SARCOIDOSIS MEDICATION

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Corticosteroids (e.g., prednisolone)

How they work:
Corticosteroids suppress the immune system and reduce inflammation.

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. Patients needing long-term steroids may be transitioned to or combined with an immunosuppressant.

Common side effects:
Include weight gain and increased appetite, mood changes, increased blood sugar, stomach pains, indigestion or heartburn and bone thinning.
Side effects are more likely if you're on a high dose or if you're taking steroids for a long time.

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

Immunosuppressant (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.

Anti-TNF therapy (e.g. infliximab)

In severe cases, or if immunosuppressants are not helping, other medications such as anti-tumour necrosis factor (TNF) blockers (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 and then a third about four weeks after that. After, 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 and increased chance of infection.