You May Be at Risk

You are currently taking a non-steroidal anti-inflammatory drug (NSAID):

- Aspirin
- Diclofenac (Voltaren®)
- Diflunisal (Dolobid®)
- Etodolac (Lodine®)
- Ibuprofen (Advil®)
- Ketoprofen (Oruval®, Orudis®)
- Mefenamic acid (Ponstel®)
- Meloxicam (Mobic®)
- Nabumetone (Relafen®)
- Naproxen (Naprosyn®, Aleve®)
- Oxaprozin (Daypro®)
- Piroxicam (Feldene®)
- Sulindac (Clinoril®)
You May Be at Risk

Pain medicines called NSAIDs (non-steroidal anti-inflammatory drugs) are mild pain killers that are safe to take for long periods of time.

NSAIDs do not cause any side effects.

NSAIDs are the best available option to treat my pain symptoms.

Exercise can be effective in reducing pain.
ANSWERS
1. FALSE

It is recommended to take an NSAID at the lowest dose possible for the shortest period of time (1-2 days only).

2. FALSE

NSAIDs are associated with side effects no matter what dose is taken:

- **High blood pressure and heart problems:** If you have high blood pressure, taking medications such as NSAIDS could worsen your condition. Make sure you have your blood pressure checked when you start this medication. Use of some of these drugs can also cause or exacerbate heart problems or heart failure symptoms because they cause water retention, high blood pressure and more workload for the heart.

- **Stomach ulcers or bleeding:** In patients aged 65 and older, it is suggested to take a stomach protection agent when using an NSAID.

- **Swelling of the ankles:** This symptom can occur from NSAIDs due to water retention.

3. FALSE

Although it may be safe to take NSAIDs over the short term (less than 1-2 days) for some patients, it is generally recommended to use Acetaminophen or Tylenol®, or use alternative non-medicinal pain treatments such as heat, massage or relaxation when needed.

4. TRUE

Staying physically active can help you manage your pain without taking drugs. Some milder techniques, such as yoga or tai chi, can be indicated in your case. Discuss your options with your physician.
DID YOU KNOW?

NSAIDs are a family of drugs is used to relieve pain and inflammation.

Some medications are not suitable for people with certain conditions. If you have high blood pressure, heart failure, or kidney disease, you should not take NSAIDs. The risk may increase with duration of use.

If you are concerned that NSAIDs are an the over-the-counter medication that you take for pain or inflammation, you should take this document to discuss with your doctor or pharmacist. There are other safer and more effective alternatives.

AS YOU AGE

Over the age of 65, the natural protection in your stomach is not as strong and the chance of bleeding and developing ulcers increases. Your liver and kidneys may also have difficulty processing more than one medication at a time. When you start taking an NSAID, you should have your kidneys and your blood pressure checked regularly to make sure that they are not being affected.
WARNING

**NSAIDs are bad for your blood pressure.**

NSAIDs can cause high blood pressure or, if you have high blood pressure, they can make it worse. This increases your risk of having a heart attack or stroke.

NSAIDs can prevent some hypertension medications from working properly or result in deterioration of renal function, including possibly renal failure.

They can interfere with:
- Water pills (diuretics).
- ACE inhibitors (like lisinopril) or ARBs (like losartan) that relax the blood vessels.

**NSAIDs are bad for your heart and kidneys.**

Long-term use of NSAIDs can make your body hold onto fluid. This can make the symptoms of heart failure, such as shortness of breath, swollen ankles, and a rapid or irregular heartbeat, worse.

NSAIDs can also keep the kidneys from working well. If you already have a kidney disease, taking NSAIDs makes it more risky for you.

**NSAIDS are bad for your stomach.**

NSAIDs increase the risk of ulcers and gastrointestinal bleeding if given to patients over the age of 65 without stomach protection.

POSSIBLE INTERACTIONS

It is not recommended to take multiple types of NSAIDs as they can increase the risk factors listed above. NSAIDs should not be taken with certain types of blood pressure medication or with blood thinners (for example Coumadin® or Aspirin®).
ALTERNATIVES

Managing arthritis pain without taking drugs

• People who have arthritis often feel that DOING physical exercises will worsen their pain. However, research has proven that NOT DOING physical activity leads to loss of strength, reduced flexibility and increased pain. Although there is no cure for arthritis, exercise will strengthen your muscles and will help to relieve pain in your joints and minimize damage when you move. Exercise could mean a walk in the park, going for a swim, or doing regular stretches, but it is important to incorporate it into your arthritis treatment plan.

• You should consider seeing a physiotherapist, taking yoga lessons or getting a massage.

• Other medical options, such as acetaminophen (for example, Tylenol®) or joint injections, may help your situation with less serious side effects.

Managing back pain without taking drugs

• Without necessarily being scientifically proven, some non-drug treatments may offer solutions to your pain with fewer side effects. Acupuncture, massage, physical therapy, and yoga can help reduce pain or even replace the need for drugs.

Managing fibromyalgia without taking drugs

• Get regular exercise to help reduce pain and give you more energy. Exercises involving slow, gentle movements combined with deep breathing. Tai chi for example, is a good choice.

• Meditation or cognitive behavioural therapy can help too.
THE VICIOUS CIRCLE OF DECREASING ACTIVITY AND THE DOWNWARD SPIRAL OF PAIN

Many people who experience chronic pain tend to arrange their lives to avoid activity as much as possible in an attempt to lessen their pain. Although activity may be uncomfortable, doing less exercise is not the answer to the problem. As you become less active you become less fit.

This means that you can no longer exercise as much, and when you do exercise, it is more a strain and often causes more pain. This can be the start of a vicious spiral of decreasing activity. In the end you may decide to give many of your usual activities. You may feel you can no longer walk with confidence, do the gardening or leave the house. As a result, you may become very isolated.

Pain
- Avoid activities
  - Less activity
    - Deconditioning
      - Pain on mild effort
        - Further inactivity
          - Further deconditioning
            - Pain on minimal effort
The Upward Spiral of Exercising

Exercises can be used to reverse this downward spiral. Exercising promotes recovery, avoids the bad effects of rest and helps people regain near to normal function of their body. Exercising can avoid the effects of deconditioning: muscle tightness, weakness, poor fitness and abnormal coordination. Being fitter and more active can also help you to feel good and improve your confidence in yourself.

Return to productive activities

Improved confidence

Endurance activities

Reduced fear of activities

Starting to feel stronger and more in control

Strengthening activities

Start stretching

Pain on minimal effort
Mrs. Khaled had pain in her knees for a long time. Her physician diagnosed knee arthritis and prescribed Voltaren® to be applied morning and night. Because Voltaren® is an NSAID, it can cause bleeding in the stomach or the intestine. So, her physician also prescribed a protective agent.

Recently, Mrs. Khaled read that NSAIDs could exacerbate heart disease, a condition already prevalent in her family. She was even more worried since she was also having stomach discomfort despite taking a protective agent. Mrs. Khaled decided to talk to her physician to discuss a better solution for her arthritis with less risks for her health.

Her physician asked her to stop Voltaren® and the protective agent right away. He then recommended to take acetaminophen regularly. She signed up for an aquatic fitness class, which relieved pressure on her joints.

At first, she felt discomfort when exercising. Her physician suggested she took acetaminophen 20 minutes prior to exercising. Mrs. Khaled is now reassured that her knee arthritis is under control and her risks of cardiovascular diseases are back to normal. Mrs. Khaled now feels less depressed and she enjoys exercise classes with her new friends.
5 QUESTIONS TO ASK YOUR HEALTH CARE PROVIDER

1. Do I need to continue my medication?
2. How do I reduce my dose?
3. Is there an alternative treatment?
4. What symptoms should I look out for when I stop my medication?
5. Who do I follow up with and when?

Questions I want to ask my health care provider about my medication

Use this space to write down questions you may want to ask: