

Methotrexate for Children

This leaflet has been written to provide you with some information about the drug methotrexate and answer some of your most common questions. If after reading it, you still have any questions, please do not hesitate to ask one of the nurses or doctors for more information.

What is Methotrexate?

Methotrexate is a type of medicine called an immunosuppressant. It slows down your body's immune system and helps reduce inflammation. It is used in low doses to treat a range of autoimmune conditions including juvenile idiopathic arthritis (JIA) and inflammatory bowel disease (IBD).

Methotrexate is not a painkiller, therefore, it may be important to continue to take paracetamol or NSAIDs (e.g. ibuprofen or naproxen) to help relieve any pain.

How long will it take to work?

Methotrexate will not work immediately. It may begin to help within 3-4 weeks but usually takes 2-3 months before your child will feel any benefit.

The aim is to produce a remission in your child's disease. Once this has happened we wait approximately one year before reducing or stopping it altogether. Most children are on methotrexate for at least 2-3 years.

How is it given?

Methotrexate can be given as injection under the skin (subcutaneous) or by mouth (as tablets or liquid). Methotrexate is given **ONCE A WEEK** and it is important your child takes it on the same day each week.

1. Check your child's correct prescribed dose
2. For tablets, try to take them with water on an empty stomach 1 hour before or a few hours after food (for maximum absorption).
3. Consider taking it on a Friday or Saturday evening to reduce any time off school if nausea occurs. Folic acid will be prescribed by your GP to prevent side effects occurring and this is taken the day after methotrexate, usually once per week, but can be taken up to 6 days per week to reduce side effects if necessary.
4. If your child misses their methotrexate on their normal day, don't worry. If less than 24 hours late, take that dose and the continue as usual. If more than 24 hours late then miss that week's dose and continue as normal.

When should my child not have their methotrexate?

If your child is unwell with a high temperature, the methotrexate should not be given. Have a lower threshold to speak to a doctor if there is a fever above 38°. If the next day your child has fully recovered, the methotrexate can be given this day instead. If your child has a mild cough or cold the methotrexate can be continued.

If unsure of what to do, speak to your GP, Paediatrician or specialist nurse.

What are the possible side effects of methotrexate?

The majority of children and young adults do not experience problems with methotrexate, however some do experience some of the following side effects:

1. Nausea, vomiting, loss of appetite. Anti-sickness medications may help with this.
2. Diarrhoea
3. Mouth ulcers/sores
4. Skin rash, itching and sun-sensitivity.
5. Slight hair thinning (hair returns to normal when methotrexate is stopped)
6. Bone marrow suppression: It can reduce the body's ability to make normal amounts of red and white blood cells.
7. Liver toxicity: It can affect the liver cells.

To monitor for any potential side effects, routine blood tests (full blood count and liver function) are carried out and should always be looked at by a doctor to ensure there are no problems. Blood tests will usually be carried out monthly for the first 3 months after starting medication. These may be decreased to once every 3 months if the results remain within normal limits.

Can my child take vaccines or other medicines while taking methotrexate?

Methotrexate may have an effect on the body's immune system, lowering its ability to fight infection. Therefore, it is important not to have **LIVE** vaccines whilst on this drug. Other immunisations, including the annual flu vaccine (by injection), are recommended.

Some medicines interfere with methotrexate, so it is important that you check with your doctor or pharmacist before giving your child new medications. Your child should avoid certain antibiotics, for example trimethoprim and

sulphonamides, while using methotrexate.

Contact with Chickenpox

Methotrexate may reduce your ability to fight infections therefore if you have never had chickenpox you may be at risk of a more severe infection from the virus. Before starting methotrexate a blood test will be carried out to test if you have had previous disease / immunity.

If you have not previously had chickenpox it is important to avoid people who have chickenpox or shingles. If you develop chickenpox or if you come into contact with someone who has chickenpox (contact refers to being in close contact with an infected person for 15 minutes or more), then you need to notify your GP or Paediatrician as soon as possible. It may be necessary to stop your medication, and you may require treatment to prevent or minimise a chickenpox infection.

What about my child's future?

If your child remains on methotrexate as a teenager, other issues may become important:

1. Alcohol intake should be kept to a minimum when taking methotrexate, as it increases the potential for liver damage.
2. It is important your child does not become pregnant while taking methotrexate as it is harmful to the unborn baby. Reliable contraception is therefore essential.

Useful websites

Rheumatology:

- www.versusarthritis.org
- www.jia.org.uk
- www.ccaa.org.uk

Gastroenterology:

- www.cicra.org
- www.crohnsandcolitis.org.uk

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