

Patient information

Drugs for Inflammatory Bowel Disease Infliximab, Adalimumab and Golimumab

Digestive Diseases Care Group

Infliximab and Adalimumab are used to treat both Crohn's disease and ulcerative colitis. Golimumab is used in ulcerative colitis alone. They may be given to you if your disease is moderate-to-severely active when other drugs have not worked or have caused major side effects, and when surgery is not considered the right treatment option for you. Occasionally infliximab is used in patients admitted to hospital with a severe flare of ulcerative colitis.

What are infliximab, adalimumab and golimumab?

These drugs are similar and work by reducing inflammation. A protein called TNF-alpha is an important protein in inflammatory diseases and this protein is blocked by these drugs. The drugs are therefore referred to as anti-TNF agents.

How often do I have the drug?

Infliximab is given as an infusion (drip) into a vein, which means having a drip in your arm or back of your hand. It is usually infused over two hours and you will need to stay in hospital for approximately two hours after the infusion has finished, so you can be monitored for any side effects before being discharged home. This is done in the day case unit at the Royal Liverpool Hospital and is given when you are relaxing in a chair.

You will be given a steroid injection before the infusion to reduce side effects. Usually further infusions are given two and six weeks later. If you are responding adequately then the infusions are given every eight weeks.

Treatment can continue long-term. After four successful infliximab infusions without any side effects the infusion can be given more quickly. This is an unlicensed method of administration but means that you will not have to wait as long for the infusion to finish.

The specialist doctor or IBD nurse will discuss with you whether you are happy for this to be done.

Adalimumab is given by injection under the skin every two weeks. Golimumab is also given by an injection under the skin. The first two doses are given two weeks apart and then further doses are given every four weeks. We will teach you the way to give yourself the injection. It may be possible for somebody else, such as a family member or friend to give the injection after training from a health care professional. Treatment can continue long-term.

We will review the need for continuing treatment with you usually after a year.

What dose of infliximab, adalimumab or golimumab do I have?

Your hospital doctor or specialist nurse will discuss doses of the drug with you.

How long will it take to work?

The response to the treatment varies. Most people feel better within two to six weeks. Some people find they feel better within a few days.

Do I need any investigations before starting one of these drugs?

Yes. You will need to have a chest X-ray (if you have not a chest X-ray in the last three months). This is to ensure that you do not have tuberculosis (TB), as anti-TNF agents can, in some cases, re-activate old TB. We usually also complete a blood test to check for underlying TB. This test takes a few weeks to get the result.

What are the benefits of anti-TNF agents?

Anti-TNF agents are useful for treating inflammatory bowel disease and keeping it under good control. They may be used when other treatments have failed.

What are the side effects?

Side effects are uncommon (fewer than one in ten people) and usually mild. With infliximab, they are most likely to happen during the infusion, or in the few days afterwards. After adalimumab or golimumab injection is pain at the injection site, sometimes with redness, itching and swelling occurs.

Other side effects include: blocked or runny nose, headache, shivering, dizziness, flushing or rash, swelling of hands, feet, lips or mouth, difficulty in swallowing or breathing, nausea, diarrhoea or abdominal pain.

Rarely, patients may have an allergic reaction. If these occur during the infliximab infusion, the infusion would be stopped. It may be possible to restart the infusion at a lower rate depending on your symptoms.

If you develop these symptoms and you are on adalimumab or golimumab, you must tell your hospital doctor or IBD nurse immediately.

If you are unwell on the day of treatment, such as suffering from a cold or have a high temperature, you must tell the nurse or your hospital doctor.

This is important, as it may be necessary to delay treatment until you are feeling better.

A few patients on anti-TNF agents have developed certain abnormal blood results and some symptoms (such as fever, weight loss, muscle or joint pain or a rash) that are found in patients with an immunological condition called systemic lupus erythematosus. All patients recovered after treatment was stopped.

Because anti-TNF agents work by suppressing the immune system the risk of infections are increased.

Some patients develop simple infections such as a common cold, while other patients have had more severe infections such as pneumonia. Rarely, serious infections including septicaemia (infection of the blood) have been reported with anti-TNF agents.

If you come into contact with someone with chicken pox or shingles, you should see your family doctor (GP) immediately and contact your IBD specialist nurse as you may need to attend hospital to have a blood test and start treatment.

Some patients have had reactivation of hepatitis B virus after starting on anti-TNF agents. You should tell us if you have had hepatitis B in the past or have been in close contact with someone who has hepatitis B.

There have been cases of tuberculosis (also called TB: a type of bacterial infection) reported in patients treated with infliximab or adalimumab, and some have led to death. Although the risk is unknown, it is possible that you may have more of a chance of getting tuberculosis while on infliximab. If you, or any of your close family members have a history of tuberculosis you should tell your hospital doctor or IBD nurse. We perform checks to see if you have been exposed to TB before you start on an anti-TNF agent.

Initial results of a clinical trial of infliximab in patients with moderate-to-severe congestive heart failure (CHF - a condition in which the heart is unable to pump enough blood to maintain normal physical activity), suggest that infliximab treatment in these patients may increase the risk of worsening heart failure. You should tell your hospital doctor or IBD nurse if you have ever been diagnosed as having heart failure.

Skin reactions have been reported rarely with anti-TNF agents. These include psoriasis (red scaly patches).

Rare side effects have been reported on the nervous system with features similar to multiple sclerosis. Likewise, it is possible that anti-TNF agents could worsen multiple sclerosis and should not be given to people who have a history of this. You should tell your hospital or IBD nurse if you have ever been diagnosed as having multiple sclerosis.

There have been rare reports of people developing cancer whilst on anti-TNF agents. These include cancers of the blood such as lymphoma and leukaemia. However most of these people have been on other drugs (such as azathioprine or methotrexate) which are known to increase the risk of these cancers. Therefore it is difficult to know the contribution infliximab or adalimumab have to these cancers developing. It is difficult to give a precise risk but it is rare (less than 1 in 1,000).

Are there alternative treatments available?

The only alternative is usually to continue with your current medication. For some patients it may be possible to consider other treatments such as Vedolizumab or Ustekinumab.

What if I decide not to have an anti-TNF agent?

Your symptoms will continue or worsen unless an alternative drug is suitable for you.

Do I continue my other medications for inflammatory bowel disease?

Usually, yes, but please discuss this with your hospital doctor or specialist nurse when you come for the infusion.

Can I take other medication along with an anti-TNF agent?

Yes, all the medications used to treat Crohn's disease can be used together with anti-TNF agents. Most patients also receive either azathioprine or methotrexate (immunosuppressant drugs) – these not only help to keep the Crohn's disease suppressed but also help to prevent your own immune system from reacting against the infliximab.

Do I need any special checks following anti-TNF agents?

Not if you feel well. Anti-TNF agents and other medications you may be taking can lower your resistance to infection. You should inform your GP or IBD specialist nurse if you develop a sore throat, fever or any other infection.

Try and avoid contact with people who have infections where possible. You may also be at risk of severe infection from the viruses which cause chickenpox and shingles, measles and pneumococcal disease (an infection which mainly affects the lungs causing serious pneumonia). If you come into contact with anyone who has any of these conditions tell your hospital doctor or IBD nurse as soon as possible, as you may be able to have a protective injection.

Can I have immunisations after having anti-TNF agents?

Flu vaccinations are safe following anti-TNF treatment, but you should avoid immunisations with 'live' vaccines such as polio, BCG (Tuberculosis), MMR (measles, mumps and rubella). An 'inactive' polio vaccine can be given instead of a 'live' one.

An 'inactivated' version should also be given to those with whom you are in close contact. If you require any vaccinations, let your hospital doctor or IBD nurse know when you last had an anti-TNF agent.

Can I drink alcohol while I am on an anti-TNF agent?

There is no reason to avoid alcohol (in moderation).

Do anti-TNF agents affect fertility and pregnancy?

Anti-TNF agents do not affect fertility.

Anti-TNF agents are felt to be safe during pregnancy and breast-feeding. They are often stopped for the last three months of pregnancy, but in selected cases it may be better to continue with the drug. You will need to discuss this with your IBD doctor.

If you are planning to get pregnant, or become pregnant, you should discuss your treatment with an IBD doctor. You can be referred to our specialist clinic at the Liverpool Women's Hospital to discuss things in more detail. In this clinic you will be seen by an expert in inflammatory bowel disease and an obstetrician (a doctor who specialises in the care of pregnant women). We will be able to discuss your treatment with you on an individual basis.

Where can I obtain further information about anti-TNF agents?

If you have any questions about Infliximab, Adalimumab or Golimumab ask your hospital doctor, your IBD specialist nurse or your pharmacist.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further Information

Inflammatory Bowel Specialist Nurses

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