

# A game changer in muscle relaxants

Cyclobenzaprine is the most studied molecule for muscular-skeletal pain and has been in the US for the past 24 years. The extended release version, Adcock's Myprocam, has now been launched in SA, the second-only market other than the US, which is set to 'change the game' in this field of therapy. Claire Smith, Editor of *Medical Chronicle*, conducted an exclusive interview with Adcock's international speaker Dr Arnold Weil and was at the Johannesburg doctors' launch, to report.

**+** Adcock has invested heavily in **Myprocam** with a national launch for the full spectrum of healthcare practitioners. There was a specialist launch, an allied healthcare professionals launch, including pharmacists and physiotherapists and then focused on the doctors.

Dr Arnold Weil from the US was the international speaker at the Johannesburg event. Having practised in Atlanta for 23 years in acute and chronic pain and having been involved in most of the trials on cyclobenzaprine, he was the most appropriate person to present on the drug.

"Almost every patient that comes in with neck or back pain has an element of muscle spasm," he said. "These symptoms will typically go away on their own and the condition is self-limiting, within 12 weeks. However, we try to decrease this time through muscle relaxants." He explained that muscle spasm can decrease blood flow and oxygen into that area, resulting in increased pain.

"One of the goals in treating pain is to break the spasm-pain-spasm cycle and getting the patient back to normal function and reducing muscle spasm. Clinical evidence has shown that treating the underlying spasm cannot only relieve symptoms, but also reduce recovery time and prevent a chronic condition. However, this class of drugs often has sedative side effects."

Muscle spasm is defined as painful involuntary muscle contractions, often seen in skeletal muscle after acute injury. It is a common, self-limiting condition (often seen in low back and neck pain) manifested clinically as localised pain, tenderness and decreased mobility.

## Back pain

Low back pain presents as pain, muscle tension or stiffness and may have radiation. There is a need to determine the cause. It can be classified as specific vs non-specific and acute vs chronic.

Acute back pain is the most chronic



Pain Specialist Dr Sean Chetty, Chair for the evening, with Dr Arnold Weil and Omphile Seikaneng, Myprocam Product Manager, Adcock Ingram



Delegates at the Sandton event were entertained and informed by international speaker, Dr Arnold Weil

presentation and leads to workers compensation and is one of the most common reasons for physician visits. It affects 85% of adults in their lifetime and is the second leading cause of disability in the US.

## Neck pain

Neck pain affects 66% of adults in their lifetime. Acute episodes are often associated with:

- Pain
- Decreased cervical spinal motion
- Paraspinal muscle spasm, resulting in stiffness and loss of motion.

Dr Weil added that headaches, which can be seen with neck pain, often

have a muscular component. Whiplash is the most common type of traumatic neck injury, he stated.

## Treatment options

Dr Weil believes in a multimodal approach for painful musculoskeletal conditions and treatment options include:

### Non-pharmacologic

- Exercise
- Alternative therapies (massage, acupuncture, relaxation, heat/ice, spinal manipulation)
- Physical therapy.

### Pharmacologic

Symptomatic treatment of pain

includes:

- Acetaminophen
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Opioids
- Injections. **NSC**

## CYCLOBENZAPRINE

Cyclobenzaprine is structurally similar to tricyclic antidepressants and is the most widely prescribed skeletal muscle relaxant in the US. It relieves muscle spasm without interfering with muscle function. It has proven efficacy in over 20 published clinical trials. It was previously only available in immediate-release formulations with three-times-a-day dosing, in 5mg and 10mg.

It is now available in 15mg and 30mg versions, as extended-release, once-daily formulation through a steady plasma concentration with clinically proven lowered sedation. "When you dose is so important," said Dr Weil. The patient will have peak plasma levels eight hours after taking the medication.

"The once-daily dosing is convenient and provides early systemic exposure with a controlled and sustained release cyclobenzaprine. It has the same efficacy as the immediate release cyclobenzaprine, with a statistically significant difference in patients' rating of medication helpfulness vs placebo at day four. "The incidence of somnolence is also low.

"It has proven efficacy and is generally well tolerated. The most commonly reported adverse reactions (>3%) were dry mouth, nausea, dyspepsia and constipation. "No serious adverse events were reported and the discontinuation rate was low," concluded Dr Weil.