Thank you for creating your osteoarthritis landscape!

We hope you found it informative and engaging. Explore this document to discover the data that maps your personalized landscape.

Over 40 years

of clinical evidence to support the efficacy and safety of TYLENOL® in minor OA pain[1–11]

Multimodal approaches

combining pharmacologic methods with lifestyle changes can effectively manage OA symptoms[13,14]

Home-use studies analysis

30–48% reductions

in OA hip and knee pain with acetaminophen, and “good” patient rating[12*]

Up to 4000 mg

of acetaminophen can be dosed per day safely for a wide range of patients, under HCP discretion[2,15]

Suitable to consider for certain common comorbidities

TYLENOL® is an appropriate analgesic choice for patients with GI, renal, and CV risks

*Analysis of 5 randomized, double-blind, active-controlled, multiple-dose, parallel, multicenter, home-use studies of acetaminophen in individuals with radiographically confirmed hip or knee OA, with dosing ≥4 weeks, conducted between 1993 and 2004.
CV, cardiovascular; GI, gastrointestinal; HCP, healthcare professional; OA, osteoarthritis.

Over 40 years of clinical evidence to support the efficacy and safety of TYLENOL® in minor OA pain[1–11]

6 studies in knee OA

5 studies in knee and hip OA

2 studies of acetaminophen vs ibuprofen

7 PBO-controlled studies

4 studies with a treatment duration ≥3 months

1983: Amadio P, et al. 'Evaluation of acetaminophen in the management of osteoarthritis of the knee'

Welcome to 2024
Over 40 years of clinical evidence

The long history of use of TYLENOL®, supported by decades of clinical evidence, demonstrates its efficacy and well-established safety profile for treating minor pain in patients with OA.

OA, osteoarthritis; PBO, placebo.

Home-use studies analysis

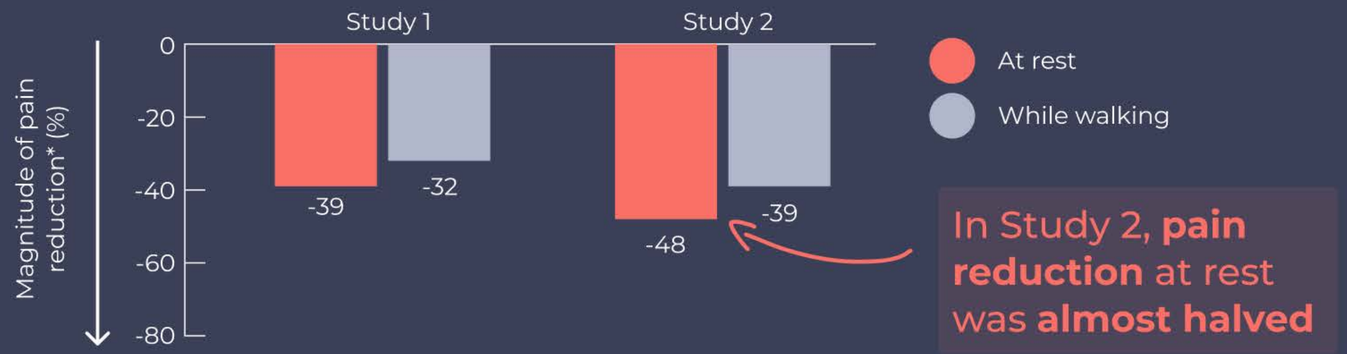
30–48% reductions in OA hip and knee pain with acetaminophen and "good" patient rating[12]

This study aimed to examine the efficacy and safety of acetaminophen using patient-reported outcomes from 5 home-use studies.

Analysis of 5 randomized, double-blind, active-controlled, multiple-dose, parallel, multicenter, home-use studies of acetaminophen in **856 individuals** with radiographically confirmed hip or knee OA, with dosing ≥4 weeks, conducted between 1993 and 2004. This study analyzed **5 studies** (2 unpublished, 3 published) **following 1, 2, and 4 weeks of treatment** with acetaminophen-IR 4000 mg or acetaminophen-ER 3900 mg. Study populations were similar across the 5 studies.

- In Study 1, 46 participants, in Study 2, 96, and in Study 3, 287 used acetaminophen-IR 4000 mg/day
- In Study 4, 160 participants and in Study 5, 267 used acetaminophen-ER 3900 mg/day

Pain reduction at Weeks 1, 2, and 4 in Studies 1 and 2*



In Study 2, **pain reduction** at rest was **almost halved**

Using a 5-point scale, participants in Studies 1, 4, and 5 rated their pain relief as

"Good"†

beginning at Week 1 and continuing through Week 4 (range 1.76–2.06)

This analysis confirms the analgesic effectiveness and safety of acetaminophen in the management of "moderate to moderately severe pain related to hip and knee OA."

*Presented is the highest recorded pain reduction at rest and on walking in each study, reported via a 5-point scale. Ranges are as follows: In Study 1, participants reported 36–39% reduction in pain at rest and 30–32% reduction in pain on walking; in Study 2, participants reported 38–48% reductions in pain at rest and 30–39% reduction in pain on walking. †Patients rated their pain that was ≥moderate on a 5-point scale using the Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC).
ER, extended release; IR, immediate release; OA, osteoarthritis.

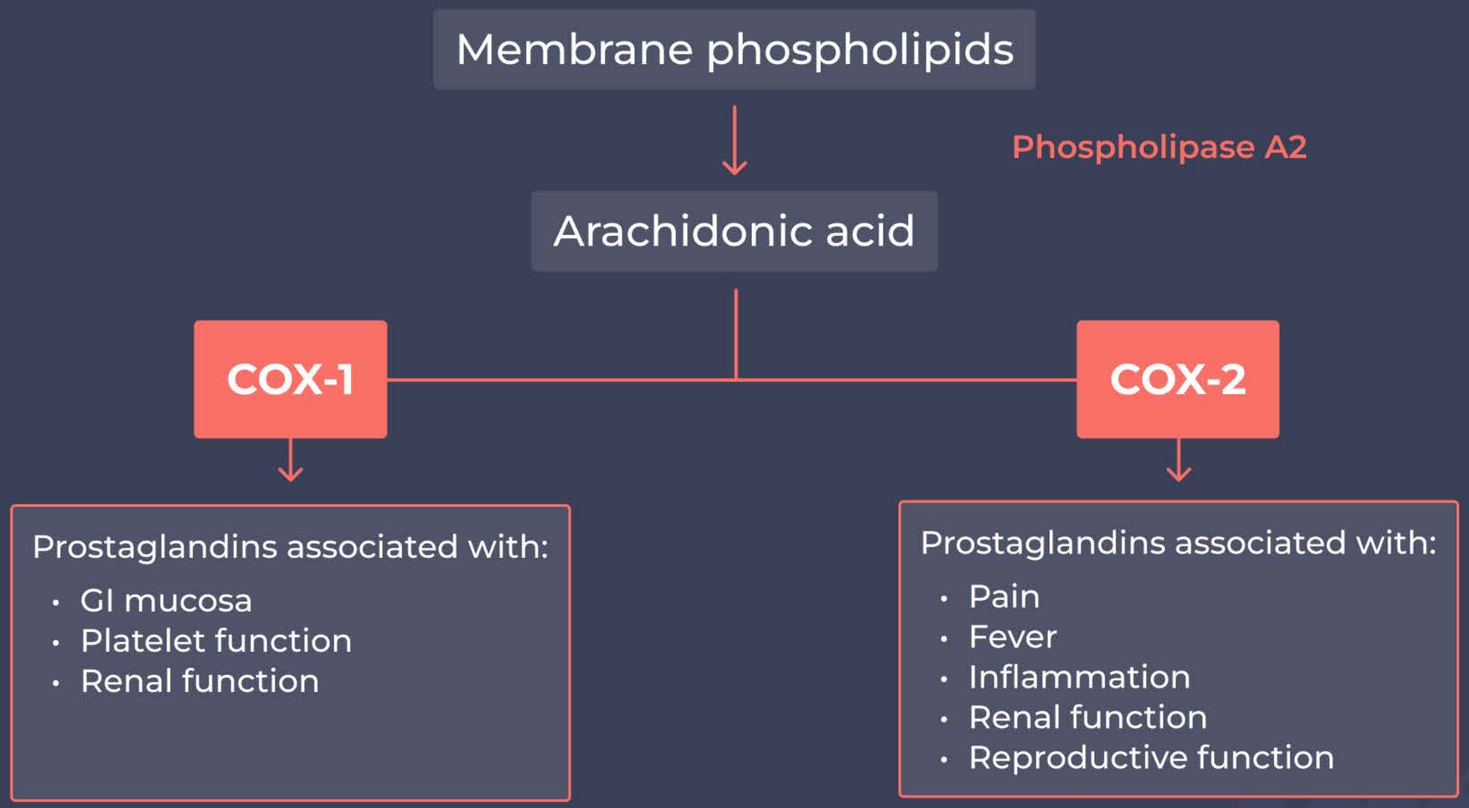
Suitable to consider for certain common comorbidities

Acetaminophen won't increase the risk of heart attack, heart failure, and stroke the way ibuprofen or naproxen sodium can[16]

Acetaminophen does not inhibit COX-1, an important enzyme in GI mucosal protection, the way NSAIDs can[17–20]

Acetaminophen does not compromise renal function in patients with existing kidney dysfunction when taken at recommended doses[21–23]

Cyclooxygenase pathways are inhibited by NSAIDs[24]



TYLENOL® is an appropriate analgesic choice for people with certain comorbid conditions, such as GI bleeding, renal impairment, and CV risk.

COX, cyclooxygenase; CV, cardiovascular; GI, gastrointestinal; NSAID, non-steroidal anti-inflammatory drug.

Real-world patient survey

Multimodal approaches combining pharmacologic methods with lifestyle changes can effectively manage OA symptoms[13,14]

A **multimodal approach** to pain management that addresses several aspects of chronic pain conditions, such as **biopsychosocial effects** of the condition, has been documented to:[13]

- ↓ Reduce pain severity
- ↑ Improve mood and overall QoL
- ↑ **Increase physical functioning**

Improving physical function can help patients integrate exercise into their OA management, potentially reducing pain and further enhancing physical function[25,26]

Losing **1 pound** of body weight = Losing **4 pounds** of pressure on the knees[26]

In a study of older persons with knee OA, moderate exercise **3 times per week** reduced the risk of developing ADL disability by **43%**[25]

Studies show that combining lifestyle changes, such as exercise, with pharmacologic approaches, as well as considering the biopsychosocial effects of a condition can reduce pain and improve outcomes for patients with OA.

ADL, activities of daily living; OA, osteoarthritis; QoL, quality of life.

Up to 4000 mg of acetaminophen can be dosed per day safely for a wide range of patients, under HCP discretion[2,15]

This study aimed to evaluate the safety of acetaminophen 4000 mg/day for up to 12 months in patients with OA pain.

This was a multicenter, multidose, single-dummy, randomized, double-blind, active-controlled, parallel group study of **571 patients** with mild-to-moderate OA hip or knee pain. Patients received either **acetaminophen 4000 mg/day** or **naproxen 750 mg/day** (active comparator), for **6 or 12 months**.

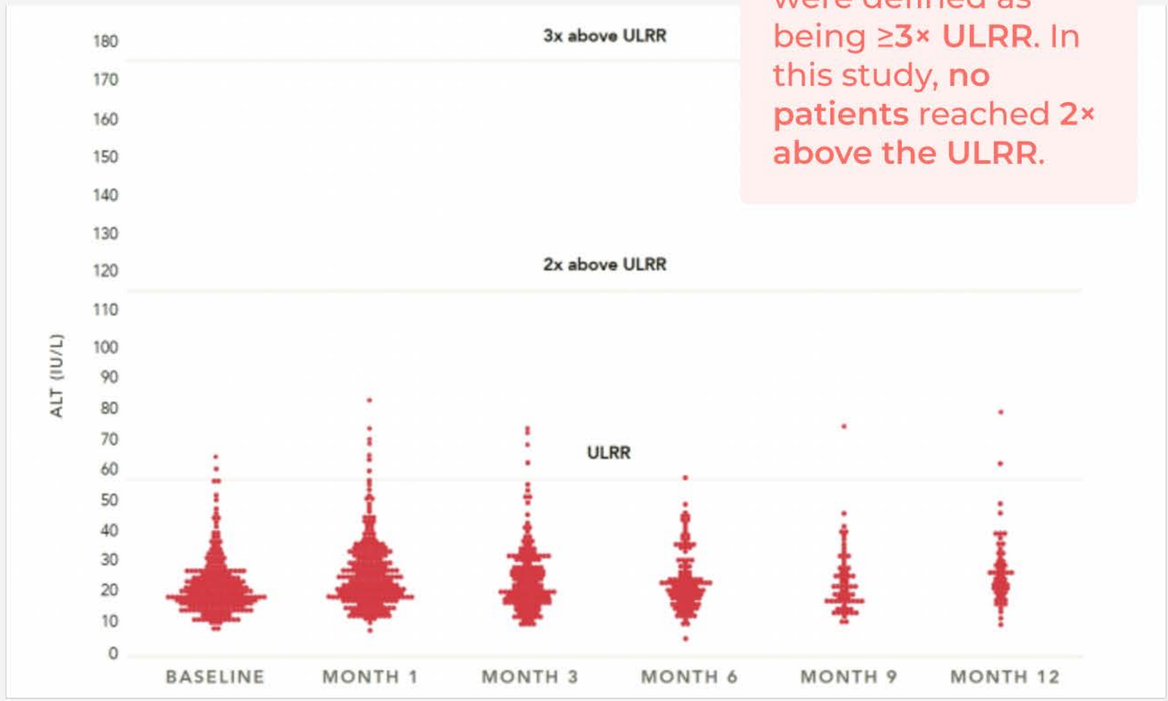
There were no reports of liver dysfunction in patients receiving acetaminophen in this study

of patients (1361/1394) had ALT and AST values that were reported to be **within the ULRR throughout the study**.

The variability in these values seen in this study is similar to that previously observed in patients who received placebo in other trials.

Long-term acetaminophen use: ALT over time
No clinical evidence of liver dysfunction at 4000 mg/day for up to 1 year

Abnormal values were defined as being ≥3× ULRR. In this study, **no patients** reached 2× above the ULRR.



This study showed no clinical evidence of liver dysfunction in patients treated with acetaminophen, even when dosed at 4000 mg/day for up to 1 year*

*Patients are reminded per the label of TYLENOL® products that they should stop use and ask a doctor if their pain gets worse or lasts more than 10 days, or if their fever gets worse or lasts more than 3 days.

ALT, alanine transaminase; AST, aspartate transferase; HCP, healthcare professional; ULRR, upper limit of reference range.

Decades of clinical research support the clinical efficacy and safety profiles of acetaminophen in treating minor OA pain, with new evidence continuing to emerge.[1–12] For patients with comorbidities, such as CV risk, GI bleeding, or renal impairment, acetaminophen may be a suitable alternative to NSAIDs, due to its favorable safety profile.[16–24]

Notably, one study found no clinical evidence of liver dysfunction, even with a dosage of 4000 mg/day up to a year.[2] Additionally, multiple studies demonstrate that combining pharmacological interventions, such as acetaminophen, with lifestyle changes can reduce pain and improve outcomes for patients with OA.[13,14,25,26]

Acetaminophen offers an effective pain-relief option for OA patients with several common coexisting conditions.

CV, cardiovascular; GI, gastrointestinal; NSAID, non-steroidal anti-inflammatory drug; OA, osteoarthritis.

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