

Surgeon General Backpedals on Flawed Tylenol Study. Because of ACSH.



By Josh Bloom — July 15, 2019



"And your little dog too!" Image:
[SBS.com/au](https://www.sbs.com/au) [1]

Fireworks can be an awful lot of fun on July 4th, but not so much if they blow up in your face. Unfortunately for Surgeon General Dr. Jerome Adams, his face was in the wrong place on Independence Day because of a ridiculous [paper](#) [2] in a ridiculous journal called *Emergency (Tehran)*.

"Comparison of the Analgesic Effect of Intravenous Acetaminophen and Morphine Sulfate in Rib Fracture; a Randomized Double-Blind Clinical Trial" concludes that IV Tylenol works better (or as well) as morphine for patients who go to emergency departments for broken ribs - a notoriously painful injury.

Here are Dr. Adams' Tweets from July 3rd and 4th. Pay special attention to the one from July 4th on the right. Dr. Adams tells us that he unquestioningly believes the study results and offers no doubt about its accuracy.



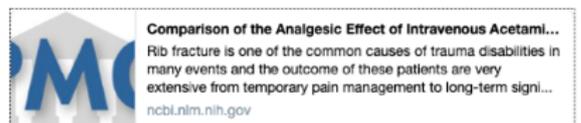
U.S. Surgeon General @Surgeon_General · Jul 3
Putting in some work in the ORs at @WRBethesda - got to help with some interesting cases and saw several people get Tylenol and other meds to help provide anesthesia and post-op pain relief with minimal opioids. They all woke up comfy and happy! 😊 @ASALifeline

July 3, 2019



Replying to @Surgeon_General @karlkruska @NSCsafety

And here's a study where 1000mg IV Tylenol was found equivalent to IV morphine (based on body weight, but in some cases greater than 6mg) - note, rib fractures are EXTREMELY painful!



July 4, 2019

It appears that Dr. Adams didn't bother to read the paper from which this conclusion was drawn. So I did. And it was a colossal mess, something I explained on July 8th (See [Need General Surgery? Ignore The Surgeon General](#)) [3]. The study was so bad that it was impossible to tell whether Tylenol worked better than morphine, morphine worked better than Tylenol, or either drug worked at all.

A few days later ACSH friend, Dr. Aric Hausknecht, a New York neurologist and pain management expert, who has both written for and been interviewed by us) must have read the paper as well because his July 12th letter made what I had to say seem rather tame by comparison (See [Dr. Aric Hausknecht Responds To SG Jerome Adams' Tylenol Recommendation](#)) [4]).

Apparently, we hit the mark because in subsequent Tweets Dr. Adams was backpedaling like the bicycle scene from The Wizard of Oz played backward. Here are a few from July 13th...

 **U.S. Surgeon General**   
@Surgeon_General

1/? GM twitter! Let's reset the discussion on pain management and opioid misuse. First, we must acknowledge/ I've always felt and said that we have a crisis of un and undertreated pain in the US, and it can lead to suicide, self medication w illicit, and other bad outcomes.

...now that ACSH has caught me

 **U.S. Surgeon General**   
@Surgeon_General

2/? We also have an overdose crisis in our country. It is NOW largely fueled by fentanyl, but there traditionally have been, and still are many people who first become dependent due to opioids prescribed to them - or diverted from others to whom they were over prescribed.

8:32 AM - 13 Jul 2019

This has been true for five years

U.S. Surgeon General  @Surgeon_General · Jul 13 

5/? I understand many chronic pain patients feel unheard- I HEAR YOU- and I am appreciative for your feedback. Whenever I speak on opioids, I ALWAYS discuss the need to protect chronic pain patients/ not pull the rug out from under them. We must NOT target the wrong people!

That rug is long gone

U.S. Surgeon General  @Surgeon_General · Jul 13

6/? We must stop swinging the pendulum to extremes, and find a better balance between getting opioids to those who most benefit from them, while minimizing them for those who don't. Opioids are BOTH being overprescribed to SOME populations, and under prescribed to others.

So is the pendulum

Finally, there's this...

U.S. Surgeon General  @Surgeon_General · Jul 13

9/ I hope we can work together to achieve better pain management for all-those acute and chronic patients who benefit from opioids, & those populations for whom there are reasonable and often better alternatives (both pharmacologic and non pharmacologic). #betterpaincontrol4all

So do we. So, please tell us the truth about what the literature really says.

What Dr. Adams did is no different than what PROP, certain members of the CDC, politicians, academic zealots, and various other self-serving individuals and groups have been doing for almost a decade - making up a story and backing it up with faulty (or non-existent) research to "prove" a point.

We just happened to catch him.

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Links

[1] <https://www.sbs.com.au/movies/article/2014/07/04/tour-de-film-10-best-and-worst-uses-bikes-movies>

[2] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4608332/>

[3] <https://www.acsh.org/news/2019/07/08/need-general-surgery-ignore-surgeon-general-14135>

[4] <https://www.acsh.org/news/2019/07/12/dr-aric-hausknecht-responds-sg-jerome-adams-tylenol-recommendation-14149>