INDOCIN®
(Indomethacin)

WARNING

Patients who suffer from dizziness, lightheadedness, or feelings of detachment on INDOCIN should be cautioned against operating motor vehicles or other machinery, climbing ladders, etc., if these symptoms are present.

INDOCIN should be used with caution in patients with psychiatric disturbances, epilepsy, or parkinsonism, since it may, in some instances, aggravate these conditions.

PRECAUTIONS AND ADVERSE REACTIONS

The most frequent adverse reactions associated with INDOCIN are headache, dizziness, lightheadedness, and gastrointestinal disturbances such as nausea, anorexia, vomiting, epigastric distress, abdominal pain or diarrhea. The central nervous system effects are often transient and frequently disappear with continued treatment or with a reduction of dosage. The severity of these effects may, on occasion, require stopping therapy.

The gastrointestinal effects may be minimized by giving the drug immediately after meals or with food.

Studies in normal subjects with radioactive chromate-tagged red blood cells indicate that large doses of indomethacin (50 mg. four times a day) produce less fecal blood loss than average doses of aspirin (600 mg. four times a day). Notwithstanding, INDOCIN may cause single or multiple ulceration of the stomach, duodenum, or small intestine. There have been reports of severe bleeding and of perforation with a few fatalities. Patients may also develop gastrointestinal bleeding with no obvious ulcer formation. If gastrointestinal bleeding occurs, INDOCIN should be discontinued. In many patients with peptic ulceration a history of a previous ulcer was present or they were on concomitant steroids, salicylates, or phenylbutazone. The possible potentiation of the ulcerogenic effect of these drugs cannot be ruled out at present. In some patients there was no history of a previous ulcer and other drugs were not being given. As a result of obvious or occult gastrointestinal bleeding some patients may manifest anemia. For this reason periodic hemoglobin determinations are recommended.

Rare reports where it is not known whether the effects can be attributed to the drug include bleeding from the sigmoid colon, either from a diverticulum or without a known previous pathologic condition, and perforation of pre-existing sigmoid lesions (diverticulum, carcinoma). In other rare cases a diagnosis of gastritis has been made while INDOCIN was being given. One patient developed ulcerative colitis and another regional ileitis while receiving INDOCIN. When INDOCIN was given to patients with pre-existing ulcerative colitis, there was an increase in abdominal pain.

Other adverse effects that have been infrequently reported include drowsiness, tinnitus, mental confusion, depression and other psychic disturbances, blurred vision, stomatitis, 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.

DOSAGE AND ADMINISTRATION

INDOCIN is available as 25 mg. and 50 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