Shared Care Guideline for Intramuscular Gold (GP Summary)

It is essential that a transfer of care only takes place with agreement of the GP and when sufficient information has been received. If the GP does not agree to share care they will inform the Consultant responsible for the patient's care.

Basingstoke, Southampton & Winchester District Prescribing Committee		
Indications	**Licensed:** Rheumatoid arthritis, juvenile idiopathic arthritis **Unlicensed:** Psoriatic arthritis, skin diseases including pemphigus	
Dose & Response	**Dose:** Start with a 10mg i.m test dose, then give 50mg i.m injections weekly until the patient responds (usually between 450mg and 1000mg cumulative dose). When a response is obtained, injections can be given less frequently, initially fortnightly then increasing to three weekly and then monthly. Usual maintenance dose 50mg i.m per month but 50mg every 6 to 8 weeks may be adequate. Non-steroidal anti-inflammatories should be continued throughout therapy until the patient feels the benefit of Myocrisin. If at that time pain is significantly reduced then the dose may be suitably adjusted. **Duration:** If the response is maintained then doses are usually given monthly indefinitely. Treatment may be withdrawn after a prolonged period of disease remission in selected cases. **Preparations available:** Ampoules containing 10mg, 20mg, 50mg sodium aurothiomalate	
Secondary care responsibilities	• Prescribing and administering initial dose of gold. • Requesting and monitoring of blood and urine tests until GP is asked to take over shared care (usually 2-3 months).	
GP responsibilities	• Prescribing maintenance dose of gold according to the dose regimen suggested by the Rheumatologist. • Request blood test results once dose is stable and requested by hospital to take over shared care (usually 2-3 months). • Review blood and urine test results before prescribing. • Ensure the patient understands their treatment and which warning signs to report. Advise patients to report symptoms of bone marrow suppression, such as inexplicable bruising, bleeding or severe sore throat/oral ulceration, immediately. • Communicate with Rheumatologist regarding any problems/compliance issues. **Recommended monitoring for new DMARDs** • **FBC, Cr (or GFR), ALT, albumin every 2 weeks until stable dose for 6 weeks.** • **Then monthly FBC, Cr or GFR, ALT, albumin for 3 months.** • **Then FBC, Cr or GFR, ALT, albumin at least every 12 weeks.** • **For dose increases - FBC, Cr or GFR, ALT, albumin every 2 weeks until stable dose for 6 weeks then back to previous schedule.** **Monitoring specific to gold** • **Pre-dosage urinalysis for blood and protein.** • Communicate with specialist regarding any problems/compliance issues. • Pneumococcal vaccination every 10 years and annual influenza vaccinations are recommended for patients with inflammatory arthritis. • Although the shingles (Zostavax) vaccine is a live attenuated vaccine, treatment with gold is not considered sufficiently immunosuppressive and is not a contraindication to administering the vaccine.	

Actions to be taken in response to monitoring	**Thresholds at which to discontinue treatment and contact Rheumatology for urgent review:** • **WCC<3.5 x10^9/L** • **Neutrophils<1.6 x10^9/L** • **Unexplained eosinophilia>0.5 x10^9/L** • **Platelets<140 x10^9/L** • **MCV>105** • **ALT>100 units/L** • **Unexplained fall in albumin** • **Creatinine>30% above baseline +/- GFR<60** • Haematuria – trace or + Check MSU. Continue drug. ++ or +++ - stop drug. Check MSU. Consider other causes and seek advice. • Proteinuria – trace or + Check MSU. Continue drug. ++ or +++ Stop drug. Check MSU and protein:creatinine ratio. Seek advice.
Contra-indications	• **Pregnancy and breastfeeding** • **Severe lung, renal and hepatic disease** • **Blood dyscrasias** • **Exfoliative dermatitis** • **SLE** • **Necrotising enterocolitis** • **Porphyria** • **Hypersensitivity to gold**
Cautions	• **Renal and hepatic impairment.** • **History of eczema, urticaria, colitis.**
Important adverse effects & management	• **Rash** – often non-specific, erythematous, dry and itchy – stop if rash severe. Consider using 1% hydrocortisone and/or anti-histamines. Consider other causes of rash. If mild re-introduce drug when settled. • **Mouth ulcers/stomatitis** - stop if severe. Seek advice. • **Malaise, stiffness** – usually settles. Seek advice if not. • **Persistent cough/dyspnoea** – stop drug. Check chest-X-ray and pulmonary function tests. Fall in transfer factor is the most sensitive indicator of pneumonitis. Seek immediate advice. • **Nitroid reaction** - flushing, hypotension. Stop drug. Seek advice. • **Visual disturbance** – stop drug. Can be due to lens deposits -seek advice. • **Alopecia** - stop drug if severe and seek advice. • **Elective surgery** - myocrisin does not have to be stopped prior to orthopaedic surgery.
Important drug Interactions	• **Increased toxicity with other myelotoxic and nephrotoxic drugs.**

This guidance should be read in conjunction with the BNF

Contact numbers for urgent GP advice

Southampton - Nurse specialist advice line 023 8120 5352 or bleep SpR 1801 (Mon-Fri 9-5). Out of hours – on-call consultant via hospital switchboard

Basingstoke - Administration team 01256 312768, fax 01256 313653, advice line (answerphone) 01256 313117 or on-call consultant via switchboard

Winchester – Administration team 01964 824150, Advice line 01962 824256, on-call SpR bleep 3425 via switchboard.

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