

# There's more than one way to treat OA



Most commonly affected joints<sup>1</sup>:  
knees, hips, hands

Osteoarthritis (OA) is the most common form of arthritis in the world.<sup>1</sup> It spans many years of a patient's life and is a leading cause of disability among older adults.<sup>1</sup> You are likely recommending a number of different interventions as your patients' needs change over time.

A comprehensive multimodal plan to manage an individual patient's arthritis pain may include:

## Nonpharmacological interventions:

- **Educational**, such as evidence-based Self-Management Education (SME) programs, services in the community, and patient resources about OA<sup>2</sup>
- **Behavioral**, such as Cognitive Behavioral Therapy (CBT) and Mindfulness Based Interventions (MBIs)<sup>1,3</sup>
- **Psychosocial**, such as self-efficacy and skill-building strategies (like goal-setting, problem-solving, positive thinking)<sup>1</sup>
- **Physical**, such as exercise, balance training, yoga, tai chi, massage therapy, and Kinesio<sup>®</sup> Taping<sup>1</sup>

## Pharmacological interventions:

**Topical**, such as  
MOTRIN<sup>®</sup>  
Arthritis Pain Gel



Use product only as directed.

**Oral**, such as  
TYLENOL<sup>®</sup> 8HR  
Arthritis Pain Caplets



Use product only as directed.

**Emotional reminder:** The pain and functional limitations of OA may cause some patients to experience depression, anxiety, sleep issues, and difficulty coping.<sup>1</sup> Consider interventions to:

- Improve mood
- Improve sleep
- Enhance fitness
- Reduce stress
- Manage weight

# Inside or Out

Give your patients two different options to relieve their arthritis pain. Taking a multimodal approach can relieve pain and improve function.<sup>4</sup>



Use product only as directed.

- Bi-layer time release tablet for fast-acting, long-lasting systemic relief\*
- Won't increase the risk of heart attack, heart failure, and stroke the way ibuprofen or naproxen sodium can<sup>5</sup>



Proven analgesic efficacy in OA, even when inflammation is present<sup>6</sup>

## EXTENDED RELEASE

### TYLENOL® 8HR Arthritis Pain Caplets

ACTIVE INGREDIENT	ADULT DOSE + FREQUENCY	MAXIMUM LABELED DOSE
<b>Acetaminophen 650 mg</b> (in each caplet)	Take 2 caplets every 8 hours with water	Not to exceed 6 caplets in 24 hours Total labeled daily dose: 3900 mg



Use product only as directed.



Clinically proven to relieve OA pain by helping to improve mobility and reduce joint stiffness

### MOTRIN® Arthritis Pain Gel

ACTIVE INGREDIENT	ADULT DOSE + FREQUENCY	PER DOSE
<b>Diclofenac sodium (NSAID†) 1%</b>	Use the dosage card enclosed with the product to measure a dose Use 4 times per day, every day Do not use on more than 2 body areas at the same time	For each upper body area (hand, wrist, or elbow)—squeeze out 2.25 inches (2 grams) For each lower body area (foot, ankle, or knee)—squeeze out 4.5 inches (4 grams)

\*Up to 8 hours. †Nonsteroidal anti-inflammatory drug.

**REFERENCES:** 1. Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation Guideline for the Management of Osteoarthritis of the Hand, Hip, and Knee [published correction appears in *Arthritis Care Res (Hoboken)*. 2021 May;73(5):764]. *Arthritis Care Res (Hoboken)*. 2020;72(2):149-162. 2. Osteoarthritis prevention & management in primary care. Osteoarthritis Action Alliance. Accessed December 1, 2022. <https://oaaction.unc.edu/oa-module/oa-treatment/nonpharmacologic/#psychosocial-treatment> 3. DiRenzo D, Finan P. Self-efficacy and the role of non-pharmacologic treatment strategies to improve pain and affect in arthritis. *Curr Treatm Opt Rheumatol*. 2019;5:168-178. 4. Brander V. Changing the treatment paradigm: moving to multimodal and integrated osteoarthritis disease management. *J Fam Pract*. 2011;60(11):S41-S47. 5. FDA strengthens warning of heart attack and stroke risk for non-steroidal anti-inflammatory drugs. US Food and Drug Administration. Reviewed June 9, 2016. Accessed October 23, 2020. <https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm453610.htm> 6. 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.