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Balsalazide

A Viewpoint by John C. Mansfield

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Balsalazide has been designed to use the same delivery mechanism as sulfasalazine, namely colonic bacterial cleavage of the azo bond between a carrier molecule and the active mesalazine. In place of sulfapyridine, balsalazide has an inert carrier, 4-aminobenzoyl-β-alanine (4-ABA). Most of the 4-ABA (72%) is excreted unabsorbed in the faeces after a 2g dose of balsalazide, in contrast to the 85% of sulfapyridine that is recovered in the urine following a 2g dose of sulfasalazine. The high frequency of intolerance to sulfasalazine (20 to 40% of patients) is not seen with balsalazide, and doses that deliver substantially more mesalazine can be used.

Balsalazide is as effective as sulfasalazine in maintenance of remissions of ulcerative colitis, but better tolerated. The optimal maintenance dosage of balsalazide is 3g per day. Direct comparison of balsalazide with pH-dependent mesalazine (Asacol®) is awaited.

For the management of patients with acute ulcerative colitis, one strategy is to use mesalazine-delivering agents without systemic corticosteroids for mild to moderate cases; the alternative is to control colitis regardless of severity with oral corticosteroids, using mesalazine-delivering agents purely for maintenance. In patients with acute ulcerative colitis, balsalazide, with or without corticosteroids, was as effective as sulfasalazine and better tolerated, more effective and faster acting than mesalazine.

The high efficacy, low intolerability and rapid response may make balsalazide the treatment of choice for mild to moderate ulcerative colitis. High dosages (6.75 g/day) can be used initially to treat active disease, reducing to a maintenance dosage of 3 g/day when clinical remission is achieved, with the option to increase again at times of relapse. Systemic corticosteroids could then be reserved for more severe cases or for patients with mild to moderate ulcerative colitis in whom a combination of balsalazide and topical steroid enemas has failed to produce rapid clinical improvement. ▲