

Treatment with Methotrexate

It is important to treat active RA for both symptom relief and to prevent joint deformity and associated organ damage, such as interstitial lung disease and to reduce the risk of cardiovascular disease. Methotrexate is considered first line therapy for RA.



Baseline screening

- CBC, serum creatinine, aminotransferases.
- Screen for hepatitis B (HBsAg and total core antibody), hepatitis C and tuberculosis.
- Chest x-ray to assess for prior infection and fibrosis.
- Ensure up to date with standard immunizations.

Prescription details



- Methotrexate is prescribed as a single, weekly dose, usually orally.
- Begin 10 mg weekly (four of the 2.5mg tablets).
- Begin folic acid 1 mg daily in all patients taking MTX to prevent side effects.
- Can be combined with NSAIDs for symptom relief, if not contraindicated.
- Dose can be increased to 15 mg weekly, if still symptomatic.

Monitoring

- CBC, serum creatinine, aminotransferases every 2–4 weeks for the first 3 months or after increasing the dose, every 8–12 weeks for months 3 to 6, then every 12 weeks to monitor for bone marrow and liver toxicity

Contraindications

- Persons who are contemplating becoming pregnant or who are not using adequate contraception.
- Persons who are pregnant or lactating.
- Liver disease or excessive alcohol intake.
- GFR < 30 ml/min