



[https://www.printo.it/pediatric-rheumatology/ZA\\_GB/intro](https://www.printo.it/pediatric-rheumatology/ZA_GB/intro)

## Drug Therapy

Version of 2016

### 9. Hydroxychloroquine

#### 9.1 Description

Hydroxychloroquine was originally used for the treatment of malaria. It has been shown to interfere with several processes related to inflammation.

#### 9.2 Dosage/modes of administration

It is given once daily in the form of a tablet, up to 7 mg per kg per day, with a meal or a glass of milk.

#### 9.3 Side effects

Hydroxychloroquine is usually well tolerated. Gastrointestinal intolerance, mainly nausea, may occur but is not severe. The major concern is toxicity to the eye. Hydroxychloroquine accumulates in a part of the eye called the retina and persists for long periods of time after it has been discontinued.

These alterations are rare but may cause blindness, even after use of the medication has been stopped. However, this eye problem is extremely rare at the low doses currently used.

Early detection of this complication prevents visual loss if the medication is discontinued; periodic eye examinations are therefore indicated, although there is a debate about the need and frequency of these measures when hydroxychloroquine is administered at low doses, as in rheumatic diseases.

---

#### **9.4 Main paediatric rheumatic diseases indications**

Juvenile dermatomyositis.

Juvenile systemic lupus erythematosus.