This information is provided as a guide – it does not HЬ WCC Neutro- Platelets ALT Alk replace manuals such as the BNF or drug data sheets. In Message to Date Dose ESR Date of case of any uncertainty, such sources should always be Phos phils next test patient consulted Dosing Tolerance is improved if Sulfasalazine EN is used and the dose is gradually escalated □□ Maximum dose is 40mg/kg/day The initial dose should be 500 mg/day Dose escalation is usually at the rate of 500 mg/day each week to target dose or maxi- mum tolerated. Total daily dose is usually split across 2 doses **Pre-treatment assessment** U Weight, FBC, ESR, U &E's and LFT's □ Blood borne virus screening Zoster antibody status (if positive no specific precautions required if the patient is exposed to somebody with chickenpox or shingles) Monitoring □□Baseline FBC, ESR, eGFR & LFT's EFBC, ESR & LFT's every 2 weeks after initiation of therapy or after any dosage increase until dose stable for 6 weeks EFBC, ESR & LFT's 3 monthly for the remainder of 1st 12 months of therapy, provided they have been stable, monitoring can then be discontinued Vaccinations □ Any necessary vaccinations can be offered to people taking sulfasalazine (though do check that they are not also taking other antirheumatic agents) Surgerv □ Sulfasalazine does not need to be stopped for planned or emergency surgery

Abnormal results and what to do

Abnormal Blood Count

 $\Box \Box WCC < 3.5 \text{ x}10^{9}/1 \text{ or neutrophil count}$

 $< 1.6 \ge 10^{9}$ /l - stop drug. Inform rheumatology. If the patient is febrile or has other evidence of infection, hospital admission for supportive treatment may be necessary

 \square MCV > 105 fl, check B12 and folate and treat if low. Suflasalazine need not be discontinued

□□Platelet count <140 x 10⁹/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 cotinued 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:

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