The high incidence of side-effects of indomethacin reported in the literature has made physicians cautious. Headache and dyspepsia were still fairly frequent in this study despite the low dosage employed and the slow build-up of the drug. On the other hand, the incidence of side-effects except headache differed little from that occurring with 4 g. soluble aspirin daily. There is little doubt that side-effects would have been reported less frequently with both drugs if patients had not been asked about specific symptoms. No serious complications such as gastro intestinal hemorrhage occurred, but the trial was of short duration and patients with severe dyspepsia or known peptic ulcer were not admitted to it. It is to be noted that, in the studies of Hart and Boardman (1965) and Thompson and Percy (1966), cases of neurological disturbance and gastro-intestinal bleeding were reported and that these side-effects could be present after many months of treatment.

SUMMARY

A cross-over trial of indomethacin and soluble aspirin has been conducted in in-patients with rheumatoid arthritis. The indomethacin was increased from 50 to 100 mg. during the treatment period, but the dose of soluble aspirin was maintained at 4 g. daily.

A method of analysis has been used which dissociates drug effect from other factors which may lead to the improvement with time usually observed in hospitalized patients regardless of medication. This has re-emphasized the important contribution of these factors.

Comparison of the two drugs has shown that strength of grip improved to a greater extent during indomethacin treatment and that this result was just significant at the 5 per cent level. Decrease in swelling of proximal interphalangeal joints was very similar during treatment with the two drugs but 21 patients preferred soluble aspirin, whereas thirteen preferred indomethacin, and the remaining seven had no preference.

It is concluded that indomethaci should not replace aspirin in the routine treatment of in-patients with rheumatoid arthritis. However some patients appear to do better with indomethacin and it may therefore be useful in selected cases.

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