

Methotrexate (other name = Maxtrex)

This information sheet gives you information about your Methotrexate tablets. It explains what the tablets do, how and when to take them and outlines side effects.

What the tablets look like:

- Yellow tablets in 2.5mg or 10mg strengths.
- The colour may vary depending on which brand your chemist is able to obtain.

Why you are taking Methotrexate:

Methotrexate belongs to the group of medicines known as 'disease modifying' or 'second line' agents used to treat arthritis and inflammatory bowel disease. It may be given to you if you still have active disease on other medications such as 5-ASA's (Asacol, Pentasa, Mezavant) or steroids or if you have had a reaction to azathioprine or 6-mercaptopurine. It is not licensed for use in IBD but has been used in IBD patients for over 20 years.

It suppresses the disease process by reducing the activity of the immune system.

As it does not work quickly you will not have immediate benefit and it may take up to three months to notice an improvement in symptoms; you will therefore need to continue to take your other medications as well.

How to take Methotrexate:

- You will usually start on a dose of 10-15mg taken as a single dose once a week.
- Take the dose on the same day each week.
- The dose may be increased, depending on how your symptoms respond to the treatment.
- It is very important to check the label on your tablet bottle or box so that you know which strength tablets you have been given, as this will affect the number of tablets you will have to take.

Why do I take folic acid as well?

Folic acid is a vitamin which helps your body cope with methotrexate and helps reduce the risk of side effects, such as nausea and vomiting. Usually, 5mg is taken once a week the day after your methotrexate; however different doctors have different regimes so this may change for you.

What to do if you miss a dose?

Do not double up on your next dose. Continue taking the tablets as directed but make a note of it in your diary and remember to tell the doctor at your next visit.

Can you take other medicines and alcohol with the new treatment?

Methotrexate interacts with a number of other medicines. Tell your GP and pharmacist that you are taking methotrexate if he prescribes any other medication in addition to methotrexate, especially the following medicines:

- Probenecid
- Trimethoprim
- Co-Trimoxazole (brand name SEPTRIN, BACTRIM)

Tell the pharmacist also if you buy medicines 'over the counter' at the community pharmacist. You should not take any medicines which contain ASPIRIN (this includes ANADIN and ALKA-SELTZER and many cold remedies) or IBUPROFEN (this includes NUROFEN, INNOVEN, PROFLEX) while you are being treated with Methotrexate. However, paracetamol or codeine may be safely taken. Aspirin 75mg is completely safe as it is just a low maintenance dose. Alcohol can be taken in moderation.

Pregnancy

Methotrexate may reduce fertility in both men and women, but this is reversible on discontinuation of therapy.

It may also harm a developing foetus, and women of childbearing potential are advised to **use a reliable means of contraception during and for at least three months after stopping treatment**. It is safe for men to take, as methotrexate does not have an effect on sperm. Methotrexate passes into breast milk and therefore **breastfeeding should be avoided while taking methotrexate**.

Side effects that may occur in some patients taking Methotrexate

Tell the doctor or nurse promptly if you think you have noticed any side effects.

- **Nausea, upset stomach:** Take the tablets with or after food to reduce any stomach upset. Also, drink plenty of water with the tablets. The feeling of sickness usually goes away after a time as your body gets used to the treatment. If the sickness is severe, consult your doctor.
- **Mouth ulcers, sore throat or sore mouth.**
- **Rash, itching** anywhere on body, acne.
- **Headaches, dizziness, fatigue, blurred vision.**
- Methotrexate **can, very occasionally, affect the bone marrow or the liver** but regular blood tests are performed to monitor this.
- Methotrexate may cause an **inflammation of the lung tissue**. If you find yourself becoming increasingly breathless, have a persistent cough, pain or difficulty breathing report it to your doctor immediately.
- You may notice that your **hair gets thinner** but the hair starts growing back once the treatment is finished.
- Your **body's resistance to infection is likely to be reduced** while taking methotrexate; therefore, for example you should avoid close contact with people who have chickenpox

(unless you are sure you have had this yourself). You should also **avoid having any live vaccinations without first discussing it** with your GP or the gastroenterology department staff. This usually means yellow fever or polio. (**Please note**, currently as of March 2021, **the Covid-19 vaccines** offered in the UK do not contain live viruses – the Pfizer/BioNTech vaccine and Moderna vaccines **do not contain any live virus**. The Oxford Astra Zeneca vaccine uses a harmless, weakened adenovirus that has been genetically changed so that it is impossible for it to cause an illness.)

- An **increased risk of developing lymphoma** (a type of cancer affecting the lymph glands). The overall risk is still extremely small and is usually outweighed by the benefits of taking the medication.
- An **increased risk of certain types of skin cancer**. This can be reduced by using sunscreen or wearing suitable clothing if out in the sun.

Special arrangements:

Your doctor will arrange for you to have regular blood tests, weekly for four to six weeks and every two to three months thereafter as agreed with your consultant. These will check your immune system, liver function and kidney function to make sure they are not affected. It is essential that you have these blood tests taken; otherwise, we may not be able to continue with your prescriptions.

If you have any further questions or need advice about your treatment, consult your GP or one of the gastroenterology staff when you come to the clinic. Otherwise, if you have any concerns please contact the specialist IBD nursing team.

Contacting us

Specialist Inflammatory Bowel Disease Nurses on:

Tel: 0118 322 8914

Email: rbb-tr.CAT4@nhs.net

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Written by Charlotte King – IBD CNS

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