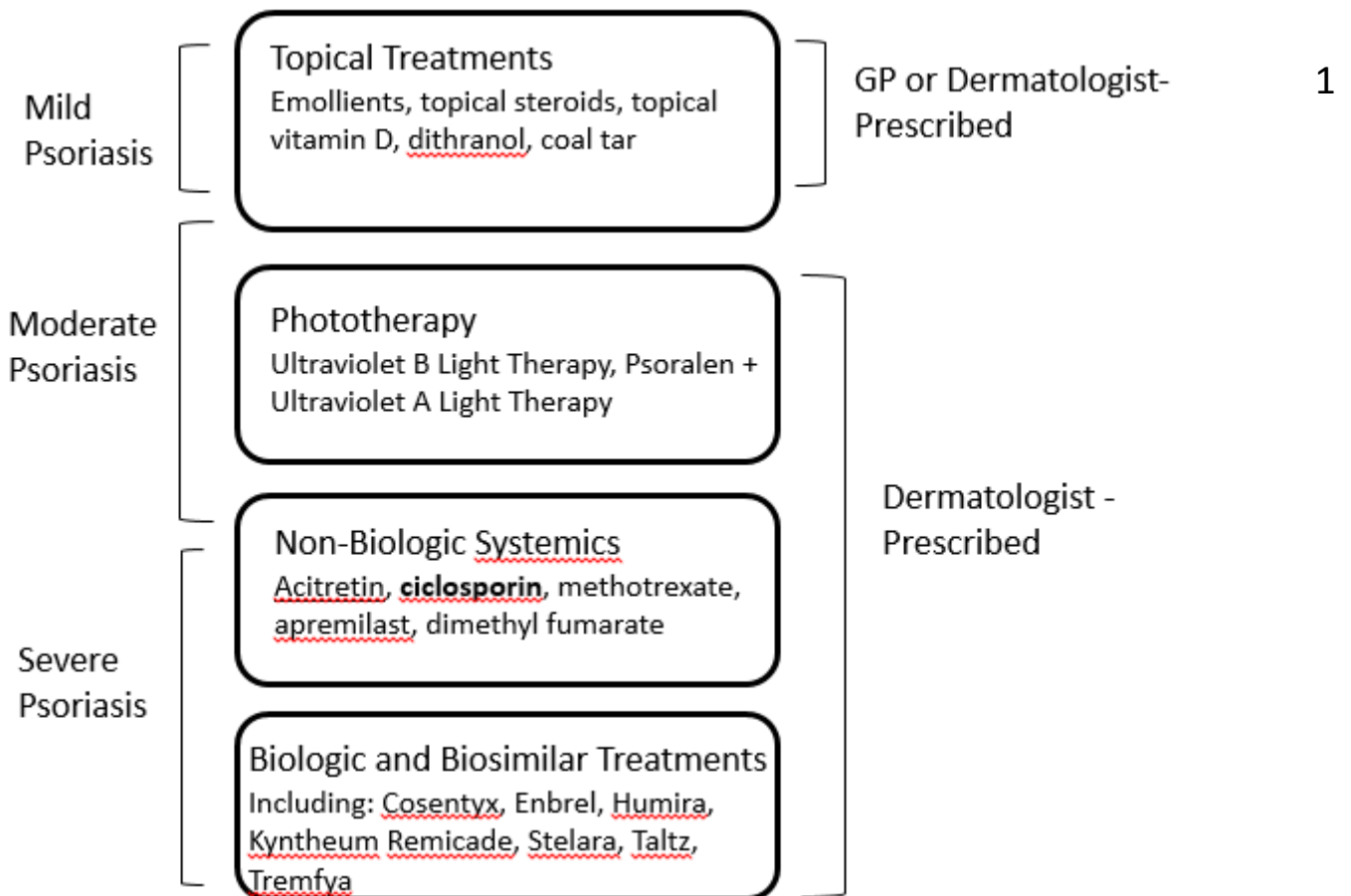


Ciclosporin

Ciclosporin, also referred to by the brand names Capimune, Deximune, Neoral and Sandimmun, has been used to treat moderate to severe psoriasis since the late 1990s. In the treatment of psoriasis, ciclosporin belongs to the group of medicines known as ‘systemics’.

Who is ciclosporin for?

Ciclosporin is for people with severe psoriasis who have not had a good response from, or are unsuitable for, topical treatments (treatments that are applied to the skin) or ultraviolet light therapy. The diagram below shows where ciclosporin is placed in the psoriasis treatment pathway. Ciclosporin is also used to treat erythrodermic psoriasis and certain types of pustular psoriasis.



How does ciclosporin work?

Ciclosporin reduces the activity of the body's immune system. Specifically, it reduces the ability of certain immune cells (or white blood cells) to direct a response against a perceived threat, such as an infection. Immune processes are over-active in psoriasis, leading to the over-production of inflammation and skin cells. By reducing this immune activity, ciclosporin reduces the inflammation and over-production of skin cells, which in turn can reduce psoriasis symptoms on the skin.

Who should not take ciclosporin?

- In most cases, pregnant women should not be treated with ciclosporin and women should not breastfeed during treatment with ciclosporin
- Due to the effects that ciclosporin can have on the body (see 'What are the side effects?' below), it should be used with caution in elderly people and those who already have compromised immune systems; kidney or liver function problems; high blood pressure; or a history of cancers. Your Dermatologist should discuss this with you, if relevant.

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How is ciclosporin used?

Ciclosporin comes in a capsule or liquid form, and is taken orally every day. Your doctor will tell you exactly how much to take and how often you should take it each day – this may be different from person to person as this partly depends on the individual's weight. Ciclosporin is often used as a short-to-medium-term treatment, and people do not usually take it for more than two years at a time. However, ciclosporin may be used in rotation with other systemic treatments such as acitretin and methotrexate. Some people may be prescribed ciclosporin again after a break.

People taking ciclosporin will have regular blood and urine tests - usually carried out by Dermatology Nurses, or by their own GP- to monitor possible side effects of the treatment. People taking ciclosporin should have an annual **inactive** flu vaccination (ask the nurse doing the vaccination if you're not sure), but should check with a doctor or nurse before having any other vaccinations or taking other medication.

There are lots of other medications that can interact with Ciclosporin, including over-the-counter products such as aspirin and ibuprofen, and supplements such as St John's Wort. Anyone taking ciclosporin should ensure that they tell their Dermatologist about all medications, over-the-counter products and supplements that they are taking, and should not take anything new without checking with their Dermatologist or a Pharmacist first.

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Grapefruit and grapefruit juice should be avoided when taking ciclosporin, because they have been shown to increase levels of ciclosporin in the blood.

There are a number of different brand names of ciclosporin. The way that different brands of ciclosporin are absorbed in the body can vary, so it is important that you always take the same brand. Check this with the Pharmacist if you are ever given a different brand to the one you usually take.

What are the side effects?

As with all medications, some side effects are possible when taking ciclosporin. It is important to remember that not every person taking a medication will get all, or even any, of the possible side effects listed.

Because ciclosporin works by reducing the activity of the immune system, it can make people taking it more prone to infections than they usually would be. If a serious infection occurs your doctor will most likely stop treatment with ciclosporin. The immune system also protects against cancer, and it is thought that long-term immunosuppressive treatments may increase the risk of developing certain cancers, including skin cancer. Because of this, people taking ciclosporin should try to limit sun exposure, use high SPF sunscreen, and not have ultraviolet light treatment at the same time as ciclosporin.

Due to the way ciclosporin is processed by the body, it can also affect kidney function, and increase blood pressure. People taking ciclosporin are regularly monitored for these effects, and they are usually reversible if caught early.

Other common side effects of ciclosporin include nausea (feeling sick); headache; tremor; diarrhoea; muscle pain; fatigue and increased gum and hair growth.

BADBIR

If you have been prescribed ciclosporin for treatment of your psoriasis, you may be asked to take part in the **British Association of Dermatologists Biologics Interventions Register (BADBIR)**. This register is to compare the safety of different treatments for psoriasis and to see how well they work. For more information on BADBIR, please see the website: www.badbir.org

The information in this resource is not intended to replace that of a healthcare professional: If you have any concerns or questions about your treatment, do discuss this with your doctor and **always read the patient information leaflet** to make sure you are using it correctly.

For more information, or for a list of resources used in the production of this information sheet, please contact the Psoriasis Association.

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