Shared Care Fact Sheet - Sulfasalazine

Rheumatology Sub-Stream

This document is available under "Resources" at https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient/rheumatology

Many patients with Rheumatoid Arthritis (RA) or Psoriatic Arthritis (PsA) are suitable for rheumatologist/GP **shared care** sulfasalazine (SSZ) management. MNHHS rheumatologists advocate this where appropriate (including for this patient if this document accompanies a clinic letter). Sharing care can improve specialist access and enhance patient compliance and satisfaction.

Please do the following for your patient:

- ☐ **Review vaccination status** – COVID, pneumococcal and yearly flu vaccinations recommended. Patients on LEF receiving a first flu vaccine should probably get 2 doses, 4 weeks apart. Biological & targeted synthetic DMARDs are a contraindication to live vaccines: Table of Vaccinations for Rheumatology Patients
- ☐ **Arrange a skin check if** not done within previous 6 months and ensure repeated annually
- ☐ **Ensure pathology tests are done** and action results appropriately - *see A:Pathology testing.*
- ☐ **Arrange clinical review** as appropriate and consider software reminders for regular tasks
- ☐ **Please contact the Rheumatology team if you have any concerns (Registrar via switch)**

A: Pathology testing

- Regular **FBC, E/LFT, ESR/CRP** are required with **results to GP and rheumatologist**
- Please review the patient in the context of the clinic letter to assess symptoms, possible side effects and to action abnormal results. If the protocol outlined below recommends a change in treatment please forward details to the rheumatology clinic
- Testing is required at baseline, every 2–4 weeks for the first 3 months, then every 8–12 weeks for 12 months after initiation
- When SSZ dose is stable for 12 months and no other relevant changes develop (e.g. impaired renal function) guidelines advise further testing is not required other than that needed for regular rheumatological review or other comorbid considerations
- If **co-prescribed methotrexate (MTX)** the interval should be a **minimum of every 3 months**
- Regular cardiovascular risk review, including lipids, is advisable for all patients with autoimmune disease

If your patient has elected to use Queensland Health pathology, they have been provided with a form. If your patient wishes to use a private pathology provider, their GP will need to issue pathology forms. The rheumatologist may have given them a form for their first test. Ensure your details are in the cc field.

Managing abnormal tests:

- **Liver function**
  - Liver dysfunction will occur within the first year of treatment if it is going to
  - If ALT/AST levels >2x upper limit of normal (ULN) but <3x ULN, SSZ dose should be reduced by 50% and tests repeated in 1 month. Once ALT/AST improved to <2x ULN any further SSZ increase must be monitored with monthly LFT until dose stable for 3 months
  - If ALT/AST >3x ULN, withhold SSZ and discuss with rheumatology registrar
  - Consider screening for other causes of LFT derangement if ALT/AST >3x ULN 4 weeks after discontinuation
- **Haematology**
  - Myelosuppression will occur within the first year of treatment if it is going to
  - If Hb drops 20 g/L below baseline, WBC <2 x 10^9/L, neutrophils <0.5 x 10^9/L or platelets <50 x 10^9/L withhold SSZ and discuss with rheumatology registrar
  - If less severe abnormalities reduce SSZ dose by 50% and repeat tests in 2 weeks

VO4 Effective: December 2024 Review: December 2027

B: Possible side effects

- Common (up to 1/3) side effects are loss of appetite, nausea, reflux, diarrhoea and abdominal pain; these can be minimised by gradually increasing from a low starting dose
- SSZ colours urine and sweat orange; this is normal and not a reaction to the medicine
- About 10% of people may develop a headache or slight dizziness
- Skin rashes and mouth ulcers occur in about 10% of people; these usually resolve quickly once the medicine is stopped. More severe skin reactions including Stevens-Johnson syndrome, toxic epidermal necrolysis, lichenoid reaction, cutaneous vasculitis, erythema multiforme are very rare
- A 'drug fever' can occur
- Rarer side effects include tinnitus, altered cognition, personality changes, depression and photosensitivity
- Lowered sperm count can occur with impaired fertility; this is reversible on stopping
- Myelosuppression and hepatotoxicity will occur in the first 12 months of use if they are going to
- Pneumonitis and neuropathy are uncommon

C: Links

The ARA website (rheumatology.org.au) has more information including COVID advice and vaccine information:
Medications: Rheumatology Medication Information
Pregnancy: Rheumatology Medications for Autoimmune Rheumatic Diseases in Pregnancy
Vaccines: Table of Vaccinations for Rheumatology Patients

HealthPathways is a valuable GP decision-support tool which includes sections on all major rheumatology conditions:
HealthPathways Brisbane North (communityhealthpathways.org) Username: Brisbane Password: North

Further Information

SSZ and interactions:
- SSZ may reduce metabolism of warfarin, increasing INR
- SSZ may interfere with digoxin and isoniazid
- No significant interactions between SSZ and oral contraceptives have been found

SSZ and infections:
- Patients can usually continue SSZ while being treated with oral antibiotics

SSZ can be taken with other medications including:
- Other DMARDs including MTX, LEF, biological and targeted synthetic DMARDs
- Steroids such as prednisolone
- NSAIDs / low dose aspirin / paracetamol

SSZ and alcohol:
- It is not known precisely what level of drinking is safe when on SSZ
- Maximum intake should remain within NHMRC alcohol consumption guidelines
- Drinking >4 std. drinks on one occasion, even infrequently, is strongly discouraged

SSZ and pregnancy:
- SSZ is pregnancy-compatible but should have 5 mg of folic acid co-prescribed as it is a folic acid antagonist

Dose titration will be directed by the rheumatologist:
- SSZ tablets are available in 500mg strength
- Please review the number of repeats you provide to ensure the recommended monitoring is adhered to
- Standard dose is 2000-3000mg/day
- SSZ is a slow acting DMARD; response is assessed after 3 months on 2000 mg/day with the option of increasing to 3000mg/day
- SSZ can be taken once, twice or three times a day