

Methotrexate

(Brand names: Methoblastin)

What is methotrexate?

Methotrexate is a medicine used to treat rheumatoid arthritis as well as other rheumatic conditions such as juvenile arthritis, lupus, (also known as SLE) and psoriatic arthritis.

Methotrexate is used to reduce inflammation in the joints and associated pain and swelling. It has been used to treat rheumatoid arthritis for more than twenty years. It is also used at very high doses (1000mg–5000mg a day) to treat some cancers.

What benefit can you expect from your treatment?

Methotrexate is one of the most effective treatments for rheumatoid arthritis. Some achieve remission, where the arthritis virtually disappears.

Methotrexate does not work straight away. Reduced pain, stiffness and swelling may be noticed after four weeks. The effects to delay or prevent joint damage will take several months. Other medicines may be given to improve your symptoms while waiting for methotrexate to work.

How is methotrexate taken?

Methotrexate may be taken by mouth as a tablet or given by injection.

When should it be taken?

Methotrexate is taken just **once a week**.

Your body will absorb them best if you take the tablets at night on an empty stomach. Taking the medicine in the evening or at meal time may also help to reduce nausea.

What is the dosage?

Tablets come in 2.5mg or 10mg strengths.

The dose is usually taken all at once on a single day but may also be divided into separate doses taken during that day if necessary.

Are other medicines taken with methotrexate?

Folic acid or folinic acid supplements are recommended while you are taking methotrexate as they reduce the risk

of side effects. Your doctor will explain how much of the folic/folinic acid supplements to take and when to take them.

How long is the treatment continued?

The treatment is continued indefinitely as long as it is effective and as long as no serious side effects occur.

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 doctor or unless you develop side effects.

Are there any side effects?

If you experience any of the side effects listed below, talk to your doctor who will advise on any dose changes that may be necessary.

Methotrexate may be taken for long periods e.g. more than twenty years, to manage rheumatoid arthritis.

Most common side effects:

- **Nausea, vomiting** and **diarrhoea**. These can be reduced if methotrexate is taken with food or in the evening.
- **Mouth ulcers** can occur, but the use of folic acid or folinic acid supplements makes this less likely.
- **Skin dryness, a variety of skin rashes** and **increased sensitivity to the sun** may also occur. You should wear sunscreen and a hat when out in the sun.
- Mild **tiredness, headache** and **mental clouding** are reported by some people.

Less common or rare but potentially serious side effects:

- **Liver:** Regular blood tests aim to pick this up early if it occurs. The dose of methotrexate may need to be reduced or stopped if problems occur.
- **Lungs:** Methotrexate may cause inflammation of the lungs.
- **Hair thinning:** This may rarely occur. It is not permanent and hair will grow back when the medicine is stopped.
- **Cancer:** see below.

Long term possible side effects or issues:

- **Cancer:** People who have rheumatoid arthritis have an increased risk of lymphoma (a lymph node cancer). It is not clear whether methotrexate increases this risk further, but any additional risk is likely to be very small. Methotrexate may reduce the risk of these cancers by controlling the rheumatoid arthritis, but this is unproven. For general cancer prevention, stopping smoking is recommended.
- **Fertility:** Methotrexate **does not** affect a person's ability to have children in the long term. See also *Precautions*.

Information that comes with your methotrexate medicine will also outline in detail potential serious side effects that may occur. Talk to your doctor if you have concerns about any possible side effects.

What precautions are necessary?

Blood tests:

- As methotrexate may affect the liver and blood cells, you **must** have regular blood tests during your treatment.
- As well as monitoring for side effects, blood tests help to monitor your condition to determine if the treatment is effective.
- You must see your doctor if you have been asked to do so, as they have an important role to play in monitoring your condition.

Avoid infections:

- Because your immune system may be low, there is an increased risk of developing some infections. If you have an infection or persistent fever, tell your doctor straight away.

Other medicines:

- Methotrexate can interact with other medicines. You should tell your doctor about all medicines you are taking or plan to take. This includes over the counter or herbal/naturopathic medicines. You should also mention your treatment when you see other health professional.

- Aspirin can be used safely in the low doses taken for prevention of heart attack and stroke.
- Methotrexate can be taken safely with Non-Steroidal Anti-inflammatory drugs (NSAIDs), as long as your kidney function is normal.
- The simple pain reliever paracetamol can be used while taking methotrexate, provided you take them as directed.
- Most vaccines can be given safely. Talk with your doctor before receiving any vaccines.

Alcohol:

Alcohol increases the risk of liver damage while taking methotrexate. Methotrexate usage in heavy drinkers has been associated with cirrhosis of the liver.

- It is not known precisely what level of drinking is safe when on methotrexate, however there is general agreement that 1-2 standard drinks taken once or twice a week is unlikely to cause a problem.

Surgery:

If a low dose of methotrexate once weekly is continued during surgery, there seems to be no change in wound healing or increased infection.

Pregnancy and breastfeeding:

- **Methotrexate should not be taken during pregnancy** as it can cause miscarriage or foetal deformity. It should also not be taken during breastfeeding.
- Women of child bearing age should use effective contraception while taking methotrexate.
- Women planning to become pregnant should stop methotrexate three months before attempting to conceive.
- The optimal time for a male partner to stop methotrexate before trying to conceive is not known.
- Methotrexate does not affect a person's ability to have children in the long term.

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The NHMRC publication: *How to present the evidence for consumers: preparation of consumer publications* (2000) was used as a guide in developing this publication.

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