

Sulphasalazine

(Information from the Wellington Regional Rheumatology Unit, Hutt Hospital, Lower Hutt, New Zealand)

TREATMENT WITH SULPHASALAZINE

This form contains some information which will help you to understand the reasons for starting sulphasalazine for your arthritis, the way in which sulphasalazine works and how we will monitor the treatment so that it is safe. It will probably not answer all of your questions, but should be a helpful starting point. Treatment with sulphasalazine is effective in several types of arthritis, particularly rheumatoid arthritis.

WHAT IS SULPHASALAZINE?

Sulphasalazine is a combination of an aspirin-like component and a sulpha-type drug. If you have had problems in the past with sulpha drugs such as antibiotics please mention this to your specialist.

WHAT DOES SULPHASALAZINE DO?

The precise reasons why sulphasalazine is effective in various forms of arthritis is not clearly understood. However, when treatment is successful, pain, joint swelling and stiffness will be reduced and this may slow down or stop the development of joint damage. It is not a pain killer.

HOW IS SULPHASALAZINE GIVEN?

Sulphasalazine is given in the form of a tablet which is taken twice a day. To avoid causing an upset stomach, the tablets should be taken with food. There are two different formulations of sulphasalazine, of which the "enteric-coated" form is usually used (Salazopyrin ENTM). The tablets will be started slowly, beginning with one 500 milligram tablet a day, increasing by one tablet every 5 to 7 days as long as the tablets are well tolerated. The usual maintenance dose is 4 tablets (2000 milligrams) per day.

WILL MY ARTHRITIS GET BETTER?

Between 50-60% of patients treated with sulphasalazine respond well to treatment. There is no maximum total dose and if your arthritis is well controlled by sulphasalazine you may be able to take it indefinitely.

HOW LONG WILL IT TAKE TO WORK?

Usually it takes between 8 to 12 weeks before you will notice any improvement in your arthritis. This doesn't mean that sulphasalazine won't work so do not get discouraged! Sometimes you will be given other medications when you start sulphasalazine so that you will improve more quickly.

ARE THERE ANY SIDE EFFECTS?

As with all medications, there is a potential for side effects to occur. Mostly, these are not serious and often we may not need to stop the treatment. If serious problems occur, we will stop the treatment. If you develop any of the following problems, you should inform your GP straight away.

The most common side effect is nausea but often this can be controlled by a reduction in dose. Sometimes other medications may be needed. Occasionally mouth ulcers, a sore mouth or loose bowel motions may occur. Certain patients may develop a headache or slight dizziness but reducing the dose a little may bring things under control.

A rash may develop which may be itchy, but usually resolves quite quickly once the drug is stopped. Sulphasalazine can in rare cases cause a drop in the numbers of white blood cells which are needed to fight infection. Because we monitor the blood count very closely, it is unusual for this to be serious. Sulphasalazine can decrease the numbers of cells which help to stop bleeding (called platelets), but again it is rare for this to actually cause problems. If however you develop a sore mouth, mouth ulcers, easy bruising, nosebleeds or bleeding gums, your doctor needs to know about this straight away.

The other potential problem is that sulphasalazine can cause a type of hepatitis (liver inflammation). This is most commonly minor and does not cause symptoms. Most often we find that some of the blood tests which reflect liver function may become a little abnormal but these soon return to normal if the treatment is stopped.

Sulphasalazine always causes some orange discolouration of the urine and your perspiration may be a little orange-tinged. This will generally wash out of clothes, but will damage some nylon fabrics. Contact lenses, particularly extended-wear soft lenses may be permanently stained.

Lastly, sulphasalazine may cause a decrease in the sperm count in men which may result in temporary infertility. This reverses when the drug is stopped. Temporary infertility may also occur in women. Sulphasalazine is considered to be safe in pregnancy, but should you wish to become pregnant, you should discuss this with your rheumatologist.

WHY MUST I HAVE ALL THESE TESTS?

As explained, there are a few side effects that are potentially serious. We check the blood count fortnightly when commencing sulphasalazine and usually monthly when a maintenance dose has been reached. This makes treatment with sulphasalazine as safe as possible.

DO ANY OTHER MEDICATIONS INTERFERE WITH SULPHASALAZINE?

Generally there are no drugs that make a side effect more likely or which interact with sulphasalazine apart from antacids which can slow the absorption of the drug from the gut. There are no problems with anti-inflammatory tablets or painkillers.

Finally, if you have any questions or worries about treatment with sulphasalazine don't hesitate to ask either your GP or rheumatologist at your next appointment.