PROTOCOL FOR THE ADMINISTRATION OF INTRAMUSCULAR GOLD THERAPY– INFORMATION FOR GENERAL PRACTITIONERS

BACKGROUND FOR USE
Disodium aurothiomalate (Myocrisin) is a disease modifying antirheumatic drug used in the treatment of rheumatoid arthritis.

DOSAGE
Gold is given as an initial test dose of 10mg im, followed by gentle massage. This should be given in the clinic and followed by 30 min observation for signs of allergic reaction. Provided there is no reaction further doses of 50mg at weekly intervals are given to a total of 1000mg (20 weeks). Therapeutic response occurs between 10 to 20 weeks. If there has been a good therapeutic response, maintenance therapy of 50mg at monthly intervals should be continued.

PRETREATMENT ASSESSMENT BY RHEUMATOLOGIST

- FBC, U & E's, eGFR, LFT's, ESR and CRP and urinanalysis

MONITORING

- Urinalysis before each injection to check for proteinuria and haematuria. If present at greater than 1+, Gold should NOT be given.
- FBC 4 days after the test dose, then weekly for the first month fortnightly for the following two months and monthly thereafter
- Enquire about skin rash and mouth ulcers before each injection

Anaphylactoid or nitritoid reaction reactions are rare and can occur within few minutes after the injection. Patient can complain of dizziness, nausea and vomiting, sweating and facial flushing. Gold treatment should be discontinued.

Please note that in addition to absolute values, a rapid fall/rise or consistent downward/upward trend in a haematological index should prompt caution and extra vigilance.

See overleaf for side effects and actions.
<table>
<thead>
<tr>
<th>SIDE EFFECT</th>
<th>ACTIONS</th>
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<tbody>
<tr>
<td>WBC $&lt; 3.5 \times 10^9/l$</td>
<td>Withhold, and repeat WBC. Discuss with a rheumatologist.</td>
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<tr>
<td>Neutrophils $&lt; 2.0 \times 10^9/l$</td>
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<tr>
<td>Eosinophilia $&gt; 0.5 \times 10^9/l$</td>
<td>Repeat FBC one week later. Seek advice if persistent or increasing</td>
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<tr>
<td>Platelets $&lt; 150 \times 10^9/l$</td>
<td>Withhold and speak to a rheumatologist.</td>
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<tr>
<td>Proteinuria $&gt; 2+$</td>
<td>Check MSU – if evidence of infection treat appropriately. If sterile and persistent proteinuria withhold until discussed with a rheumatologist.</td>
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<tr>
<td>Rash (usually itchy) or oral ulceration</td>
<td>Trial of anti-histamines for pruritis. If no response or ulceration, withhold and speak to a rheumatologist. Irreversible skin pigmentation can occur with prolonged treatment.</td>
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<tr>
<td>Abnormal bruising or severe sore throat</td>
<td>Check FBC immediately and withhold until results available</td>
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**CONTRAINDICATIONS**

- Severe hepatic or renal impairment
- History of blood disorders or marrow aplasia
- Exfoliative dermatitis
- SLE
- Necrotising enterocolitis
- Significant pulmonary fibrosis
- Porphyria
- Pregnancy and lactation – should be avoided
- Live vaccines are not recommended

**NOTABLE DRUG INTERACTIONS (refer to BNF and SPC)**

- Nitritoid reaction possibly more common in patients taking ACE inhibitors