

## Dapsone Shared Care Guideline

<b>Introduction</b>	
<b>General statements</b>	<ul style="list-style-type: none"> <li>The patient will receive supplies of the drug from the hospital until the transfer of shared care is agreed between consultant and primary care prescriber.</li> <li>The primary care prescriber must reply in writing to the request for shared care within two weeks if <u>unwilling</u> to participate.</li> <li>The responsibility for prescribing and monitoring must be documented clearly in the patient's hospital and general practice notes.</li> <li>Shared care should only be considered when the patient's clinical condition is stable or predictable.</li> </ul>
<b>Indications</b>	<b>Licensed indication</b> Dermatitis herpetiformis and other <b>unlicensed indications</b> dermatoses (leucocytoclastic vasculitis, Sweet's syndrome, pyoderma gangrenosum)
<b>Individual's Responsibilities</b>	
<b>Hospital specialist's responsibilities</b>	<ul style="list-style-type: none"> <li>➤ Pre-treatment monitoring and initial prescribing until the dose is stabilised on treatment</li> <li>➤ Monitoring disease progression and treatment response</li> <li>➤ Supporting and advising primary care prescribers</li> <li>➤ Ensure that the patient has an adequate supply of medication until primary care supply can be arranged.</li> <li>➤ Continue to monitor and supervise the patient according to this protocol, while the patient remains on this drug, and agree to review the patient promptly if contacted by the primary care prescriber.</li> </ul>
<b>Primary care prescriber's responsibilities</b>	<ul style="list-style-type: none"> <li>➤ Ensure hospital is notified if unwilling to undertake prescribing and monitoring when requested</li> <li>➤ Prescribing following written request from specialist care</li> <li>➤ Ensure monitoring is undertaken according to shared care guideline and only continue prescription if compliance with monitoring and results satisfactory</li> <li>➤ Follow guidance in the event of reaction or abnormality, record it and report back to specialist</li> <li>➤ Ensure no drug interactions with concomitant medicines</li> </ul>
<b>Monitoring required</b>	<p><b>Baseline</b></p> <ul style="list-style-type: none"> <li>FBC and reticulocyte count every 2 weeks for 4 weeks then monthly until stable (Specialist)</li> <li>LFTs monthly until dose stable (Specialist)</li> <li>glucose-6-phosphate dehydrogenase (G6PD) levels (Specialist)</li> </ul> <p><b>Maintenance</b></p> <ul style="list-style-type: none"> <li>FBC and reticulocyte count every 3 months thereafter (primary care prescriber)</li> <li>LFTs –Every 3 months once dose stabilised (primary care prescriber)</li> </ul>
<b>Information given to the patient</b>	Highlight importance of regular monitoring
<b>Contact details</b>	Documented in letter from specialist care to primary care

## Product Information

The information in this Shared Care Guideline should be used in conjunction with the latest edition of the [BNF](#) and [Summary of Product Characteristics](#)

<b>Dosage and administration</b>	Dapsone 50mg and 100mg tablets are available.  Initially 50mg daily and gradually increased. Maximum daily dose is 300mg daily. Once lesions have begun to subside, the dose should be reduced to a minimum as soon as possible, usually 25-50mg daily, which may be continued for a number of years. Maintenance dosage can often be reduced in patients receiving a gluten-free diet.
<b>Adverse effects</b>	Refer to the current BNF and <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a> for complete and up to date information.
<b>Precautions and contra-indications</b>	Refer to the current BNF and <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a> for complete and up to date information.
<b>Clinically relevant drug Interactions and their management</b>	Refer to the current BNF and <a href="http://www.medicines.org.uk/emc/">www.medicines.org.uk/emc/</a> for complete and up to date information.

## Recommended action for abnormal results

Investigation	Action
WBC $<3.5 \times 10^9/L$ Neutrophils $< 2 \times 10^9/L$ Platelets $< 150 \times 10^9/L$ Reticulocyte count increases by $> 6\%$ Hb falls $>20$ gm/l from baseline	Stop and contact appropriate specialty department immediately by phone or email
Hb fall $>1g$ in 4 weeks or last reading below 10g Note: On initiation Hb typically drops by approximately 1g and tends to stabilise. A 1g drop occurring later in treatment would require further investigation/review.	Check for increased disease activity Ask about NSAID use and symptoms of GI blood loss or dyspepsia and stop NSAIDS if implicated. Check MCV and iron studies Consider endoscopy
AST, ALT, Alk Phos $>2$ fold rise (from upper limit of reference range)	Repeat bloods every 2 weeks Ask patient about viral/bacterial infections Check that it is not due to another drug or alcohol  Stop and contact specialist immediately by phone or email

## Recommended action for adverse effects

Adverse event	Action
Hypersensitivity, hepatitis	Stop treatment and contact appropriate specialty department immediately by phone or email
Bruising, bleeding	Check FBC, clotting screen, LFTs, alcohol history If unexplained – stop treatment and contact hospital specialist
Malaise, flu-like symptoms	Contact hospital specialist