Information for the treatment of Immune Thrombocytopenia in Adults

ITP Australia New Zealand

Azathioprine

Third-line treatment

Azathioprine is an immunosuppressive medication that has been used for many years to treat autoimmune conditions and prevent organ rejection. In ITP, it is considered a third-line treatment and is used off-label when other therapies have not been effective.

It is often combined with other ITP treatments to improve outcomes.

Azathioprine works by interfering with the production of DNA in immune cells, which slows down their growth and activity. This helps reduce the number of immune cells that mistakenly destroy platelets. Because it works gradually, it may take several weeks to show results.

BRAND NAMES

Imuran® and Azamun®

HOW DOES THE TREATMENT WORK?

Azathioprine interferes with the production of DNA in immune cells. This slows down the growth and activity of specific white blood cells that are involved in attacking platelets. Over time, this can reduce platelet destruction.

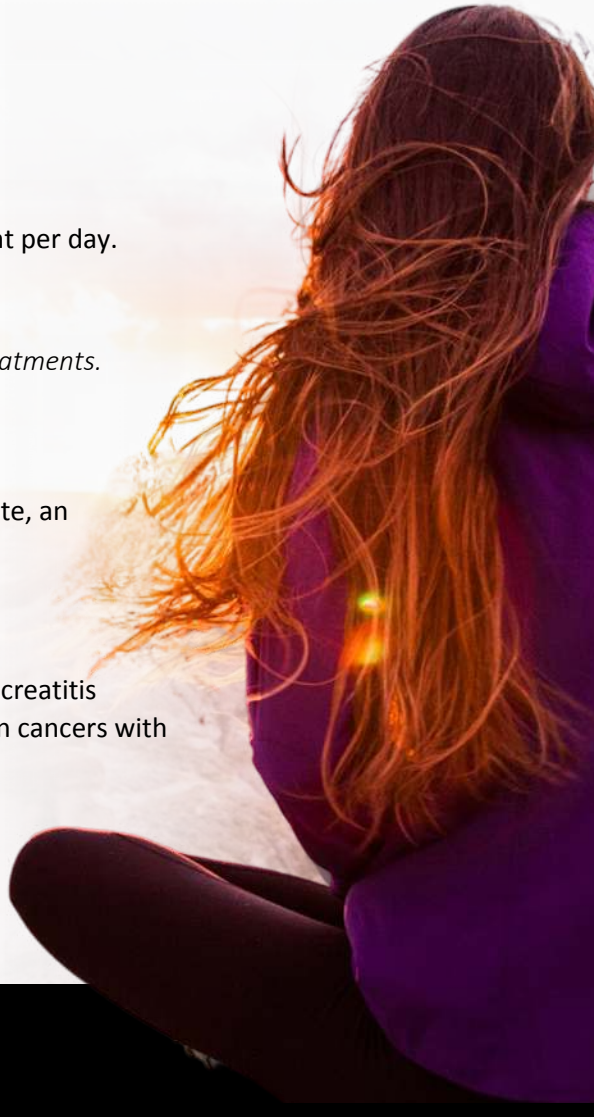
HOW IS IT ADMINISTERED?

Azathioprine is taken orally as a tablet, typically once daily.

DOSAGE

Typical starting dose is around 1 - 2 mg per kilogram of body weight per day.
Dosing may be adjusted based on response and side effects.
Blood tests are used to monitor safety and effectiveness.

Note: This treatment is often used in combination with other ITP treatments.



COMMON SIDE EFFECTS

These can include nausea or upset stomach, fatigue, loss of appetite, an increased risk of infections and / or a skin rash

RARE SIDE EFFECTS

These can include liver problems, low white blood cell counts, pancreatitis (inflammation of the pancreas) and / or an increased risk of certain cancers with long-term use

TREATMENT RESPONSE

It can take between 6 to 12 weeks to see an improvement in platelet counts.

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LIKELIHOOD OF AN INITIAL RESPONSE

Studies suggest around 40 - 60% of adults with ITP may respond to Azathioprine initially.

LIKELIHOOD OF A LONG-TERM RESPONSE? *3-5 years*

Long-term response rates are lower, with about 20–30% of patients maintaining benefit over time.

OTHER CONSIDERATIONS

With the treatment of Immune Thrombocytopenia, Azathioprine is generally used in combination with other first-line or second-line treatments. Please consult with the ITP Specialist or ITPANZ Medical Advisor for more information.

Regular blood tests are needed to monitor liver function and blood counts.

Some people have a genetic variation (TPMT deficiency) that affects how they process Azathioprine. Testing may be recommended before starting.

Azathioprine is not recommended during pregnancy or breastfeeding.

It may interact with other medications, including allopurinol.

When this treatment is not used carefully and as intended, this drug can be toxic. If you become sick while taking this medicine *(for example, vomiting or diarrhoea)*, your bodily fluids may contain small amounts of the drug. To keep others safe:

- Wear gloves when cleaning up fluids or handling dirty laundry
- Wash your hands well after contact
- Wash contaminated clothes separately
- Avoid contact with bodily fluids if pregnant or breastfeeding
- Flush the toilet twice and clean the area if needed

Note: These precautions are most important during illness and for up to 7 days after your last dose.

REFERENCES

1. 2024 ANZ Consensus Guidelines for the Management of Adult Immune Thrombocytopenia (ITP)
2. PDSA Azathioprine Information Sheet (Adults) – Platelet Disorder Support Association
3. Provan D et al. "International consensus report on the investigation and management of primary immune thrombocytopenia." Blood 2010;115(2):168–186.
4. Cuker A et al. "American Society of Hematology 2019 guidelines for immune thrombocytopenia." Blood Adv 2019;3(23):3829–3866.