

Methotrexate

(Information from the DEPARTMENT OF RHEUMATOLOGY, IMMUNOLOGY AND ALLERGY, Christchurch Hospital, Christchurch, New Zealand)

WHY AM I PRESCRIBED METHOTREXATE?

Your doctor has prescribed methotrexate for treatment of your rheumatic condition. It is used to treat several different types of rheumatic disease including rheumatoid arthritis. Methotrexate reduces inflammation and also can affect the immune system. It has been used in medical practice for many years and its side-effects are well known.

While serious side-effects are uncommon, regular blood tests are necessary to exclude them.

HOW DO I TAKE METHOTREXATE?

Methotrexate is usually taken in tablet form once/week. It may be taken with or after food. The tablets should be swallowed whole and not crushed or chewed. Methotrexate can also be given by injection.

WHAT DOSE DO I TAKE?

Your doctor will advise you about what dose you should take. Methotrexate is prescribed as 2.5 mg tablets and you will usually start on a low dose (eg 5 mg (2 tablets) or 7.5 mg (3 tablets) a week). Your doctor may then increase this if necessary.

Methotrexate is not a pain-killer. If you are on an anti-inflammatory drug or pain-killer it is important to continue to take these as well as methotrexate, unless your doctor advises otherwise.

A 5 mg tablet of the vitamin folic acid is taken weekly four days after taking methotrexate. This helps to prevent side-effects.

HOW LONG WILL METHOTREXATE TAKE TO WORK?

Methotrexate does not work immediately. It may be 3-12 weeks before you notice any benefit.

WHAT ARE THE POSSIBLE SIDE-EFFECTS?

All drugs can cause side-effects, although most patients never have them. In some patients methotrexate can cause a feeling of sickness, diarrhoea, mouth ulcers 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. If you develop a sore throat or other infection, if you have a fever, if you develop unexplained bruising or bleeding, become breathless, or if you develop any new symptoms after starting methotrexate, you should tell your doctor.

MONITORING TESTS

Before starting methotrexate, your doctor will arrange blood tests to check your blood count, liver and kidney function and a chest X-ray may also be arranged.

Blood tests should then be performed monthly to monitor for potential problems.

ADDITIONAL INFORMATION

- Pregnancy Methotrexate can reduce fertility and may harm an unborn baby so it should not be taken during pregnancy. Whilst taking methotrexate, and for six months after methotrexate is stopped, both women and men must take contraceptive precautions. If you are planning a family, or if you become pregnant while taking methotrexate, you should discuss this with your doctor as soon as possible. You also should not breastfeed if you are taking methotrexate.
- Drug interactions Methotrexate may interact with certain medications, eg antibiotics such as bactrim, septrin

and trimethoprim. It is important to advise your doctor that you are taking methotrexate before being prescribed a new drug.

While you may take the anti-inflammatory drugs prescribed to you by your doctor, you should not buy these without prescription.

- Alcohol Small amounts of alcohol may be allowed whilst taking methotrexate but this should be kept to a minimum.

NOTE

Currently in Christchurch (and throughout New Zealand) methotrexate is only available at selected pharmacies. The initial prescription is usually issued by a rheumatologist, however once you are maintained on a stable dose your general practitioner may prescribe methotrexate for you.

If you have any further questions or need advice about your treatment, do not hesitate to ask your doctor or pharmacist.

REMEMBER TO KEEP ALL MEDICINES OUT OF REACH OF CHILDREN.