

## 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 Gastroenterology department which is stable. We would now be grateful if your practice would take over the responsibility for:

- Prescribing 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 Gastroenterology 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 Gastroenterology department 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 Gastroenterology 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 Gastroenterology department. If CRP suddenly elevated without significant change to bowel symptoms assess patient for infection.

**Department Contact details:**

The Rotherham   
NHS Foundation Trust

**Fax:** 01709 427635  
**Telephone Helpline (IBD Nurses):** 01709 424580

**Consultants:**  
**Dr Mohamed Yousif** 01709 427854  
**Dr Barbara Hoeroldt** 01709 427346

**Nurse Specialists:** 01709 424580

**Specialist Registrar:** available on dectphone/bleep via Switchboard

**Gastroenterology 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:

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

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 Gastroenterologist if I advise the patient to stop their Sulphasalazine.

I am aware that all of the Consultant Gastroenterologists 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 427635**