

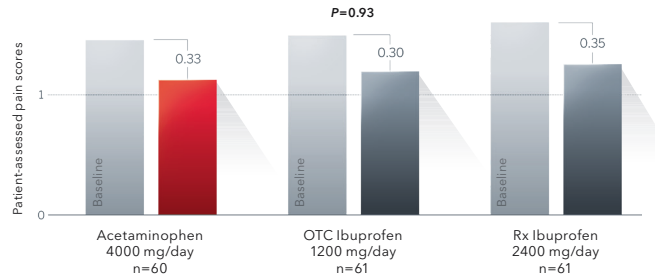
TYLENOL® and osteoarthritis

TYLENOL®: Proven analgesic efficacy in OA—even when inflammation is present¹



30 million adults* are affected by OA²

In one study at 4 weeks, acetaminophen 4000 mg/day was shown to be **as effective as Rx doses of ibuprofen (2400 mg/day) and the maximum OTC dose of ibuprofen (1200 mg/day)** for OA of the knee.³



Overall Stanford Health Assessment Questionnaire pain scores have a range of 0 to 3. By one-way analysis of variance among the 3 groups. No significant differences were observed between the 3 treatment groups. Adapted from Bradley JD et al. *N Engl J Med.* 1991;325(2):87-91.

Long-term acetaminophen use in OA



An acetaminophen long-term-use clinical study of subjects with OA showed **no clinical evidence of liver dysfunction, even when dosed at 4000 mg/day for up to 1 year.**⁴

Remind your patients: Always read and follow the label. Stop and ask a doctor if pain gets worse or lasts more than 10 days.

Acetaminophen is recommended by the **American Geriatrics Society** as a first-line therapy for persistent pain, particularly musculoskeletal pain.⁵

*OA occurs most often in patients 40 and over.⁶

Effective relief for minor OA pain



TYLENOL® 8HR Arthritis Pain

Time-release formulation provides **fast-acting, long-lasting systemic relief** of minor arthritis pain.

Acetaminophen 650 mg bi-layer caplet



Immediate-release top layer (325 mg) provides fast relief

Extended-release bottom layer (325 mg) provides up to 8 hours of relief

TYLENOL® 8HR Arthritis Pain Caplets*

Active ingredient: acetaminophen 650 mg (in each caplet)[†]



For minor arthritis pain; use product only as directed.

DOSAGE FREQUENCY	DIRECTIONS
2 bi-layer caplets every 8 hours with water	Not to exceed 6 bi-layer caplets in 24 hours Total labeled daily dose: 3900 mg/day

*For children under 18 years of age, at healthcare professional's discretion.

†Extended release.

IMPORTANT INSTRUCTIONS FOR PROPER USE BY PATIENTS

- Read and follow the label on all TYLENOL® products
- Do **NOT** use with any other product containing acetaminophen

Analgesic choice

For patients with osteoarthritis

Inside:

- Acetaminophen: efficacy, safety, and role
- Multimodal approaches to OA pain
- OA and cardiovascular disease
- OA patient support

From the makers of
TYLENOL®

TYLENOL® and multimodal OA pain management

Include TYLENOL® as part of a well-rounded, individualized pain relief plan



People who exercise can **reduce their risk of OA disability by 43%** with moderate physical activity just 3 times per week^{7*}

A regimen that includes both **pharmacological and non-pharmacological modalities** can be effective in reducing OA pain and improving function.⁸

When building a multimodal pain relief plan, **recommend TYLENOL®, a pain reliever that is safe and effective** when used as directed.

Help patients reduce OA pain with our free online program!

The Keep Moving® Program

Includes actionable ways to:

- **Manage weight** to take pressure off the knees⁹

Losing **1 POUND** of body weight



=

Losing **4 POUNDS** of pressure on knees



- **Protect joints** through posture and behavior changes
- **Exercise** with simple step-by-step exercise videos designed for people with OA



Help motivate patients to stay active. Send them to [Tylenol.com/KeepMoving](https://www.tylenol.com/KeepMoving)

Cardiovascular disease and osteoarthritis

TYLENOL® can be an appropriate analgesic choice for patients with OA pain and cardiovascular disease



Patients with OA are **45% more likely to have heart disease** and have a higher prevalence of cardiovascular risk factors than those without OA^{10†}

Recommend TYLENOL® for these reasons:



Cardiovascular event risks:

TYLENOL® won't increase the risk of heart attack, heart failure, and stroke the way ibuprofen or naproxen sodium can¹¹



Certain OTC topical NSAIDs have warnings for serious CV events



Medication interference risks:

TYLENOL® won't interfere with aspirin heart therapy the way ibuprofen can¹²

Because of its safety and analgesic efficacy, the **American Heart Association** has identified acetaminophen as a first-line pain relief option for patients with, or at high risk for, cardiovascular disease.^{13*}

Visit [TylenolProfessional.com](https://www.tylenol.com) for additional clinical information and free resources for your practice and patients

Questions?

Call our Customer Care Center for Healthcare Professionals at **1-866-948-6883** Monday through Friday, 9:00 am to 5:30 pm ET

References: 1. Bradley JD, Brandt KD, Katz BP, Kalasinski LA, Ryan SI. Treatment of knee osteoarthritis: relationship of clinical features of joint inflammation to the response to a nonsteroidal antiinflammatory drug or pure analgesic. *J Rheumatol.* 1992;19(12):1950-1954. 2. Osteoarthritis fact sheet. Centers for Disease Control and Prevention. Updated February 2, 2017. Accessed March 23, 2017. <https://www.cdc.gov/arthritis/basics/osteoarthritis.htm> 3. Bradley JD, Brandt KD, Katz BP, Kalasinski LA, Ryan SI. Comparison of an antiinflammatory dose of ibuprofen, an analgesic dose of ibuprofen, and acetaminophen in the treatment of patients with osteoarthritis of the knee. *N Engl J Med.* 1991;325(2):87-91. 4. Temple AR, Benson GD, Zinsenheim JR, Schweinle JE. Multicenter, randomized, double-blind, active-controlled, parallel-group trial of the long-term (6-12 months) safety of acetaminophen in adult patients with osteoarthritis. *Clin Ther.* 2006;28(2):222-235. 5. American Geriatrics Society Panel on Pharmacological Management of Persistent Pain in Older Persons. Pharmacological management of persistent pain in older persons. *J Am Geriatr Soc.* 2009;57(8):1331-1346. 6. Osteoarthritis. American College of Rheumatology. Updated March 2017. Accessed March 23, 2017. <http://www.rheumatology.org/1-Am-A/Patient-Caregiver/Diseases-Conditions/Osteoarthritis> 7. Penninx BWJH, Messier SP, Rejeski WJ, et al. Physical exercise and the prevention of disability in activities of daily living in older persons with osteoarthritis. *Arch Intern Med.* 2001;161(19):2309-2316. 8. Brander V. Changing the treatment paradigm: moving to multimodal and integrated osteoarthritis disease management. *J Fam Pract.* 2011;60(11):S41-S47. 9. Messier SP, Gutekunst DJ, Davis C, DeVita P. Weight loss reduces knee-joint loads in overweight and obese older adults with knee osteoarthritis. *Arthritis Rheum.* 2005;52(7):2026-2032. 10. Rahman MM, Kopec JA, Cibere J, Goldsmith CH, Anis AH. The relationship between osteoarthritis and cardiovascular disease in a population health survey: a cross-sectional study. *BMJ Open.* 2013;3(5):e002624. 11. FDA strengthens warning of heart attack and stroke risk for non-steroidal antiinflammatory drugs. US Food and Drug Administration. Reviewed June 9, 2016. Accessed October 23, 2020. <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm453610.htm> 12. Catella-Lawson F, Reilly MP, Kapoor SC, et al. Cyclooxygenase inhibitors and the antiplatelet effects of aspirin. *N Engl J Med.* 2001;345(25):1809-1817. 13. Antman EM, Bennett JS, Daugherty A, Furberg C, Roberts H, Taubert KA. Use of nonsteroidal anti-inflammatory drugs: an update for clinicians: a scientific statement from the American Heart Association. *Circulation.* 2007;115(12):1634-1642

*In a study of older adults from the Northeast US.

†As compared to age-matched patients.

*When symptoms are not controlled by nonpharmacological approaches