

## SULPHASALAZINE SHARED CARE PROTOCOL

Your patient has now been on Sulphasalazine for at least 3 months, at a dose detailed in the most recent clinic letter, and has received blood test monitoring from the Rheumatology department which is stable. We would now be grateful if your practice would take over the responsibility for:

- Prescribing the Sulphasalazine
- Performing the blood tests and monitoring the results (if your practice is signed up to shared care LES)

We would be grateful if you would fax / post back the attached sheet to indicate acceptance of the shared care agreement.

If patients fail to attend for their monitoring, we would recommend contacting them to arrange one further monitoring appointment but thereafter to stop prescribing their treatment until the monitoring requirements have been met.

The patient carries a hand held monitoring book, which has been kept up to date by the Rheumatology department, and/or GP prescriber, and contains patient information.

### Important Information:

- Repeat prescriptions should be retained separately (i.e. highlighted as different to all other repeat prescriptions), so the GP prescriber can ensure monitoring has been undertaken prior to signing and issuing to patient
- Sulphasalazine is safe in pregnancy and when breastfeeding but may cause reversible oligospermia in men.
- If used in pregnancy, daily Folic acid is advised.
- Sulphasalazine may cause nausea or diarrhea in which case changing to four times daily dosing may help
- Side effects include: Headaches, dizziness, skin rash (if mild, it may respond to topical hydrocortisone and slow reintroduction to previous dose).
- Increased risk of side effects in ANA positive patients
- Sulphasalazine will cause yellow staining of bodily fluids (caution with contact lenses)
- Live vaccines should not be given
- Annual flu jab is advised recommended (to be given by GP practice)
- Avoid exposure to chickenpox and shingles. If infection develops it should be treated aggressively with antiviral medication and Rheumatology dept can be contacted for advice

Treatment is usually started at a dose of 500mg enteric coated once or twice daily after food. This is increased by 500mg each week, if tolerated, up to a dose of 1.0 or 1.5grams twice daily (optimum around 40mg/kg/day). Nausea, indigestion and headache are the most common problems. Dividing the doses into a four times daily regime may help.

**Monitoring schedule:**

- FBC/ U&E / LFT / CRP monthly (months 3-6 after starting)
- Then 3 monthly up to 12 months
- Then 6 monthly thereafter
- Results to be entered into hand held monitoring booklet

<b>IF</b>	WCC	< 3.5 x 10 <sup>9</sup> /l
	Neutrophils	< 1.8 x 10 <sup>9</sup> /l
	Platelets	< 150 x 10 <sup>9</sup> /l
	AST or ALT	> 100

**OR:** Severe sore throat / Oral Ulceration / Fever / Rash

**Stop medication** and contact local Rheumatology service.

If unsure or progressive abnormal trend in blood test results, despite within normal range, please contact by telephone/fax

If CRP elevated (>25) and patient symptomatic, inform Rheumatology department. If CRP suddenly elevated without significant change to joint symptoms assess patient for infection. Occasionally patients run a persistently high CRP without joint symptoms – this will usually be flagged up in clinic letters

**Department Contact details:**

**Fax:** 01709 424276  
**Telephone Helpline:** 01709 424739

**Consultants:**  
**Dr James Maxwell** 01709 424156  
**Dr Fiona Fawthrop** 01709 424275  
**Dr Gillian Smith** 01709 424169

**Nurse Specialists:**  
**Sister Sue Elsey + Sister Hayley Coop** – Bleep 079 via Switch

**Specialist Registrar:** available on bleep 101 via Switchboard

**Rheumatology Sulphasalazine Shared Care Monitoring Agreement for  
Transfer of Prescribing and Monitoring from Hospital to Primary Care**

**Patient:**

*Patient's addressograph*

**Consultant:** .....

**Name of General Practitioner:** Dr.....

**Name of GP Practice:** .....

Please initial each box as appropriate:

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I am in agreement that from ..... / ..... / 20 ..... the practice will  
take over the prescribing of Sulphasalazine for the above patient in  
accordance with the shared care guidelines which are attached.

☐

The practice is happy to take on the blood test monitoring according to  
the schedule above, and will ensure that this patient's Shared Care  
Monitoring booklet is updated soon after the results become available

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I also confirm that I will take appropriate action, in accordance with the  
above-mentioned Guidelines in the event of abnormal blood tests or  
other adverse reactions, and will inform the patient's Rheumatologist if  
I advise the patient to stop their DMARD medication.

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I am aware that all of the Consultant Rheumatologists are happy to be  
contacted about their patients via their secretaries if there are any  
concerns.

**GP Signature** ..... **Print Name** .....

**Date** .....

**Please FAX Once Complete to 01709 424276**