TYLENOL®

OTC pain relief that's less likely to cause renal side effects than NSAIDs*

More than 1 in 7 adults in the US are affected by chronic kidney disease[1]

In the kidneys, cyclooxygenase-1 (COX-1) generally functions in the control of hemodynamics and the glomerular filtration rate, while cyclooxygenase-2 (COX-2) functions affect salt and water excretion. For the 37 million Americans with chronic kidney disease, non-steroidal anti-inflammatory drugs (NSAIDs) may inhibit COX-1 and COX-2, resulting in reduced renal perfusion and promotion of sodium and fluid retention.[1-3]

The National Kidney Foundation recommends acetaminophen as a first-line analgesic for episodic use in patients with underlying renal disease.[4]

TYLENOL® has a different mechanism of action than NSAIDs

Unlike NSAIDs, TYLENOL® does not inhibit COX-1 and COX-2 in the kidneys, making it an appropriate OTC alternative to consider to relieve pain and reduce fever in patients with kidney disease.[2,5,6]*

Recommend TYLENOL® for your patients with kidney disease

Request **FREE** samples at tylenolprofessional.com

Use products only as directed.

TYLENOL® Extra Strength Caplets and Rapid Release Gels	
Active ingredient: acetaminophen 500 mg (in each caplet/gelcap)	
DOSAGE FREQUENCY†	**DIRECTIONS**
2 caplets/gel caps 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. 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 DOSAGE

If pain or fever persists at the total labeled daily dose, healthcare professionals may exercise their discretion and **recommend up to 4000 mg/day**.‡

Learn more about renal risks

*When taken at recommended doses.
‡The efficacy and safety of TYLENOL® at 4000 mg/day are well-established.

References: 1. National Institute of Diabetes and Digestive and Kidney Diseases. Kidney disease statistics for the United States. May 2023. Accessed June 14, 2024. https://www.niddk.nih.gov/health-information/health-statistics/kidney-disease **2.** Weir MR. Renal effects of nonselective NSAIDs and coxibs. *Cleve Clin J Med.* 2002;(69)(suppl1):S153-S158. **3.** Bugge JF. 5 renal effects and complications of NSAIDs for routine post-operative pain relief: increased awareness of a real problem is needed. *Bailliere's Clinical Anesthesiology*. 1995;9(3):483-492. **4.** Henrich WL, Agodoa LE, Barrett B, et al. Analgesics and the kidney: summary and recommendations to the Scientific Advisory Board of the National Kidney Foundation from an ad hoc committee of the National Kidney Foundation. *Am J Kidney Dis*. 1996;27(1):162-165. **5.** Prescott LF, Speirs GC, Critchley JA, Temple RM, Winney RJ. Paracetamol disposition and metabolite kinetics in patients with chronic renal failure. *Eur J Clin Pharmacol.* 1989;36(3):291-297. **6.** Martin U, Temple RM, Winney RJ, Prescott LF. The disposition of paracetamol and the accumulation of its glucuronide and sulphate conjugates during multiple dosing in patients with chronic renal failure. *Eur J Clin Pharmacol.* 1991;41(1):43-46.

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