Baclofen

FDA-approved uses:
Upper motor neuron muscle spasticity

Common off-label uses:
Chronic pain syndromes
Muscle spasms

Alternatives:
No medication is required. Non-medication modalities such as physical treatment and psychological treatment, pain interventions, and other medications are potential alternatives.

How it works:
Baclofen works on slow-channel GABA\(_B\) receptors in the spinal cord and cerebellum. In the spinal cord, baclofen blocks some of the signals that go to the muscles, making the muscles contract somewhat less, relieving spasms and cramps. Baclofen also may interfere with substance P, a pain-transmitting chemical in the spinal cord although this is not clear.

Side effects & General risks:
Because baclofen relaxes muscles, if doses are too high, the muscles can seem weak—including bladder muscles—because more muscle signals are blocked. In such cases, the dose is too high and should be reduced. Typical side effects include those listed in the disclaimer and others; weakness, nausea, low blood pressure, urinary frequency, fatigue, incoordination, rash, itching, ankle swelling, weight gain, sweating and nasal congestion, and others. Serious side effects include imbalance, passing out, seizures, hallucinations, depression, psychiatric changes, respiratory depression, and acute withdrawal if suddenly stopped.

There is a withdrawal syndrome if baclofen is stopped suddenly. Baclofen should NOT be stopped suddenly.

This is a supplement to the standardized drug information sheets. Please see the standardized drug information sheet for detailed information about risks, side effects, interactions, and other important information. General risks: Any medication may interfere with the ability to drive, concentrate, or operate machinery; patients must be responsible for their own behavior and should not engage in any dangerous activity if there is any question of impairment. All medications have side effects and drug interactions, some serious, some fatal. Let all of your practitioners and pharmacist know about every substance used. Alcohol, herbals, or illegal drugs are not considered safe with these medications. Assume no medication is safe during pregnancy or while breast feeding. The medication may interfere with birth control. Almost any medication can cause sleepiness, insomnia, dizziness, confusion, hallucinations, anxiety, panic, constipation or diarrhea, headache, chest pain and nausea or vomiting, among others. These could cause physical injury, such as dizziness causing one to fall down stairs. Many reduce blood pressure, which could cause fainting, dizziness, stroke, or other problems. Most medications should NOT be stopped suddenly because of the risk of withdrawal.

Common doses & Time to effect:
The maximum dose, depending on the underlying problem is 120mg daily or 240mg daily, but those doses are for spasticity and not for pain or spasm, so most patients in this practice would use those doses. Patients should use the lowest effective dose. There is no need to increase to the next higher dose if the current dose is helpful. Also, patients should not increase to the next higher dose if the present dose is not tolerated. The typical dose for pain and spasm is somewhere between 20-60mg per day. An example titration that may be appropriate for some patients might be:

<table>
<thead>
<tr>
<th>Week</th>
<th>Morning dose</th>
<th>Afternoon dose</th>
<th>Nighttime dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>None</td>
<td>None</td>
<td>5 mg (½ tablet)</td>
</tr>
<tr>
<td>2</td>
<td>None</td>
<td>None</td>
<td>10 mg (1 tablet)</td>
</tr>
<tr>
<td>3</td>
<td>10 mg</td>
<td>None</td>
<td>10 mg</td>
</tr>
<tr>
<td>4 and on</td>
<td>10 mg</td>
<td>10 mg</td>
<td>10 mg</td>
</tr>
</tbody>
</table>

The medication typically provides benefit within a few days, has a period where benefit seems to fade, and then a return of benefit several days later.
Financial:
Dr. Anderson has never received payment in exchange for prescribing a medication. Dr. Anderson has no financial relationship with the manufacturers of baclofen.

Insurance coverage:
Many medications, especially in painful conditions, are off-label as discussed above. Insurance companies do not need to cover medications used off label but typically do provide coverage for most medications that have good scientific evidence. There is no guarantee that any medication will be covered.

In some cases, workers compensation erroneously considers baclofen a standard muscle relaxant and therefore limits use to 14 days.

Scientific evidence & References:
Some scientific evidence supportive of the use of the medication is listed in this section. Of course, scientific information changes rapidly and the information listed may become outdated or incorrect overnight. Baclofen is a GABA-B agonist with a long history for spasticity associated with upper motor neuron disorders. Baclofen has evidence-based support for use in chronic pain syndromes, including pain syndromes such as chronic low back pain when muscle spasm is not a prominent finding.

However, evidence-based literature is mixed and therefore baclofen requires reassessment to verify efficacy. That is, because some articles say it helps and others say it doesn’t, it is important for the patient to consider whether the medication is truly helpful. If so, it may be appropriate to continue. If not, it should be tapered.

References:

Disclaimer:
This is for informational purposes only. This does not replace the instructions you received from Dr. Anderson or any other practitioner, constitute medical treatment, establishment of a patient-physician relationship, constitute any form of recommendation, prescription or medical advice, or imply that the medication is appropriate or FDA approved for any condition. This information may be outdated and is not a complete listing of instructions, doses, uses, or side effects. If this was prescribed to you, you must review this information with your pharmacist and prescriber before starting the medication.