I think that the combination Indomethacin-Dexamethasone is very effective because Indomethacin has a steroid sparing effect and the action of both drugs is potentiated.

[Translation]

Dr. Osvaldo García Morteo, Head of Rheumatology, Rheumatological Department, Ward 20, Rivadavia Hospital, Sânchez de Bustamante 2560—Buenos Aires—Rep. Argentina, Secretary of the Argentine Society of Rheumatology:

(1) Question: In the light of your extensive experience in the management of diseases for which indomethacin is indicated, do you consider that the introduction of indomethacin has contributed to the management of your patients?

Answer: In some rheumatic conditions the introduction of indomethacin has contributed to the management of the patients. In some patients with rheumatoid arthritis it has been able the use of lower doses of corticosteroids and sometimes it was possible the withdrawal of these drugs. In patients with acute inflammatory exacerbations may be a good approach.

(2) Question: Do you find that indomethacin enables you to obtain results in some of your patients that were difficult to obtain prior to its introduction?

Answer: Yes. Some patients have a therapeutic response not obtained previously with other anti-rheumatic drug. Is useful in rheumatoid spondilities and in some inflammatory conditions of the soft tissues. Irregular results were obtained in acute gout. Sometimes indomethacin is ineffective.

(3) Question: If so, can you explain those areas in which the drug has been most helpful to you?

Answer: Its possibility of long time administration made of indomethacin, a drug which is useful in the treatment of R.A. and osteoarthritis. The administration of indomethacin, when the patient goes to bed produce an improvement of morning stiffness. Indomethacin is better tolerated when is administered by rectal route than by oral route.

[Translation]

Dr. Ana Porrini, Rheumatologist of the Department of Rheumatology, Ward 20, Rivadavia Hospital, Sânchez de Bustamante 2560, Buenos Aires, Rep. Argentina:

(1) Questions: In the light of your extensive experience in the management of diseases for which indomethacin is indicated, do you consider that the introduction of indomethacin has contributed to the management of your patients?

Answer: Yes.

(2) Question: Do you find that indomethacin enables you to obtain results in some of your patients that were difficult to obtain prior to its introduction?

Answer: Yes.

(3) Question: If so, can you explain those areas in which the drug has been most helpful to you?

Answer: (a) In R.A.: Sometimes alone, associated to a basic plan of treatment which includes ASA, exercises and resting. Sometimes it is possible the reduction of steroid drugs.

(b) In Osteoarthritis.

(c) In Rheumatoid spondilitis: In my opinion, phenilbutazone is the selected drug in this condition but, however, I think that indomethacin is more useful in this case.

(d) In non articular rheumatic conditions: specially tendinitis of the shoulder and dorsal and lumbar fibrositis.

(e) In gout: In acute gout the results were not satisfactory; in these patients there were important side effects attributable to the use of high doses. Good results were found in some patients with chronic gout.

CAPETOWN/KAAPSTAD,
April 23, 1968.

I have not had the facilities to conduct controlled studies of Indomethicin, but from 1964 I have had an extensive experience with this drug in the Arthritis Clinic of the Teaching Hospital of the University of Cape Town as well as in private practice.