SUMMARY OF SHARED CARE PROTOCOL FOR I.M. MYOCRISIN (SODIUM AUROTHIOMALATE OR GOLD)

Please refer to Chester Rheumatology shared care protocol for Myocrisin and separate responsibilities document for full details.

Responsibilities

<table>
<thead>
<tr>
<th>Primary care team</th>
<th>Rheumatology team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree to prescribe, administer and monitor Myocrisin as per recommended dose.</td>
<td>Confirm diagnosis and baseline tests</td>
</tr>
<tr>
<td>Monitor: FBC, urinalysis at time of each injection and enquire about presence of rash and mouth ulcers.</td>
<td>Provision of an advice line for patients and the primary care team</td>
</tr>
<tr>
<td>Record the blood results in the shared care booklet. If there are abnormalities, get in touch with the rheumatology team</td>
<td></td>
</tr>
</tbody>
</table>

**Patient responsibilities:** To comply with the treatment, attend for monitoring and clinic appointments with the rheumatologists.

Contacts (Countess of Chester Hospital)

Dr Jenny Nixon, Dr Theresa Barnes and Dr Michelle Hui (Consultant Rheumatologists)
Tel: (01244) 365852 / 366426
Fax: (01244) 366229
Email: coc-tr.COCH-Rheumatology-Consultants@nhs.net
GP queries should be directed to the Rheumatology consultants.

Emma Mulvey and Cath Brownsell (Rheumatology Specialist Nurses)
Patient advice line: (01244) 366510
Email: rheumatology.specialistnurse@nhs.net
Patient queries should be directed to the Rheumatology Specialist Nurses.

Updated October 2014
# CHESTER RHEUMATOLOGY SHARED CARE PROTOCOL FOR MYOCRISIN (SODIUM AUROTHIOMALATE OR GOLD)

**Dr Jenny Nixon, Dr Theresa Barnes and Dr Michelle Hui**

<table>
<thead>
<tr>
<th>Pre-treatment assessment (under taken in rheumatology clinic)</th>
<th>FBC, U+E, LFT, urinalysis</th>
</tr>
</thead>
</table>
| **Dose** | Test dose 10mg deep i.m. given in clinic and patient observed for 30 mins.  
50mg deep i.m. weekly until significant response, or total dose of 1000mg given. If respond, give 50 mg every 2 weeks for 3 months then 50 mg monthly. |
| **Time to response** | 4 – 6 months |
| **Monitoring** | Immediately before each injection: urinalysis for blood / protein; ask if there is any rash or mouth ulcers; check FBC from last time and repeat.  
Document results in patient held monitoring booklet. |
| **Anaphylactic reactions** | Rare, often a few minutes after injection. Dizziness, nausea, vomiting, seating and facial flushing typically seen. |
| **Interactions** | Please refer to latest BNF or SPC for a full list of potential drug interactions.  
**ACE inhibitors:** flushing and hypotension reported when Myocrisin co-prescribed. Patients on ACE inhibitors may be at slightly increased risk of anaphylactic reactions.  
**Penicillamine:** avoid - increased risk of toxicity. |
| **Infections** | It is recommended that Myocrisin should be stopped during active infection and restarted after the infection has resolved. |
| **Vaccinations** | Pneumovax and annual flu vaccination are recommended. Avoid live vaccines. |
| **Alcohol** | There is no specific interaction between Myocrisin and alcohol, however, for general health reasons <14units/week for women and <21units/week for men is recommended. |
| **Pregnancy and breast feeding** | Avoid in pregnancy and breast feeding. |
| **Severe renal or hepatic impairment** | Contra-indicated, stop Myocrisin. |
Main side effects and actions to be taken

<table>
<thead>
<tr>
<th><strong>WBC &lt; 3.5 x 10^9/l</strong></th>
<th>Withhold until discussed with rheumatology team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neutrophils &lt; 2.0 x 10^9/l</strong></td>
<td>Withhold until discussed with rheumatology team</td>
</tr>
<tr>
<td><strong>Platelets &lt; 150 x 10^9/l</strong></td>
<td>Withhold until discussed with rheumatology team</td>
</tr>
<tr>
<td><strong>Eosinophilia &gt; 0.5 x 10^9/l</strong></td>
<td>Caution and increased vigilance required.</td>
</tr>
<tr>
<td><strong>2+ proteinuria or more</strong></td>
<td>Check MSSU – if sterile and 2+ proteinuria persists, withhold until discussed with rheumatology team.</td>
</tr>
<tr>
<td><strong>Rash (usually itchy) or oral ulceration</strong></td>
<td>Withhold until discussed with rheumatology team</td>
</tr>
<tr>
<td><strong>Severe sore throat, abnormal bruising</strong></td>
<td>Immediate FBC and withhold until result available</td>
</tr>
<tr>
<td><strong>Any rapid fall or consistent downward trend in any indices</strong></td>
<td>Monitor carefully and discuss with rheumatology team</td>
</tr>
</tbody>
</table>

Contacts (Countess of Chester Hospital)

Dr Jenny Nixon, Dr Theresa Barnes and Dr Michelle Hui (Consultant Rheumatologists)
Tel: (01244) 365852 / 366426
Fax: (01244) 366229
Email: coc-tr.COCH-Rheumatology-Consultants@nhs.net
GP queries should be directed to the Rheumatology consultants.

Emma Mulvey and Cath Brownsell (Rheumatology Specialist Nurses)
Patient advice line: (01244) 366510
Email: rheumatology.specialistnurse@nhs.net
Patient queries should be directed to the Rheumatology Specialist Nurses.

Updated October 2014

Dr Jenny Nixon, Dr Theresa Barnes and Dr Michelle Hui
CHESTER RHEUMATOLOGY PATIENTS DRUG INFORMATION SHEET ON GOLD (ALSO CALLED MYOCRISIN OR SODIUM AUROTHIOMALATE)

Dr Jenny Nixon, Dr Theresa Barnes and Dr Michelle Hui

WHAT DOES IT LOOK LIKE?

It is a pale yellow liquid containing gold.

HOW DOES GOLD WORK?

It reduces the inflammation in your joints, decreasing pain, swelling and stiffness. This effect occurs over 10 - 12 weeks so do not worry if there is no benefit straight away.

HOW IS GOLD GIVEN?

Gold is given by an injection into the muscle, usually the buttock, once each week to start with and once it is working the injections are reduced to once each month. Very rarely people react to gold so after the first injection you will be asked to wait for half an hour in the clinic before leaving to ensure all is well.

WHAT ARE THE SIDE EFFECTS?

Some patients on gold injections may suffer from:

- Itching
- Sore Throat
- Mouth Ulcers
- Rash
- Bruising
- Metallic taste
- Breathlessness
- Increased skin pigmentation

If you think you are having side effects from the Myocrisin injections, tell your own doctor or the clinic doctor.

DO I NEED TO HAVE URINE AND BLOOD TESTS?

Occasionally gold can affect your blood count or kidneys and we need to detect any problems as early as possible.

Before each gold injection:

1) You will be asked if you have any rash or mouth ulcers
2) Your urine will be checked
3) A blood test will be taken and the result of the previous blood test will be checked.
These tests will show how well the drug is working and help to detect side effects. You must not have gold injections unless you are having regular checks.

**CAN I DRINK ALCOHOL?**

You should not drink any more than the NHS recommended guidelines which is 14 units of alcohol per week for women and 21 units of alcohol for men.

**ARE THERE ANY MEDICINES I SHOULD NOT TAKE?**

You may take other medicine that your doctor prescribes or that you buy from the chemist. However always remind your doctor that you are on gold injections and always tell the pharmacist before you buy any medicines.

If you are on an angiotensin converting enzyme (ACE) inhibitor, a family of drugs used in the treatment of high blood pressure and heart disease (examples include ramipril and lisinopril), then you may be at a slightly increased risk of having an allergic reaction to gold. Therefore if you are on an ACE inhibitor, or commence one after being established on regular gold injections, you should discuss this with your doctor.

Gold is not a painkiller. So if you are on a non-steroidal anti-inflammatory drug (NSAID) or painkillers you may continue to take these as well as the gold injections, unless your doctor advises otherwise.

**PREGNANCY**

Gold should not be given during pregnancy or breast feeding. If you are thinking about becoming pregnant let your own doctor or the clinic doctor know. If you find you are pregnant, do not have any more Gold injections.

**KEEP ALL MEDICINES OUT OF THE REACH OF CHILDREN**

*Updated October 2014*