

RHEUMATOID ARTHRITIS: LOW-DOSE METHOTREXATE

Rheumatoid arthritis (RA) is a long-term condition where the body's immune system targets the lining of the joints, causing swelling and damage.¹ This action plan supports and informs people taking methotrexate for RA and other rheumatological conditions.

Understand treatment aims

Early treatment with disease modifiers reduces damage in the joints and improves symptoms such as joint pain, stiffness and swelling. Choosing the right treatment can be complex and a combination of medicines may be needed.²

Focus on facts

Myths about methotrexate can be barriers to treatment.⁶ Knowing the facts helps people stick to their treatment and improves results.

Methotrexate is the recommended disease-modifying medicine in RA^{2,3}

It is usually taken as a tablet but it can be injected.² Starting low-dose methotrexate treatment early (within 3 months of symptoms appearing) can lessen the signs and symptoms of RA and stop the disease from getting worse.^{4,5}

Fact

Methotrexate has been used safely and effectively for RA since its introduction in the 1950s.

Myth

Methotrexate is toxic.

Fact

Methotrexate takes time to work – a response to therapy can take 6–12 weeks.

Myth

Methotrexate works straight away.

Fact

Methotrexate in RA is used at low doses – it's not considered chemotherapy at these doses.

Myth

Low-dose methotrexate is chemotherapy.

Fact

Methotrexate can be safely taken with non-steroidal anti-inflammatory drugs (NSAIDs).

Myth

Methotrexate should not be taken alongside NSAIDs.

Fact

People taking methotrexate for RA can safely make physical contact with pregnant women.

Myth

People taking methotrexate cannot be near pregnant women.

Fact

Methotrexate injections can be safely self-administered.

Myth

Self-administration of methotrexate injections is unsafe.

Support ongoing care

Blood tests

Check treatment is working and monitor for side effects. Measure kidney and liver function and do a full blood count.^{2,4} Over time, these tests are needed less often.

Clinical review

Review joint pain and physical function regularly. How often depends on how active the disease is.²

Vaccinations

Ensure pneumococcal and influenza immunisations are up to date.²

Other conditions

Monitor for heart disease, osteoporosis and skin cancer, as the risk of these increases with RA. Annual skin checks are recommended.²

Discuss lifestyle management

- ▶ **Exercise and diet** – Treatment may not work as well for overweight people.⁷ Work towards a healthy body weight and regular exercise.
- ▶ **Smoking** – Smoking can make RA more active and treatment less effective.² Stopping smoking is recommended.
- ▶ **Managing at home** – Tasks around the home can be difficult. Arthritis Australia's booklet **At home with arthritis: simple steps to managing in the home** may be useful (arthritisaustralia.com.au/index.php/arthritis-information/booklets.html).
- ▶ **Reproductive health** – Adults should seek specialist advice if they 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.^{2,8}



TAKING LOW-DOSE METHOTREXATE

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

When I take my methotrexate

I take my methotrexate once a week on:

Day _____

Dose _____ mg

For further information see [Patient Information on Methotrexate \(rheumatology.org.au/MethotrexateInformation\)](http://rheumatology.org.au/MethotrexateInformation) and [Self Injecting Low Dose Methotrexate \(rheumatology.org.au/Self-InjectingMethotrexate\)](http://rheumatology.org.au/Self-InjectingLowDoseMethotrexate) on the Australian Rheumatology Association website.

When I take my folic acid

I must take my folic acid on different days of the week from my methotrexate.

Day(s) _____

Dose _____ mg

Taking folic acid can help reduce the side effects of methotrexate.

Other medicines I take for RA

Other DMARDs* _____

Steroids (eg, prednisone) _____

Anti-inflammatory drugs _____

Pain relievers _____

Other _____

Notes/advice _____

* disease-modifying antirheumatic drugs

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, I will start my flare plan.

My flare plan: _____

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 website (empowered.org.au/)

Australian Rheumatology Association website (rheumatology.org.au/patients/medication-information.asp)

Watch a video on [how to inject methotrexate safely \(vimeo.com/vichealth/ara\)](http://vimeo.com/vichealth/ara)

Visit the [NPS MedicineWise website \(nps.org.au/managing-ra\)](http://nps.org.au/managing-ra)

Download the [MedicineWise app](http://medicinewiseapp.com.au) to keep track of your medicines and access health information such as blood test results. (medicinewiseapp.com.au)

Call the NPS Medicines Line: **1300 633 424**



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