



Resource

# Methotrexate

Methotrexate is ranked as the Gold Standard disease modifying anti-rheumatic drug (DMARD) to control inflammatory arthritis such as JIA.

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Other names

Jylamvo, Maxtrex, Methofill, Metoject, Nordimet, Zlatal

Type of JIA

ALL

How is it taken?

Tablet; injection; liquid

How often?

Once a week

How long for?

Long term – usually for more than two years

How soon does it start working?

Some effect will usually be felt within four to 12 weeks. Full effects may not be felt for up to nine months

**Background**

Methotrexate (MTX) was first used (from 1947) as cancer treatment, but from the 1970s as a treatment for certain types of arthritis. It has been used to treat JIA for over 25 years and is commissioned by the NHS as the first-line treatment for most patients with JIA.

**Usage**

Methotrexate is available as: a subcutaneous injection (just under the skin) via a pre-filled pen device; a liquid; or tablets. Many patients and parents prefer the injection, which can be associated with fewer side effects.

Methotrexate is prescribed as a ONCE weekly dose. It is recommended to take methotrexate on the same day each week.

It is advisable to take oral methotrexate (ie as a tablet or liquid) after the evening meal, to minimise feelings of sickness, the most common side-effect of the oral medicine. Folic acid (see below) also helps reduce nausea. Your child may be prescribed an additional anti-nausea medicine.

Methotrexate hinders the body's absorption of B vitamins (though it is not clear to what extent), so your child will most likely be prescribed a folic acid supplement. The supplement should not be taken on the same day as the methotrexate dose. Your healthcare team will give advice and guidance about how and when to take the weekly methotrexate dose and folic acid supplement.

**Precautions**

**Blood tests**

These are performed to monitor for early signs of side effects affecting the blood and liver. A change in the test result may not be due to methotrexate; often it is due to an infection that may be obvious or not.

Blood tests are performed every two to four weeks for the first few months and then stretched out to every two to three months if there have been no problems.

## Vaccinations

Chickenpox vaccine is given (as two injections one month apart) to children who are not immune before starting methotrexate. If for any reason your child is not immune to chickenpox and has face-to-face contact of more than 15 minutes with someone who has it, please contact your healthcare team for advice as soon as possible. See the general advice on page 27.

## Other medicines

Some medicines, including some antibiotics, should not be taken when taking methotrexate. Be sure to tell your healthcare team all the medicines your child is taking before they start on methotrexate.

## Sunburn

Methotrexate can make the skin more sensitive to sunlight, so always make sure your child has adequate protection (t-shirt, hat and regular applications of sun cream) even for short periods.

## Alcohol

Young people who are taking methotrexate and are of an age when drinking alcohol becomes a consideration should get advice about safe drinking. Moderate alcohol consumption probably won't cause a problem. Avoid binge-drinking and have as many alcohol-free days as possible.

## Pregnancy

Methotrexate should not be taken during pregnancy. If you think you may have become pregnant, talk to your healthcare team as soon as you can – don't just stop taking the medication.

Methotrexate does not affect the ability to have a baby for either sex. Young people who are taking methotrexate and thinking of starting a family in the future should talk to their healthcare team. Young women will need to wait at least three months after stopping methotrexate. Young men wanting to father a child may not have to stop taking methotrexate first; it depends on the dose they are taking. They should seek advice from their healthcare team, who can also give advice about contraception.

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