

## USE OF BACLOFEN IN TREATMENT OF VARIOUS MEDICAL CONDITIONS

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**ABSTRACT**

Baclofen, sold under the brand name Lioresal among others, is a central nervous system depressant used as a skeletal muscle relaxant. It is primarily used to treat spasticity. It is also used in topical creams to help with pain. It is a GABA receptor agonist, specifically of the GABA<sub>B</sub> receptors. Its beneficial effects in spasticity result from actions at spinal and supraspinal sites. It is a derivative of  $\gamma$ -aminobutyric acid (GABA). The drug is rapidly absorbed after oral administration and is widely distributed throughout the body. Biotransformation is low and the drug is predominantly excreted unchanged by the kidneys. The half life of baclofen is roughly 2–4 hours and it therefore needs to be administered frequently throughout the day to control spasticity appropriately. Baclofen comes in tablets of 10 and 20 milligrams (mg), and you'll usually take an equally divided dose three times a day. The most common side effect experienced by people taking baclofen is drowsiness. Other drugs that depress the central nervous system may make some side effects of baclofen worse.

**KEYWORDS:** GABA, spasticity, supraspinal sites, drowsiness.**INTRODUCTION**

Baclofen, sold under the brand name Lioresal among others, is a central nervous system depressant used as a skeletal muscle relaxant. It is primarily used to treat spasticity. It is also used in topical creams to help with pain.<sup>[1]</sup>

It is a GABA receptor agonist, specifically of the GABA<sub>B</sub> receptors.<sup>[2][3]</sup> Its beneficial effects in spasticity result from actions at spinal and supraspinal sites. It is a derivative of  $\gamma$ -aminobutyric acid (GABA).

A beneficial property of baclofen is that tolerance to its muscle-related therapeutic benefits does not seem to occur to a significant degree — baclofen retains its therapeutic anti-spasmodic effects even after many years of continued use.<sup>[4]</sup> Newer studies, however, indicate that tolerance may develop in some people receiving intrathecal baclofen treatment.<sup>[5][6][7]</sup> As of 2015 the cost for a typical course of treatment in the United States is less than 25 USD.<sup>[8]</sup>

Baclofen is a muscle relaxer and an antispastic agent. Baclofen is used to treat muscle symptoms caused by multiple sclerosis, including spasm, pain, and stiffness. Baclofen is sometimes used to treat muscle spasms and other symptoms in people with injury or disease of the spinal cord.

**MEDICINAL USES****Spasticity**

Baclofen is primarily used for the treatment of spastic movement disorders, especially in instances of spinal cord injury, cerebral palsy, and multiple sclerosis.<sup>[9]</sup> Its use in people with stroke or Parkinson's disease is not recommended.<sup>[9]</sup>

**Alcoholism**

Baclofen is being studied for the treatment of alcoholism.<sup>[10]</sup> While evidence is promising that it may help with alcohol withdrawal syndrome, as of 2015 it is not strong enough to recommend its use for this purpose.<sup>[10,11]</sup>

In 2014 the French drug agency ANSM issued a 3-year temporary recommendation allowing the use of baclofen in alcoholism.<sup>[12]</sup>

**Other**

It is being studied along with naltrexone and sorbitol for Charcot-Marie-Tooth disease (CMT), a hereditary disease that causes peripheral neuropathy.<sup>[13]</sup> It is also being studied for cocaine addiction.<sup>[14]</sup>

**Pharmacokinetics**

The drug is rapidly absorbed after oral administration and is widely distributed throughout the body. Biotransformation is low and the drug is predominantly

excreted unchanged by the kidneys.<sup>[15]</sup> The half life of baclofen is roughly 2–4 hours and it therefore needs to be administered frequently throughout the day to control spasticity appropriately.

Baclofen produces its effects by activating the GABA<sub>B</sub> receptor, similar to the drug phenibut which also activates this receptor and shares some of its effects. Baclofen is postulated to block mono-and-polysynaptic reflexes by acting as an inhibitory neurotransmitter, blocking the release of excitatory transmitters. However, baclofen does not have significant affinity for the GHB receptor, and has no known abuse potential.<sup>[16]</sup> The modulation of the GABA<sub>B</sub> receptor is what produces baclofen's range of therapeutic properties.

### Pharmacodynamics

Similarly to phenibut ( $\beta$ -phenyl-GABA), as well as pregabalin ( $\beta$ -isobutyl-GABA), which are close analogues of baclofen, baclofen ( $\beta$ -(4-chlorophenyl)-GABA) has been found to block  $\alpha_2\delta$  subunit-containing voltage-gated calcium channels (VGCCs).<sup>[17]</sup> However, it is weaker relative to phenibut in this action ( $K_i = 23$  and  $39 \mu\text{M}$  for *R*- and *S*-phenibut and  $156 \mu\text{M}$  for baclofen).<sup>[17]</sup> Moreover, baclofen is in the range of 100-fold more potent by weight as an agonist of the GABA<sub>B</sub> receptor in comparison to phenibut, and in accordance, is used at far lower relative dosages. As such, the actions of baclofen on  $\alpha_2\delta$  subunit-containing VDCCs are likely not clinically-relevant.<sup>[17]</sup>

### Route of Administration, Dosage, Frequency

Baclofen comes in tablets of 10 and 20 milligrams (mg), and you'll usually take an equally divided dose three times a day. Tablets have a score mark, which is an indented line down the middle, so you can cut them in half if necessary.<sup>[18]</sup>

Your doctor may start you at a low dose and then gradually increase it as needed. The goal is to take the lowest effective dose.

A typical dose schedule is:

- 5 mg three times a day for the first three days;
- 10 mg three times a day for the next three days;
- 15 mg three times a day for the next three days;
- 20 mg three times a day for the next three days.

It may take a few weeks for the drug to reach the peak effectiveness. The usual daily dose is 40 to 80 mg.

The maximum dose should not be higher than 80 mg a day.

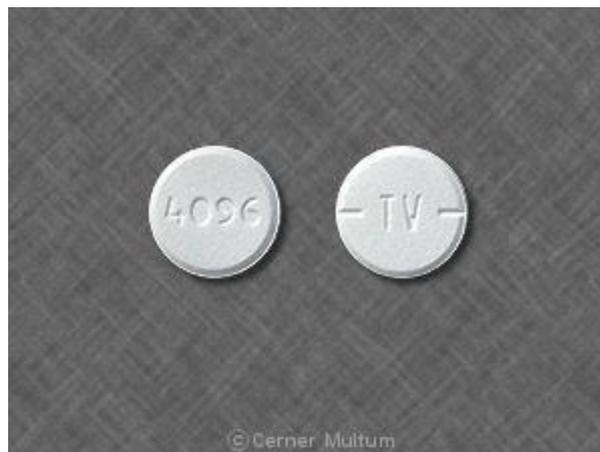
### Baclofen Overdose

An overdose of baclofen can cause:

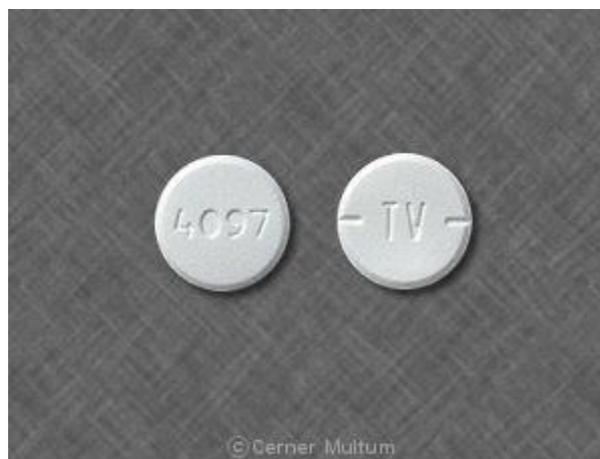
- Nausea
- Vomiting
- Severe muscle weakness
- Drowsiness

- Difficulty breathing
- Coma
- Seizure

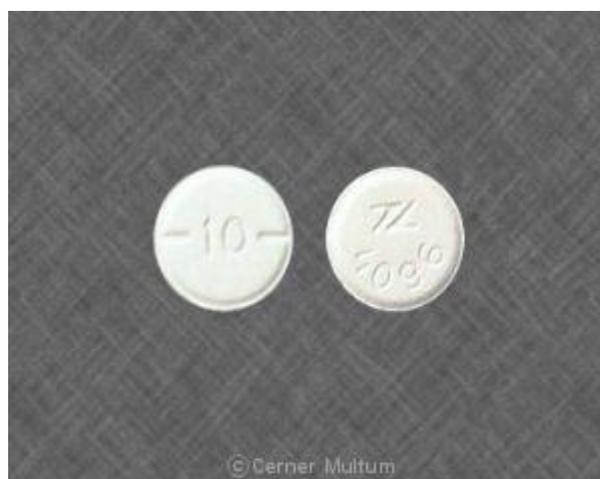
### Images of Tablets



**Baclofen 10 mg-TEV, white, round.**



**Baclofen 20 mg-TEV, white, round.**



**Baclofen 10 mg-MAJ, white, round.**



**Baclofen 10 mg-MYL, round.**

### Side Effects

The most common side effect experienced by people taking baclofen is drowsiness. Other common side effects include:<sup>[19]</sup>

- Dizziness
- Weakness
- Fatigue

Less common side effects of baclofen include:

- Confusion
- Insomnia
- Headache
- Nausea
- Constipation
- Frequently passing urine
- Excitement
- Visual disturbance
- Loss of muscle coordination
- Dry mouth
- Loss of appetite
- Sexual impotence

### Interactions

Some drugs may affect the way baclofen works, and baclofen may affect other drugs you're taking. It's very important to let your doctor know about all drugs you're taking, including any other prescription drugs, over-the-counter drugs, recreational or illegal drugs, herbs, vitamins, or supplements. Other drugs that depress the central nervous system may make some side effects of baclofen worse<sup>[20]</sup> These drugs may include:

- Alcohol
- Sleeping pills
- Tranquilizers
- Muscle relaxants
- Vitamins

Don't drink alcohol while taking baclofen because that can worsen side effects such as drowsiness and dizziness. Because baclofen relaxes muscles, it may cause weakness and imbalance, especially if you have muscle

stiffness. Talk to your doctor about how baclofen may affect your balance<sup>[21]</sup>.

### Pregnancy and Lactation

Pregnancy category: C

Lactation: Enters breast milk in small amounts; not recommended

### CONCLUSION

Trials are currently ongoing, and the role of baclofen should become clearer as results are made known. Clinicians should be aware of both the risks and benefits associated with baclofen and its selection over other second-line agents. Selection of an agent for this indication should be based on patient characteristics, including organ function and comorbid diseases, specifically psychiatric illnesses and seizure disorders of any type. There is some suggestion that baclofen 30–60 mg daily may be safe and effective for the treatment of alcohol-dependent individuals with normal renal function, with or without advanced liver disease, who have not been diagnosed with a psychiatric illness and do not carry a history of seizures.

### REFERENCES

1. Mezler M.; Müller T.; Raming K. "Cloning and functional expression of GABA(B) receptors from *Drosophila*". *Eur. J. Neurosci*, February 2001; 13(3).
2. Dzitoyeva S.; Dimitrijevic N.; Manev H. "Gamma-aminobutyric acid B receptor 1 mediates behavior-impairing actions of alcohol in *Drosophila*: adult RNA interference and pharmacological evidence". *Proc. Natl. Acad. Sci. U.S.A.* April 2003; 100(9): 5485–5490.
3. Gaillard J. M. "Comparison of two muscle relaxant drugs on human sleep: diazepam and parachlorophenylgaba". *Acta Psychiatr Belg*, May–Jun 1977; 77(3): 410–425. PMID 200069.
4. Heetla, H. W.; Staal, M. J.; Kliphuis, C.; Van Laar, T. "The incidence and management of tolerance in intrathecal baclofen therapy". *Spinal Cord*, 2009; 47(10): 751–756. PMID 19333246.
5. Nielsen, J. F.; Hansen, H. J.; Sunde, N.; Christensen, J. J. "Evidence of tolerance to baclofen in treatment of severe spasticity with intrathecal baclofen". *Clinical neurology and neurosurgery*, 2002; 104(2): 142–145. PMID 11932045.
6. Heetla, H. W.; Staal, M. J.; Van Laar, T. "Tolerance to continuous intrathecal baclofen infusion can be reversed by pulsatile bolus infusion". *Spinal Cord*, 2009; 48(6): 483–486. PMID 19918253.
7. Hamilton, Richard Tarascon Pocket Pharmacopoeia 2015 Deluxe Lab-Coat Edition. Jones and Bartlett Learning, 2015; p. 1. ISBN 9781284057560.
8. "Baclofen". The American Society of Health-System Pharmacists. Retrieved, 2011-12-06.
9. Leggio, L.; Garbutt, J. C.; Addolorato, G. "Effectiveness and safety of baclofen in the treatment of alcohol dependent patients". *CNS and*

- neurological disorders drug targets, Mar 2010; 9(1): 33–44. PMID 20201813.
10. Liu, J.; Wang, L. N. "Baclofen for alcohol withdrawal". The Cochrane database of systematic reviews, 3 April 2015.
  11. "Une recommandation temporaire d'utilisation (RTU) est accordée pour le baclofène - Point d'information", ANSM, 14. March 2014.
  12. Attarian, Shahram; Vallat, Jean-Michel; Magy, Laurent; Funalot, Benoît; Gonnaud, Pierre-Marie; Lacour, Arnaud; Péréon, Yann; Dubourg, Odile; Pouget, Jean; Micallef, Joëlle; Franques, Jérôme; Lefebvre, Marie-Noëlle; Ghorab, Karima; Al-Moussawi, Mahmoud; Tiffreau, Vincent; Preudhomme, Marguerite; Magot, Armelle; Leclair-Visonneau, Laurène; Stojkovic, Tanya; Bossi, Laura; Lehert, Philippe; Gilbert, Walter; Bertrand, Viviane; Mandel, Jonas; Milet, Aude; Hajj, Rodolphe; Boudiaf, Lamia; Scart-Grès, Catherine; Nabirotkin, Serguei; Guedj, Mickael; Chumakov, Ilya; Cohen, Daniel (2014). "An exploratory randomised double-blind and placebo-controlled phase 2 study of a combination of baclofen, naltrexone and sorbitol (PXT3003) in patients with Charcot-Marie-Tooth disease type 1A". *Orphanet Journal of Rare Diseases*, 9(1): 199.
  13. Kampman, KM. "New medications for the treatment of cocaine dependence". *Psychiatry (Edgmont)*. 2005; PMID 21120115.
  14. Wuis, E. W.; Dirks, M. J. M.; Termond, E. F. S.; Vree, T. B.; Kleijn, E. "Plasma and urinary excretion kinetics of oral baclofen in healthy subjects". *European Journal of Clinical Pharmacology*, 1989; 37(2): 181–4. doi:10.1007/BF00558228. PMID 2792173.
  15. Carter, L. P.; Koek, W.; France, C. P. "Behavioral analyses of GHB: Receptor mechanisms". *Pharmacol. Ther*, October 2008; 121(1): 100114.
  16. Zvejniece L, Vavers E, Svalbe B, Veinberg G, Rizhanova K, Liepins V, Kalvinsh I, Dambrova M. "R-phenibut binds to the  $\alpha 2$ - $\delta$  subunit of voltage-dependent calcium channels and exerts gabapentin-like anti-nociceptive effects". *Pharmacol. Biochem. Behav*, 2015; 137: 23–9. PMID 26234470.
  17. Wuis, E. W.; Dirks, M. J. M.; Termond, E. F. S.; Vree, T. B.; Kleijn, E. "Plasma and urinary excretion kinetics of oral baclofen in healthy subjects". *European Journal of Clinical Pharmacology*, 1989; 37(2): 181–4. PMID 2792173.
  18. Froestl, W. "GABA Receptor Pharmacology - A Tribute to Norman Bowery". *Advances in Pharmacology*, 2010.
  19. Yogeewari, P.; Ragavendran, J. V.; Sriram, D. "An update on GABA analogs for CNS drug discovery" (PDF). *Recent patents on CNS drug discovery*, 2006; 1(1): 113–118. PMID 18221197. Archived from the original (PDF) on 2010-06-16.
  20. Enserink, M. "Anonymous Alcoholic Bankrolls Trial of Controversial Therapy". *Science*, 2011; 332(6030).