Northern Lincolnshire and Goole NHS
NHS Foundation Trust

Prescribing Framework for Sulfasalazine in Rheumatic Diseases

Patient's Name:…… Unit Number: ……

Patient's Address:……(Use addressograph sticker)

GP's Name:……..

Communication

We agree to treat this patient within this Prescribing Framework. Consultant's Signature:…….. GP's Signature:…….

If the General Practitioner is unable to accept prescribing responsibility for the above patient the consultant should be informed within one week of receipt of this framework and consultant's / nurse specialist's letter. In such cases the GP are requested to update the consultant, by letter, of any relevant changes in the patient's medication / medical condition.

APPROVAL PROCESS

Written by:	**Dr Tim Gillott, Consultant Rheumatologist**
Reference:	**Yorkshire Monitoring Guidelines 2014**
Approved by:	**Northern Lincolnshire and Goole Medicines and Therapeutics Committee**
Ratified by:	**Northern Lincolnshire Area Prescribing Committee**
Review Date:	**May 2021**

Background

DMARDs are fundamental to arresting the disease process in Rheumatoid Arthritis and other inflammatory arthritides. While early initiation of therapy is essential to arrest the disease process, sustained use is vital if disease suppression is to be maintained. Prolonged therapy requires long-term monitoring for toxicity and safety profile

Sulfasalazine is a DMARD that may be used for rheumatoid arthritis (NICE Clinical Guideline 79, www.nice.org.uk/cg79) and other rheumatic diseases.

These guidelines aim to provide a framework for the prescribing of sulfasalazine by GPs and to set out the associated responsibilities of GPs and hospital specialists who enter into the shared care arrangements.

SULFASALAZINE	
Dose:	Indications include - Rheumatoid arthritis, psoriatic arthritis and inflammatory bowel disease. Gradual dose titration to avoid gastric intolerance (enteric coated prep suggested): 500mg twice daily week 1, 1g twice a day thereafter (if gastric intolerance consider 500mg four times a day). A more gradual titration may be required for individual patients. If indicated the dose may be increased to 1.5g twice a day (max 40mg/kg/day).
Baseline tests:	FBC LFTs U&E Serum folate
Routine monitoring:	FBC, U&Es and LFT: 2 weekly for 2 months (0-2 months), monthly for 4 months (2-6 months) then 3 monthly. Monitoring may be discontinued after 2 years on direct consultant guidance. Patients could be guided to have a blood test (e.g. for CRP) just prior to their secondary care appointment.
Indications for Stopping Therapy:	The patient should be counselled to report immediately with any sore throat, fever, malaise, pallor, purpura, jaundice or unexpected non-specific illness during sulfasalazine treatment (interrupt therapy and perform a blood test). Stop medication and contact local rheumatology service if: • WCC <3.5 $10^{9/}$L or below local normal range • Neutrophils < 2.0 $10^{9/}$L or below local normal range • Platelets <150 $10^{9/}$L or below local normal range • Proteinuria/Blood >1+
Assessment of response:	At 3-6 months
Additional information:	• Contra-indicated in patient with hypersensitivity to sulphonamides or salicylates. • Contra-indicated in Porphyria • Avoid in hepatic and/or renal impairment and/or pre-existing blood dycrasias unless benefit outweighs risk. • Risk of folic acid deficiency

	• Oligospermia and infertility may occur in men treated with sulfasalazine (reversal within 2 to 3 months of stopping). • Risk of crystalluria – maintain adequate fluid intake. Important drug reactions: •azathioprine/mercaptopurine – increased bone marrow suppression •digoxin (decreased absorption) •Hypoglycaemic agents – increased hypoglycaemia
Pregnancy & Breastfeeding:	Where deemed appropriate continue in pregnancy, but combine with folic acid 5mg od. Considered safe when breast feeding.
Please refer to licensed datasheet for more comprehensive prescribing information: http://www.medicines.org.uk/EMC/medicine/10722/SPC/Salazopyrin+En-Tabs/	

Information to patient

Patients should be informed about benefits and risks of treatment and need for monitoring.

Patients should be told to go to their GP immediately if they experience any fever, rash, bruising, bleeding, sore throat, oral ulceration, jaundice or infection.

Patients should also be told that orange / yellow discolouration of urine and permanent staining of extended ware contact lenses may occur. (daily-wear soft contact lenses and gas permeable lenses respond to standard cleaning).

Patients will be given a DMARD alert card which records the name of the medicines started and dose.

Responsibilities of clinicians involved

Stage of Treatment	Hospital Specialist	General Practitioner
Initiation	Assess the patient following referral by GP Recommend appropriate treatment to the GP Carry out baseline full blood count, differential WCC, platelets, U&Es and LFTs Give patient DMARD alert card. Prescribe first month of treatment	
Maintenance	Assess clinical response to treatment Provide adequate advice and support for the GP. Provide information to GP on frequency of monitoring if doses are changed Update DMARD alert card where relevant.	Prescribe on FP10 Monitor for adverse effects, refer to consultant where necessary. Blood tests for monitoring as above Patients should be asked about the presence of rash or oral ulceration at each visit. Fill DMARD alert card where relevant.

Contact Details:

Rheumatology Specialist Nurses: 03033 304849