

Department of Rheumatology

Sulfasalazine

Oxford and Berkshire Regional Rheumatology Guidelines

To be read in conjunction with the shared care agreement between Oxfordshire and Berkshire Primary Care Trusts and the Rheumatology Department

Background for use.

Sulfasalazine is a disease modifying anti rheumatic drug of proven benefit in the treatment of rheumatoid arthritis and associated inflammatory conditions. Sulfasalazine should only be initiated on the recommendation of a rheumatologist

Dosage

The dose of Sulfasalazine should be increased slowly

WEEK 1: 500mg each morning

WEEK 2: 500mg morning and evening

WEEK 3: 1 gram each morning and 500 mg each evening

WEEK 4: 1 gram morning and evening.

Thereafter continue with 1 gram b.d.

Occasionally doses up to 3g/day may be prescribed

Tablets should be taken with or after food, and swallowed whole with a full glass of water.

It may take up to 3 months before any therapeutic benefit is seen with Sulfasalazine.

Pre treatment assessment

FBC, U & E's, LFT's, ESR, and CRP.

Sulfasalazine should not be prescribed for male patients who are planning a family in the near future, due to oligospermia.

Monitoring

- FBC, U&E's, LFT's, ESR and CRP monthly for the first three months, then 3 monthly.
- If after 12 months the dose and blood results remain stable, frequency of blood tests can reduce to every 6 months.
- Patients should be asked about the presence of a rash or oral ulceration at each visit, and a FBC should be checked in the presence of any unexplained fever.
- Following dose changes repeat FBC, LFTs 1 month after dose increase.

Please note that in addition to absolute values for haematological indices a rapid fall or consistent downward trend in any value should prompt caution and extra vigilance.

Side Effect	Actions
WBC < 3.5 X 10 ⁹ /l Neutrophils < 2.0 X 10 ⁹ /l	Withhold, and repeat WBC. If normal continue treatment if abnormal discuss with specialist team..
Platelets < 150 X10 ⁹ /l	Withhold, and repeat count, (Occasionally clumped platelets may give a falsely low result) If normal continue treatment if abnormal discuss with specialist team.
Liver function > 2.0 fold rise in AST/ALT from upper limit of reference range.	Withhold and look for alternative causes. Repeat LFT's. If normal continue treatment if abnormal discuss with specialist team.
MCV >105fl	Investigate and if B12, folate or TFT abnormal start appropriate supplementation.
Acute widespread skin rash	Withhold and seek urgent (preferable dermatological) advice
Oral ulceration	Withhold Sulfasalazine, investigate alternative cause. If settles promptly re-challenge with a lower dose. If symptoms recur contact specialist team.
Nausea, vomiting, dizziness headache	Often transient. If possible continue with use of anti -emetic or reduce dose by 500mg
Diarrhoea	Reduce dose by 500mg. If persistent, consult specialist team..
Bruising and Sore throat	Withhold Sulfasalazine until FBC result available.

Note:

- Sulfasalazine can be withheld for several days without inducing a flare.
- Patients can have vaccinations while on Sulfasalazine.
- NSAIDs may be continued

Contraindications and Precautions

Hypersensitivity to sulphonamides/cotrimoxazole/aspirin:	Contraindicated
G6PD deficiency and porphyria	May cause haemolysis
Moderate renal impairment	May cause significant crystaluria. Ensure high fluid intake. Avoid use in severe renal failure

Chicken pox /Shingles	Patients suffering from chickenpox or active skin lesions in shingles withhold sulfasalazine and inform rheumatologist Exposure to chickenpox or shingles passive immunization should be carried out using VZIG
Oligospermia	This is transient and reversible on stopping the drug.
Pregnancy and breast feeding	If Sulfasalazine is to be prescribed during pregnancy an analysis of the risks and benefits to the mother should be undertaken, against the possible small risk related to the unborn child. Doses should not exceed 2g/day. Folic acid supplementation is required whilst trying to conceive and during pregnancy. Small amounts may be excreted in breast milk, not thought to be a risk to a healthy infant.
Yellow discolouration of urine	Reassure patient

Notable Drug Interactions (refer to BNF and SPC)

- Cardiac glycosides: Possibly reduces the absorption of digoxin
- Folic Acid: Sulfasalazine may impair folate absorption
- Azathioprine: May contribute to bone marrow toxicity

Contact telephone Numbers

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