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

SHARED CARE GUIDELINE

DRUG: SULFASALAZINE

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

Introduction	**Indication**: **Licensed:** Rheumatoid arthritis. **Unlicensed:** Sero-negative spondyloarthropathy including psoriatic arthritis and psoriasis. **Background:** Following oral administration around 90% of a dose reaches the colon where bacteria split the drug into sulfapyridine and 5-aminosalicylic acid (mesalazine). It has immunomodulatory effects but its precise mechanism of action is not known. It may act by scavenging free radicals, inhibiting prostaglandin and leukotriene production and/or by decreasing neutrophil chemotaxis and superoxide generation. Clinical response cannot be expected before 3 months.
Dose & Administration	A typical dose regimen for rheumatoid arthritis is 500mg daily increasing by 500mg daily at weekly intervals to 2 to 3 grams/day in divided doses. Occasionally doses above 3 grams/day are prescribed.
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). 4. 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. 5. Arrange shared care with the patient's GP. 6. Review the patient regularly to monitor the patient's response to therapy. 7. Request copies of test results for the patient's GP by completing the "copy to" section on the pathology form. 8. Advise the GP on dose adjustments and when to stop treatment. 9. Ensure that clear backup arrangements exist for GPs to obtain advice.
Primary Care Responsibilities	1. Provide the patient with prescriptions for sulfasalazine (only enteric coated 500mg tablets are licensed for the treatment of rheumatoid arthritis) 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 LFTs monthly for the first 3 months, then 3 monthly thereafter. If, following the first year, dose and blood results have been stable, frequency of blood tests can be reduced to every 6 months for the second year. Thereafter monitoring of blood for toxicity may be discarded. • Repeat FBC and LFTs one month after a dose increase. • ESR & CRP 3 monthly – Rheumatology patients only. **Laboratory adverse events** **STOP Sulfasalazine and discuss with specialist team if:** **WBC** **< 3.5 x 10^9/L** **Neutrophils** **< 2.0 x 10^9/L** **Platelets** **< 150 x 10^9/L** **AST/ALT** **> 2 times the upper limit of reference range** MCV > 105fL Check thyroid function, B_{12} and folate. Treat any underlying abnormality. If results normal discuss with specialist team.
Adverse Effects	• Nausea/dizziness/headache: If possible continue, may have to reduce dose or stop if symptoms severe. Discuss with specialist team. • Rash or oral ulceration: STOP sulfasalazine and discuss with specialist team. • Abnormal bruising or **severe** sore throat: check FBC immediately and STOP sulfasalazine until results are available. Discuss with specialist team.
Cautions	• Glucose-6-phosphate dehydrogenase deficiency: May cause haemolysis. • Renal impairment (moderate): May cause significant crystalluria, ensure high fluid intake. Avoid in severe renal failure. • Pregnancy: Sulfasalazine is not known to have any teratogenic effects. The dose should not exceed 2 grams/day and folic acid should be prescribed to those trying to conceive and during pregnancy. • Breastfeeding: The amounts of the drug present in breast milk are not thought to be a risk to a healthy infant.
Drug Interactions	• Sulfasalazine possibly reduces absorption of digoxin. • Increased risk of bone marrow toxicity when sulfasalazine given with azathioprine or mercaptopurine.
Contra-indications	• Hypersensitivity to sulfasalazine, sulfonamides or salicylates. • Acute intermittent porphyria.
This guidance does not replace the SPC's, which should be read in conjunction with this guidance.	