

## THEN & NOW: CASE STUDY

Your patients' pain relief needs may change over time

### THEN: 10 YEARS AGO

Diane:  
A 55-Year-Old  
Woman With Early  
Osteoarthritis (OA)



### NOW

Diane:  
A 65-Year-Old Woman  
With OA and Recent Left  
Knee Replacement



#### REASON FOR VISIT:

Complaining of finger and hand pain that has persisted for 4 weeks

#### VITAL STATISTICS:

**Gender:** female  
**Age:** 55 years  
**BMI:** 25 kg/m<sup>2</sup>

**Body temperature:** 98.3 °F  
**Pulse:** 75 bpm  
**VAS pain score:** 7

#### REASON FOR VISIT:

Experiencing pain in right knee after returning from a vacation 1 week ago

#### VITAL STATISTICS:

**Gender:** female  
**Age:** 65 years  
**BMI:** 25 kg/m<sup>2</sup>

**Body temperature:** 98.2 °F  
**Pulse:** 85 bpm  
**VAS pain score:** 7

#### OTHER CONSIDERATIONS:

The history and physical exam are consistent with pain caused by osteoarthritis of the right knee. Diane also had a peptic ulcer 2 years ago that was effectively treated with triple antibiotic therapy.

**Q:** What OTC analgesic would you have recommended?

**A:** No contraindications or particularly relevant warnings or clinical history, therefore any OTC analgesic: NSAIDs (ibuprofen, naproxen sodium) or TYLENOL® (acetaminophen) could be considered.

**Q:** Given Diane's age, OA, and history of peptic ulcer disease, would you change your recommendation for an OTC analgesic that you gave her 10 years ago?

See answer on back ►

## THEN & NOW: CASE STUDY ANSWER

### DIANE THEN:

10 years ago, you recommended an NSAID for Diane's finger and hand pain

### DIANE NOW:

# A:

Diane is now over 60 and has had a stomach ulcer, both factors that may increase the chance of stomach bleeding if taking an NSAID. She also has ongoing OA. **TYLENOL® 8HR Arthritis Pain** may be a good choice. **TYLENOL®** won't cause GI irritation the way naproxen sodium or even ibuprofen can.<sup>1-4</sup>

## Dosage



Use product only as directed.

### TYLENOL® Regular Strength Tablets\*

Active ingredient: acetaminophen 325 mg (in each tablet)

#### DOSE AND FREQUENCY

2 tablets every 4 to 6 hours while symptoms last

#### MAXIMUM LABELED DOSE

Not to exceed 10 tablets in 24 hours, unless directed by a doctor  
Total labeled daily dose: 3250 mg/day

\*Consult TYLENOL® Regular Strength tablet packaging for dosing children under 12 years.



Use product only as directed.



Use product only as directed.

### TYLENOL® Extra Strength Caplets and Rapid Release Gels†

Active ingredient: acetaminophen 500 mg (in each caplet/gelcap)

#### DOSE AND FREQUENCY

2 caplets/gelcaps every 6 hours while symptoms last

#### MAXIMUM LABELED DOSE

Not to exceed 6 caplets/gelcaps in 24 hours, unless directed by a doctor  
Total labeled daily dose: 3000 mg/day

†For children under 12 years, at healthcare professional's discretion.



Use product only as directed.



Use product only as directed.

### TYLENOL® 8HR Arthritis Pain Tablets‡ and Muscle Aches & Pain Tablets§

Active ingredient: acetaminophen 650 mg (in each bi-layer tablet)¶

#### DOSE AND FREQUENCY

2 bi-layer tablets every 8 hours with water

#### MAXIMUM LABELED DOSE

Not to exceed 6 bi-layer tablets in 24 hours  
Total labeled daily dose: 3900 mg/day

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

§Do not use in children under 12 years of age.

¶Extended release.

### IMPORTANT INSTRUCTIONS for proper use

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

### Professional discretionary dosing

If pain or fever persists at the total labeled daily dose, healthcare professionals may exercise their discretion and **recommend up to 4000 mg/day**.<sup>¶</sup>

Visit [TylenolProfessional.com](https://www.tylenolprofessional.com) for access to helpful patient and practice resources

¶The efficacy and safety of TYLENOL® at 4000 mg/day are well established.

**REFERENCES:** 1. Hoftiezer JW, O'Laughlin JC, Ivey KJ. Effects of 24 hours of aspirin, Bufferin, paracetamol and placebo on normal human gastroduodenal mucosa. *Gut*. 1982;23(8):692-697. 2. Blot WJ, McLaughlin JK. Over the counter non-steroidal anti-inflammatory drugs and risk of gastrointestinal bleeding. *J Epidemiol Biostat*. 2000;5(2):137-142. 3. US National Library of Medicine. Naproxen. Revised March 15, 2021. Accessed January 31, 2022. <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a681029.html> 4. Frech EJ, Go MF. Treatment and chemoprevention of NSAID-associated gastrointestinal complications. *Ther Clin Risk Manag*. 2009;5(1):65-73.