Sulfasalazine Shared Care Agreement

For treatment of rheumatoid arthritis / autoimmune rheumatic disease in adults

SECONDARY CARE SECTION TO BE COMPLETED BY INITIATING CLINICIAN

Patient's Name: _____ NHS Number: _____

Date of Birth: _____ Date Treatment Started: _____

Copy of information given to patient ☐

Copy of agreement to general practitioner ☐

Name of Initiating Nurse Specialist / Doctor:

Consultant:

Speciality: RHEUMATOLOGY

Email: trauma.ortho@nhs.net

PRIMARY CARE SECTION TO BE COMPLETED BY GENERAL PRACTITIONER

I agree*/don't agree* to enter into a shared care arrangement for the treatment of the above patient with this medicine (*delete as appropriate)

GP Name: _____

Signature: _____ Date: _____

Once signed please detach this sheet and Email to the number shown above.

BACK-UP ADVICE AND SUPPORT

Contact details	Telephone No.	Extension:	Fax or e-mail address
Consultant Rheumatologists: **Dr. Situnayake** **Dr Elamanchi** **Dr DePablo** **Dr Prabu** **Dr Tosounidou** **Dr Baskar** **Dr Chandatre** **Dr McGrath**	01922 721172	Ext. 7882 (secretary)	deva.situnayake@nhs.net srinivasa.elamanchi@nhs.net paola.de-pablo@nhs.net a.prabu@nhs.net stosounidou@nhs.net sangeetha.baskar@nhs.net priyankachandatre@nhs.net catherine.mcgrath@nhs.net

Rheumatology Nurse Specialists: Susan Ward Marcia Daley	01922 721172	Ext 7265 Bleep 8053	marciadaley@nhs.net susan.ward31@nhs.net
Hospital Pharmacy: Jiten Vyas	01922 721172	Ext 7534	

AREAS OF RESPONSIBILITY FOR THE SHARING OF CARE

This shared care agreement outlines ways in which the responsibilities for managing the prescribing of Sulfasalazine in rheumatic diseases can be shared between the specialist and general practitioner (GP). GPs are **invited** to participate. If the GP is not confident to undertake these roles, then he or she is under no obligation to do so. In such an event, the total clinical responsibility for the patient for the diagnosed condition remains with the specialist. **If a specialist asks the GP to prescribe this drug, the GP should reply to this request as soon as practicable.**

Sharing of care assumes communication between the specialist, GP and patient. The intention to share care should be explained to the patient by the doctor initiating treatment. It is important that patients are consulted about treatment and are in agreement with it. **The doctor who prescribes the medication legally assumes clinical responsibility for the drug and the consequences of its use.**

Aspects of Care for which the Hospital Specialist is Responsible:

- Perform baseline tests (FBC, U&E, LFT, ESR).
- Discuss the benefits and side effects of treatment with the patient.
- Initiate and stabilise treatment with Sulfasalazine for initial 3 month period.
- Provide results of baseline tests and recommend frequency of monitoring to GP.
- Ask the GP whether he or she is willing to participate in shared care.
- Periodically review the patient's condition and communicate promptly with the GP when treatment is changed.
- Advise the GP on when to adjust the dose, stop treatment, or consult with specialist.
- Report adverse events to the MHRA and GP.
- Ensure that clear backup arrangements exist for GPs to obtain advice and support.

Aspects of Care for which the General Practitioner is Responsible:

- Reply to the request for shared care as soon as practicable.
- Prescribe Sulfasalazine enteric coated tablets at the dose recommended and adjust the dose as advised by the specialist.
- Ensure compatibility with other concomitant medication.
- Monitor FBC, U+E's and LFTs, ESR at recommended frequencies, and refer if abnormal.
- Stop treatment on the advice of the specialist and prompt referral to specialist when clinical suspicion of adverse effects, loss of efficacy, worsening of disease related symptoms
- Report adverse events to the specialist and MHRA.

Aspects of Care for which the Patient is responsible:

- Report to the specialist or GP if he or she does not have a clear understanding of the treatment.

- Inform specialist or GP of other medication being taken, including over-the-counter products.
- Attend for hospital review appointments.
- Attend hospital or G.P surgeryfor blood tests.
- Report any adverse effects or symptoms to the GP or specialist (Rheumatology Helpline 01922 721172 ext 7265).

Dosage and Administration

- Sulfasalazine is given daily by mouth and is available as 500mg enteric coated tablets.
- A typical dose regimen is 500mg daily, increasing by 500mg each week to a maintenance dose of 2-3g daily, usually taken in two divided doses.

Monitoring

- Initial monitoring by Rheumatology team (3 months) – FBC, U+E's & LFT and ESR two weekly until on a stable dose for 6 weeks,
- Once on a stable dose, monthly bloods for 3 months. Thereafter blood test at least every 12 weeks.
- Sulfasalazine does not need routine monitoring once patients are stable for 12 months.
- Dose increases should be monitored by FBC,U+E's, LFT and ESR every 2 weeks until on a stable dose for 6 weeks then revert back to previous schedule.

GP responsible for: FBC, U+E's and LFTs monthly/3 monthly. Patient should be asked about the presence of rash or oral ulceration at each visit.

NB. No routine blood monitoring required once patient is stable for 12 months.

Action to be taken:

- **WBC <3.5x10^9/l** - withhold *until discussed* with Rheumatology team
- **Neutrophils <1.8x10^9/l** - withhold *until discussed* with Rheumatology team
- **Platelets <135x10^9/l** - withhold *until discussed* with Rheumatology team
- **>2-fold rise in ALT** (*from upper limit of reference range*) - withhold *until discussed* with Rheumatology team
- **Rash or oral ulceration** - withhold *until discussed* with Rheumatology team
- **Abnormal bruising or sore throat** - withhold until FBC result available

Please note: 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.

If the patient is unwell with abnormal results out-of-hours and the Rheumatology team is not available to discuss, STOP the drug and seek advice from the General Medical on-call team

Adverse effects, precautions and contraindications:

- Contraindications - Hypersensitivity to sulphonamides/co-trimoxazole or aspirin
- Common side effects: Headache, nausea, diarrhoea, rash and dyspepsia. Patients need to be warned about characteristic orange-yellow discolouration of urine and tears, which can stain soft contact lenses.

- Serious side effects are rare and usually occur within the first six months. This includes bone marrow suppression, allergic hepatitis and peripheral neuropathy,
- **Pregnancy/Conception/Breast-feeding** - There is evidence that sulfasalazine is safe during pregnancy and breast-feeding. Patients discovered or planning to become pregnant should be discussed with the specialist at the earliest opportunity, without discontinuing treatment. **Please continue the drug and discuss with the Specialist for advice as to whether discontinuation is needed.** Doses should not exceed 2g/day. Folic acid 5mg daily should be prescribed pre-conception and during pregnancy.
- Sulfasalazine can be prescribed to men of childbearing age but may cause transient reversible oligospermia.

Drug Interactions: (For a full list of interactions, please consult data sheets/SPC)

- Co-prescription of azathioprine may contribute to bone marrow toxicity.
- Sulfasalazine may reduce the absorption of digoxin.

References

Prescribing and monitoring of DMARDs for inflammatory arthritis. Arthritis Research Council, 2005 http://www.arthritisresearchuk.org/shop/products/publications/information-for-medical-professionals/hands-on/series-4/ho8.aspx

BSR and BHPR guideline for the prescription and monitoring of non-biologic disease-modifying anti-rheumatic drugs 2017

Summary of Product Characteristics (SPC) of Salazopyrin, April 2003.

British National Formulary 70th edition, March 2015

BNSSG Joint Formulary DMARD Monitoring Advice Guidance
http://www.bnssgformulary.nhs.uk/includes/documents/SSZ%20concise%20advice%20sheet%20Sept12.pdf