



Adalimumab

Information for people with inflammatory bowel disease

PE-IBD-11

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Adalimumab blocks TNF, the same messenger as infliximab, but it is an injection you give yourself under the skin at home rather than a drip in hospital.

Why you are taking it

It is used for moderate to severe Crohn's disease and ulcerative colitis that has not responded to steroids and immunosuppressants, and for fistulas around the anus. Giving it at home avoids regular hospital visits; the trade-off is that you must be confident with the technique and must not miss doses.

How to take it

The usual schedule is 160 mg at the start — four 40 mg injections on one day, or two on each of two consecutive days — then 80 mg two weeks later, and 40 mg every other week from week four. If the effect wears off early we can move you to 40 mg weekly or 80 mg every other week. Keep the pens in the fridge at 2 to 8°C, never freeze or shake them, and take one out 15 to 30 minutes before use, as a cold injection stings more. Inject into the front of the thigh or the abdomen at least 5 cm from the navel, changing site each time and avoiding sore, bruised, hard or scarred skin; used pens go straight into the sharps bin. Before the first dose we screen for tuberculosis, hepatitis B and C and HIV.

How long it takes to work

Many people improve within two to four weeks, and we assess the full response at about twelve weeks. Response can be lost over time; we can measure the drug level and antibodies to decide whether to increase the dose or change medicine.

Blood tests and monitoring

We check blood tests before starting and then every three to six months, more often if you also take azathioprine. Drug levels and antibodies are measured if the response fades.

Side effects

Side effect	What it means and what to do
Redness, itching, pain or swelling at the injection site	Very common in the first months. It settles within a few days. Rotating sites and letting the pen warm up both help.
Infection, including chest and skin infections	Common. Report fever or any infection early – see sheet PE-IBD-04 .
Headache, rash, nausea	Common and usually mild.
Reactivation of tuberculosis or hepatitis B	The reason for screening. Report a persistent cough, night sweats or weight loss.
Psoriasis-like rash, or a lupus-like illness with joint pain and rash	Uncommon. Tell your doctor – it settles when the medicine is changed.
Worsening heart failure, nerve problems, lymphoma	All rare. Tell your doctor before starting if you have heart failure or a neurological condition. Lymphoma risk is in the order of 1 in 1,000 people per year when combined with azathioprine.

Important precautions

- Do not inject if you have an active infection or a fever – contact your doctor first.
- Do not use a pen that has been frozen, left out of the fridge longer than the label allows, or is discoloured or cloudy.
- Take a cool bag when you travel, and take spare pens.
- No live vaccines. Non-live vaccines are recommended – see sheet [PE-IBD-04](#).

- If you miss a dose, take it as soon as you remember and then continue on your original schedule; tell your doctor if you have missed more than one.
- 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

Adalimumab is continued in pregnancy. It crosses to the baby in the later part of pregnancy, so the baby's live vaccines must be delayed – BCG above all, which in Oman is given at birth. Tell your doctor as soon as you know you are pregnant, and make sure the deferral is arranged and written in the notes before you deliver; see sheet [PE-IBD-04](#). Breastfeeding is safe.

Tell your doctor straight away if

- You have a fever, or any sign of infection.
- You develop breathlessness, swelling of the face or lips, or a widespread rash.
- The injection site becomes hot, hard, spreading red or painful after a few days.
- You have a cough lasting more than three weeks, night sweats or weight loss.
- Your symptoms return before the next dose is due.

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.
