



METHOTREXATE

What are the aims of this leaflet?

This leaflet has been written to help you understand more about methotrexate. It tells you what it is, how it works, how it is used to treat skin conditions, and where you can find out more.

What is methotrexate and how does it work?

Methotrexate is known as a disease-modifying drug. It slows the production of new cells by the body's immune system (the body's own defence system) and hence reduces inflammation whilst at the same time suppresses the activity of the immune system. It was first used to treat certain types of cancer, and was then found to also be an effective treatment for skin and joint diseases when used at lower doses.

Which skin conditions are treated with methotrexate?

Methotrexate is used to treat [psoriasis](#), psoriatic arthritis, eczema and several other types of skin problems including [pemphigoid](#), pemphigus, [sarcoidosis](#), scleroderma and [dermatomyositis](#).

How long will I need to take methotrexate before it has an effect?

It may take 3-12 weeks before you notice any improvement in your condition after starting your methotrexate treatment.

When should I take methotrexate?

Methotrexate is usually taken in tablet form **once a week**, on the same day each week. **It should never be taken every day**. The tablets are taken with food and should be swallowed whole, not crushed or chewed. Methotrexate may also be given once a week by injection - either subcutaneous (an

injection under the skin, like insulin injections for diabetes), or intramuscular (in the buttocks or thigh).

Most dermatologists prescribe 2.5 mg tablets of methotrexate. These tablets must not be confused with the 10 mg tablets, which look similar. Care should be taken to make sure that the correct strength has been prescribed and dispensed. You must always check the dose and strength before taking methotrexate.

If you miss taking methotrexate on your normal day, you can take it within 48 hours; however, if you are more than three days late, do not take it that week. Take your next dose on the usual day next week.

What dose should I take?

Your doctor will advise you on the weekly dose. Usually a small dose is prescribed at first and gradually increased until it is effective. The dose will be adjusted according to your response to treatment and any side effects you may experience.

What are the possible side effects of methotrexate?

In some patients methotrexate can cause nausea, tiredness, diarrhoea or mouth ulcers. Rarely hair loss and rashes may occur. Taking methotrexate can affect the white blood cell count (one of the effects is that fewer blood cells are made) and so can make you more likely to develop infections such as chest infections.

You should see your doctor if:

- You develop a sore throat, a fever or any other signs of infection.
- You develop mouth ulcers.
- You develop unexplained bruising or bleeding from the gums.
- You develop nausea, vomiting, abdominal pain or dark urine.
- You become breathless or develop a cough.

Folic acid is frequently recommended as a vitamin supplement, when taking methotrexate, as it may reduce the incidence of side effects such as nausea.

Liver and lung fibrosis are very rare complications which can occur when methotrexate is taken for a number of years. If you notice any of the side effects mentioned above, these should be reported immediately and investigated.

If you have not had chicken-pox, but come into contact with someone who has chicken-pox or shingles, or if you develop chicken-pox or shingles while you are taking methotrexate, you should see your doctor immediately as you may need specialist treatment.

How will I be monitored for the side effects of methotrexate treatment?

Your doctor will arrange for you to have regular blood checks while you are taking methotrexate. You **must not** take methotrexate unless you are having these regular blood checks.

The BAD Biologic Interventions Register (BADBIR)

If you have been prescribed methotrexate for treatment of your psoriasis, you may be asked to take part in the national biologics register. This register is to compare the safety of different treatments for psoriasis and to see how well they work. It was set up to monitor some new treatments for psoriasis called biological treatments. The register will give doctors information on how best to use the treatments available for moderate to severe psoriasis. No information will be passed to the register without your informed consent.

Can I have vaccinations whilst on methotrexate?

It is recommended that you should not be immunised using any of the 'live' vaccines such as MMR, polio and yellow fever. An 'inactivated' polio vaccine can be given instead of the 'live' one and the 'inactivated' version should also be given to people you are in close contact with, e.g. members of your household.

If you are on methotrexate you should avoid contact with children who have been given the 'live' polio vaccine, for 4-6 weeks after the vaccination; however, this precaution is not necessary if inactivated polio vaccine is given. If you require immunisation with a live vaccine, methotrexate should be stopped 6 months before and until 2 weeks after the vaccination. Yearly flu and five yearly Pneumovax vaccinations are safe and recommended; however, the new nasal flu vaccination is live and should not be given with methotrexate (see Patient Information Leaflet on [Immunisations](#)).

Does methotrexate affect fertility or pregnancy?

Methotrexate can reduce fertility in men, especially at higher doses, and is likely to harm an unborn baby, so women must not take it during pregnancy. Men on a high-dose regimen and all women should take contraceptive

precautions whilst taking methotrexate, as well as for up to 3 months after stopping the medication.

If you are planning a family, or if you become pregnant while on methotrexate, you must discuss this with your doctor as soon as possible. You must not breast feed if you are taking methotrexate.

May I drink alcohol while I am taking methotrexate?

Alcohol does interact with methotrexate. Both alcohol and methotrexate can potentially damage the liver, so it is advisable to keep alcohol consumption to a minimum and well below the national recommendations.

Can I take other medicines at the same time as methotrexate?

Some drugs interact with methotrexate, which can be dangerous. You should always tell any doctor, nurse or pharmacist treating you that you are taking methotrexate.

Special care is needed with non-steroidal anti-inflammatory drugs, such as aspirin and ibuprofen. You should only take anti-inflammatory drugs if your doctor prescribes them for you. Do not take 'over-the-counter' herbal or vitamin preparations without discussing this first with your doctor, nurse or pharmacist. **You must always avoid antibiotics containing trimethoprim.**

Where can I find out more about methotrexate?

If you want to know more about methotrexate, you should speak to your doctor or pharmacist. Please note that this information leaflet does not list all of the side effects of methotrexate. For further details, look at the drug information sheet which comes as an insert with your prescription for methotrexate.

Web links to detailed leaflets:

www.dermnetnz.org/treatments/methotrexate.html
<http://www.patient.co.uk/medicine/Methotrexate.htm>
<http://www.mhra.gov.uk/home/groups/pl-a/documents/websiteresources/con076318.pdf>

For details of source materials used please contact the Clinical Standards Unit (clinicalstandards@bad.org.uk).

This leaflet aims to provide accurate information about the subject and is a consensus of the views held by representatives of the British Association of Dermatologists: individual patient circumstances may differ, which might alter both the advice and course of therapy given to you by your doctor.

This leaflet has been assessed for readability by the British Association of Dermatologists' Patient Information Lay Review Panel

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