METHOCARBAMOL

THERAPEUTICS

Brands
- Robaxin

Generic?
Yes

Class
- Skeletal muscle relaxant, centrally acting

Commonly Prescribed For
(FDA approved in bold)
- Musculoskeletal conditions (adjunct to rest and physical therapy for relief of acute pain)
- Muscle spasm

How the Drug Works
- Unclear but might be related to general CNS depression effect

How Long until It Works
- Pain: 30 minutes or less

If It Works
- Slowly titrate to most effective tolerated dose

If It Doesn’t Work
- Increase to highest tolerated dose and consider alternative treatments

Best Augmenting Combos for Partial Response or Treatment-Resistance
- Use other centrally acting muscle relaxants with caution due to potential additive CNS depressant effect
- Can combine with NSAIDs for acute pain

Tests
- None

ADVERSE EFFECTS (AEs)

How Drug Causes AEs
- Most AEs are due to CNS depression

Notable AEs
- Confusion, amnesia, dizziness, drowsiness, sedation, blurred vision, nystagmus,
- Bradycardia, hypotension, pruritus, nasal congestion
- Jaundice has been reported

Life-Threatening or Dangerous AEs
- Leukopenia, seizures, and anaphylactic reactions have been reported

Weight Gain
- Unusual

Sedation
- Common

What to Do about AEs
- Lower the dose or discontinue drug

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

DOSING AND USE

Usual Dosage Range
- 4–8 g/day in divided doses

Dosage Forms
- Tablets: 500 mg, 750 mg
- Injection: 100 mg/mL

How to Dose
- For acute muscle spasm: start 1500 mg 4 times daily (maximum 8 g/day). Decrease dose to 1000 mg 4 times daily or 1500 mg 3 times daily after a few days

Dosing Tips
- Initially give large doses at night if sedation is problematic

Overdose
- Overdose is most dangerous when combined with alcohol or other CNS depressants. Symptoms include nausea,
drowsiness, hypotension, seizures, and coma. Treat with gastric lavage and supportive therapy.

**Long-Term Use**
- Not well studied

**Habit Forming**
- No

**How to Stop**
- Taper not required

**Pharmacokinetics**
- Peak effect at 2 hours and half-life 1–2 hours. Metabolized by dealkylation and hydroxylation to metabolites excreted in urine.

**Drug Interactions**
- May enhance effect of other CNS depressants such as alcohol, barbiturates, or benzodiazepines.
- Can inhibit the effect of pyridostigmine in myasthenia gravis.
- Causes color interference in screening tests for 5-hydroxindoleacetic acid and urinary vanillylmandelic acid.

**Other Warnings/Precautions**
- May impair mental or physical abilities when driving or performing hazardous tasks.

**Do Not Use**
- Hypersensitivity to the drug, severe renal or hepatic disease.

**Cardiac Impairment**
- No known effects

**Elderly**
- Drug metabolism is slightly slower in elderly patients. Use with caution

**Children and Adolescents**
- Not studied in children under age 16 except in tetanus. For the treatment of tetanus, give 15 mg/kg IV and repeat every 6 hours as needed

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

**Breast-Feeding**
- Likely excreted in human milk. Do not use

**THE ART OF PAIN PHARMACOLOGY**

**Potential Advantages**
- Relatively safe for the short-term treatment of pain with few drug interactions.
- Useful in the treatment of tetanus.

**Potential Disadvantages**
- Not effective for most pain symptoms related to neurological disorders such as spasticity due to multiple sclerosis, migraine, or neuropathic pain disorders.

**Primary Target Symptoms**
- Spasticity, pain

**Pearls**
- Most patients with spasticity due to multiple sclerosis or spinal cord diseases are more likely to respond to baclofen or tizandine.
- May be helpful as in injection in helping to control the neuromuscular manifestations of tetanus in addition to usual treatments.

**SPECIAL POPULATIONS**

**Renal Impairment**
- Clearance reduced by 40% in end-stage renal disease. Use with caution.

**Hepatic Impairment**
- Clearance reduced by about 70% in patients with alcoholic cirrhosis. Reduce dose and use with caution.
Suggested Reading

