

Shared care guideline

SULFASALAZINE – in rheumatic diseases

1 Scope

Trust and general practice in adult patients.

2 Purpose

Sulfasalazine is used as a disease modifying agent to induce and maintain remission in rheumatoid arthritis and psoriatic arthritis. It is potentially toxic and therefore the drug must be monitored, particularly in the first three months of treatment. This shared care guideline outlines the responsibility of primary and secondary care clinicians using sulfasalazine in rheumatic diseases.

3 Abbreviations

ALT	alanine transaminase
ESR	erythrocyte sedimentation rate
FBC	full blood count
GP	general practitioner
LFT	liver function test
MCV	mean cell volume
TSH	thyroid stimulating hormone
WBC	white blood cell

4 Dosage

Sulfasalazine enteric coated is recommended.

- Start at 500mg daily, increasing by 500mg each week up to a maximum of 2gm daily.
- Higher doses may be used (eg 1gm tds), very occasionally above 3gm daily.
- Clinical response approximately three months.

Rheumatology department

Division A

5 Main side effects

5.1 Common

- Nausea, abdominal discomfort, malaise, headache, anorexia, dizziness, depression.

5.2 Less common

- Rash including Stevens-Johnson syndrome.
- bone marrow suppression – thrombocytopenia, leucopenia, megaloblastic anaemia. Patients should be warned to report a sore throat and abnormal bleeding/ bruising.

6 Monitoring

	Whose responsibility	What needs doing
Pre-treatment	Hospital rheumatology team	FBC, ESR, creatinine and electrolytes, LFTs.
Initiation to stabilisation	Hospital rheumatology team or GP if in agreement	FBC, ESR, creatinine and electrolytes, LFTs monthly for three months. Look out for downward trends as well as absolute levels of blood counts.
Ongoing monitoring once stable	GP	FBC, ESR, creatinine and electrolytes, LFTs once every three months. If dose and monitoring is stable after one year, blood monitoring can be reduced to every six months. Ask about rash and oral ulceration at each visit.
All results to be recorded in patient held record booklet.		

7 Side effects and what to do

Side effect	What to do
WBC < 3.5 x 10⁹/l or neutrophils < 1.5 x 10⁹/l or platelets < 150 x 10⁹/l or ALT > twice upper limit of normal *	STOP SULFASALAZINE and inform rheumatologist or rheumatology practitioner: telephone: 01223 217398 or 01223 216774 – see contact list below
Abnormal bruising/ bleeding or severe sore throat	Check FBC immediately and withhold sulfasalazine until results available. Discuss with specialist team if necessary.
Significant infection	Urgent FBC looking for neutropaenia.
Unexplained acute widespread rash	Stop sulfasalazine and seek urgent specialist advice – preferably dermatological.
Oral ulceration	Withhold until discussed with specialist team.
MCV > 105fl	Check B12, folate and TSH. If abnormal, treat any underlying abnormality. If normal, discuss with specialist team.
Nausea, dizziness, headache	If possible, continue. May have to cut dose, or stop if symptoms severe. Discuss with specialist team.

8 Pregnancy and breastfeeding

If sulfasalazine is used in pregnancy, the dose should not exceed 2g/day and folate supplements should be given.

Sulfasalazine can be prescribed to men of childbearing potential although there may be transient reversible oligospermia. However some rheumatologists advise that men should stop taking sulfasalazine three months before trying to father a child because of possible sperm abnormalities.

Taking sulfasalazine whilst breast feeding is thought to be safe for healthy infants.

9 Drug interactions

- See [BNF appendix 1](#)
- Combination with azathioprine or 6-mercaptopurine may increase risk of marrow toxicity.
- May reduce absorption of digoxin.

Rheumatology department

Division A

10 Immunisations

Influenza vaccination is recommended.

11 Contact numbers for advice and support

Specialist	post	telephone
Rheumatology practitioners	Advice line	01223 217398
Dr AJ Crisp	Consultant rheumatologist	01223 216774
Prof H Gaston	Consultant rheumatologist	01223 596235
Dr FC Hall	Consultant rheumatologist	01223 217316
Dr J Jenner	Consultant rheumatologist	01223 217763
Dr M Lillicrap	Consultant rheumatologist	01223 217316
Dr A Ostor	Consultant rheumatologist	01223 217763
Dr K Poole	Consultant rheumatologist	01223 216774
Dr N Shenker	Consultant rheumatologist	01223 217316
Dr B Silverman	Consultant rheumatologist	01223 596235

12 Monitoring compliance with and the effectiveness of the guideline

The patient held results booklet will be inspected at each outpatient attendance.

Grading of recommendations: level C.

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Document management

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Pharmacist:	Lynn Martin		
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