CUH
Ospidéal Ollscoile Chorcaí
Cork University Hospital

Department of Rheumatology

Sulphasalazine (Salazopyrin)
GP Information Sheet

Sulphasalazine (Salazopyrin)
Sulphasalazine is prescribed for Rheumatoid arthritis, Psoriatic arthritis, and peripheral spondyloarthritis. May be prescribed for the treatment of ankylosing spondylitis.

Administration
The tablets should be taken with or after food, but not two hours before or after antacids or iron tablets, as they interfere with DMARD absorption.

A typical dose regime may be:
500mg twice daily increasing to 2-3g/day in divided doses.

Time to response
Approx 3 months

Precautions and Contraindications
Sulphasalazine is contraindicated in patients with known hypersensitivity to sulphonamides or salicylates. Use with caution in renal impairment and patients with glucose 6 phosphate dehydrogenase deficiency.

Drug Interactions
Sulphasalazine may reduce the absorption of Digoxin. If taken with Azathioprine there may be an increased risk of Leucopenia. If taken with Methotrexate, there may be an increase in induced bone marrow suppression.
Sulphasalazine may impair folate absorption and can interfere with the absorption of Warfarin and Cyclosporine.

Monitoring
FBC and LFTs monthly for 3 months, then every 3 months thereafter and as clinically indicated. After the first year of treatment, if the blood results have been stable, 6-monthly tests will suffice. Patient should be asked about the presence of rash or oral ulceration at each visit.

Actions to be taken

Neutrophils <2* 10^9/1	Hold until discussed with Rheumatologist
Platlets <150* 10^9/1	
WBC < 3.5* 10^9/1	
Abnormal bruising or sore throat	Hold until FBC result available
Significant deterioration in renal function	Reduce dose and discuss with Rheumatologist
>2 but <3 fold rise in AST, ALT or ALK Phos from upper limit of reference range	Reduce dose and repeat LFTs
>3 fold rise in AST or ALT from upper limit of reference range	Hold sulphasalazine and repeat LFTs within 2-4 weeks

2-3 fold fall in albumin. Rash or oral ulceration.	Discuss with Rheumatologist.
MCV >105fl	Investigate and if serum B12 or folate low- start appropriate supplementation.
Nausea/ Dizziness/ Headache	If possible continue but may have to reduce dose or stop if symptoms are severe.

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

Side Effects

Haematological:

Neutropenia, thrombocytopenia and rarely haemolytic or aplastic anaemias. Agranulocytosis, leukopenia, methemoglobinemia.

Mucocutaneous:

Photosensitisation, erythematosus pruritic, especially early in treatment; desensitisation kits are available from the manufacturer.

Rarely exfoliative dermatitis, epidermal necrolysis, parapsoriasis, varioliformis acuta and Stevens-Johnson syndrome can occur.

Gastro-intestinal:

Mild nausea is common early on, but severe nausea and vomiting may preclude drug's use. Patients may also experience diarrhoea, abdominal pain, loss of appetite, exacerbation of colitis, stomatitis or pancreatitis.

Hepatic:

Allergic hepatitis can cause liver dysfunction early on when dosage is being increased. More rarely hepatocellular necrosis can occur causing cholestatic jaundice, cirrhosis, elevated LFT's Kawasaki-like syndrome, possible liver necrosis and failure.

Other:

Mild headaches with nausea early on, usually settle within a few days. More severe headaches may preclude use. Patients need to be warned about characteristic orange-yellow discolouration of urine, which may stain undergarments and permanently stain extended-wear soft contact lenses (daily-wear soft contact lenses and gas-permeable lenses respond to standard cleaning). Less frequent side effects include lupus like syndrome, taste disorders, tinnitus, cough, pruritus, rash and urticaria, myocarditis, pericarditis, eosinophilia, fibrosing alveolitis, peripheral neuropathy, interstitial nephritis, nephrotic syndrome, malaise, arthralgia, alopecia, pleurisy, polyarteritis nodosa pneumonitis and rhabdomyolysis.

Long-term clinical usage and experimental studies have failed to show any teratogenic hazards so drug use can continue in pregnancy. Temporary oligospermia can also occur in men. Please consult up to date relevant literature (data sheets) or (BNF) when prescribing this agent. Please contact Rheumatology team if you have any other queries regarding the prescribed medication.

Contact Details

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