cyclobenzaprine (sy-kloe-ben-zap-preen)

**Classification**
Therapeutic: Skeletal muscle relaxants (centrally acting)

**Pregnancy Category**
B

**Indications**

**Action**
Reduces tonic somatic muscle activity at the level of the brainstem. Structurally similar to tricyclic antidepressants.

**Pharmacokinetics**

**Absorption:** Well absorbed from the GI tract.

**Distribution:** Unknown.

**Protein Binding:** 93%.

**Metabolism and Excretion:** Most metabolized by the liver.

**Half-life:** 1–3 days.

**TIME/ACTION PROFILE (skeletal muscle relaxation)**

<table>
<thead>
<tr>
<th>ROUTE</th>
<th>ONSET</th>
<th>PEAK</th>
<th>DURATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>PO</td>
<td>1 hr</td>
<td>2–4  hr</td>
<td>6–24 hr</td>
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</table>

**Contraindications/Precautions**

**Contraindicated in:** Hypersensitivity. Should not be used within 14 days of MAO inhibitor therapy; Immediate period after MI; Severe or symptomatic cardiovascular disease; Cardiac conduction disturbances; Hypertension. Use Cautiously in: Cardiac disease, Geri: Appears on Beers list. Poorly tolerated due to anticholinergic effects (A) (e.g., incontinence, ] (Pedi: Appears on Beers list. Appears on Beers list. Poorly tolerated due to anticholinergic effects (A) (e.g., incontinence, ]

**Adverse Reactions/Side Effects**

**CNS:** Dizziness, drowsiness, confusion, fatigue, headache. **EENT:** Dry mouth, blurred vision. **CV:** Arrhythmias. **GI:** Constipation, abdominal discomfort. **GU:** Urinary retention.

**Interactions**

**Drug-Drug:** Additive CNS depression with other CNS depressants, including alcohol, antihistamines, opiate analgesics, and sedative-hypnotics. Additive anticholinergic effects with drugs possessing anticholinergic properties, including antihistamines, antiparkinsonian, anticholinergic, selective serotoninergic, and antihyperglycemic agents. Avoid use within 14 days of MAO inhibitors. Drugs that affect serotonergic neurotransmitter systems, including tricyclic antidepressants, SSRIs, SNRIs, fentanyl, buspirone, tramadol, and triptans. Risk of serotonin syndrome.

**Drug-Natural Products:** Concomitant use of kava-kava, valerian, chamomile, or hops can cause CNS depression.

**Route/Dosage**

**PO (Adults):**
Acute painful musculoskeletal conditions—Immediate-release: 10 mg 3 times daily (range 20–40 mg/day in 2–4 divided doses; not to exceed 60 mg/day). Extended-release: 15–30 mg once daily. Fibromyalgia—5–40 mg at bedtime (unlabeled).

**NURSING IMPLICATIONS**

**Assessment**

- Assess patient for pain, muscle stiffness, and range of motion before and periodically throughout therapy.
- Geri: Assess geriatric patients for anticholinergic effects (sedation and weakness).
- Assess for serotonin syndrome (mood changes [agitation, hallucinations, coma], autonomic instability [tachycardia, labile BP, hyperthermia], neuromuscular aberrations [hyperreflexia, incoordination], and/or GI symptoms [nausea, vomiting, diarrhea]), especially in patients taking other serotonergic drugs (SSRIs, SNRIs, triptans).

**Nursing Considerations**

Acute pain (Indications)

**Potential Nursing Diagnoses**

- Impaired physical mobility (Indications)
- Risk for injury (Side Effects)
Implementation

● PO: May be administered with meals to minimize gastric irritation.

● Swallow extended-release capsules whole; do not open, crush, or chew.

Patient/Family Teaching

● Instruct patient to take medication as directed; do not take more than the prescribed amount. Taken missed dose within 1 hr of time ordered, otherwise, return to normal dose schedule. Do not double doses.

● Medication may cause drowsiness, dizziness, and blurred vision. Caution patient to avoid driving or other activities requiring alertness until response to drug is known.

● Advise patient to avoid concurrent use of alcohol or other CNS depressants with this medication.

● If constipation becomes a problem, advise patient that increasing fluid intake and bulk food and fruit drinks may alleviate this condition.

● Advise patient to notify health care professional if symptoms of urinary retention (distended abdomen, feeling of fullness, overflow incontinence, voiding small amounts) occur.

● Instruct patient to notify health care professional immediately if signs and symptoms of serotonin syndrome occur.

● Inform patient that good oral hygiene, frequent mouth rinses, and sugarless gum or candy may help relieve dry mouth.

Evaluation/Desired Outcomes

● Relief of muscular spasm in acute skeletal muscle conditions. Maximum effects may not be evident for 1–2 wk. Use is usually limited to 2–3 wk; however, has been effective for at least 12 wk in the management of fibromyalgia.

Why was this drug prescribed for your patient?