

Drug information
Abatacept

ABATACEPT

is used to treat rheumatoid arthritis,
polyarticular juvenile idiopathic
arthritis and psoriatic arthritis

VERSUS
ARTHRITIS

What is abatacept?

Abatacept, trade name Orencia, is a type of drug called a biological therapy. It targets the cause of your inflammation and reduces the activity of your immune system. It's an effective treatment for many people living with arthritis.

Abatacept can be prescribed by a consultant rheumatologist for:

- rheumatoid arthritis (roo-ma-toyd arth-ri-tus)
- polyarticular juvenile idiopathic arthritis (poly-ar-tic-ular joo-ver-nile arth-ri-tus)
- psoriatic arthritis (saw-ree-atik arth-ri-tus).

Normally, the immune system creates inflammation to protect the body from infections. But in some conditions a group of cells in the immune system, called T-cells, cause unnecessary inflammation which damages the body's healthy tissue.

Abatacept works by reducing the activity of these T-cells, which in turn reduces inflammation, pain, swelling and joint damage.

You usually won't be given a biological therapy if you haven't tried at least two disease-modifying anti-rheumatic drugs (DMARDs), such as methotrexate, sulfasalazine or leflunomide.

Abatacept can be the first biological therapy you get prescribed, but more commonly you will have tried others first.

Who can take abatacept?

Abatacept is a very effective therapy for many people with arthritis. However, there are certain people who may not be able to take it.

Before you're prescribed abatacept, doctors sometimes use a scoring system to work out how active your arthritis is. The system can be different depending on what condition you have, but most often you'll be asked how well you feel on a scale of 1 to 10 and your doctor will make a note of how many of your joints are tender and swollen.

You'll also need blood tests before treatment starts to assess your condition and whether the drug is suitable for you.

Your doctor might not prescribe abatacept if:

- you're pregnant or breastfeeding
- you're currently taking another biologic drug
- you have HIV
- you've had cancer.

This drug should be used with caution if you have infections that repeatedly come and go.

Your doctor will need to check if you've previously been exposed to tuberculosis (TB). If the tests are positive you may need to start a course of treatment for TB before starting abatacept.

If you've had hepatitis B or C, you may need regular checks for this, as abatacept may increase the risk of the hepatitis starting up again.

How is it taken?

Abatacept may be given:

- through a drip into a vein, known as an intravenous infusion. You will have one a month, in a hospital or clinic. It will take between one and two hours.
- as an injection under the skin once a week using a pre-filled syringe or pen. This is known as a subcutaneous injection. You, your partner, or another family member can learn to give these injections at home.

Speak to your rheumatology team if you're having abatacept by infusion and wish to switch to injections – you'll probably start your injections when your next infusion is due.

If you forget to take your dose within three days, just take it when you remember and continue taking your doses according to your schedule. If you're more than three days late taking a dose, ask your rheumatology team when to take your next one.

It's a long-term treatment and may not work right away. Some patients report it took between 6–12 weeks before they started to feel better. So, it's important to continue taking this drug as prescribed, even if you don't feel better right away. You should also continue taking it when your symptoms improve, and you start to feel better, to help keep your condition under control.

Side effects and risks

Most people do not experience side effects. Some side effects can happen around the time of the infusion or injection. They aren't usually serious, but if you have severe side effects or are concerned about your symptoms contact one of the healthcare professionals in charge of your care.

Some of the side effects can include:

- dizziness
- tiredness
- headaches
- feeling sick or vomiting
- diarrhoea.

In very rare cases people can be allergic to abatacept. This could be in the form of swelling or a rash, or you may feel short of breath. This is very rare, but if you do develop these symptoms, or any other severe symptoms, during or soon after a dose of abatacept you should seek medical advice immediately.

Because abatacept affects your immune system, you may be more likely to pick up infections. The most common are mild chest and urinary infections.

Tell your doctor or rheumatology nurse straight away if you develop any symptoms such as a cough that won't go away, unexplained weight loss or a fever. You should also tell your rheumatology team before having an infusion or injection if you have any of these symptoms. They may advise you to pause the treatment.

You should contact your doctor if you get chickenpox or shingles, or if you come into contact with someone who has chickenpox or shingles and you have never had chickenpox before. These illnesses can be worse than usual if you're taking abatacept. You may need antiviral treatment, and your abatacept may be stopped until you're better.

You will probably need to have regular blood tests when taking abatacept.

Tips to reduce your risk of infection

- Try to avoid close contact with people you know have an infection.
- Wash your hands regularly and carry around a small bottle of antibacterial hand gel.
- Keep your mouth clean by brushing your teeth regularly.
- Stop smoking if you're a smoker.
- Make sure your food is stored and prepared properly.
- Try to keep your house clean and hygienic, especially the kitchen, bathrooms and toilets.

Carrying an alert card

It's recommended that you carry a biological therapy alert card so anyone treating you will know that you're on abatacept. Ask your rheumatology team for a card.

Effects on other treatments

If you're taking abatacept, you may be taking methotrexate as well. Check with your doctor before starting any new medicines, and if you're treated by anyone other than your usual rheumatology team, tell them you're taking abatacept, as it won't appear in your repeat prescription list from your GP.

You can carry on taking non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen, or painkillers, such as paracetamol if needed, unless your doctor advises otherwise.

Don't take over-the-counter preparations or herbal remedies without discussing it first with your rheumatology team, as some may react badly with abatacept.

Vaccinations

It's usually recommended that people on abatacept avoid live vaccines such as measles, mumps and rubella (MMR), chickenpox and yellow fever. But sometimes a live vaccine may be necessary, so you should discuss this with your rheumatology team.

If you've never had chickenpox, it's good to get a vaccination against it before starting abatacept. But discuss this with your rheumatology team first.

It's also a good idea to get any family or household members vaccinated against chickenpox before you start taking abatacept.

The Zostavax shingles vaccine is a live vaccine and isn't recommended for people who are on abatacept. However, a non-live shingles vaccine (Shingrix) is available so you may be able to have this instead.

It's recommended that you have the vaccination against COVID-19. It's recommended that you have the pneumonia vaccine and yearly flu vaccine injection while taking abatacept. These vaccines are not live, so it's safe for you to have them.

If you're unsure about whether you should be having a vaccine, you should mention this to your doctor or a healthcare professional. They should be able to give you the best advice.

Having an operation

Talk this over with your specialists. It's likely you will be advised to stop abatacept for a few weeks before and after your surgery.

Alcohol

There's no known interaction between abatacept and alcohol, so it's fine to have a drink if you're taking this medication.

Government guidelines say that adults should have no more than 14 units of alcohol a week. You should try to spread these out evenly throughout the course of the week. This is equivalent to about six glasses of wine or six pints of beer.



You can find out more about units of alcohol at:
www.drinkaware.co.uk

Fertility, pregnancy and breastfeeding

If you're planning to try for a baby, if you become pregnant or if you're thinking of breastfeeding, talk to your rheumatologist.

Abatacept should be avoided during pregnancy, unless essential, as it's not yet known how abatacept can affect an unborn baby.

However, if you accidentally take abatacept in the first three months of pregnancy it is unlikely to be harmful. If this happens to you, talk to your rheumatology team as soon as you can.

Recent guidelines now state that you can breastfeed while taking abatacept.

There is currently no evidence that men must stop abatacept if they are trying to father a baby.

Where to go for further information

This leaflet is a guide to abatacept, its benefits and potential side effects. If there is anything else you would like to know about this drug, just ask the healthcare professionals in charge of your care.

You can also call our free helpline on 0800 5200 520, where our trained advisors can offer support and advice on your type of arthritis.



Visit our website www.versusarthritis.org to find out more.

Thank you!

A team of people helped us create this booklet. We would like to thank Sharon Petford for helping us review the booklet.

We would also like to give a special thank you to the people who shared their opinions and thoughts on the booklet. Your contributions make sure the information we provide is relevant and suitable for everyone.

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