



Methotrexate Treatment in IBD **Patient Information Sheet**

This information leaflet is designed to answer common questions patients ask about their medicine. Further information can be found in the information leaflet supplied by the manufacturer or from your pharmacist or doctor.

Why have I been started on this medicine?

Methotrexate is a medication used to reduce inflammation. It is used in Crohn's disease (and to a lesser degree in Ulcerative colitis) when traditional medications such as steroids, Azathioprine or 6-Mercaptopurine haven't worked or in those patients intolerant or resistant to such therapies. Evidence suggests it achieves clinical remission in 40%.

How does it work?

Methotrexate suppresses inflammation and dampens down the body's immune system.

What is the dose and how is it taken?

- All major studies agree that the Intra-muscular (IM) injections are more effective in achieving acute remission, but subsequent oral therapy (PO) can maintain it.
- Acute disease = 25mg once a week for 12weeks (IM then PO)
- Maintenance = 15mg once a week as an oral tablet
- Some unpublished studies have suggested that an oral use may be as effective as the IM approach acutely (any references??)

Your Gastroenterology team will decide on the appropriate dose for you as well as organizing regular blood tests.

Taking Folic Acid

Methotrexate can cause anaemia, nausea and vomiting. To reduce the risk of side effects from methotrexate, you will also be asked to take a vitamin called

Folic Acid (5mg 2x a week). This should be prescribed for you, but you should **NOT** take this on the same day as the methotrexate treatment.

How long does it take to work?

The benefits of methotrexate treatment often take quite a number of weeks to occur.

How long will I be taking it?

Presently there are no specific guidelines. Patients who respond to methotrexate usually remain on it for many months and perhaps several years as long as the blood test monitoring remains satisfactory. Do not stop taking your medicine unless your doctor tells you to, however well you feel.

What are the common side effects?

Fortunately most patients do not suffer any side effects, however, here is a list of potential side effects;-

- Nausea / vomiting (this is the commonest side effect)
- Symptoms of a cold / flu like illness
- Mouth, nasal and vaginal ulcers
- Bleeding gums and black tarry stool
- Skin rashes, itching and sun sensitivity
- Diarrhoea
- Liver abnormalities and yellowing of skin
- Bloating + abdominal pain
- Fatigue and Insomnia
- Headache + chest pain + joint pain
- Dry cough + shortness of breath
- Facial flushing
- Eye irritation
- Numbness + dizziness
- Mild hair loss
- Loss of libido / impotence
- Decreased fertility (reversible on completion of treatment).

Some of these side effects can be reduced by 3 simple measures;-

- 1) Taking the drug at a different time of the day – e.g before bedtime on retiring to bed
- 2) Ensuring that you are taking your Folic acid
- 3) Take an anti-sickness medication 1 hour before the weekly dose

Should you develop any of these troublesome symptoms, please report them to your specialist Gastroenterology team.

Special monitoring

You will need to undertake a pre treatment screening. The results of which will ensure suitability. Blood tests will then be taken weekly for the first month and then monthly thereafter and include FBC, U+Es and LFTs. In those patients who have been on methotrexate for years, they may need to undergo a liver biopsy.

General Advice

- 1) **Vaccinations** - Avoid any live vaccines (rubella, polio). Inactive vaccines, such as flu are fine
- 2) **Chickenpox or Shingles** – Stop and call us
- 3) **Other medicines** – Check with your doctor first, but avoid trimethoprim, co-trimoxazole and ibuprofen
- 4) **Alcohol** – Drink in moderation. Alcohol can increase the risks of the nauseous side effects
- 5) **Food** - Try to ensure food is fully cooked. Avoid unpasteurised milk and soft cheese, along with pate.
- 6) **Infections** – Try to avoid contact with people who have infections.

Methotrexate and pregnancy

Methotrexate can reduce fertility in men

It can damage sperm and affect the development of the baby

Methotrexate can be passed on to the baby through breast milk

Advice includes:-

- 1) Do not become pregnant whilst taking methotrexate treatment.
- 2) Adequate birth control is essential for both men and women and continued for at least 6 months after stopping.
- 3) Avoid breast-feeding.

Keep all medicines out of the reach of children. Never give any medication prescribed for you to anyone else. It may harm them even if their symptoms are the same as yours.

For further information you can contact your IBD Nurse Specialist or Gastroenterology specialist.