



SPECIAL ARTICLE

Recommendations for the use of methotrexate in patients with juvenile idiopathic arthritis^{☆,☆☆}



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KEYWORDS

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Abstract

Objectives: To develop a consensus document of recommendations for the use of methotrexate (MTX) in patients with juvenile idiopathic arthritis (JIA).

Material and method: A group of eleven experts proposed several clinical questions on the use of MTX in patients with JIA. A systematic review was conducted and the evidence and recommendations for each question were extracted. The results were discussed and validated by the experts in a work session to establish the final recommendations.

Results: MTX is recommended as the first drug for inducing remission in JIA, and its indication should be made according to the clinical category of the patient. Prior to treatment, it is recommended to perform a complete blood count, including white cells, levels of liver enzymes, serum creatinine, and other analytical parameters according to specific risk factors. Treatment should be initiated with a dose of 10–15 mg/m²/week. In cases of uveitis or polyarthritis, an

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PALABRAS CLAVE

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initial dose of 15 mg/m²/week should be considered. For a better bioavailability and tolerability, it is preferable to administer MTX parenterally if the dose is ≥ 15 mg/m²/week. It is necessary to periodically perform an analytical monitoring of the patient and to assess possible alterations in liver enzymes to make changes if necessary. Combinations with biological agents may be necessary, as well as the concomitant addition of folic or folinic acid.

Conclusions: This document describes the main recommendations for the appropriate use of MTX in JIA patients, according to scientific evidence and clinical experience.

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Recomendaciones para el uso de metotrexato en pacientes con artritis idiopática juvenil

Resumen

Objetivos: Elaborar un documento de recomendaciones consensuadas para el uso de metotrexato (MTX) en pacientes con artritis idiopática juvenil (AIJ).

Material y método: Un grupo de 11 expertos planteó diversos interrogantes clínicos en el uso de MTX en pacientes con AIJ. Se realizó una revisión sistemática y se extrajeron las evidencias y recomendaciones para cada pregunta. Los resultados fueron valorados y consensuados por los expertos en una sesión presencial para establecer las recomendaciones finales.

Resultados: Se recomienda el MTX como primer fármaco inductor de remisión en AIJ, cuya indicación se realizará según la categoría clínica del paciente. Previo al tratamiento se recomienda evaluar un hemograma que incluya recuento leucocitario, niveles de enzimas hepáticas y creatinina sérica, así como otros parámetros analíticos conforme a factores de riesgo específicos. El tratamiento se iniciará con dosis de 10–15 mg/m²/semana. En casos de uveítis o poliartritis se valorará una dosis inicial de 15 mg/m²/semana. Para una mejor biodisponibilidad y tolerabilidad, se administrará preferentemente por vía parenteral si la dosis es ≥ 15 mg/m²/semana. Se deberá realizar un seguimiento analítico del paciente periódicamente y evaluar posibles alteraciones en enzimas hepáticas para realizar cambios si fuera preciso. La combinación con biológicos puede ser necesaria, además del uso concomitante de ácido fólico o folínico.

Conclusiones: Este documento recoge las principales recomendaciones para el empleo adecuado de MTX en pacientes con AIJ, de acuerdo a la evidencia científica y a la experiencia clínica.

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Introduction

Juvenile idiopathic arthritis (JIA) is an inflammatory arthropathy that comprehends 7 subtypes based on the classification of the International League of Association for Rheumatology (ILAR).¹ These subtypes differ in their pathophysiology, clinical features, and treatment.

Juvenile idiopathic arthritis is a chronic disease that impairs the functional capacity and quality of life of affected individuals, and thus it is important that it be diagnosed and treated early.

The pharmacological treatment of JIA depends on the subtype and severity of the disease, with frequent use of disease-modifying antirheumatic drugs (DMARDs) as monotherapy or in combination with oral and intra-articular non-steroidal anti-inflammatory drugs (NSAIDs) and glucocorticoids (GCs). Early introduction of DMARDs—methotrexate (MTX) being one of them—may help prevent disease progression.

The use of MTX in patients with JIA is recommended due to its proven efficacy and safety profile.² However, despite being the DMARD most frequently used for JIA³ and having been available for many years, certain points pertaining to its management in clinical practice are still in question. Thus, the aim of this study was to establish consensus-based clinical and therapeutic recommendations for the management of MTX in patients with JIA.

Methods

We set up a guideline-developing group (GDG) consisting of three coordinators and eight specialists in paediatric rheumatology, all members of the Sociedad Española de Reumatología Pediátrica (Spanish Society of Paediatric Rheumatology [SERPE]). The GDG formulated the clinical questions pertaining to MTX management applying the PICO framework (patient, intervention, control and outcome).

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