SHARED CARE PROTOCOL AND INFORMATION FOR GPs	NHS Lothian
Sodium Aurothiomalate (Myocrisin®)	
Clinical indication: For the treatment of rheumatological inflammatory diseases	
Version 3.0: September 2009	Due for review: **September 2011**

Introduction
With the exception of sulfasalazine, DMARDs are usually started after assessment by a rheumatologist.
'Rheumatological Management and Shared Care Guidelines' available on website: *www.refhelp.scot.nhs.uk*

Shared Care
A shared care protocol is used to **facilitate the sharing of care and transfer of prescribing.** This would usually take place once the patient's condition is stable; the patient is demonstrably benefiting from the treatment and is free from any significant side effects. GPs should only take on the prescribing when they are confident in the use of the drug, in the context of the protocol. Contingency plans must be in place to enable the patient to receive the recommended treatment, should the GP decline to prescribe.

Indication for Therapy
Indications – active joint inflammation usually supported by indices of inflammation.
Duration – most drugs require up to 3 to 4 months trial to assess efficacy. Therapy is continued providing the drug is working and there are no side effects.
Relapse is common after withdrawal of therapy.

Preparations available
20mg per ml 0.5ml amps.
100mg per ml 0.5ml amps.

Recommended Dosage and Administration
By deep intramuscular injection:
10mg test dose then 50mg weekly until definite evidence of remission (benefit not expected until 300-500mg given). Discontinue if no benefit after 1000mg.
In patients who respond, interval is increased gradually to 4 weeks.
If relapse, immediately increase frequency to 50mg weekly and only decrease when control obtained. If no control within 2 months, seek alternative therapy.

Cost
10mg in 0.5ml amps = £3.80..
50mg in 0.5ml amps = £11.23..

Adverse Effects and Drug Interactions
Common: mouth ulcers, skin rash or itch, proteinuria, blood disorders (e.g. thrombocytopaenia).
Rare: colitis, peripheral neuritis, pulmonary fibrosis, hepatotoxicity (LFTs > 2-3 times upper limit of normal), nephrotic syndrome and alopecia.
Anaphylactoid or nitroid reactions occur rarely just a few minutes after the injection and are characterised by dizziness, nausea, vomiting, sweating, and facial flushing.

Live vaccines are not recommended.

Precautions and Contra-indications
Severe renal or hepatic impairment, history of blood disorders or bone marrow aplasia, exfoliative dermatitis, systemic lupus erythematosus, necrotising enterocolitis, significant pulmonary fibrosis, porphyria.

Pregnancy and Lactation
Can be used in pregnancy if benefit is considered to outweigh possible risk (no controlled studies in women/animals). Consider reducing the dose and frequency.

Avoid breast feeding.

Contact Points
Rheumatology Clinical Nurse Specialists:
0131 537 1405
Rheumatology SpR (via switchboard):
0131 537 1000
Rheumatology Clinical Pharmacist:
0131 537 1000 (bleep 8461)
Rheumatic Diseases Unit (WGH):
0131 537 1798
Rheumatology Secretary (St John's Hospital):
01506 52 3824

Approved for use by the General Practice Prescribing Committee, LPCD and the Drug & Therapeutics Committee, LUHD.

Shared Care Responsibilities

Aspects of Care for which the Consultant is responsible

- Assessing the need for DMARD.
- Arranging for the patient to receive counselling in verbal and written form.
- Providing relevant baseline investigations.
- Following the patient's response to treatment at the out- patient clinic.
- Communicating advice to the patient's GP re monitoring requirements.
- At any stage of treatment, advising GP of concerns re monitoring or potential adverse effects of treatment.

Aspects of Care for which the General Practitioner is responsible

- Prescribing DMARD under the guidance of the consultant.
- Reporting any suspected adverse reactions to the patient's consultant and complete a yellow card if appropriate. Discuss any significant abnormalities with consultant.
- Liaising with the consultant regarding any complications of treatment.
- Monitoring the general health of the patient.
- Monitoring for specific side effects as detailed in "Monitoring" section.
- Provision of pneumococcal and annual influenza vaccination.

Monitoring

Test	Frequency	Abnormal result	Action if abnormal result
FBC	Before each injection.	WBC $<3.5 \times 10^9$/l. neutrophils $<2.0 \times 10^9$/l. platelets $<150 \times 10^9$/l.	Withhold sodium aurothiomalate and discuss with specialist team.
urinalysis		2+ proteinuria or more.	Check MSSU: if infection present treat accordingly. If sterile and this level of proteinuria persists, withhold and discuss with specialist team.

- Abnormal trends should prompt extra vigilance.
- Temporarily withdraw if the patient reports severe sore throat, unexplained bleeding or bruising, mouth ulcers or other signs of blood dyscrasia or evidence of infection. Perform repeat blood monitoring.
- In the event of an unexplained acute widespread rash, withhold and seek urgent specialist (preferably dermatological) advice. Inform rheumatologist.
- Trends in ESR are useful in decision-making.