

Audit on Initiating and Monitoring Methotrexate in the George Elliot Rheumatology Clinic

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Background

Methotrexate is a first line agent used in various conditions. Its immunosuppressive effects are well documented as well as its adverse reactions. The British Society of Rheumatology (BSR) has released guidelines on initiation and monitoring of Methotrexate. Patients should have a chest X ray before initiating treatment along with bloods including FBC, LFT, U&E, ESR, CRP. Bloods should be also be monitored every 2 weeks for 8 weeks then monthly after starting Methotrexate. Once stable blood monitoring can be done every 2 to 3 months.

Methods

20 patients were selected randomly from rheumatology department who were recently started on Methotrexate. A search was then performed on the review system of George Eliot Hospital Nuneaton and following categories were made to see if

- 1-Pre-treatment CXR done
- 2-Pretreatment blood tests done
- 3-Post treatment initiation monitoring of blood tests done
- 4-Folic acid was co-prescribed

Results

95% of patients had a CXR done before starting, 5% (1 patient) did not, but it was due to the patient already having a previous CT scan prior to initiation.

100% patients had bloods done before starting

100% of patients has bloods done after starting.

100% of patients have been co-prescribed Folic acid.

Key Messages

The results of the audit are reassuring with the guidelines being followed and acted upon. However, there is a need to continue the high standards that have been set and therefore a continuation of current practice is recommended with some adjustments to improve the service

