

Methotrexate for inflammatory bowel disease: what you need to know

This leaflet aims to answer your questions about taking methotrexate for inflammatory bowel disease (IBD). If you have any questions or concerns, please speak to a doctor, nurse or pharmacist caring for you.

What is methotrexate?

Methotrexate is used to treat a variety of medical conditions including rheumatoid arthritis and skin conditions like psoriasis. It is also prescribed in IBD, particularly Crohn's disease and less commonly ulcerative colitis, on its own or in combination with biological medicines such as infliximab or adalimumab.

With IBD, the body's defences are overactive and cause inflammation. Methotrexate suppresses the body's immune system to treat the inflammation. It acts slowly so it may be up to three months before you feel any benefit.

In IBD we use methotrexate outside of its licensed use. The leaflet, **Unlicensed medicines – a guide for patients**, has more information about unlicensed medicines. If you would like a copy, please ask your doctor, nurse or pharmacist. Alternatively, you can call the pharmacy medicines helpline – contact details are at the end of this leaflet.

What will happen before I start the medication?

You will need several tests to make sure it is safe for you to start the medication. These include blood tests to check your liver, kidney and blood function, as well as tests for infections such as hepatitis B and C, HIV and varicella (chicken-pox), along with a chest x-ray.

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 pregnancy test.

If you have not already had chickenpox, you may need the vaccination before starting treatment. Before you start the medication it is strongly recommended that you have the vaccine against strains of pneumonia (pneumococcal vaccine). Your GP can arrange this for you.

What dose should I take and how should I take it?

Methotrexate is taken **once a week** in a single dose on the same day each week. Depending on the patient it can be taken in two different ways – either by tablets or by injection. Sometimes patients are initially prescribed injections before moving to tablets, or vice versa.

If you are prescribed tablets then they should be swallowed whole with a glass of water while sitting upright or standing. Take them after food and do not crush or chew them.

Important: always check the dose of your methotrexate and the strength of the tablets supplied.

Methotrexate comes in 2.5mg (milligram) tablets (usually a pale yellow round-shaped tablet) and 10mg tablets (usually pale yellow oval-shaped tablet). **Guy's and St Thomas' Hospitals only supply 2.5mg tablets.** Most GPs should also only prescribe you 2.5mg tablets, but it is possible that your GP may prescribe you the 10mg tablets. If possible, you should ask your GP only to prescribe you 2.5mg tablets to prevent any confusion. Always make sure you know which tablets you have been given before you take them home (too high a dose can cause serious side effects). Check with your doctor or pharmacist as soon as possible if you think that you have been given the wrong dose.

Methotrexate injections can be either intra-muscular (into muscle) or more commonly subcutaneous (under the skin). In most circumstances you will be trained to inject the methotrexate yourself.

While on methotrexate, you will also be prescribed folic acid tablets. Folic acid is a vitamin that can help your body cope with methotrexate and help reduce some of the possible side effects. Do not take the folic acid on the same day as your weekly methotrexate dose, as this may prevent you getting the full benefit from your treatment.

Methotrexate and folic acid tablets can look similar and it is very important to distinguish between the two. Always keep them in their individual original containers.

How long will I be taking it?

The length of treatment varies from person to person but it is likely to be for several years, or for as long as the drug is tolerated.

Does methotrexate interfere with other medicines?

Methotrexate can interact with other medicines. You should discuss with your doctor which medicines you are taking (including vitamins, supplements, over-the-counter medicines, and herbal or homoeopathic medicines) before starting any new drug. Particular caution is needed with antibiotics such as co-trimoxazole and trimethoprim along with non-steroidal anti-inflammatory medications like ibuprofen. Always check with your doctor or pharmacist before starting any new medicines. It is safe to drink alcohol in moderation. Ensure your intake is within the maximum recommended limit of 14 units per week for both men and women.

You should avoid “live” vaccines when you are taking methotrexate. If you are considering vaccinations (for example, for travel) check with your doctor or pharmacist first.

What happens if you forget a dose?

If you forget to take your methotrexate don't worry, you can take it in the following day or two. Do not take the dose if you are three or more days late without discussing with the IBD team first. **Do not double your dose if you have forgotten.**

It is important that you try to not forget any doses. Methotrexate works slowly and therefore if you regularly forget the medication this will result in you having a lower level in your blood, potentially making it less effective.

If you forget to take your folic acid you can take it when you remember, any day of the week, except the day of your methotrexate dose.

Is methotrexate safe in pregnancy and breast feeding?

Methotrexate may seriously harm the developing baby when taken during pregnancy. It is essential that you use a reliable form of contraception whilst taking methotrexate. For women it is advised that you do not take methotrexate if you are pregnant and 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 immediately and let the IBD team know. It is also important that you arrange an appointment with your GP as soon as possible. Current guidelines advise against breast-feeding while on methotrexate.

For men the risk to the developing baby if conceived while taking methotrexate is less clear. Newer evidence suggests the chance of harm is very low but please discuss this with the IBD team first.

It is important that you inform us if you are planning on getting pregnant or find out that you are pregnant so that we can review all your medications and monitor you more closely.

Are there any side effects?

Methotrexate works by suppressing the immune system, so it may make you more prone to getting infections. Try to avoid close contact with people who have an infection. Contact your GP if you begin to feel unwell and think you might have caught an infection.

It can increase the skin's sensitivity to the sun and therefore increase the risk of certain types of skin cancer. It is important to take precautions in the sun, such as wearing a hat and using a high SPF sun cream.

Everyone responds differently to the medications but possible side effects include:

- nausea, especially at the start of treatment
- diarrhoea
- fatigue or drowsiness

More serious side effects are listed below (they affect between one in 1,000 and one in 10,000 patients). These will require more rigorous monitoring, or in some situations, to stop the medication.

- Allergic reactions can be caused by any medications. Signs may include an itchy skin rash, swelling of the face, lips, mouth, or wheeziness. If any of these symptoms occur you should contact your doctor immediately.
- Suppression of your bone marrow resulting in a reduction in the number of red cells, white cells and platelets produced. This will be monitored by blood tests. Please report any signs of recurrent sore throat, fever, infections, signs of increased unexplained bruising or bleeding, or mouth ulcers.
- Abnormal liver function tests. These will be monitored by blood tests but if you notice jaundice (yellowing of the eyes or skin), severe itching of the skin or long term dark urine, then please let us know immediately via the IBD Advice line on the contact details at the end of this leaflet.
- Abnormal kidney function. This will be monitored by blood tests.

In rare cases, methotrexate can affect the lungs. Let us know immediately if you experience chest pain, become breathless, have a persistent cough or have difficulty in breathing.

Is there anything else I need to know?

When you first start methotrexate you will need regular blood tests. Your full blood count (FBC), kidney function (U&Es) and liver function tests (LFTs) need to be checked at the hospital two, four, eight and 12 weeks after starting the medication.

If your blood tests are stable after three months of treatment then you should continue to have them checked every three months with your GP.

When you first start the medication, our specialist IBD pharmacists will be monitoring you to assess for side effects or abnormalities in your blood tests. Please expect to receive phone calls from them. It is important that you do not miss your blood tests and are available for your appointments.

A member of the IBD team will also give you a monitoring booklet for you to record your blood results in. This should be kept up to date and taken to appointments with your hospital doctor, GP, pharmacist, dentist, and other healthcare providers. Your pharmacist may wish to review the booklet before they dispense your supply of methotrexate so please take it with you to the pharmacy.

It is important that all medications are kept out of the reach of children. It is recommended that you have the flu vaccine every year while on the medication.

How do I get a repeat prescription?

After your hospital specialist has started methotrexate they will advise your GP what dose to prescribe. Usually your initial prescriptions will be issued by the hospital until your GP has agreed to take over prescribing.

If any changes to the dose are needed then the hospital will tell your GP.

Monitoring blood tests are essential. If these are not done your prescription may be withheld until up to date blood tests are obtained.

Useful sources of information

Crohn's and Colitis UK **w:** www.crohnsandcolitis.org.uk

Contact us

If you have any questions or concerns about methotrexate, please contact the IBD Advice line by sending an e-mail to ibdhelpline@gstt.nhs.uk

Messages will be responded to 9am to 5pm, Monday to Friday. If you are concerned outside these hours, please contact your GP or call NHS 111.

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.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Patient Advice and Liaison Service (PALS)

To make comments or raise concerns about the Trust's services, please contact PALS. Ask a member of staff to direct you to the PALS office or:

t: 020 7188 8801 at St Thomas' **t:** 020 7188 8803 at Guy's **e:** pals@gstt.nhs.uk

Language Support Services

If you need an interpreter or information about your care in a different language or format, please get in touch using the following contact details.

t: 020 7188 8815 **f:** 020 7188 5953

NHS Choices

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

w: www.nhs.uk

Leaflet number: 4467/VERX

Date published: August 2017

Review date: August 2020

© 2017 Guy's and St Thomas' NHS Foundation Trust

A list of sources is available on request