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Drug Therapy

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12. Mycophenolate mofetil

12.1 Description

In some paediatric rheumatic diseases, part of the immune system is over-activated. Mycophenolate mofetil inhibits the proliferation of B and T lymphocytes (these are specific white blood cells); in other words, it decreases the rate of development of some of the immune active cells. The efficacy of mycophenolate mofetil is thus due to this inhibition and starts after some weeks.

12.2 Dosage/modes of administration

The drug can be given as tablets or powder for solution to a maximum of 3g per day. It is recommended that mycophenolate mofetil is consumed between meals, as food intake may decrease the absorption of this substance. If a dose is missed, the patient should not take a double dose the following time. The product should be stored in the original packaging, tightly closed.

12.3 Side effects

The most common side effect is gastrointestinal discomfort, seen in 10-30% of cases, especially at the beginning of treatment. There may be diarrhoea, nausea, vomiting or constipation. If these side effects persist, a reduced dose may be taken or a shift to a similar product (myfortic) can be considered. The drug might lead to a decrease in white blood cells and/or platelets; hence, these should be monitored regularly. Administration of the drug should be temporarily withdrawn in

the event of a decrease in white blood cells and/or platelets. The drug can cause an increased risk of infections. Drugs that suppress the immune system can result in an abnormal response to live vaccines. It is therefore recommended that your child should not receive live vaccines such as the measles and the chicken pox vaccine. Consult with a physician before vaccinations and before travelling abroad. Pregnancy should be avoided during mycophenolate mofetil therapy. Regular clinical examinations and blood tests are necessary to detect and respond to possible side effects.

12.4 Main paediatric rheumatic diseases indications

Juvenile Systemic Lupus Erythematosus.