

# LOW-DOSE METHOTREXATE FOR RHEUMATOID ARTHRITIS AND PSORIATIC ARTHRITIS

Rheumatoid arthritis (RA) and psoriatic arthritis (PsA) are long-term conditions where the body's immune system mistakenly attacks healthy tissues such as the joints and skin. This causes inflammation, leading to symptoms such as joint pain and swelling.


Use this action plan to discuss methotrexate with your rheumatologist and plan the best way to take your medicine.

## Methotrexate acts to control the disease

Methotrexate doesn't just block pain and other symptoms of RA and PsA. It interrupts the activity of the immune system, slowing the disease and reducing inflammation.

Early treatment with methotrexate (within 3 months of symptoms appearing) can:

- ▶ stop the disease from getting worse
- ▶ reduce the chance of long-term joint damage caused by uncontrolled inflammation
- ▶ improve symptoms such as joint pain, swelling and stiffness.



**Methotrexate is a recommended disease-modifying medicine for RA and PsA**

## Methotrexate

- ▶ is called a **disease-modifying antirheumatic drug**. You might hear it called a DMARD for short.
- ▶ is usually taken as a **tablet**, but can also be an **injection**.
- ▶ takes **time** to work – you might not feel better for **6–12 weeks**.
- ▶ is also used for the skin condition **psoriasis**, which is associated with PsA.

## Focus on facts

Myths about methotrexate can be barriers to treatment. Knowing the facts helps people stick to their treatment and improves results.

Fact	Fact	Fact	Fact
Methotrexate is safe and effective at low doses for RA and PsA – it's not considered chemotherapy at these doses.	Methotrexate can be safely taken with non-steroidal anti-inflammatory drugs (NSAIDs).	Methotrexate injections can be safely self-administered.	People taking methotrexate for RA or PsA can safely make physical contact with pregnant women.
Myth	Myth	Myth	Myth
Low-dose methotrexate is chemotherapy.	Methotrexate should not be taken alongside NSAIDs.	Self-administration of methotrexate injections is unsafe.	People taking methotrexate cannot be near pregnant women.

## Ongoing care

### Blood tests

Regular blood tests are used to check treatment is working and monitor for side effects, measuring kidney and liver function, and doing full blood count. Over time, these tests are needed less often.

### Clinical review

Joint pain and physical function are reviewed regularly. How often depends on how active the disease is.

### Vaccinations

Keep your pneumococcal and influenza vaccinations up to date.

### Other conditions

You will be monitored for heart disease, osteoporosis and skin cancer, as the risk of these increases with RA and PsA. Annual skin checks are recommended.

### Reproductive health

You should seek specialist advice if you plan to have children. Women should use birth control while taking methotrexate, stop methotrexate 3 months before planning a pregnancy, and avoid breastfeeding while on methotrexate.

Name:

Date:

**ACTION PLAN**

# TAKING LOW-DOSE METHOTREXATE

Share this action plan with your healthcare team to help you achieve your treatment goals.

When I take my medicines			
	When	Day of the week	Dose mg
<b>Methotrexate</b>	<b>Once a week</b>		
Folic acid <i>Taking folic acid can help reduce the side effects of methotrexate</i>	On different days of the week from methotrexate		

Next review due: \_\_\_\_\_

## Other medicines I take for RA or PsA

- ☐ Other DMARDs\* \_\_\_\_\_
- ☐ Steroids (eg, prednisone) \_\_\_\_\_
- ☐ Anti-inflammatory drugs \_\_\_\_\_
- ☐ Pain relievers \_\_\_\_\_
- ☐ Other \_\_\_\_\_

Notes/advice \_\_\_\_\_

\* disease-modifying antirheumatic drugs, including biological and targeted medicines

## Side effects of methotrexate

Like all medicines, methotrexate may cause side effects.

Most common side effects include:

- ▶ nausea, vomiting, diarrhoea
- ▶ mouth ulcers
- ▶ increased skin sensitivity to the sun.
- ▶ tiredness, headache and feeling foggy.

Talk to your doctor if you are concerned. Side effects may be reduced by taking methotrexate with food or in the evening.

## When to contact my doctor

### Urgently

If I develop any new infections. Signs of infection include a fever, redness or painful skin or wounds.

If I develop breathing difficulties and/or a dry cough.

### As soon as possible

If I experience a flare-up. In the meantime I will start my flares action plan

[nps.org.au/bdmards/rheumatological-conditions](https://nps.org.au/bdmards/rheumatological-conditions)

### Regularly

To make appointments for routine tests to monitor my disease and medicines.

To check that I am up to date with my vaccines and seek advice for travel vaccines.

If I am taking or plan to take any other medicines, including over-the-counter, herbal and naturopathic medicines.

## Further information

Arthritis Australia ([arthritisaustralia.com.au](https://arthritisaustralia.com.au)) ([myRA.org.au](https://myRA.org.au))Australian Rheumatology Association's patient information ([rheumatology.org.au](https://rheumatology.org.au))

- ▶ **Methotrexate**
- ▶ **Self injecting low-dose methotrexate**
- ▶ **Video on how to inject methotrexate safely**

NPS MedicineWise ([nps.org.au/managing-ra](https://nps.org.au/managing-ra))Download the **MedicineWise app** to keep track of your medicines and access health information such as blood test results. ([medicinewiseapp.com.au](https://medicinewiseapp.com.au))NPS Medicines Line: **1300 633 424**

## + TARGETED THERAPIES ALLIANCE

Helping consumers and health professionals make safe and wise therapeutic decisions about biological disease-modifying antirheumatic drugs (bDMARDs) and other specialised medicines. Funded by the Australian Government Department of Health through the Value in Prescribing bDMARDs Program Grant.

