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Taking methotrexate for interstitial lung disease

Respiratory Medicine

Information for Patients

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Introduction

This leaflet explains more about your interstitial lung disease (ILD) and your medicine, methotrexate. It covers:

- how the medicine works,
- how and when to take it,
- side effects to look out for,
- why you need regular blood tests,
- who to contact if you need help or another supply,

What is interstitial lung disease (ILD)?

Interstitial lung disease, or ILD, is the name for a group of lung conditions. These conditions can cause inflammation, scarring, or both. Inflammation and scarring can make the lungs stiff. This can make breathing more difficult and reduce the amount of oxygen that passes into your blood.

What is methotrexate and how does it work?

Methotrexate is an immunosuppressant. It reduces the activity of your immune system.

In some types of ILD, the immune system is overactive and causes inflammation. Methotrexate aims to reduce this inflammation. It may help to control your condition and reduce the need for corticosteroids such as prednisolone.

Methotrexate is not licensed specifically for ILD. However, there is clinical evidence and experience to support its use in some inflammatory lung conditions. This is known as “off-label” use. Your ILD team can explain this in more detail.

How should I take methotrexate?

Important: you must only take methotrexate once a week.

Take methotrexate on the same day each week. **Never** take it every day. Taking methotrexate more often than prescribed can cause serious or fatal harm.

If you take too much methotrexate, or take it on the wrong day, get urgent medical advice right away, even if you feel well. Call **NHS 111**, your ILD team or attend an emergency department. Take your medicine packet with you.

For many patients we recommend taking your **M**ethotrexate on a **M**onday and the **F**olic acid on a **F**riday.

Why do I need folic acid?

Folic acid is a vitamin that helps reduce some of the side effects of methotrexate. You will be prescribed folic acid while taking methotrexate.

Take it exactly as instructed. You must not forget to take the folic acid that you are prescribed. Do not take folic acid on the same day as methotrexate unless your specialist team has specifically told you to do so.

Do not change the dose yourself.

What dose of methotrexate should I take?

Your ILD specialist will decide the best dose for you. Most people take between 5mg and 25mg once a week.

We prescribe only 2.5mg tablets for inflammatory conditions. Other strengths are available. You must check the strength and number of tablets every time you get a supply.

Swallow the tablets whole with water. Do not crush or chew them.

Do not take the medicine if the strength, number of tablets or instructions are different from what you expect. Ask your pharmacist or ILD team to check them.

Medicine	**Dose**	**Number of tablets**	**Day of the week**
Methotrexate	…….. mg once weekly	….. x **2.5mg**	
Folic Acid	…… mg	…… tablets	

What should I do if I miss a dose?

If you remember **within 2 days**, take your methotrexate as soon as you remember.

If you are **more than 2 days** late, do not take the missed dose. Contact your ILD team or pharmacist for advice. Take your next dose on your usual methotrexate day unless they tell you differently.

Never take 2 doses together.

How long will I take methotrexate?

This will depend on your type of ILD and how well the treatment works for you. It may take at least 3 months to assess its effect.

If the medicine helps and your blood test results are good, you may take it long-term.

If you also take prednisolone, your ILD team may slowly reduce your prednisolone dose. Do not reduce or stop either medicine unless your healthcare team tells you to.

What are the possible side effects of methotrexate?

Like all medicines, methotrexate can cause side effects, although not everyone gets them.

Common side effects include:

- feeling or being sick,
- diarrhoea or stomach discomfort,
- mouth ulcers,
- tiredness,
- mild hair thinning,
- headache or dizziness,

Taking methotrexate with or shortly after food may help if you feel sick. Some people find it helpful to take their dose in the evening. Contact your ILD team if sickness continues. They may change your folic acid dose, prescribe an anti-sickness medicine, or talk about methotrexate injections. Do not change your folic acid dose yourself. If you are sick (vomit) within a few hours of taking methotrexate do not take another dose.

When should I get urgent medical advice?

Contact your GP, NHS 111, or ILD team right away if you develop:

- a high temperature, fever or chills,
- a severe sore throat or mouth ulcers,
- unexplained bruising or bleeding,
- a new rash, blisters or peeling skin,
- unexpected weight loss,
- signs of an infection,
- new or worsening cough or breathlessness,
- severe or lasting sickness or diarrhoea,

Call 999 if you develop difficulty breathing or swelling of your face, lips, mouth or throat.

Chickenpox and shingles

Contact your GP or ILD team urgently if:

- you get chickenpox or shingles,
- or you have close contact with someone who has chickenpox or shingles, and you are not sure if you have had chickenpox before.

These infections can be more serious while you are taking methotrexate. You may need antiviral treatment. Your healthcare team will tell you whether to pause methotrexate and when to restart it.

Contact your healthcare team if you develop another symptom that concerns you.

Protecting your skin

Methotrexate may slightly increase the risk of some cancers, mainly skin cancer and lymphoma.

- Avoid strong sunlight and sunbeds.
- Stay in the shade when possible.
- Wear a hat and clothing that covers your skin.
- Use a high-protection sunscreen and reapply it regularly.

Contact your GP if you notice a new lump, a sore that does not heal, or a change in a mole or patch of skin.

New breathing problems

Methotrexate can rarely cause inflammation in the lungs. Do not take your next dose and get urgent medical advice if you develop:

- a new or worsening dry cough,
- new or worsening breathlessness,
- chest pain,
- fever or chills,

Tell the healthcare professional that you take methotrexate and that you have ILD.

What should I do if I have an infection?

Methotrexate reduces the activity of your immune system. This can make infections more serious.

Keep taking methotrexate if you have a minor illness, such as a mild cold, unless a healthcare professional tells you to do something different.

Contact your GP or ILD team promptly if:

- you have a high temperature or feel very unwell,
- your infection is severe or is getting worse,
- your infection is not improving as expected,
- you have been prescribed antibiotics,
- you need hospital treatment,

Your healthcare team may tell you to pause methotrexate during a serious infection. Do not stop or restart methotrexate unless a healthcare professional has advised you to do so.

How will I be monitored for the side effects of methotrexate treatment?

Methotrexate can affect your blood cells, liver and kidneys. Regular blood tests help us find problems early. You will usually need a blood test:

- Every 2 weeks for the first 6 weeks.
- Then every 4 weeks for the next 3 months.
- Then every 3 to 6 months once your dose and results are stable.

You may need extra tests after a dose change or if a result is outside the expected range or if you are higher risk. Your ILD team will tell you if your monitoring schedule is different.

You can have your blood tests at your GP surgery or at a Leicester hospital blood-test department. You must take your blood-test form with you. Contact the ILD team if you need more forms. It is important that you have your blood tests. Your next prescription may be delayed if your monitoring is overdue.

How do I get more medication?

You will get your first 2-month supply from TrustMed Pharmacy at Glenfield Hospital.

To get your next supply, call TrustMed Pharmacy on **0116 235 5474**. Please request it at least 2 weeks before your medicine runs out.

Can I take other medicines with methotrexate?

Tell your doctor, pharmacist, dentist or ILD team about all the medicines you take. This includes medicines bought from a pharmacy, vitamins and herbal products.

Do not take trimethoprim or co-trimoxazole (antibiotics) while taking methotrexate unless a specialist has specifically approved it. The mix can cause severe and potentially life-threatening blood problems.

Check with a doctor or pharmacist before taking:

- ibuprofen, naproxen, aspirin or other anti-inflammatory painkillers,
- antibiotics, including penicillins,
- indigestion medicines such as omeprazole or lansoprazole,
- vitamin or mineral supplements containing folic acid,

Prescribed anti-inflammatory medicines may sometimes be used with low-dose methotrexate. You must not start them without medical advice.

Always tell anyone prescribing an antibiotic that you take methotrexate.

Pregnancy, contraception and breastfeeding?

Methotrexate can cause miscarriage and serious birth defects. Do not take methotrexate during pregnancy or while breastfeeding.

If you could become pregnant

- You will need a negative pregnancy test before starting treatment.
- Use effective contraception during treatment and for at least 6 months after your last dose.
- Contact your ILD team before trying for a baby.
- If you think you may be pregnant, do not take your next dose. Contact your ILD team right away.

If you could father a child
Use effective contraception during treatment and for 3 months after your last dose. Speak to your ILD team before trying for a baby.

Can I have vaccinations?

Check with your doctor, pharmacist, or vaccination service before having a vaccine.

Do not have a live vaccine while taking methotrexate unless your specialist team says it is safe. Live vaccines include MMR, yellow fever, the nasal flu vaccine, and the live shingles vaccine.

Shingrix is not a live vaccine. Injected flu, COVID-19, and pneumococcal vaccines are safe and **recommended**. However, they may not work as well while you are taking methotrexate. Temporarily stopping methotrexate for 2 weeks after your COVID-19 or flu vaccination can significantly improve your body's immune response.

Can I drink alcohol while taking methotrexate?

You can drink alcohol while taking methotrexate, but keep within the recommended limit of no more than 14 units a week. If you drink as much as 14 units, spread this over 3 or more days.

Ask your healthcare team for advice if you have liver problems.

Where can I find out more about methotrexate?

If you want to know more about methotrexate or if you are worried about your treatment, you should speak to your ILD specialist team.

This leaflet does not list all of the side effects and interactions of methotrexate. Read the patient information leaflet that comes with your methotrexate.

Contact details:

For all prescription requests and enquiries, please call TMP at Glenfield Hospital on **0116 235 5474**

Visit https://accurx.nhs.uk/patient-initiated/rweild or scan the QR code on the right to send a query to the ILD team.

Any concerns or changes to your symptoms or medication please contact the ILD team on **0116 259 3949**

Health information and support is available at www.nhs.uk or call 111 for non-emergency medical advice
Visit www.uhleicester.nhs.uk for maps and information about visiting Leicester's Hospitals.
To give feedback about this information sheet, contact uhl-tr.informationforpatientsmailbox@nhs.net

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If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email uhl-tr.equalitymailbox@nhs.net

We are a research hospital and you may be asked to take part in research

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