BNSSG Joint Formulary DMARD Monitoring Advice Guidance

SULFASALAZINE for use in rheumatic diseases

Background
This sheet provides guidance on monitoring of sulfasalazine in primary care. These recommendations have been primarily 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
A typical dose regimen is 500mg daily, increasing by 500mg each week to a maintenance dose of 2-3g daily, usually taken in two divided doses. This should be continued as long as clinically indicated unless there is a serious side effect or the drug becomes ineffective.

Cautions and special recommendations
Cautions

- Clinically significant renal impairment: may cause significant crystalluria and must ensure high fluid intake (eGFR 10-50: dose as in normal renal function but use with caution; eGFR <10: start at very low dose and monitor).
- Glucose-6-phosphate dehydrogenase deficiency: may cause haemolysis
- Pregnancy and breastfeeding: analysis of risks and benefits to the mother should be undertaken. Sulfasalazine is generally considered to be safe to use in pregnancy but doses should not exceed 2g/day. Folic acid should be prescribed during conception and pregnancy.
- Can be prescribed to men of childbearing age but may cause transient reversible oligospermia.

Contra-indications

- Hypersensitivity to sulphonamides/co-trimoxazole or aspirin

Side-effects
Serious side effects are rare and usually occur within the first six months. This includes bone marrow suppression and allergic hepatitis. Headache, nausea, diarrhoea, rash and dyspepsia may occur early. Urine may become dark orange, as may tears with consequent staining of contact lenses.

Drug interactions
Co-prescription of azathioprine may contribute to bone marrow toxicity. Sulfasalazine may reduce the absorption of digoxin.

Monitoring
Pre-treatment assessment: FBC, renal function, LFT's. This will be done by the rheumatology department.

Monitoring: FBC and LFT's monthly for the first 3 months and 3-monthly thereafter. If patient is stable after 1 year of treatment, monitoring may be reduced to 6-monthly. Blood tests should be checked one month after any dose increase.

Actions to be taken: Sulfasalazine 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 <1.5 $x10^9$/L
- Platelets <100 $x10^9$/L
- ALT >twice upper limit of reference range
- Rash or oral ulceration
- 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	T: 0117 4140600 F: 0117 4140570 For clinicians only	T: 07894800989 Sat/Sun 9am-noon (GP service for existing NBT	**Mon – Fri 9am to 5pm**

February 2015 Dr Matthew Roy on behalf of Bristol & Weston rheumatology consultants

	Telephone Advice Line	T: 07894800989	rheum patients only)	
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**