Discontinuation of chloroquine is associated with an increased risk for SLE exacerbations during pregnancy.

**Overall chloroquine is a safe drug and can be of benefit to people with SLE, various forms of arthritis and skin disease**