

# Effective Relief for Minor OA Pain

## TYLENOL® 8HR Arthritis Pain

Time-release formulation provides **fast and lasting OA pain relief**

### 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



Use only as directed

## TYLENOL® 8HR Arthritis Pain

ACTIVE INGREDIENT	DOSE AND FREQUENCY	MAXIMUM LABELED DOSE
Acetaminophen 650 mg (in each caplet)	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

**TYLENOL®: #1 DOCTOR-RECOMMENDED BRAND FOR ARTHRITIS PAIN**



For minor arthritis pain, use only as directed

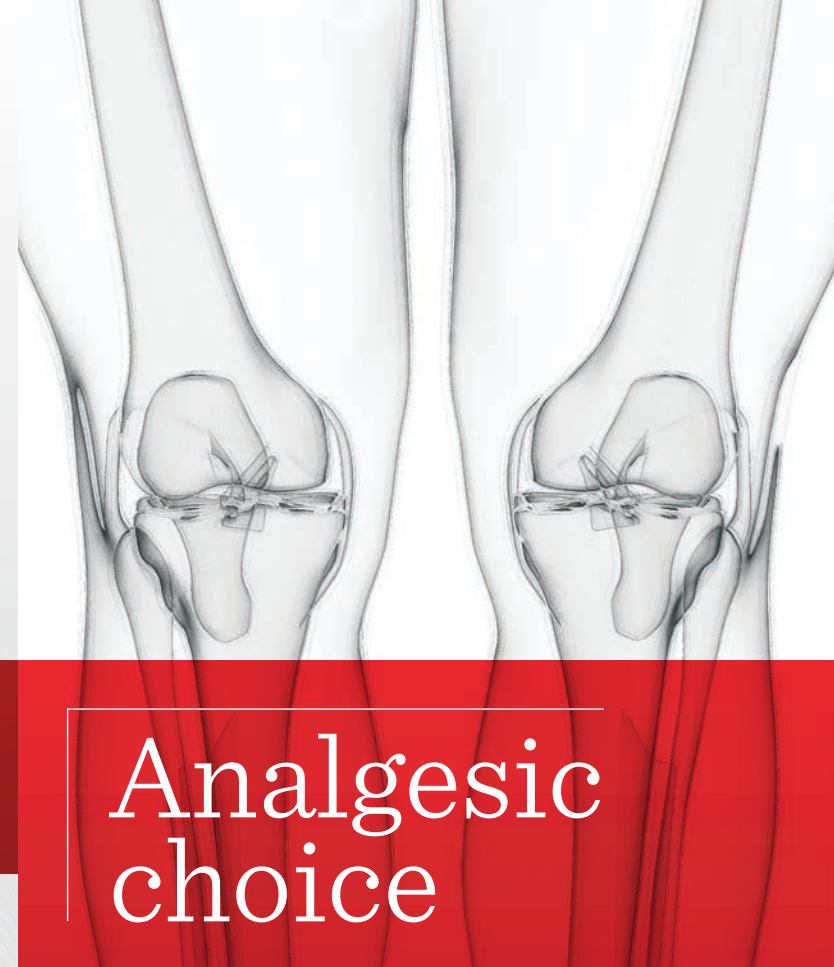
Visit [TylenolProfessional.com](http://TylenolProfessional.com) for additional clinical information and free resources for your practice and patients

### 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.** Centers for Disease Control and Prevention. Osteoarthritis Fact Sheet. <https://www.cdc.gov/arthritis/basics/osteoarthritis.htm>. Updated February 2, 2017. Accessed March 23, 2017. **2.** 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. **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.** American College of Rheumatology. Osteoarthritis. <http://www.rheumatology.org/1-Am-A/Patient-Caregiver/Diseases-Conditions/Osteoarthritis>. Updated March 2017. Accessed March 23, 2017. **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.** US Food and Drug Administration. FDA Strengthens Warning of Heart Attack and Stroke Risk for Non-Steroidal anti-inflammatory Drugs. Washington, DC: US Food and Drug Administration, US Dept of Health and Human Services; 2015. **12.** Elliott WJ. Drug interactions and drugs that affect blood pressure. *J Clin Hypertens.* 2006;8(10):731-737. **13.** Radack KL, Deck CC, Bloomfield SS. Ibuprofen interferes with the efficacy of antihypertensive drugs: a randomized, double-blind, placebo-controlled trial of ibuprofen compared with acetaminophen. *Ann Intern Med.* 1987;107:628-635. **14.** 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. **15.** Kalafutova S, Juraskova B, Vlcek J. The impact of combinations of non-steroidal anti-inflammatory drugs and anti-hypertensive agents on blood pressure. *Adv Clin Exp Med.* 2014;23(6):993-1000.

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# 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®**

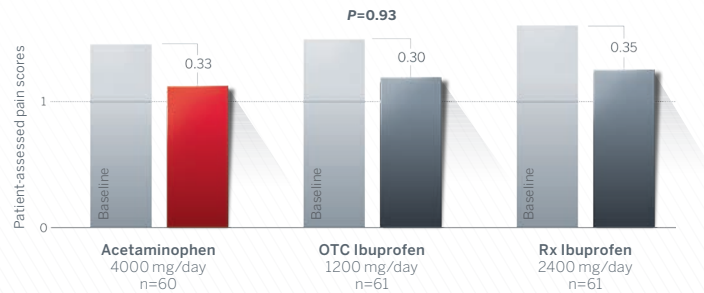
# Osteoarthritis & TYLENOL®

**30**  
MILLION 

**30 million** adults\* are affected by OA<sup>1</sup>

## TYLENOL®: Proven analgesic efficacy in OA— even when inflammation is present<sup>2</sup>

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.<sup>3</sup>



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. 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.**<sup>4</sup>

*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.<sup>5</sup>

\*OA occurs most often in patients 40 and over<sup>6</sup>

# Multimodal OA Pain Management

**43%** ↓ 

People who exercise can **reduce their risk of OA disability by 43%** with moderate physical activity just 3 times per week<sup>7†</sup>

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

Consider recommending acetaminophen (eg, TYLENOL®) as part of a multimodal pain management plan for OA.

**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 knees<sup>9</sup>

Losing **1 POUND** of body weight



= Losing **4 POUNDS** of pressure on knees



- **Protect joints** through small 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**

†In a study of older adults from the Northeast US

# OA & Cardiovascular Disease

**45%**  
MORE LIKELY

Patients with OA are **45% more likely to have heart disease** and have a higher prevalence of cardiovascular risk factors than those without OA<sup>10</sup>



**TYLENOL® won't increase the risk of heart attack, heart failure, and stroke** the way ibuprofen or naproxen sodium can<sup>11</sup>



**TYLENOL® won't increase blood pressure** like NSAIDs sometimes can<sup>12,13</sup>



**TYLENOL® won't interfere with aspirin heart therapy** the way ibuprofen can<sup>14</sup>



**TYLENOL® won't interfere with certain high blood pressure medications**, such as diuretics and ACE inhibitors, the way NSAIDs sometimes can<sup>12,13,15</sup>