

Methotrexate

What is *methotrexate*?

Methotrexate is a mild immunosuppressant that also exhibits anti-inflammatory activity. *Methotrexate* is commonly used for the treatment of certain cancers including but not limited to leukemia, Hodgkin's disease and head and neck cancers. In these illnesses, *methotrexate* is used in very large doses so that it interferes with the reproduction of the cancer cells. *Methotrexate* is used in much smaller doses for the treatment of rheumatoid arthritis, Crohns disease and psoriasis.

Why am I on *methotrexate*?

If your doctor has put you on *methotrexate*, it is probably because your disease has not responded to the usual therapies for the treatment of Crohns disease. Or you may have had difficulty in tolerating the other medications we commonly use, such as Imuran (azathioprine), Purinethol (6-mercaptopurine) or Cellcept (mycophenolate). Or you have been unable to wean off prednisone. Because Crohns disease is thought to be caused by an overactive immune system that responds with inflammation in the gut, using an immunosuppressant such as *methotrexate* will decrease the inflammation that you are having and will improve your symptoms. The goal is to get your Crohns disease in remission. An added helpful effect may be an improvement in the joint pains that are associated with the arthritis of Crohns disease.

Is there any reason why I should not be on *methotrexate*?

You should not be on *methotrexate* if you are pregnant or thinking about becoming pregnant. This is true for both men and women. It can cause birth defects.



If you have known liver disease or drink alcohol (more than three drinks per week) you should not be on *methotrexate*. It will cause or worsen preexisting liver disease. If you are obese or have diabetes (high blood sugar), *methotrexate* can be used but close monitoring is essential because of the increased risk of liver disease.

What should I expect while on the medication?

The preferred method of giving *methotrexate* is by injection. However, we have had a lot of success using this medication in tablet form. If you are instructed to take the injection form of this medication, you will receive teaching by the nurse or the doctor on how to give yourself an injection. Frequently the large muscles are used, but it has been shown that subcutaneous injection (into the fat) works just as well. If you don't feel you can give yourself an injection, perhaps you know someone who would give you the injection (see the attached precautions regarding exposure of friends and family to *methotrexate*). Or if you have a local doctor or nurse that is willing to schedule you on a weekly basis, the injection could be given in their office.

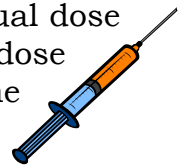
It will be necessary for you to have blood drawn frequently while on *methotrexate*. Because *methotrexate* is an immunosuppressant, your (WBC) white blood cell count (the infection fighting cells) must be monitored regularly to avoid increased risk of infections. And because of the potential risk of liver disease, your liver enzymes should be monitored on a regular basis also. We suggest that you have your labs drawn 2 weeks after you get your first injection, and then every 2-4 weeks thereafter for a few months. Even though we are using doses much lower than used for cancer patients, there is still risk involved and you must be monitored for these side effects.

Methotrexate will probably not work immediately. It may take 3-4 weeks before you see an effect from the *methotrexate*. In the meantime, it is important that you follow your doctor's instructions regarding your other therapies required, until such time as the *methotrexate* takes effect.

Because methotrexate interferes with your ability to absorb folic acid (also called folate) you will need to take a folic acid daily while you are taking methotrexate.

How should I take this medicine?

As noted, the *methotrexate* is best given as an injection. The usual dose is 25mg (or 1cc) given on a weekly basis. It is possible that the dose would be adjusted up or down dependant on your weight or the results of your blood counts. The doctor or nurse will teach you how to give yourself the injection, and how to dispose of the supplies used.



The tablets are 2.5mg tablets. The dose can range from 7.5mg (3 tablets) up to 37.5mg (12 tablets) but it is only taken once weekly. And you will need to take the folic acid supplement.

What are the side effects associated with this medicine?

-The most common side effect is nausea and/or vomiting after a dose is given. If this persists for more than 2 days after the injection, call your doctor.

-Some patients report a "flu-like" feeling for a couple of days after the injection (muscle aches, low grade fever etc). This should get better over time. There does seem to be a "getting used to it" period. Please let us know if this does not improve after a couple of injections.

-Mouth sores (called "stomatitis") and bleeding of the gums ("gingivitis") can occur. To avoid this side effect, use a soft toothbrush gently. Avoid vigorous flossing of the teeth. Frequent salt-water rinses of the mouth will help with good oral hygiene.

-Do not go into the sun or use a sun lamp without strong sunscreen (at least 45 SPF). The methotrexate makes your skin sensitive to the sun and increases the risk of severe sunburn.

-If you develop a cough (dry or productive) that does not go away after a couple of days, call your doctor.

If you should require immunizations, it is important that you do not receive live vaccines (ask the doctor who is administering the vaccine). It is okay to receive inactive immunizations (the flu shot is okay to take) but you may not get a maximal response to it because the immune system is suppressed.

Please notify your family doctor that you have been started on *methotrexate*. He should also remain informed of all the medications you are taking for your Crohns disease.