



MEDICAL THERAPIES AND PHARMACOLOGY

## **QUALITY IMPROVEMENT: ADHERENCE TO BRITISH SOCIETY OF DERMATOLOGY (BAD) GUIDELINES FOR METHOTREXATE MONITORING IN A SECONDARY CARE CENTRE IN THE UNITED KINGDOM**

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Methotrexate has been used for over 40 years in the management of many inflammatory and autoimmune skin diseases. British Society of Dermatology (BAD) 2016 methotrexate guidelines recommend baseline screening tests and then repeating full blood count, liver function tests and urea and electrolytes every 1–2 weeks for the first month, until a steady dosing regimen is achieved. These investigations should then be repeated every 2–3 months. Patients with renal insufficiency or elderly may need closer monitoring. PIIINP should be repeated every 3 months.

This project was designed to improve adherence to BAD methotrexate monitoring guidelines at our institution.

An audit of adherence to the guidelines was undertaken. Following presentation of the findings and a workshop between medical and nursing Dermatology team members a methotrexate monitoring sheet was designed to improve adherence to the new BAD guidelines. Comparison of pre-intervention and post-intervention adherence was then performed.

20 patients were in the pre-intervention group. 12 female and 8 male. Methotrexate was licensed in 15 patients. 2 patients were compliant with the recent BAD guidelines in terms of monitoring. Most were being over-investigated, having blood investigations too frequently.

12 patients were in the post-intervention group. 7 female and 5 male. Methotrexate was licensed in 10 patients. In the post intervention group all patients were compliant with the BAD methotrexate monitoring guidelines.

Adherence to guidelines can be improved by using a drug monitoring sheet. If nursing staff are involved in monitoring it is important that they are involved in the design of these aids. We plan to replicate this project for other systemic therapies.

