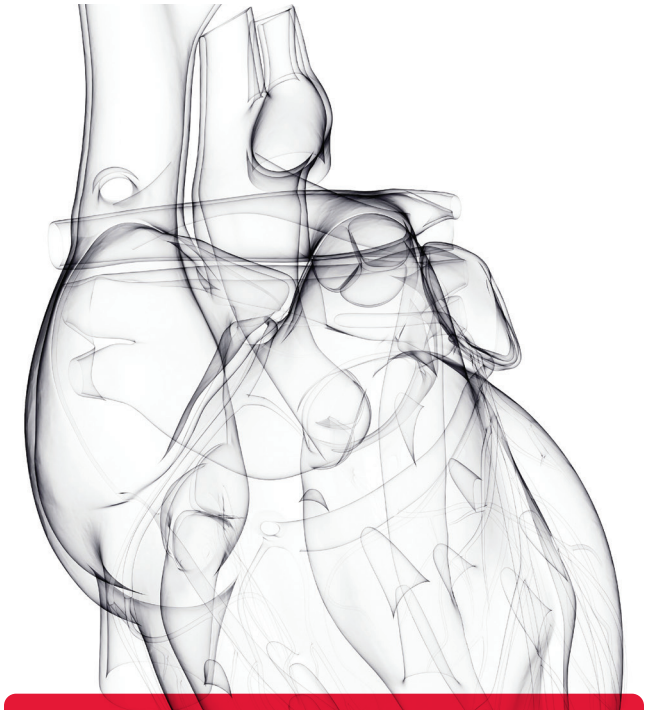


Analgesic choice

For patients with cardiovascular disease

Inside:

- Acetaminophen: efficacy, safety, and role
- CV risks with NSAIDs
- Patients on aspirin heart therapy
- Cardiovascular disease and OA

From the makers of
TYLENOL®

TYLENOL® and cardiovascular disease

TYLENOL® does not pose risks that certain NSAIDs can for patients with cardiovascular disease or risk factors.

92.1M

Over 92 million American adults have at least 1 type of cardiovascular disease[1]*

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 can[2]

Medication interference risks:

TYLENOL® won't interfere with aspirin heart therapy the way ibuprofen can[3]

Long-term acetaminophen use:

Liver

An acetaminophen long-term study 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.

The **American Heart Association** has identified acetaminophen as a first-line pain-relief option for patients with, or at high risk for, cardiovascular disease.[5†]

*Cardiovascular disease in reference was defined as hypertension, myocardial infarction, angina pectoris, heart failure, or stroke.

†When symptoms are not controlled by nonpharmacological approaches.

Dosage summary

TYLENOL® Regular Strength Tablets

Active ingredient:
acetaminophen 325 mg
(in each tablet)

Use product only as directed.

DOSAGE FREQUENCY*	DIRECTIONS
2 tablets every 4 to 6 hours while symptoms last	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.

TYLENOL® Extra Strength Caplets and Rapid Release Gels

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

Use products only as directed.

DOSAGE FREQUENCY†	DIRECTIONS
2 caplets/gelcaps every 6 hours while symptoms last	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.

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

Active ingredient:
acetaminophen 650 mg
(in each caplet)‖

Use products 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.
§Do not use in children under 12 years of age.
‖Extended release.

This is not a complete list of TYLENOL® products.

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.**¶

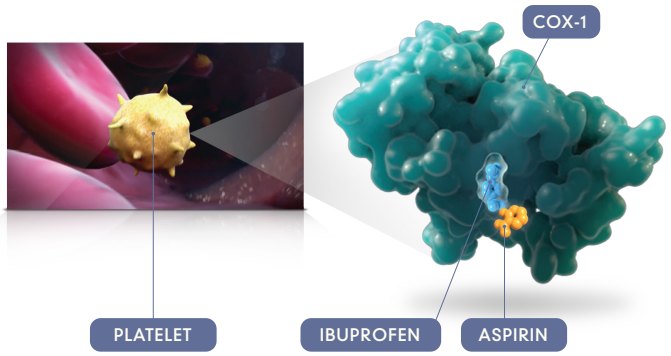
¶The efficacy and safety of TYLENOL® at 4000 mg/day are well established.

TYLENOL® and aspirin heart therapy

TYLENOL® does not interfere with aspirin heart therapy the way ibuprofen can[3]

1 in 3 US adults over 40 are on aspirin heart therapy[6]

Ibuprofen can interfere with aspirin cardioprotective benefits. 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.[3]



GI considerations: Adding any NSAID to aspirin heart therapy can increase the risk of GI bleeding.[7]

Watch how ibuprofen can interfere with aspirin's cardiovascular benefits at **TylenolProfessional.com/CV**

Cardiovascular disease and osteoarthritis

TYLENOL® can be an appropriate analgesic choice for patients with OA pain and cardiovascular disease, even when inflammation is present.[8]

Patients with OA are **45% more likely to have heart disease** and have a higher prevalence of cardiovascular risk factors than those without OA[9*]

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 can[2]

Certain OTC topical NSAIDs have warnings for serious CV events

Medication interference risks:

TYLENOL® won't interfere with aspirin heart therapy the way ibuprofen can[3]

Acetaminophen is recommended by the **American Geriatrics Society** as a first-line therapy for persistent pain, particularly musculoskeletal pain.[10]

*As compared to age-matched patients.

Visit 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. Benjamin EJ, Blaha MJ, Chiuve S, et al. Heart disease and stroke statistics–2017 update: a report from the American Heart Association. *Circulation*. 2017;135(10):e146-e603. **2.** FDA strengthens warning of heart attack and stroke risk for non-steroidal anti-inflammatory drugs. US Food and Drug Administration. Reviewed June 9, 2015. Accessed October 23, 2020. https://www.fda.gov/ForConsumers/ConsumerUpdates/ucm453610.htm **3.** 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. **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.** 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. **6.** Boakye E, Uddin SMI, Obisesan OH, Osei AD, Dzaye O, Sharma G, McEvoy JW, Blumenthal R, Blaha MJ. Aspirin for cardiovascular disease prevention among adults in the United States: Trends, prevalence, and participant characteristics associated with use. *Am J Prev Cardiol*. 2021 Sep 22;8:100256. **7.** Bhatt DL, Scheiman J, Abraham NS, et al. ACCF/ACG/AHA 2008 expert consensus document on reducing the gastrointestinal risks of antiplatelet therapy and NSAID use: a report of the American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents. *Circulation*. 2008;118(8):1894-1909. **8.** 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. **9.** 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 **10.** 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.