

Motrin advertisement.

[s.l.]: [s.n.], 1974

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The Upjohn Company announces
an advance in the
long-term symptomatic treatment of
osteoarthritis and rheumatoid arthritis

NEW
Motrin[®] 400 mg TABLETS
ibuprofen, Upjohn

chemically unique—unrelated to indomethacin,
phenylbutazone, corticosteroids, or salicylates

effective in osteoarthritis and rheumatoid arthritis—
higher doses may be required for rheumatoid arthritis

better gastrointestinal tolerance than aspirin
although gastrointestinal symptoms may occur with Motrin

suitable for long-term management

Upjohn

For full prescribing information, please see the last page of this advertisement.

in osteoarthritis and rheumatoid

NEW

Motrin[®] 400 mg TABLETS

ibuprofen, Upjohn



anti-inflammatory

analgesic

well tolerated

long-term therapy

For the first time in nearly a decade, a totally new agent is now available for long-term management of osteoarthritis and rheumatoid arthritis.

Although no drug has yet been found to halt the advance of these destructive diseases, Motrin can frequently help relieve their debilitating and painful symptomatology.

Thoroughly studied. Clinical evaluation of Motrin in studies sponsored by The Upjohn Company involved more than 200 investigators. More than 5,000 patients were initially enrolled in these studies, including approximately 1,200 receiving control therapy.

Better gastrointestinal tolerance than aspirin. In two studies, aspirin and Motrin were compared at equi-effective doses. When observed for up to 12 months, 63 of 422 Motrin-treated patients and 120 of 419 aspirin-treated patients experienced gastrointestinal symptoms. In a four week study, 9 of 217 Motrin-treated and 30 of 207 aspirin-treated patients experienced gastrointestinal symptoms. If gastrointestinal intolerance should occur during Motrin therapy, the dose may be lowered or Motrin may be taken with food or milk. Motrin is contraindicated in patients with the syndrome of nasal polyps, angioedema and bronchospastic reactivity to aspirin.



arthritis

Few restrictions in patient selection. Motrin (ibuprofen) is not contraindicated in patients with a history of gastrointestinal lesions or gastrointestinal symptoms. However, Motrin may cause gastrointestinal distress including occasional bleeding.

Motrin may usually be administered without regard to mealtimes and without antacids.

Motrin may be considered for patients who have shown gastrointestinal intolerance to antiarthritic doses of aspirin.

Use of Motrin is not restricted by advanced patient age, or by the presence of diabetes or hypertension.

Motrin may be administered to patients receiving gold therapy.

Limited studies in man suggest that Motrin is compatible with anticoagulants. Because an effect on prothrombin time in patients treated with anticoagulants has been uniformly encountered with other anti-inflammatory agents and may occur with Motrin, physicians should be cautious about using Motrin and anticoagulants concomitantly.

Motrin therapy is not recommended during pregnancy or in children 14 years of age and under. It is contraindicated in patients with the syndrome of nasal polyps, angioedema and bronchospastic reactivity to aspirin.

In limited studies in man, concurrent administration of aspirin failed to affect Motrin blood levels. Correlative clinical studies on the therapeutic effects of the two drugs given concomitantly have not been done. However, The Upjohn Company does not recommend that Motrin and aspirin be used concomitantly for arthritis.

Evaluation of Motrin in osteoarthritis. The effectiveness of Motrin was assessed in a placebo-controlled, double-blind study enrolling 436 patients with peripheral osteoarthritis of major joints (half of these patients received control therapy)...a double-blind crossover comparison of Motrin and placebo enrolling 101 patients with degenerative disease of the hip...and an open-label study enrolling 1,366 patients with osteoarthritis.

Among the criteria measured were range of joint motion, buttoning time, finger-to-ear distance, finger-to-floor distance, and 50-foot walking time. Subjective criteria of effectiveness included the physician's overall evaluation of the symptomatic improvement in the disease state, and the patient's estimate of decreased exercise-related pain, increased ability to perform selected activities, and the total symptomatic improvement in the state of the disease. Many of the criteria used to assess Motrin, though not all, demonstrated its ability to control symptoms of osteoarthritis.

Evaluation of Motrin in rheumatoid arthritis. The anti-inflammatory and analgesic action of Motrin in rheumatoid arthritis was evaluated in controlled studies enrolling 1,055 patients, about half of whom received Motrin, and in an uncontrolled study enrolling 426 patients. The effect of Motrin was assessed against such end-points as grip strength, 50-foot timed walk, counts of painful and swollen joints, erythrocyte sedimentation rate, duration of morning stiffness, and time until onset of fatigue. Overall assessment of the disease state by physician and patient was also recorded. The effectiveness of Motrin in rheumatoid arthritis was demonstrated by improvement in many, though not all, of the parameters evaluated.



Upjohn

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in osteoarthritis and
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NEW Motrin[®] 400 mg TABLETS ibuprofen, Upjohn

therapeutic guidelines

The patient most likely to respond

Motrin is effective in the long-term management of osteoarthritis of single or multiple joints, and rheumatoid arthritis. In general, patients with rheumatoid arthritis seem to require higher doses of Motrin than do those with osteoarthritis. Severely afflicted patients may need larger doses than those with more moderate conditions, and the response may be less satisfactory.

Motrin may also prove useful in some patients with osteoarthritis or rheumatoid arthritis who have exhibited gastrointestinal intolerance to aspirin.

The Motrin dosage range

The suggested dosage for Motrin is 300 or 400 mg t.i.d. or q.i.d. Many patients may require initial doses at the upper level of this range. Depending on the response, the dose may then be lowered or raised. Total daily dosage should not exceed 2,400 mg. For long-term management, the patient should take the smallest dose that maintains satisfactory control of symptoms. For those patients who can be maintained at the lower end of the suggested dosage range, a 300 mg tablet is available for q.i.d. or t.i.d. administration.

Give Motrin enough time

A therapeutic response to Motrin is sometimes seen in a few days, but it is most often observed by the end of the second week of therapy. The dosage should be reviewed periodically in terms of the patient's response and, if necessary, lowered or raised.

Most patients can take Motrin without food

For most patients, the Motrin dosage need not be tied to mealtimes. For example, the patient can take Motrin immediately on arising in the morning without waiting for breakfast. Patients should be instructed to report gastrointestinal complaints. If they occur, the dose may be lowered or Motrin may be taken with meals or milk. Antacids may be tried, but adequate evidence that they control drug-induced gastrointestinal symptoms is lacking.

Adverse reactions that have been observed

In addition to gastrointestinal complaints, occasional patients have reported dizziness. The incidence in premarketing studies ranged from 0.5 to 4.4 percent, and in one comparison study with aspirin, dizziness occurred similarly in both treatment groups. Skin rashes, leukopenia, and mild decreases in hemoglobin and hematocrit have been reported.

Amblyopia has been reported in Motrin-treated patients, but this complaint is uncommon. There is no evidence to date of persisting visual disability resulting from Motrin therapy. Any patient with eye complaints during Motrin therapy should have an ophthalmologic examination that includes central visual fields.

As a general rule, patients on Motrin should be instructed to report to their physician any untoward gastrointestinal symptoms, blurred vision and other eye symptoms, or skin rash.

