



Methotrexate for skin conditions

This leaflet is about the use of methotrexate for the skin conditions psoriasis and scleroderma (also called morphea).



This leaflet has been written for parents and carers about how to use this medicine in children. Our information sometimes differs from that provided by the manufacturers, because their information is usually aimed at adult patients. Please read this leaflet carefully. Keep it somewhere safe so that you can read it again.

Name of drug

Methotrexate

Brand name: Maxtrex®

Why is it important for my child to take this medicine?

Methotrexate is used to treat severe psoriasis and scleroderma when other medicines have not helped. It helps by slowing down the rate at which the skin grows. Methotrexate does not cure the condition but may help to keep it under control.

What is methotrexate available as?

- **Tablets:** 2.5 mg, 10 mg



Your child should only ever have the 2.5 mg tablets. The two strengths of tablet are similar in colour but have different shapes. Check you have the right ones each time you collect a new prescription. If you are not sure, contact your pharmacist before giving the tablets to your child.

- **Liquid medicine** can be ordered specially from your pharmacist.

When should I give methotrexate?

Methotrexate is given **once a week**. Methotrexate should be given in the evening, at least 1 hour after food. Give it on the same day each week.

Choose a day when your child has a regular activity or a favourite TV programme, to help you remember.

If your doctor has recommended that your child also takes folic acid, it is important that the methotrexate and folic acid are given on **different** days. Otherwise, methotrexate will not work properly.

How much should I give?

Your doctor will work out the amount of methotrexate (the dose) that is right for *your* child. The dose will be shown on the medicine label.



It is important that you follow your doctor's instructions about how much to give.

How should I give it?



Tablets should be swallowed with a glass of water, milk or juice. Your child should not chew the tablet. Do not crush these tablets. Handle the tablets as little as possible and wash your hands thoroughly after touching them.



Liquid medicine: Shake the medicine well. Measure out the right amount using a medicine spoon or oral syringe. You can get these from your pharmacist. Do not use a kitchen teaspoon as it will not give the right amount.

When should the medicine start working?

It may take 1–3 months before you see a difference in your child's skin. It is important that you continue to give methotrexate once a week during this time.

What if my child is sick (vomits)?

- If your child is sick less than 30 minutes after having a dose of methotrexate, give them the same dose again.
- If your child is sick more than 30 minutes after having a dose of methotrexate, you **do not** need to give them another dose. Wait until the next normal dose.

If your child is sick again, seek advice from your GP, pharmacist or hospital. They will decide what to do based on your child's condition and the specific medicine involved.

What if I forget to give it?

If you remember any time over the next 2 days, give the missed dose. For example, if you usually give it on Monday, you can give it on the Tuesday or Wednesday. If you remember after this, do not give the missed dose.

If your child is also taking folic acid, it is important that the methotrexate and folic acid are given on different days.



Never give a double dose of methotrexate.

What if I give too much?



It can be dangerous to give too much methotrexate.

If you think you may have given your child too much methotrexate, contact your doctor or local NHS services (111 in England and Scotland; 0845 4647 in Wales) or take your child to hospital. Take the medicine container or packet with you, even if it is empty. This will be useful to the doctor. Have the packet with you if you telephone for advice.

Are there any possible side-effects?

We use medicines to make our children better, but sometimes they have other effects that we don't want (side-effects).

Most children who take methotrexate once a week for psoriasis have very few or no side-effects. However, it can occasionally cause more serious side-effects that need urgent treatment. If your child gets any new symptoms after starting methotrexate, contact your doctor.

Side-effects you must do something about



If your child has any of the following, tell your doctor straight away:

- infections, including fever (temperature above 38°C), chills or sore throat
- skin rash, changes in nail or skin colour, ulcers or soreness
- yellowing of the skin or whites of the eyes and widespread itching
- bleeding gums, unexpected bruising or bleeding that doesn't stop as quickly as normal
- black 'tarry' stools (poo)
- chest pain, difficulty breathing or a dry cough that doesn't go away
- severe and continuing diarrhoea, vomiting or stomach pains
- inflammation (swelling and soreness) or ulcers of the vagina.

Other side-effects you need to know about

Your child may feel sick, get diarrhoea, or feel lightheaded for 1–2 days after each dose of methotrexate. If these side-effects are severe or carry on for longer than this, contact your doctor for advice.

Your child may also get the following side-effects:

- They may have difficulty sleeping. If this is still a problem after 2 weeks, contact your doctor.
- They may lose some hair.
- Their skin will be more sensitive to sunlight while they are taking methotrexate, and they risk getting sun burn. When outdoors, they should keep their skin covered, use high-factor sun screen and wear a hat, especially in the summer.

There may, sometimes, be other side-effects that are not listed above. If you notice anything unusual and are concerned, contact your doctor. You can report any suspected side-effects to a UK safety scheme at <http://www.mhra.gov.uk/yellowcard>.

Can other medicines be given at the same time as methotrexate?

-  You should not give your child ibuprofen while they are being treated with methotrexate.
- You can give your child medicines that contain paracetamol, unless your doctor has told you not to.
- Methotrexate should not be taken with some common drugs that you get on prescription. It is important to tell your doctor and pharmacist about any other medicines your child is taking before starting methotrexate.
- Check with your doctor or pharmacist **before** giving any other medicines to your child. This includes herbal or complementary medicines.

Is there anything else I need to know about methotrexate?

- Your doctor may suggest that your child takes folic acid while they are taking methotrexate, which will help reduce the chance of side-effects.
-  Tell your doctor that your child is taking methotrexate before they are given any vaccines, as there are some vaccines that they should not have.
-  Every time you collect a new prescription, make sure that you have the right strength of medicine or tablets. Normally your child will have been prescribed the 2.5 mg tablets, which are round.
- Methotrexate may harm an unborn baby. If your daughter or son is sexually active, it is vital that they use adequate contraception to prevent unplanned pregnancy while they are taking methotrexate and for six months after. The oral contraceptive pill can be used safely in women or girls taking methotrexate. If your daughter thinks that she may be pregnant, it is important that she sees your family doctor as early as possible. Your daughter should keep taking her medication until she sees her doctor.

- Methotrexate is used to treat many conditions, including arthritis and certain types of cancer. For these conditions it may be given at a higher dose and more often than when it is used for skin conditions. Many of the side-effects of methotrexate that you may read about are more likely when it is used for these illnesses. Side-effects are much less likely when methotrexate is given once a week for psoriasis or scleroderma.
- Your doctor will take blood samples regularly while your child is taking methotrexate, to check that their liver and blood have not been affected.
- The results of blood tests and doses of methotrexate should be written in your methotrexate handheld record book, which you should take to all medical appointments.

General advice about medicines

- Only give this medicine to *your* child. Never give it to anyone else, even if their condition appears to be the same, as this could do harm.
-  If you think someone else may have taken the medicine by accident, contact your doctor straight away.
- Make sure that you always have enough medicine. Order a new prescription at least 2 weeks before you will run out.
- Make sure that the medicine you have at home has not reached the 'best before' or 'use by' date on the packaging. Give old medicines to your pharmacist to dispose of.

Where should I keep this medicine?

- Keep the medicine in a cupboard, away from heat and direct sunlight. It does not need to be kept in the fridge.
- Make sure that children cannot see or reach the medicine.
- Keep the medicine in the container it came in.

Who to contact for more information

Your child's doctor, pharmacist or nurse will be able to give you more information about methotrexate and about other medicines used to treat skin conditions.

You can also get useful information from:

England NHS 111: 111 - www.nhs.uk

Scotland NHS 24: 111 - www.nhs24.com

Wales/Galw Lechyd Cymru NHS Direct: 0845 4647 - www.nhsdirect.wales.nhs.uk

Northern Ireland NI Direct: www.nidirect.gov.uk

The Psoriasis Association - 0845 676 0076 - www.psoriasis-association.org.uk

The Psoriasis and Psoriatic Arthritis Alliance
www.papaa.org - 0870 770 3212

Raynaud's and Scleroderma Association
www.raynauds.org.uk - 0800 917 2494

Scleroderma Society www.sclerodermasociety.co.uk - 020 7000 1925

www.medicinesforchildren.org.uk