Sulfasalazine

arthritis-uk.org

Sulfasalazine is used to treat rheumatoid arthritis, psoriatic arthritis, arthritis linked to inflammatory bowel disease and juvenile idiopathic arthritis

Arthritis UK

We are Arthritis UK

We're the 10 million adults, young people and children living with arthritis. We're the carers, researchers and healthcare professionals. The families and the friends. All united by one powerful vision: a future free from arthritis. So that one day, no one will have to live with the physical, emotional and practical challenges that arthritis brings.

There are many different types of arthritis. And we understand that every day is different. What's more, what works for one person may not help another. That's why our trusted information blends the latest research and expert advice with a range of lived experiences. In this way, we aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so that you can make better-informed choices to suit your needs.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Arthritis UK. **Contact us at healthinfo@arthritis-uk.org**

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What is sulfasalazine?

Sulfasalazine is a type of drug known as a disease-modifying anti-rheumatic drug (DMARD).

Sulfasalazine reduces inflammation, pain and swelling in your joints and may reduce the progression of your condition.

It can be used to treat:

- rheumatoid arthritis
- psoriatic arthritis
- arthritis related to inflammatory bowel disease (sometimes known as IBD)
- occasionally juvenile idiopathic arthritis (JIA).

Sulfasalazine won't start to work immediately. It could be 1–3 months before you notice that your symptoms are getting better.

Because it's a long-term treatment, provided your body tolerates it, it's important to keep taking sulfasalazine:

- even if it does not seem to be working at first
- even when your symptoms start to improve, to help control your condition.

Who can take sulfasalazine?

Sulfasalazine can be taken by adults and by children aged 2 years and older.

You may have received other drugs first, or sulfasalazine may be the first DMARD you are given.

You won't be given sulfasalazine if you:

- are allergic to any of the ingredients of sulfasalazine
- are allergic to salicylates – a natural chemical that is found in some foods and aspirin
- are allergic to antibiotics known as sulfonamides
- have significant problems with your kidneys or liver
- have a disease known as porphyria – a rare blood pigment disorder
- if you have G6PD (glucose-6-phosphate dehydrogenase) deficiency – a condition where your red blood cells break down when exposed to certain foods, drugs, infections or stress.

You should tell your doctor before starting sulfasalazine if you have ever had raised pressure around the brain (idiopathic intracranial hypertension).

Before starting sulfasalazine, you'll be checked for HIV, hepatitis B and C infections, as sulfasalazine may increase the risk of these conditions starting up again or getting worse.

You'll also need to have some blood tests. These will check your red and white blood cell levels, and make sure your liver and kidneys are working well. Your healthcare team may also carry out screening for certain viral infections before treatment begins.

You will continue to have regular blood tests while you are taking sulfasalazine. Your doctor or specialist nurse will let you know exactly how often these are needed, but as a guide:

- monthly tests for the first 6 months
- every 3 months for the following 6 months.

If your results remain stable, you probably won't need routine blood tests after the first year.

How is sulfasalazine taken?

You will probably be given sulfasalazine as a tablet, which you should swallow whole with a glass of water. Do not break, crush or chew it.

You can take sulfasalazine with or without food. But try to space your doses evenly throughout the day.

Your doctor will tell you the correct dose to take. You'll usually start on a low dose which is slowly increased each week. Follow your doctor's advice carefully. The usual final dose is 2 tablets (500 mg each) twice a day but this can vary, depending on the reason you are taking sulfasalazine and how well it works for you.

If you miss a dose of sulfasalazine, take it as soon as you remember – unless it's nearly time for your next dose. In this case, skip the missed dose and take your next one at the usual time. Do not take a double dose to make up for a forgotten dose.

You can also get sulfasalazine as a liquid or as a suppository, a medicine you place in your bottom. Tablets are the preferred option but you can talk to your doctor about these alternatives if you have trouble taking tablets.

Taking your medication regularly can make a real difference. Download the free My Arthritis app to set medication reminders, track symptoms and flare-ups, and prepare questions for your healthcare team.

Side effects and risks

Like all medicines, sulfasalazine can cause side effects. But not everyone gets them.

The most common side effects of sulfasalazine are:

- feeling or being sick
- heartburn
- diarrhoea
- tummy pain
- dizziness
- difficulty sleeping
- cough
- shortness of breath
- joint pain
- fever
- headaches
- rashes
- mouth ulcers
- tinnitus – ringing in your ears.

Sulfasalazine may cause your pee to change colour, to orange, but this is nothing to worry about. It may also stain tears and soft contact lenses yellow.

It is important to drink lots of water while taking sulfasalazine to reduce the risk of kidney stones and crystalluria.

Sulfasalazine may reduce the number of number of white blood cells in your body, reducing your ability to fight infection.

These side effects usually happen during the first 3 to 6 months of treatment. But they often stop if your dose is lowered.

If the side effects of sulfasalazine improve and it's helping your symptoms, you may be able to increase your dose again after a while. However, you will need to stop this medication if you experience severe side effects.

Serious side effects are very rare. But you should be aware of them.

Call your doctor straight away if you have:

- any signs of an infection – including a high temperature, sore throat, fever, ear or sinus pain, a cough or shortness of breath, pain when peeing, a cut that won't heal or if you feel generally unwell.
- new or worsening headaches, changes in your vision, or ringing or buzzing in your ears. These could be signs of raised pressure around the brain.
- a severe skin rash that causes blistering (which can affect the mouth and tongue too). This can be a sign of Stevens–Johnson Syndrome or toxic epidermal necrolysis (TEN). This is very rare.
- a high temperature, sore throat, pale skin, unusual bruising or bleeding, or unusual tiredness or weakness. These can be signs of a blood problem.
- change in the amount of pee you produce or pain when peeing. These can be signs of kidney problems.
- chest pain, an increase in heartbeat or feeling much more tired than usual. These can be signs of heart problems.

- back or neck pain.
- asthma (allergic and bronchial) which gets worse.
- pins and needles, numbness or a burning pain in your body. These can be signs of peripheral neuropathy.
- hair loss.
- jaundice – yellowing of the skin and eyes, usually caused by liver problems.

Tips to reduce your risk of infection

- Try to avoid close contact with people you know have an infection.
- Wash your hands regularly and carry around a small bottle of antibacterial hand gel.
- Keep your mouth clean by brushing your teeth regularly.
- Stop smoking if you're a smoker.
- Make sure your food is stored and prepared properly.
- Try to keep your house clean and hygienic, especially the kitchen, bathrooms and toilets.

Effects on other treatments

Check with your doctor before starting any new medication. Remember to mention that you are on sulfasalazine if you are being treated by anyone other than your usual healthcare team.

It's very common to use methotrexate alongside sulfasalazine – this combination can be very helpful in managing your condition without increasing side effects.

Some drugs may interact with sulfasalazine. Tell your doctor or pharmacist if you're taking:

- any medicine for high blood sugar or diabetes, such as metformin or glibenclamide
- methenamine, an antibiotic for treating urinary tract infections
- digoxin, used to treat heart failure
- folic acid
- azathioprine and mercaptopurine – drugs used to help to suppress your body's immune response in organ transplantation and certain chronic inflammations such as rheumatoid arthritis.

Don't use complementary treatments, such as herbal remedies, without discussing this first with your healthcare team as some of them could react with sulfasalazine. You can carry on taking painkillers if needed, unless your doctor says otherwise.

Vaccinations

It's usually fine for people on sulfasalazine to have vaccinations, but check with your GP and healthcare team beforehand to make sure a vaccine is safe.

It's recommended that you have the vaccination against COVID-19. It's also recommended that you have the pneumonia vaccine and the yearly injectable flu vaccine while taking sulfasalazine, as well as the Shingrix shingles vaccine if you are eligible.

Having an operation or dental treatment

If you're due to have any surgery or dental treatment, tell your doctor or dentist that you are taking sulfasalazine beforehand.

You'll usually be able to carry on taking sulfasalazine. But in some cases, it will need to be stopped for a while before your operation.

Alcohol

There's no need to avoid alcohol while taking sulfasalazine.

However, guidelines state that adults shouldn't have more than 14 units a week, and that they should spread them out over the course of the week. In some circumstances your doctor may advise lower limits.

You can find out more about units of alcohol at **drinkaware.co.uk**

Fertility, pregnancy and breastfeeding

Guidelines say that it's generally safe for women to take sulfasalazine when trying for a baby and during pregnancy. It's often recommended that you continue to take sulfasalazine throughout your pregnancy to prevent flare-ups.

Sulfasalazine can affect your folic acid levels. Folic acid reduces the risk of having a baby born with defects of the brain, spine or spinal cord, such as spina bifida.

You should take a high dose of folic acid (5mg a day) in the 3 months before you start trying for a baby and during the first 12 weeks of pregnancy.

You can continue taking folic acid throughout your pregnancy.

You may be able to take sulfasalazine while breastfeeding, unless the baby is premature or at risk of jaundice. If you are worried, speak to your healthcare team.

Talk to your doctor or midwife if you're trying for a baby, or as soon as you become pregnant, so that a high dose of folic acid can be prescribed. It's recommended that you check your baby for any adverse effects such as diarrhoea.

Current guidelines say that you don't have to stop taking sulfasalazine before trying to father a child.

Sulfasalazine can reduce your sperm count. But this usually improves 2 to 3 months after you stop treatment. It shouldn't be used as a form of contraception though. If you've been trying for a baby for a year or more while on sulfasalazine, you should discuss this with your doctor and arrange to see a fertility specialist to check sperm count and rule out other issues.

This booklet is a guide to sulfasalazine, its benefits and potential side effects. If there is anything else you'd like to know about this drug, just ask the healthcare professionals in charge of your care.

Notes

Notes

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community.arthritis-uk.org

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arthritis-uk.org/ask-AVA-our-virtual-assistant

Track your symptoms with our easy app, go to:
arthritis-uk.org/track-my-arthritis-symptoms-app

Thank you!

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