

## Department of Rheumatology

### **Gold for inflammatory arthritis** **Oxford and Berkshire Regional Rheumatology Guidelines**

**To be read in conjunction with the shared care agreement between Oxfordshire Primary Care Trusts and the Rheumatology Departments.**

#### **Background for use**

Gold is a disease modifying anti-rheumatic drug used in the treatment of rheumatoid arthritis. Gold should only be initiated on the recommendation of a rheumatologist.

#### **Dosage**

- Gold is given by deep intra-muscular injection.
- Due to the risk of anaphylaxis, patients should be observed for 30 minutes post injection.
- Test dose of 10mg is given, 4 days later check Hb, WCC, Platelets, and urine for proteinuria.
- If no adverse reaction give 50 mg IM weekly until significant response or a total of 1 g has been administered. If there is no response after 1 g has been given, treatment should be reviewed.
- In patients who do respond, the frequency of injections can be reduced to 50 mg fortnightly or monthly.

Benefit is not usually seen for 3-6 months. Gold can be given for several years to maintain benefit.

#### **Pre treatment assessment by Rheumatologist**

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

#### **Monitoring**

- Pre injection, check urinalysis for blood and protein
- At the time of each injection check FBC, including total and differential white cell and platelet count.
- It is permissible to work one FBC in arrears
- CRP, ESR and U&E's at least 3 monthly
- Patients should be asked about the presence of rash or oral ulceration before each injection.

We request that the practice record blood results in the shared care card issued to the patient. Patients are encouraged to take responsibility for arranging blood tests with the practice.

### Side Effects and suggested action to be taken

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.

WBC < 4.0 X 10 <sup>9</sup> /l	Withhold until discussed with rheumatologist
Neutrophils < 2 X 10 <sup>9</sup> /l	Withhold until discussed with rheumatologist
Platelets < 150 X 10 <sup>9</sup> /l	Withhold until discussed with rheumatologist
1+ proteinuria on > 1 occasion	If urinary infection is excluded, proceed to check 24 hour urinary protein, if greater than 0.5 gram discontinue and discuss with rheumatologist.
2+ proteinurea	Withhold until discussed with rheumatologist
Rash or oral ulceration	If mild rash or mouth ulcers, omit injections until cleared and restart at lower dose. If severe, withhold until discussed with rheumatologist
Haemorrhagic symptoms or sore throat	Withhold until FBC result available

**Note: One dose can be withheld without risk of inducing a flare**

### Rare side effects

Hepatic Toxicity with cholestatic jaundice	Pulmonary fibrosis
Nephrotic syndrome / membranous nephropathy	Alopecia
Diarrhoea	

### Contra Indications and Precautions

Established renal or hepatic disease, history of blood disorders, or bone marrow aplasia, exfoliative dermatitis, systemic lupus erythematosus, colitis, pregnancy and lactation.

### Drug Interactions

- Increased risk of toxicity with other nephrotoxic and myelosuppressive drugs.
- NSAIDs should be continued
- Pnuemovax and annual flu vaccinations are recommended

**Contact Telephone Numbers**

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