Variations in treatment based on other factors

The data were evaluated in relation to age of the physician, size of the locality in which the physician practiced, and the geographic location on a national basis. Of the 5,694 physicians who reported treatment of patients with rheumatoid arthritis, one-fifth were in cities of 500,000 or more population and one-sixth in communities of under 5,000 (Fig. 3).

Physicians in smaller cities and towns prescribed indomethacin more frequently than did physicians in larger cities: 55% of physicians in areas of under 5,000 persons, but only 38% of those in cities of 500,000 people or more, prescribed indomethacin. On the other hand, physical therapy and surgery were employed more frequently in the larger cities than in communities of under 5,000 population.

The methods of treatment varied with the age of the physician, but only a couple features were rather prominent. Physicians age 65 years or older used gold only about half as frequently as did those age 64 or younger. Physicians 35 to 64 years of age used gold therapy with about the same frequency. Physicians under 35 years of age used adrenal steroid hormones less frequently than did the middle-aged and older physicians. However, the younger physicians used indomethacin and surgery considerably more often than did the physicians age 65 or over.

Results of treatment

Obviously, the most difficult evaluation is that related to the results of treatment. The questionnaire made no attempt to provide any more than a crude estimate by the attending physicians as to the nature of the response. Physicians were asked to estimate the percentage of patients who apparently recovered, showed improvement, and showed no improvement and in whom the condition was arrested. The results of this evaluation are shown in Table 2. Approximately two-thirds of the patients who were treated either showed improvement or apparently recovered.