



Australian  
Rheumatology  
Association

# PATIENT INFORMATION ON **CYCLOSPORIN**

(Brand names: Cicloral, Neoral, Sandimmun)

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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 cyclosporin?**

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Cyclosporin (brand names Cicloral, Neoral and Sandimmun) is a medicine used to treat rheumatoid arthritis and other rheumatic conditions such as systemic lupus erythematosus (lupus/SLE) and polymyositis (muscle inflammation).

Cyclosporin is used in rheumatoid arthritis when other treatments have been unsuccessful. It is also used to prevent the rejection of transplanted organs.

Cyclosporin is an immunosuppressive medicine, which means that it works by reducing the activity of the immune system. In rheumatoid arthritis, this action helps to reduce inflammation and thus reduce pain and swelling. It also limits damage to the joints and helps to prevent disability in the long term.

Because cyclosporin reduces the damage to the joints, rather than just relieving the pain, it belongs to the group of medicines called

disease modifying antirheumatic drugs (DMARDs).

For more information about RHEUMATOID ARTHRITIS see the Arthritis Australia website

[www.arthritisaustralia.com.au/index.php/art-hritis-information/information-sheets.html](http://www.arthritisaustralia.com.au/index.php/art-hritis-information/information-sheets.html).

## **What benefit can you expect from your treatment?**

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Cyclosporin may be of benefit where other DMARDs have been unsuccessful or have caused side effects.

Improvement in joint pain, swelling and stiffness may be seen after 4 weeks, but may be delayed for up to 4 months.

Like many other medicines used to treat rheumatoid arthritis, cyclosporin will not be effective in all people.

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

## **How is cyclosporin taken?**

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Cyclosporin is taken by mouth, either as a solution or capsules.

Capsules are the most convenient way of taking the medicine. They are available in three different strengths (25mg, 50mg and 100mg).

This means the dosage can be adjusted to suit your needs without you having to take large numbers of capsules.

Treatment is started with a low dose and is then increased depending on how effective the treatment is and whether you have side effects. A usual maintenance dose is 75 mg or 100 mg taken twice daily.

Do not chew the capsules but swallow whole with water.

Cyclosporin may be used with other arthritis medicines including:

- other DMARDs such as methotrexate;
- 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.

## Are there any possible side effects?

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Below are 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 the 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:

- Cyclosporin can cause an *increase and darkening of body hair* especially on the face. This can be managed with bleaching or other cosmetic approaches.
- *Bleeding, tender or enlarged gums* may occur but good dental hygiene minimises this effect.
- At the beginning of treatment, a feeling of *pins and needles* or a burning feeling can occur in the hands and feet. There might also be a slight tremor of the hands. These effects tend to lessen after a few weeks and are not serious.
- Cyclosporin can affect your *kidneys* and may increase *blood pressure*. These problems are more common in older people. Kidney function and blood pressure will be monitored. If problems

occur, the dose will be reduced or the medicine may be stopped.

**Tell your doctor if you experience any possible side effects.**

### Less common or rare possible side effects:

- Less common side effects include *skin rash, nausea (feeling sick), vomiting, fever or chills*.
- Cyclosporin can increase the risk of *skin cancers* (see *Precautions*).
- Cyclosporin can increase the risk of *infections*. You should report any infections such as a sore throat or fever to your doctor.
- Rarely, cyclosporin has been found to cause mouth ulcers, diarrhoea, headaches, leg cramps, confusion, weight loss, difficulty breathing, tiredness and swelling of the hands or feet.

## What precautions are necessary?

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### *Blood tests:*

- Since the kidneys and blood pressure may be affected by cyclosporin, you **must** have regular blood tests during your treatment. This is important, as you may not get symptoms of these problems.
- As well as monitoring for side effects, blood tests help to monitor your condition to determine if the treatment is effective.
- For rheumatoid arthritis treatment, it is not necessary to have tests to measure the level of cyclosporin in the blood.
- Blood tests are recommended every 2 weeks to begin with. As treatment is stabilised, the tests can be done less frequently.
- Your general practitioner will be informed about the monitoring schedule. It is important to see your general practitioner if you have been asked to do so as they have an important role to play in monitoring your condition.

**Other medicines and food:**

- Cyclosporin 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.
- If you are taking cyclosporin you should not take St John's wort. This is an ingredient in some complementary medicines recommended for depression, which you can buy without a prescription.
- You should avoid eating grapefruit or drinking grapefruit juice while taking this medicine, as it can affect the level of cyclosporin in the body.
- Most vaccines can be given safely with cyclosporin. Talk with your rheumatologist before receiving any vaccines.

- Cyclosporin is often used together with other DMARDs to treat rheumatoid arthritis. Combination therapy is now standard practice. There are usually no more side effects than with a single DMARD.

**Pregnancy and breastfeeding:**

- Cyclosporin can be used in pregnancy if the mother's condition is serious and no other effective treatment is available.
- You should not breastfeed when taking cyclosporin.

**Skin checks:**

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

**All patients taking cyclosporin should be seen regularly by a rheumatologist 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.**

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**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.

**Australian Rheumatology Association  
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