



Mesalazine tablets and granules

Information for people with inflammatory bowel disease

PE-IBD-07

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Mesalazine (also called 5-ASA) is an anti-inflammatory medicine that works directly on the lining of the large bowel. It is the mainstay of treatment for mild to moderate ulcerative colitis, both to settle a flare and to keep the disease settled afterwards.

Why you are taking it

Mesalazine reduces inflammation in the lining of the colon. It is taken long-term, not only during a flare: stopping it when you feel well is the commonest reason for a relapse, and keeping inflammation controlled is also the main way of reducing your long-term bowel cancer risk. It is not effective in Crohn's disease.

How to take it

The usual maintenance dose is 2 to 3 g a day, increased to 4 g or more during a flare. Taking the whole dose once a day works just as well as splitting it, and most people find it easier to remember. Swallow modified-release tablets whole and do not crush or chew them; granules should be placed on the tongue and swallowed with water without chewing. Different brands release the drug in different parts of the bowel, so we prescribe by brand. Stay on the brand you were given, and check with us before accepting a different one if the pharmacy hands you a different-looking box.

How long it takes to work

A flare usually starts to improve within two to four weeks. For disease in the rectum and left colon, treatment given directly into the rectum works better than tablets alone, and the two are often combined – see sheet [PE-IBD-08](#).

Blood tests and monitoring

This service follows the British Society of Gastroenterology schedule: kidney function before you start, again at two to three months, then at least yearly. The manufacturer's leaflet suggests more frequent testing; we will tell you if yours need to be more often. Kidney inflammation from mesalazine is rare but can be silent, which is why these tests matter even when you feel completely well. We also check a full blood count if you become unwell.

Side effects

Side effect	What it means and what to do
Headache, nausea, abdominal pain, wind, rash	Common at first and usually settle. Tell your doctor if a rash persists – another preparation may suit you better.
Kidney inflammation	Rare, usually silent, and the reason for routine kidney blood tests. Report reduced urine or ankle swelling.
Pancreatitis	Rare. Severe upper abdominal pain going through to the back, with vomiting – stop the medicine and seek care the same day.
Low blood counts	Rare. Report sore throat, fever, mouth ulcers or unexplained bruising.
Worsening diarrhoea and bleeding	Occasionally mesalazine itself worsens colitis. If your symptoms get worse after starting it, tell your doctor.

Important precautions

- Take it every day, including when you feel completely well.
- Do not switch brands without telling us, even if the dose looks the same.
- Avoid anti-inflammatory painkillers such as ibuprofen and diclofenac, which can both trigger a flare and affect the kidneys.
- Tell your doctor if you have kidney disease, or are taking azathioprine – mesalazine can raise its effect on the blood count.

- You may see the tablet shell in the stool with some brands; this is normal.
- For a repeat prescription, message the clinic. If there is no reply after 48 hours send the message again, and if there is still no reply, come to the clinic.

Pregnancy and breastfeeding

Mesalazine is one of the best-studied medicines in pregnancy and is continued through pregnancy and breastfeeding. Sulfasalazine, an older medicine in the same family, lowers the sperm count in men – reversibly, and it recovers after switching. Mesalazine is not known to do this. If you are a man taking sulfasalazine and trying for a baby, tell your doctor, who will usually change you to mesalazine.

Tell your doctor straight away if

- You have severe upper abdominal pain going through to the back.
- You have a fever, sore throat, mouth ulcers or unexplained bruising.
- You are passing much less urine, or your ankles swell.
- Your diarrhoea or bleeding gets worse after starting or increasing the dose.
- You develop a widespread rash.

Tell your doctor so they know and can bring your appointment forward. But if you feel seriously unwell, go to the Emergency Department first – do not wait for a reply.

Contact your doctor using the numbers your clinic has given you. If you are seriously unwell, or it is outside working hours, go to the Emergency Department rather than waiting for a reply. Brand names and preparations may differ – check the label on your own medicine. General safety advice is in sheet [PE-IBD-04](#). Version 1.0 · review date October 2028.

This leaflet is general information and does not replace advice from your own doctor.

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