Methotrexate in Inflammatory Bowel Disease

An information guide
Methotrexate in Inflammatory Bowel Disease

Your doctor is planning to start you on a medication called Methotrexate. This information leaflet is designed to answer some questions that you may have.

Why do I need Methotrexate?

Methotrexate is effective in controlling inflammatory conditions such as Crohn's disease, skin conditions such as psoriasis, inflammatory joint conditions and less commonly Ulcerative Colitis.

Methotrexate has been shown to be effective in maintaining remission (controlling disease activity) in IBD. It is usually used for people who have recurrent flares needing steroids to control them.

What are the alternatives?

Acute flares are usually treated with steroids initially. People who have recurrent flares often need additional therapy to help prevent relapses and also protect against the need for recurrent steroid therapy which is associated with significant side effects. Steroids do not keep people disease free between attacks. A proportion of individuals have more troublesome flares that require additional therapy. In these situations, we offer disease modifying medications such as Azathioprine. If you are unable to have or tolerate it you may be offered Methotrexate an alternative.

What happens before I start my treatment?

A blood test (usually blood counts, kidney and liver tests) and a chest X-ray is often performed before treatment is started.

You will have the opportunity to discuss your course of treatment with your consultant when the decision is made this medication may benefit you. You will also see the IBD specialist nurse to discuss
this medication in detail. At that appointment you will be given an information leaflet to take away with you for future reference.

What dose do I need?
Methotrexate can be given by injection into the buttock or thigh once a week.

A home care company will deliver your injections to your home, and a registered nurse from the company will teach you to self-inject with a pen device.

Weeks 1-12 25mg injections once a week
Week 12 onwards 15mg injections once a week long term

You will also be given folic acid tablets to help reduce the risk of side effects. Do not take folic acid tablets on the day of or the day after your Methotrexate dose.

Some patients are given oral tablets instead, and generally will follow the regime above.

Your Medication
Injections or tablets are taken on the same day of the week. Tablets should be taken an hour after food in the evening with a full glass of water while you are sitting or standing. Handle the tablets as little as possible; store them at room temperature and out of children’s reach.

Methotrexate tablets come in 2.5mg strength.

What are the side effects?
Methotrexate is usually safe but may occasionally be associated with some side effects which are rare. The most important side effect is a reduction in the number of blood cells made by the bone marrow. These include red blood cells, white blood cells (for
fighting infection) and platelets (for blood clotting). It is important that you inform us immediately if you develop “flu like” symptoms such as shivering, fever, sweating or headache or if you have unexpected bruising or bleeding. If so you will be asked to have a blood test immediately to check your full blood count and may mean reducing the dose or stopping the drug, you will be advised accordingly.

Side effects such as nausea, vomiting, abdominal discomfort may occur initially but usually settle within a few weeks. Other side effects may include skin rashes, mouth ulcers, and headaches. Most are uncommon and often disappear upon reduction in the dose or stopping the medication if the side effects are troublesome.

A persistent dry cough or breathlessness may be an early sign of lung scarring although this is rare in patients with inflammatory bowel disease.

Abnormalities in kidney and liver test may occur but are usually picked up early on regular screening blood tests. You may be slightly more susceptible to infection and should see your doctor (GP) immediately should you develop any signs of an infection or feel unwell.

Abnormalities in testicular and ovarian function are rare.

Although scarring (fibrosis and cirrhosis) of the liver can occur blood tests are performed regularly which may detect abnormalities in liver function. In exceptional circumstances your doctor may recommend a liver biopsy if he is concerned about your liver.

Although these side effects sound alarming, the vast majority of patients tolerate the drug very well and will find it very effective. You should be assured that you would be monitored closely whilst on treatment and if any side effects do develop they will be dealt with accordingly.
Please contact your IBD nurse or consultant if you have:

- recurrent Infections including fever, chills, or sore throats
- unexplained skin rash, ulcerations or soreness of skin
- yellowing of the skin or eyes or generalised itching
- bleeding gums, black tarry stools or unexpected bleeding or bruising
- chest pain, difficulty breathing or a dry, persistent cough
- sore mouth or mouth ulcers
- vaginal inflammation or ulcers.

If you are sick

If you vomit within a few hours of taking Methotrexate tablets please tell your GP or nurse specialist. You may be asked to take another dose or wait until the next dose is due the following week. Patients who vomit regularly may be given an injection instead.

Chicken pox and shingles

If you are taking Methotrexate and you develop chicken pox or shingles you should see your doctor as you may need special treatment.

Should I receive vaccinations

The European Crohn’s and Colitis Organisation have given guidance on immunisations of IBD patients. We would recommend that you have influenza, pneumonia and hepatitis B vaccinations ideally before you start any immunosuppression or at the earliest opportunity.
You should not receive any live vaccines such as polio, yellow fever, rubella (German measles), MMR or BCG (tuberculosis) while taking adalimumab. If you require vaccinations prior to travel, please check with your travel nurse that these are not live vaccines and discuss with your IBD nurse.

**Is it safe in pregnancy?**

Methotrexate can have harmful effects on the foetus; it is not safe in pregnancy. Do not take Methotrexate if you are pregnant or breast feeding. It is recommended that you wait six months after finishing your treatment, before trying to become pregnant. You should talk to your doctor about effective contraception. If you become pregnant on Methotrexate you will need specialist advice.

**Men**

It is recommended that you wait six months after finishing your treatment, before trying to father a child as your sperm can be affected. You should use effective contraception; talk to your doctor or IBD specialist nurse if you need advice.

**Will it interfere with my other medication?**

Certain medications may interfere with the activity of Methotrexate. Please inform your doctor of all your medications and particularly if you are on anti-inflammatory medications. You will be advised accordingly.

**Can I drink alcohol?**

Alcohol can react with Methotrexate and 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 advice on this.
Do I need to avoid any specific type/s of food?
Food made from unpasteurised milk, such as soft cheese and uncooked meats such as pate and raw seafood may be a source of bacteria, which could increase your risk of infection. Please read food labels carefully and avoid eating these types of food.

Are there any other tests that I need to have while on Methotrexate?
Your blood count will be checked every week for the first month, then every month for as long as you are on Methotrexate.
These tests may be carried out at the hospital or via your GP. Additional blood tests may be required on an individual basis and on the advice of your Consultant or Specialist Nurse.
Your GP has been informed of the decision to treat you with Methotrexate.

We hope this information leaflet answers most questions, however if you still have questions, please do not hesitate to contact one of the IBD team on
IBD advice line 0161 918 8579 or IBD.nurses@pat.nhs.uk
If English is not your first language and you need help, please contact the Ethnic Health Team on 0161 627 8770.

For general enquiries please contact the Patient Advice and Liaison Service (PALS) on 0161 604 5897.

For enquiries regarding clinic appointments, clinical care and treatment please contact 0161 624 0420 and the Switchboard Operator will put you through to the correct department / service.

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