Real-life practice of methotrexate toxicity monitoring in juvenile idiopathic arthritis in Germany, Switzerland and Austria: results of a cross-sectional assessment conducted in 2012

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Online-questionnaire

Monitoring of methotrexate treatment in juvenile idiopathic arthritis

1. How long have you been treating pediatric patients with rheumatologic diseases?

since less than 1 year

since more than 1 year

since 1 - 2 years

since 2 - 3 years

since 3 - 5 years

since 5 - 10 years

since more than 20 years

2. How many pediatric patients did you treat with methotrexate within the last 12 months?

less than 10 patients

10 - 24 patients

25 - 49 patients

50 – 100 patients

more than 100 patients

more than 150 patients

more than 200 patients

3. Which guidelines do you follow to monitor MTX toxicity?

guideline: interdisciplinary S2 guideline for JIA

none

others (as free text): [Free text]

4. Do you give folic acid for the prevention of side effects to every MTX-patient?

yes, always

no, only in case of: gastrointestinal complaints

abnormal hematological values

abnormal liver function tests / elevation of liver enzymes (ALAT,

ASAT, GGT)

5. Do you carry out the following examinations during the current MTX-therapy (not before the beginning of therapy)?

pulmonary function test: yes / no

actual interval: monthly

every 2 – 3 months every 4 – 6 months every 7 – 12 months rarer than yearly only by complaints other interval abdominal sonography: yes / no

actual interval: monthly

every 2 – 3 months every 4 – 6 months every 7 – 12 months rarer than yearly only by complaints other interval

renal sonography: yes / no

actual interval: monthly

every 2 – 3 months every 4 – 6 months every 7 – 12 months rarer than yearly only by complaints other interval

liver sonography: yes / no

actual interval: monthly

every 2 – 3 months every 4 – 6 months every 7 – 12 months rarer than yearly only by complaints other interval

cardiac echo: yes / no

actual interval: monthly

every 2 – 3 months every 4 – 6 months every 7 – 12 months rarer than yearly only by complaints other interval

complete blood count: yes / no

actual interval: monthly

every 2 – 3 months every 4 – 6 months every 7 – 12 months rarer than yearly only by complaints other interval

liver enzymes (ALAT, ASAT, GGT):

yes / no

actual interval: monthly

every 2 – 3 months every 4 – 6 months every 7 – 12 months rarer than yearly only by complaints other interval serum creatinine: yes / no

actual interval: monthly

every 2 – 3 months every 4 – 6 months every 7 – 12 months rarer than yearly only by complaints other interval

urinanalysis: yes / no

actual interval: monthly

every 2 – 3 months every 4 – 6 months every 7 – 12 months rarer than yearly only by complaints other interval

6. Did you conduct the following examinations and did you discontinue them in the process?

pulmonary function test: yes / no

discontinued, because: too high cost

poor evidence poor consequence bad cost-benefit ratio

poor compliance of the patients

missing guidelines

abdominal sonography: yes / no

discontinued, because: too high cost

poor evidence poor consequence bad cost-benefit ratio

poor compliance of the patients

missing guidelines

renal sonography: yes / no

discontinued, because: too high cost

poor evidence poor consequence bad cost-benefit ratio

poor compliance of the patients

missing guidelines

liver sonography: yes / no

discontinued, because: too high cost

poor evidence poor consequence bad cost-benefit ratio

poor compliance of the patients

missing guidelines

cardiac echo: yes / no

discontinued, because: too high cost

poor evidence poor consequence bad cost-benefit ratio

poor compliance of the patients

missing guidelines

complete blood count: yes / no

discontinued, because: too high cost

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liver enzymes (ALAT, ASAT, GGT):

yes / no

discontinued, because: too high cost

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serum creatinine: yes / no

discontinued, because: too high cost

poor evidence poor consequence bad cost-benefit ratio

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urinanalysis: yes / no

discontinued, because: too high cost

poor evidence poor consequence bad cost-benefit ratio

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