Sodium aurothiomalate
(Intramuscular gold injection)
Shared Care Guideline

Introduction	This is a disease modifying anti-rheumatic drug, but is not immunosuppressive.
Speciality	Rheumatology
Indications	Licensed • Rheumatoid arthritis • Juvenile idiopathic arthritis
Dose	Initial test dose of 10mg by deep intramuscular injection, given in clinic, followed by 30 minutes observation to check for signs of allergic reaction. Thereafter, weekly injections of 50mg until there has been a significant response. Once a significant response has been attained intervals between doses may be increased by stages to 50mg every 4 weeks e.g. 50mg fortnightly for 3 months then 50mg every 3 weeks for 3 months then 50mg monthly. If no response occurs after a total dose of 1g has been administered treatment should be stopped.
Patient information	The patient will be provided with the sodium aurothiomalate information leaflet produced by Arthritis Research UK (www.arthritisresearchuk.org) and the content discussed.
Specialist Responsibilities	**Pretreatment assessment** FBC, U&Es, creatinine, LFTs, ESR/CRP and urinalysis for protein. **Stabilising in secondary care** Urinalysis for protein at the time of each injection. FBC and ESR/CRP weekly for 4 weeks, fortnightly to 3 months, then monthly for the duration of treatment. LFTs 6-12 monthly at hospital review. The patient should be asked about the presence of rash or oral ulceration before each injection. Once stable initiate shared care.
GP Responsibilities	Monthly FBC and ESR/CRP Urinalysis for protein prior to each injection. Patient should be asked about the presence of rash or oral ulceration prior to each injection.

Adverse Effect Monitoring

Adverse event	Action to be taken
WBC < 4 x 10^9/l	Withhold and discuss with specialist team
Neutrophils < 2.0 x 10^9/l	Withhold and discuss with specialist team
Platelets < 150 x 10^9/l	Withhold and discuss with specialist team
>2+ proteinuria	Check MSSU: If infection present treat as appropriate. If sterile and 2+ proteinuria persists, withhold and discuss with specialist team
Rash, oral ulceration,	Withhold and discuss with specialist team
Abnormal bruising or sore throat	Withhold, check FBC and discuss with specialist team
Rising/elevated ESR/CRP	Discuss with specialist team

Please note: Any rapid fall or consistent downward trend for blood counts should prompt caution. Action may be required even if values are within normal range. If in doubt please contact specialist team.

Please refer to SPC or BNF for full details of adverse effects, contraindications, cautions and drug interactions.

Contraindications

- Known hypersensitivity to sodium aurothiomalate
- Pregnancy and breast feeding
- Severe renal or hepatic impairment
- History of blood disorders or bone marrow aplasia
- Systemic lupus erythematosus
- Necrotising enterocolitis
- Pulmonary fibrosis
- Porphyria

Cautions

- Mild to moderate renal or hepatic impairment
- Elderly
- History of urticaria, eczema or colitis

Drug interactions

- Phenylbutazone or oxyphenbutazone
- ACE inhibitors - increased risk of anaphylactic reaction

Side effects

- Nausea, vomiting, diarrhoea
- Stomatitis, mouth ulcers, altered taste
- Rash, pruritis
- Bruising, bleeding, epistaxis
- Alopecia
- Proteinuria, haematuria
- Skin pigmentation
- Pulmonary fibrosis
- Leucopenia, eosinophilia, agranulocytosis, thrombocytopenia, anaemia, pancytopenia
- Colitis

	• Nephrotic syndrome • Peripheral neuropathy
Further Information	**Fertility** • Female patients should be advised to avoid pregnancy during treatment. • Breastfeeding should be avoided.
Communication	**Specialist to GP** Clinic letters and results to GP. **GP to Specialist** Blood results via use of patient-held record. **Contact details** Thank you for sharing the care of this patient. If you have any concerns or queries, please contact the Consultant or secretary. UHND Rheumatology Helpline: 0191 3332763 DMH Rheumatology Helpline: 01325 743881 Guideline Version 1: Date approved by APC: 4th July 2013 Date for Review: July 2016 **This information is not inclusive of all prescribing information and potential adverse effects. Please refer to the BNF or SPC for further prescribing information**