

SULPHASALAZINE

Class : 5-Aminosalicylic Acid Derivative

Indications:

U.S. labeling: Treatment of mild-to-moderate ulcerative colitis or as adjunctive therapy in severe ulcerative colitis; enteric coated tablets are also used for rheumatoid arthritis (including juvenile idiopathic arthritis [JIA]) in patients who inadequately respond to analgesics and NSAIDs

Canadian labeling: Adjunctive therapy in severe ulcerative colitis, distal ulcerative colitis or proctitis, and Crohn's disease; enteric coated tablets are also used for rheumatoid arthritis unsuccessfully treated with first-line therapy

Available dosage form in the hospital:

SULPHASALAZINE 500MG TAB

Dosage:

-Rheumatoid arthritis: Oral: Enteric coated tablet: Initial: 0.5-1 g daily; increase weekly to maintenance dose of 2 g daily in 2 divided doses; maximum: 3 g daily (if response to 2 g daily is inadequate after 12 weeks of treatment)

-Ulcerative colitis: Oral:

-Initial: 3-4 g daily in evenly divided doses at ≤ 8 -hour intervals; may initiate therapy with 1-2 g daily to reduce GI intolerance. **Note:** American College of Gastroenterology guideline recommendations: Titrate to 4-6 g daily in 4 divided doses (Kornbluth, 2010).

-Maintenance dose: 2 g daily in evenly divided doses at ≤ 8 -hour intervals; if GI intolerance occurs reduce dosage by 50% and gradually increase to target dose after several days. If GI intolerance persists, stop drug for 5-7 days and reintroduce at a lower daily dose.

-Crohn's disease, active mild/moderate, ileocolonic or colonic disease (unlabeled -use): Oral: 3-6 g daily in divided doses (Lichtenstein, 2009)

-Desensitization regimen: For patients who may be sensitive to treatment, it is suggested to start with a total dose of 50-250 mg daily and double it every 4-7 days until the desired dose is achieved.

Discontinue if symptoms of sensitivity occur. Do not attempt in patients with a history of agranulocytosis or those who have had a previous anaphylactoid reaction on sulfasalazine therapy

Canadian labeling:

-Rheumatoid arthritis: Oral: Enteric coated tablet: Initial: 500 mg daily; increase dose weekly by 500 mg (total daily dose given in 2 divided doses) to maintenance dose of 1 g twice daily; if inadequate response to 1 g twice daily after 2 months, may increase dose to 3 g daily. Clinical improvement usually observed 1-2 months after initiating therapy. Concurrent use of analgesics and/or anti-inflammatory agents is recommended until therapeutic effect of sulfasalazine is observed.

-Ulcerative colitis, inflammatory bowel disease, Crohn's disease: Oral: **Note:** Consider dose reduction or use of enteric coated tablet in patients experiencing adverse gastrointestinal effects with uncoated tablet.

-Acute attacks: Severe: 1-2 g 3-4 times daily; mild-to-moderate: 1 g 3-4 times daily

-Maintenance of remission: 1 g 2-3 times daily; continue dose indefinitely unless patient experiences adverse effects. In the event patient condition worsens, increase dose to 1-2 g 3-4 times daily.

Common side effect:

Central nervous system: Headache

Dermatologic: Rash

Gastrointestinal: Anorexia, dyspepsia, gastric distress, nausea, vomiting

Genitourinary: Oligospermia (reversible)

Pregnancy Risk Factor: B