



Australian
Rheumatology
Association

PATIENT INFORMATION ON SULFASALAZINE

(Brand names: PyralinEN, Salazopyrin, Salazopyrin EN)

This information sheet has been produced by the Australian Rheumatology Association to help you understand the medicine that has been prescribed for you. It includes important information about:

- How you should take your medicine;
- The possible side effects;
- What tests you **must** have to monitor your condition and to detect unwanted effects; and
- Other precautions you should take.

Please read it carefully and discuss with your doctor.

What is sulphasalazine?

Sulfasalazine (brand names Pyralin EN, Salazopyrin EN) is a medicine used to treat rheumatoid arthritis. It can also be used to treat other diseases such as psoriatic arthritis, Crohn's disease and ulcerative colitis.

It is a combination of an aspirin-like anti-inflammatory component and a sulphur antibiotic-like component.

It is not clear how sulfasalazine works. It appears to have anti-inflammatory effects and to reduce the activity of the immune system. In rheumatoid arthritis, these actions help to reduce inflammation in the joints and thus reduce pain and swelling. It also limits damage to the joints and helps to prevent disability in the long term.

Because sulfasalazine acts to reduce the damage to the joints, rather than just relieve the pain, it belongs to the group of medicines called **disease modifying antirheumatic drugs (DMARDs)**.

For more information about RHEUMATOID ARTHRITIS see the Arthritis Australia website www.arthritisaustralia.com.au/index.php/arthritis-information/information-sheets.html.

What benefit can you expect from your treatment?

Between 50 and 60% of people treated with sulfasalazine respond well to the treatment.

Sulfasalazine does not work straight away. Improvement in symptoms occurs gradually from about 6 to 12 weeks after commencing treatment.

Other medicines may be given to improve your symptoms while waiting for the sulfasalazine to work.

If your arthritis is well controlled with sulfasalazine and there are no side effects, you can take the medicine indefinitely.

If sulfasalazine treatment is stopped for more than a few weeks there is a risk that your condition may worsen. Continue with your treatment unless advised by your doctor or unless side effects develop.

How is sulfasalazine taken?

Sulfasalazine is taken by mouth in tablet form. It is usually taken twice a day, but may be taken as a single dose.

There are two types of tablet available - plain and enteric coated. The enteric coated tablet (Pyralin EN and Salazopyrin EN) is usually prescribed as it may have fewer side effects.

The enteric coated tablets should be taken with or after meals with a glass of water. They should not be broken, crushed or chewed.

Treatment is started slowly, beginning with one tablet (500mg) a day. The dose is increased each week. The usual maintenance dose is one or two tablets twice a day.

Sulfasalazine may be used with other arthritis medicines including:

- other DMARDs such as methotrexate;
- corticosteroid medicines such as prednisolone or cortisone injections into the joint;
- anti-inflammatory medicines (NSAIDs) such as naproxen (Naprosyn) or ibuprofen (Brufen/Nurofen); and/or
- simple pain medicines such as paracetamol.

Are there any side effects?

Below are side effects that you might experience with your treatment. Tell your doctor if you experience any side effects.

If you do experience side effects, a reduction in dose may minimise these so that you can continue to take the medicine. Your doctor will advise on any dose changes that are necessary.

Most common possible side effects:

- The most common side effects are *loss of appetite* and *nausea* (feeling sick). These occur early in the treatment and affect up to a third of people. These can be minimised by starting with a low dose and gradually increasing it.

- *Reflux, diarrhoea* and *abdominal pain* are also quite common.
- Sulfasalazine usually causes your urine and perspiration to take on an *orange colour*. This will wash out of most clothing, but will stain some nylon fabrics. Contact lenses, particularly extended wear soft lenses, may be permanently stained. These are normal changes and do not mean you are having a reaction to the medicine.
- About 10% of people taking sulfasalazine may develop a *headache* or *slight dizziness*. Reducing the dose may reduce these effects.
- All 'sulphur' containing medicines can cause *skin rashes*, which may be itchy and *mouth ulcers*. This can occur in about 10% of people. It usually resolves quite quickly once the medicine is stopped. If you have had problems in the past with medicines containing sulphur e.g. Bactrim or Septrim, or you think you may have had problems, let your doctor know.
- 'Sulphur' drugs can also cause a *temperature*, which is referred to as a 'drug fever'.

Tell your doctor if you experience any possible side effects.

Less common or rare possible side effects:

- *ringing in the ears, difficulty in thinking, personality changes* and *depression* are occasional side effects.
- In males, a *lowered sperm count* can occur which may result in temporary infertility. This is reversible in most cases on stopping sulphasalazine.
- Some people may notice an increased *sensitivity to the sun*. It is a good idea to apply sunscreen and to wear a hat when in the sun.
- *Blood counts*: Sulfasalazine can cause a drop in the number of white blood cells, which are needed to fight infection. Regular blood tests aim to pick this

problem up early. If you develop a sore mouth, mouth ulcers, infection or fever tell your doctor straight away.

People with an inherited blood disorder called G-6PD deficiency have a significant risk of blood count problems when taking sulphasalazine. This disorder usually occurs in Negroes and some groups from the Mediterranean but is rare in European and Asian people.

- **Liver inflammation:** Hepatitis (liver inflammation) may also occur. This is usually mild and does not cause symptoms, so regular blood tests are important. The problem resolves if the treatment is stopped.
- **Other rare effects include:** reversible lung inflammation and pins and needles in the hands and feet.

What precautions are necessary?

Blood tests:

- Since sulfasalazine may affect the blood cells and liver, you **must** have regular blood tests during your treatment. This is important, as you may not get symptoms with these problems.
- Blood tests are particularly important during the first few months of treatment and when sulfasalazine is taken with methotrexate and/or leflunomide.
- As well as monitoring for side effects, blood tests help to monitor your condition to determine if the treatment is effective.
- The blood count and liver function tests are required every 2 to 3 weeks for the first 3 months then 3 to 6 monthly after that.
- Your general practitioner will be informed about the monitoring schedule. It is important to see your general practitioner if you have been asked to do so as they have an important role to play in monitoring your condition.

Other diseases:

- You should not take sulfasalazine if you have sensitivity to aspirin compounds or sulphur containing medicines such as sulphur antibiotics (e.g. Bactrim or Septrim).
- If you have blood, kidney or liver disorders your doctor will discuss your medical history to decide whether this treatment is suitable for you.

Other medicines:

- Sulfasalazine can interact with other medicines. You should tell your doctor (including your general practitioner, rheumatologist and others) about all medicines you are taking or plan to take. This includes over the counter or herbal/naturopathic medicines. You should also mention your treatment to other health professionals.
- Sulfasalazine may interfere with warfarin (Coumadin, Marevan) a blood thinning medicine. Dose adjustments may be needed if these two medicines are taken together.
- Sulfasalazine may interfere with digoxin, so dose adjustments may be needed if these two medicines are taken together.
- Antacids can slow the absorption of sulphasalazine. Do not take antacids within 2 hours of taking sulphasalazine.
- Sulfasalazine is often used with other DMARDs to treat rheumatoid arthritis. Combination therapy is now standard practice. There are usually no more side effects than with a single DMARD.
- Sulfasalazine can increase the risk for liver injury if given with isoniazid (INH) a medicine used for tuberculosis.
- Most vaccines can be given safely with sulphasalazine. Talk with your rheumatologist before receiving any vaccines.

Alcohol:

- Because sulfasalazine can affect your liver, you should avoid heavy alcohol use while taking it. It is not known precisely what level of drinking is safe when on sulphasalazine. However there is general agreement that 1 to 2 standard drinks taken once or twice a week is unlikely to cause a problem. Drinking more than 4 standard drinks on one occasion, even if infrequently, is strongly discouraged.

Pregnancy and breastfeeding:

- Sulfasalazine has been used safely in pregnancy and breastfeeding. Should you wish to become pregnant or you intend to breastfeed, you should discuss this with your doctor.

All patients taking sulfasalazine should be seen regularly by a rheumatologist to optimise treatment and to minimise any potential side effects.

If you have any questions or concerns write them down and discuss them with your doctor.

Your doctor's contact details:

REMEMBER – Keep all medicines out of reach of children

The information in this sheet has been obtained from various sources and has been reviewed by the Australian Rheumatology Association. It is intended as an educational aid and does not cover all possible uses, actions, precautions, side effects, or interactions of the medicines mentioned. This information is not intended as medical advice for individual problems nor for making an individual assessment of the risks and benefits of taking a particular medicine. It can be reproduced in its entirety but cannot be altered without permission from the ARA.

The NHMRC publication: *How to present the evidence for consumers: preparation of consumer publications* (2000) was used as a guide in developing this publication.

**Australian Rheumatology Association
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