

Methotrexate

Information for patients



Cardio-Respiratory
Service

This leaflet contains information about methotrexate to treat your lung disease. It will give you more information about this medication.

My condition is:

You will normally be under the care of:

Dr Beirne, Dr Boland or Dr Sutherland

If you need to get in touch with one of the doctors or the specialist nurses, their contact numbers are:

Dr Beirne's, Dr Boland and Dr Sutherland's Secretary:
0113 206 5113

Specialist Nurses:
0113 206 7120

Dose of methotrexate

Initiation Date	Dose once a week	Day of the week
Review Date		
Review Date		
Review Date		
Review Date		

Blood test monitoring

Blood tests are required regularly on methotrexate. When you first start taking methotrexate and when ever your methotrexate dose changes, blood tests will initially be required every two weeks for the first two months, and then monthly for four months. Once you are on a stable dose, you will need this every three months. Your GP Practice will be asked to do them but if there are any problems, please let the specialist nurses know.

Blood test needed:

Blood test needed:

Blood test needed:

Blood test needed:

Blood test needed:

Blood test needed:

In addition to methotrexate, you should continue with prednisolone at a dose of mg (..... tablets).

Introduction

This leaflet contains information about methotrexate to treat lung diseases such as sarcoidosis or asthma. It tells you:

- how the medicine works
- how you should take it
- whether there are any side-effects

Please also read the leaflet called **Unlicensed Medicines: Information for Patients** and any information provided by the manufacturer in the medicine package.

Why have I been given this leaflet?

The leaflet will help you to remember what your doctor has told you about this medicine. It will also help you to decide whether you want to go ahead with the treatment.

For most medicines, information is provided by the manufacturer in the medicine package. This medicine does not have a licence for use for lung diseases in the UK so the leaflet in the medicine package doesn't tell you everything you need to know. We have written this leaflet to give you some extra information.

So this medicine does not have a licence. What does this mean?

The leaflet called **Unlicensed Medicines: Information for Patients** tells you more about medicine licensing regulations. It also tells you why unlicensed medicines are sometimes used.

Why does methotrexate not have a licence?

Sometimes a medicine has been licensed for a certain use and later use shows that it works for a different illness. The manufacturer can choose whether they apply to the Government to have the more recent information added to the licence. This costs a lot of money so sometimes the manufacturer decides it is not worth their while

Methotrexate is made by the manufacturer for severe uncontrolled psoriasis, and a wide range of cancers including including acute leukaemias, Non-Hodgkin's Lymphoma, soft-tissue and osteogenic sarcomas, and solid tumours. However it is also a well-established, effective treatment for several different conditions, including rheumatoid arthritis, connective tissue diseases (such as systemic lupus erythematosus and vasculitis) also useful in the treatment of lung diseases such as sarcoidosis or asthma.

Remember that your doctor will have thought carefully about which medicine is best for your condition.

What is methotrexate and how does it work?

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 lungs.

It is not a painkiller. It may be three to 12 weeks before you notice any benefits, but it is working during this period. methotrexate may need to be taken for several years to keep your symptoms controlled.

How should I take methotrexate?

Methotrexate is usually taken in tablet form **once a week** on the same day each week. The dose will vary for each person depending on many factors such as how active your disease is and how you respond to treatment, but will usually range from 7.5mg to 25mg **once a week**.

Methotrexate may also be given **once a week** by injection either subcutaneous (an injection under the skin like insulin injections for diabetes), or intramuscular (into the buttock or thigh).

There is a potentially fatal risk of accidental overdose if methotrexate is taken more frequently than once a week. It must not be taken daily. You should seek prompt medical advice if you think you have taken too much.

How to take methotrexate

The tablets should be swallowed whole and not crushed or chewed, with a glass of water while you are sitting or standing. Taking the tablets one hour after food in the evening may prevent them causing sickness.

What happens if I forget to take my tablets?

If you miss your methotrexate dose on your normal day, don't worry you can take it sometime over the next two days. For example, if your normal day for taking methotrexate is Monday, you can take it on Tuesday or Wednesday.

Do not take the dose if you are three or more days late. A flare up of your condition 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 many tablets?

If you make a mistake and take too many Methotrexate tablets you may need urgent hospital treatment.

Keep the methotrexate bottles or cartons and make a note of how many tablets you think you have taken and contact your doctor 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.

If it is serious, however, you may need urgent treatment with a drug which can neutralize the effects of methotrexate called folinic acid.

If you are sick

If you are sick within a few hours of taking methotrexate tell your GP. You may be told to take another dose or to wait until the next dose is due the following week. Patients who are regularly sick after every dose may be given methotrexate by injection instead.

Take care

Handle the tablets as little as possible and wash your hands after handling them. Store them at room temperature and out of children's reach.

Methotrexate is made in two different strengths, 2.5mg and 10mg. The two strengths are different shapes but are a very similar colour, so always check you have been given the right strength by your doctor or pharmacist.

Do not take the tablets if you think you have the wrong strength and check with your doctor or pharmacist as soon as possible. Depending upon how well the tablets work for you, the dose and number of tablets that you need to take may change. However, you will still only need to take them once a week.

Do I need any special checks while on methotrexate?

Methotrexate reduces the production of blood cells making you more vulnerable to infections and can sometimes affect the liver, kidneys or lungs. Therefore your doctor will arrange for you to have regular blood tests whilst you are taking methotrexate.

Blood tests will show if you are developing any side effects. If you are being affected, your treatment will be changed or stopped immediately. It is important that you do not miss your blood tests. **You must not take methotrexate unless you are having regular blood tests.** Blood tests are required every two weeks for two months, then monthly for four months, and then every three months when your dose is stable.

When you start taking methotrexate, your doctor will give you a booklet in which the results of your blood tests will be recorded. This will help you, your doctor and your pharmacist know that the dose is right for you and not adversely affecting your body.

When should methotrexate not be used?

Do not take this medicine if you:

- Are allergic to methotrexate.
- Are pregnant, trying to become pregnant, or are breastfeeding.
- Have severe kidney disease.
- Have severe liver disease.
- Active infectious disease (e.g. fever, chills, joint pain).
- Have any serious blood problems including serious anaemia and clotting problems.
- Have a medical condition or are receiving medication which lowers your resistance to infection.
- Are taking antibiotics which prevent the production of folic acid (vitamin B9) such as co-trimoxazole.

Take with extra care if you:

- Have mild kidney disease.
- Have mild liver disease.
- Have any blood disorders or anaemia.
- Have diarrhoea.
- Have gastro-intestinal (digestive) problems.
- Have or have ever suffered from mental illness.
- Have received any vaccinations recently or you are due to have any, as methotrexate can reduce their effect.
- Have any symptoms or signs of infection.

Please tell your doctor if you have any of the conditions listed above or in the manufacturer's leaflet.

Are there any side-effects?

Most medicines cause side-effects. The manufacturer's leaflet contains a list of the known side-effects for this medicine. Everyone reacts differently to medicines. You may have some side-effects or none at all.

Methotrexate has a number of side-effects. However everyone reacts differently to medicines and it is very unlikely that you will have all the listed effects. If you have any of these effects, you do not need to contact the doctor unless they persist for more than a few days or become unbearable. However there are some rare, but serious side effects that you would need to tell your doctor about immediately.

Taking methotrexate can affect the blood count (one of the effects is that fewer blood cells are made). Your regular blood count test will check how well your bone marrow is working.

In some patients, methotrexate can cause a feeling of sickness, diarrhoea, mouth ulcers, hair loss and skin rashes.

Taking methotrexate can affect the blood count (one of the effects is that fewer blood cells are made). Your regular blood count test will check how well your bone marrow is working. Possible indicators of bone marrow damage are anaemia, regularly catching infections, and bruising and bleeding easily.

Very occasionally, methotrexate causes liver disease. Your regular blood test will check how well your liver is working and detect any early signs of damage. Possible indicators of liver disease are yellowing of the skin or generalised itching.

Rarely, methotrexate causes inflammation in the lungs with breathlessness. If your breathing worsens, tell your doctor immediately.

The patient information leaflet in your tablet packet has a more detailed list of possible side-effects.

Some doctors may also prescribe folic acid tablets as these can reduce the likelihood of side-effects.

Things to tell your doctor immediately

If you experience any of the following side effects, do not take your next dose of methotrexate and tell your doctor immediately. You will be advised by your doctor or nurse whether you are able to restart methotrexate once your problem has been investigated.

- infections including fever, chills or sore throats;
- unexplained new skin rash, ulcerations or soreness of skin;
- yellowing of the skin or generalised itching;

- bleeding gums, black tarry stools or unexpected bleeding or bruising;
- a change to your breathing or cough;
- sore mouth or mouth ulcers;
- severe and continuing diarrhoea, vomiting or stomach pains;
- vaginal inflammation or ulcers.

See your doctor if you develop any new symptoms after starting methotrexate.

Chicken pox and shingles

If you have not had chicken-pox but come into contact with someone who has chicken-pox or shingles, or if you develop chicken-pox or shingles whilst you are taking methotrexate, you should see your doctor as you may need special treatment.

Will methotrexate affect any other medicines?

If you take medicines containing trimethoprim (for example co-trimoxazole (Septrin®), which may be prescribed for infections), tell your doctor or pharmacist and they will advise you.

Tell your doctor or pharmacist about all the other medicines you take. This includes any medicines you have had prescribed by another doctor as well as medicines bought from a pharmacy or supermarket and any herbal remedies.

Whenever you are prescribed a new medicine, or want to buy a medicine e.g. from a pharmacy or supermarket, it is important that you tell the doctor or pharmacist about all the medicines that you take, including methotrexate. You should also tell your dentist when you see him/her.

Vaccinations

Your doctor or nurse should not offer you any immunisation injections that have any of the 'live' vaccines such as MMR and yellow fever. Pneumococcal (Pneumovax® II) and yearly flu vaccines are safe and recommended.

Drinking alcohol

Alcohol can react with methotrexate and damage your liver, so it is advisable not to drink. However, an occasional drink may not be expected to cause significant side-effects. Your doctor can give you more information and advice about this.

If you do drink, it is recommended that you do not exceed the national guidelines. These are two units a day for men and women. One pint of beer is two units; one pub measure of a spirit (25ml) is one unit; and one pub measure of wine (125ml) is one unit.

Food

Food made from unpasteurised milk, such as soft cheese and uncooked meats such as pate, may be a source of bacteria which could increase your risk of infection. Read food labels carefully, and avoid eating these types of food, particularly if you are also taking steroids.

Does methotrexate affect fertility or pregnancy?

Methotrexate can reduce fertility in men and women. It can also damage an unborn child.

Women

Do not take methotrexate if you are pregnant or breastfeeding. It is recommended that you wait at least three months and preferably for six months after finishing your treatment, before trying to become pregnant. You should talk to your doctor or nurse about effective contraception. 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.

Men

It is recommended that you wait at least three months and preferably for six months after finishing your treatment, before trying to father a child as your sperm can be affected. You should talk to your doctor or nurse about effective contraception. If you are planning a family, you should discuss this with your doctor as soon as possible.

How should I store methotrexate?

Methotrexate should be stored in a cool, dry place, away from direct sunlight.

It is important that all medicines are stored out of reach of children.

Where do I get my next supply?

When you are on a steady dose of methotrexate, your GP should take over prescribing it. Until then, this will be supplied when you come to the Clinic.

You must make sure you get any repeat prescriptions to the pharmacy in good time. The pharmacy may not have the medicine in stock and may need a few days to arrange a supply.

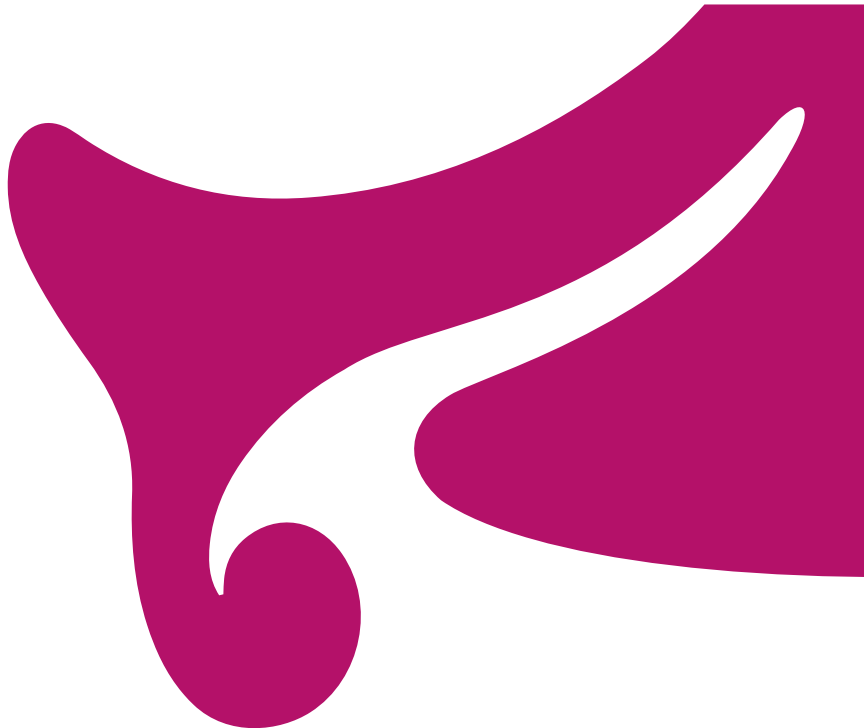
How can I find out more?

Your agreement should be obtained before prescribing any medicine.

This leaflet has been written to provide general information about methotrexate. If you have any further questions or concerns, please speak your doctor or pharmacist.

Other information

If your treatment ends and you have some tablets left over, return them to your pharmacist. Do not flush them down the toilet or throw them away. When you were given this leaflet, you should also have received a booklet for recording your blood test results. If you did not receive one, ask your hospital clinic for a copy.



What did you think of your care?

Scan the QR code or visit bit.ly/nhsleedsfft

Your views matter



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