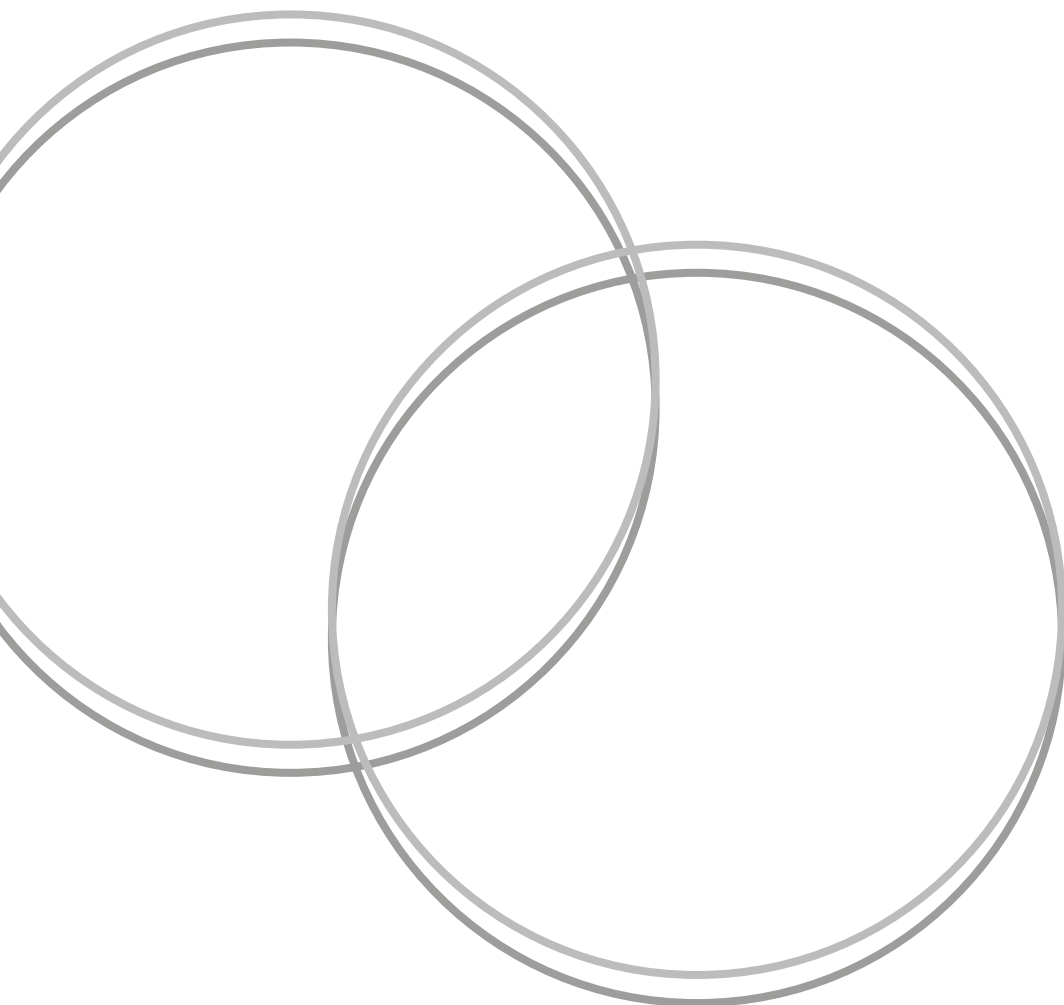


Methotrexate for Interstitial Lung Disease

Information for patients



This leaflet has been written to provide you (or your carer) with important information about how to use your medicine safely and effectively.

Why have I been prescribed this medication?

Methotrexate is an immunosuppressant medication. These are used to modulate and suppress the body's immune system in conditions where the immune system is overactive and reacts against your own body.

Within interstitial lung disease (ILD), methotrexate is used to reduce inflammation, which can contribute to your symptoms of breathlessness and reduce your ability to exercise.

Although methotrexate is not licensed for use for ILD, there is good evidence to support that it can help to treat it. Please ask for our leaflet 'Unlicensed and 'off-label' medicines', for more information.

How does it work?

Methotrexate reduces the activity of the immune system. It is often used instead of corticosteroids, such as prednisolone, which can have long-term side effects.

If you are already taking prednisolone, taking methotrexate will usually mean that your dose of prednisolone can be reduced and possibly stopped.

Methotrexate usually takes longer to work than corticosteroids. It can take up to 8-12 weeks before you have any benefit. It is important to continue taking the methotrexate during this time.

How do I take it?

Methotrexate comes as either tablets or injections.

Methotrexate tablets are available in 2.5mg and 10mg tablets. Always check the dose prescribed by your doctor and the strength of tablet you have been supplied. It is important that you keep an up-to-date record of the dose you are taking and always check the strength of the tablets you have been dispensed each time you get a prescription.

If you are prescribed the tablets, these should be taken with a glass of water, with or soon after food. The tablets should be swallowed whole; do not break or crush them, as this can cause irritation when you breath in the powder. An occasional or brief accidental exposure to the powder is very unlikely to cause harm, however if this should happen, wash your hands and face and report this event to the ILD team for safety.

If you are prescribed the injections, you will be taught how to administer these by the ILD nurse.

Methotrexate MUST be taken ONCE WEEKLY – the same day every week. Another tablet called **folic acid MUST** also be prescribed to be taken **along with methotrexate, on a different day every week.** Folic acid helps to protect the healthy cells in your body and reduces some of the potential side effects (such as feeling sick (nausea), being sick (vomiting) or diarrhoea).

To aid memory, we advise our patients to take Methotrexate on Mondays and Folic acid on Fridays.

Do not stop taking the methotrexate unless instructed by your doctor, as you need to take it to keep control of your lung condition.

Recommended dose of methotrexate

Your doctor will decide the best dose for you to take, depending on your body weight and drug tolerance.

The dose will usually start off low, to make sure you do not suffer from side effects.

If you have no negative effects from the medication, the dose will be increased by your doctor.

Your recommended methotrexate dose is:

Week:mg (..... x 2.5mg tablets) EVERY (once a week) & Folic acid: 5mg EVERY (once a week)	Start date:
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What happens if I forget to take a dose?

If more than 48 hours have passed from the usual time and day you take your dose, then miss that dose and take the next dose at the normal time. Never double the dose to make up for a missed dose.

If you take too much Methotrexate, please speak to your GP or contact the ILD nurses.

What are the possible side effects?

The most common side effects of methotrexate are:

- headache
- dizziness
- tiredness
- nausea
- vomiting
- diarrhoea

As methotrexate suppresses the immune system this can cause you to:

- develop anaemia (symptoms include fatigue, shortness of breath, pale skin, headache, and dizziness)
- be more likely to develop infections
- be more likely to bruise easily

Occasionally methotrexate may cause abdominal pain, due to inflammation of the liver and less often your pancreas. This can cause an increase in blood marker levels.

Folic acid reduces the risk of liver toxicity and gastrointestinal side effects, so it is critical to never omit it. On some occasions, its dose might even need to be increased to 6 times a week (NOT on methotrexate day).

As with any medication that affects the immune system, there is a small increased risk of developing lymphoma (cancer of the lymphatic system) or skin cancer. You will need to limit your exposure to sunlight and UV light, by wearing clothing that covers exposed skin and using a high factor sunscreen.

Methotrexate may cause hair loss or thinning. Hair growth usually returns to normal, even if treatment continues, but you should avoid hair dyes or perms for the first few months, as your hair will be weaker than normal.

For a full list of possible side effects please refer to the information within the medicine packet.

What should I do if I experience any side effects?

If you experience any signs of infection, such as:

- a high temperature above 37.5°C
- a sore throat
- 'flu-like' symptoms
- cough
- mouth ulcers

You should contact your GP or the Oxford ILD team immediately. Please tell them that you are taking Methotrexate and stop taking this.

You should also stop taking the methotrexate and seek medical attention either from your GP or the Oxford ILD team if you develop side effects such as:

- unexplained bruising
- bleeding
- shortness of breath
- excessive tiredness
- yellowing of your skin or whites of your eyes (also known as jaundice)
- severe itching

as these can be signs of liver damage.

If any of the following symptoms develop, stop taking the methotrexate and inform your GP and the Oxford ILD team immediately:

- redness of your skin or skin rash
- fever, shivering or chills
- feeling dizzy, confused, light-hearted, weak or generally tired
- muscle and/or bone pain
- kidney problems, such as changes in the colour or amount of urine passed
- unexpected bleeding or bruising
- bad diarrhoea and/or abdominal pain
- blistering and/or peeling of the skin, lumps on the body or patches of dry skin
- loss of appetite, nausea, vomiting

If you have not had chickenpox and come into contact with someone who was chickenpox or shingles, or you develop chickenpox or shingles, you should stop taking the methotrexate and see your GP immediately. You may need antiviral treatment, because chicken pox and shingles can be severe in people taking methotrexate, as it affects the immune system.

Rarely, people are allergic to methotrexate. If you have an allergic reaction, the medication will have to be stopped. Symptoms of an allergic reaction can include:

- a skin rash
- wheezing
- shortness of breath
- swelling of the face, lips, tongue or throat

What monitoring is required whilst taking methotrexate?

As methotrexate can sometimes cause liver or kidney problems, your doctor will arrange for you to have a blood test before you start treatment. This is so we have a 'baseline' set of liver and kidney results and can see if any changes occur once treatment starts.

It is important to have your blood tested regularly, to check for early signs of changes. These blood tests show if the methotrexate is working and whether you are developing any side effects.

The blood tests should be carried out at your GP surgery and will need to include:

- full blood count
- urea and electrolytes
- liver function tests
- C-reactive protein

You will need to have a blood test every 2 weeks for the first 12 weeks, then as guided by your GP.

You will be given a 'methotrexate blood monitoring and dosage record' booklet by your ILD team when you are initiated on treatment.

Will methotrexate interfere with my other medicines?

Before you start any new medicines, you must check with your doctor or pharmacist whether they might interact with methotrexate, especially if those are not prescribed by a doctor (such as over the counter medications or herbal remedies).

Can I drink alcohol?

Alcohol and methotrexate can both affect your liver, so it's important you don't drink more alcohol than the government's recommended limits.

The government guidelines say both men and women should have no more than 14 units of alcohol a week, and that you should spread these through the week rather than having them all in one go.

You can find out more about units of alcohol at [**www.drinkaware.co.uk**](http://www.drinkaware.co.uk).

Drinking alcohol in moderation whilst on methotrexate may make any diarrhoea and nausea worse. It may also cause liver problems or making existing liver problems worse.

Vaccinations

Seasonal vaccination against influenza is recommended for people of any age while they are taking methotrexate, and also vaccination with pneumococcal polysaccharide vaccine against pneumonia and Covid -19.

Methotrexate does not appear to increase the risk of catching influenza, but the illness can be much more severe if you catch it whilst taking this medication.

You should avoid having 'live vaccinations', such as polio, MMR.

If you are offered the shingles vaccination, this should be the non-live version of this vaccine – Shingrix – which is given as 2 doses of the shingles vaccine usually given 8 weeks apart. This vaccination is recommended for patients aged 50 years and above with a weakened immune system due to medications such as methotrexate.

Contraception, pregnancy and breastfeeding

Methotrexate is teratogenic, which can cause harm to a developing baby. It should not be taken if you are pregnant, a mother who is breast-feeding or are in the process of trying to conceive a baby.

If you become pregnant whilst taking methotrexate, you should be seen by the specialist for consideration of alternative immunosuppressants.

It is essential that both female and male patients of child-bearing age use effective and reliable contraception whilst on methotrexate and for at least 3-4 months after stopping it.

As methotrexate passes into breast milk and may cause toxicity in nursing infants, treatment is contraindicated during this time. Breast-feeding is therefore to be stopped prior to treatment.

What happens if I need an operation?

Before an operation or procedure, let the doctor or nurse know you are taking methotrexate. If you need to have a course of antibiotics before or after the procedure, you will need to stop your methotrexate temporarily as your immune system is less able to prevent or fight off infection whilst on this medication. Once your course of antibiotics is complete you can restart your methotrexate.

Where can I find further information?

For further information, please speak to your GP or contact the Oxford ILD team.

Oxford ILD Team:

Telephone: **01865 225 252** (9am – 5pm Monday to Friday)

E-mail: **OxfordILD@ouh.nhs.uk**

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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