



PATIENT INFORMATION ON

COLCHICINE

(Brand name: Colgout, Lengout)

This information sheet has been produced by the Australian Rheumatology Association to help you understand the medicine that has been prescribed for you. It includes important information about:

- **how you should take your medicine**
- **what are the possible side effects**
- **what tests you may have to monitor your condition and to detect unwanted effects**
- **other precautions you should take while taking colchicine.**

Please read it carefully and discuss it with your doctor.

Important things to remember

- While taking colchicine you may need to see your doctor regularly to make sure the treatment is working and to minimise any possible side effects.
- If you are worried about any side effects you should contact your rheumatologist as soon as possible.

For more information about GOUT see Arthritis Australia's website www.arthritisaustralia.com.au

What is colchicine?

Colchicine is a medicine used to treat gout and pseudogout arthritis. These are types of arthritis caused by a build up of crystals in the joints. Blood cells travel to these areas of inflammation causing pain and swelling. Colchicine prevents white blood cells from travelling into these areas and therefore helps to reduce pain and tenderness.

What benefit can you expect from your treatment?

Colchicine is most commonly used to prevent attacks of gout or pseudogout. It can also be used to treat acute attacks when nonsteroidal anti-inflammatory drugs (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen/Nurofen) cannot be used for safety reasons or have been ineffective.

Colchicine can be started during a sudden attack and often works straight away. If you are taking colchicine to relieve gout attack symptoms, start taking it at the first sign of pain.

Relief usually begins within 12 hours and symptoms often disappear within 24 hours.

How is colchicine taken?

Colchicine is taken by mouth as a tablet. Tablets are 0.5mg (also expressed as 500mcg or micrograms).

It should be taken with or after food to reduce stomach upset. It should also be taken with plenty of water.

How is it taken for the prevention of gout attacks?

The usual dose for prevention of attacks is one tablet once or twice a day.

Colchicine may be used with other medications (such as allopurinol or probenecid, which help rid the body of stored up excess uric acid), or may be used with reducing doses of corticosteroids.

Colchicine use may be required for a longer period of time to prevent attacks of gout while medications such as allopurinol or probenecid are acting to deplete the body's excess uric acid.

Colchicine can be used for long-term treatment in pseudogout. In this case it is given in a dose of 1 or 2 tablets a day.

To help you remember your medicine take it at the same time(s) each day. If you forget to take a dose there is no need to double the dose at the next scheduled time.

How is colchicine taken for an acute attack of gout?

When used to treat an acute attack colchicine should be started at the first sign of gout. In an acute attack of gout, the recommended dose is:

1 or 2 tablets initially, followed by one tablet one hour later.

Wait 12 hours before taking the next tablet. 1 or 2 tablets daily for a couple of days may be required to completely settle the attack.

If nausea and diarrhoea occur you should stop taking colchicine. Another course of colchicine should not be started for at least 3 days.

Colchicine may be taken if needed in combination with other arthritis medicines, including:

- steroid medicines such as prednisolone or cortisone injections into the joint
- anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen/Nurofen)
- simple pain relievers such as paracetamol.

There are separate information sheets for the medicines mentioned above.

Are there any side effects?

Many people will experience mild side effects from colchicine. Below are possible side effects that you might experience with your treatment. Tell your doctor if you experience any side effects.

If you do experience side effects a reduction in dose may minimise these so that you can continue to take the medicine. Your doctor will advise on any dose changes that are necessary.

Most common possible side effects

- The most common side effects are *nausea, vomiting, stomach pain and diarrhoea*. These may be reduced if colchicine is taken with food, before bed or by eating little and often. If you are sick, eat simple foods such as dry toast and drink plenty of liquid. If you experience nausea, vomiting or diarrhoea during treatment for an acute attack, you should stop taking the medicine.
- Another common side effect is *loss of appetite*.

- Patients older than 65 may be at increased risk of *gastrointestinal bleeding*. See also *Precautions*.

Less common or rare possible side effects

There are some rare but potentially serious side effects with colchicine. If you experience any of these side effects see your doctor straight away.

- *Skin rash, fever or hair loss*
- *Severe diarrhoea* with bloody or black tarry stools
- *Difficulty in passing urine or blood in urine*
- *Confusion or convulsions*
- *Numbness or weakness* in the fingers and toes
- *Bleeding, mouth ulcers or infection* associated with *low blood cell counts*. This is more likely when colchicine is taken in high doses for acute gout or taken for a long time.
- Other rare side effects include *headache, dizziness, difficulty sleeping, seizures, tremor, shortness of breath and muscle weakness*.
- Very rarely, death has occurred when colchicine has been taken in overdose.

Long term possible side effects

- *Muscle inflammation* may occur and is more common in people with reduced kidney or liver function taking long term colchicine.

What precautions are necessary?

Blood tests

- Monitoring blood tests are not usually required for people taking colchicine, although in certain situations these may be needed. Long-term use requires monitoring of the blood count.

Gastrointestinal conditions

- People who have had ulcers or other serious gastrointestinal conditions should talk with their doctors before taking this medicine.

Kidney and liver function

- Colchicine should be used with caution if kidney or liver function is significantly reduced.

Other medicines

- Colchicine can interact with other medicines. You should tell your doctor (including your general practitioner, rheumatologist and others) about all medicines you are taking or plan to take. This includes over the counter or

herbal/naturopathic medicines. You should also mention your treatment when you see other health professionals.

- Other medicines that may interfere with colchicine and **should not be used** at the same time as colchicine include:
 - cyclosporin – this is a medicine used to suppress the immune system
 - erythromycin – this is an antibiotic used to treat bacterial infection
 - clarithromycin – this is an antibiotic used to treat bacterial infection. It can be used to treat *Helicobacter pylori*, which is the bacteria that can cause stomach ulcers
 - Antiretroviral drugs (used for treatment of HIV).
- Colchicine **should be used carefully** if taken at the same time as:
 - acidifying and alkalinising agents such as ammonium chloride, ascorbic acid (vitamin C) or sodium bicarbonate
 - verapamil, diltiazem, amiodarone and digoxin
 - anti-fungal treatments such as ketoconazole
 - cholesterol lowering medicines such as statins and fibrates due to possible muscle damage.
- Colchicine may interfere with vitamin B12 absorption.
- Aspirin can be used safely in the low doses taken for prevention of heart attack and stroke. If you have gout you should avoid taking aspirin in all other circumstance because at higher doses it can raise the uric acid level.
- Colchicine can usually be taken safely with anti-inflammatory drugs (NSAIDs) as long as your kidney function is reasonably normal.

- The simple pain reliever paracetamol, and combined medicines such as Panadeine and Panadeine Forte, can be used while taking colchicine provided you take them as directed.

Alcohol

- Alcohol can trigger an attack of gout. When taking colchicine keep your alcohol intake to a minimum i.e. 1 to 2 standard drinks, once or twice a week. Drinking more than 4 standard drinks on one occasion, even if infrequently, is strongly discouraged.
- In some cases total abstinence from alcohol is recommended. Check with your doctor about your situation.
- In addition to alcohol, other things that may trigger an acute gout attack include dehydration, diuretics and stopping gout treatments (colchicine and allopurinol).

Pregnancy and breastfeeding

- The effects of colchicine during pregnancy have not been well studied so it is not clear if colchicine causes birth defects.
- If you are pregnant or are considering having a child, you should discuss this with your doctor before beginning this medication.
- More detailed information is available at <https://rheumatology.org.au/gps/documents/ARAPregnancyPrescribingGuidanceupdateApr19.pdf>

How to store colchicine

- Store colchicine tablets at room temperature, away from heat, moisture and light (e.g. not in the bathroom).
- Keep all medicines out of reach of children.

Questions?

If you have any questions or concerns write them down and discuss them with your doctor.

Your Doctor's contact details

If you are taking colchicine you should see your rheumatologist regularly to make sure the treatment is working and to minimize any possible side effects.

The information in this sheet has been obtained from various sources and has been reviewed by the Australian Rheumatology Association. It is intended as an educational aid and does not cover all possible uses, actions, precautions, side effects, or interactions of the medicines mentioned. This information is not intended as medical advice for individual problems nor for making an individual assessment of the risks and benefits of taking a particular medicine. It can be reproduced in its entirety but cannot be altered without permission from the ARA. The NHMRC publication: *How to present the evidence for consumers: preparation of consumer publications* (2000) was used as a guide in developing this publication.