

Methotrexate

to treat inflammatory
bowel disease (IBD)

Gastroenterology Department
Liverpool Hospital

**Please read this booklet and
discuss any concerns with your IBD doctor.**



Health
South Western Sydney
Local Health District

How does Methotrexate work?

Methotrexate reduces the activity of the overactive immune system, thereby controlling the symptoms of IBD (inflammatory bowel disease).

How is Methotrexate given?

Initially, you will be having the medication **by injection** as this method is more effective. Depending on your response, your IBD doctor might change to tablets.

Methotrexate injections may be administered by your IBD doctor or nurse, or with training by yourself or your carer. If the injection is given by yourself or your carer, follow the detailed instructions provided by the IBD nurse and use the equipment provided.

Anyone administering Methotrexate injections should wear protective equipment, including goggles, disposable gloves and a mask.

Methotrexate is usually taken **ONCE A WEEK**, on the same day each week. A typical dose is 15 mg to 25 mg once a week, however your doctor will advise you on what dose to take.

Methotrexate tablets should be taken after food with a full glass of water while sitting or standing. **Do not crush or chew the tablets.**

If you forget to take your Methotrexate on your normal day, ask your IBD doctor or nurse for advice. You may be able to take it up to two (2) days later, but you should not take it if you are three (3) or more days late. If this happens, take your next dose on your usual day the following week. **Do not double up your dose.**

Use of Methotrexate with other medicines:

Folic acid tablets are often used with Methotrexate to help reduce the risk of some side effects. Folic Acid should be taken every day **except** on the day that you take your Methotrexate.

Methotrexate can interact with a large number of other medicines. You should tell your doctor (including your local doctor (GP), specialists and others) about all medicines you are taking or plan to take. These include over the counter and herbal or naturopathic medicines. You should also mention your treatment when you see a dentist or other health professionals.

Most vaccines can be given safely but live vaccines, such as MMR (measles, mumps and rubella) or yellow fever are not recommended. Discuss any vaccinations that you may require with your IBD doctor.

Blood Tests:

Blood tests help to monitor for side effects and your condition to determine if the treatment is effective. You will need to have tests every 2 weeks for the first month of treatment and then every month after that. Your local doctor (GP) will be informed about the blood tests. It is important to see your local doctor (GP) if you have been asked to do so as they have an important role to play in monitoring your condition.

Avoid Alcohol:

Alcohol increases the risk of liver damage while taking Methotrexate and alcohol intake should be minimised or avoided.

Avoid infections:

You may have an increased risk of developing infections. Try to avoid

contact with people who are unwell or sick with an infection, such as:

- Gastroenteritis
- Influenza or the flu
- Chicken pox
- Shingles

Call your local doctor (GP) immediately at the first sign of infection such as fever (over 38°C by oral thermometer), chills, cough or burning when you pass urine.

Pregnancy and breastfeeding:

If you are a woman of childbearing age you will be required to take a urine pregnancy test prior to commencing Methotrexate. Methotrexate should **not be taken during pregnancy** as it can cause miscarriage or foetal deformity.

If you are a woman of child bearing age you should use effective contraception while taking Methotrexate.

Women planning to become pregnant should stop Methotrexate 6 months before attempting to conceive. The optimal time for a male partner to stop Methotrexate before trying to conceive is uncertain, but at least 3 months is recommended.

Methotrexate should **not be taken during breastfeeding**.

What can you expect from Methotrexate?

Methotrexate does not work straight away. It may take 8 to 12 weeks to produce its full effect; therefore other medicines may be given to improve your symptoms while waiting for Methotrexate to work. Methotrexate may be continued indefinitely as long as it is effective and no serious side effects occur.

If side effects occur, your IBD doctor may change your dose and then gradually increase it to the maximum dose that you are able to tolerate. If you have any concerns or questions about any new symptoms you develop while on Methotrexate, please contact your IBD doctor or nurse. If Methotrexate treatment is stopped for more than a few weeks there is a risk that your condition may worsen. Continue with your treatment unless advised by your IBD doctor to stop. If you do experience side effects and cannot contact your IBD doctor or nurse, it is advised that you discontinue treatment and contact us as soon as possible.

What are the possible side effects?

Methotrexate may cause some unwanted side effects in some patients. For a full list of side effects, please refer to a product information leaflet. Your IBD doctor will advise of any dose changes that are necessary. Listed below are some potentially serious side effects that Methotrexate may cause:

Get emergency medical help immediately if you have:

- **Allergic reaction** such as rash, itching, trouble breathing, tightness in chest, swelling of lips or tongue.
- **Bleeding problems** such as black tarry stools, blood in urine, pinpoint red spots on skin, extensive bruising
- **Lung problems** such as shortness of breath or difficulty breathing.

See your local doctor (GP) as soon as possible if you have:

- **Infection** such as fever (temperature over 38°C), chills, cough, pain or burning when passing urine or gastroenteritis. Your doctor may

recommend withholding the weekly dose of Methotrexate until you have recovered from the infection.

- Mouth or gum ulcers
- **Liver problems** such as yellow eyes or skin, white or clay-coloured stools.
- **Kidney problems** such as lower back or side pain, swelling of feet or lower legs and reduced urine output.
- **Gout** such as joint pain
- Changes in eyesight
- Unusual tiredness or weakness

It is important that you report any side effects that you might experience to your IBD doctor as soon as possible.

Nausea, vomiting and **diarrhoea** may occur. It may help if oral Methotrexate is taken with food or in the evening. Anti-nausea or anti-diarrhoea tablets can be used but need to be discussed with your IBD doctor or nurse.

Mouth ulcers can also occur, the use of folic acid can reduce this. Keeping your mouth clean - making a mouthwash with ½ teaspoon of baking soda or salt in 1 cup warm water and rinse several times a day may help. Use a soft toothbrush to brush teeth gently after eating. If the ulcers are persistent, advise your IBD doctor.

Skin dryness, skin rashes and **increased sensitivity to the sun** may also occur. If in the sun wear a hat, light clothing and use high SPF (50+) sunblock. An annual skin cancer check is also recommended.

Pain or tenderness at the site of injection may occur. Applying a

cool compression to the injection site may be helpful.

Some people may also experience **tiredness, headache and mental clouding**. If you are affected, you should avoid driving or operating heavy machinery.

Some people may notice **hair loss**. This is not permanent and hair will grow back when Methotrexate is stopped. It may be advisable to avoid hair treatments such as bleaches, dyes and perms and to use a gentle shampoo and soft brush.

Remember:

- **Keep all medicines out of reach of children.**
- **Store Methotrexate in a cool, dry place, away from direct heat and light.**
- **Have your regular blood tests, as arranged.**
- **If you have any questions or concerns write them down and discuss them with your IBD doctor.**
- **If you go to another doctor or dentist for treatment, tell them you are taking Methotrexate.**

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