Weekly methotrexate injections for skin conditions

This information sheet has been given to you to help answer some of the questions you may have about methotrexate injections (Metoject® PEN). It is in addition to the leaflet found inside the injection box and the visit provided by the homecare nurse. Please make sure you read both leaflets carefully before you start your treatment. If you have any questions or concerns, please speak to a doctor, pharmacist or nurse caring for you.

What is methotrexate?
Methotrexate is a type of medicine called an immunosuppressant. This means it suppresses the body’s immune system and lowers immunity. The immune system is important in fighting infections, but sometimes immune system cells mistakenly attack the body’s own healthy tissues, triggering long-term inflammation. Methotrexate reduces the inflammation caused by your condition by dampening down the activity of these cells in the immune system.

Methotrexate is used to treat a number of inflammatory conditions, including rheumatoid arthritis, psoriasis, eczema, inflammatory bowel disease and inflammatory diseases of the eye. It is not a painkiller, but as a result of reducing the inflammation caused by your condition, you may notice a reduction in pain.

At higher doses, it is used to treat some kinds of cancer.

It may take several weeks before you notice any improvement in your condition after you start taking methotrexate. It is important that you continue treatment even if you do not feel any benefits during the first 12 weeks - it is likely that the methotrexate is working. Methotrexate cannot cure your condition and you may need to take it for several years to keep your symptoms under control.

Methotrexate can be given as a tablet or an injection. **It has been decided that you should receive methotrexate as a subcutaneous (under the skin) injection.** This injection is similar to an Epi-pen or insulin injection and is called Metoject®. Full instructions on how to administer and store the injection are included in each box.
What happens before I start methotrexate?
Some patients with kidney, lung, bone marrow or liver problems may not be able to take methotrexate, so before you start treatment you will need blood tests to check your liver function, kidney function and blood counts. You may be asked to have a chest X-ray, and occasionally a breathing test, to check your lungs. You may also need to be tested for undiagnosed infections (including viruses) as these can worsen while taking methotrexate. If you contract chicken pox or shingles (both caused by varicella zoster virus) while taking methotrexate it can make you more unwell, so you may be tested to see if you are immune to this virus, and if not you may require vaccines before your treatment with methotrexate.

These pre-treatment tests are used to check if methotrexate is suitable for you. For women, it is important to make sure you are not pregnant before starting treatment - if you are unsure you will be required to take a test.

What if I already take other medicines?
You will be asked if you take any medications prescribed by your GP or if you take any vitamins, supplements, over-the-counter, herbal or homeopathic medicines. This is because methotrexate can interact with some medicines and supplements. Please bring all your medicines and any medication lists (such as a GP repeat prescription form) when you come into hospital.

Why do I also need to take folic acid?
Folic acid has been shown to reduce some of the side effects of methotrexate (including on the liver and stomach). You will therefore be given folic acid tablets while you are having the methotrexate treatment.

How do I use the methotrexate injections?
Methotrexate injections should be injected as a single dose, once a week on the same day each week. It must never be injected more than once a week.

Depending on how well the methotrexate works for you, the dose you need each week may change. If your dose (an increased or decreased strength of the injection) is changed by your consultant, you will still only need to administer the injection once a week.

Important: Always check the dose of your methotrexate. Please also check the expiry date and that the fluid is yellow in colour.

Your injections will be supplied by a homecare pharmacy company contracted by our hospital. Once the decision has been made to start you on methotrexate injections, our department will open an account in your name with the company (we will need your verbal consent to share your name, date of birth, diagnosis and contact details with the homecare company). The homecare company will then contact you to confirm your personal details and to arrange your first delivery. There is no charge for this service.

For further information please see our leaflet, Homecare medicines service: https://www.guysandstthomas.nhs.uk/resources/patient-information/pharmacy/homecare-medicines-service.pdf
Once you have received your first delivery of injections, a homecare nurse will contact you to arrange a visit to teach you how to administer them. It normally takes around two weeks from sending the prescription to the homecare company to you receiving your first injection. Most people feel confident injecting themselves after this one session, but the nurse can return for a second time if you wish. Your injections will normally be delivered every eight weeks.

Please don’t inject your methotrexate if you have any unanswered questions or concerns about your dose.

**How do I take the folic acid tablets?**

Folic acid tablets should be taken orally (by mouth). The person who prescribes them for you will let you know how many to take and when to take them. Do not take your folic acid tablets on the same day as your weekly methotrexate dose, as this may prevent you getting the full benefit from your treatment.

Folic acid comes in 5mg tablets (usually a deep yellow, round-shaped tablet). It is advisable to ask your GP to prescribe your folic acid on a repeat basis to ensure you do not run out.

**What should I do if I forget to inject the methotrexate?**

If you forget to inject your methotrexate don’t worry. You can inject it over the following day or two. For example, if your usual injection day is Tuesday, you can inject it on Wednesday or Thursday. This will then become the new day of the week to administer doses on. Do not inject the dose if you are three or more days late without talking to your doctor or clinical nurse specialist. A flare-up of the disease during this time is unlikely. **Never take double your dose.**

**What should I do if I forget to take the folic acid?**

If you forget to take your folic acid, don’t worry. You can take it when you remember, any day of the week except on the day of your methotrexate dose. Always take methotrexate and folic acid on different days.

**What should I tell my doctor or specialist nurse?**

Methotrexate is a safe and effective treatment when monitored carefully. However, stop using methotrexate and tell your doctor or specialist nurse immediately if:

- you develop any of the potentially serious side effects listed in the section below
- you develop (or come into contact with any person with) chickenpox or shingles
- you think you have taken more than your prescribed dose.
Are there any side effects?
Many people take methotrexate without any problems. Some people experience rare but important side effects. Some of the side effects happen immediately, but others can take a few weeks to develop. The patient information leaflet in your injection box has a more detailed list of possible side effects and tells you what to do if they occur. Tell your doctor if these symptoms persist or if they re-occur after every dose.

Potentially serious side effects are rare (affecting between 1 in 1,000 and 1 in 10,000 people). You should stop injecting methotrexate and tell your doctor or specialist nurse immediately if you develop any of the following:
- frequent fevers, chills, sore throat or infections (signs of bone marrow damage)
- bruising very easily (may be a sign of bone marrow damage)
- bleeding very easily, including from the nose or gums (may be a sign of bone marrow damage)
- chest pain or breathlessness (may be a sign of fibrosis of the lung)
- long-term dry cough (may be a sign of fibrosis of the lung)
- yellowing discoloration of the skin or whites of your eyes (signs of liver problems)
- long-term dark urine (sign of liver problems)
- severe nausea, vomiting or stomach discomfort (signs of liver problems)
- severe itching of the skin (may be signs of liver problems)
- severe and continuing diarrhoea or vomiting (leading to risk of harm from dehydration)
- severe or blistering rash or ulcers, which can also be in your mouth or on your tongue (possibly a result of decreased folate levels)
- if you are female, soreness or ulcers of the vagina (possibly a result of decreased folate levels).

Why do I need regular blood tests?
Your test results will tell your doctor if the methotrexate is causing side effects. If your blood, liver, kidneys or lungs are being affected, your treatment will be changed. Blood test results also show whether the methotrexate is working. Your doctor may increase or decrease your dose depending upon the results of your tests.

When you start using methotrexate, your doctor or specialist nurse will give you a treatment monitoring booklet in which the results of your blood tests must be recorded. It is important that this booklet is kept up-to-date with your latest dose and blood test results. Please make sure you always bring your booklet to any appointments with your hospital doctors, GP, pharmacist, dentist and other healthcare providers. If you did not receive a booklet, ask your hospital clinic for a copy.

It is important that you do not miss your blood test, and you must not inject methotrexate unless you are having regular blood tests. Your doctor will tell you how often they need to be done, but they are usually between every two and twelve weeks, depending on how stable your blood results are. In general, try to avoid having blood tests done directly after taking your dose, since any changes caused by the previous dose may be misinterpreted.
What if I am already taking methotrexate tablets?
If you are already taking methotrexate in tablet form, your doctor will explain to you how to stop the tablets and change to injection treatment. You will need to make sure you leave at least seven days after your last tablet dose, before you have your first injection dose. When switching from tablets to injections, we will arrange additional blood tests for a couple of weeks to check that the new administration method does not have any adverse effects on your blood counts, liver function or kidney function.

What if I need to start taking other medicines after my treatment has started?
Always check with your doctor or pharmacist before taking any other medicine. This includes medicines you can buy at a petrol station, newsagent, supermarket or chemist such as aspirin, ibuprofen, other painkillers, and medicines for coughs, colds and flu. These can interact with methotrexate and affect your treatment. This also applies to herbal and alternative remedies. Prescribed treatments which may cause particular problems include acitretin, isotretinoin and phenytoin. Please check the patient information leaflet in your injection box for more information. You should be especially careful about taking the following drugs:

- **Aspirin** – Unless prescribed by your doctor, you must avoid aspirin and all aspirin-containing medicines. Many preparations for colds, flu, and pain contain aspirin. Always check with your pharmacist as to which products are suitable for you.
- **Non-steroidal anti-inflammatory drugs (such as ibuprofen)** – This group includes a number of drugs (including creams and ointments) that can be obtained with or without a prescription. They are used for joint disorders, as painkillers, to reduce fever and can be found in some cold remedies. Do not take these without talking to your hospital specialist or GP. For pain relief, paracetamol or codeine may be taken safely.
- **Certain antibiotics (especially those containing trimethoprim)** – Tell any doctor (or dentist) who prescribes you antibiotics that you take methotrexate.

Remember when you are buying medicines that the symptoms you are trying to treat could be a sign that the methotrexate is not working safely or is harming you. If you are trying to treat any of the symptoms that may indicate a potentially serious side effect (see above) then you should stop taking methotrexate and contact your dermatology nurse on the helpline (see Contact Us box on back page). If you are medically unwell see your GP or attend an emergency department (A&E).

Does food affect methotrexate?
Methotrexate may reduce your ability to fight infection. There are some reports that bacteria (germs) found in food may cause a problem to those with a reduced ability to fight infections. These risks have not been directly linked with taking low dose methotrexate. However, it would be sensible to be cautious about food made from unpasteurised milk, such as soft cheese, and uncooked meats, such as some pâtés. Read food labels carefully and avoid eating these types of food regularly. Be aware of hygiene when preparing and handling food.
Can I drink alcohol during methotrexate treatment?
The manufacturers recommend that alcoholic drinks be avoided during methotrexate treatment. Methotrexate and alcohol may both cause liver damage. The risk of liver damage from methotrexate appears to be greater when it is used in the treatment of psoriasis than when it is used in individuals with rheumatoid arthritis. The risk is increased by alcohol. If you have psoriasis and are taking methotrexate, it is best to avoid alcohol altogether. You may wish to discuss this with the specialist treating you. If you decide that you still want to drink alcohol, you should ensure that your intake is no more than the maximum limit of 14 units of alcohol a week, ensuring that some days are alcohol-free.

What if I am going travelling and need vaccinations?
While flu vaccines are safe, check with your doctor or nurse before receiving any other vaccines. If you plan to travel to an area that requires you to be vaccinated, or if you are in contact with a baby or young child undergoing a vaccination programme, ask your doctor or nurse for advice. Live vaccines (such as MMR, BCG, yellow fever, rotavirus, shingles or oral versions of typhoid) should be avoided when taking methotrexate.

If you are travelling with your injections, it is advisable to carry them in your hand luggage. You will need a letter confirming that they are your medication. This letter can be provided by the dermatology department or the homecare company.

Can I have a baby during methotrexate treatment?
Methotrexate may seriously harm the developing baby when taken during pregnancy. If you are sexually active, it is essential that you use a reliable form of contraception whilst taking methotrexate. Please ask your doctor or nurse if you would like further information. You should speak to your consultant before trying to have a baby so that a careful plan can be made to alter your treatment.

- Women – Do not take methotrexate if you are pregnant or breastfeeding. It is recommended that you wait a minimum of three months after finishing your treatment before trying to become pregnant. Should you become pregnant while on treatment, stop taking your methotrexate tablets immediately and arrange an appointment with your GP as soon as possible.
- Men – It is recommended that you wait a minimum of three 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 nurse if you need advice.

Where can I get a repeat prescription for the methotrexate injections?
You can only obtain repeat prescriptions for the methotrexate injections from your dermatologist. The prescription is generated when you attend the clinic and then sent to the external homecare company by our pharmacy team. You will receive delivery of the new injections two to three weeks later. Please let us know if your supply of injections will not last between appointments. If you need a supply between appointments, it is best to let us know at least two weeks before you run out.
How do I dispose of the injections?
A special secure container (a sharps bin) will be supplied with your injections. Please place all used injections in this container. The full sharps bin will be collected and replaced with a new container with each injection delivery. Please inform the homecare company if you have a full bin to be replaced when they call to arrange a delivery. If your treatment ends and you have some injections left over, please return them to the homecare company or bring them to the hospital for disposal. Do not throw them away with your normal household waste.

Who can I contact in emergencies or for urgent information?
If you require information urgently, call your GP or your clinic using the details found on the first page of the monitoring booklet. If it is out of office hours, call NHS 111 (details below). If it is a medical emergency, go to your nearest Accident and Emergency department or call 999 if you require an ambulance.
Useful sources of information

Contact us
If you have any questions or concerns about your treatment, please contact the nurse specialist team, t: 020 7188 7847 (Monday to Friday, 9am to 5pm)

Or call the hospital switchboard, t: 020 7188 7188 and ask for the bleep desk. Ask for bleep 1486 and wait for a response. This will connect you to one of the clinical nurse specialists for Medical Dermatology directly.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline
If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

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Your comments and concerns
For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

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Language and accessible support services
If you need an interpreter or information about your care in a different language or format, please get in touch.

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NHS 111
Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

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NHS Choices
Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

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Get involved and have your say: become a member of the Trust
Members of Guy’s and St Thomas’ NHS Foundation Trust contribute to the organisation on a voluntary basis. We count on them for feedback, local knowledge and support. Membership is free and it is up to you how much you get involved. To find out more, please get in touch.

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