## A Pharmacist's Perspective on OTC Analgesia

Pharmacists play an integral role in pain management by assisting patients and prescribers with the selection of over-the-counter (OTC) analgesics. A pharmacist may be the last healthcare professional a patient sees before utilizing an OTC product. Patients often ask pharmacists for advice when selecting OTC analgesics. Therefore, it is important for pharmacists to know what questions to ask patients to help ensure that informed recommendations are made.

The following key considerations can help pharmacists support each patient in selecting and safely using an appropriate OTC analgesic:



### Assess patient characteristics and medical history.

<b>✓</b> Evaluate patient characteristics.	Age, <sup>2-5</sup> gender, <sup>6</sup> consumption of 3 or more alcoholic beverages every day, <sup>3</sup> pregnancy or breast-feeding <sup>6</sup>
<b>Examine medical history.</b>	Cardiovascular disease, <sup>5,7-9</sup> gastrointestinal bleeding, <sup>2,3,5,10</sup> kidney disease, <sup>11,12</sup> liver disease, <sup>5,6</sup> asthma <sup>13,14</sup>
<b>✓</b> Identify medication use.	Ibuprofen plus low-dose aspirin, <sup>15-17</sup> nonsteroidal anti-inflammatory drugs (NSAIDs) plus anticoagulants, <sup>18</sup> NSAIDs plus steroids, <sup>19</sup> acetaminophen plus warfarin, <sup>3</sup> multiple medications containing the same ingredient or class of ingredient <sup>6,20</sup>



#### Explain the recommendation to the patient.

Remember that the patient may be familiar with name brands but not active ingredients; therefore, it may be beneficial to refer to a drug by both its trade name and generic name.

#### **Discuss expectations for pain relief.**



A pain-free state can only be achieved with anesthesia, but OTC medication can decrease the duration and intensity of pain.

## Review the dosing of the recommended product to help ensure that the product is used appropriately.



It may be more effective to specify the dosing schedule in terms of time, rather than frequency, to help prevent the patient from redosing too soon.

For example, 6 AM, 2 PM, and 10 PM, instead of 3 times per day



# Ensure that the patient understands the recommendation was individualized.

Detail why a particular choice of OTC analgesic was made and how it was personalized.

To help ensure that all products are used appropriately, explain how the patient assessment impacts other OTC medication that the patient may be taking.

"We have a world of generic drugs, but no generic patients. Every patient requires specific considerations and an individualized recommendation."



Contributor: Robert L. Barkin, MBA, PharmD, FCP, DAAPM, DACFM, Overseas Fellow RSM Doctor of Pharmacy and Educator Chicago, Illinois

## A Pharmacist's Perspective on OTC Analgesia

Pharmacists play an integral role in pain management by assisting patients and prescribers with the selection of over-the-counter (OTC) analgesics. A pharmacist may be the last healthcare professional a patient sees before utilizing an OTC product. Patients often ask pharmacists for advice when selecting OTC analgesics. Therefore, it is important for pharmacists to know what questions to ask patients to help ensure that informed recommendations are made.

#### References

- 1. Barkin RL. Pharmacist's evolving role in the nonopioid, over-the-counter, analgesic selection process. Am J Ther. 2015;22(6):423-430.
- 2. Barber JB, Gibson SJ. Treatment of chronic non-malignant pain in the elderly. Drug Saf. 2009;32(6):457-474.
- 3. US Food and Drug Administration. Organ-specific warnings; internal analgesic, antipyretic, and antirheumatic drug products for over-the-counter human use; final monograph. Final rule. Fed Regist. 2009;74(81):19385-19409.
- 4. Gu Q, Dillon CF, Burt VL. Prescription drug use continues to increase: U.S. prescription drug data for 2007–2008. NCHS Data Brief. 2010;(42):1-8.
- 5. Motrin IB [product labeling]. Fort Washington, PA: McNeil Consumer Healthcare; 2015.
- 6. Tylenol Regular Strength [product labeling]. Fort Washington, PA: McNeil Consumer Healthcare; 2015.
- 7. Bavry AA, Khaliq A, Gong Y, et al. Harmful effects of NSAIDs among patients with hypertension and coronary artery disease. *Am J Med.* 2011;124(7):614-620.
- 8. Antman EM, Bennett JS, Daugherty A, Furberg C, Roberts H, Taubert KA; American Heart Association. Use of nonsteroidal antiinflammatory drugs: an update for clinicians: a scientific statement from the American Heart Association. *Circulation*. 2007;115(12):1634-1642.
- 9. US Food and Drug Administration. FDA strengthens warning that non-aspirin nonsteroidal anti-inflammatory drugs (NSAIDs) can cause heart attacks or strokes [safety announcement]. http://www.fda.gov/DrugS/DrugSafety/ucm451800.htm. Published July 9, 2015. Accessed April 18, 2016.
- **10.** McCarthy DM. Prevention and treatment of gastrointestinal symptoms and complications due to NSAIDs. *Best Pract Res Clin Gastroenterol.* 2001;15(5):755-773.
- 11. Harirforoosh S, Jamali F. Renal adverse effects of nonsteroidal anti-inflammatory drugs. Expert Opin Drug Saf. 2009;8(6):669-681.
- 12. Bush TM, Shlotzhauer TL, Imai K. Nonsteroidal anti-inflammatory drugs: proposed guidelines for monitoring toxicity. West J Med. 1991;155(1):39-42.
- 13. Peterson GM. Selecting nonprescription analgesics. Am J Ther. 2005;12(1):67-79.
- **14.** Jenkins C, Costello J, Hodge L. Systematic review of prevalence of aspirin induced asthma and its implications for clinical practice. *BMJ*. 2004;328(7437):434.
- 15. 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.
- 16. MacDonald TM, Wei L. Effect of ibuprofen on cardioprotective effect of aspirin. Lancet. 2003;361(9357):573-574.
- 17. US Food and Drug Administration. Concomitant use of ibuprofen and aspirin: potential for attenuation of the anti-platelet effect of aspirin [science paper]. http://www.fda.gov/downloads/drugs/drugsafety/postmarketdrugsafetyinformationforpatientsandproviders/ucm161282.pdf. Published September 8, 2006. Accessed June 15, 2016.
- 18. Bhatt DL, Scheiman J, Abraham NS, et al; American College of Cardiology Foundation Task Force on Clinical Expert Consensus Documents. 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(18):1894-1909.
- **19.** García Rodríguez LA, Hernández-Díaz S. The risk of upper gastrointestinal complications associated with nonsteroidal anti-inflammatory drugs, glucocorticoids, acetaminophen, and combinations of these agents. *Arthritis Res.* 2001;3(2):98-101.
- 20. Clinard F, Sgro C, Bardou M, et al. Association between concomitant use of several systemic NSAIDs and an excess risk of adverse drug reaction. A case/non-case study from the French Pharmacovigilance system database. Eur J Clin Pharmacol. 2004;60(4):279-283.

"We have a world of generic drugs, but no generic patients. Every patient requires specific considerations and an individualized recommendation."