What is Methotrexate?
Methotrexate is a type of medication called a ‘cytotoxic’ that slows down the body’s ability to make certain cells. This includes those that are involved in inflammation (swelling, heat, pain, stiffness). This means it is particularly useful in the treatment of conditions where inflammation affects the joints, eyes or skin, such as Juvenile Idiopathic Arthritis or Uveitis.

Methotrexate is available in tablet and injectable form. The injectable form (injected just under the skin – subcutaneous) can lead to better absorption and fewer side effects. Your paediatric rheumatology team will discuss with you the best option.

Essential Information

- Methotrexate must only be given once a week on the same day each week.
- It is important you attend for regular blood tests as directed by your team.
- Do not have live vaccinations whilst taking Methotrexate.
- Before taking any other medication, make sure you tell the prescribing Doctor you are taking Methotrexate.

Will Methotrexate stop the pain?
Methotrexate is not a painkilling drug so you may still need to take anti-inflammatory medicines (such as Ibuprofen, Naproxen). Once Methotrexate is working (which may take six to eight weeks) you may find that you can stop the anti-inflammatory medications.

When and how should Methotrexate be taken?
Methotrexate is taken once a week. It can be injected into the thighs, abdomen or upper arms. The site chosen must change on every dose given. Your paediatric rheumatology nurse specialist will show you how it is given.

Initially the local Children’s Community Nursing Team will attend your home to help teach you how it is given and they will continue to visit until the whole family is happy. Learning to self-administer is recommended, as this will promote independence.
What are the possible side effects?
All medication can have side effects but most patients do not experience them. In some patients Methotrexate can cause nausea (feeling sick), vomiting, loss of appetite or diarrhoea. Please let your paediatric rheumatology team know if you experience side effects as these can be helped by taking vitamins such as Folic Acid or anti-sickness medicines (both on prescription).

Methotrexate can also affect the liver or the bone marrow, which is why it is important to have regular blood tests. Missing doses or reducing the dose reverses any adverse effects. If you have a high temperature that doesn’t settle within a day or so, see your doctor, as methotrexate can affect the body’s ability to fight infection.

Can I take other medication whilst I am on Methotrexate?
Most medication can be taken safely with Methotrexate. However, some drugs such as co-trimoxazole and trimethoprim (antibiotics) do interact with it. Always tell your doctor, dentist or pharmacist you are taking methotrexate if they want to prescribe you any other medications, to ensure they do not interact. This includes herbal remedies, and if you wish to take these, please let your paediatric rheumatology team know, so that the pharmacist can check for any interactions.

Where do I obtain supplies from?
The team will ensure you know this. Most supplies are obtained from Healthcare at Home, a company that specialises in delivery of Methotrexate to children and families. A prescription from your paediatric rheumatologist will be sent to the hospital pharmacy who in turn will advise Healthcare at Home. Healthcare at Home will deliver 12 weeks supply and a sharps bin (to dispose of the used injections). When providing the next supply of medication, they will collect the old sharps bin and replace. If you have less than two weeks supply left, please contact your hospital paediatric rheumatology team.

What will happen if you miss a dose?
If you miss a dose and remember the following day, you can immediately take your usual dose of Methotrexate. If however, you remember more than 48 hours late then miss the Methotrexate that week and start taking it again the following week. Missing one dose does not usually cause symptoms to return.

Pregnancy while taking Methotrexate
Methotrexate can harm the development of a baby. Mothers/guardians who are pregnant will not be allowed to administer the medication. Please let your paediatric rheumatology team know if a nurse will be required to administer it. It is also essential that the young person taking Methotrexate does not become pregnant. When the time comes for sex, contraception is vital. If the young person decides to start a family it is recommended that Methotrexate is discontinued for six months before conceiving.
Alcohol and Methotrexate

Methotrexate is metabolised (broken down) by the liver, which can be affected by the medication (hence the regular blood tests). Alcohol can also affect the liver, so the safest policy is to avoid alcohol altogether. However, teenagers don’t want to be different from their friends. If alcohol is ‘essential’ we recommend an absolute maximum of five units per week.

If you have any concerns or questions regarding Methotrexate please contact the paediatric rheumatology advice line on 01223 254988

We are now a smoke-free site: smoking will not be allowed anywhere on the hospital site.
For advice and support in quitting, contact your GP or the free NHS stop smoking helpline on 0800 169 0 169.

Other formats:
If you would like this information in another language, large print or audio, please ask the department where you are being treated, to contact the patient information team: patient.information@addenbrookes.nhs.uk.
Please note: We do not currently hold many leaflets in other languages; written translation requests are funded and agreed by the department who has authored the leaflet.

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