Torbay and South Devon NHS
NHS Foundation Trust

Sulfasalazine Shared Care Guidelines for GPs

Indication:

Active rheumatoid arthritis and other types of inflammatory arthritis

Specialist Responsibility:

- Assess patient for co-morbidities
- Request baseline tests including FBC, U+Es and eGFR, LFTs
- Counsel patient on benefits, side effects, frequency of dosing and monitoring requirements and provide written information
- **Treatment with these drugs will be initiated by the specialist, who is responsible for prescribing until shared care is agreed. Any GP who does not feel confident to undertake the clinical and legal responsibility for a shared care drug is not obliged to undertake the prescribing and should discuss this with the specialist.**
- Specify target doses, monitoring and review dates at clinically relevant time intervals for both the GP and specialist team and any other patient specific information.
- **Initiate therapy and provide at least the first 4 weeks of Sulfasalazine and until GP has confirmed willingness to share care.**
- Provide advice as required by the GP and review patient as necessary

GP responsibility

- On-going prescription of Sulfasalazine
- Monitoring as per instructions below
- Report adverse events to specialist team and to the MHRA via the yellow card scheme
- Report and seek advice from the specialist team on any aspect of patient care which is of concern and may affect treatment
- Inform specialist team if treatment is stopped for any reason

Dosage:

- Sulfasalazine should be prescribed as gastro resistant tablets. This preparation is licenced for rheumatoid arthritis and better tolerated.
- The dose range for sulfasalazine is 1g BD to 1.5g BD.
- Dose should be increased as set out in the dosing letter. This is usually an increase of 500mg (1 tablet) every week to target dose.
- In common with other 2nd line agents, Sulfasalazine will take 12-16 weeks to have any effect.

Monitoring:

- **Blood tests:**
    - **FBC, U+Es and eGFR, LFTs and albumin**
- **Frequency:**
    - **every 2 weeks for 6 weeks**
    - **Then monthly for 3 months**
    - **Then 12 weekly**
    - **If blood tests are stable after 12 months monitoring can stop unless there are exceptions as detailed below**
- **For dose increases monitor blood tests every 2 weeks until stable dose for 6 weeks**
- **Exceptions to monitoring rules**
    - On-going monitoring may be required if
        - Unstable blood test monitoring
        - High risk or significant co-morbidities that would affect monitoring results i.e. co-existing liver or renal disease, highly fluctuant blood results.
    - The specialist will inform the GP if this is required
- Consider stopping SPZ and seek advice (e-mail: tsdft.rheumatologydmards@nhs.net or **01803-654939**) if any of the following occur:
    - WCC or platelet count falls on 3 successive occasions
    - Total WCC <3.5 or
    - Neutrophils < 1.6
    - Isolated lymphopenia is not usually an indication for cessation of Sulfasalazine therapy
    - Platelet count < 140
    - MCV >105
    - Unexplained eosinophilia >0.5
    - ALT or AST >100 U/l
    - Unexplained drop in albumin <30g/l
    - Creatinine >30% above baseline +/- eGFR <60
- The MCV may rise on Sulfasalazine – if >105, consider checking B12 / folate if patient is anaemic.
- The patient should be advised to report signs of infection (e.g. persistent sore throat, fever) or easy bruising.

Side effects:

- This list is not exhaustive, for additional information please consult the BNF and product SPCs
- About 75% of adverse effects occur within the first 3 months and over 90% by 6 months.

Common	• **Nausea, vomiting, GI upset** – Usually mild and settles with continuation of treatment. Advise patient to take tablets with or after meals. • **Leukopenia** • **Dizziness, headache taste disorder*** • **Tinnitus***
Less common	• **Dyspnoea, cough**
Uncommon	• **Acute unexplained widespread rash –** stop drug and seek specialist advice • **Rash, photosensitivity, sore throat and oropharyngeal ulceration -** withhold drug and seek urgent specialist advice • **Bone marrow suppression –i.e.** abnormal bruising, sore throat – stop medication, request urgent FBC and discuss with specialist. Signpost patient to alternative provider if this is not possible e.g. weekend/bank holiday • **Hepatitis**

*Symptoms can be lessened by reduction of drug dose.

Drug interactions:

- This list is not exhaustive, for additional information please consult the BNF and product SPCs

Azathioprine /mercaptopurine		Increased risk of haematological toxicity
Digoxin	**Caution**	Sulfasalazine possibly reduces absorption of digoxin.
Sulphonamides	**Caution**	May cause hypoglycaemia

Cautions and Contraindications

Contraindication:

- **Allergy to sulphonamides or Salicylates** i.e. aspirin
- Acute intermittent porphyria

Caution:

- Hepatic impairment
- Renal impairment – risk of crystalluria, ensure high fluid intake
- G6PD – observe closely for haemolytic anaemia
- Known ANA positivity– may induce lupus like syndrome
- Contact lens wearers – may stain lens due to discoloration of body fluids

Alcohol:

- There is no restriction on alcohol intake with Sulfasalazine but national guidelines should be followed.

Vaccines:

- **Pneumococcal vaccination** every 10 years and **annual influenza vaccinations** are strongly recommended for patients with inflammatory arthritis
- Live vaccinations are considered safe with sulfasalazine

Pregnancy, breastfeeding and fertility:

- Sulfasalazine is considered safe in pregnancy and in breastfeeding women but patients are advised to contact their specialist if they wish to become pregnant.
- Sulfasalazine can cause a low sperm count in men which is reversible on stopping treatment.

Elective surgery

- Continue sulfasalazine but consider infection risk and drug interactions

Infection

- Sulfasalazine can be continued while patient receiving oral antibiotics
- Sulfasalazine should be stopped in the acutely unwell older person or while receiving IV antibiotics.
- Please seek advice if there are recurrent infections

Advice and Support

- Rheumatology.sdht@nhs.net
- Nurses helpline: 01803 654939
- Rheumatology secretaries: 01803 655897/54832/55759

References

1. BNF 74. September 2017-March 2018
2. SPC Salazopyrin-EN tablets. Accessed via www.medicines.org.uk June 2018
3. Ledingham J et al. BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs. *Rheumatology*, Volume 56, Issue 6, 1 June 2017, Pages 865–868
4. Flint J et al. BSR and BHPR guideline on prescribing drugs in pregnancy and breastfeeding—Part I: standard and biologic disease modifying anti-rheumatic drugs and corticosteroids. *Rheumatology*, Volume 55, Issue 9, 1 September 2016, Pages 1693–1697

Appendix 1 Shared Care Agreement Letter

Consultant Request

To Dr ……..

Practice Address:

Patient Name
Hospital number
Date of birth
Address

Diagnosed condition:…….

I recommend treatment with the following drug:……Sulfasalazine …….

I am requesting your agreement to sharing the care of this patient according to the South Devon Shared Care Guideline for this drug. If you agree, I will send you, in writing, any additional information required for you to undertake prescribing responsibility, as laid down in the Shared Care Guideline.

Signed:…….. Date……

Consultant name:……..

Department:……..……

Contact telephone number: …….

GP Response

I agree / do not agree* to share the care of this patient in accordance with the Shared Care Guideline.

Signed:…….. Date……

GP name:……...
*Delete as appropriate