

Patient information

Drugs for Inflammatory Bowel Disease Methotrexate

Digestive Diseases Care Group

If your Crohn's disease 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. It works by reducing the activity of cells in the body's immune system (the system that helps fight infection), and can reduce inflammation. Because it reduces the body's defence system it needs to be used with care.

How often do I take methotrexate?

It is very important to remember that it is only taken once a week on the same day. It may be administered as an injection under the skin or taken as tablets.

If taken as a tablet, it should be taken with food and swallowed whole (not crushed or chewed).

What dose do I take?

This will be decided with your doctor.

How long will it take to work?

It does not work immediately. It may take up to twelve weeks 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.

What are the benefits of taking methotrexate?

Methotrexate may prevent you getting recurrent flares of disease.

What are the common side effects?

The most common side effects are a feeling of sickness, diarrhoea, mouth ulcers and skin rashes. Approximately one out of ten people stop methotrexate because of side effects.

Most doctors prescribe folic acid tablets to reduce the chances of developing side effects with methotrexate. Usually it is taken once a week, but not on the same day as methotrexate. Some people are asked to take folic acid every day except the methotrexate day.

You can be more prone to infections because of the way that methotrexate works. If you develop a severe sore throat or any other infection, or have a fever, jaundice, bruise easily, or develop any new symptoms you must see your family doctor (GP) and contact your IBD Specialist Nurse, as depending on your symptoms the methotrexate may need to be stopped.

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 with chicken pox or shingles, you should see your GP immediately and contact your IBD specialist nurse as you may need to attend hospital to have a blood test and start treatment.

Can I have immunisations while on methotrexate?

Flu vaccinations are safe on methotrexate. You should have these annually while on this drug. You may also be offered other vaccinations before starting treatment.

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 Crohn's disease when it is not well controlled or is flaring up quite often. Most patients will have tried azathioprine or mercaptopurine before using methotrexate.

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

Your symptoms will continue or worsen.

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Do I continue my other treatments for inflammatory bowel disease?

Yes.

Do I need any special checks while on methotrexate?

Because methotrexate can affect the blood count and occasionally cause liver problems, your doctor will arrange regular blood tests.

It is very important that these blood counts are done regularly

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 take other medication along with methotrexate?

Some drugs can interact with methotrexate and it is important to tell any doctor treating you that you are on methotrexate. It is particularly important that you avoid a group of antibiotics called the sulphonamides, of which the most commonly used is called Co-trimoxazole (Septrin), and another antibiotic called Trimethoprim.

Can I drink alcohol on methotrexate?

Too much alcohol can interact with methotrexate but small amounts (14 units per week) are unlikely to be harmful.

Does methotrexate affect fertility and pregnancy?

- Methotrexate can reduce fertility and is harmful to an unborn baby.
- Women who are trying for a baby should avoid methotrexate for six months before getting pregnant.
- You should use two forms of contraception during treatment.
- If you become pregnant while you are on methotrexate you should contact your doctor as soon as possible and stop the methotrexate.

Methotrexate passes into breast milk and can affect the baby's immune system and can affect growth. It is therefore not recommended to use methotrexate while breastfeeding.

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 doctor, the IBD specialist nurse or your pharmacist.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

Inflammatory Bowel Specialist Nurses

Tel: 0151 706 2659

Text phone number: 18001 0151 706 2659

Email: IBDnurses@rlbuht.nhs.uk

Website: crohnsandcolitis.org.uk/mersey

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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