NHS Cumbria Clinical Commissioning Group

North Cumbria University Hospitals NHS Trust

University Hospitals of Morecambe Bay NHS Foundation Trust

SHARED CARE GUIDELINE

Drug: SODIUM AUROTHIOMALATE (GOLD INJECTION)

Contact Details	Patient ID Label
Name: _____	**Surname:** _____
Tel ☎: _____	**Forename/s:** _____
Location: _____	**NHS Number:** _____
Date: _____	**Date of Birth:** _____

Introduction	**Indication**: Rheumatoid arthritis. **Background:** The mechanism of action of sodium aurothiomalate is not known. Benefit should not be expected until a cumulative dose of at least 500mg has been given. If there is no response after a cumulative dose of 1000mg has been given, alternative DMARD therapy will be considered.
Dose & Administration	Sodium aurothiomalate should be administered by deep intramuscular (IM) injection followed by gentle massage of the area. **Typical dose:** 10mg test dose (administered in secondary care) followed by 50mg weekly until there is a significant response or a total dose of 1000mg has been given. In patients who respond, the interval between doses may be increased by stages from 50mg per week to 50mg every 4 weeks.
Secondary Care Responsibilities	1. Confirm the diagnosis. 2. Discuss the benefits and side effects of treatment with the patient. 3. Perform pre-treatment screening (FBC, LFTs, U&E's, creatinine, urinary dipstick for protein) 4. Administer a 10mg test dose and observe the patient for 30minutes for signs of allergic reaction. 5. 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. 6. Arrange shared care with the patient's GP. 7. Review the patient regularly to monitor the patient's response to therapy. 8. Request copies of test results for the patient's GP by completing the "copy to" section on the pathology form. 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 prescriptions for sodium aurothiomalate (Myocrisin®) and make the necessary arrangements for administration of the injection. 2. Ensure that the patient understands their treatment and which warning symptoms to report. 3. Arrange ongoing monitoring at the recommended frequencies (see MONITORING below) and ensure that test results are recorded in the

	monitoring booklet. Request copies of test results for the patient's consultant by completing the "copy to" section on the pathology form. 4. Report any adverse events to the consultant or specialist nurse and stop treatment on their advice or immediately if an urgent need arises (see MONITORING below). 5. Report any worsening of control of the condition to the consultant or the specialist nurse.
Monitoring Required in Primary Care	• FBC and urinalysis at the time of each injection (results of FBC need not be available before the injection is given, but must be available before the next injection, **urinalysis must be carried out immediately before each injection)** • The patient should be asked about the presence of rash, unusual bruising or mouth ulcers before each injection. • ESR & CRP 3 monthly **Laboratory adverse events** **STOP Sodium aurothiomalate and discuss with specialist team if:** **WBC** **< 3.5 x 10^9/L** **Neutrophils** **< 2.0 x 10^9/L** **Eosinophils** **> 0.5 x 10^9/L** **Platelets** **< 150 x 10^9/L** If 2+ proteinuria or more check MSU. If infection present treat appropriately. If sterile and 2+ proteinuria or more persists, **STOP** sodium aurothiomalate and discuss with the specialist team.
Adverse Effects	• Anaphylactoid reactions are rare but may occur a few minutes after the injection. Advise the specialist team and do not given any further doses. • Rash or oral ulceration: **STOP** sodium aurothiomalate and discuss with specialist team. • Abnormal bruising or **severe** sore throat: check FBC immediately and **STOP** sodium aurothiomalate until results are available. Discuss with specialist team. • Unexplained breathlessness and dry cough rarely occur but may be a sign of pulmonary fibrosis. **STOP** sodium aurothiomalate and discuss with specialist team.
Contra-indications	• Severe renal or hepatic impairment • History of blood disorders or marrow aplasia • Exfoliative dermatitis • Systemic lupus erythematosus • Necrotising enterocolitis • Significant pulmonary fibrosis • Porphyria • Pregnancy and breastfeeding • Live vaccines are not recommended
Cautions	• Elderly • Moderate renal or hepatic impairment

	• History of urticaria or eczema • History of inflammatory bowel disease • Irreversible skin pigmentation (chrysiasis) can occur in sun-exposed areas after prolonged treatment with sodium aurothiomalate. Patients should be advised to limit exposure to the sun by wearing protective clothing and using high factor sunscreens.
This guidance does not replace the SPC's, which should be read in conjunction with this guidance.	