

## The Dangers of Over-the-Counter (OTC) Pain Relievers

Avoiding addiction issues of prescription opioid can lead to poor use of over-the-counter pain medications. Some pain relievers affect older adults harder than others. It is important to know how much is too much. Be aware; no pain pill comes without the potential for harm.

Acetaminophen, (Tylenol) is considered the safest options but it's overuse is still to blame for about 50 percent of acute liver failures and more than 50,000 emergency room visits a year. Often problems arise from people not realizing Tylenol is also in remedies meant to fight allergies, colds, flu, coughs and sleeplessness. It's also in prescription Vicodin and Percocet. This double dose puts a burden on the liver. Make sure you're not getting more than 3,000 mg of acetaminophen in 24 hours.

Ibuprofen (Motrin, Advil) or naproxen. Luckily these pain killers (NSAIDs) are ones that won't give your liver more to do. But as they decrease inflammation which can decrease pain, they can cause stomach upset and in extreme cases an ulcer can develop.

Of course, a healthy individual who takes NSAIDs for a short amount of time isn't likely to suffer from these side effects, but pain isn't always a short-term issue. Treating chronic conditions with these medications meant for "short term" use can become especially dangerous especially for the elderly.

**Special considerations:** Those taking "blood thinners" need to limit the drug classification called NSAIDs.

The protein issue: NSAIDs bind to protein. Most elderly have less proteins in their blood. With fewer proteins to bind to the drug it is more potent with greater possible side effects.

Example: A 55-year-old with minimal medical problems, should limit use of ibuprofen or naproxen to two weeks. For older patients, or someone taking other medication, contacting their doctor for a recommended dose is best.

Also, if you're not finding relief with OTC medications, alternative methods for fighting pain are available.

Reference: Stephens, B., AARP, *The Dangers of Over-the-Counter Pain Reliever*, retrieved from <https://www.aarp.org/health/conditions-treatments/info-2019/otc-pain-medication.htm> on 2/1/1

## Count It! Lock It! Drop It!®

Prescription drug misuse is a prevalent and often fatal problem among youth and adults. It's likely you know someone who has become addicted to prescription pain medication. Alarming many think prescription medication addiction and misuse is a bigger risk for "other people," and would not happen in their own home.

When individuals do not properly use or store prescription medications, it creates an opportunity for drug misuse by anyone of any age. *If not used properly, prescription drugs can be as harmful and dangerous as illicit drugs.* So how can this be prevented? A program called *Count It! Lock It! Drop It!*® (CLD) is used in Tennessee. Here's how it works.

**Count It!** Make it a goal to count your pills once every 2 weeks. This will prevent theft and help ensure medications are taken properly.

**Lock It!** Store them in a secure place that others would not think to look. Statistics say the main source of prescription pain pills are from friends and relatives. Protect your loved ones. Purchase a lock box to securely store medications from local grocery stores and pharmacies.

**Drop It!** Drop off your unused or expired medications at drop boxes located at participating law enforcement offices or pharmacies. The police department in East Liverpool has a drop box close to the side door. *Also, look for Take Back Events.*

Other pain prescription drug safety tips:

- Don't talk about your prescription pain medications in public.
- Flushing is not recommended. Controlled substances can damage the environment when they hit the water supply.
- Remove personal information from pill bottles
- Do not put medications in the garbage in original containers.
- Mix the drugs with an unpleasant substance, such as kitty litter or coffee grounds. Put the drugs and unpleasant substance in the garbage separate from the pill bottle.

Resources: <file:///C:/Users/Owner/Downloads/MAP-Safe-Drug-Disposal-Guide.pdf>  
<file:///C:/Users/Owner/Downloads/MAP-Safe-Drug-Disposal-Guide.pdf> downloaded 4/26/19

## Understanding the New Blood Pressure Guideline

The new guideline was designed to help people take steps to control blood pressure earlier and possibly avoid complications. An elevated reading may or may not be accompanied by symptoms such as severe headache, shortness of breath, nosebleeds or severe anxiety. That is why it is so important to know your numbers.

Blood Pressure Category	Systolic (upper #)		Diastolic (lower #)	Recommendations:
Normal	<120	&	<80	Healthy lifestyle choices and yearly checks
Elevated	120-129	&	<80	Healthy lifestyle changes, reassess in 3-6 months
High BP Stage 1	130-139	or	80 - 89	10 yr. heart disease & stroke risk assessment. If > 10% risk, lifestyle changes, medications & monthly follow-ups till control.
High BP Stage 2	140 or more	or	90 or more	Lifestyle changes & 2 different classes of medicine, monthly follow-ups till control.
Hypertensive Crisis	>180	&/or	>120	Seek immediate medical attention to determine course of action. Treatment varies.*

**\*Hypertensive Urgency.** Get a second reading in five minutes. If not lower and there are no other symptoms such as chest pain, shortness of breath, back pain, numbness/weakness, change in vision, or difficulty speaking, treatment may include adjustment or addition of medications. This rarely requires hospitalization.

**\*Hypertensive Emergency.** If a blood pressure reading is 180/120 or greater and there are associated symptoms (as above) then call 9-1-1.

The consequences of hypertensive crisis can be severe and include:

- Stroke
- memory loss
- loss of consciousness
- Heart attack
- damage to eyes and kidneys
- Loss of kidney function
- unstable chest pain
- Aortic dissection
- pulmonary edema
- eclampsia

Reference: [http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/AboutHighBloodPressure/Hypertensive-Crisis-When-You-Should-Call-9-1-1-for-High-Blood-Pressure\\_UCM\\_301782\\_Article.jsp#.XMT36OhKjIU](http://www.heart.org/HEARTORG/Conditions/HighBloodPressure/AboutHighBloodPressure/Hypertensive-Crisis-When-You-Should-Call-9-1-1-for-High-Blood-Pressure_UCM_301782_Article.jsp#.XMT36OhKjIU) retrieved on 4/27/19

## Lifestyle Changes That Help Control High Blood Pressure

Lifestyle plays an important role in treating high blood pressure and reducing risk of heart disease. Adopting a healthy lifestyle may avoid, delay or reduce the need for medication. For example:

Weight loss	loss of 10 pounds may give	loss of about 5 points
Exercising	about 30 minutes most days of the week	lowers blood pressure by about 5 to 8 points.
DASH eating plan	of grains, fruits, vegetables and low-fat dairy products	lowers blood pressure up to 11 points.
Restrict Sodium	Even a small reduction helps	reduce blood pressure by about 5 to 6 points.
Cut caffeine	if sensitive to caffeine can =	loss of 5 to 10 points.

1. **Lose extra pounds.** In general, you may reduce your blood pressure by one point with about every 2.2 pounds of weight loss.

2. **Exercise.** It is best to talk to your doctor before starting an exercise program. Activities such as fast walking, jogging, cycling, swimming or dancing are considered aerobic exercise and are most beneficial.

3. **Eat a healthy diet.** Dietary Approaches to Stop Hypertension (DASH) is a diet rich in whole grains, fruits, vegetables and low-fat dairy products and skimps on saturated fat and cholesterol.

4. **Reduce sodium.** Ideally, 1,500 mg a day or less is best. If this is too strict, try to limit sodium to 2,300 milligrams (mg) a day or less.

To decrease sodium in your diet, consider these tips:

**Read food labels.** Choose low-sodium alternatives of foods/drinks  
**Eat fewer processed foods.** Eat more natural foods. Most sodium is added during processing.

**Don't add salt.** Just 1 level teaspoon of salt has 2,300 mg of sodium. Use herbs or spices to add flavor to your food.

**Ease into it.** Cut back gradually. Your palate will adjust over time.

5. **Cut back on caffeine.** To see if caffeine raises your blood pressure, check your pressure within 30 minutes of drinking a caffeinated beverage. If your blood pressure increases by 5-10 points you may be sensitive to caffeine. Talk to your doctor and find ways to avoid it.

For more lifestyle changes see <https://www.mayoclinic.org/diseases-conditions/high-blood-pressure/in-depth/high-blood-pressure/art-20046974> and the July/August Valley Parish Nurse Ministry bulletin inset /newsletter.