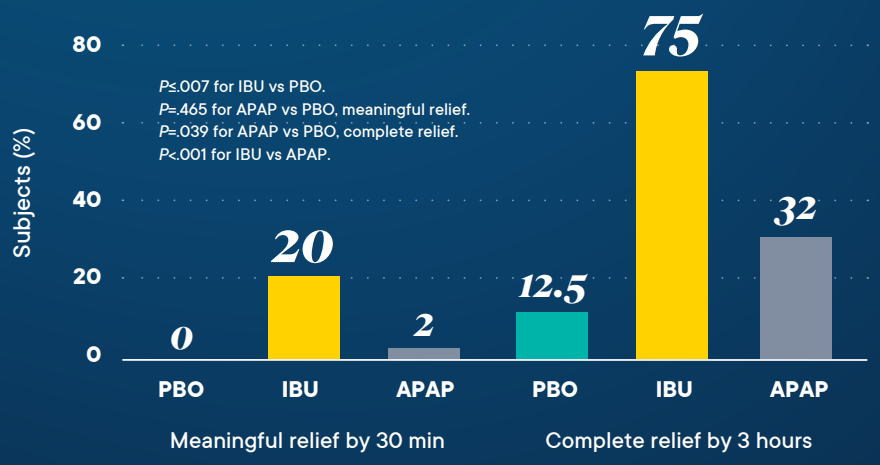
Advil

Fact: Advil® is tough on acute pain and easy on your patients

Proven superiority. Proven tolerability.

The medicine in Advil has been tested against acetaminophen, the active ingredient in Tylenol®, and multiple studies prove that Advil remains the superior option in providing strong, long-lasting relief of your patients' toughest pain.[1-3] When used as directed, Advil also has a favorable safety profile.[4-7]

Advil® Liqui-Gels® work faster than Tylenol Extra Strength for tension headaches



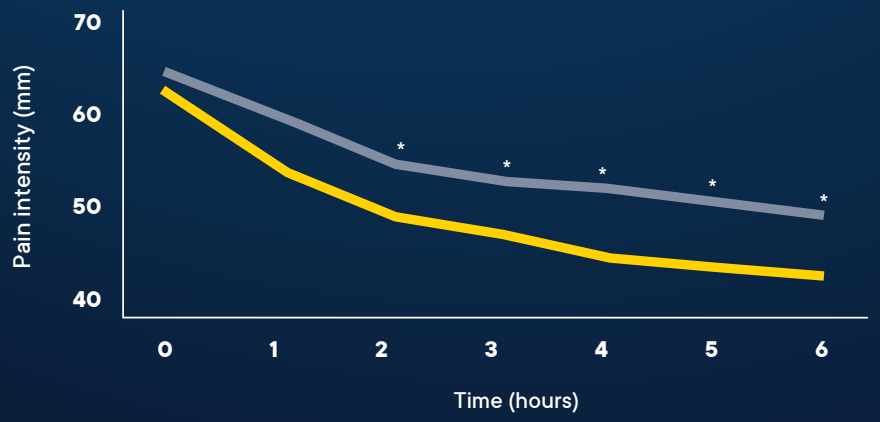
A study shows Advil Liqui-Gels:

- Were significantly faster than Tylenol Extra Strength and placebo for all time-to-relief measures
- Demonstrated significantly superior overall analgesic efficacy
- Provided a clinically relevant advantage of speed[2]

Adapted from Packman et al.[2] Percentage of subjects obtaining meaningful relief by 30 minutes.

PBO = placebo
IBU = ibuprofen (400 mg)
APAP = acetaminophen (1000 mg)

The medicine in Advil is stronger on osteoarthritis (OA) pain than the medicine in Tylenol



The use of ibuprofen was proven more effective than acetaminophen in the analgesic treatment of OA of both the knee and hip after a single dose.[3]

Adapted from Boureau et al.[3] Evolution of the pain intensity during 6 hours. *$P<.05$, Student's t test.

Acetaminophen (1000 mg)
Ibuprofen (400 mg)

Recommend Advil for your patients in pain, so they can get the relief they need.

Please see proven safety profile on page 2.

Advil

Advil® stands up to safety concerns

Extensive research shows Advil at OTC doses has a favorable overall safety profile

Gastrointestinal

Clinical studies show OTC ibuprofen when taken as directed offers a very low increased risk of serious GI events, stomach complaints, or bleeding. Furthermore, an epidemiologic study and systematic review found no significant increased risk of serious upper GI toxicity at doses <1200 mg daily.[4-6,8,9]

Cardiovascular

Data from a series of studies suggest ibuprofen at OTC doses is not strongly associated with an increased risk of cardiovascular events, such as myocardial infarction and stroke, or cardio-renal events, such as high blood pressure and congestive heart failure.[7,10-12]

Renal

Overall, ibuprofen at OTC doses is associated with a low risk of developing acute or chronic renal conditions.[6,13]

Hepatic

Use of OTC ibuprofen is associated with a very low risk of developing liver injury, especially compared with the severe liver damage observed with acetaminophen overdose and the occasional liver reaction from aspirin.[5,6]

Get more facts at **GSKHealthPartner.com**

References: 1. Data on file. GSK Consumer Healthcare; 2014. **2.** Packman B, Packman E, Doyle G, et al. Solubilized ibuprofen: evaluation of onset, relief, and safety of a novel formulation in the treatment of episodic tension-type headache. *Headache.* 2000;40(7):561-567. **3.** Boureau F, Schneid H, Zeghari N, Wall R, Bourgeois P. The IPSO study: ibuprofen, paracetamol study in osteoarthritis: a randomised comparative clinical study comparing the efficacy and safety of ibuprofen and paracetamol analgesic treatment of osteoarthritis of the knee or hip. *Ann Rheum Dis.* 2004;63(9):1028-1034. **4.** Bjarnason I. Ibuprofen and gastrointestinal safety: a dose-duration-dependent phenomenon. *J R Soc Med.* 2007;100(suppl 48):11-14. **5.** Rainsford KD, Roberts SC, Brown S. Ibuprofen and paracetamol: relative safety in non-prescription dosages. *J Pharm Pharmacol.* 1997;49(4):345-376. **6.** Rainsford KD. Ibuprofen: pharmacology, efficacy and safety. *Inflammopharmacology.* 2009;17(6):275-342. **7.** McGettigan P, Henry D. Cardiovascular risk with non-steroidal anti-inflammatory drugs: systematic review of population-based controlled observational studies. *PLoS Med.* 2011;8(9):e1001098. doi:10.1371/journal.pmed.1001098. **8.** Lewis SC, Langman MJ, Laporte JR, Matthews JN, Rawlins MD, Wiholm BE. Dose-response relationships between individual nonaspirin nonsteroidal anti-inflammatory drugs (NANSAIDs) and serious upper gastrointestinal bleeding: a meta-analysis based on individual patient data. *Br J Clin Pharmacol.* 2002;54(3):320-326. **9.** Kellstein DE, Waksman JA, Furey SA, Binstok G, Cooper SA. The safety profile of nonprescription ibuprofen in multiple-dose use: a meta-analysis. *J Clin Pharmacol.* 1999;39(5):520-532. **10.** Fosbøl EL, Gislason GH, Jacobsen S, et al. Risk of myocardial infarction and death associated with the use of nonsteroidal anti-inflammatory drugs (NSAIDs) among healthy individuals: a nationwide cohort study. *Clin Pharmacol Ther.* 2009;85(2):190-197. **11.** Moore N, Pollack C, Butkerait P. Adverse drug reactions and drug-drug reactions with over-the-counter NSAIDs. *Ther Clin Risk Manag.* 2015;11:1061-1075. **12.** Ray WA, Stein CM, Hall K, Daugherty JR, Griffin MR. Non-steroidal anti-inflammatory drugs and risk of serious coronary heart disease: an observational cohort study. *Lancet.* 2002;359(9301):118-123. **13.** Furey SA, Vargas R, McMahon G. Renovascular effects of nonprescription ibuprofen in elderly hypertensive patients with mild renal impairment. *Pharmacotherapy.* 1993;13(2):143-148.

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