

Methotrexate

Rheumatology Department Patient Information Leaflet

Please keep this information in a safe place

Introduction

This leaflet provides information about methotrexate, which will be discussed with you by your rheumatology team. Every bottle or carton of the medicine you collect from your pharmacy will also contain important information that you should read.

This leaflet does not cover information for children or young people with arthritis treated with methotrexate. For information on treatment for children, refer to the British Society for Paediatric and Adolescent Rheumatology (website www.bspar.org.uk).

These guidelines have been written to help you understand more about **low dose methotrexate** (25mg or less once a week). Sometimes your treatment may differ from the information provided in this leaflet. The consultant will be able to explain the reasons for this when they discuss the treatment with you.

What is methotrexate?

Methotrexate was first used in high doses to treat cancer, but experience over thirty years has shown that at much lower doses it is helpful in the treatment of a number of joint, skin and bowel conditions.

This leaflet only provides information for people being treated with low dose methotrexate for inflammatory conditions. It **does not cover** treatment for cancer as the dose of methotrexate is much higher for this and the treatment may vary considerably to the information provided in this leaflet.

Methotrexate is an effective treatment for several different types of rheumatic diseases (for example, rheumatoid arthritis, psoriatic arthritis, juvenile idiopathic arthritis), severe psoriasis and bowel disease (such as Crohn's disease). It is also used in some other conditions where the body's immune system is overactive.

It is a powerful medicine and most people who have it are greatly helped and suffer few, if any, problems. However, it is a powerful medicine, so this leaflet tells you more about the drug and how the risks or problems can be kept to a minimum.

What does methotrexate do?

Methotrexate acts by slowing the production of new cells by the body's immune system. This helps to reduce the inflammation that causes swelling and stiffness of joints, thickened skin or damage to the bowel. It reduces the permanent damage to joints caused by continuing inflammation. It is not a painkiller.

How long will it take for methotrexate to work?

Once you have reached the best dose for your condition, it may take up to 12 weeks before you notice the benefits. It is important that you continue to take your treatment during this time as the effects of the drug build up gradually.

Methotrexate cannot cure your condition and you may need to take it for several years to keep your symptoms controlled.

What happens before I start treatment?

Before you start your treatment, you will need to have some blood tests to check your blood count, liver and kidneys. You may be asked to have a chest X-ray and some breathing tests to check your lungs.

This information will provide a record of how you are before you start treatment and to check whether methotrexate is a suitable treatment for you. A very small number of people will be unable to take methotrexate because of lung or liver problems.

You will be asked about any other medicines and herbal, complementary or alternative therapies you are using as these can interact with the methotrexate.

Effective contraception must be used by both men and women receiving methotrexate. **You must not take** methotrexate if you might be pregnant or wish to start a family.

How should I take methotrexate?

A typical dose will range from 7.5mg to 25mg **once a week** and you need to take it on the same day each week. Methotrexate is never taken every day. The dose will vary for each person depending on many factors, such as how active their disease is and how they respond to the treatment.

Methotrexate is usually given as tablets. The tablets are available in two strengths:

- **2.5mg** tablets, which are small, **round** and yellow
- **10mg** tablets, which are small, **oval** and yellow

Check with your pharmacist the strength of the tablets provided and how many tablets you need to take to make up the correct dose. You should take the tablets by mouth, after food. Swallow the tablets whole with a glass of water and do not crush or chew them.

In some circumstances, methotrexate can be given as liquid or by injection. If you are prescribed a liquid or injection, you should check how to take these with your pharmacist.

What happens if I forget to take my tablets?

If you miss your methotrexate on your normal day, do not worry as you can take it the following day. For example, if your normal day for taking your dose is Tuesday, you can take it on Wednesday or Thursday. Do not take the dose if you are three or more days late. A flare-up of the disease during this time is unlikely. In both cases, take your next dose on your usual day the following week.

What should I do if I accidentally take too much methotrexate?

If you make a mistake and take too much methotrexate, you may need urgent hospital treatment. Keep the medicine bottle or carton, make a note of how much medicine you think you have taken and **contact your GP or local accident and emergency department immediately.**

If the error is not considered serious, you may just need to have your blood checked and miss your next dose. However, if it is serious, you may need urgent treatment with a drug that can reduce the effects of methotrexate.

How should I store methotrexate?

You must keep methotrexate out of the reach of children and pets and handle it as little as possible.

Tablets should be stored at room temperature.

If you have been prescribed a liquid or injection, you should check how to store these with your pharmacist or nurse.

Folic acid

A vitamin supplement called folic acid has been shown to help the body cope with methotrexate, and it also reduces some of the side effects that you may experience (see the section 'Will I have any side effects?').

You need to take one 5mg folic acid tablet three days after the methotrexate. Your consultant will advise you when you should take these tablets. It is important that you do not forget to take the folic acid that you are prescribed.

Do I need any special tests while taking methotrexate?

You will need a blood test every two weeks until you are on a stable dose for six weeks. Once on a stable dose, you will need blood tests monthly for at least three months. Thereafter, you will need blood tests every three months.

In some instances, more frequent blood monitoring may be required, and you will be advised of this by the doctor or clinical nurse specialist.

If at any stage your dose of methotrexate is increased, you will need to have blood tests every two weeks for another six weeks, and then monthly blood tests after that.

Regular blood tests will help your consultant check how well your body is coping with the methotrexate and whether the dose needs to be adjusted, depending upon how well the treatment is controlling your condition.

It is your responsibility to have the blood tests. In order for us to receive the results from your blood tests, you will have to have them at any of the following centres:

Russells Hall Hospital:

Monday to Friday, 8am to 6pm

Saturday, 8am to 1pm

You can call to book an appointment on 01384 244330

Corbett Outpatient Centre:

Monday to Friday, 8am to 6pm

You can call to book an appointment on 01384 244330

Guest Outpatients Centre:

Monday to Friday, 8am to 1pm

You can call to book an appointment on 01384 244330

Netherton Health Centre: Appointment required, ring 01384 366500.

Cross Street Health Centre: Appointment required, ring 01384 366257.

Ladies Walk Clinic: Appointment required, ring 01902 575103.

It is important that you **do not** take methotrexate unless you are having regular blood tests. You should attend your review appointments to ensure that you are being carefully monitored whilst you are receiving treatment.

In most cases, your blood tests will tell the consultant how your liver and bone marrow are coping with the methotrexate. Occasionally, further tests (for example, a liver biopsy or ultrasound) may be needed to decide if you can stay on the medicine.

Who will be checking my blood tests?

When you start the treatment, your consultant will explain to you how the monitoring of your medication will be managed. It is usually managed by your hospital team or, following agreement between all parties involved, shared between the hospital and your GP.

You will be given a monitoring booklet and details of your blood test results will be recorded in this.

Monitoring booklets

The monitoring booklet is a valuable document which should be kept carefully and taken with you every time you see your GP, pharmacist or attend hospital appointments. In some parts of the country, computer systems allow sharing of blood test results between your GP and hospital. However, in many parts of the country, your GP or the doctor treating you in an emergency will not have access to these results. It is therefore important that the results of your blood tests are recorded and are kept up-to-date, particularly if your treatment is monitored by your GP.

Will I have any side effects? Most people on low dose methotrexate cope well with few, if any, side effects. However, you should be aware of some of the problems that can occur. It is always important to take note of any new symptoms you experience after starting treatment and discuss them with your consultant or pharmacist.

What problems must I look out for?

If you experience any of the side effects mentioned below, ask for advice from the rheumatology helpline or your pharmacist.

Feeling sick, upset stomach or diarrhoea

When you first start treatment, you may feel unwell. This normally settles but may persist. Speak to your consultant as something can be done to help, such as:

- increasing the amount of the folic acid supplement you take;
- taking another tablet that reduces the feeling of sickness. These tablets are called anti-emetics; or
- changing your treatment to methotrexate by injection.

If you vomit within a few hours of taking methotrexate, **do not take another dose** until you have contacted the rheumatology helpline or your consultant for advice.

Mouth ulcers, sore throat or sore mouth

If you experience mouth ulcers, or a sore throat or mouth, speak to your consultant or pharmacist. It may be necessary for you to have an extra blood test to check how your body is coping with the medication. In many cases, if your blood tests are normal, you may be given some medication to treat these problems.

New rashes anywhere on your body

If you get a new rash, seek advice from your consultant or pharmacist.

Thinning of the hair

This can happen but, if it does happen, it is usually slight. Hair growth usually returns to normal when you stop the treatment. If you feel that this is becoming more than a very slight hair loss, you should discuss it with your consultant.

If you have any of the following side effects or problems, you need to stop treatment immediately and get urgent medical advice.

Shortness of breath (breathlessness)

Methotrexate can very occasionally cause inflammation of the lungs. The breathlessness caused by methotrexate can come on gradually over a few days. You may also have a dry cough. If you feel breathless when resting and you do not have a heavy cold (runny nose and temperature), **stop the methotrexate** and seek urgent medical advice.

You will also need to contact your consultant. It is important that they examine you as very occasionally methotrexate can cause severe inflammation of the lungs.

If the whites of your eyes become yellow or you develop severe itching of the skin

Stop the methotrexate and seek advice from your consultant as these are sometimes signs of liver problems.

Infections, including fever, chills or severe sore throats

Methotrexate may reduce your ability to fight infections and this can be a problem in some individuals who may be more vulnerable to infections. Your blood tests will help to monitor this.

The specialist monitoring your treatment will contact you if there are any problems with your blood test results. Occasionally, changes in your blood may mean you may have to stop methotrexate treatment.

It is also important that you are careful about the risks of infections and take sensible precautions to avoid them. If you have any type of infection, **stop the methotrexate** and get prompt advice from your consultant.

New, unexplained bleeding or bruising

This can sometimes mean that your blood cells are affected by the methotrexate. **Stop your methotrexate** and seek advice from your consultant.

If you experience any other problems or side effects, please report them to your consultant.

Can I take methotrexate if I am planning to start a family?

No. Methotrexate may harm the unborn child and cause a miscarriage. It may also affect sperm in men, so effective contraception should be used while you are taking this treatment. If you think you might be pregnant, do not take methotrexate. Women who become pregnant whilst on the treatment should **stop their treatment immediately** and speak to their GP.

If your partner becomes pregnant while you are on the treatment, they should immediately seek advice from their GP.

Methotrexate can reduce fertility in men and women. It is recommended that women wait at least four months after stopping methotrexate treatment before trying for a baby. It is also recommended that men wait at least four months after stopping treatment before trying to father a child.

Chickenpox and shingles

If you are taking methotrexate and are unsure whether you have had chickenpox or shingles in the past, you may be at risk of severe infection from the varicella zoster virus, which causes chickenpox and shingles. If you come into close contact with someone who has either of these conditions, you should contact your consultant promptly as you may need special treatment.

What happens if I need an operation (surgery) – do I have to stop the treatment?

It is not usually necessary to stop methotrexate before having an operation or dental treatment. However, we advise you to let the surgeon, dentist or nurse know that you are taking methotrexate, so that they are aware and can give you specific advice, if required.

What happens if I am severely unwell – do I have to stop the treatment?

Sometimes, if you become severely unwell or if you are recovering from an operation, it may be necessary for you to stop your methotrexate for a short while. Your hospital will make sure that the medicines you are given are safe to be taken together. This is because certain medications, for example some antibiotics, interact with methotrexate and it is important that you do not take them together, especially if you are dehydrated.

Can I take other medicines with methotrexate?

Some drugs interact with methotrexate, so it is important that your consultant knows about all the tablets and remedies you take, including herbal and alternative remedies.

You should not take the antibiotics co-trimoxazole (Septrin) or trimethoprim whilst taking methotrexate, unless specifically told otherwise by your rheumatologist. These drugs can react with methotrexate which can be dangerous.

Always check with your consultant, GP or pharmacist before taking any other medicine. This includes medicines you can buy over the counter such as aspirin, paracetamol, ibuprofen and medicines for coughs, colds and flu. Some of these can interact with methotrexate, although in practice, problems with anti-inflammatory drugs (e.g. ibuprofen, diclofenac) are rare. It is helpful to bring a list of current medications with you when you see the consultant or pharmacist.

If you have any additional problems that you are trying to treat yourself, speak to your consultant, GP or pharmacist for advice before purchasing any supplements or treatments to make sure they can be taken with your methotrexate. It is possible that these problems might be related to the methotrexate.

Do I need to take any other precautions?

Alcohol

Methotrexate can cause liver damage and this risk can be increased if you drink alcohol. If you are taking methotrexate, you should ensure that your alcohol intake is **well within** the maximum recommended limits. National guidelines are two to three units a day for women and three to four a day for men (one unit = half a pint of normal strength beer, one glass of wine or one shot/pub measure of spirit).

The risk of liver damage from methotrexate appears to be greater in psoriasis than with individuals who have rheumatoid arthritis. Therefore, if you have psoriasis, it may be recommended that you avoid alcohol altogether.

Food

Methotrexate may reduce your ability to fight infection. There are some reports of bacteria (germs) found in food causing a problem to those with a reduced ability to fight infections.

These risks have not been specifically linked to methotrexate, but to any drug that dampens down the immune system (immunosuppressants).

Therefore, we recommend that you are cautious about unpasteurised milk or soft cheese, and are extra aware of food preparation and normal hygiene conditions in the handling of food. This is particularly important if you are also taking steroids or one of the newer biologic therapies (adalimumab, anakinra, etanercept and infliximab).

Vaccinations

It is important that any doctor or nurse you see is aware that you are on methotrexate, as you should not receive any **live** vaccines (e.g. yellow fever, measles, mumps, rubella (MMR), shingles and rubella (German measles). There are often alternatives to live vaccines that can be given.

Close relatives and family members may have live vaccines as normal. This will not be a risk to you.

We recommend that you have an annual flu vaccination.

Other information

If your treatment ends and you have some methotrexate left over, please return any remaining medicine to your pharmacist. Do not flush it down the toilet or throw it away.

Remember, while you are on this medication, it is your responsibility to ensure you have regular blood tests and it is important that you do not miss any of these tests. If your hospital appointment is rescheduled, contact the rheumatology helpline if you need more blood forms.

Can I find out more?

You can find out more from the following:

Arthritis Care

Tel: 0808 800 4050

Website: www.arthritis.org.uk

NHS Choices

Website: www.nhs.uk

If you have any questions, or if there is anything you do not understand about this leaflet, please contact:

Rheumatology helpline on 01384 244789 (this is an answer machine so please do not use this helpline in an emergency)

or speak to your pharmacist

Russells Hall Hospital switchboard number: 01384 456111

This leaflet can be downloaded or printed from:

<http://dgft.nhs.uk/services-and-wards/rheumatology/>

If you have any feedback on this patient information leaflet, please email dgft.patient.information@nhs.net

This leaflet can be made available in large print, audio version and in other languages, please call 0800 073 0510.

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