



INFORMATION SHEET

WHY HAVE I BEEN GIVEN METHOTREXATE?

INFORMATION FOR TEENS AND YOUNG PEOPLE WITH IBD

WHY HAVE I BEEN GIVEN METHOTREXATE?

Methotrexate is a drug used to treat Inflammatory Bowel Disease (IBD). It is used most often for Crohn's Disease, but can also be used for Ulcerative Colitis (UC). You may be given methotrexate if you keep getting flare-ups even though you are taking other medicines for your IBD. Methotrexate may also be able to help you cut down or come off steroids. For some people, methotrexate is a good alternative to azathioprine and mercaptopurine. Methotrexate can also be used in combination with biological drugs, such as infliximab or adalimumab.

WHAT DOES IT DO?

Methotrexate is an immunosuppressant, meaning it suppresses (damps down) the over-active cells in your immune system. While this helps to reduce and control the inflammation in your gut, it also places you at higher risk of infections. In IBD, methotrexate is used to induce remission (a period when you do not have symptoms) and maintain remission (stopping symptoms from coming back). Methotrexate can be combined with infliximab or adalimumab, both of which belong to a group of medicines called 'anti-TNF' drugs that target TNF-alpha, a protein in the body causing inflammation.

WHAT DOES IT LOOK LIKE?

Methotrexate can be taken as tablets or given as an injection. Methotrexate tablets are usually yellow, but the colour can vary depending on the brand. They come in two strengths: 2.5 mg and 10 mg.

HOW OFTEN DO I TAKE IT?

Your doctor or specialist nurse will tell you how much methotrexate to take, and how often. It is usually taken **once a week**, making it important to get into a routine. If you forget to take your methotrexate on your normal day, ask your doctor or specialist nurse for advice. You may be able to take it one or two days later, but if you are three or more days late you may need to leave out that dose. Do **not** double up on your dose.

If you take tablets, swallow them with a drink of water, after food. Don't crush or chew them. If you have injections, they can either be done in the clinic by a nurse, or your nurse may train, you, or your parents, to do the injections at home.

WILL I FEEL BETTER STRAIGHT AWAY?

No, methotrexate is a slow-acting drug and it can take up to three months before you start to feel fully better. Don't feel disheartened if you do not experience an immediate improvement. If methotrexate works well for you, you may be able to keep taking it for several years, or as long as you don't get any significant side effects.

WHY DO I NEED TO TAKE FOLIC ACID AS WELL?

Methotrexate can block the effects of folic acid (vitamin B9) which may lead to stomach problems, such as nausea and abdominal pain. Taking folic acid supplements can help your body to cope with these side effects. Your doctor or specialist nurse will tell you how often to take the folic acid – it may be weekly, or more often, but it should always be taken on a different day from your methotrexate day.

I'VE BEEN TOLD I NEED TESTS BEFORE AND WHILE I TAKE METHOTREXATE. WHY IS THAT?

Methotrexate affects the way your body makes new blood cells and can sometimes cause liver and kidney problems. A blood test before you start methotrexate, and then regular blood tests while you are on methotrexate, can check if things are ok. Your doctor may also want you to have a chest x-ray, a lung function test, or liver scan. Typically, you may have a blood test every one to two weeks for the first two or three months, and then monthly, or every two to three months. Your doctor or specialist nurse will make sure you know when these are due.

If you haven't had chicken pox or shingles before, you may be tested to see if you are immune to the virus which causes them, and you may be given a vaccine to protect you from catching the virus before you start taking methotrexate.

WILL I GET SIDE EFFECTS?

Most medicines can cause unwanted side effects – and you may find that methotrexate can affect you in other ways while it is helping control your IBD. Your doctor or nurse will talk you through the benefits of taking methotrexate and the side effects it might cause before you start your treatment.

Not everybody gets side effects with methotrexate and some of these side effects may go away as your body gets used to it. Tell your doctor or IBD team if you notice any of the symptoms in the list below. It may be that a change in how you take the methotrexate can help, or it may mean methotrexate doesn't suit you. The following list contains some of the side effects of methotrexate. For a full list of side effects you should look at the patient information leaflet which came with your medication, or visit: www.medicines.org.uk/emc. If you have any worries, speak to your IBD team.

- The main problem is bone marrow suppression. This can cause a drop in white blood cells that increases your risk of infections. It can also reduce platelets, which help blood clotting, making you more likely to suffer bruising, nose bleeds, skin rashes, and mouth ulcers.

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- Common side effects include nausea (feeling sick), vomiting, and diarrhoea. These especially occur during the first few weeks of treatment. It can help to take anti-sickness medications (anti-emetic) just before methotrexate injections.
- A persistent cough, breathlessness, chest pain or difficulty breathing.
- Rash or itching. Sometimes there can be a rash at the injection site.
- Headache, fatigue, feeling dizzy, drowsy or confused. Blurred vision.
- Yellowing of the skin or the whites of the eyes. This is a sign of liver damage, but is very rare. It can show up in regular blood tests.
- Abdominal (stomach) pain.
- Acne or hair loss.
- Swollen glands.
- Aches in muscles and joints.

Seek urgent medical attention if you have an allergic reaction, with symptoms such as wheeziness, feeling faint, have difficulty breathing, or swelling of your lips, face or mouth.

As with all medicines, you should avoid driving until you have learned how methotrexate affects you.

Methotrexate can make it **slightly** more likely that you may develop some types of cancer, such as lymphoma (cancer of the lymph glands) and skin cancer – see below for what you can do to help reduce the risk of skin cancer.

Your regular blood tests will help pick up if you are developing any problems like these, or inflammation in your liver or kidneys.

7 THINGS YOU CAN DO TO HELP KEEP YOURSELF HEALTHY WHILE TAKING METHOTREXATE

- **Avoid close contact with people with infections - and tell your doctor or IBD team if you have an infection that is not getting better, even if it is a simple cold, sore throat or chill.** Because methotrexate is an immunosuppressant it means you are more likely to catch infections like colds and flu, and that simple infections like these may make you quite unwell if you don't get them treated.
- **Tell your doctor if you come into close contact with anyone who has chickenpox, shingles, measles or pneumonia.** This is because these infections can also make you more unwell if you are on methotrexate. Your doctor may be able to give you a protective injection before you start your treatment.
- **Use a strong sunscreen (factor 50 or above) and wear a hat and light clothing when out in bright sunlight.** Methotrexate makes your skin more sensitive to sunlight and simple precautions like these can help reduce the risk of skin cancer. Don't use a sun bed!

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- **Be careful if you drink alcohol.** Alcohol and methotrexate can interact and cause liver damage. You are also likely to feel sick if you drink regularly while on methotrexate, and should avoid binge drinking. Anecdotal reports suggest it leads to extreme 'hangovers' the next day. Also, excessive consumption of caffeine (i.e. caffeine containing soft drinks and coffee) should be avoided during methotrexate treatment.
- **Always check with your doctor or IBD team before you start taking any new medicines, even over the counter medicines, multi vitamins, or herbal remedies.** Some medicines, including certain common pain killers (like ibuprofen and aspirin), and some antibiotics (such as co-trimoxazole and trimethoprim) can interact with methotrexate.
- **Do not have live vaccinations such as the yellow fever, polio or MMR.** The flu jab is safe because it isn't live, but the nasal spray is live and shouldn't be used. If anyone in your family needs to have a live vaccine, then you should check with your IBD team.
- **If you go to another doctor or a dentist for treatment, tell them you are taking methotrexate.** This is because, if they don't know, they might give you a medicine that will interact with the methotrexate.

WHAT ELSE SHOULD I KNOW ABOUT METHOTREXATE?

Women who are trying to conceive or, who are pregnant, should not take methotrexate because it can cause birth defects or miscarriages. The evidence of risk to the foetus when the man is taking methotrexate is less clear, but the drug may affect the formation of sperm, so men as well as women are advised not to conceive while on methotrexate. Therefore, doctors advise both men and women to use reliable contraception during treatment. If you want to start a family, speak to your doctor or nurse before you try to conceive. They will help you to make a safe plan for this.

- **If you are a girl (and have been sexually active) have a pregnancy test before you start taking methotrexate.**
- **Make sure to use a reliable contraceptive method if you are having sex. Avoid becoming pregnant until six months after stopping methotrexate.**
- **Tell your doctor or nurse straightaway if you think you, or your partner, may be pregnant.**
- **Girls should avoid breast feeding while taking methotrexate.**

WHERE CAN I GET MORE INFORMATION IF I AM WORRIED?

For further information about methotrexate see our full information sheet: **Methotrexate**. If you have any worries or concerns, even if you feel it's just a small thing, talk to your IBD doctor or specialist nurse. They will be happy to help you with any questions about your IBD or your treatment.

FURTHER INFORMATION AND SUPPORT FROM CROHN'S AND COLITIS UK

All our information sheets and booklets are available free from our office and downloadable from our website: www.crohnsandcolitis.org.uk

Crohn's and Colitis UK Information Line: 0300 222 5700, open Monday to Friday, 9 am to 5 pm, except Thursday 9 am to 1 pm, and excluding English bank holidays. An answer phone and call back service operates outside these hours. You can also contact the service by email info@crohnsandcolitis.org.uk or letter. Trained Information Officers provide callers with clear and balanced information on a wide range of issues relating to IBD.

Crohn's and Colitis Support: 0121 737 9931, open Monday to Friday, 1 pm to 3.30 pm and 6.30 pm to 9 pm, excluding English bank holidays. This is a confidential, supportive listening service, which is provided by trained volunteers and is available to anyone affected by IBD. These volunteers are skilled in providing emotional support to anyone who needs a safe place to talk about living with IBD.

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ABOUT CROHN'S & COLITIS UK

We are a **national** charity established in 1979. Our aim is to improve life for anyone affected by Inflammatory Bowel Diseases. We have over 28,000 members and 50 local groups throughout the UK. Membership costs start from £15 per year with concessionary rates for anyone experiencing financial hardship or on a low income.

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