This leaflet provides information on sulfasalazine and will answer any questions you have about the treatment.

Arthritis Research UK produce and print our booklets entirely from charitable donations.
What is sulfasalazine?

Sulfasalazine is a type of drug known as a disease-modifying anti-rheumatic drug (DMARD). These drugs have the effect of dampening down the underlying disease process, rather than simply treating symptoms. Sulfasalazine is generally prescribed as Salazopyrin EN-Tabs. This is the brand name for sulfasalazine that’s specially coated so that it doesn’t dissolve quickly in your stomach.
At a glance

What type of drug is sulfasalazine?
Sulfasalazine is a disease-modifying anti-rheumatic drug (DMARD).

What does it do?
It dampens down the underlying disease process, rather than simply treating symptoms.

What is it used for?
It’s used to treat conditions such as rheumatoid arthritis, psoriatic arthritis, reactive arthritis and arthritis associated with bowel inflammation.

How is it taken?
It’s usually taken in tablet form. Each tablet contains 500 mg. You may start on a low dose (e.g. 500 mg once daily) and then increased to a higher dose (e.g. 1 g twice daily).

Are there any side-effects?
In some patients sulfasalazine can cause nausea (feeling sick), diarrhoea, stomach pain, dizziness, headache and skin rashes. It can sometimes affect your blood or liver.
Why is sulfasalazine prescribed?
Sulfasalazine is used to treat rheumatoid arthritis, psoriatic arthritis, reactive arthritis and arthritis associated with bowel inflammation. It may reduce the inflammation in your joints and decrease pain, swelling and stiffness.

Is there any reason I won’t be prescribed sulfasalazine?
You shouldn’t take sulfasalazine if you’re known to have a sulphonamide allergy.

When and how do I take sulfasalazine?
Sulfasalazine is taken in tablet form. The tablets should be taken with a glass of water. They should be swallowed whole and not crushed or chewed.

Your doctor will advise you about the correct dose. Usually you’ll start on a low dose, e.g. 500 mg (one tablet) daily, and your doctor will tell you how to increase the dose gradually. This is usually over a period of about 4 weeks and by the end of this time you’ll get to your regular dose of sulfasalazine, which would typically be 1 g (two tablets) twice daily. The dose may be adjusted according to the severity of your symptoms.

How long does sulfasalazine take to work?
Sulfasalazine doesn’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?
The most common side-effects of sulfasalazine are nausea (feeling sick), diarrhoea, stomach pain, dizziness, headache and skin rashes. These side-effects usually occur during the first 3 months of treatment. Taking sulfasalazine can affect the blood count (one of the effects is that fewer blood cells are made). It can also affect your liver. You should tell your doctor or nurse specialist straight away if you develop any of the following after starting sulfasalazine:

- a sore throat
- a fever
- any other symptom of infection
- unexplained bruising
- any other new symptoms or anything else that concerns you.

Your urine may change colour (to orange) with sulfasalazine but this is nothing to worry about. Sulfasalazine may also stain soft contact lenses (and tears) yellow.

Side-effects caused by sulfasalazine may clear up if the dose is reduced. Your doctor or rheumatology nurse specialist may suggest increasing the dose again at a later date if your tolerance has improved, especially if it’s helping your symptoms.

What are the risks?

Will it affect vaccinations?
You can have vaccinations while on sulfasalazine.

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

Does sulfasalazine affect fertility or pregnancy?
Sulfasalazine can cause a fall in sperm count, and so can lead to a temporary decrease in male fertility, but this can be reversed if treatment is stopped. There’s some evidence that there’s an increased risk of abnormalities for the baby if the father is taking sulfasalazine when the baby is conceived. You should talk to your rheumatologist before trying for a baby. It’s safe for women to continue to use sulfasalazine when trying to conceive.

If you’re taking sulfasalazine while pregnant, the risks to the unborn child are very small. Sometimes it’s recommended that sulfasalazine is continued through pregnancy to prevent a flare of disease. You should talk to your doctor as soon as possible if you’re planning a family, or if you become pregnant while taking sulfasalazine.

Does it affect breastfeeding?
Sulfasalazine is considered safe in breastfeeding unless the baby is premature or at risk of jaundice. Discuss your wish to breastfeed with your rheumatologist.
What else should I know about sulfasalazine?

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 sulfasalazine?
Side-effects of sulfasalazine on the blood or liver may be picked up at an early stage by regular blood tests. Your doctor will arrange for you to have a blood test before you start treatment and then regular checks while on sulfasalazine. You may be asked to keep a record of your blood test results in a booklet, and you should take it with you when you visit your GP or the hospital.

⚠️ You must not take sulfasalazine unless you’re having regular blood tests and the results are being checked.

Can I take other medicines alongside sulfasalazine?
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 taking sulfasalazine. You should also be aware of the following points:

- Sulfasalazine is not 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 sulfasalazine, unless your doctor advises otherwise.

- Do not take over-the-counter preparations or herbal remedies without discussing this first with your doctor, rheumatology nurse specialist 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 sulfasalazine, or if you have any concerns about your treatment, you should discuss this with your doctor, rheumatology nurse specialist or pharmacist.
Get involved!

You can help to take the pain away from millions of people in the UK by:

- volunteering
- supporting our campaigns
- taking part in a fundraising event
- making a donation
- asking your company to support us
- buying gifts from our catalogue.

To get more actively involved, please call us 0300 790 0400 or email us at enquiries@arthritisresearchuk.org or go to: www.arthritisresearchuk.org

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 clinical nurse specialist Sue Brown, consultant rheumatologist Prof. Bhaskar Dasgupta, lead rheumatology educator Kate Gadsby and associate specialist in rheumatology Dr Maddy Piper. 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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