Health Awareness

Knee OA Does Not Have To Limit Your Life

(NAPSA)—If you are one of the 10 million Americans suffering from knee osteoarthritis (OA), you may be pleased to learn that the condition may not have to limit your lifestyle or your activity level.

OA, a degenerative joint disease, is the most common form of arthritis, characterized by the breakdown of the joint's cartilage, causing bones to rub against each other—resulting in stiffness, pain and loss of joint movement. Knee OA is the most common form, occurring in about 41 percent of all cases.

"The prevalence of knee OA in adults is comparable to heart disease—18.4 percent vs. 18.3 percent," says Dr. Charles Argoff, professor of neurology at Albany Medical College and director of the Comprehensive Pain Program of Albany Medical Center. "And knee OA is one of five leading causes of disability among adults. Knee OA's pervasiveness and ability to impair everyday physical function demonstrate the limits it can place on people's lives."

Knee OA pain relief can help allow people to maintain active lifestyles and continue their favorite activities, such as golf or gardening with reduced pain.

With help from your doctor, you can effectively control your knee OA pain and continue participating in the activities you love with reduced pain.

Those suffering from knee OA can help regain their ability to do these activities by talking with their doctor and finding treatment for their condition. Prescription treatment together with other therapies, such as physical activity and joint protection, can help many people with knee OA pain maintain healthy, active lives.

"No one treatment works for all patients," says Dr. Argoff. "With the help of your physician, you can find a treatment that helps you stay involved with your favorite activities."

Your doctor can help you evaluate your treatment options, which can include pain medications such as acetaminophen or nonsteroidal anti-inflammatory drugs (NSAIDs) to help reduce joint pain, stiffness and swelling. These options include PENNSAID® (diclofenac sodium topical solution) 1.5 percent w/w, from Mallinckrodt Inc. (a Covidien Company), which is the only FDA-approved topical NSAID in a vehicle solution containing dimethyl sulfoxide (DMSO), a known penetrating agent. PENNSAID is indicated for treatment of the signs and symptoms of osteoarthritis of the knee(s).

A growing number of guidelines and review committees suggest that the use of topical NSAIDs in the treatment of knee OA offers potential significant gastrointestinal (GI) safety benefits for certain patients. Note that all NSAID products—both topical and oral—have an FDA-required boxed warning regarding cardiovascular and gastrointestinal risks.

For more information about knee OA and treatment, talk to your doctor.

IMPORTANT RISK INFORMATION ABOUT PENNSAID®

Cardiovascular Risk

- ***Nonsteroidal anti-inflammatory drugs (NSAIDs) may cause an increased risk of serious cardiovascular thrombotic events, myocardial infarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk.***
- ***PENNSAID is contraindicated in the perioperative setting of coronary artery bypass graft (CABG) surgery.***

Gastrointestinal Risk

- ***NSAIDs cause an increased risk of serious gastrointestinal adverse events including bleeding, ulceration, and perforation of the stomach or intestines, which can be fatal. These events can occur at any time during use and without warning symptoms. Elderly patients are at greater risk for serious gastrointestinal events.***

PENNSAID is also contraindicated in patients:

- ***with a known hypersensitivity to diclofenac sodium or any other component of PENNSAID***
- ***who have experienced asthma, urticaria, or allergic-type reactions after taking aspirin or other NSAIDs. Severe, rarely fatal anaphylactic-like reactions to NSAIDs have been reported in such patients***

The most common treatment-related adverse events in patients receiving PENNSAID were application site skin reactions including dry skin (32%), contact dermatitis characterized by skin erythema and induration (9%), contact dermatitis with vesicles (2%) and pruritus (4%). In a long term safety study, contact dermatitis occurred in 13% and contact dermatitis with vesicles in 10% of patients, generally within the first 6 months of exposure, leading to a withdrawal rate for an application site event of 14%. Other common adverse events greater than placebo include: dyspepsia (9%), abdominal pain (6%), flatulence (4%), diarrhea (4%) and nausea (4%).[1,2,4]

Elevation of one or more liver tests may occur during therapy with NSAIDs. PENNSAID should be discontinued immediately if abnormal liver tests persist or worsen.

Anaphylactoid reactions may occur in patients without prior exposure to PENNSAID. NSAIDs can cause serious skin adverse events such as exfoliative dermatitis, Stevens-Johnson Syndrome (SJS) and toxic epidermal necrosis (TEN).

Avoid exposure of treated knee(s) to natural or artificial sunlight. Avoid contact of PENNSAID with eyes and mucosa. Wash and dry hands after use. Do not apply to open wounds. Do not apply heat or compressive dressings to treated knee(s).

See Full Prescribing Information at www.treatkneeoa.com for additional Important Risk Information.

PENNSAID is a registered trademark of Nuvo Research Inc.