Gold injections

This leaflet provides information on gold injections and will answer any questions you have about the treatment.
Gold (trade name Myocrisin) is a type of disease-modifying anti-rheumatic drug (DMARD). These drugs dampen down the underlying disease process, rather than simply treating symptoms. Gold reduces the activity of the immune system (the body’s own defence system), so it’s always used with care.
**At a glance**

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<tr>
<th><strong>What type of drug is gold?</strong></th>
<th><strong>How is it taken?</strong></th>
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<tbody>
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<td>Gold is a disease-modifying anti-rheumatic drug (DMARD).</td>
<td>Most people start on weekly intramuscular injections of 50 mg.</td>
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<th><strong>What does it do?</strong></th>
<th><strong>Are there any side-effects?</strong></th>
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<td>It reduces the activity of the body’s defence system (immune system).</td>
<td>Possible side-effects include a sore throat, fever, bruising or bleeding, rashes and kidney problems.</td>
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<th><strong>What is it used for?</strong></th>
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<td>It’s used to treat auto-immune conditions such as rheumatoid arthritis and psoriatic arthritis.</td>
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Gold can reduce joint inflammation and decrease pain, swelling and stiffness in people with rheumatoid arthritis. Sometimes gold is also used to treat other auto-immune conditions, such as psoriatic arthritis.

**When and how do I take gold?**
Gold is given by intramuscular injection (an injection into a muscle) once a week in doses of up to 50 mg to start with, either at your GP’s surgery or at the hospital. It’s usually given into your buttock. If gold injections work for you, your doctor may be able to reduce the dose or give it fortnightly or monthly instead. Some people carry on using gold for many years – how often the injections are given can be adjusted depending on the severity of their symptoms.

**How long do gold injections take to work?**
Gold injections don’t work immediately. It may be at least 12 weeks before you notice any benefit.

**Record your dosage here to help you manage your treatment:**

**How many?** ..........................................................

**What dosage/strength?** ..........................................................

**How often?** ..........................................................

**When?** ..........................................................
What are the possible side-effects?
Gold injections can cause problems with your blood, kidneys or skin. You should tell your doctor or rheumatology nurse immediately if you develop any of the following after starting gold injections:
- a sore throat
- diarrhoea
- a fever
- any other symptoms of infection
- bruising or bleeding
- a rash
- breathlessness
- mouth ulcers
- altered taste
- any other new symptoms or anything else that concerns you.

What are the risks?
Very rarely, some people feel faint or have an allergic reaction after having gold injections. After your first injection you’ll be advised to wait in the clinic for 30 minutes before leaving to make sure that you’re OK.

If you’re on an ACE inhibitor (for example ramipril, captopril or lisinopril), which are used to treat high blood pressure and heart disease, you may be at a slightly increased risk of having an allergic reaction to gold injections.

Rarely gold injections can cause chrysiasis, which is a permanent grey/blue skin discolouration. This only occurs after long-term use.

Will they affect vaccinations?
You can have vaccinations while on gold injections. This includes live immunisations.

Can I drink alcohol while on gold injections?
There’s no particular reason to avoid alcohol while on gold injections.

Do gold injections affect fertility or pregnancy?
Gold injections aren’t advisable during pregnancy. If you’re planning a family or if you become pregnant while on treatment you should discuss this with your doctor as soon as possible.

Do they affect breastfeeding?
You shouldn’t breastfeed if you’re on gold injections. The drug may pass into your breast milk and could be harmful to your baby.

What else should I know about gold injections?

Are there any alternatives?
A number of other drugs are used in the treatment of rheumatoid arthritis and related conditions. Your doctor will discuss these other options with you.
Will I need any special checks while on gold injections?

Usually your doctor will recommend you have a small test dose before starting injections to make sure that you don’t have any immediate reaction to them. Some of the side-effects of gold injections can be picked up at a very early stage by having regular blood and urine tests and checking for any sign of a rash. It’s very important to have these checks before every injection. You may be asked to keep a record booklet with your blood and urine test results, and you should bring this with you when you visit your GP or the hospital. Always make sure that this record booklet is up to date before having your next gold injection.

⚠️ You must not have gold injections unless you’re having regular checks.

Can I take other medicines alongside gold injections?

You should discuss any new medications with your doctor before starting them, and you should always tell any other doctor treating you that you’re having gold injections.

If you’re on an ACE inhibitor or start one after you begin taking regular gold injections, you should discuss this with your doctor because of the increased risk of side-effects.

You should also be aware of the following points:

- Gold isn’t a painkiller. If you’re already on a non-steroidal anti-inflammatory drug (NSAID) or painkillers you can carry on taking these as well as the gold injections unless your doctor advises otherwise.

- Don’t take over-the-counter preparations or herbal remedies without discussing this first with your doctor, rheumatology nurse or pharmacist.

Where can I get more information?

Arthritis Research UK is the charity leading the fight against arthritis. We do this by funding high-quality research, providing information and campaigning. We publish over 60 information booklets which help people to understand more about their condition, its treatment, therapies and how to help themselves.

If you would like any further information about gold injections, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse or pharmacist.
A team of people contributed to this booklet. It was written by Dr Ariane Herrick, who has expertise in the subject. It was assessed at draft stage by consultant rheumatologist Dr Lorraine Croot, special registrar in rheumatology Dr Veena Patel, rheumatology nurse specialist Emma Ramsay and clinical nurse specialist Carol Willerton. An Arthritis Research UK editor revised the text to make it easy to read, and a non-medical panel, including interested societies, checked it for understanding. An Arthritis Research UK medical advisor, Prof. Anisur Rahman, is responsible for the content overall.

Please note: We have made every effort to ensure that this content is correct at time of publication, but remember that information about drugs may change. This information sheet is for general education only and does not list all the uses and side-effects associated with this drug. For full details please see the drug information leaflet that comes with your medicine. Your doctor will assess your medical circumstances and draw your attention to any information or side-effects that may be relevant in your particular case.

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