

# Shared care guidelines

**Drug**

AZATHIOPRINE

**Specialty**

NEPHROLOGY

**Indication**

IMMUNOSUPPRESSANT / STEROID-SPARING AGENT

**Overview**

Azathioprine is used as an oral immunosuppressant / steroid-sparing agent in a number of disorders. The main concern is myelosuppression and less frequently nephritis / hepatitis.

**Hospital specialist's responsibilities**

**Initial investigations:** FBC, LFTs, U&E  
**Initial regimen:** 25mg twice a day increasing by 50mg fortnightly  
 Typical target dose 1.0 to 1.5 mg/kg body weight/day  
**Clinical monitoring:** For adverse effects and usual disease management  
 Frequency: Variable at onset, every 3 to 12 months when stable, urgent as required  
**Safety monitoring:** FBC & LFTs weekly for 4 weeks, fortnightly until dose stable for 6 weeks; thereafter 1 to 3 monthly. Check 2 weeks after a dose increase. U&Es – 3 monthly  
**Prescribing details:** First 3 months from hospital then transferred to GP  
**Documentation:** Clinic letters and results to GP via ICE. Separate patient information & patient-held shared care diary.

**GP's responsibilities**

**Maintenance:** 1.0 to 1.5 mg/kg body weight/day as advised at transfer  
**Clinical monitoring:** For adverse effects & usual management  
 Frequency: As required and determined by patient symptoms  
**Safety monitoring:** FBC & LFTs 3 monthly. Also check 2 weeks after a dose increase. U&Es - 6 monthly  
**Treatment duration:** Long-term as recommended by specialist  
**Documentation:** Practice records. Correspondence with specialist as required. Copies of blood results to specialist using shared care diary.

**Adverse events**

Adverse Event	Action required
WCC ↓ <3.5x10 <sup>9</sup> /L or Neutrophils ↓ <2.0x10 <sup>9</sup> /L or Platelets ↓ <150 x10 <sup>9</sup> /L	Repeat FBC & discuss with specialist
↓ trend in WCC / platelet	Discuss with specialist
> 2x rise in ALT/AST/ALP	Repeat LFTs and discuss with specialist
Lymphocytes < 0.5x10 <sup>9</sup> /L	Discuss with specialist
MCV > 105	Check B12, folate and TSH. If normal, discuss with specialist
Bruising/sore throat/oral ulcers	Check FBC and discuss with specialist.
General malaise / rash	Discuss with specialist
Nausea / vomiting	Discuss with specialist

**Other information**

Beware of important drug interaction: ALLOPURINOL – serious risk of marrow toxicity; WARFARIN – anticoagulant effect may be reduced requiring an increased dose; CO-TRIMOXAZOLE & TRIMETHOPRIM – increased risk of haematological toxicity.  
 Live vaccines should be avoided. Annual flu vaccination recommended.  
 All immunosuppressants carry a risk of malignancy especially dermatological malignancies. Advise UV protection, surveillance and early referral.

**Contact details**

The renal department can be contacted for advice using their website:  
[kidney@stees.nhs.uk](mailto:kidney@stees.nhs.uk)