CARISOPRODOL

THERAPEUTICS

Brands
- Soma, Sanoma, Carisoma

Generic?
Yes

Class
- Skeletal muscle relaxant, centrally acting

Commonly Prescribed For
(FDA approved in bold)
- Acute painful musculoskeletal conditions
- Muscle spasm
- Insomnia

How the Drug Works
- Sedative, may block interneuronal activity in the descending reticular formation and spinal cord
- May modulate GABA(A) function

How Long until It Works
- Pain: as little as 30 minutes

If It Works
- Titrate to most effective tolerated dose

If It Doesn’t Work
- Increase dose. If ineffective, consider alternative medications

Best Augmenting Combos for Partial Response or Treatment Resistance
- Botulinum toxin is effective, especially as an adjunct for focal spasticity, i.e., post-stroke or head injury affecting the upper limbs
- Use other centrally acting muscle relaxants with caution due to potential additive CNS depressant effect

Tests
- None required

ADVERSE EFFECTS (AEs)

How Drug Causes AEs
- Most are related to sedative effects

Notable AEs
- Drowsiness, dizziness, vertigo, ataxia, depression, nausea/vomiting, tachycardia, postural hypotension, facial flushing

Life-Threatening or Dangerous AEs
- Hypersensitivity reactions rarely occur after the first dose. Symptoms include extreme weakness, ataxia, vision loss, dysarthria, and euphoria. Serious allergic reactions, such as erythema multiforme, eosinophilia, asthmatic episodes, fever, angioedema, and anaphylactoid shock have been reported

Weight Gain
- Unusual

Sedation
- Common

What to Do about AEs
- Reduce dosing frequency for mild AEs and discontinued for serious AEs

Best Augmenting Agents for AEs
- Most AEs cannot be improved by an augmenting agent

DOSING AND USE

Usual Dosage Range
- 1 tablet 3–4 times daily

Dosage Forms
- Tablets: 250, 350 mg

How to Dose
- Give 1 tablet 3 times a day and at bedtime

Dosing Tips
- May start by dosing at night; 250 mg may be better tolerated

Overdose
- Can produce stupor, coma, shock, respiratory depression, and rarely death. Additive effects when using with other CNS depressants. Use respiratory assistance and pressors if needed. Dialysis or diuresis may be helpful in some cases

Long-Term Use
- Not well studied
CARISOPRODOL (continued)

**Habit Forming**
- Potentially yes

**How to Stop**
- Patients on low doses do not need to taper. A withdrawal syndrome can occur in patients on higher doses and may be quite severe. This may include hallucinations, delusions, anxiety, tremor, insomnia, ataxia, vomiting, and muscle twitching

**Pharmacokinetics**
- Onset of action in about 30 minutes, with effects lasting 2–6 hours and half-life 8 hours. Hepatic metabolism via CYP2C19 into active metabolite meprobamate and renal excretion

**Drug Interactions**
- Use with other CNS depressants or psychotropic drugs may be additive

**Do Not Use**
- Hypersensitivity to the drug. Use with caution in addiction-prone individuals

**SPECIAL POPULATIONS**

**Renal Impairment**
- Use with caution, as decreased drug clearance may increase toxicity

**Hepatic Impairment**
- Use with caution, as decreased drug metabolism may increase toxicity

**Cardiac Impairment**
- No known effects

**Elderly**
- May be more prone to AEs

**Children and Adolescents**
- Not studied in children

**Pregnancy**
- Category C. Use only if there is a clear need

**Breast-Feeding**
- Drug is excreted in breast milk and can cause sedation. Do not use

**THE ART OF PAIN PHARMACOLOGY**

**Potential Advantages**
- Quick onset of action

**Potential Disadvantages**
- Risk of abuse and dependence. Sedation and potential for overdose

**Primary Target Symptoms**
- Pain, muscle spasm

**Pearls**
- Usage in clinical practice has decreased compared to other agents for muscle spasm due to risk of addiction, sedation, and risk of serious hypersensitivity reactions
- Misused by opioid-addicted patients to increase the effect of smaller opioid doses. It particularly affects codeine-derived semisynthetics, such as codeine, oxycodone, and hydrocodone
- Metabolized to meprobamate (which has abuse potential)

**Suggested Reading**

