

## SHARED CARE

**Drug: SULFASALAZINE**

**Protocol number CV 41**

**Indication: INFLAMMATORY BOWEL DISEASE (CROHN'S AND ULCERATIVE COLITIS)**

### General guidance

This protocol sets out details for the shared care of patients taking **sulfasalazine** and should be read in conjunction with the General Guidelines for Shared Care. Sharing of care requires communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. **The doctor who prescribes the medication legally assumes responsibility for the drug and the consequences of its use.** The prescriber has a duty to keep themselves informed about the medicines they prescribe, their appropriateness, effectiveness and cost. They should also keep up to date with the relevant guidance on the use of the medicines and on the management of the patient's condition.

### Background

Sulfasalazine (Salazopyrin) is indicated for the treatment of active mild to moderate ulcerative colitis and Crohn's disease, and maintenance of remission. There are two preparations in use, Salazopyrin EN, (oval, film coated) and generic sulfasalazine (round, uncoated). The former is considered to have less GI side effects.

### Responsibilities

#### A. Consultant responsibilities

1. When treatment is **initiated** send Shared Care request form with Shared Care Protocol to GP.
2. Baseline and continued monitoring of biochemical parameters until patient is stabilised. (see page 2)
3. Initiate therapy according to dosage regimen following full discussion with the patient of benefits and risks and undertake monitoring of clinical response and side effects.
4. A patient information leaflet will be provided. The patient will be informed to contact their GP immediately if any of the following occur: worsening of diarrhoea, rash, mouth ulcers, bruises, itching, bleeding, fever, sore throat, jaundice or other infection.
5. When a GP positive response to SC has been received and patient has been stabilised send a letter to GP "handing over" the Shared Care of the patient to the GP.
6. Respond to any request from GP to review the patient due to adverse effects of therapy.
7. Advise the GP on continuing or stopping sulfasalazine therapy following medical review of the patient and associated drug therapy.

8. Notify GP if patient is failing to attend for appropriate monitoring and advise GP on appropriate action

### **B. General practitioner responsibilities**

1. Within one week of receipt return the completed Shared Care request form to indicate whether or not willing to undertake Shared Care.
2. Prescribe sulfasalazine as part of the shared care agreement.
3. Monitor the general health of the patient
4. Report adverse effects of therapy to the Consultant and the Medicines and Health Care products Regulatory Agency (MHRA).
5. To act on advice provided by the Consultant if patient does not attend for appropriate monitoring.

### **C. Patient responsibilities**

1. Consent to treatment with sulfasalazine.
2. Attend regular appointments with specialist centre and GP.
3. Report any side effects to the specialist or GP whilst taking sulfasalazine.

### **Dosage Regimen**

1g twice daily. In patients without response, dose can be increased to 1.5g bd. Side-effects (headache, nausea) are dose-dependent

### **Monitoring**

#### Before treatment

FBC, Creatinine and electrolytes, LFT's

#### During Treatment

FBC and LFTs: at 1 month and whenever clinically indicated

### **Urgent FBC if patient complains of intercurrent illness during initiation of treatment**

<b>Stop sulfasalazine and contact the relevant hospital if any of the following occurs: -</b>
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WBC	< $4 \times 10^9/L$ *
Neutrophils	< $1.5 \times 10^9/L$ *
Platelets	< $150 \times 10^9/L$ *
AST/ALT	> 2-fold rise (from upper limit of reference range)

treatment may be restarted at a lower dose when the count returns to normal.

\* 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.

## **Adverse effects**

**Mucocutaneous:** Skin rash and stomatitis - stop the drug. Desensitisation may be achieved if the drug is recommenced at a lower dose.

**Haematological:** Macrocytosis - secondary to folate deficiency. Neutropenia - generally within the first two months of treatment (usually unassociated with thrombocytopenia) - reversible on stopping drug (see above).

**Gastrointestinal:** Anorexia and nausea - common, mild nausea may be self limiting with time and should respond to a reduction in the dose and gradual increase. If severe may need to stop drug.

Hepatitis, and pancreatitis may occur - stop drug (see above)

Others: Headaches – (treat as with nausea), vertigo, depression, ataxia - may need to stop drug.

May discolour contact lenses.

## **Interactions**

No significant interactions

## **Special Recommendations**

Sulfasalazine can cause a fall in sperm count, and so can lead to a temporary decrease in male fertility, but this is reversible on stopping the drug

## **Contact Details**

If you suspect an adverse reaction has occurred please stop the drug and contact the IBD nurse specialists on 029 20746510 (UHW), 029 20716403 (Llandough)

**Date of review** January 2017