Azathioprine in Inflammatory Bowel Diseases

An information guide
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Your doctor is planning to start you on Azathioprine. This information leaflet is designed to answer some questions you may have.

Why do I need Azathioprine?

Azathioprine is an effective drug used in the treatment of Crohns disease and Ulcerative Colitis. Mercaptopurine is a metabolite of Azathioprine that can be used in some circumstances. Azathioprine is often used in people whose disease rapidly deteriorates when steroids are stopped or reduced and in people with significant bowel inflammation.

It acts on the body’s immune system to suppress inflammatory processes in the body.

Azathioprine has been shown to be effecting in maintaining remission (controlling disease activity) in IBD. It is usually used for people who have recurrent flares needing steroids to control them.

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 with you for future reference.
What happens before I start my treatment?
You will need to have a blood test before you start azathioprine to check your red and white blood cells and your liver functions. An enzyme test will also be performed to decide what dose is safe for you to take.

What dose do I need to take?
Azathioprine is taken as a tablet once or twice a day, swallowed whole, after food. The dose is weight based, and the usual dose is between 1.5-2.5mg per kilogram body weight. You will usually start at a lower dose which will increase over a couple of weeks. If you miss a dose take it as soon as you remember. If it is less than 12 hours before your next dose, do not take the missed dose, but take your next dose at your normal time.

How long does it take to work?
Azathioprine or mercaptopurine usually takes between 6 weeks and 3 months to become fully effective. During that time, you may need to take corticosteroids to maintain control of your disease.

Possible side effects
Azathioprine has been used for about 30 years for the treatment of IBD.
Like all medicines, Azathioprine can have side effects. Some side effects only last for a short time while the body is getting used to the azathioprine or mercaptopurine.
Common side effects

• nausea
• mild aches and pains
• increased risk of minor infections
• rashes
• fever
• joint pains

Other side effects may include

• low white cell count
• raised liver functions
• pancreatitis

These side effects are rare, and are often reversible on stopping or reducing the dose of Azathioprine. You should contact a health professional if you feel there is a small but real risk of certain cancers particularly lymphoma and non-melanoma skin cancer. Data from studies for lymphoma has been variable however the incidence rates remain low and it is regarded that the benefit of treatment outweigh the small risks involved.

Studies in IBD and non-melanoma skin cancer is inconsistent. You can minimise the risk by ensuring that you have adequate skin protection when out in the sun, and to make health professionals aware of any changes to your skin.
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.

Azathioprine, pregnancy and breast feeding
Azathioprine appears to be safe in pregnancy. Discontinuing azathioprine is associated with high relapse rates of IBD generally, so it should be continued in difficult to control disease.

Azathioprine and mercaptopurine are detectable in breast milk but levels are low. Breast feeding is considered safe.

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.

Will it interfere with my other medication?
Certain medications may interfere with Azathioprine. Please inform any health professional that you are taking Azathioprine or the pharmacist if you buy over the counter medications. A full medication history will be taken before you are prescribed Azathioprine to ensure that there will be no interactions.

Can I drink alcohol?
It is safe to drink alcohol within the latest National Guidance.
How long will I need to take Azathioprine?
If well tolerated, Azathioprine is usually given as a long term medication. Your doctor will discuss with you how long you should be on azathioprine as this varies from individual to individual.
You should not stop taking Azathioprine without consulting with your doctor or IBD specialist nurse.

Are there any other tests that I need to have while on Azathioprine?
You will need to have blood tests taken every week for 4-6 weeks, every month for 3 months then 3 monthly. At this point your GP may take over the monitoring and prescribing of your medication.
We hope this information leaflet 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 pah.tr.ibdflareline@nhs.net
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