titis, pruritus, urticaria, angioneurotic edema, skin rashes, and edema.

Extensive laboratory examinations have been made during treatment with INDOCIN. A slight, usually transient, increase in BUN has been reported in some patients. Although two investigators have reported apparent changes in renal function, the reliability of the techniques used was uncertain. The preponderance of evidence indicates that INDOCIN does not have an adverse effect on renal function. Nevertheless, renal function should be checked periodically in patients on long term therapy. Patients with pre-existing renal disease have received INDOCIN without difficulty.

A few cases of leukopenia have been reported in patients with rheumatoid arthritis; leukopenia is not uncommon in this disease.

Transient elevations in alkaline phosphatase, cephalin-cholesterol flocculation, and thymol turbidity tests have been observed in some patients and, rarely, elevations of SGOT values. The relationship of these changes to the drug, if any, has not been established.

Unlike steroids, INDOCIN has not been associated with an increased incidence of infections.

As with any new drug, patients should be followed carefully to detect unusual manifestations of drug sensitivity.

INDOCIN®
(Indomethacin)

DOSAGE AND ADMINISTRATION

INDOCIN is available as 25 mg. capsules for oral use.

In chronic disorders treatment should be started with a dosage of 25 mg. two or three times a day. Starting therapy with low doses, with gradual increases when necessary, will produce maximum benefit and minimize adverse reactions. Always give INDOCIN with food or immediately after meals to reduce gastric irritation.

Dosage Recommendations for:

1. *Rheumatoid arthritis and rheumatoid (ankylosing) spondylitis*

Initial dosage: 25 mg. two or three times a day. If the response is not adequate, increase the daily dosage by 25 mg. at about *weekly* intervals until a satisfactory response is obtained or a dosage of 150 to 200 mg. a day is reached. If a satisfactory response is not obtained with 200 mg. a day, larger doses probably will not be effective.

If adverse reactions develop as the dosage is increased, decrease to a tolerated level and maintain at that dosage for 3 to 4 weeks. If an adequate response has not then been obtained, gradually increase the daily dosage by 25 mg.