EFFECT OF AN ANTI-HISTAMINE IN RHEUMATOID ARTHRITIS

BY

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In a recent article Levy (1951) records the treatment with an anti-histamine (Phenergan) of a small number of cases of infective arthritis and arthritis in Reiter’s disease treated in a military hospital in Singapore. In his series of seven cases, six had a recent previous history of purulent urethritis, one having pyuria in addition, and the seventh had a recent previous history of bacillary dysentery and had developed the classical symptoms of Reiter’s disease. Clinical improvement in the joints appeared in all cases in 7 days on a dosage of 150 mg. Phenergan daily, and all cases eventually returned to duty. Four of the patients had erythrocyte sedimentation rates varying from 46 to 97 mm. in one hour, and these all returned to normal at intervals varying from 21 days upwards. Broadly speaking, these cases had one aetiological factor in common, namely, a recent or present frank bacterial infection. This factor does not obtain in the aetiology of rheumatoid arthritis, but in view of the uniformly satisfactory results in these cases it was considered that the effect of Phenergan should be ascertained.

Method

Assessment of the results in the series recorded in this paper was confined to noting variations in the degree of pain, swelling, range of joint movement, and blood sedimentation rate at the beginning and end of the course of treatment. These limitations were imposed partly because the investigation was carried out in a small hospital where facilities for more elaborate records are not immediately to hand, partly because the assessment was regarded in the light of a pilot experiment which could be amplified if the results justified it, and mainly because variation in these four factors is the basic test of any treatment of arthritis of the rheumatoid type.

Material

Cases 1 to 9 had had rheumatoid arthritis for periods from 18 months upwards, and all were active during the period of the test, as will be noted from the blood sedimentation rate figures at the commencement of treatment. Joint conditions varied from soft tissue swelling to gross anatomical deformity, and all had some impairment of range of movement in at least one joint and pain in some degree. These cases were in-patients.

Cases 10 and 11 were out-patients living at a distance from the clinic, so that it was not practicable to record variations in signs and symptoms. Case 10 was, in point of fact, diagnosed later as gout, but Case 11 was undoubtedly suffering from rheumatoid arthritis. The common factor in both these latter cases was the presence of psoriasis.

Dosage

The results recorded in Levy’s series were obtained with a daily dosage of 150 mg. over a period of 7 days, but it was considered that in the rheumatoid series the duration should be at least 21 days and that larger amounts should be employed if possible. Treatment was therefore begun with 100 mg. daily to ascertain whether any patient had an idiosyncrasy, and the dosage was thereafter rapidly increased to 150 mg. daily and then to 200 mg. at which level it was maintained until the 21st day. The only exceptions to this schedule were Case 8 where nausea and general discomfort compelled us to stop treatment at the 14th day, and Case 9 where the maximum was 250 mg. daily, which was continued for the last 10 days of the investigation. The results are shown in the Table.

Discussion

It will be observed that, although there was some improvement in subjective symptoms, eight cases had either no objective change or an actual deterioration. The most striking feature was the blood sedimentation rate, which showed a significant alteration only in Case 4. This case had been on treatment with myocrisin and the blood sedimentation rate was already dropping before treatment with Phenergan was commenced. The relief of pain experienced in a number of cases had been anticipated, owing to the slight analgesic action of Phenergan. Apart from the symptoms already noted in Case 8, no other effects were seen except a certain amount of somnolence and
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TABLE
RESULTS OF TREATMENT WITH PHENERGAN IN ELEVEN PATIENTS

<table>
<thead>
<tr>
<th>Case No.</th>
<th>Sex</th>
<th>Age (yrs)</th>
<th>Disease and Duration (yrs)</th>
<th>Effects of Phenergan Therapy</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M</td>
<td>40</td>
<td>Rheumatoid arthritis 5</td>
<td>Pain: No change, Swelling: No change, Range of Movement: Diminished, B.S.R.: 112/118</td>
<td>A fairly severe case. Had previously had various kinds of treatment</td>
</tr>
<tr>
<td>2</td>
<td>M</td>
<td>56</td>
<td>Rheumatoid arthritis 6</td>
<td>Pain: No change, Swelling: No change, Range of Movement: Diminished, B.S.R.: 31/30</td>
<td>A moderate case</td>
</tr>
<tr>
<td>3</td>
<td>F</td>
<td>49</td>
<td>Rheumatoid arthritis 3</td>
<td>Pain: Diminished but still present, Swelling: No change, Range of Movement: No change, B.S.R.: 35/34</td>
<td>—</td>
</tr>
<tr>
<td>4</td>
<td>F</td>
<td>45</td>
<td>Rheumatoid arthritis 2</td>
<td>Pain: Diminished, Swelling: Half inch less in one knee, Range of Movement: Diminished, B.S.R.: 74/60</td>
<td>Had already had gold treatment</td>
</tr>
<tr>
<td>5</td>
<td>F</td>
<td>38</td>
<td>Rheumatoid arthritis 5</td>
<td>Pain: Diminished, Swelling: No change, Range of Movement: Diminished, B.S.R.: 34/54</td>
<td>Flexion deformities of knees and hands</td>
</tr>
<tr>
<td>7</td>
<td>F</td>
<td>49</td>
<td>Rheumatoid arthritis 3</td>
<td>Pain: Diminished, Swelling: No change, Range of Movement: No change, B.S.R.: 53/57</td>
<td>—</td>
</tr>
<tr>
<td>8</td>
<td>F</td>
<td>69</td>
<td>Rheumatoid arthritis Many</td>
<td>Pain: Diminished, Swelling: No change, Range of Movement: Diminished, B.S.R.: 59/58</td>
<td>Treatment had to be stopped after 14 days, and at a dosage of 150 mg. daily, as patient was upset generally</td>
</tr>
<tr>
<td>9</td>
<td>F</td>
<td>52</td>
<td>Rheumatoid arthritis 9</td>
<td>Pain: Diminished, Swelling: No change, Range of Movement: No change, B.S.R.: 44/48</td>
<td>Flexion deformities of knees and elbows. Course of ACTH had to be stopped because of abscess. Dosage raised to 250 mg. for 10 days despite eye symptoms</td>
</tr>
<tr>
<td>10 (out-patient)</td>
<td>F</td>
<td>51</td>
<td>Rheumatoid arthritis and psoriasis</td>
<td>Pain: Subjective improvement in skin and joints</td>
<td>Phenergan, 75 mg. daily. No check possible</td>
</tr>
<tr>
<td>11 (out-patient)</td>
<td>M</td>
<td>40</td>
<td>Gout and psoriasis</td>
<td>Pain: Relieved</td>
<td>Phenergan, 75 mg. daily. No check possible</td>
</tr>
</tbody>
</table>

some interference with vision in one case. The results of this investigation are negative and would appear to suggest that in comparison with those of Levy the aetiological factor is not so specific. One might go even further and postulate that the arthritis of the rheumatoid type is not, in fact, an allergic response.

Summary

An investigation into the usefulness of Phenergan in the treatment of rheumatoid arthritis is described. Eleven cases (ten rheumatoid) were treated. There was a uniform lack of objective response. The results are compared with those obtained in infective arthritis.

I am indebted to Dr. R. Forgan, of May and Baker Limited, for suggesting the investigation and supplying the Phenergan, and to Dr. Dick and Dr. MacDonald, Miss Grassich, Matron, and Mr. Brown, Physiotherapist, at the Nicolson MacKenzie Hospital, Strathpeffer, for their assistance in the investigation.

REFERENCE

Effet d'un anti-histaminique sur l'arthrite rhumatismale

Résumé

On décrit des recherches sur la valeur du "Phenergan" dans le traitement de l'arthrite rhumatismale. Onze cas (dont dix rhumatismaux) furent traités. On nota constamment l'absence de toute réponse objective. On compare ces résultats à ceux obtenus dans l'arthrite infectieuse.

Efecto de un antihistaminico sobre la artritis reumatoide

Resumen

Se describe una investigación sobre el valor de "Phenergan" en el tratamiento de la artritis reumatoide. Once casos (diez reumáticos) fueron tratados. Hubo ausencia uniforme de toda respuesta objetiva. Se comparan estos resultados con los obtenidos en la artritis infecciosa.

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