



# Comments on the nonsteroidal antiinflammatory drug withdrawal in patients with stable rheumatoid arthritis

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## Abstract

A recent study suggested that withdrawal of nonsteroidal antiinflammatory drugs could be possible with only minor intervention. We raise certain issues about the dose of oral glucocorticoids and acetaminophen during the study.

**Key words:** Nonsteroidal anti-inflammatory drugs (NSAID), rheumatoid arthritis (RA), glucocorticoids, acetaminophen.

Dear Editor,

Mc Kellar et al recently reported the feasibility of nonsteroidal antiinflammatory drug (NSAID) withdrawal in patients with stable rheumatoid arthritis (RA).<sup>[1]</sup> They showed that, in the majority of the patients, NSAID withdrawal did not cause disease exacerbation. Additionally, NSAID withdrawal resulted in significant improvement in blood pressure.

There are, however, several issues that need to be addressed:

1. The authors report only one patient who was started on low dose prednisolone at study entry. The reader wants to know whether there were any other patients using glucocorticoids, at what dose and at what time of day entered into during the study. Furthermore information on whether or not there was a difference in gluco-

corticoid use between those patients in whom the NSAID could be withdrawn versus among those in whom the patients needed additional medication

2. We also want information on whether or not there was dose escalation in acetaminophen use. Since, the patients have rather long disease duration (median: 11 years, range: 1-40), it is possible that a significant component of their joint pain could be mechanical.
3. Finally, it is not clear whether the improvement in DAS44 at 12th week was spontaneous or caused by some additional intervention.

## Reference

1. McKellar GE, Hampson R, Tierney A, Capell HA, Madhok R. Nonsteroidal antiinflammatory drug withdrawal in patients with stable rheumatoid arthritis. *J Rheumatol* 2011;38: 2150-2.

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