Dr. Arthur Dobkin: "I have found 'Indocin' to be beneficial in a selected and limited number of arthritis patients."

Dr. Jack Zuckner: "If there is a doubt about Indocin in the treatment of rheumatoid arthritis, I believe that double blind studies should give the most reliable information in its efficacy."

Dr. E. G. L. Bywaters: "I feel that this drug is useful in certain patients with rheumatoid arthritis and has about the same potency as aspirin. It is, however, more expensive and we therefore tend to use it when patients cannot tolerate aspirin and sometimes to wean them off steroid medication. . . . It seems useful also in ankylosing spondylitis and we have used it there in such cases who have developed intolerance to phenylbutazone. * * *"

Dr. Harry F. Klinefelter: "* * * I have found Indocin very helpful in a limited number of arthritics who have not responded to other medication, such as aspirin. Butazalidin and Tachearil. There are a small number of people with rheumatoid arthritis who do extremely well on Indocin, and if they respond, they respond to doses of 75 mg. a day or less."

In addition, Mr. Gadsden, during the course of his testimony, made the following statement:

"I would furthermore like to call your attention to a quotation of 1967 from the recognized publication, NEW DRUGS, as published by the AMA. It says that because 'Indocin' has produced relief in acute attacks within 48 hours, and because it lacks untoward effects of Colchicine, some physicians consider it to be the drug of choice for these attacks."

The complete paragraph from the AMA 1967 publication from which the excerpt was taken and which presents a more limited picture of the drug's uses is as follows:

"Indomethacin produces anti-inflammatory effects in patients with gout and may be as effective as phenylbutazone in its promptness of action an the degree of relief it provides. Because it has produced relief in acute attacks within 48 hours, and because it lacks the untoward effects of colchicine, some clinicians consider it to be the drug of choice for these attacks; however, controlled trials are needed to determine how its effectiveness compares with that of colchicine. Indomethacin may be useful as a supplement to colchincine in the management of severe cases of gout. Whether it is useful as a prophylactic agent in gouty arthritis remains to be established."

[From the Medical Letter, vol. 10, No. 10, May 17, 1968]

INDOMETHACIN (INDOCIN)

Indomethacin (Indocin-Merck) is widely used as an anti-inflammatory analgesic drug in the treatment of rheumatoid arthritis and spondylitis, osteoarthritis, and gout (Medical Letter, Vol. 7, p. 89, 1965). Enthusiastic reports of its effectiveness followed the introduction of the drug in 1965, but many of the reports published since that time have been much less enthusiastic, some even questioning whether the drug was more effective than placebo.

In the mass of conflicting studies of indomethacin, not many have been controlled and very few of the controlled studies have been so designed as to give clear answers about the usefulness of the drug. Frequently other drugs were used simultaneously and doses varied widely. The numerous uncontrolled studies have generally ignored the variable course of rheumatic disorders and the effectiveness of placebos in many patients. On the basis of both published reports and their own experience, Medical Letter consultants believe that indomethacin is a useful drug, but that its usefulness is limited by its frequent and sometimes severe side effects.

Rheumatoid arthritis.—Indomethacin appears to have about the same anti-inflammatory and analgesic effectiveness as aspirin in patients with rheumatoid arthritis (R. S. Pinals and S. Frank, New Eng. J. Med., 276:512, 1967). Aspirin is better tolerated by most patients and it remains the drug of first choice for rheumatoid arthritis. Indomethacin is not as hazardous as the corticosteroids, gold, or phenylbutazone (Butazolidin), however, and it is worth a trial in patients who cannot tolerate aspirin. Some investigators have observed additive effects when indomethacin was given along with aspirin; other investigators have observed no additive effects (The Cooperating Clinics Committee of the Amer. Rheum. Assn., Clin. Pharmacol. Ther., 8:11, 1967).