

Methotrexate

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

What is methotrexate?



Methotrexate 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. Methotrexate reduces the activity of the immune system (the body's own defence system), so it's always used with care.

At a glance

What type of drug is methotrexate?

Methotrexate is a disease-modifying anti-inflammatory drug (DMARD).

What does it do?

It reduces the activity of the body's defence system (immune system).

What is it used for?

It's used to treat auto-immune conditions such as rheumatoid arthritis, psoriatic arthritis and vasculitis.

How is it taken?

It's usually given as weekly 2.5 mg tablets or injection.

Are there any side-effects?

In some patients methotrexate can cause nausea (feeling sick), vomiting, diarrhoea, mouth ulcers, hair loss and skin rashes. It can also make you more likely to develop infections.

Why is methotrexate prescribed?

Methotrexate is used to treat several different types of auto-immune disease, including rheumatoid arthritis, psoriatic arthritis and vasculitis.

When and how do I take methotrexate?

Methotrexate is usually taken in tablet form once a week on the same day. The tablets should be swallowed whole and not crushed or chewed.

Methotrexate tablets come in two strengths, 2.5 mg and 10 mg. To avoid confusion it's recommend that only the 2.5 mg tablet is used.

! The two strengths are different sizes but are a very similar colour, so you should always check the dose is correct.

Your doctor will advise you about what dose you should take. In the early stages of a condition it's often treated more aggressively and so the starting dose can range from 7.5–15 mg per week. Your doctor may then increase this if the start dose isn't helping your symptoms. But your dose won't usually go higher than 25 mg weekly.

Methotrexate may also be given once a week by injection, usually subcutaneous (an injection under the skin), if tablets aren't well tolerated or side-effects are a problem.

How long does methotrexate take to work?

Methotrexate doesn't work immediately. It may be 3–12 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?

In some patients methotrexate can cause nausea (feeling sick), vomiting, diarrhoea, mouth ulcers, hair loss (usually minor) and skin rashes.

Taking methotrexate can affect the blood count (one of the effects is that fewer blood cells are made) and can make you more likely to develop infections. 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 methotrexate:

- a sore throat
- a fever
- any other symptom of infection
- unexplained bruising or bleeding
- jaundice (eyes or skin turning yellow).

What should I look out for?

You should stop methotrexate and see your doctor immediately if:

- any of the symptoms listed above are severe
- you become breathless or develop a dry cough lasting more than a month – in rare cases, methotrexate causes inflammation of the lung with breathlessness
- you haven't had chickenpox and you come into contact with someone who has chickenpox or shingles
- you develop chickenpox or shingles.

Chickenpox and shingles can be severe in people on treatments that affect the

Your body's own defences may be the cause of your rheumatoid arthritis, psoriatic arthritis or vasculitis.

immune system such as methotrexate. You may need antiviral treatment, which your doctor will be able to prescribe. Your methotrexate will be stopped if you do develop chickenpox or shingles and restarted when you're better.

Most doctors prescribe folic acid tablets to patients who are taking methotrexate as this can reduce the likelihood of side-effects. Some doctors advise that it shouldn't be taken on the same day as methotrexate.

What are the risks?

Will it affect vaccinations?

If you're on methotrexate it's recommended that you avoid live vaccines such as yellow fever. Your GP will discuss the possible risks and benefits of any vaccinations with you.

Pneumovax (which gives protection against the commonest cause of pneumonia) and yearly flu vaccines don't interact with methotrexate.

Can I drink alcohol while on methotrexate?

You should only drink alcohol in small amounts (no more than 4 units per week) because methotrexate and alcohol can interact and damage your liver. You should discuss this with your doctor.

Does methotrexate affect fertility or pregnancy?

Methotrexate can reduce fertility and it's likely to harm an unborn baby, so it must not be taken during pregnancy. Both men and women using this drug should take contraceptive precautions as it can also affect sperm and thus affect any fertilised egg. After stopping methotrexate you should continue using contraception for at least 3 months, and some doctors advise up to 6 months. You should talk to your doctor as soon as possible if you're planning a family, or if you become pregnant while taking methotrexate.

Does it affect breastfeeding?

You shouldn't breastfeed if you're on methotrexate. The drug may pass into the breast milk and could be harmful to your baby.

What else should I know about methotrexate?

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 methotrexate?

Because methotrexate can affect the blood count and sometimes cause liver problems, your doctor will arrange for you to have a blood test before you start treatment and regular blood checks while on methotrexate. 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. Your doctor may also request a chest x-ray before you start treatment, and sometimes lung function (breathing) tests.

Lung function tests are done to look for fibrosis (lung thickening) or alveolitis (inflammation in the lung). If you become breathless after starting methotrexate, another test can be done to see if your lung function has changed.

! You must not take methotrexate unless you're having regular checks.

Can I take other medicines alongside methotrexate?

Methotrexate may be prescribed along with other drugs to treat your condition. Some drugs interact with methotrexate, so 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 on methotrexate. You should also be aware of the following points:

- Special care is needed with **non-steroidal anti-inflammatory drugs (NSAIDs)**. You should only take NSAIDs based on the advice of your GP or rheumatologist.

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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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