

Methotrexate Therapy During the COVID-19 Pandemic is not a Reason for Concern

Zainab A. Jafri¹, Shikha Walia², Mirjana G. Ivanic³, Jashin J. Wu⁴

¹Arizona College of Osteopathic Medicine, Glendale AZ, U.S.A. ²Lake Erie College of Osteopathic Medicine, Bradenton, FL, U.S.A. ³Meharry Medical College, School of Medicine, Nashville, TN, U.S.A. ⁴Dermatology Research and Education Foundation, Irvine, CA, U.S.A

Objective

- Evaluate whether the use of immunosuppressive agents increases risks for morbidity and mortality in patients infected with COVID-19.
- Evaluate risk for patients continuing and initiating MTX therapy during the COVID-19 pandemic.

Methods

- This narrative analysis included manually reviewing PubMed.
- Keywords such as, "methotrexate", "coronavirus", "COVID-19", and "SARS-Cov-2" were utilized within the review.

Discussion

There is insufficient data on methotrexate use during the COVID-19 pandemic. Studies from previous outbreaks of SARS and MERS can be used to make case-by-case decisions on patients, with use of expert opinions.

In addition, there is limited literature, discussing strong rationale for use of high dose methotrexate for the treatment of SARS-CoV-2 associated inflammatory syndromes.²

If starting a new patient on MTX during this time, it is important to evaluate the individual patient's risk-benefit profile thoroughly. Severity of signs and symptoms of COVID-19 should be assessed in all patients (Table 2).

All patients should take precautions in minimizing exposure with hand-washing, social distancing, and mask utilization.

Table 2

Most common symptoms
Fever
Dry Cough
Fatigue
Sputum production
Shortness of breath
Loss of taste and smell
Sore throat
Headache
Myalgia
Chills
Nausea or vomiting

Background and Purpose

- The COVID-19 pandemic has created an unprecedented healthcare setting for both physicians and patients, creating a challenging decision-making environment for Dermatologists
- Methotrexate (MTX), a dihydrofolate reductase inhibitor, is a commonly prescribed oral immunosuppressive agent by Dermatologists.
- MTX inherently increases susceptibility to infection secondary to its immunosuppressive properties.
- MTX is not without adverse effects, some of which include hepatotoxicity, nausea, and leukopenia. Of these, the most concerning is increased risk of infection during these times due to fear of exacerbating COVID-19-related pneumonia.
- It remains unknown to what extent SARS-CoV-2 infection impacts chronic inflammatory skin diseases and their treatments.¹
- It is imperative to evaluate the use of MTX during the COVID-19 pandemic to determine the effect on patient safety and provide perspective on use for Dermatologists.

Results

- Literature review demonstrated limited data regarding COVID-19 infection and methotrexate use specifically. Thus, other studies were utilized to assess safety of MTX.
- The 2002 SARS outbreak and MERs demonstrated no deaths in patients receiving immunosuppressive agents, at any age.¹
- A study conducted on rheumatoid arthritis patients taking MTX looked at respiratory infections requiring hospital admission. No difference was shown in mortality rates between patients taking MTX and patients not taking MTX. The study recommended continuing MTX in patients with hospitalized with mild infections³
- Within the pediatric population, a study was conducted which derived recommendations for MTX use in patients with covid exposure. (Table 1)

Table 1

COVID-19 Status	Recommendation
No symptoms	76% recommend continuation of MTX
Test + for COVID-19	89% recommend temporary discontinuation of MTX
Close exposure risk, but not tested	76% recommend temporary discontinuation of MTX

References

1. Gisondi P, Piaserico S, Conti A, Naldi L. Dermatologists and SARS-CoV-2: the impact of the pandemic on daily practice. Journal of the European Academy of Dermatology and Venereology. 2020;34(6):1196–201.
2. Safavi F, Nath A. Silencing of immune activation with methotrexate in patients with COVID-19. J Neurol Sci [Internet]. 2020 May 25 [cited 2020 Jun 23]; Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7247505/>
3. McLean-Tooke A, Aldridge C, Waugh S, Spickett GP, Kay L. Methotrexate, rheumatoid arthritis and infection risk—what is the evidence? Rheumatology (Oxford). 2009 Aug 1;48(8):867–71.
4. Wang C, Rademaker M, Baker C, Foley P. COVID-19 and the use of immunomodulatory and biologic agents for severe cutaneous disease: An Australian/New Zealand consensus statement. Australas J Dermatol. 2020 Apr 7
5. Karadag AS, Aslan Kayiran M, Lotti T, Wollina U. Immunosuppressive and immunomodulator therapy for rare or uncommon skin disorders in pandemic days. Dermatol Ther. 2020 May 27;e13686.