



**NEW**  
PHARMACY  
(P) PRODUCT



## PHARMACY TRAINING GUIDE

Managing common musculoskeletal pain

A pharmacy guide from the makers of Naprosyn® Pain Relief  
250 mg gastro-resistant tablets (naproxen)

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# INTRODUCTION

## OVERALL AIM OF THIS TRAINING GUIDE

This Naprosyn® Pain Relief Training Guide aims to support you in providing effective, patient-centred, clinical consultations on common musculoskeletal pains and provide guidance on the appropriate supply of over-the-counter (OTC) Naprosyn® Pain Relief 250 mg gastro-resistant tablets (naproxen).

**Naprosyn® Pain Relief is a pharmacy (P) option** for adults aged 18 to 50 years of age, with conditions characterised by **pain and inflammation of the muscles and joints, e.g. sprains and strains, sporting injuries, lower back pain, neck pain, or pain in the wrists or feet**<sup>1</sup>. It contains the non-steroidal anti-inflammatory drug (NSAID) naproxen 250 mg, which is long-established for the treatment of these conditions in the prescription field. Naproxen has also been available in pharmacy for the treatment of period pain (*primary dysmenorrhoea*) since 2008, but this is the first time it has been available in pharmacy specifically for the relief of musculoskeletal pain.

Naprosyn® Pain Relief offers effective and lasting relief, joining other OTC NSAIDs, such as aspirin and ibuprofen, for the treatment of acute muscle and joint pain and inflammation.<sup>1,2</sup>

Musculoskeletal conditions affect around a third of the UK population.<sup>3</sup> This makes musculoskeletal pain a common topic in pharmacy consultations.

Recognising the importance of effective pain management and how this can also have a beneficial effect on mobility, the family and ability to work is essential and provides pharmacy with the opportunity to make a considerable difference to patients' day-to-day lives. While many musculoskeletal pain conditions can be helped with lifestyle changes and exercise,<sup>4-8</sup> NICE guidelines often recommend analgesia as first-line pharmacological options for symptom relief.<sup>4,6-9</sup>

This training guide is intended to enable pharmacy teams to appropriately recommend Naprosyn® Pain Relief in the pharmacy setting.

### Learning objectives

- To refresh your knowledge of the signs and symptoms of common musculoskeletal problems and over-the-counter analgesics
- To be aware of additional lifestyle counselling you can offer to those experiencing musculoskeletal pains
- To understand where Naprosyn® Pain Relief fits into the pharmacy pain portfolio in comparison to other OTC analgesics
- To know when to recommend Naprosyn® Pain Relief using the Pharmacy Supply Model.

# UNDERSTANDING

ACUTE MUSCULOSKELETAL CONDITIONS



# TYPES OF ACUTE MUSCULOSKELETAL CONDITIONS AND THEIR PREVALENCE

Musculoskeletal conditions affect the muscles, joints, bones and spine. This can cause pain, inflammation, stiff joints and reduced mobility and significantly impact quality of life.

Although musculoskeletal conditions can affect any age, they are more common as people get older and account for up to a third of GP consultations, with absenteeism costing the UK around £100m each year.<sup>3</sup> They can affect many different parts of the body.

*Figure 1. Types of acute musculoskeletal conditions and their prevalence.*

## **Shoulder pain**

Up to 67% of people may have shoulder pain in their lifetime.<sup>7</sup>

## **Neck pain**

Up to 70% of people have neck pain during their lifetime.<sup>6</sup>

## **Knee pain**

19% of adults have had knee pain in the past month.<sup>5</sup>

## **Lower back pain**

Up to 60% of adults experience low back pain at some point.<sup>10</sup>

## **Plantar fasciitis**

Causes heel pain and a tight Achilles tendon in around 4-7% of the population.<sup>9</sup>

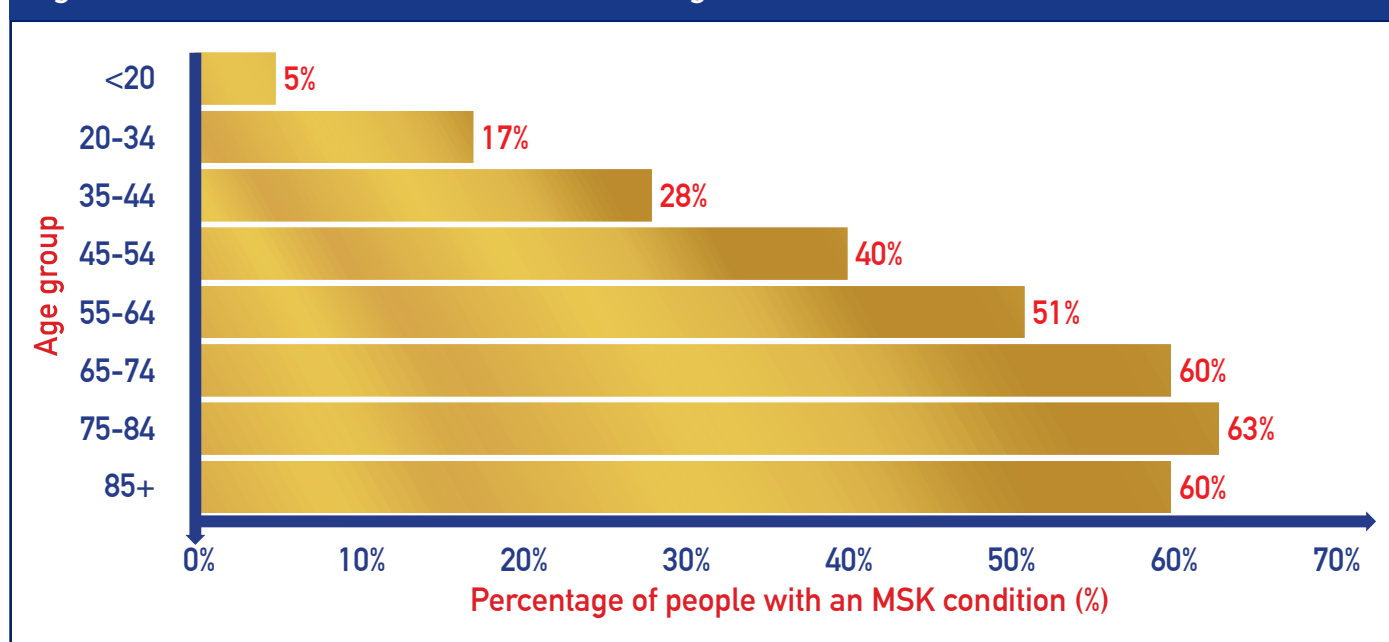
## **Ankle pain**

Ankle sprains are the most common type of sprains and strains, with up to 70% experiencing this injury at some time.<sup>8</sup>

## PREVALENCE OF MUSCULOSKELETAL ISSUES WITH AGE

Musculoskeletal pain and inflammation are present in many common conditions that prompt pharmacy consultations. In addition, under minor illness pathways, patients may be increasingly referred to the pharmacy for advice that could also lead to a product sale. While such conditions are more prevalent in older patients, it is important to recognise that musculoskeletal complaints can affect patients of any age.<sup>3</sup>

Figure 2. Prevalence of musculoskeletal issues with age.<sup>3</sup>



## GENERAL MUSCULOSKELETAL ADVICE

For some people with musculoskeletal pains, there can be an associated fear about their condition getting worse and even leading to disability.<sup>11</sup> Changing these beliefs around the inevitability of their condition has real value in encouraging people to take the necessary steps to improve their musculoskeletal health.<sup>12</sup> Therefore, pain education is vital as part of the psychological component of pain management and is an area where pharmacy can play an important role.<sup>13</sup> For example, data show that, for low back pain, people want simple and basic information about their condition, specifically about the fact that it can be unpredictable, intermittent and fluctuating. This also ties in with an understanding of what can trigger their back pain and how they can take control with lifestyle changes and the importance of staying active and protecting their back.<sup>11</sup> Specific self-care advice for musculoskeletal conditions can be found on page 8, the following general advice for patients, irrespective of their muscle or joint complaint is also recommended.

- **Empower self-care:** Ideally using tailored approaches to the patient's pain
- **Increase physical activity:** There may be a mistaken belief that back and joint pain require rest, but a lack of physical activity can actually increase the risk of chronic pain and disability. The NHS has some useful tips at: <https://www.nhs.uk/better-health/get-active/>
- **Lose weight:** If necessary, as this can reduce the risk of joint and back pain and future physical disability
- **Think positive:** Focusing on negative pain outcomes can also increase the risk of chronic pain and disability.

# TREATMENT

OPTIONS FOR ACUTE MUSCULOSKELETAL CONDITIONS



# TREATMENT ADVICE FOR MUSCULOSKELETAL PAIN

How to manage	Self-care advice	Treatment advice
Low back pain and sciatica	<p>NICE's self-care advice includes keeping moving, avoiding bed rest, continuing to exercise, alongside massage and spinal manipulations, and applying heat to the affected area.<sup>4,10,14</sup></p> <p>BackCare at <a href="http://www.backcare.org.uk">www.backcare.org.uk</a> suggest using a TENS machine to complement other treatment options such as exercise.</p>	<p>NICE's first-line treatment recommendation for low back pain and sciatica is oral NSAIDs, such as naproxen or ibuprofen.<sup>4,14</sup></p> <p>Paracetamol is NOT recommended as monotherapy for low back pain and should be used only in combination with weak opioids where NSAIDs are either contraindicated, provide insufficient relief or the patient is intolerant.<sup>4</sup></p>
Knee pain	<p>NHS self-care advice includes applying ice to the knee every 2–3 hours for up to 20 minutes and avoiding putting weight on the knee as much as possible.<sup>15</sup></p>	<p>The most appropriate treatment for knee pain depends on the underlying causes, for example, whether it is due to sprains and strains (see treatment advice below) or non serious arthritis.</p>
Neck pain	<p>NICE's self-care advice includes using a single, firm pillow at night for sleeping, getting moving and returning to normal activities as soon as possible and flexibility exercise, such as yoga, Tai Chi and strengthening/stretching exercises.<sup>6</sup></p> <p>NHS also advises placing heat or cold packs on your neck.<sup>16</sup></p>	<p>NICE's first-line treatment recommendations are oral analgesics (e.g. ibuprofen, paracetamol or codeine) or topical NSAIDs.<sup>6</sup></p>
Plantar fasciitis	<p>NICE's self-care recommendations include applying an ice pack for 15–20 minutes, physiotherapy to stretch the plantar fascia, resting the affected foot, wearing shoes with cushioned heels and good arch support, possibly with insoles and heel pads and, if necessary, losing weight.<sup>9</sup></p>	<p>It can take up to a year to fully resolve and NICE recommends the use of oral analgesics including NSAIDs, such as naproxen or ibuprofen, and paracetamol with or without codeine for pain relief.<sup>9</sup></p>
Shoulder pain	<p>NICE's self-care recommendations include carrying out normal activities as much as possible, taking a break from exercise and heavy work duties for a few weeks – although it can take at least 6 months to recover, and physiotherapy may be required.<sup>7</sup></p>	<p>NICE's first-line recommendation for shoulder pain is paracetamol.<sup>7</sup></p> <p>Oral NSAIDs, such as ibuprofen or naproxen can be used if paracetamol is ineffective.<sup>7</sup></p>
Sprains and strains	<p>NICE's self-care recommendations include following PRICE (Protect, Rest, Ice, Compression, Elevate) in the first 48–72 hours post-injury and starting flexibility and range of motion exercises as soon as can be tolerated.<sup>8</sup></p>	<p>NICE's first-line recommendation for sprains and strains is paracetamol or a topical NSAID.<sup>8</sup></p> <p>An oral NSAID, such as ibuprofen or naproxen, can be used if required, with short-term use of codeine as an adjunct medication.<sup>8</sup></p>

# ANALGESIC OPTIONS FOR MUSCULOSKELETAL PAIN

OTC pharmacological options to manage musculoskeletal pain broadly divide into oral and topical forms.

## ORAL ANALGESIA

There are three types of oral analgesics available:<sup>2</sup>

- Paracetamol
- Non-steroidal anti-inflammatory drugs (NSAIDs), such as naproxen, ibuprofen and aspirin
- Weak opioids, such as codeine and dihydrocodeine, used in fixed dose combinations with other analgesics.

	NSAIDs	Paracetamol	Weak opioids e.g. codeine
Mechanism of action	<ul style="list-style-type: none"> <li>• Non-selective COX-1 and COX-2 inhibitor → reduces prostaglandin synthesis → anti-inflammatory, analgesic, antipyretic.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Inhibits COX enzymes within the central nervous system (CNS).<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Binds to opioid receptors in the CNS → decreases perception and reaction to pain and increases pain tolerance.<sup>2</sup></li> </ul>
Effective for	<ul style="list-style-type: none"> <li>• Pain, fever and inflammation</li> <li>• First-line for acute musculoskeletal (MSK) pain, especially where inflammation is present.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Pain and fever</li> <li>• No anti-inflammatory effect.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• No anti-inflammatory effect<sup>2</sup></li> <li>• Oral codeine shows small - no benefit over placebo in acute MSK pain<sup>17</sup></li> <li>• Second-line or adjunct for pain not controlled by non-opioids.<sup>2</sup></li> </ul>
Contraindications	<ul style="list-style-type: none"> <li>• Active gastrointestinal (GI) bleeding or ulcer, history of GI bleeding or perforation due to previous NSAID use, history of recurrent GI haemorrhage or ulceration</li> <li>• Severe heart failure or renal/hepatic impairment</li> <li>• Varicella infection</li> <li>• History of hypersensitivity reactions to NSAIDs</li> <li>• Pregnant women in the third trimester.<sup>18</sup></li> </ul>	<ul style="list-style-type: none"> <li>• None<sup>2</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Acute respiratory depression</li> <li>• Conditions associated with increased intracranial pressure</li> <li>• Chronic obstructive pulmonary disease</li> <li>• Risk of paralytic ileus</li> <li>• Those with acute exacerbation of asthma.<sup>2</sup></li> </ul>
Risks	<ul style="list-style-type: none"> <li>• Dyspepsia and upper GI complications (ulcer, perforation, obstruction or bleeding)<sup>18</sup></li> <li>• Cardiovascular and renal complications are less common.<sup>18</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Side effects are rare, the most common is anorectal erythema</li> <li>• Liver or renal damage in overdose. Particular risk in those with chronic alcohol consumption, malnutrition or dehydration, a body weight &lt;50 kg, severe hepatic disease, older age or frailty and use of liver enzyme-inducing drugs.<sup>2</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Headache, constipation, sedation, drowsiness, confusion, nausea, vomiting</li> <li>• Respiratory depression with high doses</li> <li>• Arrhythmias, palpitations</li> <li>• Euphoric mood, hallucinations</li> <li>• Excessive sweating, dry mouth</li> <li>• Urinary retention, vertigo, visual impairment</li> <li>• Dependency (can be habit-forming)</li> <li>• Overuse or misuse, due to variable metabolism (poor versus ultra-rapid metabolisers).<sup>2</sup></li> </ul>

# ORAL ANALGESIA CONTINUED

## ORAL NSAID RISKS AND BENEFITS

When recommending an oral analgesic there is a need to balance efficacy with safety. In single doses, NSAIDs act as an analgesic, however, when used at regular full dosage they have both a lasting analgesic and anti-inflammatory effect. While 60% of people will respond to any NSAID, the remainder may find an alternative NSAID more effective. Failure to obtain relief with one NSAID does not mean a patient will not find relief with an alternative NSAID.<sup>19</sup> For those with musculoskeletal problems, **Naprosyn® Pain Relief** may be the effective solution for the relief of pain and inflammation.

Similarly, the risk of adverse effects varies between different NSAIDs. These risks can be minimised by using the lowest effective dose for the shortest time.<sup>18</sup> The following table summarises the benefits and risks of naproxen versus ibuprofen.

### SUMMARY OF BENEFITS AND RISKS OF NAPROXEN AND IBUPROFEN

	Naproxen	Ibuprofen
Efficacy	<ul style="list-style-type: none"><li>• Good efficacy.<sup>19</sup></li></ul>	<ul style="list-style-type: none"><li>• Good efficacy<sup>19</sup></li><li>• As it is a weaker anti-inflammatory, the BNF cautions that it is unsuitable for conditions where inflammation is prominent.<sup>19</sup></li></ul>
Onset of action and duration	<ul style="list-style-type: none"><li>• Peak plasma concentrations achieved in 2–4 hours when taken after food<sup>1</sup></li><li>• Lasts for up to 12 hours.<sup>20,21</sup></li></ul>	<ul style="list-style-type: none"><li>• If taken on an empty stomach, peak plasma concentrations achieved 45 minutes post ingestion, but this rises to 1–2 hours when taken with food</li><li>• Fast-acting formulations are available</li><li>• Lasts for up to 8 hours.<sup>22</sup></li></ul>
Adverse events	<ul style="list-style-type: none"><li>• Low incidence.<sup>19</sup></li></ul>	<ul style="list-style-type: none"><li>• Fewer side effects than other non-selective NSAIDs.<sup>19</sup></li></ul>
Gastrointestinal risks	<ul style="list-style-type: none"><li>• Prescription-dose has an intermediate GI risk<sup>18</sup> – note data not available for low-dose OTC naproxen</li><li>• Gastro-resistant formulations are available to help minimise the risk of adverse GI events, e.g. Naprosyn® Pain Relief.</li></ul>	<ul style="list-style-type: none"><li>• Lower risk with low-dose ibuprofen.<sup>18</sup></li></ul>
Cardiovascular risks	<ul style="list-style-type: none"><li>• Along with low-dose ibuprofen, naproxen is the NSAID with the most favourable cardiovascular safety profile.<sup>23</sup></li></ul>	<ul style="list-style-type: none"><li>• Along with naproxen, low-dose ibuprofen is the NSAID with the most favourable cardiovascular safety profile.<sup>22</sup></li></ul>

## TOPICAL ANALGESIA

Topical analgesia is often used in the management of musculoskeletal pain; however, it may be necessary to consider whether a patient is able to reach the affected area in order to apply a topical treatment.

### Generally, topical analgesia comprises rubefacients and topical NSAIDs:

#### Rubefacients:

- Efficacy data is weak, and a Cochrane review concludes there is no good evidence that salicylate-containing rubefacients provide useful pain relief<sup>24</sup>
- Often contain salicylates and act as counter irritants, causing blood vessel dilation and skin reddening and warmth<sup>24</sup>
- Work by helping to alter the pain signals in the underlying muscles and joints, which are served by the same nerves.<sup>24</sup>

#### Topical NSAIDs:

- A Cochrane review found topical NSAIDs provide good levels of pain relief in acute musculoskeletal conditions, such as sprains and strains, with gel formulations being the most efficacious<sup>25</sup>
- Adverse effects with topical NSAIDs were minimal<sup>25</sup>
- Recommended by NICE as first-line options for sprains and strains.<sup>8</sup>

## WHEN SHOULD YOU REFER THE PATIENT TO A DOCTOR?

Given the wide range of musculoskeletal conditions, you might come across in your pharmacy, there are certain signs and symptoms that warrant further investigation and, therefore, referral.

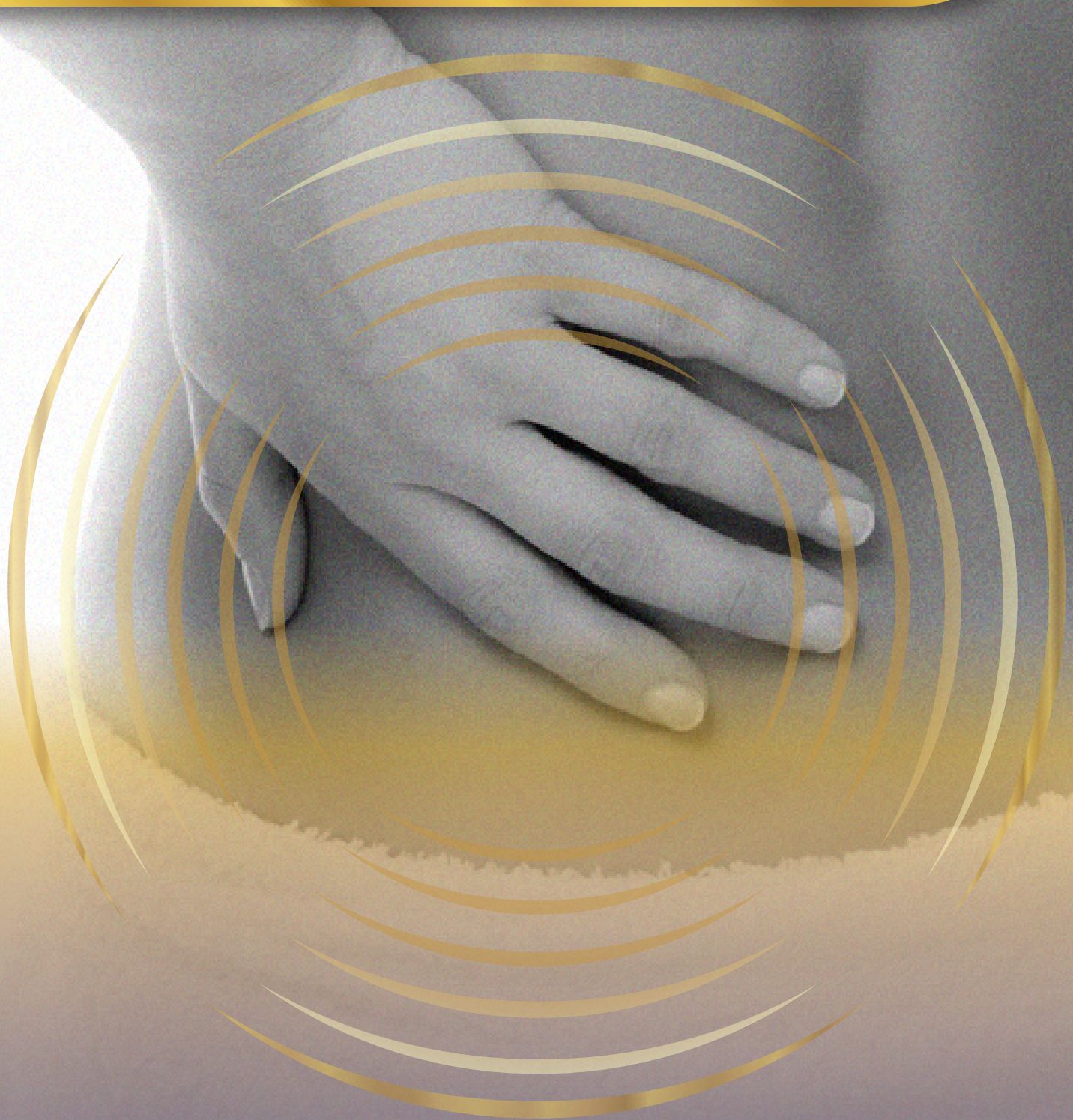
Adopting a safety-netting approach with patients is important. Ask them to be aware that if they notice any changes in their symptoms or if their pain gets worse or does not improve then they should come back for more advice or see their doctor.

The most important symptoms for referral are included below and it is worth asking patients about certain symptoms, such as if they have unexplained weight loss, weakness or loss of sensation, that will prompt further investigation:<sup>5-8,10</sup>

- Unexplained weight loss
- Unexplained mass or swelling in the affected area
- Previous cancer history
- Sudden worsening of symptoms or symptoms spreading to other joints or parts of the body
- Weakness of the muscles or joints or loss of sensation in parts of the body
- Bladder or bowel dysfunction
- Fracture, e.g. limbs or joints are deformed or misaligned, there is difficulty bearing weight
- Pain that doesn't ease, is present at rest or is worse at night
- The affected part is stiff or there is extreme difficulty in moving
- Signs of infection, e.g. fever, systemically unwell, swelling or redness of the affected area
- Cognitive changes, including new and severe headache
- The patient has diabetes or is immunocompromised.

# UNDERSTANDING

NAPROSYN<sup>®</sup> PAIN RELIEF



# THE ROLE OF NAPROSYN® PAIN RELIEF IN MUSCULOSKELETAL PAIN

Naprosyn® Pain Relief is a new 'Pharmacy' (P) option for the management of a range of musculoskeletal conditions characterised by pain and inflammation.<sup>1</sup> It contains naproxen 250 mg, which is long-established for the treatment of these conditions in the prescription field. Naproxen has also been available in pharmacy for the treatment of period pain (primary dysmenorrhoea) since 2008, but this is the first time it has been available in pharmacy specifically for the relief of acute musculoskeletal pain and inflammation.

It is important to be aware that patient satisfaction with their pharmacy pain consultation is directly linked to the amount of symptom relief they obtain from a pharmacist's treatment recommendation.<sup>26</sup>

## WHY RECOMMEND NAPROSYN® PAIN RELIEF

- Originator brand with a long-standing legacy in prescription medicine
- Contains naproxen, a long-established POM NSAID with clinically proven efficacy in the management of pain and inflammation due to musculoskeletal conditions<sup>1</sup>
- Long-lasting effective relief for up to 12 hours<sup>27</sup>
- Superior anti-inflammatory action
- Opioid-free. Non-addictive
- Gastro-resistant formulation<sup>1</sup> helps minimise the risk of adverse GI effects seen with NSAIDs.

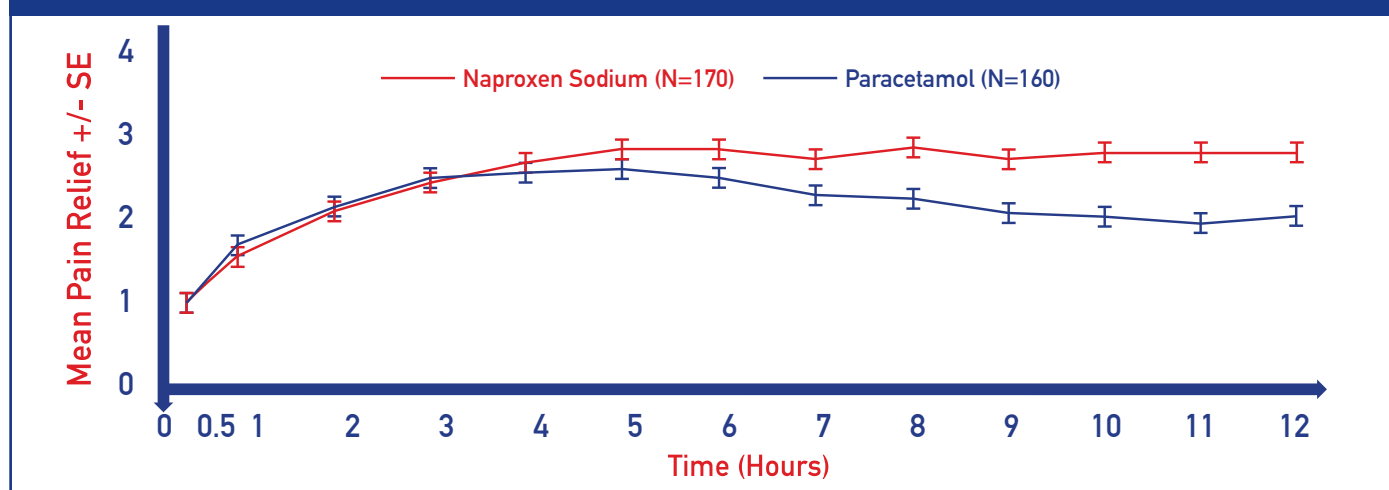


## HOW EFFECTIVE IS NAPROSYN® PAIN RELIEF IN MANAGING MUSCULOSKELETAL PAIN?

Naproxen is effective in the management of musculoskeletal pain<sup>1</sup> due to its inhibitory action on the COX-mediated pain pathway.<sup>2</sup> A Cochrane review found pain relief was long-lasting with data showing it is effective for up to 12 hours.<sup>27</sup> Naproxen is administered either in the free acid form (NAP) or as the naproxen sodium salt (NAPSO). Irrespective of whether naproxen is administered as NAP or NAPSO, naproxen is the active moiety which is absorbed and responsible for the therapeutic effects. For patients with musculoskeletal pains that can be acute but long-lasting, this may be a particular benefit. With **Naprosyn® Pain Relief** one dose (500 mg) can provide lasting relief for up to 12 hours.<sup>27</sup>

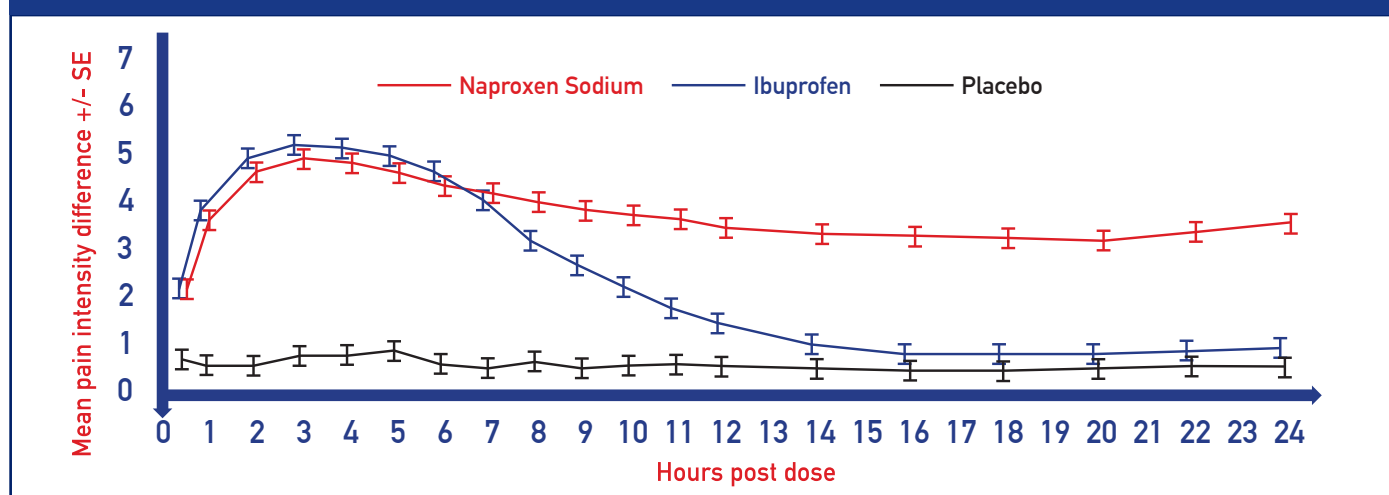
This long-lasting benefit has been seen in a study comparing a single dose of naproxen sodium 440 mg against the maximum dose of paracetamol 1000 mg in dental pain. Naproxen sodium 440 mg is equivalent to 400 mg naproxen and is lower than the initial recommended dose of 500 mg for **Naprosyn® Pain Relief**. This study found naproxen had superior total pain relief over 12 hours, compared with paracetamol.<sup>20</sup>

Figure 3. Mean pain relief over 12 hours with naproxen sodium 440 mg vs paracetamol 1000 mg.<sup>20</sup>



In addition, another single dose study in dental pain using the same 440 mg naproxen sodium dose compared with maximum OTC single dose ibuprofen (400 mg) also found the former provided significantly longer pain relief.<sup>27</sup>

Figure 4. Mean pain relief over 24 hours with naproxen sodium 440 mg vs ibuprofen 400 mg.<sup>27</sup>



## WHY IS THE NAPROSYN® PAIN RELIEF FORMULATION IMPORTANT?

Naprosyn® Pain Relief is an enteric-coated, gastro-resistant formulation that does not disintegrate in the stomach. Instead, it disintegrates once it reaches the small intestine.<sup>1</sup> As such, the gastro-resistant formulation aims to minimise the risk of adverse GI effects seen with NSAIDs.

### WHO CAN TAKE NAPROSYN® PAIN RELIEF?

**Naprosyn® Pain Relief can be recommended for:<sup>1</sup>**

- People aged 18 to 50 years for the treatment of muscle and joint pain and inflammation, (such as sprains and strains, inflammation caused by sporting injuries, lower back pain, neck pain, or pain in the wrists or feet).

## HOW TO TAKE NAPROSYN® PAIN RELIEF?

**Naprosyn® Pain Relief should only be taken for a maximum of 3 days. The recommended dose is:<sup>1</sup>**

- On Day 1 - two tablets (500 mg) to be taken initially and then one tablet (250 mg) after 6-8 hours
- On Days 2 and 3 – one tablet to be taken every 6-8 hours, if required
- No more than three tablets (750 mg) to be taken a day
- Take with or after food. The tablet is not to be broken or crushed
- Patients should be advised to return to the pharmacy or see their GP if symptoms do not improve after 3 days of continuous use.

### WHO CANNOT TAKE NAPROSYN® PAIN RELIEF?

The following patients cannot take Naprosyn® Pain Relief:<sup>1</sup>

- With a history of, or active, peptic ulceration and active gastrointestinal (GI) bleeding
- With a history of GI bleeding or perforation related to previous NSAID therapy
- Those who have experienced asthma, rhinitis, nasal polyps or urticaria after taking aspirin or other NSAIDs as there is the potential for cross-sensitivity reactions and severe anaphylactic reactions:<sup>28</sup>
  - This is known as aspirin-exacerbated respiratory disease
  - It has a prevalence of 7% in general adult asthmatics and 15% in those with severe asthma
  - If an asthmatic has not previously had a reaction to aspirin or other NSAIDs, then Naprosyn® Pain Relief can be recommended<sup>1</sup>
- With severe renal, hepatic or heart failure
- During the last trimester of pregnancy
- Known hypersensitivity to naproxen, naproxen sodium or any of the other tablet excipients.

## WHO NEEDS TO TAKE CARE WHEN CONSIDERING NAPROSYN® PAIN RELIEF?

Caution should be exercised when considering whether to recommend Naprosyn® Pain Relief for patients with the following conditions:<sup>1</sup>

- **Respiratory problems** such as bronchospasm can occur in those with a history of bronchial asthma or allergic disease. Always ask about asthma before recommending Naprosyn® Pain Relief and advise patients to stop using if asthma worsens. However, most asthmatics do not react to NSAIDs, and Naprosyn® Pain Relief is only contraindicated in those who have experienced an asthmatic or allergic reaction to aspirin or other NSAIDs<sup>1,28</sup>
- **Cardiovascular or hepatic impairment or renal failure:** NSAIDs can cause a dose-dependent reduction in prostaglandin formation, resulting in renal failure. Those most at risk are those with impaired renal function, cardiac impairment, liver dysfunction, those taking diuretics and older patients; renal function should be monitored. It should be noted that naproxen and low-dose ibuprofen are the NSAIDs with the most favourable cardiovascular safety profile<sup>23</sup>
- **History of hypertension and/or mild-to-moderate heart failure:** Patients with history of hypertension, uncontrolled hypertension, congestive heart failure, established ischaemic disease, peripheral arterial disease and/or cerebrovascular disease should only take Naprosyn® Pain Relief under doctor supervision
- **GI conditions:** Naprosyn® Pain Relief should be used with caution in those with a history of GI disease, such as Crohn's disease and ulcerative colitis, as their condition may be exacerbated
- **Coagulation disorders** or those who are taking medication that interferes with coagulation
- **Systemic lupus erythematosus** and mixed connective tissue disorders are at increased risk of aseptic meningitis
- **Those who are breastfeeding,** Naprosyn® Pain Relief use should be avoided
- **Those who are in the first or second trimester of pregnancy,** Naprosyn® Pain Relief use should be avoided.

Naprosyn® Pain Relief is not recommended for use in those under 18 or over 50 years of age.

**Naprosyn® Pain Relief 250 mg gastro-resistant tablets provide effective relief of muscle and joint pain, such as sprains and strains, inflammation caused by sporting injuries, lower back pain, neck pain or pain in the wrists or feet.**

### HOW TO TAKE:

For oral use. Adults aged 18 to 50 years. Swallow tablets whole with water, with or after food. On the first day take two tablets, followed by one tablet 6 to 8 hours later, if needed. If required on the second and third day, take one tablet every 6 to 8 hours.

**Do not take more than three tablets a day.**

**Speak to a doctor or pharmacist if your symptoms do not improve or worsen after 3 days.**

**Do not take for more than 3 days.**

### SPEAK TO A PHARMACIST OR YOUR DOCTOR BEFORE TAKING THIS MEDICINE IF:

- You have asthma, liver, heart, kidney, or bowel problems
- There is a chance you may be pregnant or are breastfeeding
- You are taking any other medicines.

### DO NOT TAKE IF YOU:

- Have or have ever had a stomach ulcer, perforation, or bleeding
- Have severe kidney, liver or heart problems
- Are in the last 3 months of pregnancy
- Are allergic to naproxen or any other ingredients of the product, aspirin, ibuprofen, or other related painkillers
- Are taking other NSAID painkillers, or aspirin

### Read the enclosed leaflet before taking this product.

Each gastro-resistant tablet contains 250 mg naproxen.

**Keep out of the sight and reach of children.**

**Do not store above 30°C.**

**Store in the original pack in order to protect from light.**

## NAPROSYN® PAIN RELIEF POSSIBLE SIDE EFFECTS

Like all medicines, and as an NSAID, Naprosyn® Pain Relief can cause side effects, although these do not occur in every patient. These side effects can be minimised by using the lowest effective dose for the shortest duration needed to control symptoms.<sup>1</sup>

The most common side effects, as with all NSAIDs including ibuprofen, are GI-related.<sup>18</sup> These include heartburn, nausea, vomiting, diarrhoea, flatulence, constipation, dyspepsia, abdominal pain and epigastric distress.<sup>1</sup> Prescription dose naproxen is associated with an intermediate GI risk, while OTC dose ibuprofen has the lowest risk.<sup>18</sup> The gastro-resistant formulation of Naprosyn® Pain Relief has been designed to minimise the risk of GI side effects.

NAPROSYN® PAIN RELIEF'S OTHER SIDE EFFECTS BY ORGAN SYSTEM <sup>1</sup>	
Blood and lymphatic system disorders	including agranulocytosis, neutropenia, thrombocytopenia, aplastic anaemia, and haemolytic anaemia
Cardiac disorders	oedema, palpitations, heart failure, congestive heart failure
Ear and labyrinth disorders	including tinnitus, vertigo
Eye disorders	including visual disturbances, this requires ophthalmologist investigation
General disorders	thirst, fever, fatigue, and malaise
Hepato-biliary disorders	abnormal liver function tests, jaundice, fatal hepatitis
Immune system disorders	including hypersensitivity reactions
Metabolic and nutrition disorders	hyperkalaemia
Musculoskeletal and connective tissue disorders	myalgia, muscle weakness
Nervous system disorders	including convulsions, dizziness, headaches, drowsiness, lack of concentration
Psychiatric disorders	insomnia, depression, confusion, hallucinations, dream abnormalities
Renal and urinary disorders	including glomerular or interstitial nephritis, or renal failure
Reproductive disorders	female infertility
Respiratory disorders	including asthma, shortness of breath, pulmonary oedema
Skin and subcutaneous tissue disorders*	including Stevens-Johnson syndrome, toxic epidermal necrolysis, DRESS, skin rashes including urticaria, pruritus, sweating, alopecia
Vascular disorders	hypertension and vasculitis

\*Please refer to the SmPC for further information regarding these side effects.

# NAPROSYN® PAIN RELIEF INTERACTIONS WITH OTHER MEDICINES

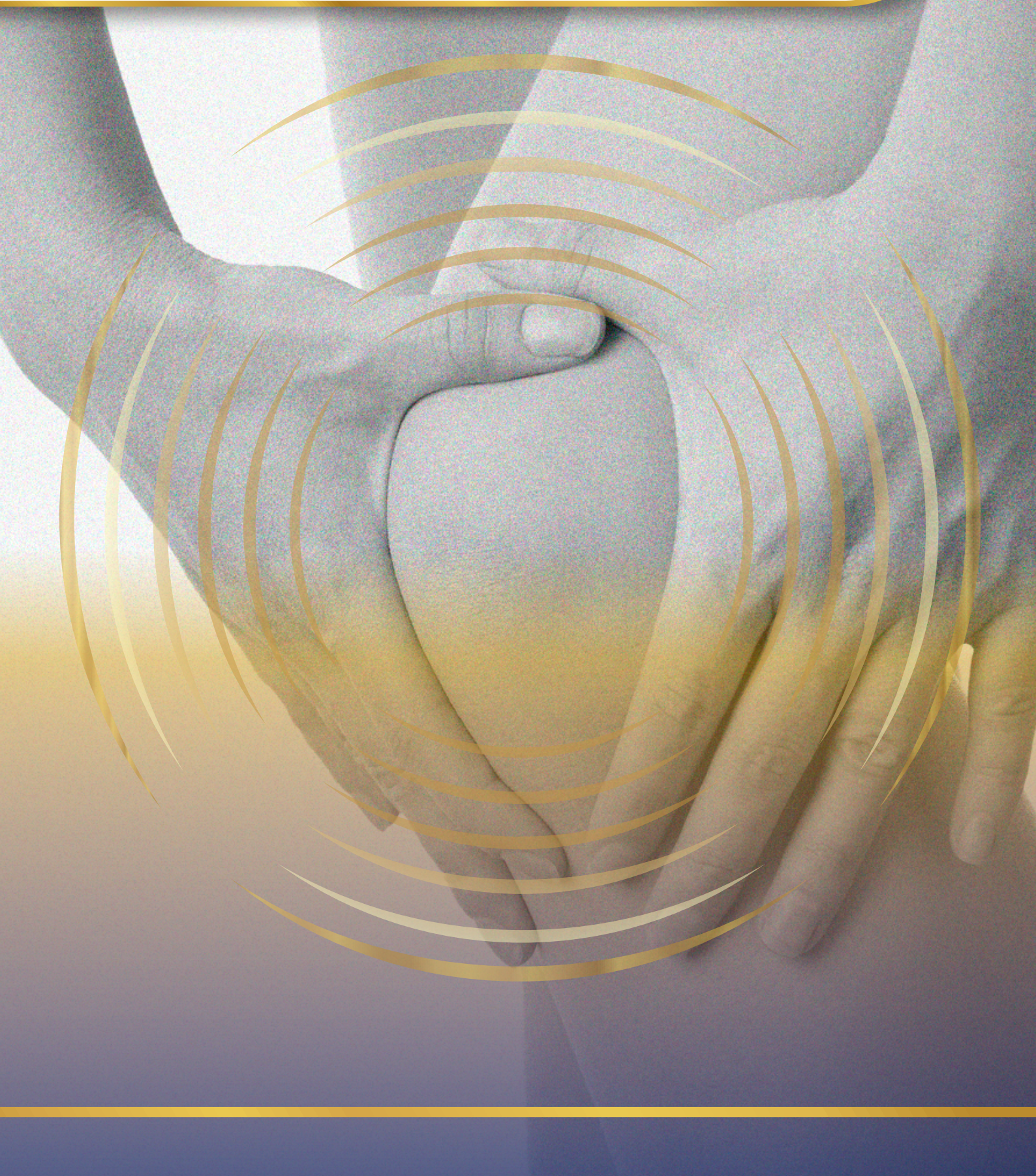
Interactions with the following medications have been reported with naproxen.<sup>1</sup>

## NAPROXEN DRUG-DRUG INTERACTIONS<sup>1</sup>

MEDICATION	INTERACTION
Other NSAIDs	Increased risk of side effects
Acetylsalicylic acid (ASA)	The effect of low dose aspirin on platelet activity may be inhibited
Antacid or colestyramine	Can delay naproxen absorption
Anti-coagulants	Can enhance the effect of anti-coagulants, such as warfarin
Anti-hypertensives	Reduced anti-hypertensive effect. NSAIDs can also increase the risk of renal impairment seen with ACE inhibitors or angiotensin-II receptor antagonists
Anti-platelet agents	Increased risk of GI bleeding
Cardiac glycosides	Can exacerbate cardiac failure and increase plasma glycoside levels
Ciclosporin	Increased risk of nephrotoxicity
Corticosteroids	Increased risk of GI ulceration or bleeding
Diuretics	Decreased diuretic effect
Lithium	Increased plasma lithium concentrations
Methotrexate	Decreased methotrexate elimination, leading to possible toxicity
Mifepristone	Can reduce the effect of mifepristone, therefore should not be used for 8–12 days after mifepristone use
Probenecid	Can increase naproxen levels and extend its half-life considerably
Quinolone antibiotics	May cause an increased risk of convulsions with concomitant use
Selective serotonin reuptake inhibitors	Increased risk of GI bleeding
Sulfonylureas	Can cause overdose of hydantoin, sulfonamide or sulfonylurea; therefore, dose adjustment of these medications may be required
Tacrolimus	Increased risk of nephrotoxicity
Zidovudine	Increased risk of haematological toxicity

# UNDERSTANDING

THE PHARMACY SUPPLY OF NAPROSYN® PAIN RELIEF



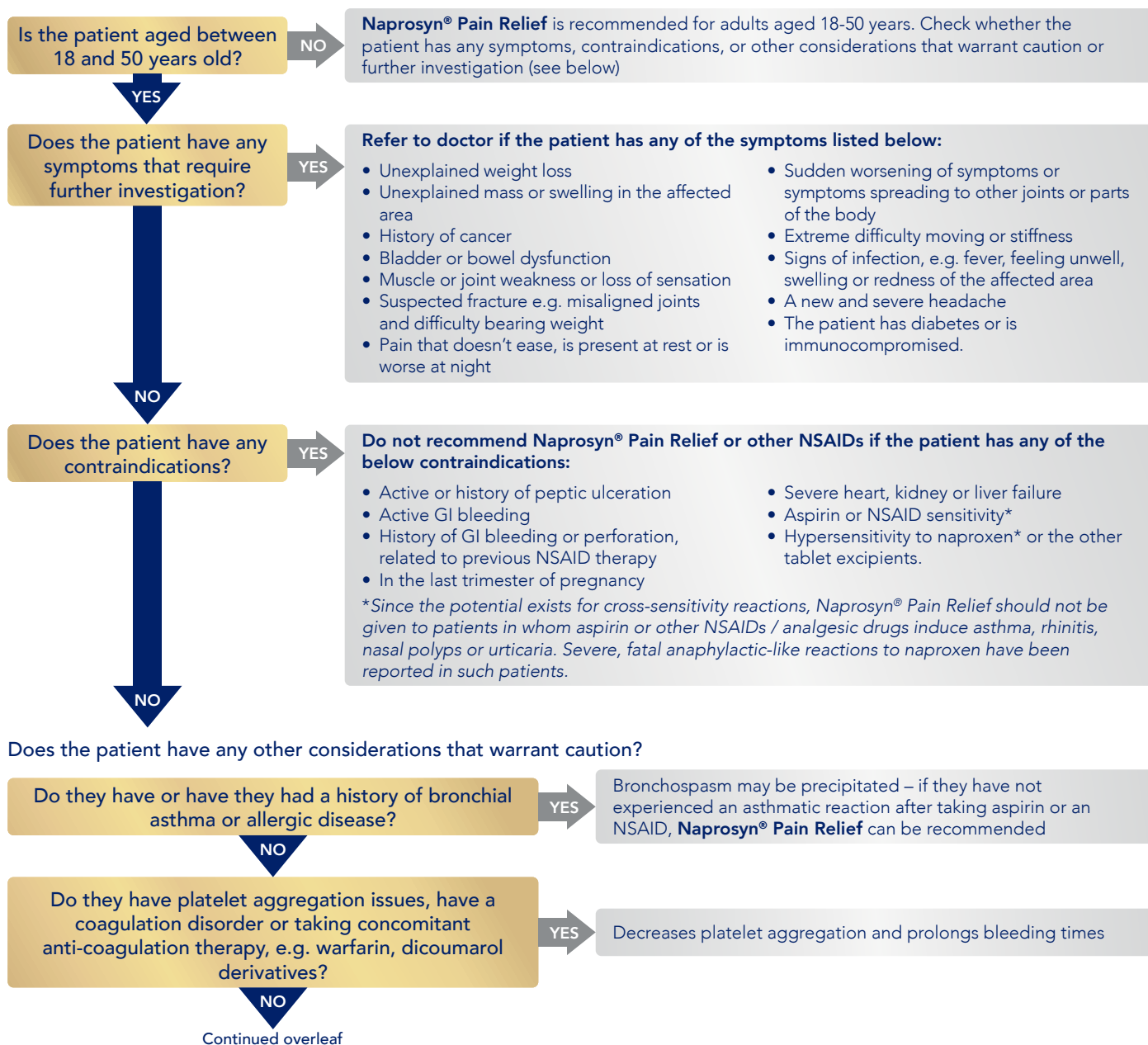
# NAPROSYN® PAIN RELIEF IS ONLY AVAILABLE FROM PHARMACIES

The pharmacy team is already familiar with the Over-the-Counter (OTC) use of non-steroidal anti-inflammatory drugs (NSAIDs). Many of the contraindications, precautions and interactions apply across the NSAID class and, therefore, also apply to Naprosyn® Pain Relief. As such, Pharmacy teams will already be accustomed at taking these considerations into account before making an appropriate analgesic recommendation.

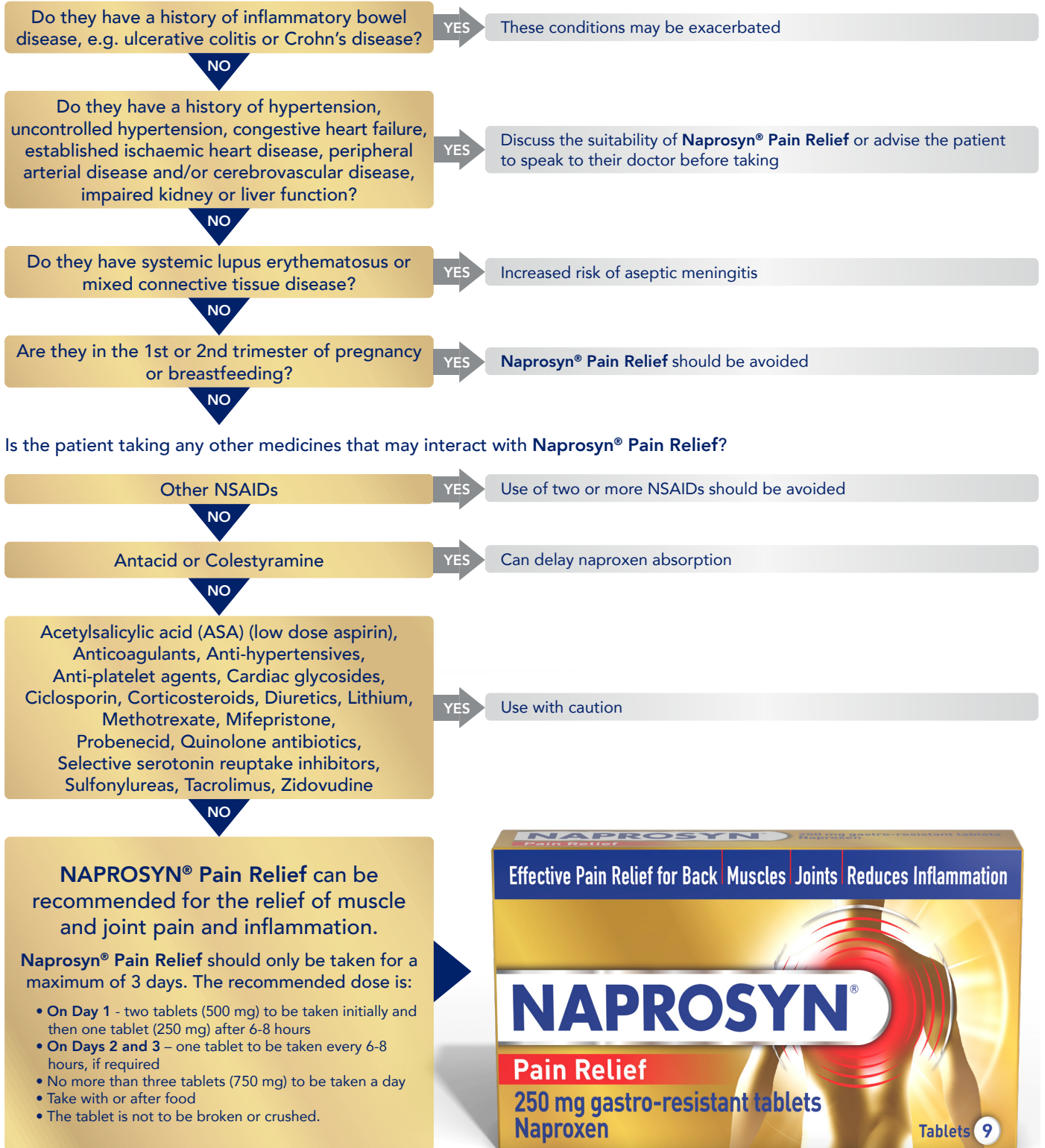
The following Naprosyn® Pain Relief Pharmacy Supply Model acts as a reminder of the various considerations when making a treatment recommendation.

## THE NAPROSYN® PAIN RELIEF PHARMACY SUPPLY MODEL<sup>1</sup>

Patient with muscle and joint pain and inflammation.



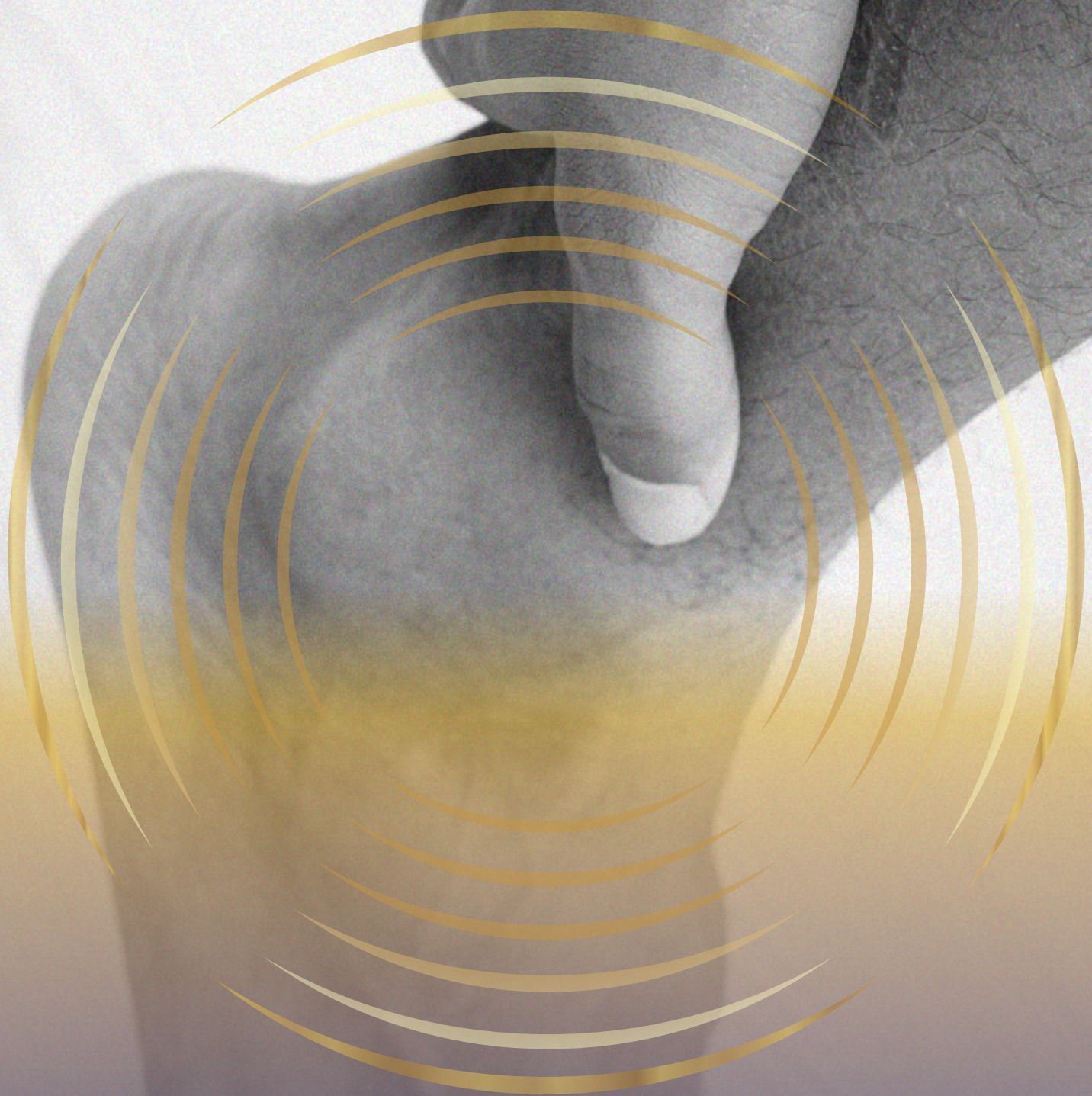
# THE NAPROSYN® PAIN RELIEF PHARMACY SUPPLY MODEL<sup>1</sup>



This checklist is also available in a handy two-page format for pharmacy teams.  
**SCAN THE QR CODE TO ACCESS.**

# SCENARIOS

SUPPLY SCENARIOS AND CASE STUDIES



# CASE STUDIES

Around 46% of minor ailment consultations among doctors, emergency departments and community pharmacies are for musculoskeletal pains.<sup>26</sup> This puts the pharmacy team at the frontline in helping patients manage the significant impact of their pain.

The following case studies can be used to help with selecting appropriate recommendations for patients in pain.

## CASE STUDY 1

WWHAM QUESTION	PATIENT RESPONSE
Who is the patient?	25-year-old man
What are the symptoms?	<i>"Pain, swelling and bruising around my ankle. I can walk but I am avoiding putting any weight on it so it's making me limp. I don't have any other health problems."</i>
How long have the symptoms been present?	<i>"It's been two days – since I played football on Sunday."</i>
Action taken?	<i>"I've been resting my leg when I am at home but I'm a teacher so I am standing quite a bit during the day."</i>
Medication being taken?	<i>"I've been taking as many paracetamol as I can, but I know I have to be careful. It's just that it's not giving me enough relief, and doesn't last very long. I've also been topping up with a heat spray. I'm not taking any other medicines."</i>
What is the likely condition?	Symptoms are consistent with a sprain. No red flag symptoms are present
Treatment recommendation	<ul style="list-style-type: none"> <li>Paracetamol is recommended as the first-line choice for sprains and strains<sup>8</sup> but as this has not been effective and as longer-lasting relief is required, <b>Naprosyn® Pain Relief</b> can be recommended for up to a maximum of 3 days continuous use.<sup>1</sup> Naproxen can provide pain relief for up to 12 hours,<sup>20,27</sup> giving the patient the lasting relief he seeks</li> <li>There is no good evidence that salicylate-containing rubefacients provide useful pain relief.<sup>24</sup></li> </ul>
Counselling advice	<ul style="list-style-type: none"> <li>Inform the patient it can take two weeks before his sprain feels better, and it can take several months to return to normal if the sprain is severe<sup>29</sup></li> <li>Advise him if it is no better after 3 days to contact you or their GP/NHS 111</li> <li>PRICE should be followed within the first 48–72 hours. Although it is late to initiate treatment, there may be some value in protecting against further injury, resting the ankle, applying ice, wearing a compression bandage and continuing to elevate the ankle for a further 24 hours<sup>8</sup></li> <li>Recommend that he starts flexibility and range of motion exercises when he is able – but that he should avoid football and return to play only when there is no pain on movement and his muscle strength is restored<sup>8</sup></li> <li>Recommend he stops using the rubefacient</li> <li><b>Naprosyn® Pain Relief</b> can be recommended. Advise the patient to take the tablets with or after food.<sup>1</sup></li> </ul>

## CASE STUDY 2

WWHAM QUESTION	PATIENT RESPONSE
Who is the patient?	49-year-old woman
What are the symptoms?	<i>"It's just back pain, down in my lower back. I've had it a couple of times before and I just felt it ping when I went to put something in the dishwasher."</i>
How long have the symptoms been present?	<i>"Since this morning. I work at a desk all day and it doesn't matter if I sit or stand, the pain is just there."</i>
Action taken?	<i>"I took a heat patch from home and one of my workmates gave me some paracetamol."</i>
Medication being taken?	<i>"I've changed my diet to try and lose weight, so I also take some multivitamins, iron and vitamin D. I also take inhalers for asthma but haven't had to use my reliever for a while."</i>
What is the likely condition?	Symptoms are consistent with low back pain of no specific cause
Treatment recommendation	<ul style="list-style-type: none"> <li>• Paracetamol is NOT recommended as monotherapy for low back pain, instead an NSAID, such as naproxen can be used.<sup>4</sup> <b>Naprosyn® Pain Relief</b> can provide relief for up to 12 hours<sup>20,27</sup> so can help the patient get through her workday</li> <li>• Check that the patient has not had an asthma attack after taking any NSAID. Although there is a perception that NSAIDs cannot be used in people with asthma, naproxen is only contraindicated in those patients who experience an asthmatic reaction when taking NSAIDs,<sup>1,26</sup> which happens in just 7% of asthmatics<sup>26</sup></li> <li>• <b>Naprosyn® Pain Relief</b> can be recommended for up to a maximum of 3 days continuous use.</li> </ul>
Counselling advice	<ul style="list-style-type: none"> <li>• Provide reassurance and advise the patient to keep moving and to continue applying her heat patch<sup>10</sup> alongside <b>Naprosyn® Pain Relief</b></li> <li>• Exercises, such as aerobic or biomechanical exercises can be recommended, and can be used alongside massage and spinal manipulation, such as from a chiropractor or osteopath<sup>4</sup></li> <li>• Advise the patient to stop using <b>Naprosyn® Pain Relief</b> if she experiences an asthma exacerbation<sup>26</sup> and to contact you or her GP</li> <li>• Inform the patient that while most back pain gets better by itself this can take time – most people recover within 12 weeks<sup>30</sup></li> <li>• Advise her if it is no better after 3 days to contact you or their GP/NHS 111.</li> </ul>

## CASE STUDY 3

WWHAM QUESTION	PATIENT RESPONSE
Who is the patient?	37-year-old man
What are the symptoms?	<i>"It's my left knee, it's all swollen and red and I've got trouble bending it. I don't know what I've done as I've not been exercising or anything as I actually haven't felt well for the past few days. I've had a bit of a temperature and just feel under the weather."</i>
How long have the symptoms been present?	<i>"Maybe a day or two? It just came on suddenly and it feels like it's getting worse."</i>
Action taken?	<i>"I've been applying ice to try and take the swelling down a little, but it hasn't worked. It has been quite good though as I've had that fever."</i>
Medication being taken?	<i>"Not really. I don't have any other health issues except I take some antihistamines when the pollen is bad."</i>
What is the likely condition?	Symptoms are consistent with a knee infection as the patient has knee pain of sudden onset and systemic symptoms including fever
Treatment recommendation	Recommend paracetamol, to help reduce the fever
Counselling advice	Refer him to his doctor or NHS 111 for further investigation and treatment

## CASE STUDY 4

WWHAM QUESTION	PATIENT RESPONSE
Who is the patient?	56-year-old woman
What are the symptoms?	<i>"I think it's my arthritis playing up in my knee, which feels painful and stiff, especially getting up in the morning. It's my own fault as it usually happens when I've overdone it, and I went on a big hike at the weekend."</i>
How long have the symptoms been present?	<i>"A few days now. It does take a while to settle back down."</i>
Action taken?	<i>"I've been staying off my feet as much as I can and applying ice to my knee to try and take the heat out of the joint."</i>
Medication being taken?	<i>"I take topical ibuprofen and paracetamol quite regularly if the pain is bad, but it doesn't seem to be working as well this time. Should I take a codeine product instead? Aside from that it's just HRT."</i>
What is the likely condition?	Symptoms are consistent with a flare up of knee osteoarthritis (OA). Check the patient's knee stiffness lasts less than 30 minutes, <sup>31</sup> as otherwise this could suggest an inflammatory, more serious form of arthritis <sup>32</sup>
Treatment recommendation	<ul style="list-style-type: none"> <li>• NICE recommends a topical NSAID is used first for OA of the knee and that paracetamol or weak opioids should NOT be routinely used<sup>31</sup></li> <li>• Oral NSAIDs, such as ibuprofen, can be recommended when topical NSAIDs are ineffective<sup>31</sup></li> <li>• As the patient is 56 years old with OA, <b>Naprosyn® Pain Relief</b> is not recommended.</li> </ul>
Counselling advice	<ul style="list-style-type: none"> <li>• Self-care is the foundation of OA management, and the patient should be advised to do muscle strengthening exercises and aerobics<sup>31</sup></li> <li>• Massage or manipulation can also help<sup>31</sup></li> <li>• Offer advice on aids that might help with hiking, such as using a walking stick or wearing insoles and foot supports<sup>31</sup></li> <li>• You notice that the patient is a bit overweight, so this presents an opportunity to discuss appropriate exercise and dietary management<sup>31</sup> to help her lose weight and ease the pressure on her knee joint.</li> </ul>

## CASE STUDY 5

WWHAM QUESTION	PATIENT RESPONSE
Who is the patient?	33-year-old man
What are the symptoms?	<i>"I need something for my right shoulder. I've been painting the ceiling at the weekend, and I've woken up with pain on the top of my shoulder. It's really difficult to raise my arm at the moment."</i>
How long have the symptoms been present?	<i>"It was achy last night but I put it down to doing a lot of work. But I woke up and I think I must have slept on it funny as it's much worse."</i>
Action taken?	<i>"I put some ice on it and I've been trying not to move it. I took the maximum amount of paracetamol, as I know you have to be careful with that, but that hasn't really helped, should I increase the dose? I've had to take time off work as I'm a labourer, so I really need something to get me back to normal."</i>
Medication being taken?	<i>"I get heartburn once every couple of weeks, so I take the odd antacid, but that's it really."</i>
What is the likely condition?	Symptoms are consistent with shoulder pain <sup>33</sup>
Treatment recommendation	<ul style="list-style-type: none"> <li>NICE recommends paracetamol as the first-line treatment for shoulder pain but as the maximum dose has been ineffective, an oral NSAID, such as naproxen or ibuprofen, can be used<sup>33</sup></li> <li><b>Naprosyn® Pain Relief</b> can be recommended</li> <li>Advise the patient to take <b>Naprosyn® Pain Relief</b> for a maximum of 3 days and to take, with or after food and not to crush or chew the tablet. Although the patient experiences occasional heartburn, this is not a contraindication for <b>Naprosyn® Pain Relief</b> and its gastro-resistant formulation may help minimise the risk of any GI adverse events.<sup>1</sup></li> </ul>
Counselling advice	<ul style="list-style-type: none"> <li>Advise the patient that he may have to take some time off work if this exacerbates his pain but to continue normal activities as much as possible<sup>7</sup></li> <li>Be realistic and advise that it can take some time to resolve, and physiotherapy may be of help.<sup>7</sup></li> </ul>

## CASE STUDY 6

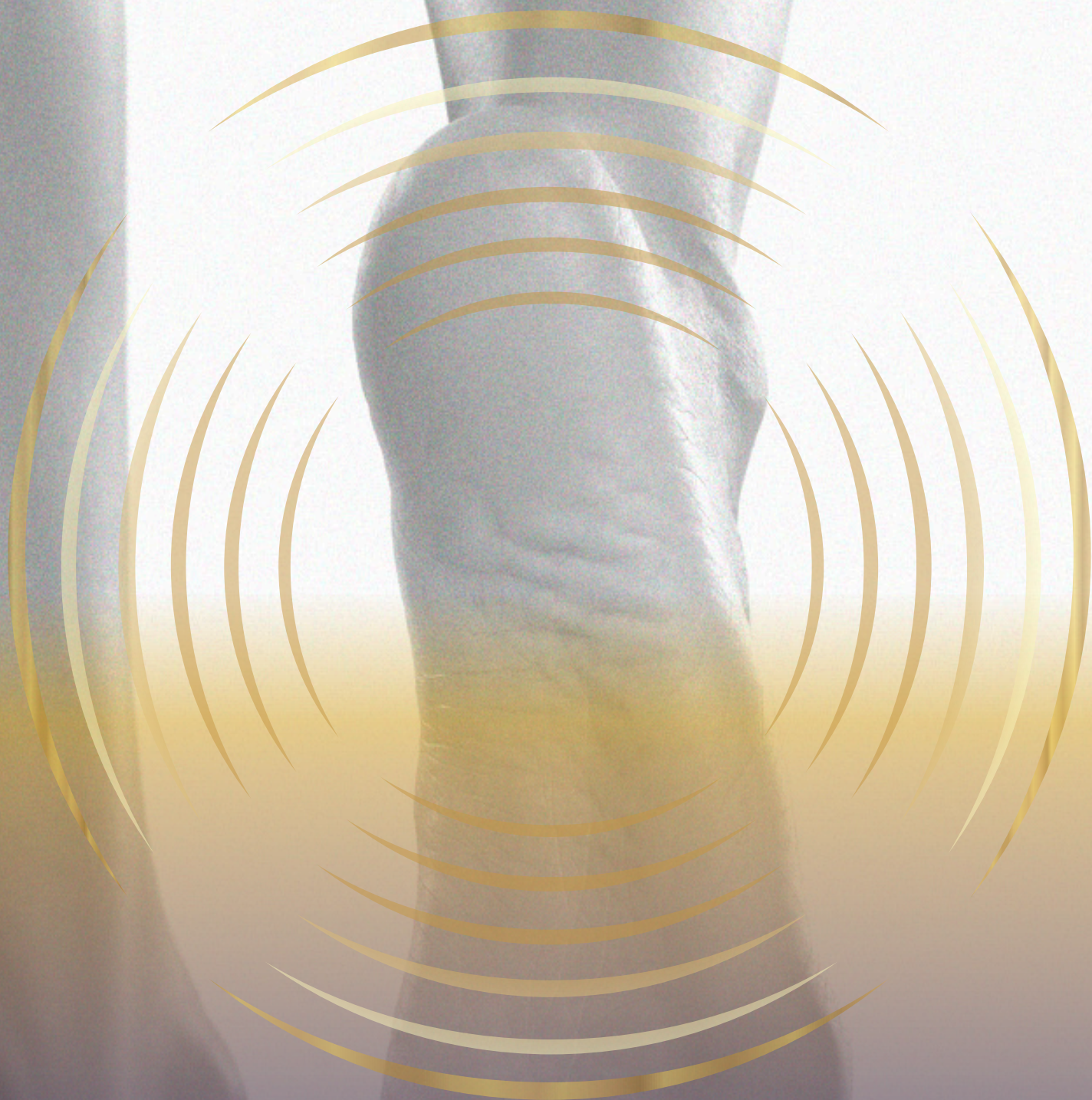
WWHAM QUESTION	PATIENT RESPONSE
Who is the patient?	21-year-old woman
What are the symptoms?	<i>"Severe neck pain. I don't know if I just need a new pillow or something as the pain is making it hard to sleep at night."</i>
How long have the symptoms been present?	<i>"A few days and it's also giving me a really bad headache during the day. I usually only get a mild headache when it's my period, but this is much worse."</i>
Action taken?	<i>"I've taken my usual headache pain reliever, with ibuprofen and codeine, which is helping but not getting rid of the pain, so I wonder if there is anything else I can try?"</i>
Medication being taken?	<i>"I'm on the pill, but it's the same one I've been on for a few years."</i>
What is the likely condition?	Symptoms could suggest a more serious condition, as the severe pain, is particularly present at night, and the new headache symptoms warrant further investigation <sup>6</sup>
Treatment recommendation	As the symptoms are of concern, no treatment is recommended
Counselling advice	Refer to the doctor or A&E for further investigation and treatment

## CASE STUDY 7

WWHAM QUESTION	PATIENT RESPONSE
Who is the patient?	48-year-old man
What are the symptoms?	<i>"I've got a bit of an ache in my hands. I sometimes get it from doing too much computer work, but usually only my right hand. I've had some time off though and now it seems to be in both hands, and they are quite painful and swollen. I've also been quite tired lately and lost my appetite, but I don't know if that's connected."</i>
How long have the symptoms been present?	<i>"Hard to say, I probably only noticed because I've had a couple of weeks holiday, and the pain has got worse not better."</i>
Action taken?	<i>"I have an ibuprofen gel that I rub in and that has helped a little but not enough."</i>
Medication being taken?	<i>"I've been taking a blood pressure tablet for the past few years."</i>
What is the likely condition?	Symptoms could suggest a more serious type of inflammatory arthritis, such as rheumatoid arthritis as there is pain and swelling on both sides of the body and there are systemic symptoms, such as fatigue and appetite loss. If there is also accompanying, unexplained weight loss then this also warrants further referral <sup>34</sup>
Treatment recommendation	As the symptoms could be due to a more serious type of arthritis, an OTC treatment is not appropriate
Counselling advice	Refer to the doctor for further investigation and treatment

# **SUPPORT**

**REFERENCES AND INFORMATION**



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# ESSENTIAL INFORMATION

**Naprosyn® Pain Relief 250 mg gastro-resistant tablets** (Naproxen) PL 42807/0004.

**Indication:** for the relief of short-term muscle and joint pain (such as sprains and strains, inflammation caused by sporting injuries, lower back pain, neck pain, or pain in the wrists or feet) in those aged 18-50 years.

**Posology:** On the first day two tablets (500 mg) to be taken initially and then if needed, one tablet (250 mg) after 6-8 hours. On days 2 and 3, one tablet to be taken every 6-8 hours, if needed. Maximum daily dose of 3 tablets (750 mg), for a maximum of 3 days continuous use.

**Contraindications:** hypersensitivity to naproxen, naproxen sodium or any of the excipients, patients with a history of, or active peptic ulcers and active gastrointestinal (GI) bleeding (two or more distinct episodes of proven ulceration or bleeding), history of GI bleeding or perforation related to previous NSAID therapy, aspirin or NSAID sensitivity, those taking any other NSAID or aspirin, patients with severe heart, hepatic or renal failure, women in the third trimester of pregnancy.

**Precautions:** in the first 6 months of pregnancy, when breast-feeding or in women attempting to conceive. Caution in patients with bronchial asthma or allergic disease, cardiac impairment, hypertension, impaired renal function, liver dysfunction, peripheral arterial or cerebrovascular disease, history of GI disease (e.g., ulcerative colitis, Crohn's disease), coagulation disorders, connective tissue disease, hyperlipidaemia, diabetes, smokers, and those taking oral corticosteroids, anticoagulants, antiplatelet agents, or SSRIs. **Side effects:** Hypersensitivity reactions including non-specific allergic reactions and anaphylaxis, respiratory tract reactivity e.g., asthma, bronchospasm, dyspnoea, various skin reactions e.g., pruritus, urticaria, purpura, angioedema, bullous reactions including epidermal necrolysis, erythema multiforme, Stevens-Johnson Syndrome, DRESS. GI ulceration or haemorrhage, peptic ulceration, or perforation, hyperkalaemia, cardiac and congestive heart failure, myocardial infarction, stroke, renal failure, jaundice, hepatitis, meningitis.

**MA Holder:** Maxwellia Ltd, Alderley Park, Alderley Edge, Cheshire, SK10 4TG, UK.

**Classification:** P.

**RRP:** 9 tablets £6.95.

**Date:** August 2025. For full information see [naprosynpainrelief.com/hcp](http://naprosynpainrelief.com/hcp)

## USEFUL SOURCES OF INFORMATION

Patients can be signposted to useful sources of information for more advice on managing musculoskeletal pains. This includes the NHS website ([www.nhs.uk](http://www.nhs.uk)) and the Self Care Forum website, which has useful factsheets ([www.selfcareforum.org](http://www.selfcareforum.org)).

### Back pain

- BackCare: [www.backcare.org.uk](http://www.backcare.org.uk).

### Knee pain

- NHS (knee pain): [www.nhs.uk/conditions/knee-pain](http://www.nhs.uk/conditions/knee-pain).
- Versus Arthritis (knee pain): [www.versusarthritis.org/about-arthritis/conditions/knee-pain](http://www.versusarthritis.org/about-arthritis/conditions/knee-pain).

### Neck pain

- NHS (neck pain): [www.nhs.uk/conditions/neck-pain-and-stiff-neck](http://www.nhs.uk/conditions/neck-pain-and-stiff-neck).
- Versus Arthritis (neck pain): [www.versusarthritis.org/about-arthritis/conditions/neck-pain](http://www.versusarthritis.org/about-arthritis/conditions/neck-pain).

### Osteoarthritis (OA)

- Versus Arthritis (OA): [www.versusarthritis.org/about-arthritis/conditions/osteoarthritis](http://www.versusarthritis.org/about-arthritis/conditions/osteoarthritis).

### Shoulder pain

- NHS (shoulder pain): [www.nhs.uk/conditions/shoulder-pain](http://www.nhs.uk/conditions/shoulder-pain).
- Versus Arthritis (shoulder pain): [www.versusarthritis.org/about-arthritis/conditions/shoulder-pain](http://www.versusarthritis.org/about-arthritis/conditions/shoulder-pain).

### Sprains and strains

- NHS (sprains and strains): [www.nhs.uk/conditions/sprains-and-strains](http://www.nhs.uk/conditions/sprains-and-strains).

# REPORTING OF SUSPECTED ADVERSE EVENTS

Healthcare professionals should report any suspected adverse reactions via the Yellow Card Scheme at [www.mhra.gov.uk/yellowcard](http://www.mhra.gov.uk/yellowcard) or search for MHRA Yellow Card in the Google Play or Apple App store.



Scan this QR code to access the full suite of training materials for **Naprosyn® Pain Relief**. For more information and details on how to order visit [\*\*\*naprosynpainrelief.com/hcp\*\*\*](http://naprosynpainrelief.com/hcp).

