

Communicating With Patients About OTC Analgesic Recommendations

Speaker Name, Title

Event Date

Event Location

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Welcome!

- Here is a quick activity as you get settled:
 - To participate, open the browser on your mobile device and visit GetReliefResponsiblyProfessional.com.
- Can you find the following?
 - The percentage of consumers who choose pain relievers based on efficacy without considering important safety factors
 - Three key considerations when recommending an OTC analgesic, as listed on GetReliefResponsiblyProfessional.com

Welcome! While everyone is getting settled, here is a quick activity that can be completed using the browser on your mobile device.

Navigate to GetReliefResponsiblyProfessional.com and let me know when you have found the answers to the following questions:

- What percentage of consumers choose pain relievers based on efficacy without considering important safety factors?
- What are three key considerations when recommending an OTC analgesic, as listed on the website?

Presentation Objectives

- Explore considerations for communicating with patients about their pain management plan.
- Identify ways to implement educational tools with patients to efficiently facilitate their understanding of an OTC analgesic recommendation.

Educated Patients May Have Better Pain Management Outcomes Using OTC Analgesics

Education on appropriate choice and use of OTC analgesics can inform consumer use.

Following a shared decision-making intervention, ~53% of patients reported awareness of OTC NSAID risk compared with 25% at baseline.¹

Counseling by pharmacists and pharmacy students led to better understanding of risks associated with NSAID use for 72% of adults ≥65 years of age reached for follow-up.²

Better understanding of liver health risks associated with inappropriate use of OTC acetaminophen products leads to greater intention to engage in protective behavior during use.³

1. Miller MJ, et al. *J Eval Clin Pract.* 2014;20(5):638-648. 2. Bear MD, et al. *Consult Pharm.* 2017;32(3):161-168. 3. Sawant RV, et al. *Res Social Adm Pharm.* 2016;12(2):327-335.

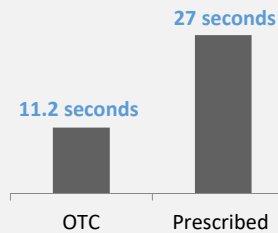
OTC medications are widely used by patients with pain. In fact, more than 4 out of 5 US adults (82%) typically self-medicate for conditions that can be treated or relieved by nonprescription medications.¹ Still, many patients do not fully understand safety considerations, such as drug interactions, use in certain populations, and dosing schedules.

Studies have demonstrated the value of education on patients' understanding of appropriate OTC medication use.²⁻³ During this presentation, we aim to give you the tools to facilitate patient education and achieve better understanding of OTC use in your own patients.

Use Your Limited Time Wisely

- Data show that HCPs spend limited time discussing OTC medications with their patients.

HCPs spent **less time** discussing guideline-recommended aspects of OTC medications than of prescribed medications.¹



In a separate national survey, **52% of doctors reported spending <1 minute** discussing OTC medications with their patients.²

25% of doctors wait for patients to bring up OTC medications most or all of the time.²

Helpful Tips

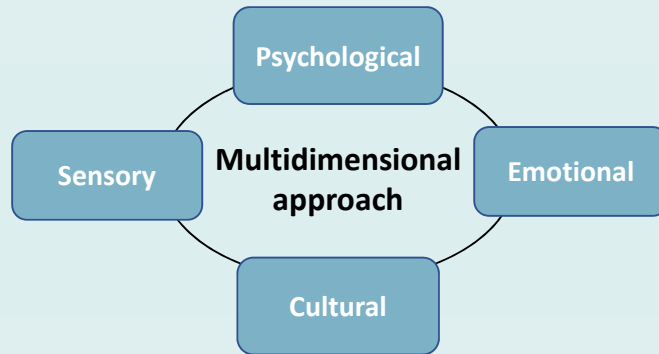
- Proactively ask patients about the OTC medications they are taking to ensure understanding of appropriate use.
- Discussions focused on OTC medication use can be delegated to other medical professionals if the treating HCP's time is limited.

1. Tarn DM, et al. *Patient Educ Couns*. 2008;72(2):311-319. 2. Harris Interactive/National Council on Patient Information and Education. Attitudes and beliefs about the use of over-the-counter medicines: a dose of reality. January 2002.

This study was conducted with doctors (not all HCPs); therefore, “doctors” is the term that is used and is able to be referenced.

Speaker to tell audience members that throughout this presentation, they will receive tools to help facilitate these conversations with patients.

Patient Assessment of Pain Is Subjective¹



- A comprehensive pain assessment includes:
 - Pain location and quality
 - Aggravating and alleviating factors
 - Timing and duration
 - Goals for pain relief/function
 - Pain intensity
- Unidimensional tools (eg, VAS) do not capture all aspects of patients' self-report of pain.

Empower patients to talk about their pain.

Remember that patient attitudes toward pain management may differ.

1. Wuhrman E, et al. Acute pain: assessment and treatment. Medscape website. http://www.medscape.com/viewarticle/735034_print. Published January 3, 2011. Accessed December 14, 2016.

Pain affects patients in various ways and differs between individuals. Pain can impact routines by limiting mobility, degrading work productivity, and disrupting sleep. Patients may also experience changes in their pain, describing acute bouts of episodic pain alongside otherwise controlled chronic pain.

Just as the pain experience can vary from patient to patient, so can attitudes toward treatment. It is important to emphasize to patients that pain can be a symptom of an underlying medical issue and, if ignored, can ultimately cause more damage if not managed properly by an HCP.

Align on Achievable Goals for Pain Management

Elimination of pain may not be the most realistic goal for all patients.

- Consider the risk/benefit balance of any medication recommended or prescribed.
- Consider that restoring functionality, even with some residual pain, may be an appropriate goal.
 - Aside from pain relief, goals that can measure progress include:



Sleep through the night



Return to work



Resume workout routine



Manage breakthrough pain

When HCP and patient goals conflict, patients may express dissatisfaction with their treatment, requesting an increase in the dose or strength of analgesic recommended or prescribed. It is important to work with each patient to establish and align on realistic and measurable functional goals for treatment.

Naturally, patients seeking treatment often want to eliminate their pain entirely. However, as HCPs, we seek to provide a balance between relieving discomfort and restoring functionality, always considering the appropriateness of treatment options for each individual patient.

Asking about specific examples of functional improvement at each visit can help keep treatment progress in perspective for patients. Additionally, using some of the readily available and validated measurement tools for functional assessment, while minimizing questions about pain severity, can help shift patients' focus outside pain elimination.¹

1. Schneiderhan J, et al. JAMA. 2017;317(23):2367-2368.

OTC Analgesics Can Have an Opioid-Sparing Effect



An ACOG Committee Opinion (2018) recommends a stepwise approach, using a multimodal combination of agents, which can enable obstetrician-gynecologists and other obstetric care providers to effectively individualize pain management for women in the postpartum period.



The American Dental Association published a message (2018) on preventing opioid abuse, which included the consideration of non-narcotic pain relievers as a first-line treatment option (for example, a combination of an NSAID and acetaminophen or aspirin).



A CDC guideline (2016) on opioid use for chronic pain reports that a multimodal approach helped reduce pain and improve function more effectively than single modalities and mentions guidelines that recommend OTC analgesics as first-line therapy for certain chronic pain conditions.

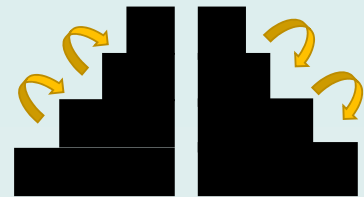
To relieve pain to a level where patients can return to their routines, OTC analgesics can be used. Data shows that, in some cases, OTC analgesics can be just as effective as some opioids in certain indications.

A Stepwise Approach to Chronic Pain Management

1. Identify current medications (including OTC medications, herbals, and supplements) and coexisting medical conditions.
2. Educate patients on pain management options.
Incorporate nonpharmacologic measures, such as physical therapy, assistive devices (eg, canes, walkers), or braces, as appropriate.¹
3. Consider OTC options, such as acetaminophen or NSAIDs.¹
 - Utilize the information obtained in Step 1 to help identify an appropriate choice.
4. Start with weak opioids before escalating to stronger opioid options.^{2,3}
Begin with the lowest effective dose for 3 to 7 days at a time.⁴
Consider use of acetaminophen or other OTC analgesics to help manage breakthrough pain.⁵
5. Consider referral to an orthopedic specialist or rheumatologist for further assessment and treatment options.

Start with less potent options. Progress to stronger analgesics as needed.

Re-evaluate dosing schedule occasionally. Step back down once pain has been adequately managed.



1. Hochberg MC, et al. *Arthritis Care Res* (Hoboken). 2012;64(4):465-474. 2. World Health Organization. WHO's cancer pain ladder for adults. <http://www.who.int/cancer/palliative/painladder/en/>. Accessed June 22, 2016. 3. Vargas-Schaffer G. *Can Fam Physician*. 2010;56(6):514-517. 4. Dowell D, et al. *JAMA*. 2016;315(15):1624-1645. 5. Chou R, et al. *J Pain*. 2009;10(2):113-130.

In these times of stricter opioid prescribing regulations, HCPs have a responsibility to counsel and prescribe responsibly. This graph is the World Health Organization (WHO) pain ladder for cancer pain management, essentially for chronic pain. In this case, one way to ensure that patients receive the appropriate analgesic is to use a stepwise approach to pain management. OTC analgesics are effective in acute pain states in certain indications and can be an adjunct to other therapies in chronic pain states. Most OTC analgesics are labeled for only short-term use.

Labeled Acetaminophen Dosing Varies by Formulation

- Always specify a brand and formulation of OTC analgesic to help prevent patient confusion.

Ingredient	Brand Name	Box Directions on Maximum Dose	Maximum Dose Listed on OTC Drug Facts Box Label
Acetaminophen ¹⁻³	TYLENOL® Regular Strength TYLENOL® Extra Strength TYLENOL® 8 HR Arthritis Pain Generic formulation	Ten 325-mg tablets Six 500-mg caplets Six 650-mg bilayer caplets May vary by brand	3,250 mg/day 3,000 mg/day 3,900 mg/day May vary by brand

- The maximum dose listed on box labels may not reflect the maximum dose that can be recommended by an HCP
 - HCPs can safely recommend up to 4g of acetaminophen

1. Tylenol Regular Strength [product labeling]. Fort Washington, PA: McNeil Consumer Healthcare; 2015. 2. Tylenol Extra Strength [product labeling]. Fort Washington, PA: McNeil Consumer Healthcare; 2015. 3. Tylenol 8 HR Arthritis Pain [product labeling]. Fort Washington, PA: McNeil Consumer Healthcare; 2015.

Labeled maximum daily doses vary among acetaminophen-containing products, and the maximum dose that an HCP can recommend may differ from that on the OTC medication label. Patients can benefit from a clear explanation of the specific brand and formulation recommended to meet their individual needs. Be sure to specify when your recommendation differs from the labeled dose.

Sometimes, HCPs can recommend a dose higher than that on the label. For example, HCPs can safely recommend up to 4 g/day of acetaminophen, although the doses on the Drug Facts labels are different. It is important to point out these differences to patients, who may follow the labeled dose, assuming that it is the same as the dose recommended by the HCP.

Labeled NSAID Dosing Varies by Ingredient

- Remind patients to take the lowest effective dose of NSAIDs for the shortest amount of time.

Ingredient	Box Directions on Maximum Dose*	Maximum Dose Listed on OTC Drug Facts Box Label*
Ibuprofen ¹	Six 200-mg caplets	1,200 mg/day
Naproxen ²	Three 220-mg tablets	660 mg/day
Aspirin ³	Twelve 325-mg tablets	3,900 mg/day

*May vary by brand.

1. Ibuprofen. <https://www.mayoclinic.org/drugs-supplements/ibuprofen-oral-route/proper-use/drg-20070602>. Accessed July, 10, 2018 2. Naproxen. <https://www.drugs.com/dosage/naproxen.html> Accessed July 10, 2018 3. Aspirin. <https://www.drugs.com/dosage/aspirin.html> Accessed July, 10, 2018.

Explain Dosing in Terms of the Patient's Routine

"At each meal"

"Before/after
work or school"

"Before/after
exercise"

"Upon waking or
going to sleep"

- Dosing instructions may be confusing to patients, especially if your recommendation differs from the OTC-labeled dose.
 - Establish a follow-up plan to assess the impact of the pain management recommendation.

Helpful Tips

- Suggest that patients set an alarm on their mobile device as a reminder to take the next dose.
- Use EMR systems to engage with patients postvisit.

One way to help a patient understand dosing is to integrate your recommendation into the patient's existing routine. Some examples might be to recommend a set dose at each meal, before the patient's morning workout, or at bedtime, depending on the patient's individual situation. You might also recommend that the patient set an alarm as a reminder to take the next dose.



- Patients who are more knowledgeable about active ingredients and appropriate dosing are less likely to exceed the recommended dose of acetaminophen.¹
- Reviewing the potential interactions of NSAIDs and other medications with patients resulted in more appropriate use of OTC analgesics, such as ibuprofen.²

OTC pain relievers dosage chart for adults and children 12 years and older

Acetaminophen	AMOUNT	DOSE & FREQUENCY	DAILY LIMIT
Acetaminophen regular strength for example Tylenol® Regular Strength	325 mg per pill	2 pills every 4 to 6 hours while symptoms last	Do not take more than 30 pills in 24 hours, unless directed by a doctor
Acetaminophen extra strength for example Tylenol® Extra Strength	500 mg per pill	2 pills every 6 hours while symptoms last	Do not take more than 6 pills in 24 hours, unless directed by a doctor
Acetaminophen extended release for example Tylenol® ER Arthritis Pain	600 mg per pill	2 pills every 8 hours	Do not take more than 6 pills in 24 hours
Acetaminophen dosage daily limit is 4,000 mg. For your safety, do not take more than this amount in 24 hours.			
NSAIDs (nonsteroidal anti-inflammatory drugs)	AMOUNT	DOSE & FREQUENCY	DAILY LIMIT
Ibuprofen for example Motrin® IB and Advil®	200 mg per pill	1 pill every 4 to 6 hours while symptoms last (if pain or fever does not respond to 1 pill, 2 pills may be used)	Do not take more than 6 pills in 24 hours, unless directed by a doctor
Naproxen sodium for example Aleve®	220 mg per pill	1 pill every 8 to 12 hours while symptoms last (for the first dose, you may take 2 pills within the first hour)	Do not take more than 2 pills in any 8 to 12 hour period. Do not take more than 3 pills in 24 hours
Ibuprofen dosage daily limit is 1,200 mg. For your safety, do not take more than this amount in 24 hours.			
Naproxen sodium dosage daily limit is 660 mg. For your safety, do not take more than this amount in 24 hours.			
Aspirin regular strength for example Bayer® Regular Strength	325 mg per pill	1 or 2 pills every 4 hours, or 3 pills every 6 hours	Do not take more than 12 pills in 24 hours
Aspirin extra strength for example Bayer® Extra Strength	500 mg per pill	1 or 2 pills every 4 to 6 hours	Do not take more than 8 pills in 24 hours
Aspirin dosage daily limit is 4,000 mg. For your safety, do not take more than this amount in 24 hours.			

What you can do

- Take **ONLY** 1 medicine that contains the **same kind of active ingredient** (acetaminophen or NSAID) at a time
- Do not exceed the dose on the label directions
- For NSAIDs, take the **smallest effective dose**—and take it for the **shortest amount of time** needed

Why?

- If you take more than 1 medicine with the same kind of active ingredient at a time, it can increase your chance of harmful side effects
- Taking more than directed does NOT equal faster relief. It can also lead to harmful side effects.

It is important to always read and follow the label. If you have any questions, ask your healthcare professional which product may be right for you.

Find dosage charts, quizzes, and videos at GetReliefResponsibly.com

Get Relief Responsibly®

1. Kaufman DW, et al. *Pharmacoepidemiol Drug Saf.* 2012;21(12):1280-1288. 2. Bear MD, et al. *Consult Pharm.* 2017;32(3):161-168.

To ensure that patients remember the details of your recommendation, you can send them home with educational tools designed with patients in mind.

Use of tools is one way to help patients understand the appropriate doses of their medications. Johnson & Johnson provides a dosing chart that can be useful to teach patients about safe use and appropriate dosing.

Patients who are more knowledgeable about active ingredients and appropriate dosing are less likely to exceed the recommended dose of acetaminophen.¹

1. Kaufman DW, et al. *Pharmacoepidemiol Drug Saf.* 2012;21(12):1280-1288.



In a study of 1009 patients, how many do you think indicated that they did not know whether **TYLENOL[®]** contained acetaminophen?¹

A 11%

B 25%

C 38%

D 49%

1. Fosnocht D, et al. *Emerg Med J.* 2008;25(4):213-216.



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A 11%

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D 49%

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Help Patients Identify Active Ingredients

Patients should take ONLY ONE medicine that contains the same kind of active ingredient at a time.

Remind patients to check the labels on their medications to identify active ingredients. Understanding the contents of medications can help patients avoid accidental overdosing.

- **Up to 49%** of patients may not know that **TYLENOL[®]** contains acetaminophen.¹
- 6% of patients believed that TYLENOL[®] did not contain acetaminophen
- 13% of patients thought that ibuprofen contained acetaminophen.
- The majority of patients (**66%-90%**) did not know whether Lortab[®], Vicodin[®], Percocet[®], nonaspirin pain reliever, ibuprofen, Motrin[®], or Advil[®] contained acetaminophen.

1. Fosnocht D, et al. *Emerg Med J.* 2008;25(4):213-216.

Patients may not be able to identify or differentiate between OTC and prescription medications containing NSAIDs and/or acetaminophen.

It is important for patients to understand that many OTC and prescription medications contain acetaminophen.

- Help your patients learn that the same active ingredients are found in hundreds of commonly used OTC and prescription medicines, and to always share the medications they are taking with their healthcare professional.

Understand your OTC medicine labels

Drug Facts help you understand how to choose and use your medicines safely

Drug Facts

Active ingredient
[red box] Ingredient that makes the medicine work

Uses
[red box] Symptoms the medicine treats

Warnings
[red box] Side effects, when to ask a healthcare professional before taking the medicine, and other medicines not to take at the same time, and when to stop use

Directions
[red box] The amount (dose) of medicine to take, how often to take it, and how much you can safely take in one day

Other information
[red box] Important things to know, such as how to store the medicine

Inactive ingredients
[red box] Flavoring, preservatives, or other ingredients meant to avoid symptoms

Questions or comments?
[red box] A phone number to call the company if you have questions about the medicine

Keep your cartons

Why?
• The Drug Facts label on over-the-counter (OTC) medicine cartons, or the pull-out label on some bottles, contains **complete warnings and product information**

Read and follow the entire Drug Facts label

Why?
• The Drug Facts label contains **more than 100 pieces of information** that could matter to your health

What else you can do

• If provided, use only the dosing device that comes with your medicine
• Take **ONLY 1** medicine that contains the **same kind of active ingredient** at a time
• If you take more than 1 medicine with the same kind of active ingredient, it can increase your chance of harmful side effects

Find tips, quizzes, and videos at GetReliefResponsibly.com

Get Relief Responsibly

A Generalist's Perspective on OTC Analgesia

The right over-the-counter (OTC) analgesic recommendation matters to your patients. The following key steps can help healthcare providers (HCPs) ensure that an appropriate OTC analgesic choice is identified for each patient and can encourage patients to use their medication safely.

- Evaluate patients for coexisting medical conditions.**

Cardiovascular (CV) disease: When taken regularly, nonsteroidal anti-inflammatory drugs (NSAIDs) can increase CV risks, and these risks may be even greater in patients with known CV disease. NSAIDs have also been linked to an increase in systolic blood pressure.*	Gastrointestinal (GI) bleeding: NSAIDs may promote serious GI bleeding, and this risk may be even greater in patients with a history of stomach ulcers or bleeding problems or in individuals who consume 3 or more alcoholic drinks every day while using NSAIDs.*	Liver disease: Careful consideration should be given when recommending acetaminophen to patients with liver disease or individuals who consume 3 or more alcoholic drinks every day while using acetaminophen.*	Asthma, kidney problems, and diabetes: NSAIDs may aggravate asthma and kidney problems.† Careful consideration should be given when recommending an NSAID to patients with diabetes, who may have an increased risk of developing chronic kidney disease.†
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- Conduct a thorough medication reconciliation.**

To avoid potential adverse events, HCPs should determine whether patients are taking any medications or health products before recommending an OTC analgesic. Patients do not always mention that they are taking:

Medications prescribed by other HCPs	Vitamins	Minerals
Other OTC medications	Supplements	Natural health products

The risks associated with the use of OTC analgesics and concurrent medications must be considered.
- Educate patients on the safe use of OTC analgesics.**
 - Explain the importance of disclosing all medications and health products used.
 - Describe why a particular analgesic is being recommended for the patient.
 - Increase awareness of the hundreds of medications that contain acetaminophen or NSAIDs.
 - Review the appropriate maximum daily dose of the recommended OTC analgesic.
 - Discuss how to read medication labels to identify potential OTC and prescription interactions.

*With enhanced patient communication and education at retail OTC analgesics, providers can help patients manage their pain both effectively and safely.

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To ensure that patients remember the details of your recommendation, you can send them home with educational tools designed with patients in mind.

It is important to reconcile ingredient confusion with patients during the visit. One way to achieve this is to use a tool such as the OTC Medicine Checker, available on the GET RELIEF RESPONSIBLY® website.

Emphasize that more than 500 medications contain acetaminophen and more than 900 contain NSAIDs, so it is important for patients to carefully read the labels.

The OTC Medicine Checker includes reminders to use only one medicine with the same active ingredient at a time, and it provides a list of common medications that contain acetaminophen and NSAIDs. Patients can continue to refer to this resource at home and can also take it with them to the pharmacy when purchasing new OTC medications and picking up prescriptions.

Reviewing Considerations When Making Recommendations

Let your patients know about all the factors you have considered when recommending an OTC analgesic that is appropriate for them.



For more information on considerations for recommending OTC analgesics, please reference tools such as the Professional OTC Analgesia Checklist and OTC Analgesia Education Guide on GetReliefResponsiblyProfessional.com.

Sometimes, OTC analgesic decisions are made based on the other medications included in the regimen.

Selecting the Appropriate OTC Analgesic

- Conduct a detailed assessment of patients' important coexisting medical conditions and concomitant medications.
- Remind patients that recommendations are specific and personal for them and may not be appropriate for friends or family.

Think medicine safety when Taking an OTC NSAID

1 What to know
NSAIDs (nonsteroidal anti-inflammatory drugs) are a commonly used type of pain reliever and fever reducer available over the counter (OTC) and by prescription. The most well-known NSAIDs include ibuprofen, aspirin, and naproxen sodium. NSAIDs are safe and effective when used as directed, but the risk of harmful side effects such as stomach bleeding, heart attack, or stroke increases the more you take and the longer you take them.

2 What you can do
Take the **smallest effective dose** and take it for the **shortest amount of time** needed.

NSAID*	AMOUNT per pill	DOSE & FREQUENCY	DAILY LIMIT
Ibuprofen for example: Advil® and Advil®	200 mg	1 pill every 4 to 6 hours when symptoms last (Do not take more than 3 pills. 2 pills may be used)	1,200 mg 6 pills in 24 hours
Naproxen sodium for example: Aleve®	220 mg	1 pill every 8 to 12 hours when symptoms last (Do not take more than 2 pills within the first hour)	660 mg 3 pills in 24 hours
Aspirin regular strength for example: Bayer® Regular Strength	325 mg	1 or 2 pills every 4 hours, or 3 pills every 6 hours	4,000 mg 12 pills in 24 hours
Aspirin extra strength for example: Bayer® Extra Strength	500 mg	1 or 2 pills every 4 to 6 hours	4,000 mg 8 pills in 24 hours

*More than 500 OTC and Rx medicines contain an NSAID. Take ONLY 1 medicine that contains an NSAID at a time.

Write down all of the OTC and Rx medicines, vitamins, and herbal supplements you take. Bring this list and your health care provider to your next visit.

If you have any questions about choosing or using OTC or Rx pain relievers, talk with your healthcare professional.

Find dosage charts, Q&A's, and videos at GetReliefResponsibly.com

Get Relief Responsibly

OTC Analgesia Checklist

Contributor: Christopher M. Chappell, MD, Medical Director, Chapel Group, Worcester, MA

Contraindications and concurrent medications are important considerations in pain management. Every year in the United States, millions of adults are treated for conditions such as hypertension, high cholesterol, ulcers, and diabetes. Further, over 50% of OTC household purchases use the common OTC medications such as pain relievers. Therefore, your patient's individual contraindications and concurrent medications, as well as specific analgesic needs, should be taken into account.

The following checklist is designed to assess you as identifying patients for whom certain OTC analgesics may not be the most appropriate choice. Please stop for other considerations that could factor into your recommendation.

Check your patient...	Check your patient...
<input type="checkbox"/> Have an increased risk of gastrointestinal bleeding?	<input type="checkbox"/> Drink 2 or more alcoholic beverages every day?
<input type="checkbox"/> Have gastrointestinal reflux disease, dyspepsia, or peptic ulcers or a history of stomach problems?	<input type="checkbox"/> Have liver disease?
<input type="checkbox"/> Have kidney disease?	<input type="checkbox"/> Take warfarin?
<input type="checkbox"/> Have cardiovascular disease or a history of stroke?	<input type="checkbox"/> Take prescription medications containing acetaminophen, including acetaminophen-containing NSAIDs?
<input type="checkbox"/> Have hypertension?	<input type="checkbox"/> Take other OTC medications containing acetaminophen, including cough and cold or allergy products, sleep aids, antacids, and analgesics?
<input type="checkbox"/> Take aspirin to protect against heart attack or stroke?	<input type="checkbox"/> Have an allergy to acetaminophen?
<input type="checkbox"/> Have heart disease?	<input checked="" type="checkbox"/> If you checked any of these boxes, weigh the benefits and risks before recommending OTC analgesics to the patient. Alternative analgesics may be more appropriate and should be considered.
<input type="checkbox"/> Have arthritis?	
<input type="checkbox"/> Have edema (like to congestive heart failure)?	
<input type="checkbox"/> Drink 3 or more alcoholic beverages every day?	
<input type="checkbox"/> Take prescription medications, such as NSAIDs, antiplatelet agents, diuretics, or anticoagulants?	
<input type="checkbox"/> Take OTC medications containing NSAIDs, including cough and cold or allergy products, sleep aids, antacids, and analgesics?	
<input type="checkbox"/> Take aspirin or have a condition that requires long-term aspirin?	
<input type="checkbox"/> Take aspirin or have a condition that requires long-term aspirin?	
<input type="checkbox"/> Is your patient 65 years or older?	
<input type="checkbox"/> Has your patient ever had an allergic reaction or serious side effect from taking pain relievers?	
<input type="checkbox"/> Has your patient recently had heart surgery or is he/she about to have heart surgery?	
<input checked="" type="checkbox"/> If you checked any of these boxes, weigh the benefits and risks before recommending an OTC NSAID (ibuprofen, naproxen sodium) to the patient. OTC pain relievers may be more appropriate and should be considered.	

Conducting an interactive assessment of patients' medications and concomitant medical conditions at each visit, such as by working through a checklist like the one available on GetReliefResponsibly.com, can help patients understand the reasons behind your recommendation.

You can send patients home with this tool to help ensure that they and their families continue to choose and use OTC analgesics appropriately.

Brown Paper Bag Method

- You may find that some patients do not know or remember the names and doses of medications they are taking.
- Asking patients to bring in a brown paper bag with all their OTC and prescription medications can eliminate errors in understanding medication history.



Discuss the importance of disclosing all medications that patients are taking.

Make sure that patients are aware of the ingredients in all their OTC and prescription medications to ensure safe use.

Emphasize Safe Medication Storage and Disposal

Safe Medication Storage¹

Recommend the following to your patients:

- Choose a place that is high up and out of sight to store medicines and vitamins, including products that are used daily.
- Put medicines and vitamins away after each use.
- Always lock the child safety cap completely after each use.
- Always tell children what medicines are, never referring to them as candy.
- Keep the national poison control helpline number handy in case of emergencies.

Safe Medication Disposal²

Recommend the following to your patients:

- **Option 1: in-home disposal**
 - Step 1: Mix medicines with an unpalatable substance, such as kitty litter or used coffee grounds.
 - Step 2: Place the mixture in a sealed container and discard in your household trash.
- **Option 2: local disposal programs**
 - Available through some local pharmacies
- **Option 3: community take-back days**

1. CHPA Educational Foundation. Safe storage. KnowYourOTCs.org website. <https://www.knowyourotcs.org/safe-storage/>. Accessed June 28, 2018. 2. CHPA Educational Foundation/National Council on Patient Information and Education. Safe disposal. KnowYourOTCs.org website. <https://www.knowyourotcs.org/safe-disposal/>. Accessed June 28, 2018.

Reference SEPA partners offering materials that focus on safe medication storage and disposal and can be shared with patients.

Have a Plan for Follow-up

Items to consider during patient follow-up:



Assess progress based on mutually agreed-on goals.



Consider any changes to the patient's pain profile.



Re-evaluate the pain management plan if appropriate.



Provide an opportunity for the patient to ask questions about the treatment regimen.

At follow-up, make sure that you and the patient are both comfortable with the outcomes of treatment.

It is also important to follow up with patients to ensure that they are adhering to your recommendation. A follow-up appointment or phone call offers an opportunity to assess progress and re-evaluate the chosen method of pain management. It also gives patients a chance to ask any additional questions about your recommendation.

Summary

In some cases, OTC analgesics may provide an effective alternative or adjunct to prescription analgesics.

- Some patients may benefit from discussions about the efficacy of OTC analgesics.

Patients may not understand all the considerations that go into a recommendation for an OTC analgesic.

- Taking the time to discuss appropriate OTC analgesic use can lead to better patient outcomes and expectations for pain relief.

Interactive tools can be useful.

- To ensure that patients remember the details of your recommendation, you can send them home with educational tools designed with patients in mind.

GET RELIEF RESPONSIBLY®

GET RELIEF RESPONSIBLY® (Patient Site)

GET RELIEF RESPONSIBLY® Professional

Get Relief Responsibly®

Get Relief Responsibly®
Professional Resource Center

Give relief *that fits.*

Your OTC pain reliever recommendations and guidance matter

Two portals for OTC analgesic education are available from GET RELIEF RESPONSIBLY®. The patient site contains tools for patients to access on their own.

Questions?





Meet Sofia

“Everything hurts.”

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Meet Sofia

Sofia is a 65-year-old female.

Social History

- Is married and has 3 children
- Works cleaning offices 6 days/week
- Suffers severe financial distress
- Reports no alcohol, drug, or tobacco use



*"My job is killing me,
but I need the money."*

Sofia's History of Present Illness

HEADACHE

- Patient has a hard time describing the pain. She says, "it's hard" and "over my entire head."
- Her last clinic visit was 9 months ago for tension headache. She does not follow up with her PCP for health maintenance.
- Patient has tried multiple OTC medications she cannot remember. Lying down helps.

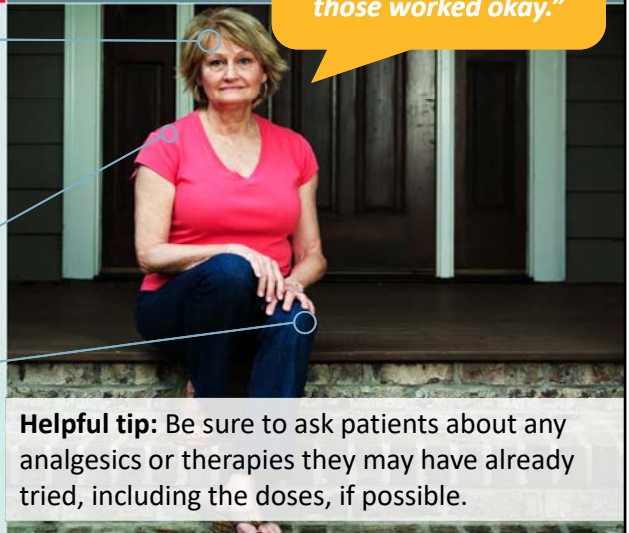
RIGHT SHOULDER PAIN

- Patient feels pain from trapezius to bicep. She is right-handed.

KNEE PAIN


- Pain is worse when she is working while kneeling and is sharp when knee is bent.
- It is hard to stand up; **she has fallen at least once**. Patient was previously told she had arthritis; x-rays were taken about **4 to 8 years ago**.

"My friend gave me some yellow pills, and those worked okay."



Helpful tip: Be sure to ask patients about any analgesics or therapies they may have already tried, including the doses, if possible.

What the Chart Says



Diet-controlled type 2 diabetes

Hypertension

Chronic kidney disease (stage 3)

Incomplete HCP-requested lab tests





Apply the patient's information in answering the following questions:

What types of questions would you ask to be sure you are making the best analgesic recommendation possible?

Given that this patient has low health literacy, what are some major pitfalls to avoid when discussing your analgesic recommendation with Sofia? How would you structure your conversation with her?

What aspects of Sofia's medical history would impact your decision to select a particular analgesic?

One Way to Manage Sofia's Pain

- **Recommend that patient take the maximum dose of acetaminophen (up to 4,000 mg/day).**
 - Differentiate from NSAIDs and explain risks based on coexisting medical conditions (hypertension, chronic kidney disease).
 - Specify the formulation and dose, as well as how often and how long to take the medication.
 - Specify which medications not to take concomitantly.
- **Refer patient to a rheumatologist to address her knee and shoulder pain.**
- **Schedule follow-up appointment in 6 to 8 weeks to assess progress.**



Helpful tip: Remind patients to let you know if their pain worsens or changes at any time leading up to their follow-up appointment.

Disclaimer: This treatment recommendation has been developed based on the speaker's experience.

For Your Information



Communicating With Older Adults



OTC Analgesia Education Guide

For Patients to Reference

OTC pain relievers dosing chart for adults and children 12 years and older

Drug	Strength	Dose	Frequency	Maximum Daily Dose
Acetaminophen	325 mg	1-2 tablets	Every 4-6 hours	4,000 mg
Acetaminophen	500 mg	1-2 tablets	Every 4-6 hours	4,000 mg
Ibuprofen	200 mg	1-2 tablets	Every 4-6 hours	3,200 mg
Ibuprofen	400 mg	1-2 tablets	Every 4-6 hours	3,200 mg
Naproxen	250 mg	1-2 tablets	Every 8-12 hours	1,000 mg
Naproxen	500 mg	1-2 tablets	Every 8-12 hours	1,000 mg

Dosing Chart



Drug Facts Label Guide

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Get Relief Responsibly®

A woman with blonde hair is sitting on a brown leather couch, looking out a window with a thoughtful expression. She is wearing a black and white floral patterned sleeveless top. A quote is overlaid on the right side of the image.

Meet Anne

“I can’t cope with this pain like I used to. Even daily activities are a challenge.”

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Meet Anne

Anne is a 60-year-old female. She was referred by her PCP for joint pain.

Social History

- Lives alone, with regular visits from her adult daughter and young grandchildren
- Works in an elementary school cafeteria
- Does not disclose use of alcohol or tobacco

"I'm on my feet all day at work, so I need relief to be able to keep my job."



Anne's History of Present Illness

"I've tried over-the-counter options, but nothing is working for me."

CONCERNS ABOUT POTENTIAL DIAGNOSES

- Patient is concerned that she may have Lyme disease or rheumatoid arthritis, which is prompting her referral.

Currently using OTC lidocaine cream daily, 2,000 mg/day of acetaminophen, and 440 mg/day of naproxen sodium

CHRONIC KNEE, HAND, AND LOWER BACK PAIN

- Pain has persisted for 5 years and is getting worse.
- When patient tries to move and use the affected joint, pain sometimes becomes sharp.
- Patient is usually stiff for about 30 minutes after waking.
- She cannot enjoy walking for exercise due to her knee pain and feels exhausted.



Helpful tip: Be sure to ask patients about any analgesics or therapies they may have already tried, including the doses, if possible.

What the Chart Says



Type 2 diabetes
Metformin



Hypertension
Lisinopril



Mild depression
Fluoxetine



Hyperlipidemia
Atorvastatin



Family history of
knee replacement
*Lidocaine cream,
naproxen sodium,
acetaminophen*



BMI of 32.5



Helpful tip: Be sure to remind patients to disclose any medications they may be taking to manage their coexisting medical conditions.



Apply the patient's information in answering the following questions:

What types of questions would you ask to be sure you are making the best analgesic recommendation possible?

What aspects of Anne's medical history would impact your decision to select a particular analgesic?

Are there any adjunct therapies you might recommend for Anne?

One Way to Manage Anne's Pain

- **Recommend that patient stop taking naproxen sodium due to cardiovascular concerns but increase acetaminophen intake (up to 4,000 mg/day).**

- Counsel patient on NSAID risks, as well as efficacy of OTC medications as an alternative to prescription opioid medications.

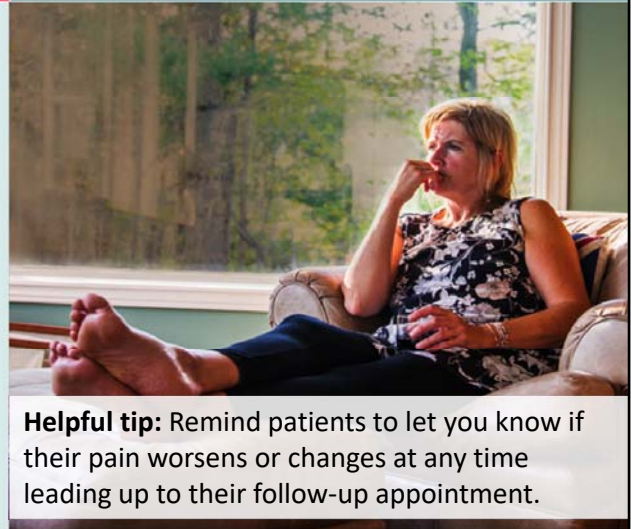
- **Treat depression.**

- Recognize that this patient's mental health may be influencing her perception of pain. Depression has been linked to pain sensitivity and severity.¹

- **Recommend alternative therapies:**

- Assistive devices, such as a knee brace
- Low-impact exercises, such as swimming

- **Schedule follow-up appointment in 4 to 6 weeks.**



Helpful tip: Remind patients to let you know if their pain worsens or changes at any time leading up to their follow-up appointment.

1. Angst MS, et al. *Pain*. 2012;153(7):1397-1409.

Disclaimer: This treatment recommendation has been developed based on the speaker's experience.

For Your Information



Osteoarthritis Treatment Options Video



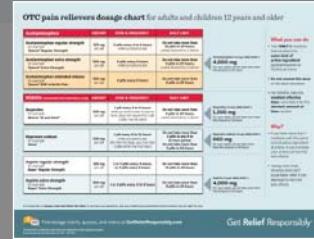
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Drug Facts Label Guide



Dosing Chart

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Meet Marvin

“My knee pain is persistent and is interfering with my productivity at work.”



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Meet Marvin

Marvin is a 28-year-old male. His last clinic visit was 3 weeks ago for flu-like symptoms. He is now complaining of persistent knee pain.

Social History

- Lives with his wife in an urban setting and is able to walk to work
- Works as a financial advisor
- Reports no alcohol, drug, or tobacco use
- Recently began training for a triathlon



"My knee pain is persistent and is interfering with my productivity at work."

Marvin's History of Present Illness

FATIGUE

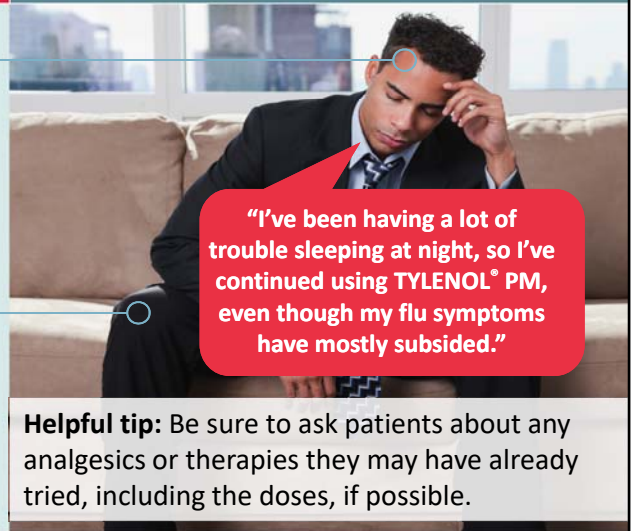
- Patient mentions that he has been exhausted, to the point where he has a hard time waking up in the morning, even after more than 8 hours of sleep.

PERSISTENT KNEE PAIN

- Patient's chief complaint is knee pain due to his active triathlon training schedule. Pain started low on the pain scale about a week prior, but it has persisted and is not getting better.

INABILITY TO REST KNEE

- Because patient walks to work, he has not been able to rest his knee completely. He has not taken any oral medications for pain but does occasionally ice his knee at night when he gets home from work.



"I've been having a lot of trouble sleeping at night, so I've continued using **TYLENOL® PM, even though my flu symptoms have mostly subsided."**

Helpful tip: Be sure to ask patients about any analgesics or therapies they may have already tried, including the doses, if possible.

What the Chart Says

MEDICAL HISTORY

- ✓ Visited the clinic approximately 3 weeks ago for fever and vomiting
- ✓ Had been taking Alka-Seltzer Plus® Severe Cold & Flu daily (per direction from his last clinic visit) for his symptoms but has been feeling better and is now taking it only as needed
- ✓ Is considered healthy, with a normal BMI, moderate/high amount of physical activity, and normal BP



Helpful tip: Be sure to remind patients to disclose any medications they may be taking to manage their coexisting medical conditions.



Apply the patient's information in answering the following questions:

What types of questions would you ask to be sure you are making the best analgesic recommendation possible?

What aspects of Marvin's medical history would impact your decision to select a particular analgesic?

How could you help Marvin remember your recommendation?

One Way to Manage Marvin's Pain

- **Eliminate TYLENOL® PM from patient's treatment plan**
 - Recommend other solutions to assist the patient to sleep better at night including not eating a large meal or exercising before bed and eliminating caffeine and alcohol from his diet
- **Advise patient to take 3,000 mg/day of acetaminophen for his knee pain**
 - Initiate on scheduled dosing, allowing treating HCP to titrate up to 4,000 mg/day if necessary
 - Counsel the patient on risks of taking more than one medication containing acetaminophen at one time
 - Encourage the patient to use nonpharmacologic modalities in addition to acetaminophen to manage his pain (e.g. use of a knee brace, physical therapy, elevation of knee)
- **Look to remove Alka-Setzer Plus® Severe Cold & Flu from the patient's treatment plan if flu symptoms have subsided**
 - Consider a chest x-ray, white blood count, and physical exam if flu symptoms are lingering
- **If pain worsens prior to next follow up, instruct patient to call for an earlier appointment**



Helpful tip: Remind patients to let you know if their pain worsens or changes at any time leading up to their follow-up appointment.

Disclaimer: This treatment recommendation has been developed based on the speaker's experience.

For Your Information



Professional OTC Analgesia Checklist



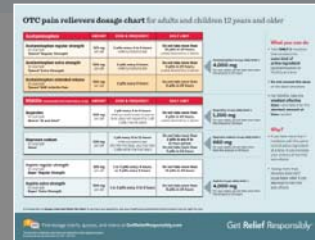
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Dosing Chart

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