



TOXICOLOGY TIMES



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Carisoprodol

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Carisoprodol is a centrally-acting muscle relaxant first researched at Wallace Laboratories and marketed in the US in 1959. The drug was a modification of meprobamate (Miltown, Equanil) and was supposed to have better muscle-relaxing properties with less potential for abuse and overdose. Carisoprodol is marketed as Soma by Mylan Specialty L.P. Supplied as 250 milligram and 350 milligram tablets, carisoprodol was put on schedule IV by the United States Drug Enforcement Administration (DEA) in 2011. Prior to that it was unscheduled. Carisoprodol is also formulated with codeine and aspirin for short-term use for acute, painful musculoskeletal conditions in adults. It is believed to have synergistic pain-relief and muscle relaxant properties in this formulation.

Carisoprodol is metabolized to meprobamate, which has significant barbiturate-like action. However, cari-

soprodol has a different mechanism of action, particularly in its anxiolytic effects. Early in treatment, the side effects of drowsiness, dizziness, vertigo, ataxia and tremors can be pronounced but tend to subside with increasing duration of use. Researchers have found that long-term users of carisoprodol also used concurrent opioids more frequently and, more commonly, had past diagnoses of other drug abuse. They were also more likely to pay for carisoprodol out of pocket after insurance coverage for the drug had stopped.¹

Users have found that the combination of a benzodiazepine, opioid and carisoprodol intensify and potentiate the “high” as opposed to taking any of the same drugs individually. The combination has been nicknamed the “holy trinity” and is actively sought out by drug users.² The risk of combining benzodiazepines with opioids is well known, and concurrent use of benzodiazepines with opioids is contraindicated in chronic non-cancer pain. However, carisoprodol and other skeletal muscle relaxants are not included

in any prescription advisory. Carisoprodol alone or with other agents (opioids and benzodiazepines, in particular) reportedly caused more than 30,000 emergency department visits in 2009. The number of carisoprodol related visits tripled from 2004 to 2009, and most of the incidents also involved other drugs. Of these cases, 35-42 percent resulted in hospitalization.³

Title 21 of the Code of Federal Regulations states, “A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice. The responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.” Physicians and pharmacists are gradually becoming aware of the potential of abuse for carisoprodol and are examining polydrug use more closely.

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Question of the Month

Another important set of services is recovery supports. In combination with treatment, recovery support services can enable individuals to build a life that supports recovery as they work to control symptoms through traditional treatments or peer-support groups. These types of services support the goals of community integration and social inclusion for people with mental and/or substance use disorders and their families. SAMHSA also encourages the use of peer support services, or services designed and delivered by people who have experienced a mental and/or substance use disorder and are in recovery. Source: SAMHSA

Question: *Is it safe to breastfeed while on methadone?*

Answer: Only a very small amount of methadone is passed along to a baby through breast milk. It is generally believed that the benefits of breastfeeding while being treated with methadone – the passing on of vital nutrients to the baby and mother-baby bonding – far outweigh any potential risks. Methadone levels in breast milk reach their peak between two and four hours after dosing. As such, it is suggested that women avoid breastfeeding during this time when possible. Since the fetus was exposed to methadone in the uterus, breast feeding could reduce the need for ancillary medication in the early postpartum period.

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