Osteoarthritis and Cardiovascular Disease

Patients with osteoarthritis may have a higher prevalence of cardiovascular risk factors, including heart disease. TYLENOL® has proven analgesic efficacy in OA.15,16

In one study, at 4 weeks, the efficacy of acetaminophen was similar to that of ibuprofen for short-term symptomatic treatment of OA pain of the knee.15

Overall Stanford Health Assessment Questionnaire pain scores have a range of 0 to 3.

BY one-way analysis of variance among the three groups.

No significant differences were observed between the three treatment groups.


People who exercise can reduce their risk of OA-related disability20

The Keep Moving® Program is specially designed to help patients reduce pain in arthritic knees and hips.

• Targeted exercises for knees and hips
• Weight loss and joint protection tips
• OA symptom checklist

TYLENOLcom/KeepMoving

Acetaminophen Long-Term Use Clinical Study

An acetaminophen long-term use clinical study showed no clinical evidence of liver dysfunction, even when dosed at 4000 mg/day for up to 1 year.18

ALT over time for patients receiving acetaminophen 4000 mg/day for up to 1 year

ULRR = Upper limit of reference range


Questions?
Call our Customer Care Center for Healthcare Professionals at 1-866-948-6883

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When matters of the heart matter most

If your patients take aspirin for their heart, recommend TYLENOL® for their pain

Inside:
Cardiovascular disease prevalence Ibuprofen interference with aspirin heart therapy Osteoarthritis (OA) and heart disease Support program for patients with OA
The American Heart Association has identified acenocacin as a first-line pain relief option for patients with, or at high risk for, cardiovascular disease because of its safety and analgesic efficacy.

Many of your patients with cardiovascular disease may also have osteoarthritis (OA).

**TYLENOL®** is an appropriate analgesic choice to consider for:

- Cardiovascular disease patients who are on aspirin or certain antihypertensives
- OA patients who have other comorbidities

**Ibuprofen can interfere with aspirin’s ability to exert its antiplatelet effects by competing for the same binding site on the cyclooxygenase-1 (COX-1) enzyme.**

Plus, adding an NSAID to aspirin can increase the risk of stomach bleeding.

**TYLENOL® does not interfere with aspirin the way ibuprofen can.**

Visit TYLENOLProfessional.com/CV to watch ibuprofen interfere with aspirin’s cardiovascular benefits.

NSAIDs, like ibuprofen, can increase blood pressure and the risk of heart attack or stroke.

In the kidneys, NSAID inhibition of COX-1 can constrict blood flow and result in reduced renal perfusion. NSAID inhibition of COX-2 can promote sodium and fluid retention.

Through their renal effects, NSAIDs may also interfere with the blood pressure-lowering efficacy of certain antihypertensive medicines, such as diuretics and ace inhibitors.

**TYLENOL® may be an appropriate analgesic choice for patients with hypertension.**

*Study defines cardiovascular disease as hypertension, myocardial infarction, angina pectoris, heart failure, and stroke.*