

A Rheumatologist's Perspective on OTC Analgesia

Many patients experience a continuum of pain across all stages of osteoarthritis (OA). In conjunction with nonpharmacologic treatments, over-the-counter (OTC) nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen can be effective first-line pharmacologic options because of their availability, relatively low cost, and good safety profile.^{1,2}

OTC analgesics have limitations. **WHEN** making an OTC analgesic recommendation for patients with OA, consider:

WHAT

coexisting medical conditions may be impacted?

Cardiovascular (CV) disease:



NSAIDs may increase the risk of CV events, including myocardial infarction and stroke.³⁻⁵

Gastrointestinal (GI) bleeding:



NSAIDs may promote GI bleeding, and this risk may be greater in patients with a history of stomach ulcers or bleeding problems.⁵

Kidney disease and other renal insufficiencies:



NSAIDs may increase the risk of acute renal failure.⁶⁻⁸

Liver disease:



Careful consideration should be given when recommending acetaminophen to patients with liver disease.⁹

WHICH

drug interactions may result from concomitant medication use?

Anticoagulants, steroids, or aspirin taken with NSAIDs

May increase the risk of stomach bleeding¹⁰⁻¹²

Warfarin taken with acetaminophen

May increase the international normalized ratio^{9,12}

Multiple acetaminophen-containing products

May increase hepatic risks at supratherapeutic doses⁹

Multiple NSAIDs

May increase the risk of stomach bleeding^{5,13}

WHO

may be at risk for adverse events?

In patients who consume 3 or more alcoholic drinks per day:



NSAIDs may increase the risk of stomach bleeding.⁵



Acetaminophen may increase hepatic risks.⁹

Do your patients understand

WHY

you recommended a particular analgesic?

When developing a pain management plan for patients with OA, it is essential to explain why a specific analgesic recommendation was made.

Be sure to review how to appropriately use the product, including when to take the medication and how much medication to take at each dose.

Address patients' expectations of how much pain relief is reasonably achievable.

Reinforce the benefits of supportive, nonpharmacologic therapies that can reduce a patient's tendency to reach for additional medications if full pain relief is not achieved.

Education can help patients avoid product misuse and safely achieve relief of their pain.

“Remember that any treatment option for the management of OA pain has limitations. For patients who do not respond to nonpharmacologic approaches, start with over-the-counter analgesics and escalate only if necessary and appropriate.”



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