

Methotrexate

>>Parent information

Using methotrexate safely to treat your child's Juvenile Idiopathic Arthritis, Juvenile Dermatomyositis or other rheumatic illness.

This document has been developed by a team of doctors and nurses.
The information is based on best practice. Keep this information handy.

What is methotrexate?

Methotrexate is a medication to help control some conditions in childhood including Juvenile Idiopathic Arthritis (JIA), Juvenile Dermatomyositis (JDM) as well as some severe skin conditions. In much higher doses than are used in rheumatic illnesses, it is also used to treat some childhood cancers.

How does methotrexate work?

In conditions like JIA and JDM, cells within the immune system attack tissues within the body that the immune system would normally protect. Methotrexate works by reducing the tendency of the immune system to attack the body's tissues.

Why is methotrexate prescribed for my child?

Methotrexate is considered a safe and effective medication for children. It has been used in the treatment of childhood rheumatic diseases for over 20 years. Your child's rheumatologist has prescribed methotrexate because he or she feels that this medication will help bring your child's disease under control and reduce the chances of needing additional medications.

How long does it take for methotrexate to work?

It generally takes between 8 to 12 weeks for the positive effects of methotrexate to be felt by your child and/or seen by you.

How is methotrexate given?

Methotrexate can be given either as a tablet by mouth or by a subcutaneous (under the skin) injection.

How often is methotrexate given?

Methotrexate is given once a week.

How long will my child be on methotrexate?

This depends on things like the severity of your child's condition, your child's response, and whether any side effects develop. In general, your child will be on methotrexate for at least 12 months.

After being stable (without flare-ups) for a while, your child's rheumatologist may wean your child's methotrexate dose. If your child continues to be stable over a period of time on less frequent or smaller methotrexate doses, it will then be stopped.

Differences between tablets and injections

The amount of methotrexate absorbed when given by mouth depends on the amount of food in the stomach and the dose of methotrexate in the tablet. When methotrexate is given by injection, the dose is directly absorbed into the body. Sometimes children tolerate bigger doses of methotrexate with lesser side effects when given by injection.

With injections of methotrexate, you will need to learn to give your child the injections and to safely manage the syringes, needles and medication. The rheumatology nurse will help you with this.

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Drug monitoring

Before starting methotrexate, blood tests are taken to assess your child's blood. While on methotrexate, your child will have blood tests regularly to make sure that potential side effects are not occurring.

Side effects

As with all medications, methotrexate may have side effects. The most common are mild nausea (feeling sick) for one or two days after the weekly dose, tiredness and headaches. Rarely, stomach upsets such as vomiting and/or diarrhoea may occur. To minimize the impact of these potential side effects on your child's school life, we recommend that he or she take the weekly dose on Friday evening or Saturday morning to allow recovery time before school on Monday.

Occasionally, some children may develop mouth ulcers. To reduce the chances of mouth ulcers and nausea occurring, your doctor may recommend your child take a supplement called Folate (folic acid). If mouth ulcers do occur you should contact your rheumatologist or the rheumatology nurse.

Less common side effects include: inflammation of the liver and reduction in some blood cells. These are all monitored by regular blood tests. If they occur they are usually managed by simply skipping one or two doses of methotrexate.

Things you need to know when your child is taking methotrexate:

Immunisations

While on methotrexate, your child should not be given any live virus vaccines (such as Polio, Varicella (chicken pox) or Measles/Mumps/Rubella). You should discuss your child's immunisation schedule with your rheumatologist or rheumatology nurse before starting methotrexate.

Chicken pox

It is very important to tell your child's doctor or nurse if your child has contact with chicken pox or develops any symptoms of chicken pox.

Drug interactions

Methotrexate may interact with other medications your child is taking. It is important that you tell your doctor all other medications your child is taking including prescription medicines, over-the-counter medicines, vitamins and any complementary and alternative medicines.

It is also important to tell any doctor or dentist your child may see that your child is taking methotrexate.

Alcohol

Alcohol can increase the liver toxicity of the methotrexate – the risk of damage to the liver. We recommend that anyone on methotrexate avoid drinking alcohol.

Fertility

The use of methotrexate in paediatric rheumatic diseases has not been associated with a reduction in fertility in adulthood.

Excretion

Children receiving methotrexate by injection or by tablet will excrete some of the methotrexate in their faeces for about seven days and in their urine for three days. During these times, extra care should be taken when changing your child's nappies.

If you are pregnant and/or breastfeeding

If you are trying for a baby or pregnant or breast feeding it is recommended that you do not handle methotrexate. Please discuss this further with your rheumatologist or nurse so that you can make an informed choice.

Don't give methotrexate:

- If your child is unwell, and you don't know why
- If your child has a high fever
- Usual childhood colds and coughs are generally nothing to worry about, but if your child is sicker than normal, please contact your doctor or nurse for further guidance
- If your child has contact with chicken pox

Please contact your doctor or nurse immediately for advice:

- If your teenager may be pregnant
- If you are ever unsure about giving your child methotrexate.