

Adalimumab (Humira) injections for patients with Crohn's disease

GI Unit

Patient Information Leaflet

Introduction

Adalimumab is used in the treatment of Crohn's disease. It can only be used for specific patients who have failed to respond to other treatments and funding has to be obtained for it.

Your consultant has decided that Adalimumab may be beneficial for you and so this leaflet will give you more information about the treatment.

Please note that as funding has to be obtained for you to have this drug there may be a small delay before you can have it.

What is Adalimumab?

Adalimumab (Humira) is a medication that has been proved effective in Crohn's disease. Crohn's disease is due to an inflammation in the lining of the digestive system and it is thought that a substance called tumour necrosis factor (TNF) plays a major part in causing inflammation. Adalimumab blocks TNF so that the level of inflammation is reduced.

You may have already had treatment with another anti-TNF treatment by the name of Infliximab.

Results cannot be guaranteed but research shows that Adalimumab can be effective.

How is Adalimumab given?

Adalimumab is given as a subcutaneous (under the skin) injection once every two weeks. Most patients will be able to give their own injections or be able to have their partner or carer give the injections to them. You will be taught how to do this in your own home by a trained nurse from Healthcare at Home. Your specialist nurse will give you information about Healthcare at Home.

How long does it take for Adalimumab to work?

Most people notice a response to the treatment quite quickly, usually in the first two weeks, but each patient is different. It can take up to three months for the full effects of the drug to be noticeable.

It is important to remember that it is a treatment not a cure.

Will I have a reaction or side effects from the treatment?

All medicines can cause side effects, although most patients never experience any. The most common side effects of Adalimumab include itching, soreness, redness, pain and swelling around the injection site. This is usually a mild reaction and will settle down.

Other mild side effects can include headache, runny nose, rashes, nausea and diarrhoea, chest infections, possible abscess formation (either from an infection or due to Crohn's disease) and tiredness. Rarely dehydration can occur. Very rarely serious allergic reactions may occur (anaphylactic reactions) which may need emergency treatment.

These side effects tend to happen quite soon after taking the drug and so far no delayed reactions to Adalimumab have been reported.

Reactivation of tuberculosis (TB) can occur and active infections can be made worse, therefore if you have signs of active infection, advice should be sought before continuing with the course of treatment. Heart failure can be made worse but this will be taken into consideration before the treatment begins.

Do I need any special tests whilst receiving Adalimumab?

There are no specific blood tests required whilst receiving Adalimumab; however, you will need regular hospital appointments to monitor your response to the treatment. Your routine blood tests for your Crohn's disease will continue to be monitored as before.

You will need to have a chest X-ray before the treatment begins unless you have already had one.

Do I take my other medication whilst having Adalimumab?

Yes. Your consultant will know what medication you are taking for Crohn's disease; however, if you are taking any other medication then you must tell them **before** commencing Adalimumab.

At present, however, little is known about whether other drugs react with Adalimumab – no specific interactions or issues have been noted to date.

Does Adalimumab affect pregnancy?

Recent limited research performed suggests that it may be safe to use Adalimumab if you are pregnant or become pregnant whilst being treated with it. You should discuss this with your consultant or specialist nurse.

If you are breastfeeding, treatment may be postponed until your baby is weaned, although recent research shows that breastfeeding is now possible. In men research suggests that there is no need to avoid fathering a child when you are taking adalimumab.

Can I drink alcohol whilst receiving Adalimumab?

It is recommended that you stay within the national guidelines for alcohol consumption which are set at 21 units per week for men and 14 units per week for women (one unit = half a pint of normal strength beer, one glass of wine or one shot/pub measure of spirit). Any alcohol drunk should be consumed evenly over the week.

Can I smoke whilst having treatment?

Smoking is not recommended in Crohn's disease and you will already have been advised by your consultant or inflammatory bowel disease (IBD) specialist nurse about this. If you continue to smoke, you are not allowing yourself to have the full benefits of the treatment.

Do I need to take any other precautions whilst receiving treatment?

It is recommended that you have a pneumonia vaccine before commencing Adalimumab and this should then be repeated in three to five years. It is also advisable to have a seasonal flu jab.

You should avoid live vaccines which include polio, rubella (German measles) and the shingles vaccine.

Always let your GP know that you are receiving Adalimumab before having any vaccinations.

What are the alternatives to Adalimumab?

This treatment has been offered to you because other treatments you have tried have not been effective in treating you. This will have been discussed with you already but if you have any more questions do not hesitate to contact your IBD specialist nurse.

If you have any questions or if there is anything you do not understand about this leaflet please contact:

IBD team on 01384 456111 Ext 2440 (9am to 5pm, Monday to Friday)

This leaflet can be made available in large print, audio version and in other languages, please call 0800 0730510

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