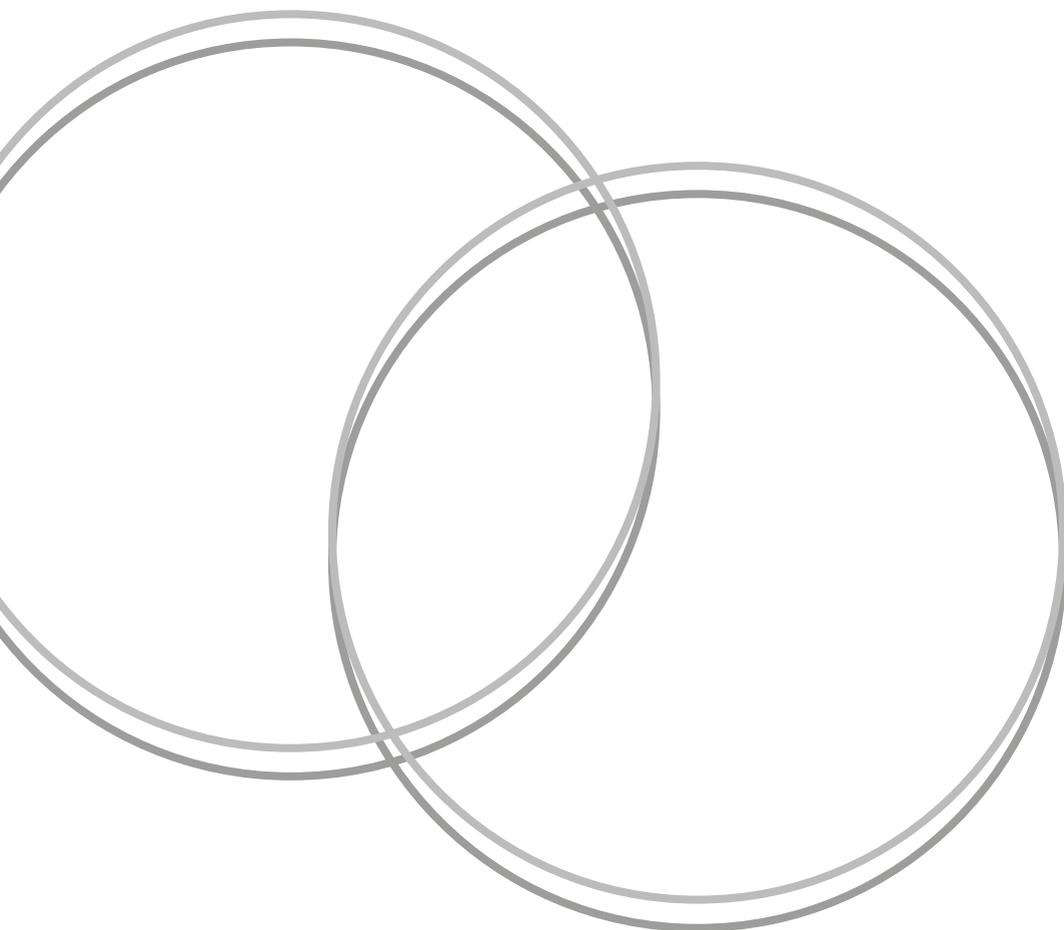


Methotrexate

Information for Patients



Gastroenterology Unit

Why have I been given this leaflet?

This leaflet answers some common questions patients ask about methotrexate. Further information can be found in the information leaflet supplied by the manufacturer or from your pharmacist, IBD nurse specialist or doctor.

Why have I been prescribed this medicine?

Methotrexate is often prescribed for patients with chronic active inflammatory bowel disease who need continuous or repeated courses of corticosteroids. Methotrexate is often referred to as a “steroid sparing agent” or “immunomodulator”. This means that it allows the dose of steroids to be kept to a minimum and eventually stop.

Although methotrexate is unlicensed for treatment of IBD, it is widely used for this purpose. It is generally given only to patients who do not respond to or tolerate azathioprine or mercaptopurine.

Methotrexate is also used in other groups of patients including those with rheumatoid arthritis, psoriasis and cancer.

How does it work?

Methotrexate has anti-inflammatory and immunosuppressive properties. This helps to reduce the damage to the bowel wall – which is responsible for the symptoms you are experiencing. The evidence for its effectiveness is stronger in Crohn’s disease but it is occasionally used in ulcerative colitis.

It can take several weeks before you start to feel the effects of methotrexate. It is important that you continue to take your medicine during this time.

What dose do I take?

You will be prescribed Methotrexate as either tablets or subcutaneous injection, both of which are taken weekly.

Tablets:

You should take the tablets by mouth, after food. Swallow the tablets whole with a glass of water while sitting upright or standing. Do not crush or chew them. If you have problems swallowing large numbers of tablets, they can be dispersed in a glass of water.

Methotrexate tablets come in two different strengths: 2.5mg and 10mg. The two strengths are different shapes but are a similar colour. It is important that you keep an up to date record of the dose you are taking and always check the strength of the tablet you have been given each time you get a prescription. To reduce the risk of confusion and possible overdose, many pharmacies only stock 2.5mg strength tablets.

Injection:

Your nurse may train you to inject the methotrexate yourself, usually into your tummy or thigh, just under the skin (subcutaneously) or deeper into the flesh (intramuscularly). Alternatively the nurse may give you your injection each week. All syringes should be disposed of in a dedicated bin given to you for this purpose by your nurse.

If you take too much methotrexate contact your doctor or local emergency department immediately.

How long will I be taking it?

If methotrexate controls your symptoms and you have very few side effects, you may remain on methotrexate for several years. Do not stop taking your medicine unless your Gastroenterologist tells you to, however well you may feel.

What happens if I forget to take a dose?

If you miss your dose on the normal day, you can take it on one of the two following days. Do not take the dose if you are three or more days late. In the following week take the dose on your usual day. Do not double up your dose.

What are the possible side effects?

The most frequent side effects are nausea and vomiting (especially at the start of treatment), inflammation and soreness of the mouth, diarrhoea, rash or generalised itchininess and fatigue. You may notice some hair loss while taking methotrexate although this will usually grow back on stopping treatment.

In patients who experience gastrointestinal side effects (nausea, vomiting or diarrhoea), a vitamin supplement called folic acid may be recommended by your Gastroenterologist to help reduce their frequency. This should be taken once weekly, 4 days after your methotrexate. We suggest you take this on Fridays if you take methotrexate on Mondays. Taking methotrexate with food may also reduce gastrointestinal irritation. If symptoms persist or are severe you should contact your Gastroenterologist or GP or nurse specialist.

Methotrexate can very occasionally affect the production of some of the cells in your bone marrow and make you more open to infections. It can also cause problems with clotting of your blood. If you feel generally unwell or develop unexplained bruising, bleeding, sore throat, fever or malaise, contact your doctor. If you are in close contact with anyone who has chicken pox or shingles, contact your Gastroenterologist or GP or nurse specialist.

Methotrexate can also very rarely affect the function of your liver. If the whites of your eyes become yellow or you develop severe itching of the skin you should contact your doctor immediately.

Methotrexate can under exceptional circumstances cause inflammation in the lung tissue leading to a feeling of breathlessness or persistent cough. This is very rare. However, if you experience such a side effect you must report it to your GP or nurse specialist immediately.

Do I need any special checks while on methotrexate?

As mentioned above, methotrexate can occasionally affect your blood or liver and it is important that you have regular blood tests to check for early signs of changes. We recommend this is done initially every week for the first month then every 2-3 months. You should also have your blood checked if you experience side effects such as a sore throat (see above). The blood tests can be done via the Gastroenterology clinic or, with agreement of your GP, at your local surgery.

We will ask you to keep a Monitoring and Dosage Record booklet ("purple book") with your blood results. It is important to bring this with you for updating each time you visit your GP or the hospital.

You should also show it to your dentist if you are having any dental treatment and to your pharmacist when collecting your prescription. Copies of the Monitoring and Dosage Record booklet can be obtained from the Gastroenterology Nurse Specialist or Pharmacist at the John Radcliffe Hospital.

Does methotrexate interfere with my other medicines?

Methotrexate can interact with other medicines including those bought over the counter such as cold and flu remedies, herbal and alternative medicines.

You should avoid having 'live' vaccines whilst taking methotrexate e.g., mumps, measles and rubella (MMR), yellow fever, BCG, some typhoid vaccines, and varicella vaccines. If you require travel vaccines or your doctor, nurse or pharmacist advise that you need a vaccine, always tell the healthcare professional that you are taking methotrexate. Seasonal vaccination against influenza and pneumococcal vaccines are also recommended for adults taking methotrexate.

Is methotrexate OK in pregnancy and breastfeeding?

It is not safe to take methotrexate during pregnancy as methotrexate can damage the developing foetus.

It is essential that **men and women** of childbearing age use at least one reliable form of contraception during treatment and for at least 3 months after treatment is stopped

If you are a woman of childbearing age (12-55 years), you must provide a negative pregnancy test before starting treatment and must follow the contraception advice given to you by your Gastroenterologist or GP. We advise using birth control prior to treatment, as pregnancy tests may not reliably detect pregnancy during the first month. Your doctor may request more than one test to ensure you are not pregnant before starting treatment.

If you are planning a family it is essential that you discuss this with your Gastroenterologist first.

You should not breastfeed if you are taking methotrexate.

There is a detailed booklet on pregnancy and IBD available on the OUH website (see link at end of leaflet) or from the Gastroenterology Outpatients Department at the John Radcliffe and Horton General Hospitals.

**Keep all medicines out of the reach of children.
Never give any medication prescribed for you to
anyone else. It may harm them even if their
symptoms are the same as yours.**

Useful contacts:

Gastroenterology pharmacist

Tel: 01865 221 523

or email: ibd.homecare@nhs.net

IBD Advice Line

Tel: 01865 228 772

or email ibd.advice@nhs.net

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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Oxford University Hospitals NHS Foundation Trust
www.ouh.nhs.uk/information



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