

Sulphasalazine

Information sheet for GPs

Sulphasalazine is of proven benefit as a disease modifying agent in the treatment of rheumatoid arthritis. Clinical improvement is normally seen within 3 months after starting treatment. NSAID and simple analgesics should be continued but the doses can be reduced once sulphasalazine therapy is established.

Dose Regimen

- Enteric coated tablets only
- 500 mg per day increasing by 500 mg per day each week to a usual maintenance dose of 2 grams per day in divided doses.

Monitoring

- Baseline FBC, LFT and U&E
- FBC and LFTs fortnightly for first 12 weeks, then 12 weekly thereafter.
- If during the first year of treatment blood results have been stable 6 monthly tests will suffice for the second year and, thereafter, monitoring of blood for toxicity could be discarded.
- Ask patient about rash or oral ulceration at each visit
- Enter results in patient held record when shared care in place.

Side Effects

- orange tears and urine
- nausea

- abnormal bruising/sore throat
- rash/oral ulceration
- macrocytosis
- WBC $<4.0 \times 10^9/l$
- neutrophils $<2.0 \times 10^9/l$
- platelets $<150 \times 10^9/l$
- 2-fold rise in AST, ALT, or ALP

Action

check for soft contact lens use

1. continue if possible.
2. slower increase in dose(new patients)
3. prochlorperazine if persists
4. reduce maintenance dose
5. If symptoms severe and persist- stop
withhold until FBC available
withhold and d/w rheumatologist
check B12 and folate, treat accordingly if low
withhold and d/w rheumatologist
withhold and d/w rheumatologist
withhold and d/w rheumatologist
withhold and d/w rheumatologist

Ask about side effects at every consultation

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

Pregnancy and Breast feeding

- This drug should be used with caution in pregnancy and lactation. Discuss with rheumatologist.
- NOTE: In males sulphasalazine can cause a reversible reduction in sperm count. Pregnancy may still occur despite sulphasalazine and contraception is needed.

References

SPC (Salazopyrin EN-tabs, Pharmacia), October 1997
BSR Guidelines, July 2000
BNF 41, March 2001

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Please consult the manufacturers Data Sheet or Summary of Product Characteristics for further information.

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