



Australian
Rheumatology
Association

PATIENT INFORMATION ON

COLCHICINE

(Brand name: Colgout, Lengout)

This information sheet has been produced by the Australian Rheumatology Association to help you understand the medicine that has been prescribed for you. It includes important information about:

- **How you should take your medicine;**
- **What are the possible side effects;**
- **What tests you may have to monitor your condition and to detect unwanted effects; and**
- **Other precautions you should take.**

Please read it carefully and discuss with your doctor.

What is colchicine?

Colchicine is a medicine used to treat gout and pseudogout arthritis. These are types of arthritis caused by a build up of crystals in the joints. Blood cells travel to these areas of inflammation causing pain and swelling. Colchicine prevents white blood cells from travelling into these areas, and therefore helps to reduce pain and tenderness.

For more information about GOUT see the Arthritis Australia website
<http://arthritisaustralia.com.au/fact+sheets>

What benefit can you expect from your treatment?

The most common use of colchicine is as prophylaxis to prevent attacks of gout or pseudogout.

It can also be used to treat acute attacks when nonsteroidal anti-inflammatory drugs (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen/Nurofen) cannot be used for safety reasons or have been ineffective.

Colchicine can be started during a sudden attack and often works straight away. If you are taking colchicine to relieve gout attack symptoms, start taking it at the first sign of pain. Relief usually begins within 12 hours, and usually symptoms disappear within 24 hours.

How is colchicine taken?

Colchicine is taken by mouth as a tablet. Tablets are 0.5mg (also expressed as 500mcg or micrograms). It should be taken with or after food to reduce stomach upset. **It should also be taken with plenty of water.**

What is the dosage?

For prophylaxis (prevention of attacks):

The usual dose for prevention of attacks is one tablet once or twice a day.

When used for prevention, colchicine may be used with other preventative medicines (such as allopurinol or probenecid, which lower urate levels), or it may be used with reducing doses of corticosteroids.

Long term use of colchicine in gout is not normally required. The medicine should be stopped when you have had no gout attacks for 3 months.

Colchicine can be used for long-term treatment in pseudogout. In this case it is given in a dose of 1 or 2 tablets a day.

To help you remember your medicine, take it at the same time(s) each day. If you forget to take a dose, there is no need to double the dose at the next scheduled time.

For an acute attack:

When used to treat an acute attack, the dose of colchicine is higher than that used for preventing attacks. It should therefore only be taken for a short period of time.

When starting treatment during an attack of gout, the recommended dose is:

2 tablets initially, followed by one tablet every 6 to 8 hours, up to a maximum dose of 5 tablets in 24 hours.

The attack should settle within 2 days. The dose will then be reduced to 1 or 2 tablets a day.

The total dose should not be more than 12 tablets over 4 days.

Nausea and diarrhoea are natural safety signals. If they occur, stop taking colchicine, even if the 12 tablets in 4 day limit has not been reached. Another course of colchicine should not be started for at least 3 days

Are other medicines taken with colchicine?

Colchicine may be taken if needed in combination with other arthritis medicines, including:

- steroid medicines such as prednisolone or cortisone injections into the joint;
- anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen/Nurofen); and/or
- simple pain killers such as paracetamol.

Are there any possible side effects?

Many people will experience mild side effects from colchicine. Below are possible side effects that you might experience with your treatment. Tell your doctor if you experience any side effects.

If you do experience side effects, a reduction in dose may minimise these so that you can continue to take the medicine. Your doctor will advise on any dose changes that are necessary.

Most common possible side effects:

- The most common side effects are ***nausea, vomiting, stomach pain and diarrhoea.*** These may be reduced if colchicine is taken with food, before bed or by eating little and often. If you are sick, stick to simple foods such as dry toast, and drink plenty of liquid. If you experience nausea, vomiting or diarrhoea during treatment for an acute attack, you should stop taking the medicine.
- Another common side effect is ***loss of appetite.***
- Patients older than 65 may be at increased risk of ***gastrointestinal bleeding.*** See also ***Precautions.***

Less common or rare possible side effects:

There are some rare but potentially serious side effects with colchicine. If you experience any of these side effects, see your doctor straight away.

- ***Skin rash, fever or hair loss.***
- ***Severe diarrhoea*** with bloody or black tarry stools.
- ***Difficulty in passing urine or blood in urine.***
- ***Confusion or convulsions.***
- ***Numbness or weakness*** in the fingers and toes.
- ***Bleeding, mouth ulcers or infection*** associated with ***low blood cell counts.*** This is more likely when colchicine is taken in high doses for acute gout or taken for a long time.

Other rare side effects include ***headache, dizziness, difficulty sleeping, seizures, tremor, shortness of breath and muscle weakness.***

Very rarely, death has occurred when colchicine has been taken in overdose.

Long term possible side effects:

- ***Muscle inflammation*** may occur and is more common in people with reduced kidney or liver function taking long term colchicine.

What precautions are necessary?

Blood tests:

Monitoring blood tests are not usually required for people taking colchicine, although in certain situations these may be needed. Long-term use requires monitoring of the blood count.

Gastrointestinal conditions:

- People who have had ulcers or other serious gastrointestinal conditions should talk with their doctors before taking this medicine.

Kidney and liver function:

- Colchicine should be used with caution if kidney or liver function is significantly reduced.

Other medicines:

- Colchicine can interact with other medicines. You should tell your doctor (including your general practitioner, rheumatologist and others) about all medicines you are taking or plan to take. This includes over the counter or herbal/naturopathic medicines. You should also mention your treatment when you see other health professionals.

- Other medicines that may interfere with colchicine and *should not be used* at the same time as colchicine include:
 - cyclosporin – this is a medicine used to suppress the immune system;
 - erythromycin – this is an antibiotic used to treat bacterial infection;
 - clarithromycin – this is an antibiotic used to treat bacterial infection. It can be used to treat *Helicobacter pylori*, which is the bacteria that can cause stomach ulcers.
- Colchicine *should be used carefully* if taken at the same time as:
 - acidifying and alkalinising agents, such as ammonium chloride, ascorbic acid (vitamin C) or sodium bicarbonate;
 - verapamil, diltiazem and amiodarone;
 - anti-fungal treatments such as ketoconazole;
 - medicines to help you sleep;
 - vitamin B12;
 - anticoagulants such as warfarin; or
 - antithyroid medicines.
- Aspirin can be used safely in the low doses taken for prevention of heart attack and stroke. If you have gout you should avoid taking aspirin in all other circumstance as at higher doses it can raise the uric acid level.
- Colchicine can usually be taken safely with anti-inflammatory drugs (NSAIDs), as long as your kidney function is reasonably normal.

- The simple pain reliever, paracetamol, and combined medicines such as Panadeine and Panadeine Forte, can be used while taking colchicine provided you take them as directed.

Alcohol:

- Alcohol can trigger an attack of gout. When taking colchicine, keep your alcohol intake to a minimum i.e. 1-2 standard drinks, once or twice a week. Drinking a lot (more than 6-8 standard drinks) on one occasion, even if infrequently, is strongly discouraged. In some cases total abstinence from alcohol is recommended. Check with your doctor about your situation.
- In addition to alcohol, other things that may trigger an acute gout attack include dehydration, diuretics and stopping colchicine treatment.

Pregnancy and breastfeeding:

- Colchicine is not often used by women who may wish to get pregnant. The effects of colchicine during pregnancy have not been well studied, so it is not clear if colchicine causes birth defects.
- If you are pregnant or are considering having a child, you should discuss this with your doctor before beginning this medication.

All patients taking colchicine should be seen regularly by a doctor to optimise treatment and to minimise any potential side effects.

If you have any questions or concerns write them down and discuss them with your doctor.

Your doctor’s contact details:

REMEMBER – Keep all medicines out of reach of children

The information in this sheet has been obtained from various sources and has been reviewed by the Australian Rheumatology Association. It is intended as an educational aid and does not cover all possible uses, actions, precautions, side effects, or interactions of the medicines mentioned. This information is not intended as medical advice for individual problems nor for making an individual assessment of the risks and benefits of taking a particular medicine. It can be reproduced in its entirety but cannot be altered without permission from the ARA.

The NHMRC publication: *How to present the evidence for consumers: preparation of consumer publications* (2000) was used as a guide in developing this publication.