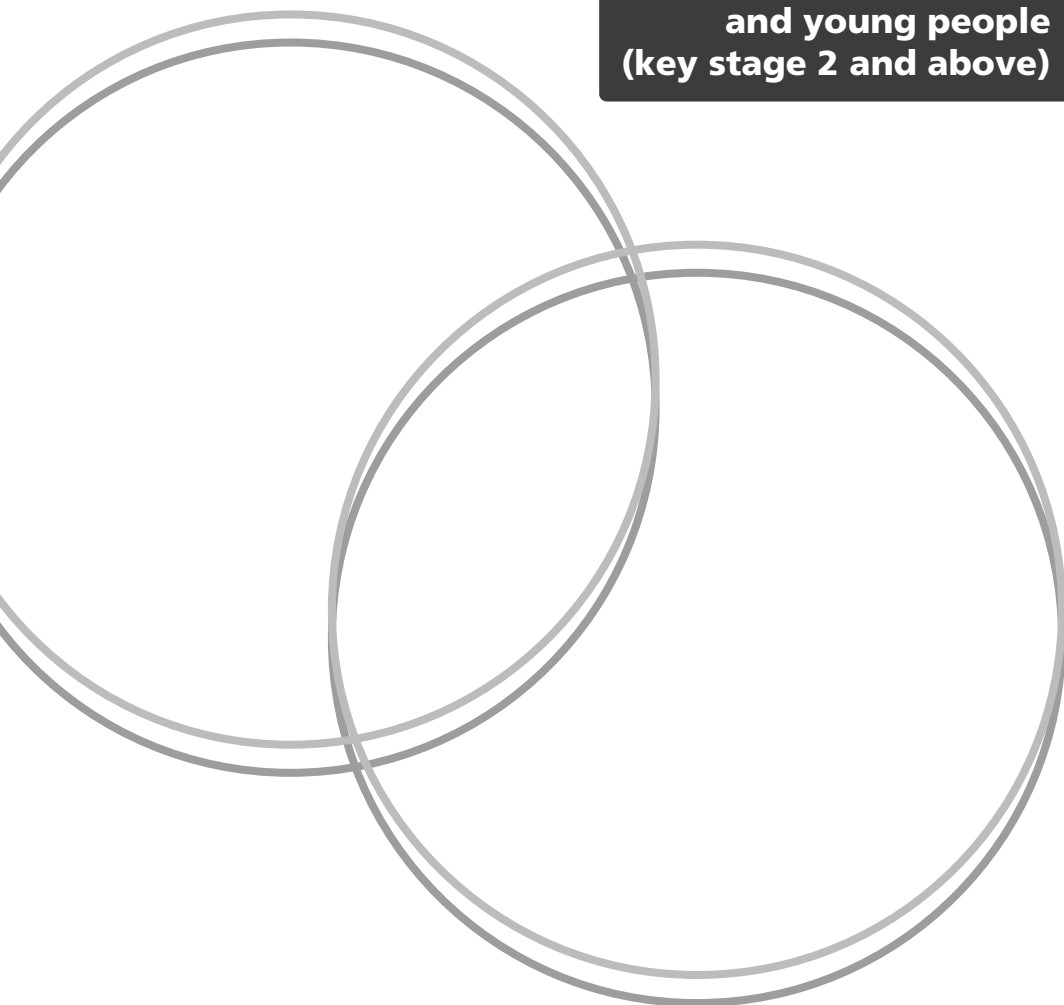


Methotrexate for skin conditions in children and young people

Written for parents
and young people
(key stage 2 and above)



What are the aims of this leaflet?

This leaflet has been written to help you understand more about methotrexate. It explains what it is, how it works, how it is used to treat skin conditions, and where more information can be found about it.

What is the immune system and how can it cause skin conditions?

The immune system is important in fighting infections, but sometimes it is too active, and immune system cells mistakenly attack the body's own healthy tissues. This can trigger inflammation. Inflammation in the skin causes redness (or darker than normal skin pigment), itch and scale in conditions like eczema and psoriasis.

How can treatments help in inflammatory skin conditions?

Treatment for inflammatory skin conditions such as eczema and psoriasis aim to reduce skin inflammation, relieve itching and skin irritation and stop flare ups to improve quality of life. Many people will be able to control dryness and inflammation of skin with creams and ointments applied to the skin (topical treatments). However, if skin condition is severe then medicines taken by mouth or injection (systemic medications) that help to dampen down the body's immune system can be used. Several medicines are used in this way including Methotrexate.

What is methotrexate and how does it work?

Methotrexate is a medicine which affects the immune system. It is used at low doses in skin conditions and works as an *immunomodulator*. An immunomodulator changes the way the immune system works to mean there is less chance of inflammation. This means that the skin can become less itchy and sore and improve symptoms. Methotrexate is used at higher doses for conditions such as cancer and in this case will act to suppress the immune system (Immunosuppressant).

Which skin conditions are treated with methotrexate?

Methotrexate is used to treat eczema and psoriasis commonly and is also used in other inflammatory skin conditions, including psoriasis, psoriatic arthritis, eczema, pemphigoid, pemphigus, sarcoidosis, scleroderma and dermatomyositis. Methotrexate is also commonly used in children and young people to treat other inflammatory conditions such as arthritis.

Please use the following website links for more information on these skin conditions:

Psoriasis

www.bad.org.uk/pils/psoriasis-an-overview

Pemphigoid

www.bad.org.uk/pils/pemphigoid

Sarcoidosis

www.bad.org.uk/pils/sarcoidosis

Dermatomyositis

www.bad.org.uk/pils/dermatomyositis

Is Methotrexate safe?

For any medicine we want to consider the benefits and possible risks. Methotrexate has been used for many years to manage many different health conditions. We now have evidence in many children and young people to show that low dose methotrexate can be very helpful to manage skin disease with only a low risk of possible problems.

Methotrexate is a drug used outside of its normal license for children under 16 years of age with inflammatory disease. This does not mean it has not been tested and is not considered a good treatment. *(For more information, please ask for our leaflet on unlicensed and off-label medicines.)*

How should methotrexate be taken?

Methotrexate can be taken as a tablet, liquid, or injection. It should be taken **once a week**, and this should be on the same day each week. This day will usually be agreed with your dermatologist and documented in your records and letters. **Methotrexate should never be taken daily.**

You must take methotrexate tablets with food and swallowed whole, not crushed or chewed. Always wash your hands after handling methotrexate tablets. If you are having methotrexate once a week by injection, this can either be subcutaneous (injected under the skin), or intramuscular (injected into a muscle, for example into the buttocks or thigh). If you are starting methotrexate injections, you will be trained how to inject yourself so you can do this at home.

If you forget to take methotrexate on the normal day, you can take it within 48 hours. However, if it is more than two days late, methotrexate should not be taken that week. The next dose should be taken on the usual day the following week.

What dose of methotrexate should be taken?

The dose of methotrexate will depend on weight. A normal dose for children and young people is about 0.4mg per kg. Dermatologists usually prescribe 2.5 mg strength tablets of methotrexate. These tablets **must not be confused** with the 10 mg tablets, which look similar but are obviously a much higher strength.

Care should be taken to make sure that the correct dose and strength has been prescribed and dispensed to you. **You must always check the dose and strength with your chemist or doctor before taking methotrexate. If you take too much methotrexate, please inform your doctor immediately as treatment may be required to reverse this.**

The dose will be adjusted according to your response to treatment and any side effects you experience. You may be changed from methotrexate tablets to injections; this will be to increase effectiveness and reduce side effects.

How long does it take before methotrexate has an effect?

Methotrexate can take some time to work. Improvement may not be seen for at least 1 to 3 months. Dose adjustments may be needed during this time to help increase the improvement in skin condition.

What are the possible side effects on methotrexate?

As with any medication, there are some possible side effects from taking methotrexate. However, many children have no side effects at all.

Some children and young people feel sick after taking the medicine. There is some evidence that taking methotrexate at bedtime or with a caffeinated drink such as cocoa can help with this. There are some medicines which can help stop the feeling of sickness. You can talk to your doctor about this.

Folic acid is recommended as a vitamin supplement when taking methotrexate as it reduces the likelihood of side effects such as nausea and tiredness. This should be taken between one and six times per week as directed. **Folic acid should not be taken on the same day as methotrexate.**

It is important to see a doctor and consider temporarily stopping your methotrexate if any of the following symptoms occur:

- a sore throat, fever or any other symptoms or signs of infection
- mouth ulcers (may require an urgent blood test if these are severe)
- unexplained bruising or bleeding from the gums
- nausea, vomiting, abdominal pain or dark urine
- new breathlessness or a cough.

If signs of an infection whilst taking methotrexate (particularly if this requires antibiotics) methotrexate should be stopped until better. Any antibiotic course should be completed before restarting methotrexate.

If there are any new symptoms that you feel may be a side effect of the methotrexate, please seek medical advice.

How is methotrexate monitored for side effects?

People on methotrexate will be monitored regularly to check if methotrexate is working and to check for any side effects which may mean the medication needs to be stopped or the dose changed. Before starting methotrexate and while on methotrexate there will be regular blood tests. Your doctor or nurse specialist will tell you how often bloods need to be checked but will normally be around a month after starting and then every 3 to 4 months. This will vary depending on the test results and response to treatment.

The reasons for the blood tests are:

- To make sure that it is safe to start and be on methotrexate.
- To monitor for possible blood abnormalities or side effects.
- To check if dose or medication needs to be changed.

National registries: The BAD Biologic Interventions Register (BADBIR) (psoriasis) and ASTAR (eczema) register.

You may be asked to take part in a national register if you are prescribed methotrexate. These registers collect valuable information on side effects and benefits of the drug. It will also inform doctors on how best to use medicines. No information will be passed to the register without your informed consent.

Can vaccinations be given whilst on methotrexate?

- The current guidelines state that live vaccines can be given to people taking methotrexate up to 25mg per week. It used to be thought that the 'live' vaccines such as MMR (measles, mumps, rubella), polio and shingles should not be given to people taking methotrexate 25 mg (or less) every week. This advice has been changed and you may be able to have these, but they may be less effective. Your suitability for these vaccines will be decided by your doctor on an individual basis. Advice from infectious disease or travel medicine specialists regarding the yellow fever vaccine may be sought, as safety data are limited.
- If you have never had chickenpox, it may be recommended to have vaccination against this before starting methotrexate. If this was not possible and you come into contact with a person with chickenpox or shingles, then you should go to your doctor straight away as you may need special preventative treatment.
- Vaccinations against common infections such as the flu, pneumococcal infection or COVID are safe to have whilst taking methotrexate and are recommended. If you have not been offered these, please speak to your doctor.
- For more information, see the Patient Information Leaflet on [immunisations](http://www.bad.org.uk/pils/immunisation-advice-for-people-on-immune-suppressing-medicines). (www.bad.org.uk/pils/immunisation-advice-for-people-on-immune-suppressing-medicines)

Are there any other things we need to know?

For older children it is important to know that Methotrexate can cause harm to an unborn child. It is important to avoid pregnancy on methotrexate. If you are sexually active then effective contraception should be started. You should talk to your doctor if you are considering pregnancy.

Heavy alcohol consumption and smoking are best avoided while taking methotrexate. Please do talk to your doctor about this if you have any concerns.

Can other medicines be taken at the same time as methotrexate?

Most medicines however, can be taken alongside low dose methotrexate. Current guidance suggests that painkillers such as Paracetamol, NSAIDs (ibuprofen) and antibiotics including trimethoprim are not contraindicated while taking low dose methotrexate. Do talk to you healthcare team if you have any concerns or questions about new medicines.

Where can more information be found about methotrexate?

Speak to the doctor, nurse or pharmacist for more information. Please note that this information leaflet does not list all the side effects of methotrexate. For further details, please look at the drug information sheet in your methotrexate prescription pack.

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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