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Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Patient Information

Methotrexate

Eye Unit

What is it?

Methotrexate is a drug used to treat different types of inflammatory disease, including uveitis. It can reduce inflammation and can also affect the immune system (the body's own defence system). One of its actions is to reduce the activity of the immune system, so it is always used with care and requires careful monitoring to avoid toxicity.

It is slow to act and may take 6 – 12 weeks to have an effect.

How should Methotrexate be taken?

It is normally taken in tablet form **once a week** on the same day. It is **never taken every day**. Choose a day that is best for you to take your treatment and keep to that routine.

Methotrexate should be taken with food. The tablet should be swallowed whole and not crushed or chewed.

Other forms of methotrexate may be available. Please discuss these options with your doctor.

What dose should you take?

Your doctor will advise you about what dose you should take. Usually you start on a low dose (e.g. 5mg or 7.5mg per week). Your dose may be increased depending on how you respond to the treatment. Your doctor may recommend that you also take a vitamin supplement called folic acid which can help to reduce the likelihood of side effects.

Methotrexate tablets are available in 2.5mg and 10mg doses. The two strengths are different shapes but are a very similar colour, so you should always check that the dose is correct. Check your prescription and tablets very carefully every time you collect your medication.

What to do if you miss a dose?

If you forget to take your medication, do not double your next dose, but make a note of it and remember to tell your GP or Specialist at your next appointment. It is reasonable to take your methotrexate tablets a day later if you forget on your regular methotrexate day.

What are the possible side effects?

As with all medicines side effects occasionally occur in some patients.

Nausea, indigestion and vomiting may occur, but these often settle after a few doses of methotrexate. If the sickness is severe, consult your GP.

If you get a new rash or severe itching seek advice from your doctor.

You may feel more tired than normal, especially when starting methotrexate.

Thinning of the hair can occur, though it is uncommon and if it does happen it is usually slight. Hair growth usually returns to normal on stopping treatment.

Taking methotrexate can affect the blood count. One of the effects is that fewer blood cells are made and can make you more likely to develop infections. If you develop mouth ulcers, a sore throat or other infection, a fever, unexplained bruising or bleeding, or if you develop any new symptoms after starting methotrexate, you should see your doctor or contact the Uveitis Specialist Nurse as soon as possible.

Rarely, methotrexate can cause inflammation of the lung with breathlessness. **If you become breathless, you should see your doctor immediately.**

If you have not had chickenpox but come into contact with someone who has chickenpox or shingles while you are taking methotrexate you should see your doctor immediately as you may need special treatment.

Do you need special checks while on Methotrexate?

Because methotrexate can affect the blood count and sometimes cause liver problems, your doctor will arrange for you to have a blood test before you start treatment and regular blood tests while on methotrexate. **You must not take methotrexate unless you are having regular checks.**

Can you take other medicines along with methotrexate?

Methotrexate interacts with a number of other medicines, so you should discuss any new medications with your doctor before starting them. Always tell any other doctor treating you that you are taking methotrexate. Do not take over the counter preparations without discussing this first with your doctor or pharmacist.

Special care is needed with non-steroidal anti-inflammatory drugs (NSAIDs). You may only take NSAID's if they are prescribed to you by your doctor. You should also avoid drugs containing Trimethoprim (e.g. Septrin prescribed for infections).

Can you drink alcohol while taking methotrexate?

If you drink alcohol you should only drink it in small amounts because methotrexate and alcohol can interact and damage your liver. Discuss this with your doctor.

Can you have immunisations while taking methotrexate?

It is recommended that you do not have any of the 'live' vaccines such as polio, rubella (German Measles), MMR and yellow fever.

An 'inactivated' polio vaccine can be given instead and the 'inactivated' version should also be given to people you are in close contact with, such as members of your family or household. You should avoid contact with children or adults who have been given the 'live' polio vaccine, for 4-6 weeks after vaccination.

Yearly flu vaccines and pneumovax are safe and recommended.

If you have any queries about this, discuss them with your doctor.

Does methotrexate affect fertility or pregnancy?

We advise all women of child-bearing age who are taking immunosuppressive treatments to avoid pregnancy as some drugs can increase the risk of birth defects and/or developmental problems. Men taking immunosuppressive treatments may also need to take precautions.

The most appropriate form of contraception depends on the medications you are taking so please ask us for advice. Please let us know if you wish to plan a family so that we can discuss treatment options with you.

If you experience any problems related to the drug, please contact your GP or Eye Department at the Royal Gwent Hospital.

Out of hours: 01633 – 238856
(Urgent Referral)
8:30 – 6pm

**“This document is available in Welsh /
Mae'r ddogfen hon ar gael yn Gymraeg”.**