

Methotrexate

Methotrexate is a successful and popular medicine used for treating severe [psoriasis](#), atopic dermatitis and some other serious or extensive skin conditions.

Methotrexate is now thought to work in skin diseases such as psoriasis and eczema because it has immune suppressive effects. The precise mechanism of action is not understood. It also reduces the speed in which skin cells proliferate, a particularly useful property in psoriasis because the skin cells are proliferating very quickly.

For skin diseases, methotrexate usually shows some benefit within 6 to 8 weeks. However, it can cause side effects that occasionally can be serious. Most side effects can be detected before they become serious.

What you need to know to take Methotrexate

Methotrexate is taken weekly, rather than daily.

Other medicines may interfere with methotrexate.

A list of common medications which interact with methotrexate:

- Salicylates (Aspirin)
- NSAIDs (Motrin, Naprosyn)
- Some antibiotics
- Alcohol
- Seizure Medications

Avoid alcohol.

Alcoholic beverages (including beer and wine) may increase some of the side effects, including the chance of liver damage, and should be severely restricted or avoided altogether.

How should treatment be monitored?

Close medical supervision is essential. Report any side effects or symptoms you may develop. Regular blood tests are necessary for the safe use of methotrexate.

Blood tests are taken weekly for the first month. After this, blood tests are taken monthly for the next 5 months and if there are no complications the frequency of blood testing can be reduced to every 3 months.

PRIOR TO INITIATING THERAPY:

- Prior to initiating therapy a blood test is required to ensure that you are able to tolerate Methotrexate. Labs will be ordered in Health Connect by computer. You do not need to fast for this test
Register for Secure Messaging. You can obtain lab results once you are registered
- Check your lab results on Health Connect or call the Dermatology Clinic (393-4112) one day after you had your lab test to obtain the results. If the lab tests are normal your physician will send the prescription of MTX to the pharmacy (Please indicate which pharmacy you prefer)

TO BEGIN TREATMENT

- First week: Your treatment will begin with a test dose of 5 mg taken only once that week, not daily. Take the test dose of two tablets (5mg).
- Obtain a lab test 5-6 days after your test dose. If your tests are normal MTX can be continued. Your lab test results are available on Health Connect.
- Second week: Take a dose of three tablets (7.5 mg) once that week.

Obtain a lab test 5-6 days after your dose. If your tests are normal MTX can be continued.

- Third week: Take a dose of six tablets (15mg) once that week.

Obtain a lab test 5-6 days after that dose. If your tests are normal MTX can be continued.

- Fourth week: Take a dose of six tablets (15mg) once that week.

Obtain a lab test 5-6 days after that dose. If your tests are normal MTX can be continued.

- Continue taking six tablets per week unless advised by your physician.
- Obtain lab tests monthly for the next 5 months
- After being on the MTX for 6 months you can obtain lab tests every 3 months.
- A liver biopsy will be recommended after a given cumulative dose.

REMEMBER:

- Methotrexate is taken only **once per week** (not daily)
- Take only the prescribed, correct dose of MTX on the same day each week. Obtain your lab tests 5-6 days after your dose.

- MTX comes in a 2.5 mg tablet.
- When taking MTX you will also take folate (1mg). Take one tablet of folate daily to reduce the side effects of the MTX

Side effects

A vitamin supplement, folic acid, is thought to reduce some of the side effects of methotrexate without preventing its good effect on the skin disease. Take folic acid 1mg a day while on methotrexate.

If the side effects described below or other problems trouble you, notify your doctor promptly and before your next dose of methotrexate is due.

Gastrointestinal side effects

The most common side effects of methotrexate are loss of appetite, nausea (but rarely vomiting), diarrhea, or sores or ulcers in the mouth.

Methotrexate must be avoided in pregnancy

Methotrexate is known to cause birth defects and may cause miscarriage or stillbirth, especially in the first 3 months of pregnancy. Pregnant or breastfeeding women must not take methotrexate, and women of childbearing age must not become pregnant while taking methotrexate. Adequate contraceptive measures are necessary during therapy and for three months thereafter

Males must take precautions too

Males should not father children while they are on methotrexate or for at least 3 months afterwards because of its effects on sperm. The risks to the fetus are uncertain.

Blood count abnormalities

Methotrexate may result in a lowered red blood cell , white blood cell or platelet count. Methotrexate should not be taken unless the blood count is normal or near-normal.

Liver disease

Methotrexate is stored by the liver. Transaminase liver enzyme levels may rise for a few days after treatment but they quickly return to normal and the next dose may be taken safely.

Long term therapy for two years or more may cause scarring (fibrosis or cirrhosis) of the liver. Regular blood tests will monitor liver function . If you are on the medication for awhile, it may be necessary to take a small specimen of liver tissue with a needle (liver biopsy) to determine whether scarring is present

Lung disease

Methotrexate can rarely cause a lung reaction.

Serious infections

Although uncommon, methotrexate may rarely result in reactivation of tuberculosis or opportunistic bacterial, fungal or viral infections.

Skin side effects

- Easy sunburn
- Hair loss
- Mouth sores