



Dr Jessica McGrath - Paediatric Rheumatologist

Parent and carer information

METHOTREXATE

STARTING YOUR JOURNEY

Dr Jess has recommended that your child starts Methotrexate treatment. This is a brave and important step towards managing their future health.

This handout will provide you with essential information and guidance as well as important links for further information relating to Methotrexate.

WHAT IS METHOTREXATE ?

Methotrexate is a medication that specialist doctors, like Dr Jess, use to help children with autoimmune and inflammatory conditions. To explain how Methotrexate works, it's helpful to understand what's going on inside your child's body.

The immune system acts as our body's army, providing the first line of defence to protect us from foreign invaders that cause infection. In autoimmune and autoinflammatory conditions, this "army" becomes confused and dysregulated, launching attack on our own tissues, and causing inflammation in areas of the body it shouldn't. Methotrexate acts like an Army General, helping the rogue army to calm down, and keep in line.

In Rheumatic conditions like Juvenile Idiopathic Arthritis (JIA), Systemic Lupus Erythematosus (SLE) and some other conditions, the joints can become swollen and painful because of dysregulated inflammation. Methotrexate helps calm this inflammation down. It's like turning down the heat on a stove. Methotrexate is safe and has been used to treat inflammatory arthritis since the 1980s.

Methotrexate can also make our immune defence against germs, a little less active. This might make your child prone to picking up a few extra infections, like the common cold, each year.

Methotrexate works slowly, but hopefully you should see your child starting to feel better as time passes; it can take up to 3 months for Methotrexate to reach its peak effect.

IT IS IMPORTANT THAT, WHILST YOUR CHILD IS ON METHOTREXATE, THEY DO NOT RECEIVE ANY LIVE VACCINES.

Your child will be eligible for increased vaccine cover. Dr Jess will refer them for a consultation with the Queensland Specialist Immunisation Service to further discuss eligibility for this additional cover.

****More information can be found via the links to helpful resources on the last page****



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ADMINISTRATION

Methotrexate can be swallowed as a tablet or administered as an injection just under the skin (subcutaneous). Dr Jess will discuss which one is more suitable for your child.

Your child's weight, size and the severity of their condition are all used to calculate the correct dosage. It is important to stick to the dose that Dr Jess prescribes.

Dr Jess will be carefully monitoring your child to make sure the dose is just right. Monitoring your child while they are on Methotrexate is very important.

Methotrexate can interact with many other medications, including certain antibiotics, please let your GP and Dr Jess know if your child is taking any other medications, including over the counter vitamins.

MONITORING

Dr Jess will closely monitor how your child's body is responding to the Methotrexate through performing regular blood tests. We understand that these tests are not very nice for your child, **but they are very important**. Blood tests will be required monthly, for the first 3 months, with the aim to then stretch out to one blood test every 3 months.

The blood tests help Dr Jess guide your child's treatment and avoid any potential problems that we can't see by looking at them from the outside. If blood test results show Dr Jess that the Methotrexate is upsetting your child's liver or cell counts, Dr Jess will discuss what to do next. It is usually as easy as temporarily skipping one or two doses of Methotrexate.

Whatever the result, Dr Jess is making sure your child is on the right medicine to help them feel better.

If your child is exposed to the chicken-pox virus, it is important to notify our team straight away so we can assess if they require a medication to help boost their immune system to fight off this infection.



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POTENTIAL YUCKY SIDE EFFECTS

Methotrexate is a safe medication used worldwide as the first line agent in treating many Rheumatologic conditions. Like all medications, it may cause some potential yucky, unwanted side effects in some patients. The most common side effects include mild nausea and tiredness that typically last for a day or two after the weekly dose.

On occasion, some children experience more notable tummy upset, like vomiting or diarrhoea, and sometimes mouth ulcers. To help your child manage these discomforts and minimise disruption to their school routine, **Dr Jess will advise that the weekly dose be given on Friday evening or Saturday morning**, to give enough time for any potential yuckiness to subside before the school week begins.

To help reduce the risk of unwanted side effects, Dr Jess will prescribe your child some Folate (folic acid) which is a vitamin (**It is important that Folate is NOT given on the same day as Methotrexate**). Whilst these side effects may be daunting, Dr Jess can often offer many strategies to help manage them to make sure that the benefits of Methotrexate outweigh the potential discomfort.

Additionally, your child's skin may become more sensitive to sunlight, so, as always, it's important to protect your child from excessive sun exposure, using sunscreen (SPF 50+), and protective clothing.

SICK DAY INFORMATION

Usual blocked or runny noses are generally nothing to worry about, but if your child is sick enough to not go to school or day-care, for example, with:

Fevers, sore throat, vomiting or diarrhoea

DON'T GIVE METHOTREXATE

SEEK GP REVIEW

AND

Contact our team at QCC for instructions on (07) 3184 6437



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MYTHS AND MISCONCEPTIONS:

Methotrexate is used in treating a variety of conditions. At different doses, Methotrexate can play very different roles. Your child is being commenced on **low dose** Methotrexate, which has a very different role and side effect profile to when Methotrexate is used in high doses. There is a lot of different information about methotrexate that you may hear from friends, pharmacists or even people you know. If you are worried about anything, please talk to Dr Jess for more information.

LINKS AND RESOURCE INFORMATION ABOUT METHOTREXATE:

[Arthritis Australia - Methotrexate patient information](#)

[Qld Children's Hospital - Low dose Methotrexate](#)

[Arthritis Australia - Methotrexate \(Children\)](#)



Australian
Rheumatology
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The health journey that your family are embarking on is a partnership on the road to improved comfort and wellbeing for your child. Dr Jess and our specialised nursing team are here to support your family. Working together can ensure the best care for your child's health condition and hope for a brighter future.

YOU ARE NOT ALONE, WE ARE ON THIS JOURNEY TOGETHER

Dr Jess & QCC Team

Disclaimer: This document is intended to function as an information handout adjunct to a full medical assessment and specialised treatment plan by specialist Paediatric Rheumatologist. This document is intended as an educational aid and does not cover all possible uses, actions, precautions, side effects, or interactions of the medicines mentioned. This information is not intended as medical advice for individual problems nor for making an individual assessment of the risks and benefits of taking a particular medicine. This document was compiled using multiple resources including government health documents and patient information sheets. A full list of references can be provided upon request.

Written and edited by Dr J. McGrath and Nurse Practitioner K.Smith 2023



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REFERENCE LIST FOR METHOTREXATE PARENT AND CARER INFORMATION HANDOUT:

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