



Australian
Rheumatology
Association

PATIENT INFORMATION ON

ANAKINRA

(Brand name: Kineret)

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 must 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 anakinra?

Anakinra (brand name Kineret) belongs to a new class of medicines called **biological disease modifying antirheumatic drugs (biological DMARDs)**.

These medicines block natural substances called cytokines, which are found in excessive amounts in the joints of people with rheumatoid arthritis.

The increased levels of cytokines cause inflammation that results in symptoms of pain, joint swelling and stiffness, and can lead to joint damage.

By blocking the cytokine called Interleukin 1, anakinra reduces inflammation, lessens the symptoms of rheumatoid arthritis or juvenile/childhood arthritis and helps stop further joint damage.

For more information about RHEUMATOID ARTHRITIS see the Arthritis Australia website

www.arthritisaustralia.com.au/index.php/art-hritis-information/information-sheets.html.

What benefit can you expect from your treatment?

Unlike many standard DMARDs, anakinra works relatively quickly and some relief of joint swelling, pain and stiffness may be noticed within the first 4 to 6 weeks. Benefits will usually be seen by 3 months.

If anakinra treatment is stopped for more than a few days there is a risk that your condition may worsen. Continue with your treatment unless advised by your doctor or unless side effects develop.

Current Australian prescribing restrictions for all biological DMARDs mean anakinra will only be given if your rheumatoid arthritis is active and if standard treatments have been unsuccessful.

It will also only be continued if the response is adequate. Initial response will be assessed at least 12 weeks after the start of treatment.

How is anakinra given?

Anakinra is given as an injection under the skin of the abdomen or thighs.

It can be injected by your doctor, nurse or carer, or by you. If injecting yourself, be sure to follow the detailed instructions carefully to ensure the best response. It is particularly important to change the injection site each time.

The medicine must also be kept refrigerated.

The usual dose for adults is 100mg once a day. For rheumatoid arthritis it is given in combination with the DMARD methotrexate.

Anakinra may be used with other arthritis medicines including:

- other DMARDs;
- 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 medicines such as paracetamol.

It should not be given with other biological DMARDs.

Are there any possible side effects?

Biological DMARDs have now been given to over 750,000 people worldwide since initial use in the late 1990s.

Below are side effects that you might experience with your treatment. Tell your doctor if you experience any side effects.

Most common possible side effects:

- *Mild pain, swelling or itching* are very common (up to 100% of patients) but can be managed by applying ice, and antihistamine/steroid creams to the injection site.
- *Headaches, cough and stomach and bowel discomfort* may also occur.
- As anakinra affects the immune system, *mild infections*, particularly of the upper respiratory tract (e.g. colds, sinusitis) may occur more frequently than usual.

Tell your doctor if you experience any possible side effects.

Less common or rare possible side effects:

- Anakinra can cause a drop in the number of *white blood cells*, which are needed to fight infection.
- It can cause *infections* such as pneumonia, skin or joint infections. These effects can occur even if there is no effect on the white blood cells.
- Rarely anakinra may cause an *allergic reaction* with itchy, red skin or a rash,

tightness in the chest and difficulty breathing.

- **Cancer:** It is unclear if there is an increased risk of cancer when anakinra is used to treat rheumatic diseases.

Lymphoma, a cancer of lymph glands, is found more commonly in patients with severe active rheumatoid arthritis than in the general population. Studies are in progress to see if treatment with anakinra changes this.

If cancer has been previously treated and cured it is unclear whether biological DMARD such as anakinra can be used safely. At present an interval of at least 5 years is recommended between cure of a cancer and starting biological DMARDs.

For general cancer prevention, stopping smoking is recommended, so too are skin cancer prevention measures (see *Precautions* overleaf).

Talk to your doctor, if you have any concerns about issues relating to cancer risk.

What precautions are necessary?

Ongoing blood tests:

- A blood test will be required before treatment to check the white blood cells.
- Blood tests will also be required during treatment to monitor your condition and the effectiveness of treatment.
- The frequency of blood tests will depend on what other medicines you are taking and what other illnesses you might have. Your rheumatologist will determine the frequency of tests required.

Other medicines:

- Anakinra 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.
- The risk of side effects from the low doses of aspirin used to prevent heart attack and

strokes is not increased when taken with anakinra.

- Combined pain medicines, such as Panadeine and Panadeine Forte, can be used while you are receiving anakinra treatment provided you take them as directed.

Surgery:

- If you require surgery for any reason, treatment will be stopped before the surgery. It will be restarted after the operation, at a time determined by your surgeon and rheumatologist. Treatment will be restarted once the wound is healed and if there is no infection present.

Vaccines:

- Most vaccines can be given safely with anakinra. Talk with your rheumatologist before receiving any vaccines.
- Pneumovax and yearly flu vaccinations are safe and recommended to reduce your risk of those infections.

Alcohol:

- You may drink alcohol while taking anakinra. However, since you are likely to be also taking methotrexate, you will need to be cautious about your alcohol intake. It is not known precisely what level of drinking is safe when taking methotrexate, however there is general agreement that 1 to 2 standard drinks taken once or twice a week is unlikely to cause a problem.
- Drinking more than 4 standard drinks on one occasion, even if infrequently, is strongly discouraged.

Pregnancy and breastfeeding:

- Until more is known about its effects on the unborn baby, you should not take anakinra if you are pregnant or if you plan to become pregnant.
- You should also not breastfeed when taking anakinra.

Skin cancer prevention:

- When taking anakinra, it is important to use sunscreen and avoid prolonged sun exposure. A yearly skin check is recommended.

<p>All patients taking anakinra should be seen regularly by a rheumatologist to optimise treatment and to minimise any potential side effects.</p>	<p><u>Your doctor's contact details:</u></p>
<p>If you have any questions or concerns write them down and discuss them with your doctor.</p>	
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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.