

Are you taking Hydroxychloroquine (Plaquenil)?

Have you had eye screening at a hospital?

YES

NO **Please read** 

In addition to this please read the Arthritis Research UK leaflet

What is Hydroxychloroquine used for?

Hydroxychloroquine is used in the treatment of Systemic Lupus Erythematosus (SLE), Rheumatoid arthritis, Sjogren's and some skin conditions.

Hydroxychloroquine is also called HQ. In this leaflet, we will call it HQ.

Is HQ safe to take?

HQ is usually a safe and effective medicine but like other drugs it can have side effects.

An important side effect of HQ is damage to the back of the eye called retinal toxicity. Recent evidence suggests that the chances of developing retinal toxicity are greater than previously thought.

What happens if you develop retinal toxicity?

Usually this has no symptoms but you might have subtle changes in night vision, less colour vision or a spot near the centre of the visual field (a paracentral scotoma).

What increases the risks of HQ?

The risk is increased in the following situations:

- If you take more than 5mg for every kg that you weigh (for example, this would be more than 400mg per day if you weigh 80kg)
- If you take it for more than 5 years
- If your kidneys don't function normally
- If you are on certain other drugs (for example, tamoxifen).

Overall the risk is around 7.5% in people taking 400mg of HQ per day for more than 5 years.

How can the risks of taking HQ be managed?

There are new guidelines about monitoring patients who are taking HQ. These guidelines are published by the British Society of Rheumatology (BSR) and the Royal College of Ophthalmologists (RCOphth).

Once you start taking HQ, regular screening is aimed to check the baseline health of your eyes and then to pick up changes before you notice any symptoms.

Screening has to be done:

- Within 1 year of starting the treatment
- Yearly after 5 years of treatment
- Yearly from the beginning if:
 - you take chloroquine (rather than HQ)
 - you take Tamoxifen for breast cancer
 - you have poor kidney function
 - you take a high dose of HQ.

On each occasion several pictures and scans of your retina will be taken and you will have some of the following tests:

- A colour photograph of the surface of your retina called **fundus photograph PLUS**
- A scan to look at the various layers of your retina called **Optical Coherence Tomography (OCT) Scan**
- You may also be offered a specific test called **fundus autofluorescence (FAF) imaging**
- A **visual field test**.

The ophthalmologist will not advise any change in your treatment – the results will be sent to your doctor who will discuss this further with you.

Links to further sources of information

Arthritis Research UK leaflet:

<http://bit.ly/HQARUK>

British Society of Rheumatology (BSR) guidelines:

<http://bit.ly/BSRguideline>

Royal College of Ophthalmologists (RCOphth) guidelines:

<http://bit.ly/RCOphthguidelines>

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