

The second line



starts here

“Since comparable efficacy is obtainable with less risk, it is reasonable to administer 4-aminoquinoline (antimalarials) before the other, more hazardous, remission-inducing agents.”¹

Developed as a better tolerated alternative to chloroquine for the treatment of malaria,² Plaquenil (hydroxychloroquine) has proved to be both effective and relatively well tolerated in the treatment of RA.³⁻⁷

In a recent two-year comparison with D-penicillamine, it was found that “... both drugs improve the

clinical and laboratory status of patients, but that hydroxychloroquine is better tolerated.”³

This confirms the findings of an earlier comparison with D-penicillamine, gold and levamisole:

“Fewest adverse reactions occurred with hydroxychloroquine at all times during drug treatment.

Hydroxychloroquine is therefore our most frequently used initial drug.”⁸

Plaquenil

hydroxychloroquine

the start of the second line

Reassurance on retinopathy

According to a recent review of available data, retinal toxicity leading to visual loss

may be virtually eliminated by (a) limiting the daily dose to 400 mg/day or 6.5 mg/kg day;

(b) regular ophthalmological examinations – at baseline, then every six months.⁹