

Oxford Radcliffe Hospitals 
NHS Trust

Oxford Children's Hospital
Paediatric Gastroenterology Department

Sulfasalazine

(Sulphasalazine, Salazopyrin®)

Information for patients and parents

Medicines Information

This information answers common questions parents or patients ask about their medicine. Further information can be found in the information leaflet supplied by the manufacturer or from your pharmacist or doctor.

Why have I been started on this medicine?

Sulfasalazine has a major role in maintaining remission of ulcerative colitis. Crohn's disease may also benefit from treatment with sulfasalazine. It is also used in the treatment of rheumatoid arthritis.

How does it work?

Sulfasalazine belongs to a group of medicines called aminosalicylates or 5-ASA drugs. They act on the inflamed lining of the gut (intestine) to prevent the formation of substances that cause inflammation. Each aminosalicylate formulation releases active drug in different parts of the intestine. Therefore different preparations of aminosalicylates are used depending on the pattern of inflammation. Sulfasalazine acts on the terminal ileum (end of small intestine) and colon (large bowel).

How long does it take to work?

Sulfasalazine does not work straight away. In order to remain in remission, you must continue to take your sulfasalazine even if you feel well. Sulfasalazine is sometimes used to treat a mild attack, and it is most effective for limited colitis when given as a suppository or enema.

What dose do I take?

Higher doses are used in acute attacks and lower doses are used to maintain remission. Most patients take 1-3g per day (2-6 tablets or 10-30 mls suspension).

How do I take it?

Sulfasalazine comes as yellow 500mg strength tablets or a mustard-coloured suspension (500mg/5ml). If you are prescribed the enteric (this means they have a special coating which is not destroyed by acids in the stomach) form they should be swallowed whole and not chewed. Enteric tablets should not be taken in Crohn's disease.

If you experience feelings of nausea while taking sulfasalazine, splitting up the dose often helps e.g. 500mg four times daily rather than 1g twice daily.

Sulfasalazine is also available suppositories and liquid enemas.

How long will I be taking it?

If tolerated, you will probably stay on sulfasalazine tablets while your disease remains in remission. Do not stop taking your medicine unless your doctor tells you to, however well you may feel.

What are the side effects?

Sulfasalazine is very well tolerated, with 80% of patients experiencing no side effects.

The most common side effect of sulfasalazine is headache, and this is the main reason why some patients cannot take the drug. Also common are indigestion, nausea and watery diarrhoea, as well as mild allergic reactions such as rash, itchiness and fever. It may also cause a metallic taste in the mouth.

Very rarely, this drug can affect the liver, lungs, pancreas, kidneys and production of blood cells in the bone marrow (causing bleeding, bruising, sore throat, fever, malaise).

Sulfasalazine can cause male infertility by reducing the sperm count, but this usually reverses once the drug is stopped. You may prefer to take an alternative aminosalicylate that does not have this side effect.

Sometimes, when there is an increased demand by the body for folic acid (such as during pregnancy), sulfasalazine can reduce the body's ability to absorb this vitamin. In such cases a folic acid supplement may be recommended.

Sulfasalazine can cause orange/yellow discolouration of the urine but this is nothing to worry about. It can also permanently stain soft contact lenses yellow.

Do I need blood tests?

Sulfasalazine has very occasionally been reported to cause blood disorders. We suggest that a blood count, electrolytes, urea, creatinine & liver function tests are done every 3 months for the first year and every 6 months thereafter, at your GP surgery.

What do I do if I experience side effects?

If you experience any signs of illness or side effects such as unexplained bruising, bleeding (e.g. nosebleeds or spots under your skin), sore throat, fever or malaise, contact your doctor immediately.

What happens if I forget to take a dose?

If you forget to take a dose at the right time, take it as soon as you remember. Then go on as before, but do not take two doses within one hour or so of each other. If you take too much sulfasalazine tell your doctor immediately.

Does sulfasalazine interfere with my other medicines?

Most other drugs can be taken safely, but you should **always** check with your doctor or pharmacist first. You should not take sulfasalazine if you are sensitive to sulphonamides or salicylates. Enteric tablets should not be taken at the same time of day as indigestion remedies. It is safe to drink alcohol in moderation whilst on sulfasalazine, but it may aggravate any nausea.

Is sulfasalazine OK in pregnancy and breastfeeding?

Sulfasalazine is considered safe in pregnancy. Very small amounts are excreted into breast milk but there is no evidence that it will cause harm to your baby.

How to contact us

If you have any questions you may contact the Paediatric Gastroenterology Specialist Nurses:

Tel: 01865 234002 for queries.

**Keep all medicines out of the reach of children.
Never give any medication prescribed for you to anyone else. It may harm them even if their symptoms are the same as yours.**

If you need an interpreter or need a document in another language, large print, Braille or audio version, please call **01865 221473** or email **PALSJR@orh.nhs.uk**

Adapted for paediatric use by Rhoda Welsh, Pharmacist
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