

TYLENOL®



An appropriate OTC pain relief option for patients with certain GI diseases

60 million to 70 million US adults have some type of gastrointestinal (GI) disease¹

For patients with certain GI issues experiencing pain or fever, non-steroidal anti-inflammatory drugs (NSAIDs) can irritate the stomach and cause bleeding.^{2,4} That's why it's important to get the full picture before recommending an OTC pain reliever/fever reducer.

Regular NSAID use is the second-most common cause of peptic ulcers⁵

For patients with GI concerns, recommend TYLENOL® for relief of minor aches, pains, and fever

Unlike NSAIDs, TYLENOL® does not interfere with cyclooxygenase-1 (COX-1), an important mediated mechanism in gastric mucosal protection, so it does not irritate the stomach the way that NSAIDs like naproxen sodium or ibuprofen can. This makes TYLENOL® an appropriate OTC recommendation for patients with certain GI diseases.^{2-4,6}

Consider TYLENOL® as your analgesic choice for patients at higher risk for GI complications



Request **FREE** samples at tylenolprofessional.com



Use products only as directed.

TYLENOL® Extra Strength Easy to Swallow Caplets and Coated Tablets

Active ingredient: acetaminophen 500 mg (in each caplet/tablet)

DOSAGE FREQUENCY*

2 caplets/tablets every 6 hours while symptoms last

DIRECTIONS

Not to exceed 6 caplets/tablets 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.†

†The efficacy and safety of TYLENOL® at 4000 mg/day are well established.



Learn more about GI risks

References: 1. Digestive diseases statistics for the United States. National Institute of Diabetes and Digestive and Kidney Diseases. Updated November 2014. Accessed May 29, 2024. <https://www.niddk.nih.gov/health-information/health-statistics/digestive-diseases> 2. Frech EJ, Go MF. Treatment and chemoprevention of NSAID-associated gastrointestinal complications. *Ther Clin Risk Manag.* 2009;5(1):65-73. 3. Abraham NS, Hlatky MA, Antman EM, et al; ACCF/ACG/AHA. ACCF/ACG/AHA 2010 expert consensus document on the concomitant use of proton pump inhibitors and thienopyridines: a focused update of the 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 Expert Consensus Documents. *Circulation.* 2010;122(24):2619-2633. 4. Blot WJ, McLaughlin JK. Over the counter non-steroidal anti-inflammatory drugs and risk of gastrointestinal bleeding. *J Epidemiol Biostat.* 2000;5(2):137-142. 5. Peptic ulcer. [mountsinai.org](https://www.mountsinai.org/health-library/report/peptic-ulcers). Accessed April 29, 2024. <https://www.mountsinai.org/health-library/report/peptic-ulcers> 6. Hoftiezer JW, O'Laughlin JC, Ivey KJ. Effects of 24 hours of aspirin, Bufferin, paracetamol and placebo on normal human gastroduodenal mucosa. *Gut.* 1982;23(8):692-697.