



INFLAMMATORY BOWEL DISEASE CLINIC

Antimetabolite Immunomodulator

· Methotrexate ·

Antimetabolite immunomodulators modify the immune system, thereby suppressing the body's immune response which is thought to be overactive in inflammatory bowel disease. These drugs are used to maintain remission in moderate-to-severe IBD. They are often started with a tapering course of corticosteroids to induce remission during an acute IBD flare. They may also be prescribed to prevent antibody formation associated with the use of biological therapy.

Blood Work:

- You are required to complete **scheduled blood work every week for four (4) weeks after starting methotrexate, and then every month for the entire time you are taking methotrexate**, unless instructed differently by your healthcare provider. You should be provided with a standing orders blood work requisition for the laboratory. You will be contacted by your healthcare provider if any dose changes are required.

Scheduled Dates for Required Blood Work:	
Week 1: _____	} Labs must be done <u>1 or 2 days before</u> your weekly methotrexate dose is taken to avoid false results
Week 2: _____	
Week 3: _____	
Week 4: _____	
Continue with monthly blood work if medication is tolerated	

Patients living in Calgary and surrounding area are recommended to book this appointment in advance by using the on-line patient appointment booking service at www.calgarylabservices.com. Patients living outside Calgary should contact their local lab directly about appointment bookings.

Symptoms to Report:

- You **should immediately contact your physician or nurse practitioner if you develop** fever, a dry nonproductive cough, shortness of breath and/or chest pain, as these may be symptoms of drug toxicity.
- You should **stop this medication and contact your physician, nurse practitioner, or nurse immediately to report symptoms** of severe nausea with or without vomiting, fever, new skin rash or other skin reaction such as blistering or peeling, unusual bleeding or bruising, unusual tiredness or weakness, joint pain, malaise, muscle aching, kidney problems, pain with urination, dizziness or feeling faint especially when standing up, vomiting blood, black or tarry stools, increasing blood in your stools, increasing abdominal pain since starting methotrexate, and/or diarrhea that has increased since starting the medication, as this may indicate hypersensitivity, intolerance, or allergy to this medication. **If your symptoms are severe or worsening, you should go immediately to the nearest emergency department or activate your emergency response system.**
- You **should immediately contact your physician or nurse practitioner if you develop** fever, a dry nonproductive cough, shortness of breath and/or chest pain, as these may be symptoms of drug toxicity.
- Mild nausea (with or without vomiting) and gastrointestinal upset can occur when taking this medication. Consider taking this medication at bedtime on your scheduled day of dosing to minimize symptoms. You can talk to your healthcare provider about taking this medication in scheduled divided doses. Frequent small meals and snacks may also help your symptoms.
- You may develop mild mouth sores while taking this medication. Practice good oral care by seeing a dentist regularly, using a toothbrush with soft bristles, gargling with soda water, or using a non-alcohol mouthwash. If your mouth sores worsen, you should contact your physician, nurse practitioner or nurse right away because you may require a change to your methotrexate dose or might even need to stop the drug, as this may be a sign of early drug toxicity.
- Mild hair loss can occur when taking methotrexate; speak with your doctor if your hair loss is increasing or becoming problematic for you.

Prevention of Adverse Events and Management of Side Effects:

- Methotrexate is taken on a weekly basis and should never be taken every day.
- Before starting this medication, you should inform your gastroenterologist or nurse practitioner if you have a history of any problems or concerns with your liver (including hepatitis), kidneys, lungs, nervous system, stomach or intestinal ulcers, alcohol abuse or alcoholism, persistent blood work abnormalities, or chronic or recurrent infections.

- Consuming alcohol when taking methotrexate can increase the risk of liver injury.
- Taking **folic acid** can help to minimize side effects associated with methotrexate therapy. Folic acid is typically taken every day, except for the day of the week that you take your methotrexate. The usual dosage of folic acid is 1 mg daily, unless instructed otherwise by your healthcare provider.
- Methotrexate can interact with other medications (example: antibiotics) which can increase the risk of methotrexate toxicity. Contact your healthcare provider if you are prescribed any new medications. When filling any drug prescription or purchasing over-the-counter medications, vitamins, or herbal supplements, let your pharmacist know that you are taking methotrexate so that potential interactions can be identified.
- To avoid potentially severe side effects due to drug toxicity, you should not take pain medications called non-steroidal inflammatory (NSAIDs) when you are prescribed methotrexate, unless instructed by your prescribing gastroenterologist or nurse practitioner. Some examples of NSAIDs are ibuprofen, naproxen, diclofenac, Advil, Motrin, Aleve, and Naprosyn. You should speak with your healthcare provider or pharmacist if you have questions about pain medications or anti-inflammatories that are safe to use when taking methotrexate.

Pregnancy or Planning For A Pregnancy:

- Methotrexate **cannot be taken by women during pregnancy or when trying to get pregnant**, as it can cause fetal death (death of the unborn baby) or deformities in the unborn baby (birth defects or congenital anomalies). **If you are a female patient and become pregnant when taking methotrexate, you must immediately contact your gastroenterologist or nurse practitioner.**
- Females: Effective birth control must be used at all times by female patients when taking this medication, in order to prevent pregnancy. Effective birth control must be continued after stopping methotrexate until the drug has been completely cleared by the body; this recommended time period should be discussed with the prescribing physician or nurse practitioner. Patients should speak with their family physician, gastroenterologist, nurse practitioner, or nurse if assistance is required to choose an effective method of birth control.
- Females: Females should not breastfeed when taking methotrexate.
- Males: Males who are taking methotrexate and who are planning for a pregnancy with their female partner should discuss this decision with their gastroenterologist or nurse practitioner, as there are different opinions on the safety of methotrexate in males.