

Neurosciences

Low Dose Methotrexate Therapy for Patients with Multiple Sclerosis (MS)

Introduction

Methotrexate is a drug used to treat conditions like rheumatoid arthritis, severe psoriasis, Crohn's disease, a disease of the bowel, and some kinds of cancers. Methotrexate can reduce inflammation and it can also reduce the activity of the immune system, the body's own defence system.

Although Methotrexate is not licensed in the UK for use in MS, some studies have shown that people taking Methotrexate developed disability at a slower rate than those not taking it.

Methotrexate will not cure MS, improve your current symptoms, nor will it stop MS becoming worse with time. The aim is to reduce the rate of disease progression.

How to take it

Methotrexate is usually taken in tablet form. The tablets should be swallowed whole, one hour after food with a glass of water and not crushed or chewed.

The dose is usually 7.5mg (i.e. three 2.5mg tablets), taken together, on the same day, **once a week**.

Methotrexate is usually a long term therapy.

Folic acid tablets are usually prescribed to patients who are taking Methotrexate as this can reduce the likelihood of side effects. Folic acid should **not** be taken on the day that you take Methotrexate.



Patient Information

What to do if a dose is missed

If it is within two days, then take your tablets as soon as you remember. Do not take the dose if you are more than three days late, just take it on your usual day the following week.

It is unlikely that a missed dose will cause a problem. It is important to inform your GP, neurologist or MS nurse if you decide to stop taking Methotrexate for any reason.

What to do if you take too many tablets

If you take more Methotrexate tablets than prescribed, you should seek medical advice immediately by either contacting your GP, or the nearest hospital casualty department.

Side effects

Most people on low dose Methotrexate do not experience significant side effects. The most common side effects of Methotrexate are mouth ulcers, stomach pains or nausea.

Less commonly it can cause feeling sick (vomiting), dizziness, tiredness, fever, rashes, hair loss or headaches.

Rarely, Methotrexate can cause inflammation of the lungs with breathlessness. If you become breathless, you should stop Methotrexate and seek medical help immediately.

Methotrexate can affect the blood and make you more likely to develop infections. If you develop any new or unusual symptoms after starting Methotrexate, you should see your doctor as soon as possible.

Blood monitoring

Methotrexate can affect the production of some blood cells and make you more vulnerable to infections. It can also sometimes cause damage to the liver and kidneys. Before starting treatment you will need to have a blood test to provide a record of how you are and whether you are suitable for treatment. You will then need regular blood tests whilst you are on treatment. Blood tests will need to be monitored as follows:

- Every two weeks for the first six weeks
- Every month for the next three months

Patient Information

- Every three months thereafter

It is important that you do not miss your blood tests. If your blood tests find any problems, your treatment may be stopped or adjusted to prevent damage. Your blood monitoring may be managed by the hospital team or your own GP.

You will not be able to commence Methotrexate without the written agreement of your GP and your agreement to comply with regular blood tests.

Before starting Methotrexate - tell your doctor if you:

- Have any kidney, liver problems or blood disorders;
- Have stomach ulcers;
- Have mouth ulcers;
- Are pregnant, trying to become pregnant or breastfeeding;
- Have an infection;
- Are taking any other medications, including over the counter medicines such as aspirin and Ibuprofen, herbal, alternative and complimentary therapies;
- Are taking Diclofenac.

After starting Methotrexate – tell your doctor if you:

- Have any bleeding e.g. in your urine or stools;
- Have pain or difficulty breathing or a dry persistent cough or fever;
- Have an allergic reaction such as a rash or swelling of your lips or tongue;
- Have an infection e.g. sore throat or mouth ulcers;
- Develop yellowing of the skin or generalized itching;
- Develop severe vomiting, stomach pains or diarrhoea;
- Develop vaginal inflammation or ulcers;
- Find that you bruise more easily;
- Develop loss of appetite or weight loss.

Patient Information

Can I have immunisations while on Methotrexate?

It is recommended that you should not be vaccinated with 'live' vaccines such as yellow fever, polio, measles, mumps, BCG and rubella. If a live vaccine proves to be necessary as there is no alternative, your doctor will discuss the possible risks and benefits for you.

Pneumovax and annual flu vaccines are generally safe.

Does Methotrexate affect fertility, pregnancy or plans to breastfeed?

Methotrexate can reduce fertility and is likely to harm an unborn baby. Both men and women taking Methotrexate should take contraceptive precautions. After stopping Methotrexate you should continue taking contraceptive precautions for up to 6 months.

You should not breastfeed whilst taking Methotrexate.

Other things to note:

- You should **not** take Methotrexate if you are taking Trimethoprim or Co-trimoxazole (Septrin);
- If you are taking Methotrexate and have never had chicken pox you may be at risk of severe infection from the virus which causes chicken pox and shingles. If you come into close contact with some one who has either of these conditions, you should contact your doctor as soon as possible;
- Only take medicine that is prescribed for you, and never give it to anyone else;
- Methotrexate and alcohol can interact and damage your liver. If you do drink alcohol, only drink it in small amounts;
- Remember to keep all medicines out of the reach of children.

This leaflet has been prepared for people with MS receiving treatment at the University Hospital, under the care of Consultant Neurologist Doctor Abdullah Shehu. **This leaflet does not contain all the uses and side effects associated with Methotrexate.** For further details please see the drug information leaflet which comes with your medication or speak to your pharmacist.

Patient Information

Should you require more information, please contact the MS specialist nurses on 024 7696 5128.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact us on 024 7696 5128 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department:	Neurosciences
Contact:	25128
Updated:	July 2021
Review:	July 2023
Version:	6.2
Reference:	HIC/LFT/620/08