PHARMACOLOGY

In man, indomethacin is absorbed promptly following oral administration, and peak plasma levels occur within two hours. About 90% of a single dose is excreted in 24 to 48 hours; approximately two thirds of this amount is excreted in the urine as the glucuronide and the remainder is excreted in the feces.

DOSAGE AND PREPARATIONS

Route of administration.—Oral.

Dosage.—To minimize adverse reactions, small doses of indomethacin are given initially; when necessary, the size of the dose is then gradually increased until an effective level is reached.

In *rheumatoid arthritis, ankylosing spondylitis,* and *degenerative joint disease of the hip,* the initial dose is 25 mg. two or three times daily. If the patient does not respond, this dose is increased at weekly intervals by increments of 25 mg. a day until a satisfactory response is obtained or until a daily dose of 150 to 200 mg. is reached; larger doses are not recommended. If adverse reactions occur, the drug should be discontinued or successive adjustments in dosage should be made until the best possible response is obtained. After an acute phase or exacerbation of rheumatoid arthritis is controlled, the dose of indomethacin should be reduced to a satisfactory maintenance level. No reports on its occasional intermittent use for short periods are available.

When indomethacine is added to a regimen of corticosteroid therapy, it is often possible to reduce the dose of the steroid by as much as one half or to discontinue it entirely. However, this reduction should be made gradually in order to avoid the effects of steroid withdrawal.

Acute attacks of *gout* may be controlled with a dosage of 50 mg. three times a day until the attack subsides. During the intervals between attacks, a dose of 25 mg. twice a day may be sufficient.

Preparations.—Capsules 25 mg.

Supplied by.—Merck Sharp & Dohme [Indocin].

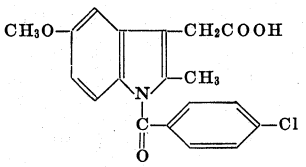
Year of introduction: 1965.

Evaluated for *N.D.* 1966. Reviewed: 1967.

[From New Drugs, 1966, pp. 531–534]

INDOMETHACIN

[INDOCIN]



1-(*p*-chlorobenzoyl)-5-methoxy-2-methylindole-3-acetic acid

ACTIONS AND USES

Indomethacin is a new type of nonsteroidal chemical compound that has anti-inflammatory, antipyretic, and analgesic properties.

Present clinical experience indicates that this drug is as effective as the salicylates in patients with rheumatoid arthritis. However, its use is not necessary when salicylate therapy is effective. Although aspirin is still considered the drug of first choice, indomethacin may be tried if aspirin ceases to be beneficial or is no longer tolerated. Doses of aspirin may be taken in between regular doses of indomethacin if necessary.

When given alone, indomethacin is more effective in active rheumatoid arthritis than in the inactive "burnt-out" type. In about two thirds of the patients, pain, tenderness, and stiffness decrease and ambulation increases in two to three days.