South Tees Clinical Commissioning Group | Hartlepool and Stockton-on-Tees Clinical Commissioning Group | Hambleton, Richmondshire and Whitby Clinical Commissioning Group | South Tees Hospitals NHS Foundation Trust

Shared care guidelines

Drug: SULFASALAZINE (ENTERIC COATED)

Specialty: RHEUMATOLOGY

Indication: RHEUMATOID ARTHRITIS

Overview

Sulfasalazine is a disease modifying anti-rheumatic treatment used for rheumatoid arthritis, seronegative spondyloarthritis & psoriatic arthritis. Low blood counts & hypersensitivity reactions are the main concerns.

Hospital specialist's responsibilities

Initial investigations: FBC, ESR/CRP, U&E, eGFR, creatinine, LFTs.

Assessment for comorbidities such as lung disease & occult viral infection.

Initial regimen: 500mg orally, once daily. Increase by 500mg every 7 days to 2 to 3g in divided doses (occasionally doses >3g are used)

Clinical monitoring: For adverse effects (esp rash/mouth ulcers) & usual disease mgt.

Frequency: As required, typically every 3-6 months once stable

Safety monitoring: FBC, ESR/CRP, U&E, eGFR, LFTs fortnightly for 6 weeks, then every month for 3 months, then every 3 months.
Monitor fortnightly for 6 weeks following dose increase.

Prescribing arrangements: Initiated in hospital, transferred to GP when stable after 3 months

Documentation: Clinic letters and results to GP. (Separate patient information and offer patient-held shared care diary)and patient-held shared care diary.

GP's responsibilities

Maintenance prescription: 2 to 3g/day as advised at transfer. Occasionally 4g/day used.

Clinical monitoring: For adverse effects (esp rash/mouth ulcers) & usual disease mgt

Frequency: as required and determined by patient symptoms

Safety monitoring: FBC, ESR/CRP, U&E, eGFR, LFTs every 3 months for first year.
No routine monitoring needed after 12 months if tests are stable and no significant comorbidities (to be agreed by consultant and GP on an individual patient basis). Higher risk patients require monitoring every 6 months.

Duration of treatment: Long-term as recommended by specialist

Documentation: Practice records. Correspondence with specialist as required. Copies of blood results to specialist using shared care diary or available via WebICE.

Adverse events

Adverse Event	Action required
WCC ↓ <3.5 x10^9/L	Withhold, repeat FBC & discuss with specialist
Neutrophils ↓ <1.6 x10^9/L	
Platelets ↓ <140 x10^9/L	
>x2 rise in ALT/AST/ALP	Withhold, repeat LFTs & discuss with specialist
Renal: eGFR<30ml/min	Withhold drug, discuss with specialist. (Continue if eGFR 30-60 ml/min.)
Mouth pain or ulcers	Check for other causes e.g. ill-fitting dentures, oral candidiasis. Withhold, check FBC & discuss with specialist. Prescribe Difflam mouth wash.
Rash or itch	Check for other causes. Withhold, check FBC & LFTs. Discuss with specialist (urgently if widespread)
Severe breathlessness	Withhold & discuss with specialist urgently
Nausea, dizziness, head-ache &/or GI disturbance	If mild, may need to reduce dose. If severe, check FBC & LFTs. & discuss with specialist. Prescribe anti-emetic for nausea.
Unexpected bleeding or bruising or severe sore throat	Withhold, check FBC & clotting profile & discuss with specialist.
MCV > 105fl	Withhold, check B12, folate & TFT. Discuss with specialist.
Rising/elevated ESR	Discuss with specialist

Other information

Contact details

Name	Sr Elaine Doyle	Sr Cath Hutton	Collette Stoddart	Stephanie Meadley
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Sulfasalazine

Clinical response may be delayed for up to 12 weeks. Patients should be warned that the medication can colour urine, skin and soft contact lenses orange.
In the event of either a gradual or sudden drop in blood counts, discontinue sulfasalazine whilst repeating FBC, ESR, U&E, Creatinine and LFTs. Falls in blood count can be sudden & catastrophic.
SSZ can rarely cause hypersensitivity reactions with rash, leucopenia, hepatotoxicity or DRESS syndrome. These can occur suddenly but usually within the first two months of treatment.

Intercurrent Infection
During an acute infection, sulfasalazine can be continued.

Vaccinations
Live vaccines in general are not recommended with methotrexate, although the live shingles vaccine is appropriate in some patients (refer to Green Book for advice).
We recommend annual Flu vaccination and Pneumococcal vaccination in line with current guidance (see JCVI Green Book).
If a patient is exposed to shingles or chicken pox and lacks immunity to varicella-zoster virus, passive immunization may be required (contact Rheumatology).

Fertility issues
Pregnancy and breast feeding are generally considered safe. Nonetheless, small potential risks posed to the unborn child must be balanced against benefits to the patient. Doses should not exceed 2g per day when pregnant.
Small amounts may be excreted in breast milk, but are not thought to be a risk to the healthy infant.
Adequate folate supplements should be given during pregnancy.
Sulfasalazine can cause oligospermia but this is reversible.

Drug interactions
See BNF: Azathioprine and 6-mercaptopurine will increase risk of bone marrow toxicity. Sulfasalazine may impair absorption of cardio glycosides such as digoxin. It has caused hypoglycaemia when combined with other hypoglycaemics

Thank you for sharing the care of this patient. The medical and nursing staff in the department of Rheumatology are happy to answer any queries you may have concerning the patient's treatment or any adverse events.
If you are contemplating discontinuing treatment please discuss with the Consultant or staff first.

If the patient has any problems with their medication, adverse effects or an exacerbation of their disease requiring an earlier appointment with the medical staff please contact the rheumatology specialist nurse practitioners using the contact details over.
Reference : BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. Rheumatology 2017 ; 56 : 865-8