NHS Cumbria Clinical Commissioning Group | North Cumbria University Hospitals NHS Trust | University Hospitals of Morecambe Bay NHS Foundation Trust | NHS Lancashire North Clinical Commissioning Group

SHARED CARE GUIDELINE

Drug: DAPSONE

Introduction	**Indication: Licensed: Dermatitis Herpetiformis and other dermatoses** **Unlicensed: Vasculitis** **Background: Dapsone is an antibacterial which inhibits the synthesis of folic acid. It has been shown to be beneficial for a range of dermatoses and is first line therapy for Dermatitis herpetiformis, The early side effects are haematological and are dose related. Peripheral neuropathy although an uncommon side effect is clinically significant due to its frequent subtle onset and the high potential for long term persistence even after the cessation of therapy.**
Dose & Administration	Dapsone is available in 50mg and 100mg tablets. For dermatitis herpetiformis commence 50mg daily and increase gradually up to 300mg daily if required. Once lesions have begun to subside, the dose should be reduced to a minimum as soon as possible, usually 25 to 50mg daily, which may be continued for a number of years. Maintenance dose can often be reduced in patients on a gluten free diet.
Secondary Care Responsibilities	1. Confirm the diagnosis. 2. Discuss the benefits and side effects of treatment with the patient. Ensure that the patient understands which warning symptoms to report and give patient BAD leaflet on Dapsone 3. Perform baseline neurological assessment in order to detect subsequent development of peripheral neuropathy. This should include: 10g filament test of sensory function,128 Hz tuning fork to test vibration, testing ankle jerk and muscle strength of lower limbs. 4. Perform pre-treatment screening (FBC and LFTs. In addition, G6PD levels in patients of Middle and Far Eastern origin). 5. Ensure the patient understands the required blood monitoring 6. Provide the patient with a monitoring and dosage record booklet and ensure that the patient knows when and where to attend for monitoring. . Encourage the patient to take responsibility for ensuring that results of tests are entered in the monitoring booklet. 7. Arrange shared care with the patient's GP. 8. Review the patient regularly to monitor the patient's response to therapy and to exclude peripheral neuropathy. 9. Advise the GP on dose adjustments and when to stop treatment. 10. Ensure that clear backup arrangements exist for GPs to obtain advice.
Primary Care Responsibilities	1. Provide the patient with the prescriptions for Dapsone 2. Ensure patient is having regular blood monitoring 3. Liaise with secondary care if there are any clinical concerns 4. Act on any abnormal blood investigations as indicated below

Date prepared April 2016
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<table>
<tr><td>Monitoring Required in Primary Care</td><td>FBC every 2 weeks for 8 weeks, then every 3 months thereafter, unless advised otherwise by Secondary Care

LFTs every month until stable and then 3 monthly once stable

Laboratory adverse events

<table><tr><td colspan="2">STOP Dapsone and seek advice if:</td></tr><tr><td>WBC</td><td>< 3.5 x 10^9/L</td></tr><tr><td>Neutrophils</td><td>< 2.0 x 10^9/L</td></tr><tr><td>Platelets</td><td>< 150 x 10^9/L</td></tr><tr><td>AST/ALT</td><td>> 2 times the upper limit of reference range</td></tr></table>
MCV > 105fL Check thyroid function, B_{12} and folate and supplement if necessary.</td></tr>
<tr><td>Adverse Effects</td><td>• Haemolytic anaemia
• Agranulocytosis
• Hepatitis
• Dapsone hypersensitivity syndrome
• Peripheral Neuropathy</td></tr>
<tr><td>Common Drug Interactions</td><td>• Trimethoprim, Probenecid, Folic acid antagonists can all cause increase in Dapsone levels, leading to increased risk of side effects
• Rifampicin decreases Dapsone levels
• Sulphonamides and Hydroxychloroquine can increase risk of haemolysis</td></tr>
<tr><td>Contra-indications</td><td>• G6PD deficiency
• Avoid in acute porphyria
• Known hypersensitivity to sulphonamides or sulphones
• Severe anaemia</td></tr>
<tr><td>Pregnancy and breast feeding</td><td>• Folic acid should be given to the mother throughout pregnancy
• Neonatal haemolysis and methaemoglobinaemia have been reported in 3rd trimester
• Possibility of infant developing haemolytic anaemia
• Although significant amount of Dapsone is found in the blood, the risk to the infant is very small unless the infant is G6PD deficient</td></tr>
<tr><td colspan="2">This guidance does not replace the SPCs, which should be read in conjunction with this guidance.</td></tr>
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