



Azathioprine and mercaptopurine

Information for people with inflammatory bowel disease

PE-IBD-09

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Azathioprine, and its close relative mercaptopurine, damp down the overactive immune response that drives Crohn's disease and ulcerative colitis. They are maintenance medicines: their job is to keep the disease settled and keep you off steroids.

Why you are taking it

They are used when flares keep returning, when you cannot come off steroids, or after surgery for Crohn's disease to reduce the chance of it coming back. They are also given alongside infliximab for the first six to twelve months, which makes the infliximab work better and last longer.

How to take it

The usual dose is about 2 to 2.5 mg for each kilogram of body weight once daily; mercaptopurine is dosed lower. Before you start we measure a blood enzyme called TPMT: if it is very low we do not use the medicine at all, and if it is intermediate we start at about half dose. Where available we also check NUDT15, a second enzyme that matters in our population. Take the tablets after food or at night if they make you feel sick. If you also take allopurinol the dose must be cut to about a quarter or a third – never combine the two without our supervision.

How long it takes to work

This is a slow medicine. It takes about three to four months to reach its full effect, so do not conclude that it is not working before then. Steroids are usually used to cover this period.

Blood tests and monitoring

Blood tests are essential: a full blood count with kidney and liver tests at two, four, eight and twelve weeks after starting or after a dose change, then every three months for as long as you take it. They pick up a falling white cell count or a rising liver test before either causes symptoms. If you do not attend, we will have to stop the medicine.

Side effects

Side effect	What it means and what to do
Nausea or loss of appetite	Common in the first weeks. Take after food or at bedtime.
Flu-like aches and fever in the first weeks	An allergic-type reaction. Tell your doctor – the medicine usually has to be stopped.
Low white cell count	The reason for regular blood tests. Report fever, sore throat, mouth ulcers or unexplained bruising the same day.
Abnormal liver tests	Usually picked up on monitoring and often settle with a lower dose.
Pancreatitis, in about 3 to 7 in 100 people	Usually in the first month. Severe upper abdominal pain going through to the back – stop the medicine and seek care the same day. The medicine is then never restarted.
Skin cancer and lymphoma	A small increase over years of treatment. Lymphoma rises from about 3 cases per 10,000 people a year in patients with IBD not on these medicines to about 9, and the risk rises considerably with age. Use sun protection and report changing moles. Hair thinning is uncommon and mild.

Important precautions

- Attend every blood test, even when you feel perfectly well.
- Do not take live vaccines. Non-live vaccines, including annual influenza and COVID-19, are recommended – see sheet [PE-IBD-04](#).

- Protect your skin from the sun and avoid sunbeds.
- Tell your doctor before starting allopurinol or any new medicine, and keep up to date with cervical screening.
- 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

These medicines are continued through pregnancy and breastfeeding. Long experience shows no increase in birth defects, and a flare in pregnancy carries greater risk than the medicine does. Do not stop it when you find out you are pregnant – contact your doctor. Men can continue it while trying to conceive.

Tell your doctor straight away if

- You have a fever, sore throat, mouth ulcers or unexplained bruising or bleeding.
- You have severe upper abdominal pain going through to the back, with vomiting.
- Your skin or eyes turn yellow, or your urine becomes very dark.
- You develop a flu-like illness in the first weeks of treatment.

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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