Methotrexate

arthritis-uk.org

Methotrexate is used to treat a number of conditions, including rheumatoid arthritis, psoriatic arthritis, vasculitis and juvenile idiopathic arthritis

Arthritis UK

We are Arthritis UK

We're the 10 million adults, young people and children living with arthritis. We're the carers, researchers and healthcare professionals. The families and the friends. All united by one powerful vision: a future free from arthritis. So that one day, no one will have to live with the physical, emotional and practical challenges that arthritis brings.

There are many different types of arthritis. And we understand that every day is different. What's more, what works for one person may not help another. That's why our trusted information blends the latest research and expert advice with a range of lived experiences. In this way, we aim to give you everything you need to know about your condition, the treatments available and the many options you can try, so that you can make better-informed choices to suit your needs.

We're always happy to hear from you whether it's with feedback on our information, to share your story, or just to find out more about the work of Arthritis UK. **Contact us at healthinfo@arthritis-uk.org**

Contents

What is methotrexate?

Methotrexate is a type of disease-modifying anti-rheumatic drug (DMARD). It's used to reduce the activity of the immune system for people who have certain conditions.

The immune system normally protects the body from infections by causing inflammation to fight them. Inflammation can cause swelling, heat, redness and pain.

But in some conditions, the immune system can attack parts of the body, such as the joints, by mistake causing illness.

It can take a while to start working, so it could be up to 12 weeks before you start to notice any difference, but you should still keep taking it. You will need to keep taking methotrexate even when your symptoms improve and you are feeling better. Speak to your doctor if you feel methotrexate is not helping you or you still have some symptoms.

Who can take methotrexate?

Methotrexate can be given to people with various types of arthritis and related conditions, including:

- rheumatoid arthritis
- psoriatic arthritis
- reactive arthritis
- vasculitis
- enteropathic arthritis
- myositis
- systemic sclerosis.

It can also be given to children who have:

- juvenile idiopathic arthritis (JIA)
- lupus (SLE)
- juvenile dermatomyositis
- vasculitis
- uveitis
- localised scleroderma.

Methotrexate treats the symptoms of your condition and reduces the risk of uncontrolled inflammation causing long-term damage to your joints.

Methotrexate is also used by doctors to treat other conditions, such as cancer, but the dose used for cancer is usually much higher than for arthritis and related conditions.

You can find more information about these conditions on our website **arthritis-uk.org/information-and-support** or in one of the Arthritis UK booklets available from your healthcare team or by calling our helpline on **0800 5200 520**.

Before you can start methotrexate, your doctor will need to make sure it is the right drug for you by checking if:

- you're pregnant or planning a family
- you're breastfeeding
- you have an infection
- you have a liver or kidney disease
- you've had a recent vaccination
- you have severe mouth ulcers
- you've had ulcers in the stomach or bowel.

If you have side effects from taking methotrexate, speak to your doctor, as you might not be able to carry on taking it. Side effects can happen immediately or after you have taken methotrexate for a long time, but mild ones often settle over time.

How is methotrexate taken?

Methotrexate can be taken as a tablet, liquid or injection.

It should be taken on the same day once a week. You'll be given a starting dose of methotrexate while your rheumatologist tries to bring your condition under control, but this may be increased if it isn't helping your symptoms.

Methotrexate tablets come in two strengths: 2.5 mg and 10 mg. To avoid confusion, it's recommended that you only be given one strength, usually 2.5 mg. If you are prescribed both tablet strengths be very careful not to confuse them, as they can look quite similar.

If you are starting methotrexate injections, you'll usually be given your methotrexate injection by a health professional. They will often show you how to inject yourself using either a syringe or injector pen, so you can do it at home. Let them know if you think you will have difficulty injecting yourself.

You must always wash your hands before and after handling methotrexate.

Taking your medication regularly can make a real difference. Download the free My Arthritis app to set medication reminders, track symptoms and flare-ups, and prepare questions for your healthcare team.

Side effects and risks

Methotrexate can sometimes cause side effects, which may include:

- feeling sick
- headaches
- vomiting
- diarrhoea
- shortness of breath
- mouth ulcers
- minor hair loss and hair thinning
- rashes
- sensitivity to sunlight.

If you're concerned by any side effects, contact a health professional for advice.

It's very important that you have blood tests to check your blood count, kidney and liver function before starting methotrexate. You will have regular blood tests while you're taking it, as methotrexate can affect your liver and cause your body to make fewer blood cells.

At first, you'll need to have blood tests at least every 2 weeks. Once you are on a stable dose of methotrexate you should only need tests every 2 to 3 months for as long as you are taking it.

To keep you safe, methotrexate can only be prescribed if your regular blood tests are up to date. If blood tests are delayed, your prescription may be paused until the results are reviewed.

Before starting treatment, you may have a chest x-ray and breathing tests to check your lung function. Depending on your general health, your doctor may want to run some other tests to make sure you can take methotrexate.

You'll also be checked for HIV, and hepatitis B and C infections as methotrexate may increase the risk of these conditions starting up again or getting worse.

If you smoke, it's worth cutting down or preferably giving up, as smoking increases your risk of complications with your condition and its treatments.

Because your condition and methotrexate affect your immune system, you may be more likely to get infections. If you get an infection or you're taking antibiotics, stop the methotrexate and ask your doctor or healthcare team for advice.

Methotrexate can make your skin burn more easily in the sun. To protect yourself, avoid strong sunlight, wear sunscreen and stay in the shade when you can. Tell your doctor or healthcare team straight away if you start to feel really unwell, develop new symptoms that worry you or if you experience any of the following:

- a sore throat
- raised temperature or fever
- flushing or sweating
- sores in your mouth
- tummy pain
- feeling or being sick
- changes to your urine and how often you pee
- a cough

- loss of appetite
- unexplained bruising or bleeding
- a rash or blisters
- shortness of breath
- yellowing of the skin or eyes, known as jaundice.

You should also contact your doctor urgently if you develop chickenpox or shingles, or come into contact with someone who has chickenpox or shingles. These infections can sometimes be very serious in people who are taking methotrexate.

You might need treatment against chickenpox or shingles, and you may be told to stop taking methotrexate until you're better.

If you think you may have an infection a healthcare professional will be able to advise you on how best to treat it when you're taking methotrexate.

Often, people say methotrexate upsets their tummy or makes them sick. Your doctor will probably give you folic acid tablets to help reduce any unpleasant effects caused by your weekly dose of methotrexate. They will tell you when to take folic acid. Generally, you should avoid taking it on the same day as methotrexate, because it can affect how well the methotrexate works.

If you are still having problems speak to your doctor about any additional treatments that could help reduce these side effects. You should not use over-the-counter drugs to treat them yourself.

Tips to reduce your risk of infection

- Try to avoid close contact with people you know have an infection.
- Wash your hands regularly and carry a small bottle of antibacterial hand gel.
- Keep your mouth clean by brushing your teeth regularly.
- Stop smoking if you're a smoker.
- Make sure your food is stored and prepared properly.
- Try to keep your house clean and hygienic, especially the kitchen, bathrooms and toilets.

Effects on other treatments

Methotrexate can sometimes be given along with other drugs to treat your condition. You can usually carry on taking painkillers like paracetamol if needed, unless your doctor advises otherwise.

Avoid taking non-steroidal anti-inflammatory drugs (NSAIDs), including aspirin or ibuprofen, or medicines containing NSAIDs, such as over-the-counter cold medication, without first speaking to your doctor.

Check with your doctor or pharmacist before taking any new drugs. Remember to mention you're on methotrexate if you're treated by anyone other than your usual doctor or heathcare team.

There are several types of drugs that react with methotrexate and should be avoided if possible. These include:

- some antibiotics such as those containing trimethoprim, co-trimoxazole, tetracyclines, ciprofloxacin, and some forms of penicillin
- some asthma medications containing theophylline
- some epilepsy medicines such as levetiracetam
- some medicines used to treat indigestion, known as proton pump inhibitors (PPI), such as omeprazole
- diuretics, used to help you pee more, such as indapamide and bendroflumethiazide
- over-the-counter preparations or herbal remedies.

You should always check whether any medication or over-the-counter preparation you intend to take could affect your methotrexate treatment.

See Arthritis UK booklet **Painkillers and NSAIDs.** You can view all our information online at **arthritis-uk.org**

Vaccinations

Depending on the dose of methotrexate and what other drugs you're taking, you may need to avoid live vaccines.

Speak to your doctor if you think you might need a live vaccine against illnesses such as Bacillus Calmette-Guérin (BCG), typhoid, yellow fever, or the mumps, measles and rubella vaccine (MMR).

The pneumonia vaccine and yearly injectable flu vaccines are not live vaccines and don't affect methotrexate, so it's recommended that you have these.

COVID-19 vaccines are not live and can be given to people with weakened immune systems. In rare cases, this may cause a flare-up. You may be asked to stop taking methotrexate for 2 weeks immediately after the COVID-19 booster.

After taking the flu and COVID-19 vaccine, you'll probably stop your treatment for a couple of weeks. But, for children or those at risk of a flare-up, you may be able to carry on taking methotrexate.

If you haven't had chickenpox, you may be offered a vaccine against it before you start treatment. The chickenpox vaccine may also be offered to people living with you before you start treatment, if they haven't had the virus.

You should stay away from anyone who has had the live oral polio vaccine, for 6 weeks, if you're taking methotrexate. If you have a baby and you're taking methotrexate ask your doctor whether your child should have the inactive version of the vaccine.

It's recommended you get the Shingrix shingles vaccine.

Children and vaccines

It's generally recommended that children who are taking methotrexate avoid live vaccines. Many of the vaccines in the routine childhood immunisation programme, as well as the annual flu vaccine, can be given as inactivated, or non-live, vaccines. If you are unsure about whether your child can have a vaccination if they are taking methotrexate, ask a healthcare professional for advice.

Having an operation or dental treatment

If you're due to have surgery or dental treatment, ask your doctor whether it will affect your routine methotrexate treatment.

Alcohol

Alcohol and methotrexate can both affect your liver, so it's best if you avoid alcohol if you are taking methotrexate.

If you're concerned, discuss your alcohol intake with your healthcare team.

You can find out more about units of alcohol at **drinkaware.co.uk**

Fertility, pregnancy and breastfeeding

Women using this drug should use contraception or encourage their partner to. Talk to your doctor as soon as possible if you're planning to start a family.

You shouldn't take methotrexate if you're pregnant or trying for a baby, as it can affect how an unborn baby develops.

Methotrexate should be stopped 1 month before you become pregnant. If you become pregnant while taking methotrexate or if you've had less than a 3 month break from the drug, it's important you speak to your doctor as soon as possible.

It is safe for men to continue taking methotrexate while trying to have a baby. This does not harm fertility or the baby.

If you are planning to try for a baby, it's important to take folic acid to support the health of you and your baby.

You shouldn't breastfeed if you're on methotrexate, as the drug could pass into breast milk, and we don't yet know what effects this could have on a baby.

Your doctors will usually recommend going straight back onto methotrexate once you've finished breastfeeding. This is because the sooner you can get back onto your medication, the lower the risk of having a flare-up.

This booklet is a guide to methotrexate, its benefits and potential side effects. If there's anything else you'd like to know about this drug, just ask the healthcare professionals in charge of your care.

Notes

Discover our support services

You don't need to face arthritis alone. Get the information, advice and support that you need.

Call our free helpline:
0800 5200 520

Connect with our online community, go to:
community.arthritis-uk.org

Chat with AVA, our online assistant, go to:
arthritis-uk.org/ask-AVA-our-virtual-assistant

Track your symptoms with our easy app, go to:
arthritis-uk.org/track-my-arthritis-symptoms-app

Thank you!

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Support our work

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