Infliximab for Inflammatory Bowel Disease
An information guide
Infliximab for Inflammatory Bowel Disease

Infliximab is a type of drug known as anti-TNF-alpha (Tumour necrosis factor alpha). It works with the immune system to block the action of an inflammatory agent TNF in the blood which is normally produced as part of the immune response to help fight infections, temporarily causing inflammation in the affected areas. In IBD the body produces too much TNF-alpha. This high concentration of TNF-alpha found in the lining of the inflamed intestine is believed to be one of the key reasons for inflammation. Infliximab recognises and binds specifically to TNF alpha and neutralises its biological function, altering the body’s inappropriate immune response and in turn reducing inflammation and relieving the symptoms of IBD.

Infliximab is used to treat patients with severe active inflammatory bowel disease and maintain remission. You may have used other treatments (e.g. Azathioprine, mercaptopurine or methotrexate) or have not been able to come off corticosteroids (e.g. prednisolone or budesonide).

What happens before I start my treatment?

Pre-treatment screening

• tell your doctor if you have heart problems, as Infliximab should not be given to patients with heart failure

•TB – tell your doctor if you have had recent or past exposure to people with TB, or if you have been treated for TB in the past. If you have underlying, inactive TB, you should have treatment before starting Infliximab. We will check this before you start your treatment

• if you have a fistula, tell your doctor if it is leaking pus – you may need antibiotics before you start treatment
• tell your doctor if you have or have ever had a disease that affects the nervous system, or if you have experienced any numbness, tingling or visual disturbance
• tell your doctor if you have ever had hepatitis B (a viral liver infection), been told you are a carrier or been in close contact with someone who has hepatitis B
• tell your doctor if you have a history of cancer as Infliximab affects how the immune system works.

You will have the opportunity to discuss your course of treatment with your consultant when the decision is made this medication may benefit you. You will also see the IBD specialist nurse to discuss this medication in detail. At that appointment you will be given an information leaflet to take away. You will be weighed, blood tests and a chest x-ray will be arranged. Once these tests are complete, and it is safe to go ahead with your medication your first appointment will be arranged.

Where will I have my treatment and what does it involve?
You will be asked to go to either the Programmed Investigation Unit at Rochdale Infirmary or North Manchester General Hospital. For your first few treatment, you will be in hospital for 4-5 hours.

The trained nurses on the units will administer the infusion. The infusion involves having a cannula in your arm and the treatment being given over 2 hours. You will need to stay for a further 2 hours for observation and then you can go home.

You will have the first three infusions at 0, 2 and 6 weeks. Thereafter you will have an infusion every 8 weeks.
How long does it take to work?
The benefits of infliximab may be seen within 2-6 weeks of the first infusion.

How safe is infliximab?
Infliximab has been used for just over 15 years for the treatment of IBD.

Possible side effects
Like all medicines, Infliximab can have side effects.
Most side effects are mild to moderate, although not everyone will get them. Some side effects may be serious and require treatment, but this is quite rare.

Common side effects affecting 1 in 10 people
• reactions to the injection such as pain or swelling, redness, bruising and itching.
• rashes, hives (a raised itchy rash that appears on the skin), a swollen face, hands and feet, or trouble breathing and shortness of breath.
• abdominal pain, nausea, headaches, fatigue and joint pain.

Other side effects may include
• increased risk of reactivation of tuberculosis
• increased risk of infections
• reports of cancers such as lymphoma, but it is unclear whether this is due to Infliximab or to other medications given at the same time
Will I need to take any special precautions while being treated with Infliximab?

- avoid contact with people who have transmissible infections such as chickenpox or influenza
- you should not receive any live vaccines such as polio, yellow fever, rubella (German measles), MMR or BCG (tuberculosis) while taking Infliximab. If you require vaccinations prior to travel, please check with your travel nurse that these are not live vaccines and discuss with your IBD nurse.

Can I drive after the infusion?

Yes, the infusion doesn’t cause drowsiness and you will be able to continue with your normal activities.

If you feel unwell after your infusion you should not drive.

Should I receive vaccinations

The European Crohn’s and Colitis Organisation have given guidance on immunisations of IBD patients. We would recommend that you have influenza, pneumonia and hepatitis B vaccinations ideally before you start any immunosuppression or at the earliest opportunity. You will still be able to have Infliximab if you have not had these vaccinations, but we would strongly encourage you to complete them.

Infliximab, pregnancy and breast feeding

Evidence supporting the safety of Infliximab suggests that is generally safe. We know that it has the potential to cross the placenta, and for that reason, we would recommend that it is discontinued at 30-32 weeks’ gestation. We would consider
restarting after delivery, but each decision will be made on an individual basis.

We recommend that you meet with your specialist as soon as you are considering starting a family so that the appropriate recommendations can be made.

There is less evidence for men wishing to start a family, but it is thought to be safe.

It is generally thought to be safe to breastfeed whilst on infliximab, as only trace amounts are found in breastmilk and infliximab is not absorbed orally, reducing the potential for adverse events in the infant.

**How long will I be taking Infliximab?**

We will review you 3-4 months after you start Infliximab to ensure that you are responding to treatment. If you respond well without adverse effects, we would give you Infliximab for a year. The need to continue treatment will be reviewed again at your one-year review.

**Do I need to follow any special diet?**

Unless you have been advised otherwise, by a dietitian or a member of the IBD team, you should continue your normal diet.

**Are there any other tests that I need to have while on Infliximab?**

Once your treatment has started you will need regular checks such as regular blood tests or stool tests. You will need to have your bloods taken 10-14 days before your next infusion in order these can be checked to ensure that we can prescribe the next dose.
If this is not done, you will not be able to have your next infusion. Monitoring your treatment makes sure that any complications or problems with your treatment are avoided or caught at an early stage.

We hope this information sheet answers most questions, however if you still have questions, please do not hesitate to contact one of the IBD team on IBD advice line 0161 918 8579 or IBD.nurses@pat.nhs.uk
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service.

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