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(R-)Baclofen For DummiesZzz...

A Quick Note:

This topic will make your eyes cross if you're researching narcolepsy medication options and aren't well-versed in scientific jargon. We PWN have limited energy and brainpower so I'm striving for this to be readable, especially for those not scientifically adept.

I've hopefully covered all bases and I'm open to making changes if there are suggestions, errors, or updates not mentioned. Just make sure recommendations are not overly technical; this is supposed to be a 101-level course.

Intro

Many are starting to hear of Baclofen from other PWN, but most of us are clueless about what it is. This short write up will help give you a basic idea.

What is Baclofen?

Baclofen is a prescription medication used to treat muscle spasticity in patients with cerebral palsy and multiple sclerosis. It has been on the market for over 50 years. Thanks to its longevity, many medical professionals are familiar with it, and are comfortable prescribing it, unlike Xyrem.

Why Would Muscle Relaxers Help PWN?

The super short answer: Baclofen is thought to act similarly to Xyrem in our brains.

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How is That Possible?!

The brain has many neurotransmitters, chemicals which act as messengers between brain cells. Most people have heard of dopamine and serotonin, two well-known neurotransmitters.

Both Xyrem and Baclofen target the same neurotransmitter, GABA-b. GABA is the big dog of neurotransmitters; its role is to inhibit neuron and nerve cell activity. In other words, GABA-b controls movement. This is how Baclofen helps control muscle spasms in those with MS.

Xyrem's relationship to GABA-b isn't 100% clear to scientists. They speculate that Xyrem acts on GABA-b to inhibit dopamine and causes the release of sedating neurosteroids, just like Baclofen does.

In short, both medications get sleepy juice from GABA-b even though they present as completely different medications.

Why Aren't We All Taking Baclofen Then?

There are several reasons. The first is that Xyrem is currently the only drug marketed to treat narcolepsy and cataplexy. If we were to use Baclofen, it would be off-label. Narcolepsy isn't recognized as being an off-label condition for Baclofen prescription usage. Doctors are naturally leery of going this route, although it's not unheard of. Several PWN have testified to their experiences with Baclofen.

Additionally, most doctors are hesitant to prescribe PWN a sedating medication for muscle relaxation to improve our nighttime
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sleep quality. As more scientific and anecdotal evidence surfaces, physician reluctance will wane.

Arbaclofen: The Future of N Management

Baclofen is made up of two components: - r-Baclofen and s-Baclofen. For the sake of this primer, we're focusing on r-Baclofen, also recognized under the label name "Arbaclofen".

** When the brand name "Baclofen" is used, it's to be understood that it represents the combination of both r- and s-Baclofen. **

The difference between using r-Baclofen versus the marketed Baclofen is that r-Baclofen has shown to be more effective in giving PWN more quality sleep with less side effects than Baclofen.

There have been a few studies with PWN to test the efficacy of Baclofen, Arbaclofen, and Xyrem on sleep. Study results showed (r-)Baclofen gave PWN better quality sleep and improved cataplexy. More surprisingly, it outperformed Xyrem, currently the gold standard of N medication.

Not only has Baclofen shown it's potential in supplementing the available tools to treat PWN, the cost of the medication has proven to remain low. As of 2015 the cost for a typical course of Baclofen treatment in the United States is less than 25 USD (about 22€).

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