

MURPHY—TYLENOL*continued from page 15*

has been the main reason people call poison-control centers. "It's the leading cause of death in poison-control cases."

Studies show overdoses of acetaminophen [Tylenol, etc.] have become the nation's chief cause of acute liver failure. "Up to half of these poisonings appear to be accidental."

"The federal government is considering more-severe warning labels on over-the-counter acetaminophen drugs."

"Nobody should ever exceed 4,000 milligrams [of acetaminophen] per day."

The daily maximum equals eight Extra Strength Tylenols.

"Doctors worry that some overdoses stem from people who combine several of the 600-plus-milligram acetaminophen drugs and don't realize how much they're ingesting."

If you regularly have three or more alcoholic drinks in a day, you may develop problems at lower doses of acetaminophen or other painkillers.

Acetaminophen is the nation's most popular medicine.

"About a fifth of U.S. adults, or 45 million people, take acetaminophen in any week."

"Nearly 10 percent of U.S. residents under 18 take acetaminophen in any week, roughly 7 million kids."

A serious acetaminophen overdose can creep up: A person may feel fine, maybe just nauseated, for a day or two before the crisis hits.

"Acetaminophen was the reason for 133,000 calls to U.S. poison-control centers in 2004. More than half of those cases needed treatment in a healthcare facility."

ER doctors can treat acetaminophen overdoses in the first 12 to 24 hours.

"Overdoses increasingly cause acute liver failure, a disastrous organ

collapse that hits quickly."

Years ago, hepatitis was the main cause of this life-threatening condition, which strikes about 2,000 U.S. residents each year. But acetaminophen is now the No. 1 cause of liver failure.

Acetaminophen caused 42 percent of the acute liver failures in the 1998-2003 study [Acetaminophen-induced acute liver failure: Results of a United States multicenter, prospective study; *Hepatology* (American Association for the Study of Liver Diseases), Volume 42, Issue 6, December 2005, Pages 1364-1372], including 51 percent in the final year⁸.

"Roughly half of acetaminophen overdoses seemed accidental. Those patients said they took an average of 7,500 milligrams a day, usually for less than a week."

In November of 2005, medical researchers from the University of Washington Medical Center, the University of Texas Southwestern Medical Center, the University of Michigan, the Univer-

sity of California at San Francisco, and the University of Pittsburgh Medical Center publish a prospective study⁸ titled Acetaminophen-induced acute liver failure in the journal *Hepatology*, which is the official journal of the American Association for the Study of Liver Diseases. These authors note:

Acetaminophen-induced acute liver failure

Hepatology
November 29, 2005

42% of US acute liver failures are caused by acetaminophen, and in the final year of this study the number rose to 51%.

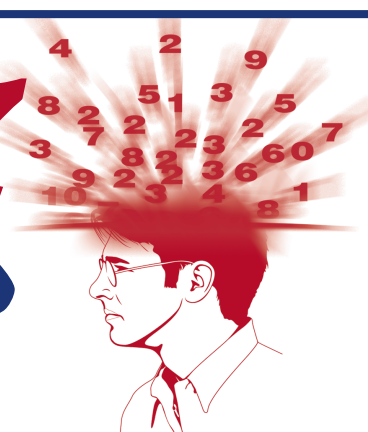
Unintentional overdose of acetaminophen leading to acute liver failure accounts for half of the failures.

In the unintentional liver failure group, 38% took two or more acetaminophen preparations simultaneously, and 63% used narcotic-containing compounds, primarily Vicodin.

81% of unintentional patients reported taking acetaminophen for acute or chronic pain syndromes.

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Are You a **WHIZ** at Whiplash?



ANSWER THE 8 QUESTIONS below and show your stuff. If you only know an answer or two, you need to attend to fill the gaps with what you don't know: New knowledge!

- 1. WHY** do some patients have ongoing pain after all possible tissue healing has occurred, and can we help them?
- 2. HOW** can a D.C. explain, to the insurer or jury, how the patient was injured when the car wasn't damaged? What information is needed to satisfy both a jury and Colossus?
- 3. WHAT** are the biomechanical reasons for both acute and chronic pain, and how can we manage them nutritionally, without our patients having to resort to drugs?
- 4. IS** there a model based on Guyton's Textbook of Medical Physiology that can help me find, collect and correlate evidence of soft-tissue injury?
- 5. ARE** there randomized clinical trials comparing chiropractic adjusting to the drugs Celebrex and Vioxx in the management of chronic spine pain, and how well did chiropractors do?
- 6. WHAT** diagnostic testing best shows the injuries we manage as chiropractors?
- 7. WHY** is the history the most important part of the examination?
- 8. WHY** would an insurer find chiropractic compared to medicine or PT the treatment of choice?

2006

Newest Research Applications



Daniel J. Murphy, D.C.

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Richard L. Christie, D.C., Esq.

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NEWS DIGEST

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The Chiropractic Learning Resource Center at the Palmer Davenport campus is scheduled to be completed in the spring of 2007.

point on the Palmer campus and provide students, faculty, alumni, researchers, as well as the chiropractic profession with an educational resource center comparable to none. The work is scheduled to be completed in the spring of 2007.

AHC presents Lee-Homewood Heritage Award to Dr. Orval Hidde

The Association for the History of Chiropractic (AHC) recognized Orval Hidde, DC, JD, with the Lee-Homewood Chiropractic Heritage Award for his lifetime contributions to the profession and most especially for his role in securing federal recognition of the Council on Chiropractic Education. The award was presented during AHC's 26th Annual Conference held in June in Lombard, Illinois. Also recognized were two AHC founders: Herbert K. Lee, DC and James M. Russell, DC.

The conference included eight paper presentations and the annual prize for the best paper was awarded to Jonathan Todd Egan, DC and his co-authors for their investigation of chiropractors' role in the American Public Health Association.