

Muscle Relaxant Adds No Benefit to Ibuprofen for Cervical Strain

Pain relief did not differ among patients who received ibuprofen, cyclobenzaprine, or both drugs.

Muscle relaxants often are prescribed for neck and back pain, despite the lack of evidence of benefit. Researchers evaluated the effect of cyclobenzaprine in a prospective, randomized, double-blind study in a convenience sample of 61 adult patients (mean age, 34; 58% women) who presented to a level I trauma center emergency department with acute cervical strain (87% caused by motor vehicle collisions). Patients received ibuprofen (800 mg), cyclobenzaprine (5 mg), or both drugs three times daily for up to 7 days, as needed for pain. All patients received an initial dose of 800 mg of ibuprofen in the ED.

Patients rated pain severity on a 100-mm visual analog scale 30 to 60 minutes after taking the morning dose of medication. Pain scores improved significantly over 7 days in all three groups and did not differ among groups. Adverse effects were minimal and included dizziness in four patients who received cyclobenzaprine alone or with ibuprofen and nausea in one patient who received ibuprofen alone.

Comment: A small dose of cyclobenzaprine was used in this study, perhaps to avoid the anticholinergic, antihistaminic, and sedative side effects of this drug, which is closely related chemically to tricyclic antidepressants. No convincing evidence supports the use of cyclobenzaprine in painful musculoskeletal conditions, and the drug's benefit-to-adverse effect profile therefore argues against prescribing it. Most patients with cervical strain will get better. Provide adequate analgesia as needed, and leave the cyclobenzaprine in the pharmacy.

— [Kristi L. Koenig, MD, FACEP](#)

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Khawaja SM et al. Comparison of ibuprofen, cyclobenzaprine or both in patients with acute cervical strain: A randomized controlled trial. *CJEM* 2010 Jan; 12:39.