Other medications

Anti-TNF therapy e.g., infliximab

In severe cases of sarcoidosis, or if Immunosuppressants are not helping, other medications such as anti- tumour necrosis factor (TNF) blocker (e.g., infliximab) might be used.

Administration: This medicine is given through a vein. After the first infusion, you'll have another about two weeks later. Then you'll have a third about four weeks after that. After that, you'll continue to have them around every eight weeks.

Setting: Administered in a hospital setting and takes about two hours.

Side Effects: May cause allergic reactions during the infusion reaction and an increased chance of infection.

Other Treatment Options

This leaflet covers primary treatments for sarcoidosis. However, there are many other options that may be used, depending on individual cases and specific organ involvement.

Who We Are

SarcoidosisUK provide support and information to anyone affected by sarcoidosis. We also raise awareness and fund research. Contact us for information on our Support Groups Network and free Nurse Helpline.

How You Can Help:

Donate:
www.sarcoidosisuk.org/donate

Get involved in medical research:
www.sarcoidosisuk.org/research/get-involved-sarcoidosis-research/

Thanks to:

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SarcoidosisUK

SARCOIDOSIS
Medication

SarcoidosisUK

What is Sarcoidosis?

Sarcoidosis is a condition where inflammation develops at different sites within the body. It can affect many different parts of the body and most often involves the lungs.

The Outlook

Sarcoidosis gets better without treatment in most cases. In others, the condition may persist and require treatment.

In the minority of patients that develop a more serious form, a more aggressive and prolonged treatment is sometimes required.

Approximately 15% of people with sarcoidosis affecting the lungs require treatment, whilst 10% of people with sarcoidosis affecting other areas of the body require treatment.

Treatment Options for Sarcoidosis

Corticosteroids (e.g., prednisolone)

The mainstay of initial treatment for sarcoidosis is corticosteroids.

How they work: Corticosteroids suppress the immune system and reduce inflammation. This is helpful in sarcoidosis, where the immune system wrongly attacks the body.

Dosage and Administration: Corticosteroids can be administered in various forms including tablets, inhalers, eye drops, injections, and creams for skin involvement. Usually steroids are given as tablets, and started at a higher dose which is gradually reduced. In severe disease, steroids may be given via a vein at a higher dose (as methylprednisone).

Long-Term Use: If steroids are needed for a longer duration of treatment, they are used at the lowest dose possible to minimize their side effects. Often, patients needing long-term steroids are transitioned to, or combined with an immunosuppressant.

Benefits vs Side Effects:

As with all medicines, some people will have side effects. These are more likely if you're on a high dose or if you're taking steroids for a long time. It's important to balance the benefits of steroids with the potential side effects.

- **Common Side Effects:** Include weight gain and increased appetite, mood changes, increased blood sugar, stomach pains, indigestion or heartburn and bone thinning.

- **Steroid Alert Card:** Patients should carry a steroid alert card and inform healthcare professionals of their steroid use.

Immunosuppressant (also known as steroid sparing medications)

How they work: These medicines work by reducing the activity of the immune system, and the inflammation caused by sarcoidosis. They do not work as quickly as corticosteroids and may take a little time before they take effect.

1. Methotrexate

Administration: Taken once a week as a tablet, alongside a folic acid supplement to mitigate side effects. Also available as an injection.

Side Effects: May include nausea, changes in liver function, and reduced white blood cell counts.

2. Mycophenolate

Administration: Taken as a tablet in the morning and evening.

Side Effects: Common side effects include gastrointestinal upset and an increased chance of infection.

3. Azathioprine

Administration: Taken as a tablet, once or twice a day.

Side Effects: May include nausea, diarrhoea, and loss of appetite, changes in liver function, and reduced white blood cell counts.

4. Hydroxychloroquine

Administration: Taken as tablets, once or twice daily.

Side Effects: Long-term use can rarely lead to problems at the back on the eye. An eye exam is recommended if you are taking hydroxychloroquine for several years.

Blood test monitoring

You will need to have regular blood tests whilst taking methotrexate, azathioprine, or mycophenolate to monitor blood cell counts and liver function.