

# Rifampicin and Clindamycin treatment for Hidradenitis Suppurativa

## Introduction

This leaflet aims to answer any questions you may have about taking rifampicin and clindamycin for the treatment of Hidradenitis Suppurativa (HS). If you have any further questions or concerns, please speak to a doctor or nurse caring for you.

Please read this information along with the manufacturers' leaflets for rifampicin and clindamycin, which will be provided with your medicines.

Copies of these leaflets are also available to access from [www.emc.medicines.org.uk](http://www.emc.medicines.org.uk) - please be aware that the manufacturers' leaflets may not mention HS – see paragraph below, 'Taking an unlicensed medicine'.

## About rifampicin and clindamycin treatment

Rifampicin and clindamycin are both antibiotics, which work by killing bacteria that can cause infections. They can be used in combination with each other or other antibiotics, to treat or prevent a number of different infections.

Rifampicin is never recommended to be used alone, so it is important that they are taken together. The combination of rifampicin and clindamycin can be effective in some cases of HS by reducing inflammation and preventing infections. Your doctor feels that you would benefit from this treatment.

## Taking an unlicensed medication

Rifampicin and clindamycin are licensed in the UK for the treatment of a number of infections. However, their use in the treatment of HS, outside the setting of a flare-up triggered by infection, is 'unlicensed'. Your doctor will discuss with you why they are recommending these antibiotics and will be happy to answer any questions you may have.

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Department

Dermatology

Review due

October 2026

## Patient Information

### How do I take rifampicin and clindamycin?

- Read the manufacturers' printed information leaflets supplied with the medicines before you start treatment.
- Take your medicines exactly as directed by your doctor. Both rifampicin and clindamycin are usually taken twice a day when used in the treatment of HS.
- Do not stop taking the rifampicin or clindamycin without speaking to your doctor first, or until your course is complete.
- Rifampicin must be taken on an empty stomach (at least 30 minutes to 1 hour before food or at least 2 hours after food).
- Clindamycin can be taken before or after food.
- Clindamycin must be swallowed whole with a full glass of water.
- Try to take the medicines at the same time each day to avoid missing any doses.

### What should I do if I forget to take the medication?

Take the missed dose as soon as you remember. If it is almost time for your next dose, skip the missed dose and return to your normal dosing schedule. **Do not take a double dose under any circumstances.**

### Are there any side effects?

The manufacturers' information leaflets that come with the medicines will list all known side effects associated with rifampicin and clindamycin. Please refer to these for further information. Some of the more common side effects experienced by people who take these medicines include:

#### Clindamycin

- Stomach ache or cramps.
- Unpleasant taste in the mouth.
- Skin dryness or irritation.

## Patient Information

### Rifampicin

- Reddish coloration of the urine, sweat, sputum (phlegm) and tears. Soft contact lenses may be permanently stained. Do not be alarmed, this is harmless. This will stop when the rifampicin is stopped. Consider wearing glasses instead of contact lenses.
- Headache.
- Flushing and mild rash.

It is important to know that if you develop severe side effects, you **must stop taking both medicines**.

If you experience any other symptoms which you think may be due to these medicines, or you have any concerns about side effects, please speak to your doctor, nurse or pharmacist.

### Important information

You **must** seek urgent medical attention via NHS 111 or your GP if you suffer from any of the following:

- Diarrhoea which is severe, prolonged or bloody. This may be a sign of bowel inflammation (pseudomembranous colitis), which can happen following treatment with antibiotics. If this happens, you must stop taking both the clindamycin and rifampicin immediately.
- Wheeziness, difficulty in breathing, swelling of eyelids, face or lips, rash or itching (especially affecting the whole body). These may be signs of a severe allergic reaction.
- A fever with yellowing of the skin or whites of the eyes (jaundice), feeling or being sick, feeling tired and generally unwell, and/or loss of appetite. These may be signs of liver problems.
- Blistering and peeling of large areas of skin, fever, cough, feeling unwell and swelling of the gums, tongue or lips. This may be a sign of a serious skin condition.
- Flu-like symptoms including chills, fever, headaches, dizziness, bone pain, shortness of breath and malaise. This may be 'flu syndrome' which can be caused by rifampicin.
- Bleeding or easy bruising, red spots under the skin, black stools, fever, sore throat, mouth ulcers or recurrent infections. This may be a sign of a serious blood condition.

**Patient  
Information****Will I need to be monitored?**

We will need to check that these medicines are not causing any serious side effects and you will therefore be asked to have blood tests at regular intervals. Your kidney function, liver function and full blood counts will be measured every 4 to 6 weeks.

If you have diabetes, you may need to monitor your blood glucose levels more frequently as your diabetes may be harder to control. Your doctor will be able to advise you about this.

**How long will I need to take these medicines for?**

You will take the clindamycin and rifampicin for 3 months; you will then be reviewed in clinic.

**Is there anything else that I need to know?**

Both rifampicin and clindamycin may interact with other medicines. Please tell the doctor who is prescribing them for you about any other medicines you are taking, including herbal or over-the counter medicines. If you feel concerned, you may also wish to discuss them with your pharmacist.

- Rifampicin also reduces the effectiveness of different types of hormonal contraception. If you are currently using hormonal contraception, including the contraceptive pill, please discuss this with your doctor. You will need to switch to a different contraceptive method that is not affected by your treatment. This will need to be continued throughout your treatment and for 4 weeks after stopping treatment.
- If you are pregnant, think you may be pregnant, or are planning on becoming pregnant, please speak to your doctor before taking rifampicin or clindamycin.
- If you are breastfeeding, small amounts of both rifampicin and clindamycin may pass into the breast milk. Please speak to your doctor before breastfeeding.

**Patient  
Information**

## Contact information

If you have any concerns or questions, please contact either of the numbers below.

**Maria Barfoot**

**Lead Inflammatory Dermatology Nurse Specialist**

Tel: 0300 422 5589

Monday to Friday, 9:00am to 4:00pm

Email: [nicohola.dobson@nhs.net](mailto:nicohola.dobson@nhs.net)

## Further information

**NHS**

Website: [www.nhs.uk/conditions/medicines-information/](http://www.nhs.uk/conditions/medicines-information/)

## Acknowledgement

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## Making a choice

### Shared Decision Making

If you are asked to make a choice, you may have lots of questions that you want to ask. You may also want to talk over your options with your family or friends. It can help to write a list of the questions you want answered and take it to your appointment.



### Ask 3 Questions

**To begin with, try to make sure you get the answers to three key questions if you are asked to make a choice about your healthcare.**

1. What are my options?
2. What are the pros and cons of each option for me?
3. How do I get support to help me make a decision that is right for me?

These resources have been adapted with kind permission from the MAGIC Programme, supported by the Health Foundation

\* Ask 3 Questions is based on Shepherd HL, et al. Three questions that patients can ask to improve the quality of information physicians give about treatment options: A cross-over trial. Patient Education and Counselling. 2011;84:379-85