Infliximab (Remicade) for gastroenterology patients

This information leaflet has been produced to tell you about the things we feel are important to gastroenterology patients on this medicine. You should also receive a manufacturer's information leaflet when you have this medicine.

What is Infliximab?
The drug Infliximab is an antibody protein infusion. It is usually given as 3 doses. It is normally used when other treatments have failed and when it is worth attempting to avoid surgery.

What are the options available to me?
Your doctor has recommended that this could be a drug that would help your condition, however should you wish to discuss the other drug treatment options that are available, please do not hesitate to ask.

We would like to be able to give you enough information to make an informed choice regarding treatments. There is a list of useful sources of information at the end of this sheet.

Should you decide not to take any medication, we will continue to review you in clinic to check your progress as needed.

It is likely that over the years the disease will progress if no therapy is taken.

Taking Infliximab
Infliximab is given as a drip into the vein (intra-venous fluid) over about 2 hours. It is given as 3 separate drips/infusions.

Two weeks after having the first infusion you will be given the second infusion.

The third infusion is then given 4 weeks after this.

Following this your consultant may decide to give it to you every 8 weeks (maintenance treatment).

The dose of Infliximab is given according to your body weight.

Whilst having Infliximab it will be necessary to have your temperature, blood pressure and pulse monitored.
What are the side-effects associated with Infliximab?
Infliximab may allow infections to become more severe.

Infliximab has been found to reactivate tuberculosis (TB). Therefore we will check you with a chest x-ray and check your past medical and family history to see if you have active or inactive TB.

If the tests suggest TB you may also need to have a Mantoux skin test and you will not be able to have Infliximab. However, you may be prescribed anti TB medication and you may then be considered to have Infliximab at a later date.

Infliximab must not be given if you have any infection, abscesses, have been hypersensitive with previous infusions (drips), or have had an allergy to mouse (murine) proteins.

Hepatitis B and Hepatitis C infection also needs to be excluded before you can be given Infliximab.

If you have ever lived in a region where histoplasmosis or coccidiomycosis (fungal diseases) are common (Africa, South America and parts of the USA), then please tell either your consultant or IBD nurse specialist.

Due to hypersensitivity the following side-effects have been found to occur during or shortly after the infusion:

- Fever
- Rashes
- Face, hand or lip swelling
- Pruritis (itchy skin)
- Dysphagia (difficulty in swallowing)
- Joint and muscle pains
- Headaches
- Sore throat

If you experience any of the above side-effects then either the drip will be slowed down which usually resolves the symptoms or, the drip will be stopped and you may be given antihistamines.

Patients with Congestive Heart Failure must not take Infliximab as it has been found to worsen this condition.

Very occasionally Infliximab can cause a fall in white blood cells and make you more susceptible to getting infections. Infliximab can also mask infection.

Very occasionally Infliximab may cause nerve damage. If you experience any ‘pins and needles’, or weakness please tell either your consultant or IBD nurse specialist.

It may take up to 6 months for the body to eliminate Infliximab therefore you need to be aware of any delayed side-effects.

If you are concerned about any possible side-effects then contact either your doctor or specialist nurse immediately.

If you are concerned about any of these risks, or have any further queries, please speak to your consultant.
What else should I know?
Infliximab must not be given to patients who are pregnant. Women are strongly advised to use effective contraception for up to 6 months after Infliximab treatment and must not breastfeed for up to 6 months after treatment.

Infliximab has not been shown to affect the sperm in men however, we strongly advise men not to father a child for up to 6 months after Infliximab treatment and therefore use effective contraception.

Long-term safety
Taking immunosuppressants, including Infliximab, may increase the risk of lymph gland cancers (lymphomas) in particular in the liver although the risk is though to be minimal.

Further information

British information
You may find the following sources of information useful.

Digestive Disorders Foundation (CORE)
www.digestivedisorders.org.uk

The National Association for Colitis and Crohn's Disease (NACC)
www.nacc.org.uk

National Institute for Health and Clinical Excellence
www.nice.org.uk

Remicade
www.remicade-crohns.com

American information

American Gastroenterological Association
www.gastro.org Click on ‘Patient Center’ for more information.

Crohn’s and Colitis Foundation of America
www.ccfa.org

If you have any queries, or require further information please contact the IBD Nurse Specialists:

Lorraine Mycock on 01332 785504 or 01332 340131 and ask for bleep 1466.
Beverley Powell on 01332 786417 or 01332 340131 and ask for bleep 2218.

NHS Direct is a 24 hour nurse led, confidential service providing general health care advice and information.
Telephone 0845 4647 or visit the website at www.nhsdirect.nhs.uk

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