

Appendix to BSR/BHPR guideline for disease-modifying anti-rheumatic drug (DMARD) therapy published in April 2008

August 2010

1. The consensus is that we will need to state in our guideline – perhaps, where we mention pregnancy etc, that in view of recent evidence about the duration of the drug survival in liver tissue, **the minimum period for discontinuing methotrexate for potential parents (male and female) should be no less than 4- months.**
2. **FOLATE SUPPLEMENTATION IN PREGNANCY:** Patients who have been on methotrexate prior to falling pregnant may continue to take folic acid in the preconception period and during the first trimester. (Reference: BNF September 1997)
3. **BREAST FEEDING:** It is contraindicated. May be we could add this in the original document where we mention Caution and Contra indication. (Ref: Lopez et al Clin.Exp.Rheumatol 2009;27:678-684)
4. **GENETIC COUNSELLING:** Although SPC recommends that patients (male or female) are advised to consult a genetic counselling centre; there is no hard evidence provided that this should be the case in potential patients requiring methotrexate therapy. (Ref: French et al, Can. Family Physician,2003;49;577-578 & Estop et al Am. J. Human Genetics 1992;51:A314)
Therefore the guideline committee would NOT recommend such a process at the current moment until further evidence is available.