

Methotrexate effective for maintenance of remission in Crohn's disease

Clinical question	How effective is methotrexate for maintenance of remission in Crohn's disease?
Bottom line	<p>Methotrexate (15mg/week) injected intramuscularly for 40 weeks is an effective treatment (NNT* 4) for preventing relapse among patients whose disease became inactive while taking higher doses of intramuscular methotrexate (25mg/week). Side effects occurred in a small number of patients. These side effects were usually mild in nature and included nausea and vomiting, cold symptoms, abdominal pain, headache, joint pain and fatigue. Methotrexate (12.5 to 15mg/week) taken orally was not shown to be an effective treatment for inactive Crohn's disease.</p> <p>* NNT = number needed to treat to benefit 1 individual</p>
Caveat	<p>The 3 studies differed significantly with respect to methodology. Two studies investigated the efficacy of methotrexate compared to placebo. Two studies looked at methotrexate compared to 6-mercaptopurine, and also investigated oral methotrexate compared to 5-ASA. One well-designed trial provided evidence that methotrexate at a dose of 15mg intramuscularly weekly is safe and effective for maintenance of remission in quiescent Crohn's disease. The other 2 studies suggested methotrexate is safe, but failed to show a benefit for lower doses given orally.</p>
Context	<p>Safe and effective long-term treatments that reduce the need for corticosteroids are required for Crohn's disease. Although purine antimetabolites (such as azathioprine and 6-mercaptopurine) are moderately effective for maintenance of remission, patients often relapse despite treatment with these agents. Methotrexate may provide a safe and effective alternative to more expensive maintenance treatment with tumour-necrosis factor-α antagonists (such as infliximab).</p>
Cochrane Systematic Review	Patel V et al. Methotrexate for maintenance of remission in Crohn's disease. Cochrane Reviews 2009, Issue 4.

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

View PEARLS online at:

- www.cochranepriarycare.org

Article No. CD006884. DOI:
10.1002/14651858.CD006884.pub2.

This review contains 3 studies involving 226 participants.
PEARLS No. 227, February 2010, written by Brian R
McAvoy.

PEARLS No. 227, December 2009, written by Brian R McAvoy

[References]



COCHRANE
PRIMARY HEALTH
CARE FIELD

PEARLS are succinct summaries of Cochrane Systematic Reviews for primary care practitioners. They are funded by the New Zealand Guidelines Group.

PEARLS provide guidance on whether a treatment is effective or ineffective. PEARLS are prepared as an educational resource and do not replace clinician judgement in the management of individual cases.

View PEARLS online at:

- www.cochranepriarycare.org