Drugs Commonly Used for Haematology Patients
This booklet describes some of the drugs commonly used for haematology patients, in addition to chemotherapy. It explains:

- Why each drug is given
- The common side effects of each drug

As well as the drugs that you will be given to treat your disease, you may also need additional drugs to control symptoms and to treat or prevent infections.

It is important to remember that each person's reaction to any drug is unique and the effects will vary according to the dose and combination of drugs that you receive.

The information below is set out with the drug name first and, where commonly used, the brand name is in brackets.

**Aciclovir (Zovirax),**

*Why?* To treat or prevent some viral infections, for example, herpes simplex (cold sore) or Cytomegalovirus (CMV).

Some people reactivate or develop viral infections when their immune system is less able to cope, for example, following chemotherapy or radiotherapy treatment.

Common side effects: nausea and diarrhoea.

**Allopurinol**

*Why?* To prevent a build up of uric acid.

Cancer treatment works by killing cells. When cells die they release a substance called uric acid. A build up of uric acid in your body can cause a condition similar to gout, and kidney stones.

Common side effects: rashes.
**Co-trimoxazole (Septrin)**

*Why?*: To treat or prevent some chest infections, particularly an infection called *Pneumocystis carinii* pneumonia, commonly called PCP.

PCP infection is a rare but serious chest infection. It usually affects people who have a poorly functioning immune system due to:

- disease, for example AIDS or leukaemia,
- treatment, for example following high dose chemotherapy or stem cell transplantation.

Septrin is taken in low doses to prevent and high doses to treat PCP.

Common side effects: rash and reduced neutrophil (white cell) count.

It will usually only be given if your neutrophil count is greater than 1. It will be reduced, stopped or changed to a different drug if your count falls and stays low (usually below 1)

**Dexamethasone, Prednisolone, Hydrocortisone, Methlyprednisolone - collectively called steroids**

*Why?*: To suppress inflammatory or allergic disorders, or as part of cancer treatment. Dexamethasone is also given in low doses as an anti-sickness drug.

Steroids are hormonal substances, naturally produced by the adrenal glands in your body. There are many different types of steroids and they all have different effects on the body. Your nurse or doctor will explain these drugs before you start treatment, and you will receive an instruction card from the pharmacy when you go home.

Common side effects: indigestion, fluid retention, increased appetite, altered blood sugar levels, mood swings, reduced ability to heal, increased risk of developing infections, menstrual changes and insomnia.

Most of the above side effects mainly happen with high-dose or long-term treatment.
**Fluconazole (Diflucan), Itraconazole, Amphotericin, Voriconazole** — collectively called anti-fungals

*Why?* : To treat or prevent fungal infections, for example thrush.

Cancer treatment affects the cells in your body that are rapidly dividing. Unfortunately, the treatment cannot tell the difference between cancer cells and other rapidly dividing cells, such as those lining your mouth, throat and passages through your bowel. At times, these areas may become sore and vulnerable to infections like thrush.

Common side effects: nausea and diarrhoea. Amphotericin can also cause unpleasant shakes and shivers (rigors) during or after the infusion but are usually controlled, and then prevented by additional drugs.

**Omeprazole (Losec), Lansoprazole (Zoton) — collectively called antacids**

*Why?* : To reduce stomach acid production.

Some cancer treatment can cause inflammation of the stomach and bowel lining. This can make these areas very sensitive and may lead to acid indigestion or heartburn. These symptoms can be very painful, unpleasant and may, in extreme circumstances lead to bleeding in the stomach and bowel.

Common side effects: diarrhoea or constipation, nausea, vomiting, abdominal discomfort and headache.

**Metoclopramide (Maxolon), Cyclizine, Ondansetron — collectively called anti-emetics or anti-sickness**

*Why?* : To treat or prevent nausea and/or vomiting.

Nausea is a feeling of sickness and to vomit is to be sick. You may suffer from either or both of these due to your disease or the treatment. The doctors will always prescribe anti-sickness drugs to try to prevent you feeling or being sick.

These three drugs are the ones that are commonly used, but there are many more anti-sickness drugs to choose from. Do not despair if the first choice does not work.

**Metoclopramide** is used in low doses for mild to moderate sickness, but can be used in higher doses for severe symptoms.
Common side effects: none

**Cyclizine** is used for mild to moderate sickness.

Common side effects: drowsiness.

**Ondansetron** is usually used for sickness caused by chemotherapy or radiotherapy.

Side effects: constipation or diarrhoea, headache, sensation of flushing, hiccups.

**Paracetamol**

Why?: To treat mild to moderate pain and to reduce a high temperature (pyrexia).

Paracetamol is a very commonly used drug, not only in the hospital setting, but also in the community. It is a very effective drug for many types of mild to moderate pain, for example headaches. If you have an infection, your body temperature may rise and this may make you feel very uncomfortable. Paracetamol is a very effective way to reduce your temperature by making you sweat. If you feel unwell at home, particularly when you are neutropenic (low white cell count), you must always take your temperature before taking paracetamol. You will then be able to report a true reading when you ring the ward/clinic or your GP depending on the advice you have been given.

Common side effects: none.

Never take more than 8 tablets per 24 hours. Remember that many remedies sold at the chemist may contain paracetamol, for example Lemsip, so always check the label. If in doubt check with the pharmacist or your doctor.