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Letter

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Response to: Comments on the nonsteroidal antiinflammatory drug withdrawal in patients with stable rheumatoid arthritis

Gayle E. McKellar, MD*

Department of Rheumatology, Pinderfields General Hospital, Wakefield, West Yorkshire, UK

Linked Article

Ugurlu S. Comments on the nonsteroidal antiinflammatory drug withdrawal in patients with stable rheumatoid arthritis. Lett Ed Rheumatol 2:e120003. doi:10.2399/ler.12.0003

Dear Editor,

Many thanks for the comments by Dr. Ugurlu[1] on our article on NSAID withdrawal in patients with stable RA published in the Journal of Rheumatology in 2011.[2] I am replying on behalf of the authors to the questions raised.

Question 1: To clarify, there was only one patient established on prescribed steroids prior to study enrolment. The dose of prednisolone was less than 10 mg / day (as per study inclusion criteria) at 2.5 mg. His dose was not altered through the 12 week follow up period. This patient was additionally on adalimumab and methotrexate as part of his therapy. Interestingly this patient was one of the 6 patients who received an intramuscular steroid at the 6 week visit and one of the 3 patients who received an intra-articular steroid injection at the 12 week visit. No other patients were on oral steroids at the time of study enrolment and no patients started oral steroids during the study time period.

Question 2: All patients kept a diary in which they recorded on how many days they needed to take non-NSAID analgesia. Unfortunately, no pre-study diary was available with which to make a comparison. While we asked the patient to document use of analgesia for inflammatory musculoskeletal pain, we cannot exclude their use for mechanical pain (e.g. osteoarthritis), dental pain, dysmenorrhoea etc. In the 42 days between visits 1 and 2 (baseline and 6 weeks), the patients took analgesia on a mean of 12 days. In the 42 days between visits 2 and 3 (6 and 12 weeks), the patients took analgesia on a mean of 10 days. We appreciate that this was not a fool-proof method of recording analgesia use for inflammatory symptoms and there is a margin of error in its interpretation.

Question 3: There were a number of reasons that may contribute to the change in DAS44. A total of 11 patients of the 30 required additional intervention. At the 6 week visit this was 6x intramuscular and 3x intra-articular steroid injections. At the 12 week visit this was 1x intramuscular steroid, 3x intra-articular steroid and 1x intramuscular steroid + increase in DMARD dose. We did not have a pre-study review of whether the 13 steroid injections administered were different from the patients' usual requirements. Even a medical case-note review of a set

***Correspondence:**
Gayle E. McKellar, MD
Department of Rheumatology,
Pinderfields General Hospital,
Aberford Road, Wakefield,
West Yorkshire WF1 4DG, UK.
e-mail: gayle.mckellar@midyorks.nhs.uk

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time period before study enrolment may not be accurate as general practitioners may have given steroid injections in the community without our knowledge. Although there was a downwards trend in DAS44 from baseline to zero, this was not significant. There was no overallchange in DAS44 components over the 12 week intervention period. Females had an increase in Ritchie Articular Index from baseline to 6 weeks (p=0.042) and a significant increase in patient global assessment (p=0.009). These had returned to baseline levels by 12 weeks. In the overall group, it was felt unlikely that our therapeuticinterventions would have cause such a large rebound in 12 week visit values.

References

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2. 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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