Management of Patient During Stress: Prednisone in large doses may produce adrenal atrophy. The physician should assume the continued therapy with prednisone, similar to theraphy with cortisone and hydrocortisones, will result in some depression of adrenocortical function. It may be advisable to institute rest periods and to stimulate adrenocortical function by the use of ACTH. If, after long-term therapy, the drug is to be stopped, it is recommended that it be withdrawn gradually rather than abruptly. However, a potentially critical degree of adrenal insufficiency may still persist, and for at least six months hydrocortisone in increased dosage proportionately much larger than the previously used prednisone should be administered if the patient is subjected to shock or significant stress such as surgery or trauma. Also, if a patient is subject to unusual stress, during prednisone therapy it should be continued usually in markedly increased dosage at least for the duration of the stress and immediately following it.

Supervision of Patient Following Prednisone Therapy: Continued supervision of the patient after discontinuation of prednisone is essential because there may be a reappearance of severe manifestations of the disease for which the patient was treated.

Clinical Effects: In rheumatoid arthritis initial benefit from prednisone has usually been seen in a day or two, diminution in subjective distress occurring promptly. The appetite improves rapidly, energy reappears, and a feeling of well-being develops. Objective conditions, such as joint involvements and pain on motion, recede gradually. The extent of return to normal is limited by the degree of irreversible pathological changes present.

Elevated sedimentation rates are decreased usually with a drop to or near normal. Low hematocrit and hemoglobin values tend to increase when prednisone is administered.

Discontinuance of therapy usually results in a return of symptoms in a few days.

Dosage and Administration: The suggested suppressive dosage for severe rheumatoid arthritis is 30 mg. (six 5 mg. tablets) per day. In less severe cases, 20 mg. (four 5 mg. tablets) per day will generally suffice. The suppressive dosage should be continued until a good response is noted. This will usually be three or four days, but this dosage may, if necessary, be continued for as long as seven days. If no response is noted within seven days, consideration should be given to the question of whether or not the disease under treatment is true rheumatoid arthritis.

Maintenance: Gradual reduction in dosage every 5 to 6 days by steps of 5 mg. (5 to 20 mg. daily provides adequate maintenance therapy for many patients).

How Supplied: In bottles of 30, 100 and 1,000 multiple-compressed monogrammed white tablets.

SALCORT

Composition: Each pink tablet contains:

Cortisone acetate	2.5	mg.
Sodium salicylate	0.3	Gm.
Aluminum hydroxide gel, dried	0.12	Gm.
Calcium ascorbate (equivalent to 50 mg. ascorbic acid)	60	mg.
Calcium carbonate	60	mg.

Prescribing information for Salcort which appears on page 812 of the 1967 PHYSICIANS' DESK REFERENCE has been revised and is completely replaced by the following. The nature and extent of the additions and other revisions in the monograph are emphasized by use of italics.

Action and Uses: Salcort is indicated in common rhetumatic disorders and as a means of adjusting corticosteroid dosages in treating chronic cases of rheufatic disease. The complementary corticosteroid-salicylate supplemented with vitamin C provides effective corticosteroid therapy for a wid range of common rheumatic disorders with minimum risk of undesirable side effects. Salcort is of particular value for patients not responding to salicylates alone and with those in whom a larger does of corticosteroid is neither necessary nor advisable.

Administration and Dosage: Maintenance dosage may require from 6 to 8 tablets to as little as 3 or 4 tablets daily, depending on severity of symptoms. Acute stages may require a high dosage of 4 tablets four times daily for two or three days, or until the acute episode subsides.