Whittington Health NHS

Rheumatology Department
Magdala Avenue
London N19 5NF

Consultants:
Prof. J. Dacre
Dr. I. Wamuo
Dr L. Congi
Dr A. Nuttall
Dr E. Nikiphorou

Switchboard 020 7272 3070
Main Appts: 020 7288 5511
Secretaries: 020 7288 5259/5740

Rheumatology Nurse 02072885257

Rheumatology Clinic 3D: Ext: 5708
Fax: 020 7288 3498

British Society of Rheumatology (BSR) and British Health Professionals in Rheumatology (BHPR); (Feb, 2017) recommends harmonisation of monitoring schedules, for all DMARDs that require laboratory monitoring. These should follow the same frequency of testing.

PROTOCOL FOR THE ADMINISTRATION OF SULFASALAZINE – INFORMATION FOR GENERAL PRACTITIONERS.

BACKGROUND FOR USE:

Sulfasalazine is a Disease Modifying Antirheumatic Drug (DMARD), of proven benefit in the treatment of Rheumatoid arthritis and other inflammatory conditions. The licensed preparation in Rheumatoid Arthritis is the enteric-coated preparation Salazopyrin EN®. Sulfasalazine should only be initiated on the recommendation of a Rheumatologist.

DOSAGE REGIME:

The dose of Sulfasalazine (Salazopyrin EN) should be increased slowly by 500mg once every seven days to an average dose of 1g bid :

WEEK 1: 500mg OD (morning)
WEEK 2: 500mg bid (morning and evening)
WEEK 3: 1 gram (morning) and 500 mg (evening)
WEEK 4: 1 gram bid (morning and evening)

Thereafter, continue with 1 gram bid. Occasionally doses up to 3g/day may be prescribed.

It may take up to 3 months before any therapeutic benefit is seen.

PRE-TREATMENT ASSESSMENT BY RHEUMATOLOGIST:

• FBC, U & E's, eGFR, LFT's, ESR and CRP.

MONITORING:

- FBC, Creatinine, Calculated GFR, ALT, AST ; two weekly for six weeks then, once on stable dose, monthly for three months.
- Thereafter, FBC, Creatinine, Calculated GFR, ALT, AST and Albumin, at least every 12 weeks.
- More frequent monitoring is appropriate in patients at higher risk of toxicity
- Patients should be asked about the presence of a rash or oral ulceration at each visit, and a FBC should be checked in the presence of any unexplained fever.

NOTE:

• Sulfasalazine can be withheld for several days without inducing a flare.
• NSAIDs may be continued

Please note that in addition to absolute values, a rapid fall/rise or consistent downward/upward trend in a haematological or biochemical index should prompt caution and extra vigilance.

Side Effects	**Actions**
WBC < 3.5 X 10^9/l Neutrophils < 2.0 X 10^9/l Platelets < 150 X10^9/l	Withhold, and repeat WBC. If abnormal discuss with Rheumatologist.
Liver function > 2.0 fold rise in AST/ALT	Withhold and look for alternative causes. Repeat LFT's. If abnormal discuss with Rheumatologist
MCV >105fl	Check folate, TFT, B12 and treat if appropriate. If WCC normal repeat in 4 weeks.
Acute widespread skin rash	Withhold and seek urgent (preferable dermatological) advice
Oral ulceration	Withhold, urgent FBC, investigate alternative cause. If settles promptly re-challenge with a lower dose. If symptoms recur stop and contact Rheumatologist
Nausea, vomiting, dizziness headache	Often transient. If possible continue with use of anti -emetic or reduce dose by 500mg
Diarrhoea	Reduce dose by 500mg. If persistent, consult Rheumatologist.
Bruising, sore throat, unexplained bleeding	Withhold and check FBC urgently

CONTRAINDICATIONS AND PRECAUTIONS:

SULPHONAMIDE hypersensitivity	Sulfasalazine is contraindicated
G6PD deficiency and porphyria	May cause haemolysis
Moderate renal impairment	May cause significant crystaluria. Ensure high fluid intake. Avoid use in severe renal failure
Oligospermia	This is transient and reversible on stopping the drug.
Chicken pox /Shingles	Patients suffering from chickenpox or active skin lesions in shingles withhold Sulfasalazine and inform Rheumatologist Exposure to chickenpox or shingles passive immunization should be carried out using VZIG
Yellow/brown discolouration of urine or contact lenses	Reassure patient

- Sulphasalazine is safe for use in pregnancy and during breast feeding.

NOTABLE DRUG INTERACTIONS (refer to British National Formulary and Summary of Product Characteristics)

• Cardiac glycosides: Possibly reduces the absorption of digoxin
• Folic Acid: May impair folate absorption
• Azathioprine: May contribute to bone marrow toxicity

- **FLU AND PNEUMOCOCOCCAL VACCINES ARE RECOMMENDED FOR PATIENTS ON IMMUNOSUPRESSIVE THERAPY**

REFERENCE:

http://www.rheumatology.org.uk/about_bsr/press_releases/bsr_publishes_updated_guideline_nonbiologic_dmards.aspx

http://www.rheumatology.org.uk/about_bsr/press_releases/bsr_publishes_new_guidelines_on_prescribing_antirheumatic_drugs_in_pregnancy_and_breastfeeding