syndrome and reflect the disease's activity. Further study and accumulation of cases will help to clarify our observations.

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Table I

Percentage change from baseline in patients with rheumatoid arthritis treated with diclofenac versus tenidap according to the use of steroids

<table>
<thead>
<tr>
<th></th>
<th>Tenidap</th>
<th>Diclofenac</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>PAD</td>
<td>-16.5*</td>
<td>-17.4**</td>
</tr>
<tr>
<td>PtAD</td>
<td>-16.7*</td>
<td>-19.3**</td>
</tr>
<tr>
<td>NSJ</td>
<td>-39.5**</td>
<td>-44**</td>
</tr>
<tr>
<td>NPJ</td>
<td>-37.0**</td>
<td>-43.4**</td>
</tr>
<tr>
<td>VAS</td>
<td>-23.0**</td>
<td>-33.2**</td>
</tr>
</tbody>
</table>

PAD, physician's assessment of disease activity; PtAD, patient's assessment of disease activity; NSJ, number of swollen joints; NPJ, number of painful joints; VAS, pain visual analogue scale.

1. results of all patients treated with the investigated drug tenidap or diclofenac.
2. patients treated with only the investigated drug tenidap or diclofenac.
3. patients treated with the investigated drug and steroids at the same time.

Tenidap versus Diclofenac in Rheumatoid Arthritis

Sir—In the article by Wylie et al. [1], the first clinical results in rheumatoid arthritis (RA) of tenidap obtained in a 24 week, multicentre, double-blind, randomized study are described in which the clinical efficacy was compared with diclofenac. After 24 weeks, improvement with tenidap was greater than with diclofenac for all five efficacy parameters. In the article, it is claimed that tenidap has a superior efficacy over diclofenac. However, after analysing the presented data, I wonder whether the conclusions to be enthusiastic about this superior effect are warranted. The data, as presented, illustrate that when patients were divided according to the use of steroids, the difference between tenidap and diclofenac disappeared nearly completely. Also at 24 weeks all efficacy parameters were improved in the diclofenac-treated patients in the same order as in the tenidap-treated patients, as illustrated in Table I, which summarizes the figures of Tables III and VI as given in the article. The effects of steroids on the results are not discussed in detail, but are very interesting, not only with regard to the fact that in RA patients not using steroids the clinical effect of diclofenac on the disease is of the same order as tenidap. (Does tenidap have a superior efficacy effect?)

One should wonder whether steroids might interfere with the effect of diclofenac or, alternatively, if patients use steroids then the potential effect of diclofenac is diminished in contrast to tenidap.

In the discussion, much attention is paid to the effect of tenidap on the acute-phase response (APR). Also more details are needed in respect to the possible effects of steroids on these results. Steroids can have two opposite effects regarding the APR: on the one hand they stimulate the synthesis of the acute-phase proteins, but on the other hand preliminary data are available showing that they inhibit the production of cytokines, as shown for IL-6.

That steroids have an effect on the disease course has recently been described in a randomized double-blind trial [2] comparing oral prednisolone (7.5 mg daily for 2 yr) with placebo. In this study in patients with early active rheumatoid arthritis prednisolone reduced the rate of radiologically detected progression of disease. However, between the prednisolone-treated patients vs placebo no difference in the APR was shown. These findings suggest that the development of erosions, clinical symptoms and APR may have an independent course during treatment with steroids. The above observation suggests that only the clinical results of tenidap can be judged in a patient group not treated with steroids. In that case, the clinical results were of the same order as treatment with diclofenac.

At this time the conclusion that tenidap is clinically more effective than diclofenac in the treatment of RA is only justified in RA patients treated with steroids.

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