

Methotrexate

(for the treatment of uveitis/scleritis)

Information for patients

What is methotrexate?

Methotrexate is a drug used to suppress the immune system and reduce inflammation in the body. The immune system is usually responsible for fighting infections, but sometimes it is necessary to suppress its action. In conditions such as uveitis/scleritis, the immune system mistakenly reacts against a part of the body causing inflammation. Methotrexate works by preventing immune cells from dividing and reproducing quickly, and so reduces the ability of these cells to cause inflammation. It is taken orally as a tablet once per week.

Why have I been started on this treatment?

Most patients who use methotrexate to treat uveitis/scleritis are already using a steroid called prednisolone. In the long term, in large doses, steroids have multiple side effects. Methotrexate is usually given to improve control of the uveitis so that the dose of prednisolone can be reduced.

What are the risks of the procedure / treatment?

1. Mouth and stomach irritation

Some patients feel nauseous on methotrexate. It may cause irritation of the mouth and lips. Ulceration of the mouth or bowel

can occur rarely; this is associated with diarrhoea or stomach pains. This is unlikely, but if it does happen it should be reported immediately to your doctor.

2. Skin and hair

Occasionally a mild skin rash develops when starting treatment. A few people notice some hair loss.

3. Liver and kidney

Methotrexate in high doses can reduce liver or kidney function. Only low-dose treatment is usually used for uveitis/scleritis. Before treatment is started, blood tests will be carried out to confirm that you are able to take the drug.

4. The bone marrow and blood cells

Methotrexate prevents white blood cells from causing inflammation. In a few patients, there is a more generalised reduction in the white blood cells, which is undesirable. Occasionally anaemia is caused or blood clotting may be affected.

At first you will have monthly blood tests, then less often as it becomes clear that the drug is not causing problems. Major problems with blood and bone marrow are rare.

If problems do occur, it may show itself in several ways. For instance, an infection may develop, or a severe sore throat may occur. Bruising of the skin, or bleeding from the gums or bowel is also possible. If any of these do occur, contact your doctor immediately.

5. Fertility and conception

Methotrexate is potentially dangerous to the unborn child and is not given to pregnant women. It also affects sperm production. You must not conceive when using methotrexate (or for six months after finishing treatment). **Contraceptive precautions are essential.** In both men and women decreased fertility may result from treatment. This is not usually severe and usually corrects itself if the treatment is stopped.

6. Infection and vaccination

Methotrexate alone, taken in small to moderate doses, as it is used for the treatment of uveitis, is unlikely to lead to infections. However, if used together with prednisolone there may be a greater risk of infection. It is **extremely important** that you tell any doctor planning to give you a vaccine, that you are taking methotrexate; some vaccines cannot be used. It is recommended that you obtain the annual influenza vaccination from your GP, and also obtain testing for immunity to pneumococcus, followed by immunisation if necessary.

7. Alcohol and medications

Alcohol should not be consumed during methotrexate treatment, because together, they may damage the liver. Some medicines and tablets may interact with methotrexate and cause damage.

If any doctor wishes to prescribe a medicine for you, inform them that you are taking methotrexate.

In order to reduce the likelihood of side-effects from methotrexate, you will also be prescribed folate (folic acid) tablets. It is essential to take the correct dose. If you take more than this, the methotrexate will not work. If you also take regular vitamin tablets, it is important to make sure that they do not contain folate.

8. Pneumonitis, others

Rarely, methotrexate can cause inflammation of the lungs. If this happens it must be stopped quickly. If when taking methotrexate you develop a severe cough, or difficulty breathing, or chest pain, tell your doctor immediately.

Some people taking methotrexate find that they feel tired the day after the tablet.


Methotrexate, when used as directed and with proper safety monitoring, is a safe drug. However, it is potent. **There is no drug useful for the treatment of uveitis/scleritis which is entirely free of potential or actual side-effects.**

Please use this space to write any notes or questions you may have.



Further information and advice can be obtained from:

NHS 111
NHS Choices online

 **111**
www.nhs.uk

MTW NHS Trust is committed to making its patient information accessible in a range of languages and formats. If you need this leaflet in another language or format please ask one of your clinical care team or the Patient Advice and Liaison Service (PALS). We will do our best to arrange this.

Maidstone and Tunbridge Wells NHS Trust welcomes all forms of feedback from our service users. If the standard of service you have received from the Trust does not meet your expectations, we want to hear from you. Please speak with the ward manager or the nurse in charge in the first instance, or you can contact the **Patient Advice and Liaison Service (PALS)** on:

Telephone: ☎ 01622 224960 or ☎ 01892 632953

Email: mtw-tr.palsoffice@nhs.net

or visit their office at either Maidstone or Tunbridge Wells Hospital between 9.00am and 5.00pm, Monday to Friday.

You can be confident that your care will not be affected by highlighting any areas of concern or making a complaint. The Trust will retain a record of your contact, which is held separately to any medical records. If you are acting on behalf of a patient, we may need to obtain the patient's consent in order to protect patient confidentiality. More information on PALS or making a complaint can be found on the Trust's website: www.mtw.nhs.uk or pick up a leaflet from main reception.

Issue date: March 2024
Database reference: RWF-HNK-OPH-LEA-PAT-5

Review date: March 2028
© MTW NHS Trust

Disclaimer: Printed copies of this document may not be the most recent version.
The master copy is held on Q-Pulse Document Management System
This copy – REV2.0