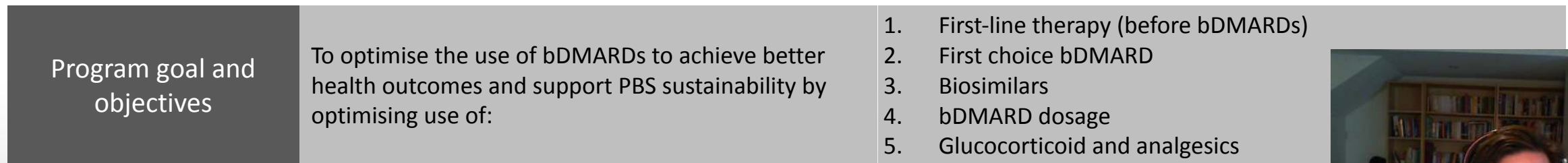
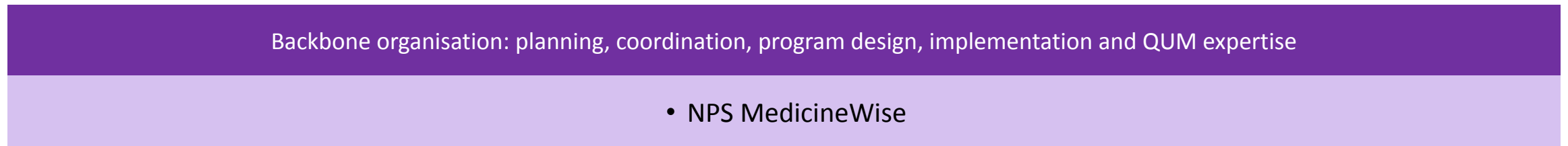


Partnership model to address misconceptions and optimise first-line therapy for rheumatoid arthritis



Optimise first-line therapy

Methotrexate recommended 1st line therapy

- Barriers and enablers to optimal use identified through
 - interviews
 - surveys
 - desktop research
- Working group prioritised factors and applied behavioural change framework

To optimise the use of bDMARDs to achieve better health outcomes and support PBS sustainability

Consumers

- Misinformation, misconceptions and fears about methotrexate
- Promulgated on social media and networks
- Reinforced in some encounters with community pharmacists and hospitals

Clinicians

- Time spent addressing patient concerns due to misconceptions, such as methotrexate is cytotoxic

Hospitals

- Hospital policies on methotrexate handling may exacerbate the problem

Outcome

- Reduced adherence
- Increased expectations of alternative therapy



- Working group prioritised factors, applied behavioural change framework and agreed targeted interventions.
- Interventions were scoped, developed and tested with consumers and clinicians, and implemented via Alliance channels

Consumers

- Consumer lived experience video providing reflections
- Fact sheet addressing myths

Rheumatologists

- Methotrexate action plan for patients providing framework for discussion
- Podcast with expert

Pharmacists

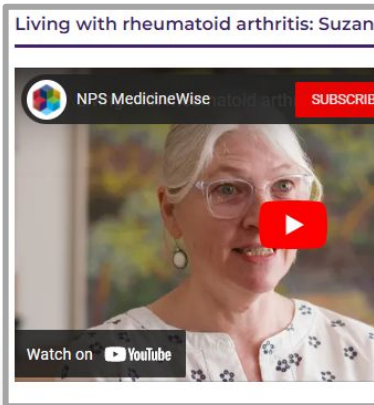
- Webinars with expert panel
- Practice audit tool for real world reflection

Hospitals

- Position statement on use of low-dose methotrexate in hospitals

Outcome

- Improved adherence
- Improved persistence
- Better outcomes on first-line therapy



LOW-DOSE METHOTREXATE FOR RHEUMATOID ARTHRITIS AND PSORIATIC ARTHRITIS

Rheumatoid arthritis (RA) and psoriatic arthritis (PsA) are long-term conditions where the body's immune system mistakenly attacks healthy tissues such as the joints and skin. This causes inflammation, leading to symptoms such as joint pain and swelling.

Methotrexate acts to control the disease
Methotrexate doesn't just block pain and other symptoms of RA and PsA. It interrupts the activity of the immune system, slowing the disease and reducing inflammation.

Early treatment with methotrexate within 1 month of symptoms appearing can:

- stop the disease from getting worse
- reduce the chance of long-term joint damage caused by uncontrolled inflammation
- improve symptoms such as joint pain, swelling and stiffness.

Methotrexate

- is usually taken as a **tablet**
- is usually taken on a **Monday**
- is usually taken as a **tablet**
- is usually taken on a **Monday**

Focus on facts

Fact	Fact	Fact	Fact
Methotrexate is safe and effective at low doses for RA and PsA. It's not considered chemotherapy at these doses.	Methotrexate can be safely taken with non-steroidal anti-inflammatory drugs (NSAIDs).	Methotrexate is safe and effective at low doses for RA and PsA. It's not considered chemotherapy at these doses.	Methotrexate is safe and effective at low doses for RA and PsA. It's not considered chemotherapy at these doses.
Myth Low-dose methotrexate is chemotherapy.	Myth Methotrexate should not be taken alongside NSAIDs.	Myth Methotrexate should not be taken alongside NSAIDs.	Myth Methotrexate should not be taken alongside NSAIDs.

Other conditions
You will be monitored for heart disease, lung disease and skin cancer. All of these conditions with RA and PsA. Annual skin checks are recommended.

Reproductive health
You should have specialist advice if you plan to have children.

Targeted Therapies Alliance
Helping consumers and health professionals make safe and effective decisions about biological disease-modifying antirheumatic drugs (bDMARDs) and other novel medicines. Funded by the Australian Government Department of Health through the Victorian Research bDMARDs Program Grant.

Arthritis Australia | **NPS MEDICINEWISE**

ACTION PLAN

METHOTREXATE

achieve your treatment goals.

When to contact my doctor

Use the action plan to discuss methotrexate with your rheumatologist and plan the best way to take your medicine.

When to contact my doctor

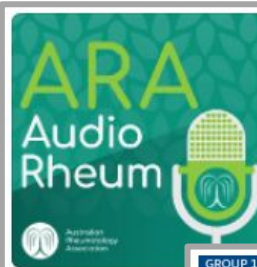
- I have any new infections. Signs of infection include a fever or painful skin or wounds, easy bruising, difficulty swallowing or a dry cough.
- I have any new symptoms. Signs of infection include a fever or painful skin or wounds, easy bruising, difficulty swallowing or a dry cough.

When to contact my doctor

- I have any new symptoms. Signs of infection include a fever or painful skin or wounds, easy bruising, difficulty swallowing or a dry cough.

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The contemporary role of methotrexate and glucocorticoids in RA.

ARA Audio Rheum

Medicine

Webinar: Rheumatoid arthritis - bDMARDs

1 hour

Webinar

2 Activities

Addressing methotrexate myths and improving biosimilar understanding

Practice Audit Tool

MTX and bDMARDs

Optimising use of rheumatoid arthritis

This activity facilitates practice improvement for pharmacists counselling to RA patients

Supporting safe practices for low-dose methotrexate

Position Statement on the use of low-dose methotrexate

Version 1 - October 2020

CATAG

