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DMARD MONITORING GUIDELINES – Reviewed 23.01.15

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The current BSR DMARD and Denosumab Monitoring Guidelines are now available via the following link: http://www.rnhrd.nhs.uk/our-services/for-clinicians

Sodium aurothiomalate (Gold)

A. Indications:
(Licensed) RA, juvenile idiopathic arthritis.

(Unlicensed) skin diseases including pemphigus.

B. Dose: Grade of evidence: C
Typical dose: 10mg test dose (which should be given in the clinic followed by 30 min observation to look for signs of allergic reaction) followed by 50 mg weekly until there is a
significant response [1, 2] or a total dose of 1000 mg has been given. In patients who respond, the interval between doses may be increased by stages from 50 mg per week to 50 mg every 4 weeks [3].

C. Route of administration: deep i.m. injection

D. Time to response: Benefit should not to be expected until a cumulative dose of at least 500mg has been given. If there is no response after a cumulative dose of 1000 mg has been given, consider alternative DMARD therapy [3].

E. Caution: Grade of evidence: C

Elderly, renal or hepatic impairment (moderate); history of urticaria, eczema or inflammatory bowel disease [3]. Anaphylactoid or nitritoid reactions are rare but may occur just a few minutes after the injection. Dizziness, nausea, vomiting, sweating, and facial flushing characterize them. Sodium aurothiomalate treatment should be discontinued [4].

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F. Contraindications: Grade of evidence: C

(1) Severe renal or hepatic impairment.
(2) History of blood disorders or marrow aplasia.
(3) Exfoliative dermatitis.
(4) Systemic lupus erythematosus.
(5) Necrotising enterocolitis.
(6) Significant pulmonary fibrosis.
(7) Porphyria.
(8) Pregnancy and lactation: Avoid in pregnancy and during breast feeding [3, 4].
(9) Live vaccines are not recommended in patients receiving sodium aurothiomalate.

G. Monitoring schedule: Grade of evidence C

	BSR
(a) Pre-treatment assessment [1,2,5]	**FBC, urinary dipstick for protein, U&E, creatinine LFTs.**
(b) Monitoring [1,2,5,6]	**FBC and urinalysis at the time of each injection. The patient should be asked about presence of rash or mouth ulcers before each injection.**

Provided blood results are stable, the results of the FBC need not be available before the injection is given but must be available before the next injection, i.e. it is permissible to work one FBC in arrears. Urinalysis should be carried out just before each injection [6].

References - Sodium aurothiomalate

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3 British National Formulary 48. Pharmaceutical Press, 2004.
4 Summary of product characteristics myocrisin. UK: JHC Healthcare Ltd, 2004.
5 Interface Pharmacist network specialist medicines, Rheumatology Shared care guidelines, Sodium aurothiomalate injection October 2006. Available at: www.ipnsm.ni.nhs.uk/library/SODIUMAUROTHIOMALATESCGOCT06.pdf, (10 March 2008, date last accessed).
6 American College of Rheumatology Subcommittee on Rheumatoid Arthritis Guidelines. Guidelines for the management of rheumatoid arthritis: 2002 Update. Arthritis Rheum 2002;46:328–46.
7 Clark P, Tugwell P, Bennet K et al. Injectable gold for treating rheumatoid arthritis. Cochrane Database Syst Rev 2000;2:CD000520.