

CONFIDENTIAL POLL REPORT



SUMMARY OF KEY FINDINGS

Nationwide Survey of U.S. Seniors: Pain Management and the FDA

September 2009

CLARUS RESEARCH GROUP
1201 CONNECTICUT AVENUE, N.W.
SUITE 600
WASHINGTON, D.C. 20036

www.ClarusRG.com

CONDUCTED FOR



Methodology

Clarus Research Group is a full-service, nonpartisan, survey research firm based in Washington, D.C. that provides market insights and practical analysis for corporate, association, nonprofit and advocacy clients. More information on Clarus clients and service offerings may be found on the Web at www.ClarusRG.com.

At the request of the Alliance for Aging Research, Clarus conducted a nationwide survey among 801 U.S. adults age 65 and over, based on a representative, random sample. The margin of error is +/- 3.1 percent.

Interviews were via the telephone by live interviewers between September 14 and 18, 2009.

The questionnaire used for this survey was approved by the client prior to commencement of the interviewing.



Ronald A. Faucheux, Ph.D., President, Clarus Research Group
Brynna McCosker, Director of Operations, Clarus Research Group

Key Findings

• 46% of respondents report suffering pain at least several times a week. On the other end, 36% report suffering pain only a few times a year or less.

• Most frequent pain sufferers are women 75 and older.



In general, how often do you suffer pain from headaches, arthritis, joint or muscle problems, backache, or colds?

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
Every day	34%	31%	36%	33%	35%	30%	35%	33%	37%
Several times a week	12	12	12	13	11	11	14	12	11
Once a week	8	9	7	9	7	11	6	6	8
Once a month	9	8	9	9	8	10	9	6	9
A few times/ year	26	28	25	29	23	28	30	27	21
Never	10	11	9	7	13	8	6	16	12
NO/NS/NA	1	1	1	1	2	1	*	1	3

- NO/NS/NA = no opinion, not sure, no answer
- All = results of all responses for this question
- M = males, F = females
- 65-74, 75+ = respondent ages
- * = less than .5%
- vol = respondent volunteered response
- All numbers are rounded; columns may not add up to 100

Key Findings

- 31% of the sample are mild pain sufferers, 46% medium sufferers, and 17% heavy sufferers.

How would you characterize the pain you routinely suffer from these types of ailments?

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
<i>Always mild</i>	31%	32%	29%	27%	34%	27%	27%	38%	31%
<i>Mostly mild/sometimes bad</i>	46	46	46	50	41	49	51	42	41
<i>Always bad</i>	6	4	7	4	7	2	6	7	8
<i>Mostly bad/sometimes severe</i>	9	8	10	11	7	10	11	4	8
<i>Always severe</i>	2	2	3	1	3	2	1	1	5
<i>NO/NS/NA</i>	7	9	6	7	8	10	4	8	8



Key Findings

- Over two-thirds of the sample say they mostly use over-the-counter pain relievers.
- Over-the-counter pain reliever use is high across the board but is highest among women 65-74.

Do you mostly use pain relievers that can be bought over-the-counter – such as aspirin, Tylenol, Excedrin, or Advil – OR do you mostly use prescription pain relievers that are prescribed by a doctor?

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
<i>Over the counter</i>	68%	65%	71%	70%	67%	63%	76%	69%	66%
<i>Prescription</i>	15	15	15	14	16	16	13	14	17
<i>Both (vol)</i>	5	5	5	5	4	7	4	2	5
<i>Depends (vol)</i>	*	*	*	*	*	*	1	1	*
<i>Neither, no pain meds (vol)</i>	11	13	9	10	12	13	7	13	12
<i>NO/NS/NA</i>	1	2	*	1	1	2	*	2	*



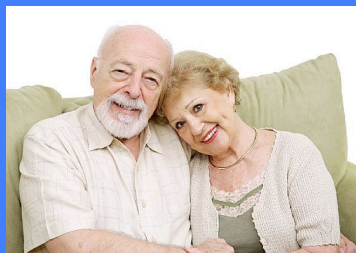
Key Findings

• A little over 1-in-5 respondents who mostly use over-the-counter pain relievers also sometimes use prescription pain relievers. Over three-fourth do not.

• Men over 75 report the highest secondary use of prescription pain relievers (27% vs. 19% all else).

FOLLOW-UP: You said you mostly use **over-the-counter** pain relievers – do you also sometimes use a prescription pain reliever? (N=544)

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
Yes	21%	23%	19%	20%	22%	20%	20%	27%	18%
No	77	75	79	79	76	78	79	71	18
NO/NS/NA	2	2	2	1	3	2	*	2	4



Key Findings

- Over half of the respondents who mostly use prescription pain relievers also sometimes use over-the-counter pain relievers.
- Men over 75 report the lowest secondary use of over-the-counter pain relievers.

FOLLOW-UP: You said you mostly use **prescription** pain relievers – do you also sometimes use over-the-counter pain relievers, such as Bayer, Advil, Aleve, Tylenol, Excedrin or the equivalent store brand ? (N=118)

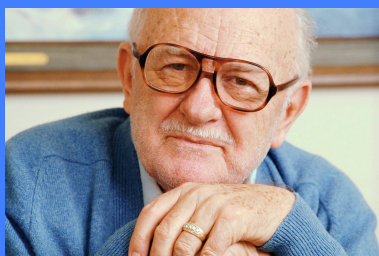
	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
Yes	52%	48%	56%	54%	51%	59%	50%	34%	60%
No	47	50	44	45	49	39	50	66	40
NO/NS/NA	1	2	*	2	*	3	*	*	*



FOLLOW UP (OPEN-ENDED): What is the name of the prescription drug you take for pain relief?

(2% or more)

Celebrex	7%
Vicodin	6
Naproxen	6
Oxycontin	5
Darvocet	5
Tramadol	4
Hydrocodone	4
Tylenol	4
Ibuprofen	4
Neurontin	3
Prednisone	3
Acetaminophen	2
Lubrium	2
Acetaminophen w/Codeine	2
Diclofenac	2
Tylenol 3	2
Tylenol Arthritis	2
Percocet	2



Key Findings

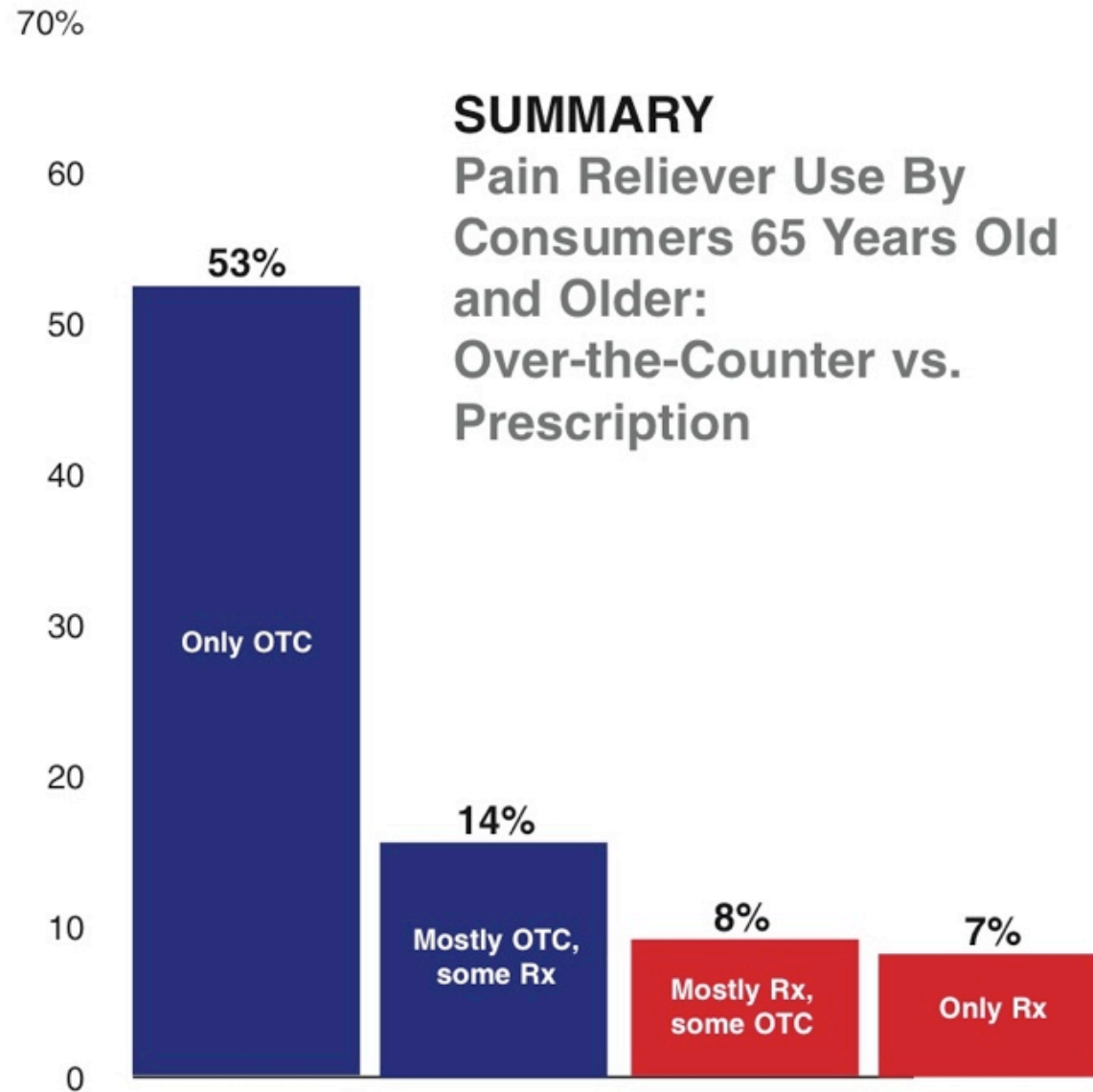
- Highest Tylenol/equivalent users: females 65-74 and respondents in the Northeast (66%) and South (65%).
- Highest Excedrin/equivalent users: 65-74 (15%), less than \$25k income (15%).
- Highest aspirin/equivalent users: men over 75 (58%), blacks (60%), Hispanics (62%).
- Highest ibuprofen users: aged 65-69 (45%), post-graduate education (41%).
- Highest Aleve/equivalent users: Midwest (30%) and among those who are post-graduates (29%).
- A solid majority (54%) of acetaminophen users usually take extra-strength over regular-strength (37%).

Please tell me whether you use, at least on occasion, each of the following....

	Yes	No	NS/Don't recall	No answer
<i>Tylenol or equivalent store brand of acetaminophen</i>	60%	39%	* %	* %
<i>Excedrin or equivalent store brand</i>	11	88	*	1
<i>Aspirin or equivalent store brand</i>	53	46	*	1
<i>Advil, Motrin, Nuprin or equivalent store brand of ibuprofen</i>	34	66	*	1
<i>Aleve or equivalent store brand naproxen</i>	21	78	1	*

If answered “**yes**” to Tylenol or an equivalent store brand acetaminophen....
ASK: Do you usually use extra-strength OR regular-strength Tylenol or an equivalent store brand acetaminophen? (N=484)

	All					M	F	M	F
		M	F	65-74	75+	65-74	65-74	75+	75+
<i>Extra-strength</i>	54%	51%	56%	58%	50%	54%	60%	48%	51%
<i>Regular-strength</i>	37	42	35	36	39	37	35	47	35
<i>Both (vol)</i>	1	1	2	1	1	*	2	1	1
<i>NO/NS/NA</i>	7	7	8	5	10	9	2	5	13



Key Findings

- By more than an 8-to-1 margin, respondents prefer education over restriction.
- A total of 78% expressed opposition to restriction (65% + 13%).
- The education option was supported by solid majorities in all major demographic subgroups.
- The only subgroups to register less than 60% support for the education option were: respondents over 80 (56%), males 75+ (53%), blacks (58%), and prescription pain relievers (58%).
- Support for education was highest among 75-79 (69%), females 65-74 (71%), Northeast (69%), post-graduate degrees (69%), \$100k+ income, heavy pain sufferers (70%).

To protect people from accidentally overdosing from pain relievers, generally speaking, do you think the government should further restrict the availability of over-the-counter, non-prescription pain relievers.... OR, instead, do you think the government should encourage more consumer education that attempts to reduce the risk of accidental overdosing of pain relievers?

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
<i>Should restrict availability</i>	8%	10%	7%	7%	9%	9%	6%	11%	8%
<i>Should encourage more consumer education</i>	65	60	69	69	61	65	71	53	67
<i>Both (vol)</i>	2	2	2	1	3	1	1	5	2
<i>Neither (vol)</i>	13	17	10	14	12	16	13	18	8
<i>Depends (vol)</i>	1	2	1	1	2	1	1	3	1
<i>NO/NS/NA</i>	10	10	11	8	13	9	7	11	15

Key Findings

- *Less than one-third of respondents had “seen, read or heard” about the FDA considering new rules on pain relievers.*

- *Awareness was highest among respondents 70-74 (37%), blacks (47%), and the Northeast (40%).*

In the past year or so, have you seen, read, or heard that the Food and Drug Administration is considering new rules on the availability of over-the-counter pain relievers?

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
Yes	31%	33%	30%	35%	28%	35%	34%	31%	36%
No	65	64	65	62	68	62	62	67	68
NO/NS/NA	4	3	5	4	5	3	4	2	7



FOLLOW UP (OPEN-ENDED): What have you heard about this?

Saw, read, heard something about it	26%
Pain drug usage concerns/use caution when using drugs/don't overdose on pain meds/don't use in combination/	14
Might restrict Tylenol	2
Might restrict, regulate over the counter pain relief drugs, like Acetaminophen etc./want to regulate, restrict them/	23
Tylenol might be harmful/might have harmful side effects/liver problems	2
Don't take too much Tylenol/Tylenol overdose concern/could hurt liver	1
Anti-government participation remarks	6
Just that the FDA is considering new rules on availability of over-the counter pain relievers	10
Some pain meds might be harmful, possible side effects, liver damage	4
Dosage changes/recommended dosages might be changed	1
Public needs more education on drugs	2
Looking into better warning labels	1
Other	4
No/None/Nothing	3
Don't Know	8
Refused	1



Introduction to the following question set:

As you may know, the over-the-counter pain reliever Tylenol and equivalent store brands made from **acetaminophen** are sold in two sizes.... **regular**-strength, which refers to **325** milligram tablets, and **extra**-strength, which refers to **500** milligram tablets.

Currently, consumers may buy either size over-the counter without a doctor's prescription – although the federal Food and Drug administration is considering changing the rules to require that extra-strength, 500-milligram, Tylenol or the equivalent store brand, will require a doctor's prescription. This change would not affect other over-the-counter pain relievers.

We now want to ask you some questions about this....



Key Findings

- *There are few clear patterns as to what respondents would do in this situation. Responses are scattered.*
- *The only actions that received 50% or more (definitely and probably do) were talk to the pharmacist (52%) and use more of the lower dose Tylenol/ equivalent (52%).*
- *Actions that are least likely to be taken: go online (73%), stop using them (69%), talk to relative, spouse, etc. (66%).*



If the Food and Drug Administration changed the rules and required a doctor's prescription to buy extra-strength Tylenol or an equivalent store brand, which of the following would you do about it? For each possible action, please tell me whether you would definitely do it, probably do it, probably not do it, or definitely not do it....

	Definitely do	Probably do	Probably not do	Definitely not do
<i>Stop using them if you thought lower doses would be less effective</i>	12%	19%	29%	40%
<i>Use a different kind of pain reliever such as Advil, Aleve, or something else that has not changed</i>	19	30	17	34
<i>Talk to your doctor about getting a prescription for extra-strength Tylenol or equivalent store brand</i>	24	25	18	33
<i>Talk to a relative, spouse, friend or care provider</i>	12	22	25	41
<i>Talk to your pharmacist about alternatives</i>	22	30	19	30
<i>Read more about pain relievers in magazines and newspapers</i>	19	25	24	31
<i>Go online and read Web sites that provide medical advice</i>	10	18	20	53
<i>Use more of the lower does Tylenol or equivalent store brand to treat your pain</i>	19	33	17	30

FOLLOW UP (OPEN ENDED): In addition to the actions just mentioned, is there anything else you would do?

Ask my doctor/visit doctor/get a prescription/follow doctor's advice	13%
Would just use more of lower dose Tylenol	3
Would take a different drug/switch brands	2
Can only take other drugs for pain relief	*
Anti-government involvement remarks	2
Probably not do anything else/don't think I would	3
Would use natural, homeopathic remedies/vitamins	1
Take Ibuprofen, Advil, Aspirin, Aleve, Percocet, Naproxen, regular Tylenol	3
I don't, wouldn't use Tylenol	1
Tylenol might be harmful/might have harmful side effects/	*
Tylenol is dangerous/causes liver damage	
Cure the cause of the pain instead of taking restricted relievers	*
Just tough it out/grit my teeth	2
Explore alternatives/evaluate condition and make decision/educate self on pain relievers	1
I don't use many over-the-counter relievers/seldom use them/ don't need them/don't like them/	4
Alternative methods for pain relief	4
Write to/lobby against congressman/complain	2
Ask pharmacist	*
Move out of the USA/buy drugs out of the country	*
Other	2
No/None/Nothing/Probably Not	53
Don't Know	6
Refused	*



Key Findings

• By a massive 14-to-1 margin, respondents said they thought the FDA changing the rules would make it harder to get safe and effective pain relief as opposed to easier. Nearly half of the respondents, however, said they didn't think the rule change would make it harder or easier.

• Women were more likely to pick harder than easier (by a 23-to-1 margin). Other respondents who were most likely to say harder: some college (51%), \$25-49k income (50%), users of extra-strength pain relievers (53%), users of both extra- and regular-strength pain relievers (56%).

• Men were more likely to say it wouldn't make any difference (54%).

If the Food and Drug Administration changed the rules to require a doctor's prescription to buy extra-strength Tylenol or an equivalent store brand product, do you think that would make it **harder** to get safe and effective pain relief, **easier** to get safe and effective pain relief, OR would it not make any difference?

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
<i>Harder</i>	43%	38%	46%	43%	43%	39%	47%	37%	46%
<i>Easier</i>	3	4	2	3	3	4	2	4	2
<i>Not make any difference</i>	47	54	42	51	44	56	46	51	39
<i>Depends (vol)</i>	2	1	3	1	3	1	2	2	4
<i>NO/NS/NA</i>	5	3	7	2	8	*	4	7	9

Key Findings

• By a lopsided 12-to-1 margin, respondents believe the FDA rule change would make it more expensive as opposed to less expensive to get safe and effective pain relievers. A little over one-fourth said it wouldn't matter.

• Respondents 65-74 were more likely (65%) to say "more expensive" than those 75 and over (56%).

• Women 75 and over were least likely to say "more expensive" (54%).

• Whites (62%), more than blacks (52%) or Hispanics (38%), were more likely to say "more expensive."

• Midwesterners were most likely to say "more expensive" (68%) and Westerners were least likely (58%).

If the Food and Drug Administration changed the rules to require a doctor's prescription to buy extra-strength Tylenol or an equivalent store brand product, do you think that would make it more expensive to get safe and effective pain relief, less expensive to get safe and effective pain relief, **OR** would it not make any difference?

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
More expensive	61%	63%	60%	65%	56%	65%	66%	60%	54%
Less expensive	5	3	6	5	5	3	6	4	6
Not make any difference	27	29	26	27	28	31	23	27	28
Depends (vol)	2	1	2	1	3	*	2	3	3
NO/NS/NA	5	3	7	2	9	1	4	7	10

Key Findings

- By a wide 66-19% margin, respondents say the FDA rule change would be a bad idea.
- Respondents 65-74 were more likely to say it's a bad idea (74%) than those 75 and older (57%).
- More likely say it's a bad idea were those with some college (73%), incomes of \$50-99k (70%), more frequent pain sufferers (69%), people who use extra-strength pain relievers (71%), and those who use both extra- and regular-strength (87%).



Currently, you can buy extra-strength Tylenol or an equivalent store brand product over-the-counter WITHOUT a doctor's prescription. Do you think it would be a good idea **OR** a bad idea if the Food and Drug Administration changed that policy to require a doctor's prescription to buy extra-strength Tylenol or an equivalent store brand?

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
<i>Good idea</i>	19%	18%	19%	15%	22%	13%	17%	24%	21%
<i>Bad idea</i>	66	69	63	74	57	78	70	58	56
<i>NO/NS/NA</i>	16	13	18	11	21	9	13	18	23

Key Findings

- *The major reasons given were abuse of the drug, let doctors determine and harmful effects.*



FOLLOW UP: Those who said “good idea” in the previous question were asked why they said that. Their responses:

43%	It would help people from abusing its use
14%	Doctors should determine what people take
11%	Tylenol/equivalents can be harmful
9%	Good idea to change policy
5%	It would stop drug users and kids from getting it
3%	Can pay with insurance
13%	Other reasons
2%	No reason
7%	Don't know
1%	Refused

Key Findings

• *Anti-regulation reasons were most prevalent. Respondents also don't believe it's necessary to make the change and think any such change would make things more difficult on them to get pain relief.*



FOLLOW UP: Those who said “bad idea” in the previous question were asked why they said that. Their responses (reasons that received 3% or more are listed):

31%	Anti-government involvement, prefer individual responsibility over regulation
19%	Regulation would increase costs, more doctor office visits
11%	Just not necessary to do it, rather keep it as it is now
9%	Inconvenient, impractical, can't keep running to doctor every time I have a headache
7%	People are smart enough to follow dosage instructions
6%	Limit access to medication for those who can't afford to see doctor
6%	Why go to a doctor when you can just go to the pharmacy
5%	Would cause people to take larger doses of lower strength medication
3%	Would make it more difficult
20%	Other reasons
*	No reason
2%	Don't know
*	Refused

Key Findings

- Respondents overwhelmingly prefer – by a 60-point margin – continuing over-the-counter availability of pain relievers made from acetaminophen.
- Respondents were strong in this sentiment across the board. Even among demographic subgroups with the lowest percentages favoring over-the-counter availability, results were lopsided in their support of it: women 75 and over (69%), blacks (67%), Hispanics 66%, less than high school education (68%), income \$100k or more (69%), and mostly prescription pain relief users (62%).



There are two viewpoints on whether some pain relievers should continue to be available over-the-counter.

Some people say that pain relievers made from acetaminophen, such as extra-strength Tylenol, should **require a doctor's prescription** because evidence has shown that they can cause liver damage in some people if taken in excess of the recommended dose.

Other people say that pain relievers made from acetaminophen, such as extra-strength Tylenol, **should continue to be available over-the-counter** because they are safe when taken as recommended and already carry safety warnings on the bottles and packages.

Now that you have heard both viewpoints, do you think pain relievers such as extra-strength Tylenol and equivalent store brands should continue to be available over-the-counter **OR** do you think they should require a doctor's prescription?

	All	M	F	65-74	75+	M 65-74	F 65-74	M 75+	F 75+
<i>Continue to be available over-the-counter</i>	76%	78%	75%	82%	71%	82%	81%	73%	69%
<i>Require a doctor's prescription</i>	16	14	16	13	19	12	13	17	20
<i>NO/NS/NA</i>	8	8	9	6	11	6	6	11	11

Summary of Key Findings:

Availability and use of over-the-counter pain relievers is of major importance to the lives of U.S. seniors. Use of over-the-counter pain relievers is much greater among seniors than prescription pain relievers.

Seniors believe consumer education is a much better way to protect people from overdosing on pain relievers than government restriction of the availability of over-the-counter pain relievers.

Most seniors say they are not aware of the FDA's consideration of changing the rules on the availability of over-the-counter pain relievers.

Seniors do not have clear direction as to what they would do should the FDA change the rules on availability of extra-strength Tylenol or equivalent store brands.

Many seniors believe that changing the availability of 500 milligram acetaminophen pain relievers would make it harder and more expensive to get safe and effective pain relief.

By very wide margins, seniors believe it would be a bad idea if the Food and Drug Administration changed the policy to require a doctor's prescription to buy extra-strength pain relievers made from acetaminophen. Seniors do not believe it is necessary or practical to make such a change and fear the added cost and inconvenience that could result.

