

Taking methotrexate for your respiratory condition

Respiratory Medicine

Information for Patients

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What are the aims of this leaflet?

This leaflet has been written to help you understand more about methotrexate. It will tell you what it is, how it works and how it is used to treat interstitial lung disease (ILD). ILD covers a wide range of conditions which affect the lungs.

What is methotrexate and how does it work?

Methotrexate, used at low doses (25mg or less once a week) is a medicine that can be used to treat lung diseases and other conditions that cause inflammation in the body such as arthritis, Lupus, vasculitis and sarcoidosis. It is used in lung conditions where your immune system attacks your own body. Methotrexate lowers the body's own defense system (the immune system) and is one of a group of drugs known as immunosuppressants. It aims to reduce the inflammation that may contribute to symptoms of breathlessness and cough and prevent damage to your lungs.

Methotrexate can also be used to treat cancer but much higher doses are required. This leaflet only provides information for people being treated with low dose methotrexate.

When should I take methotrexate?

Methotrexate is usually taken as a tablet form, **once** a week, on the same day each week. Methotrexate is **never** taken every day. It can also come as an injection, which is also given once a week. Methotrexate is always taken with a vitamin (folate/folic acid) which helps to prevent side effects. Your ILD specialist will tell you when you should take these tablets. It is important that you do not forget to take the folic acid that you are prescribed. It should not be taken on the same day as your methotrexate. For many patients we recommend taking your **M**ethotrexate on a **M**onday and the **F**olic acid on a **F**riday.

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or call 111 for non-emergency medical advice**

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To give feedback about this information sheet, contact InformationForPatients@uhl-tr.nhs.uk

What dose of methotrexate should I take?

Your ILD specialist will decide which dose of methotrexate is best for you. This will depend on if you have other health conditions, as well as how severe your symptoms are and how well you respond to the treatment. Most people will take between 5mg and 25mg each week. Methotrexate tablets should be taken whole and not crushed or chewed. The tablets come in 2 strengths, but we only prescribe 2.5 mg—not the 10 mg. These 2 types of tablet are different sizes but a very similar colour. Always double-check that the tablets and dose are correct for you. To avoid confusion, it is recommended that you ask your doctor or the person prescribing your methotrexate for only 2.5mg tablets. If you have any concerns, talk to your pharmacist or doctor. It is important that you do not use your medicine if you think you have the wrong strength. Taking too much methotrexate can be dangerous.

Your recommended starting dose:

Date	Drug	Starting Dose	Strength	Number of Tablets	Day of the week
	Methotrexate				
	Folic Acid				

How long will I have to take methotrexate for?

The length of treatment will depend on which lung disease you have and how well you respond to treatment. You may need to take methotrexate for at least 3 months before you notice any change in your condition. If you find it works, methotrexate can be taken long term. If you are also taking prednisolone (steroid) it may mean that your dose of prednisolone can be reduced by your ILD specialist.

What are the possible side effects of methotrexate?

Methotrexate has been used for many years and most patients do not have any problems. Occasionally it can cause side effects. Some people feel sick (nausea) after taking methotrexate. The symptoms are usually mild and it is rare for anyone to actually be sick. Some people take the medicine at night to sleep through the sickness. Others take an anti-sickness tablet. Other things to try to prevent sickness include taking the folic acid vitamin more often and taking the methotrexate with a fizzy drink. If nausea or sickness continues, talk to your ILD specialist team. If you are sick (vomit) within a few hours of taking methotrexate do not take another dose.

Less common side effects include

- mouth ulcers,
- hair thinning (usually mild) and
- tiredness (fatigue).

Methotrexate can also affect your blood count (one of the effects is that fewer white blood cells are

made) and make you more likely to get infections. You should not take your next dose of methotrexate and contact ILD specialist team straight away if you develop any of the following whilst taking methotrexate:

- A sore throat or sore mouth
- A fever or chills
- Any other symptoms of infection
- New unexplained bruising or bleeding
- If the whites of your eyes become yellow or you develop severe itching of the skin
- Any other new symptoms or anything else that concerns you

Patients on long-term methotrexate are more likely than others to develop some forms of cancer including skin cancers and lymphoma. All patients should avoid excessive exposure to sunlight and use high factor sunscreen (SPF 50). Sunscreens are not an alternative to clothing and shade, rather they offer additional protection. Please be aware that no sunscreen will provide 100% protection. Tell your doctor about any changes to a mole or patch of skin.

How can I reduce the risks?

You should stop your methotrexate and see your doctor or contact your ILD specialist team immediately if:

- You have any of the symptoms in the list above, e.g. sore throat, and they are severe
- You develop chickenpox or shingles or come into contact with someone who has chickenpox and shingles and you haven't had chickenpox in the past. You may need treatment with antiviral medicine as chickenpox and shingles can be severe in people on immunosuppressants. Your methotrexate will be stopped and only re-started when you feel better.
- As methotrexate affects your immune system it may make you more likely to pick up infections, you should avoid people who have recently been in hospital and if possible people with recent infections. If you are being treated for any infection we advise you to stop the methotrexate while you are on antibiotics and to restart it at your previous dose 1 week after stopping antibiotics (unless advised differently by your ILD team).

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

Methotrexate can affect the white blood cells and / or cause inflammation in the liver. This is rare and more likely to happen soon after starting treatment. People taking methotrexate may not notice these changes and so should have regular blood tests to monitor. If you do develop problems in the blood cells or the liver they usually start gradually, and if problems are found early, they can be reversed. It is therefore very important to get your blood checked. You must have regular blood tests while taking methotrexate.

Blood tests are usually done every 2 weeks for the first few months. This can reduce to every 1 to 3 months once you are on a stable dose.

You may be asked to keep a record of your results in a booklet - you should bring this with you when you visit your GP or the hospital

Does methotrexate affect pregnancy?

You must not become pregnant whilst on methotrexate as there is a risk of harm to the unborn child. It can cause birth defects and miscarriage. If there is any possibility of you becoming pregnant, you should use 2 forms of effective contraception throughout treatment and for 3 months after the last dose. Pregnancy tests may be done before starting treatment and repeated throughout the course of treatment as necessary. If you wish to plan for a pregnancy or in the event of an unplanned pregnancy whilst on treatment, you should stop the methotrexate immediately and contact your ILD team straight away who will advise you and look at alternative treatment.

You should not breastfeed while taking methotrexate as it crosses into breast milk.

You or your partner should also use condoms during treatment and for 90 days (or 13 weeks) after the last treatment dose, even if you have had a vasectomy. Potentially childbearing partners of patients treated with methotrexate should use contraception during their partner's treatment and for 90 days (or 13 weeks) after their partner's last treatment dose.

Can I drink alcohol whilst taking methotrexate?

Drinking alcohol puts pressure on your liver and can cause damage over time. To reduce the risk from alcohol it's best to drink no more than 14 units a week and have at least 2 alcohol-free days. These recommendations are especially important if you are taking methotrexate.

Where can I find out more about methotrexate?

If you want to know more about methotrexate, or if you are worried about your treatment, you should speak to your ILD specialist team.

This information sheet does not list all of the side effects of methotrexate. For more detail and information, look at the drug information sheet which comes as an insert with your prescription for methotrexate.

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

It is important that you tell your ILD team about all of the medicines that you are taking, whether on prescription or bought over the counter prior to starting treatment.

Do not begin any medicine or change its dosage without first checking with your doctor or pharmacist.

Medications that can cause problems when taking methotrexate include:

- the antibiotics trimethoprim or co-trimoxazole (Septrin) which you must not take whilst you are taking methotrexate. These can react with methotrexate and can be dangerous.
- Painkillers (Non-steroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen should only be taken alongside methotrexate with medical supervision. Check medicines that you can buy over the counter for coughs, colds and flu as these may contain medicines that can interact with methotrexate.

It is helpful to bring a list of current medications with you when you see the ILD team.

Can I have immunisation injections while on methotrexate?

You should avoid live vaccines such as yellow fever, nasal flu and the shingles vaccine. Certain flu, Covid-19 and pneumonia vaccines are safe and recommended.

Contact details:

Any concerns or changes to your symptoms or medication please contact the ILD team on 0116 259 3949

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Previous reference:

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