Cyclobenzaprine

FDA-approved uses:
Short-term use as an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions

Common off-label uses:
Chronic pain syndromes with muscular pain
Fibromyalgia pain and myofascial pain syndromes

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:
This drug was originally introduced as a sort-of tricyclic antidepressant but was found to work better as a muscle relaxant. The exact reason why it works as a muscle relaxant is not known but the major mechanism of action likely occurs in the brainstem.

Side effects & General risks:
Although the medication is FDA approved for up to 14 days’ use, it is not uncommon to use the medication for longer periods off label; however, safety and efficacy are not established after two weeks. Cyclobenzaprine is metabolized by the liver and kidney; it should not be used in patients with impaired liver function. Because cyclobenzaprine may have some tricyclic antidepressant activity, there is a chance of side effects similar to true tricyclic medications.

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 cause changes in 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:
There are two types of cyclobenzaprine: short acting cyclobenzaprine and a 24-hour extended release cyclobenzaprine.

The short acting cyclobenzaprine is generic and more common. This medication is taken up to three times daily as 5mg or 10mg. The 10mg size has the potential to be more sedating (sleep causing) than the 5mg size. Because the medication does cause sleepiness, many patients use 5mg or 10mg at night only, and do not use any during the daytime.

The extended release cyclobenzaprine is taken once daily at dinnertime with food.

The medications tend to provide benefit fairly quickly, usually within a few days.

Financial:
Dr. Anderson has never received payment in exchange for prescribing a medication. In the past, Dr. Anderson provided medical education lectures regarding the extended-release cyclobenzaprine that were compensated by the manufacturer; this is in the past. Dr. Anderson remains a consultant to the pharmaceutical company that made the extended-release cyclobenzaprine in regards to other products. Should patients not wish to receive a medication made by a pharmaceutical company of which Dr. Anderson is or was a consultant, alternatives will be discussed.

Insurance coverage:
Many medications, especially in painful conditions, are off-label. Insurance companies do not need to cover medications used off label but typically do provide coverage for most medications that have good scientific
There is no guarantee that any medication will be covered. Very often, the medications in this category are covered for 14 days only, and only the regular release version.

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.

Cyclobenzaprine has evidence supportive of use in chronic pain syndromes. Cyclobenzaprine has peer reviewed evidential support for use in fibromyalgia type neuropathic chronic pain syndromes. Cyclobenzaprine has a structure similar to TCAs and is not FDA approved for fibromyalgia or neuropathic pain but is considered a first-line agent for fibromyalgia type pain syndromes. In other studies, it has been found to improve sleep and reduce tenderness, stiffness, and fatigue at up to 20mg per day, with grade B evidence of efficacy. References:

3. Lofland JH, Szarlej D, Buttaro T, Sermock S, Jalali S. Clin J Pain. 2001 Mar;17(1):103-4. Cylobenzaprine hydrochloride is a commonly prescribed centrally acting muscle relaxant, which is structurally similar to tricyclic antidepressants (TCAs) and differs from amitriptyline by only one double bond.

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.