

Patient Information
Drugs for Inflammatory Bowel Disease –
Methotrexate

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If your IBD has not been well controlled, or is flaring up quite often, methotrexate may be added to your treatment.

What is Methotrexate?

Methotrexate is an immunosuppressant drug. As well as being used for IBD it is also used in other conditions such as Rheumatoid Arthritis and Psoriasis. It works by reducing the activity of cells in the body's immune system (the system that fights infection), and can reduce inflammation. Because it reduces the body's defence system it needs to be used with care. It cannot cure your condition, and you may need to take it in the long term to keep your symptoms controlled.

How often do I take Methotrexate?

It is very important to remember that it is only taken once a week on the same day of the week. If you have been prescribed tablets, they should be taken with food and swallowed whole (not crushed or chewed). You may have been prescribed injections in which case one of the IBD nurses will arrange for you to receive them.

What dose do I take?

This will be decided with your doctor. You may be started on an injection or tablets. If you start on injections and change to tablets the dose is likely to change. The dose will be reviewed on a regular basis and changed if needed.

If you start on an injection this is usually given as a subcutaneous injection (under the skin) every week for 4 weeks. The usual dose is 25mg.

You may be started on Methotrexate tablets straight away or be switched from injections to tablets after 4 weeks. The dose needed varies between individuals but is usually between 5mg and 20mg **once a week.**

The tablet form of methotrexate comes as 2.5mg or 10mg strengths and the dose may change depending on how you feel and your blood tests.

Methotrexate is likely to be prescribed by your hospital consultant to start with so please remember to inform your GP that you are taking Methotrexate especially if you need any new medicines.

How long will it take to work?

It does not work immediately, and may take up to 12 weeks to work before it has a full effect. If you respond to methotrexate you will usually remain on it for many months and perhaps several years, as long as your blood tests are satisfactory.

Monitoring

You will need to have your bloods checked on a regular basis, every 2 weeks for 6 weeks then monthly, which can be arranged via your General Practitioner. Regular blood tests will help your doctor check how well your body is coping with the methotrexate, and will decide whether you can continue on treatment.

Methotrexate can on rare occasions affect the bone marrow, resulting in a reduced white blood cell count. This can make you more prone to infection, so it will be necessary to monitor your white blood cell count quite closely while you are taking methotrexate.

The doctor may increase or decrease the dose of methotrexate you take depending on how well your treatment is controlling your condition, how well you feel and the results of blood tests.

What are the benefits of taking Methotrexate?

Methotrexate may prevent you getting recurrent flares of your condition. It may be a better option for you than other medicines.

What are the common side effects?

Like all other medications this drug can sometimes cause side effects. They are rarely serious.

The most common side effects are nausea (feeling sick) which improves with time. If this does occur then it may be possible to control with anti sickness tablets or revert to an injection. Mouth ulcers and skin rashes occur in less than 1 in 10 patients. Hair loss may occur rarely.

Your doctor will also prescribe folic acid tablets to reduce the chances of developing side effects with methotrexate. Usually, folic acid is taken once a week 2 days after your methotrexate. Some people are asked to take folic acid every day except the day that methotrexate is taken.

You may be prone to more infections because methotrexate works by damping down the immune system. If you develop a rapidly worsening sore throat or any other infection, unexplained bleeding, bruising, fever, jaundice or any other new symptoms, please contact your GP as soon as possible and also the IBD Specialist Nurse, as depending on your symptoms you may require a blood test and the methotrexate may need to be stopped or the dose adjusted. If you do require antibiotics, methotrexate should be withheld for the duration of the antibiotic therapy.

Rarely, methotrexate can cause lung problems that can result in a feeling of breathlessness. **If you become breathless, you must see your GP immediately and contact your IBD Specialist Nurse.**

If you come into contact with someone who has chicken pox or shingles, you should see your GP immediately and contact your IBD Specialist Nurse as you may need to attend hospital and have a blood test and start treatment.

What happens if I need an operation?

Let your doctor or nurse know if you need an operation, so that they can advise you on what to do about your methotrexate. If you are having an operation, in most cases you will be advised to continue with your treatment, but it will help the doctor's plan your care.

What if I need dental treatment?

Please inform your dentist that you are taking methotrexate. It should not affect routine dental care.

Can I have immunisations whilst on Methotrexate?

Flu vaccinations and Pneumococcal vaccinations are safe to have whilst taking methotrexate. You should have an annual flu vaccination and the Pneumococcal vaccination which is a once only dose.

You should avoid immunisations with “live” vaccines such as polio, BCG (Tuberculosis), MMR (measles, mumps and rubella). An “inactive” polio vaccine can be given instead of a live one. Close relatives may have “live” vaccines without any risk to you.

Are there alternative treatments available?

Azathioprine and Mercaptopurine are other immunosuppressant drugs that are also used in IBD when it is not well controlled or is flaring up quite often. Most patients have already tried these before using methotrexate. You may also receive information about Infliximab or Adalimumab.

What will happen if I decide not to have treatment with Methotrexate?

You may continue to have ongoing symptoms or your condition may worsen. Please discuss alternative treatments to methotrexate with your Consultant or IBD Specialist Nurse.

Do I continue my other treatments for IBD?

Yes, unless your hospital doctor or IBD Specialist Nurse advises you to stop any.

Can I take medication for other conditions?

Please remember to inform your doctor that you are taking Methotrexate especially if you need any new medicines as some drugs interact with methotrexate.

It is important that you do not take indigestion remedies within six hours of taking methotrexate. It is particularly important that you avoid the antibiotic Trimethoprim, as this can increase the risk of side effects.

Do I need any special checks while on Methotrexate?

Because methotrexate can affect the blood count and occasionally cause liver problems, you will need regular blood checks.

It is important to have these done regularly as Methotrexate can on rare occasions affect the bone marrow, resulting in a reduced white blood cell count. This can make you more prone to infection, so it will be necessary to monitor your white blood cell count quite closely while you are taking methotrexate.

Your doctor will usually arrange for you to have a chest x-ray before starting treatment with methotrexate to check for any lung disorders.

Can I drink alcohol whilst on Methotrexate?

Too much alcohol can interact with methotrexate, but small amounts (less than 21 units per week for men or 14 units per week for women) are unlikely to be harmful.

Does Methotrexate affect fertility and pregnancy?

Methotrexate can reduce fertility and is harmful to an unborn baby as it causes significant abnormalities. Couples must avoid pregnancy if Methotrexate has been taken by either partner in the last 6 months.

You should use two forms of contraception during treatment (for example contraceptive pill and condoms).

If you become pregnant while you are on Methotrexate you should contact your doctor as soon as possible.

Methotrexate passes into breast milk and can affect the baby's immune system, and can affect growth. You should therefore avoid breastfeeding while on treatment.

If you are planning a family, you should discuss this with your doctor before you are due to start this treatment.

Where can I obtain further information about Methotrexate?

If you have any questions about Methotrexate, ask your Hospital Doctor, GP, IBD Specialist Nurse or your Pharmacist.

For Further information:

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