

Drugs for Inflammatory Bowel Disease (IBD) – Adalimumab (Humira)

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What is Adalimumab?

Adalimumab is a further treatment for Crohn's disease. It is also known by the brand name Humira.

There have been studies that show that Adalimumab appears to benefit patients with Crohn's disease who have lost their response to, or cannot tolerate Infliximab

What are the benefits of having Adalimumab?

Adalimumab belongs to a group of medicines that are sometimes called 'biological' or 'anti-TNF' drugs or therapies.

Adalimumab works by targeting a protein in the body called TNF-alpha (tumour necrosis factor-alpha).

Your body naturally produces TNF-alpha as part of its immune response, to help fight infections by temporarily causing inflammation in affected areas.

Over-production of this protein is thought to be partly responsible for the type of chronic (on-going) inflammation found in IBD. Adalimumab binds to TNF-alpha, helping to prevent inflammation and relieve symptoms.

What are the risks and side effects of Adalimumab?

Side effects are uncommon and usually mild. Side effects include a runny nose, nausea, diarrhoea, rash and discomfort at the injection site.

It is rare, but some patients may develop an allergic reaction. If this happens we would stop this treatment.

If you are unwell on the day of your injection, such as suffering from a cold or have a high temperature, you must tell your specialist nurse. This is important, as it may be necessary to delay the injection until you are feeling better.

What if I decline this drug? Are there any alternative treatments available?

The only alternative is to continue with your usual medication and in this case, it is likely that your symptoms would continue.

How is Adalimumab given?

Adalimumab is given as a subcutaneous injection just under the skin every two weeks. You will be taught how to give this to yourself.

How long will it take to work?

The response to treatment varies. Available information suggests that the clinical response is usually achieved within 12 weeks of treatment. Continued therapy may be reconsidered if there is no response within this time period.

How often will I have Adalimumab?

This will be decided according to your response to treatment by the doctor looking after you, and will depend upon your general well-being, symptoms and blood results.

Do I need to come in to hospital for my Adalimumab injection?

No, Healthcare at Home will be responsible for providing your medications and training for administration.

What checks will I need?

Pre-treatment screening is essential to check your suitability for treatment with Adalimumab. Make sure the team treating you know if you:

- Have had recent exposure to people with tuberculosis (TB). If you have not had a BCG vaccination, you may need a chest x-ray to check you have no underlying TB. If you do have underlying, inactive TB, you will need treatment for it before starting Adalimumab.
- Have been in contact with people who have chicken pox, shingles, measles or pneumococcal disease. If you are not already immune, you may need vaccinations against these before starting treatment.
- Have heart problems, Adalimumab could make your symptoms worse, and your heart will need to be monitored closely before and after treatment.
- Have a history of cancer, Adalimumab affects how the immune system works and you may have a slightly increased risk of developing some types of cancer.
- Have smoked, or have COPD (Chronic Obstructive Pulmonary Disease) taking Adalimumab may increase your risk of lung cancer.
- Have ever had HIV, hepatitis B or C (a viral liver infection), are a carrier of hepatitis B or C or have recently been in close contact with someone who has hepatitis B or C you will usually have a blood test to check for these viruses before starting Adalimumab.
- Have ever lived in a region where certain fungal diseases (such as histoplasmosis or coccidioidomycosis) are common (eg

parts of USA, South America and Africa).

- Have a fistula or an abscess. Adalimumab can help to close fistulas but any abscess must be drained before treatment with Adalimumab.
- Have ever had a disease that affects the nervous system, or have experienced any numbness, tingling or visual disturbances.
- Have a history of infections or currently have one. If you have an infection your Adalimumab treatment may need to be postponed.
- Are pregnant, planning to get pregnant, or are breastfeeding.
- Have questions about any medications you are taking and any recent vaccinations.

Do I continue my other medication for Crohn's disease?

Your specialist will usually advise you on this. Usually all the medications used to treat Crohn's disease can be used together with Adalimumab apart from other antibody treatments such as Infliximab.

Most patients also take azathioprine or methotrexate (immunosuppressant drugs). These not only help to keep your Crohn's disease suppressed but also help to prevent your own immune system from reacting against Adalimumab.

Your specialist nurse will discuss your medications with you when you come for blood monitoring/review clinic appointments.

Do I need any special checks following Adalimumab?

Not if you feel well. However, regular 3 monthly blood tests are required as Adalimumab and the combination of other medications you may be taking can lower your resistance to infection.

You should inform your GP or IBD specialist nurse if you develop a persistent sore throat, fever or any other infection.

Can I have immunisations after having Adalimumab?

Flu vaccinations are safe following Adalimumab injections, but you should avoid immunisations with live vaccines such as polio and rubella.

If you need any vaccinations, let your doctor know when you last had Adalimumab.

Can I drink alcohol after having Adalimumab?

There is no reason to avoid alcohol (in moderation) after having Adalimumab.

Does Adalimumab affect fertility and pregnancy?

The effect of Adalimumab on fertility and unborn babies is unknown. Therefore we strongly recommend that **women should not become pregnant for at least five months after treatment has been discontinued.**

Men should not try for a baby with their partners for six months after their last injection of Adalimumab.

However, in some cases the maternal benefits of therapy may outweigh the risk to the baby. Therefore, your specialist will discuss the risks and benefits of taking Adalimumab whilst pregnant with you.

It is very important that you inform your specialist nurse if you become pregnant.

Can I breastfeed whilst taking Adalimumab?

Due to limited information on the effects to the newborn, it is advised that women do not breastfeed whilst taking Adalimumab or for five months after their last injection. This can be discussed in detail with your specialist.

Who cannot receive Adalimumab?

- Patients with moderate to severe congestive heart failure (CHF – a condition in which the heart is unable to pump enough blood to maintain normal physical activity).
- Patients with active Tuberculosis or other severe infections.

Can I have surgery if I am taking Adalimumab?

There is limited experience of patients having surgery while taking Adalimumab.

A patient needing surgery while taking Adalimumab would be closely monitored for infections and appropriate actions would be taken.

Where can I get further information about Adalimumab?

If you have any questions about Adalimumab, ask your doctor, your IBD specialist nurse or your pharmacist.

Further Information:

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