

Abnormal results and what to do

Abnormal Blood Count

- WCC** < $3.5 \times 10^9/l$ or **neutrophil** count < $1.6 \times 10^9/l$ - stop drug. Inform rheumatology. If the patient is febrile or has other evidence of infection, hospital admission for supportive treatment may be necessary
- MCV** > 105 fl, check B12 and folate and treat if low. Sulfasalazine need not be discontinued
- Platelet count** < $140 \times 10^9/l$ stop drug and inform rheumatologist. Bleeding or bruising may require hospitalisation for supportive treatment if severe
- Rapid falls or persistent downward trends in any of these measures, even if still within the normal range, may require dosage reduction

Abnormal LFT's

- ALT** and alkaline phosphatase within 2 times the upper limit of the normal are acceptable. However, rapid rises in these enzymes, should be discussed

CKD

- Sulfasalazine is not nephrotoxic. But caution is recommended for CKD stage IV and V (eGFR <30) and should be discussed with rheumatology – however it may be considered a safer option than other DMARDs

Pregnancy, fertility and sulfasalazine

Sulfasalazine may cause a reduction in both sperm count and sperm motility. This is reversible on stopping the drug, but may take up to 12 months to return to normal.

However, this does not mean that sulfasalazine should be considered as a form of contraception for those who do not wish to conceive. Men taking sulfasalazine should still use a reliable form of contraception if pregnancy is not desired

For women trying to conceive folate supplements should be given and continued during pregnancy, but sulfasalazine is an acceptable therapy in women planning conception and does not need to be discontinued.

Other adverse drug reactions

- Headache/nausea/dizziness** – are common particularly early in treatment. If the drug is suspected of causing these symptoms during the initial treatment phase, a reduction to the previous dose for a further week, and then increasing again may alleviate the problem. If it does not, or if the symptoms are severe the drug may have to be discontinued.
- Rashes** –If sulfasalazine is suspected as the cause of a rash, the drug should be withheld. In early therapy consider also check urgently FBC and LFTs
- Abnormal bruising/Severe sore throat/ Mouth ulceration** – withhold drug. Check FBC urgently

Contacting the rheumatologist (GPs and treatment room nurses)

Emergency problems – contact the rheumatologist via the above numbers. If this fails advice may be sought from the on-call physician. When in doubt stop the drug at least temporarily Less urgent problems may be dealt with by:

- Writing or e-mail (using the rheumatology advice inbox) providing CHI number and clinical details
- Rheumatology telephone clinic for GPs Tuesday mornings 11-12.30—01896 826665

Borders Rheumatology Service
Borders General Hospital MELROSE
TD6 9BS

Tel:

01896 826665 (office)

01896 826666 (nurse helpline) E-mail:
rheumatology@borders.scot.nhs.uk

RheumatologyAdvice@borders.scot.nhs.uk
(for health care professionals only)

Prescribing and Monitoring Guidelines

Sulfasalazine

Shared Care Guidance for General Practitioners and Practice Nurses

November
2017

(review November 21)

Patient's name

Address