

INTRAMUSCULAR SODIUM AUROTHIOMALATE/GOLD for use in rheumatic diseases

Background

This sheet provides guidance on monitoring of gold in primary care. These recommendations have primarily been taken from current BSR guidance on DMARD monitoring. Some rheumatology departments may have slight variations in their monitoring practices. For the full shared care protocol and responsibilities for primary care refer to www.bnssgformulary.nhs.uk/Shared-Care-Protocols

Treatment schedule

Sodium aurothiomalate/Gold (Myocrisin) is given by deep intramuscular (im) injection. A typical dose regimen is a 10mg test dose, followed by 50mg weekly for about 12 weeks. Thereafter the frequency of injections is usually reduced to 50mg monthly. This should be continued as long as clinically indicated unless there is a serious side effect or the drug becomes ineffective. Benefit should not be expected until a cumulative dose of at least 500mg has been given.

Cautions and special recommendations

Cautions

- Elderly, moderate renal or hepatic impairment
- History of urticaria, eczema or inflammatory bowel disease

Contra-indications

- Severe renal or hepatic impairment (avoid if eGFR<10), history of blood disorders or marrow aplasia, exfoliative dermatitis, SLE, necrotising enterocolitis, significant pulmonary fibrosis and porphyria
- Pregnancy and lactation
- Live vaccines are not recommended in patients receiving gold

Side-effects

The most common side effects are rash, oral ulcers and diarrhoea. The rash may be exfoliative and is usually very itchy. Pruritis may occur without a rash and an anti-histamine may be tried. A metallic taste in the mouth is not uncommon and usually wears off with time. Myelosuppression, GI bleeding (ulcerative enterocolitis), and renal toxicity are rare but serious complications. Anaphylactic reactions are rare but may occur a few minutes after the injection. This is characterised by dizziness, nausea, vomiting, sweating and facial flushing. If this occurs, gold should be discontinued.

Drug interactions

Flushing and hypotension have been described when gold is given with ACE inhibitors. Beware other nephrotoxic and myelotoxic drugs.

Monitoring

Pre-treatment assessment: FBC, urine dipstick for protein, renal function and LFT's. This will be done by the rheumatology department.

Monitoring: FBC and urinalysis should then be checked at the time of each injection. Provided blood results are stable, the results of the FBC need not be available before the injection is given but must be available before the following injection. The patient should be asked about the presence of rash or mouth ulcers before each injection.

Actions to be taken: Gold should be **WITHHELD** if any of the following occur. Please repeat monitoring bloods in 1 week and if still low/high then discuss with the rheumatology team. Falling trends may also prompt discussion.

- Neutrophils <math><1.5 \times 10^9/L</math>
- Eosinophils >math>>0.5 \times 10^9/L</math> (caution and increased vigilance required)
- Platelets <math><100 \times 10^9/L</math>
- ALT >twice upper limit of reference range
- 2+ proteinuria Check MSU: if infection present, treat. If sterile and 2+ proteinuria persists withhold and discuss
- Rash or oral ulceration: stop drug and treat with 1% hydrocortisone and/or anti-histamines if needed
- Severe sore throat, abnormal bruising: immediate FBC and withhold until the result of FBC is available.

Rheumatology Departments' contact details

Trust / Hospital	Contact	Telephone / Fax	On call service	Availability
University Hospitals Bristol Foundation Trust, Bristol Royal Infirmary	Rheumatology Telephone Advice Line	T: 0117 3424881 F: 0117 3423841	Registrar pager: 07623972925	Mon – Thu 9am to 5pm Fri 9am to 1pm
North Bristol Trust, Southmead Hospital	Consultant secretary as per clinic letter OR Rheumatology Telephone Advice Line	T: 0117 4140600 F: 0117 4140570 For clinicians only T: 07894800989	T: 07894800989 Sat/Sun 9am- noon (GP service for existing NBT rheum patients only)	Mon – Fri 9am to 5pm
Weston Area Health Trust, Weston General Hospital	Rheumatology Telephone Advice Line	T:01934 881075 F: 01934 647025	01934 636363 Bleep 279	Mon – Fri 9am to 5pm