

**Treating Inflammatory
Bowel Disease**
Methotrexate



Department of Gastroenterology

patient**information**

Hearing about your experience of our services is very important as it means we can pass compliments to our staff and make improvements where necessary. Tell us what you think at feedback@rothgen.nhs.uk

Slovak

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Slovensky

Kurdish Sorani

كوردی سۆرائی
نهگهر تۆ یان كهسێك كه تۆ دهیناسی پێویستی بهیارماتی ههیهتی بۆ نهوهی لهم بهلگهنامه به تێبگات یان بیهۆتێنتهوه، تکهیبه بهیوهندیمان پێوه بکه لهسههر نهو ژمارهیهی سههرهوهدا یان بهو نیمهپهله.

Arabic

عربي
إذا كنت أنت أو أي شخص تعرفه بحاجة إلى مساعدة لفهم أو قراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu

أردو
اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پر ہم سے رابطہ کریں یا ہمیں ای میل کریں۔

Farsi

فارسی
اگر جناب عالی یا شخص دیگری که شما او را می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفاً با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille or audio version, please contact Patient Information on 01709 424281 or email patientinformation@rothgen.nhs.uk

What is Methotrexate?

Methotrexate is an immunosuppressive drug. It was first used in high doses to treat cancer but experience over thirty years has shown that Methotrexate at much lower doses is effective in the treatment of inflammatory bowel disease (IBD) to reduce or stop inflammation. It is also a well established effective treatment for several different types of rheumatic disease, severe psoriasis and in some other conditions where the body's natural defence system is overactive.

How does Methotrexate work?

Methotrexate acts by slowing the production of new cells by the immune system to reduce the inflammation that causes your symptoms. It usually takes up to two months to work.

How and when should I take Methotrexate?

Methotrexate is normally given by injection once a week for the first twelve weeks. It can be given into the muscle (intra-muscularly) or just under the skin (subcutaneously). If you respond well to treatment and your symptoms have improved it is then given in tablet form once a week. In some cases if you do not absorb the drug very well from your gut it can be continued by injection under the skin (subcutaneously) this can be into the thighs, abdomen or upper arms. Most patients learn how to give the subcutaneous injections themselves. If Methotrexate works for you the treatment can be continued for several years.

Will I need to take other medications for my IBD?

You will probably continue to take some other medication for IBD whilst you are on Methotrexate.

Are there any side effects?

All drugs can have side effects. For Methotrexate these can range from minor to more severe. In order to check for these more serious side effects we will monitor you closely. It is important that you tell us straight away if you experience any of the following. Do not take your next dose until you have spoken to your Doctor or your IBD Specialist Nurse.

● Infections

Methotrexate can reduce your ability to fight infections and this can be a problem in some individuals who are more prone to infection. It is important to get prompt advice if you think that you may have an infection. (For example a wound that is not healing as it should, or a chest infection, or pain or burning when passing water.)

● Rashes

If you get a new rash or severe itching anywhere on the body contact your GP or IBD Specialist Nurse.

● Sickness (nausea)

If you vomit within a few hours of taking Methotrexate do not take another dose. Make a note that you have been unable to take your tablet and inform the Doctor or IBD Specialist Nurse if this happens again the following week.

- **Headaches**

- **Abdominal pain**

- **Hair loss or thinning hair**

This can happen although it is uncommon; if it does happen it is usually slight. If you feel that this becomes more than a slight hair loss please inform your IBD Specialist Nurse. Hair loss will usually return to normal after stopping treatment.

- **Mouth ulcers**

If you experience mouth ulcers or a sore throat or mouth we will ask you to have a repeat blood test; if this is normal you may be given medication to treat these problems.

Sometimes Methotrexate can affect the blood and liver, this is why we want you to have regular blood tests so that we can see any changes immediately.

Symptoms that show problems with the bone marrow or liver include regularly catching infections, bruising or bleeding easily. If you experience any of these symptoms please contact your GP or IBD Specialist Nurse as soon as possible. The IBD Specialist Nurse will contact you if there are any problems with your blood test results.

There is a very rare allergic reaction, which causes inflammation of the lungs. Please tell your Consultant, GP or IBD Specialist Nurse if you experience any unexplained or unexpected shortness of breath and/or a persistent dry cough.

Treating Inflammatory Bowel Disease

Your skin can be more sensitive to sunlight and therefore you should avoid exposure to the sun. Use a high factor sun cream and cover up.

To help reduce the side effects of Methotrexate we will prescribe folic acid for you to take each day except the day that you have Methotrexate. This is because Folic acid will protect you from the side effects of Methotrexate. However Folic Acid can stop you from absorbing all of the Methotrexate if you take it at the same time.

Do I need special tests whilst I am on Methotrexate?

You will need to have regular blood tests to check how well the drug is working and to check whether the treatment is affecting your blood and liver.

For the first eight weeks of treatment you will need a blood test every two weeks, if your blood results are stable you will then have monthly blood tests. After three months if your bloods have remained stable you will need a blood test every three months whilst you remain on Methotrexate.

Can I take other medicines?

There are some medicines which should not be taken with Methotrexate. It is important that you always tell your doctor, pharmacist or dentist that you are taking Methotrexate before starting any new treatments. Always check with the pharmacist before taking any 'over the counter' medicines.

Drugs that you should not take with Methotrexate include:

- Non-steroidal anti-inflammatory drugs such as Aspirin or Ibuprofen
- Certain antibiotics such as Cotrimoxazole, Trimethoprim and Penicillin
- Phenytoin (this is an anti epileptic drug)
- There are other drugs that can interact with Methotrexate, although less commonly used than the drugs mentioned above; so remember to tell your Doctor or nurse that you are taking Methotrexate before taking any new medications

You should not have any live vaccines whilst taking Methotrexate, if you need any vaccinations please check with your doctor or the pharmacist or practice nurse first.

What if I miss my injection or tablet?

Take it as soon as you remember, if it is nearly time for your next dose you should miss out the dose that you forgot and then take the next dose as usual. Do not double up.

What if my partner and I want to start a family?

You should not try to start a family whilst taking this drug or for six months after stopping it. This is because Methotrexate can cause birth defects whether the father takes it or the mother. Therefore all patients and their partners must take contraceptive precautions during treatment and for six months after stopping Methotrexate.

Can I breast feed whilst taking Methotrexate?

You should stop breastfeeding if you are to start Methotrexate. This is because the drug can be passed on in the breast milk and could be harmful for the baby.

Can I drink alcohol?

Always stick to the recommended safe limits for alcohol consumption whilst taking Methotrexate; if you drink to excess it can have an adverse effect on your liver. If you can it is better to avoid alcohol completely.

Is there anything else that I should avoid?

Stay away from people who have chicken pox or shingles, especially if you have never had chicken pox because your immune system may not be as effective whilst you are taking Methotrexate.

How to contact us **Inflammatory Bowel Disease Helpline**

Telephone 01709 424580
(If we are unable to answer
your call, an answer phone
service is available)

Switchboard

Telephone 01709 820000

Useful contact numbers

NHS Direct

Telephone 0845 4647

Health Info

Telephone 01709 427190

Stop Smoking Service

Telephone 01709 422444

Patient Services

Telephone 01709 424461

A&E

Telephone 01709 424455

**For GP out of hours,
contact your surgery**

Useful websites

www.nhs.uk

www.direct.gov.uk

www.therotherhamft.nhs.uk

www.crohnsandcolitis.org.uk

We value your comments

If you have any comments or
concerns about the care we have
provided please let us know, or
alternatively you can write to:

Patient Services

The Rotherham NHS Foundation Trust

Rotherham Hospital

Moorgate Road

Oakwood

Rotherham

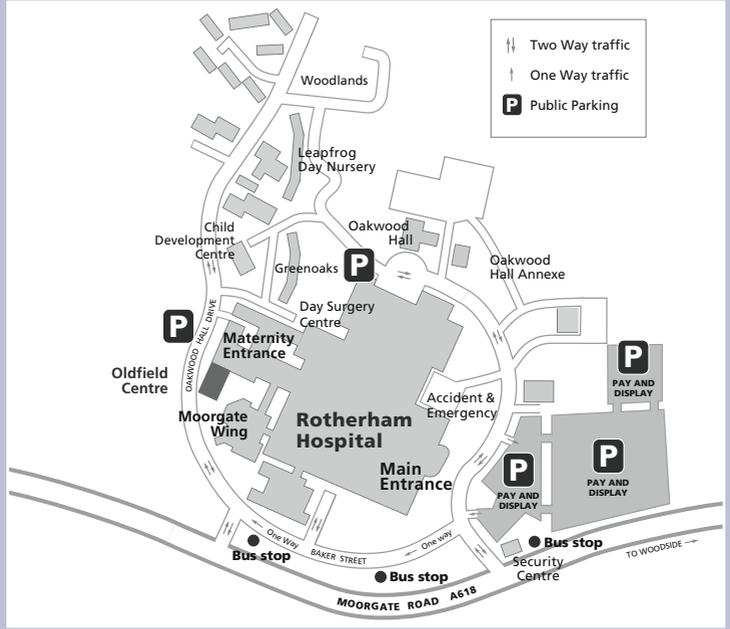
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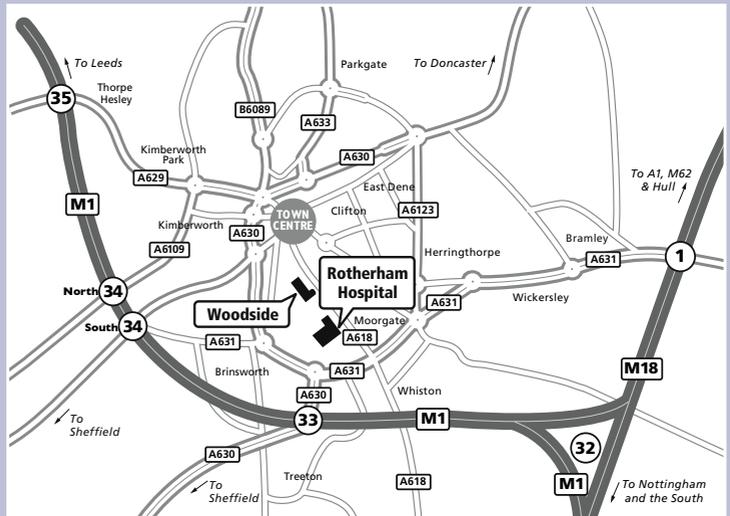
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How to find us

Hospital site plan



Rotherham main routes





LS 688 10/12 V1 WFO



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