

Don't Let Staying Active Be A Pain [Ⓢ]

(NAPSA)—Living a physically active life can have many benefits. Yet for some of the more than 50 million adults who suffer from chronic pain, such as osteoarthritis and low back pain, common daily activities such as exercise, gardening or even playing with grandkids can bring more pain than pleasure.

According to the American Chronic Pain Association, chronic pain is pain that continues a month or more beyond the usual recovery period for injury or illness and may persist for months and years. Talking to your health care professional is the first step to managing this condition. Exercise, lifestyle changes and medicines can help bring chronic pain under control.

“Research has shown that regular exercise may help reduce pain by improving strength, flexibility and muscle tone,” said Dr. Matt Rosenberg, medical director at Mid-Michigan Health Centers in Jackson, Mich. “Some outdoor activities that people with chronic pain can try are swimming, walking, gardening and yoga.” However, it is always best to check with your doctor before starting any physical activity.

In addition to exercise, and lifestyle changes such as diet and weight loss, medicines can be useful in managing chronic pain. For some patients, over-the-counter medicines may work, while others may need a prescription medication.

There's a new prescription

option for adults who need around-the-clock treatment of moderate to moderately severe chronic pain for an extended period of time—once-daily ULTRAM[®] ER (tramadol HCl) extended-release tablets.

“ULTRAM ER was found in clinical studies to be safe and effective to treat moderate to moderately severe chronic pain,” said Dr. Rosenberg. “And ULTRAM ER is taken just once daily, which may be convenient for people who find it hard to take pills several times a day.”

Studies have shown that pain relief provided by ULTRAM ER may help improve chronic pain-related sleep problems that make it hard to fall asleep or can wake you up throughout the night.

Important Safety Information

ULTRAM ER is contraindicated in any situation where opioids are contraindicated, including a history of anaphylactoid reactions to opioids, and in patients who have previously demonstrated hypersensitivity to tramadol.

ULTRAM ER must be swallowed whole and must not be chewed, crushed or split. Chewing, crushing or splitting the tablet will result in the uncontrolled delivery of the opioid and could result in overdose and death. This risk is increased with concurrent abuse of alcohol and other substances. Tramadol, like other opioids used in analgesia, can be abused.

Seizures have been reported in patients receiving tramadol. The risk of seizure is increased with doses of tramadol above the recommended range.

Concomitant use of tramadol increases the seizure risk in patients taking tricyclic antidepressants, selective serotonin reuptake inhibitors or other opioids.

Tramadol may enhance the seizure risk in patients taking MAO inhibitors, neuroleptics or other drugs that reduce the seizure threshold.

Risk of convulsions may also increase in patients with epilepsy, those with a history of seizures, or in patients with a recognized risk for seizure (such as head trauma, metabolic disorders, alcohol and drug withdrawal, CNS infections).

Do not prescribe ULTRAM ER for patients who are suicidal or addiction-prone.

ULTRAM ER should be used with caution and in reduced dosages when administered to patients receiving CNS depressants such as alcohol, opioids, anesthetic agents, narcotics, phenothiazines, tranquilizers, antidepressants or sedative hypnotics. ULTRAM ER increases the risk of CNS and respiratory depression in these patients.

Administer ULTRAM ER cautiously in patients at risk for respiratory depression. In these patients, non-opioid analgesics should be considered. When large doses of tramadol are administered with anesthetic medications or alcohol, respiratory depression may result. Respiratory depression should be treated as an overdose. If naloxone is to be administered, use cautiously because it may precipitate seizures.

Use ULTRAM ER cautiously in patients over 65 years of age due to the greater frequency of adverse events observed in this population.

ULTRAM ER should not be used in patients with severe renal (CrCl <30 mL/min) or hepatic (Child-Pugh Class C) impairment.

In clinical trials, the most frequently reported side effects in patients receiving ULTRAM ER and placebo, respectively, were dizziness (not vertigo, 15.9%-22.5% vs 6.9%), nausea (15.1%-25.5% vs 7.9%), constipation (12.2%-21.3% vs 4.2%), somnolence (7.3%-11.3% vs 1.7%) and flushing (7.7%-10.0% vs 4.4%).

ULTRAM ER should not be administered at a dose exceeding 300 mg per day.

Please see attached full PI for additional information.

For more information about chronic pain and ULTRAM ER, visit www.ULTRAM-ER.com.