

Rheumatology Shared Care Guidelines

Methotrexate

Information sheet for GPs

Clinical improvement is normally seen within 2 to 3 months after starting treatment. Methotrexate may be administered orally or by intramuscular or subcutaneous injection. NSAID and simple analgesics should be continued but the doses can be reduced once methotrexate therapy is established. (See Drug Interactions)

Dose Regimen

- Test dose of 5 to 10 mg, then progressively increase to a maintenance dose of 10 to 25 mg once per week.
- Most patients can be maintained on 15 to 17.5 mg once weekly
- Folic acid 5 mg given 3 days after each dose may reduce the incidence of toxicity.
- Lower doses should be used in the frail elderly or if there is significant renal impairment.

Monitoring

- Baseline FBC, U&E, creatinine, LFTs, chest x-ray and folate.
- FBC fortnightly until 6 weeks after last dose increase and provided it is stable, monthly thereafter.
- LFTs (incl. AST or ALT) with each blood test.
- U&Es 6 to 12 monthly (more frequently if there is any reason to suspect deteriorating renal function).
- Ask patient about rash, oral ulceration, sore throat or unexplained dyspnoea/cough at each visit.
- Enter results in patient held record when shared care in place.

Side Effects

- nausea
- hair loss
- abnormal bruising/sore throat
- rash/oral ulceration
- macrocytosis
- WBC $<4.0 \times 10^9/l$
- neutrophils $<2.0 \times 10^9/l$
- platelets $<150 \times 10^9/l$
- 2-fold rise in AST, ALT, or ALP
- unexplained fall in albumin
- significant (20%) reduction in renal function
- new or increasing dyspnoea

Action

Should subside
If troublesome prescribe prochlorperazine usually mild, rarely significant
withhold until FBC available
withhold and d/w rheumatologist
check B12 and folate, treat accordingly if low
withhold and d/w rheumatologist
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Ask about side effects at every consultation

Please note that in addition to absolute values for haematological indices a rapid fall or consistent downward trend in any values should prompt caution and extra vigilance

Absolute Contra-indications

- Pregnancy and Breast Feeding
NOTE: Fertility may be reduced in both sexes. Both men and women receiving methotrexate should use contraception throughout the treatment period, and for at least six months after treatment has stopped. In women of child bearing age, disturbed menstruation is common.
- Live vaccinations (oral polio, measles, mumps, rubella, BCG, oral typhoid, yellow fever) should not be administered whilst taking methotrexate.

Drug Interactions

- Co-trimoxazole, Trimethoprim, Phenytoin (Increase antifolate effect) must be avoided.
- NSAIDs reduce tubular excretion of methotrexate and thereby enhance its toxicity. At the doses of methotrexate used in rheumatology patients this is not thought to be clinically significant.

References

SPC (Methotrexate Tablets 2.5mg, Wyeth Labs), March 1997
BSR Guidelines, July 2000
BNF 41, March 2001

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Please consult the manufacturers Data Sheet of Summary of Product Characteristics for further information.

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