

Approved Indications & Dosage

Indication	Dosage
Osteoarthritis	200 mg per day administered as a single dose or as 100 mg twice daily.
Rheumatoid Arthritis	100 to 200 mg twice daily.
Juvenile Rheumatoid Arthritis	Pediatric patients (age 2 years and older) 50 mg twice daily in patients 10-25 kg 100 mg twice daily in patient > 25kg
Ankylosing Spondylitis	200 mg daily in single (once per day) or divided (twice per day) doses. If no effect is observed after 6 weeks, a trial of 400 mg daily may be worthwhile.
Management Of Acute Pain (AP) And Treatment Of Primary Dysmenorrhea (PD)	400 mg initially, followed by an additional 200 mg dose if needed on the first day. On subsequent days, the recommended dose is 200 mg twice daily as needed.
Familial Adenomatous Polyposis (FAP)- adjunct to usual care)	400 mg twice daily with food, as an adjunct to usual care.



CELECOXIB

celecoxib 200 mg

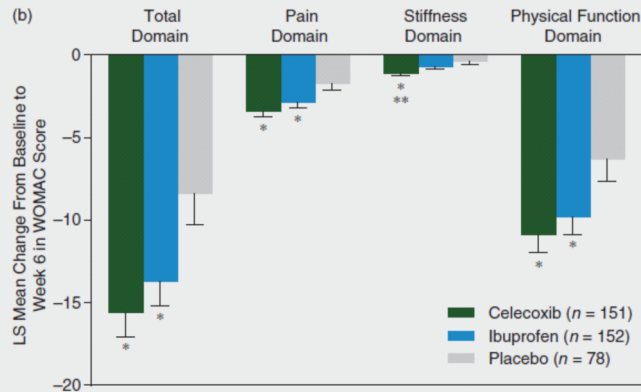


Chronic Pain
Treatment For **EFFECTIVE RELIEF**

Celecoxib Vs. Ibuprofen

- In osteoarthritis of the knee

- » N= 388 patients with knee osteoarthritis
- » Treatment : 200 mg celecoxib once daily or 800 mg ibuprofen three times daily or placebo.

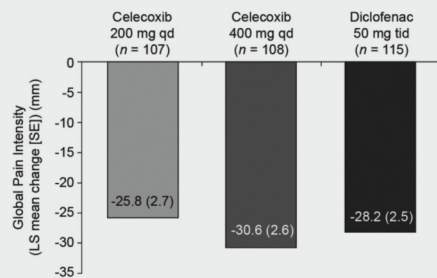


In this 6-week non-inferiority study, celecoxib was as effective as high-dose ibuprofen for the treatment of pain associated with OA.

Celecoxib Vs. Diclofenac

- Ankylosing spondylitis

- » N= 330 patients (Mean age: 18-75yrs)
- » Treatment: 200/400 mg celecoxib or Diclofenac



Treatment difference (95% CI):
 Celecoxib 200 mg qd versus diclofenac 50 mg tid = 2.3 (-5.0, 9.7)
 Celecoxib 400 mg qd versus diclofenac 50 mg tid = 2.5 (-9.8, 4.9)
 Celecoxib 200 mg qd versus celecoxib 400 mg qd = 4.8 (-3.2, 12.7)

- Global Pain Intensity decreased similarly in all three treatment groups

- GI side effects were more reported in patients receiving diclofenac than celecoxib

Celecoxib and diclofenac both provided pain reduction, in addition to improvements in disease activity and functional capacity, in patients with ankylosing spondylitis.

Symptoms of OA

- » Pain
- » Stiffness
- » Swelling
- » Bone spurs
- » Reduced range of motion

Long term complications of OA

- » Chronic Pain
- » Difficulty in performing daily activities
- » Joint deformities
- » Impaired balance
- » Increased risk of falling

Mechanism of Action

