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Intrathecal Baclofen: Withdrawal

General Information

- Issues related to IT baclofen include acute withdrawal, pump infection, and pump alarms
- Common indications for baclofen pump: spinal cord injuries, multiple sclerosis, cerebral palsy
- Medtronic pumps used at VUMC
- Managed by Neurosurgery (NOTE: other medication pumps managed by pain service)
- Dosing found under Neurosurgery progress notes

Baclofen Withdrawal: Signs and Symptoms

- Increased spasticity/muscle rigidity
- Fever/hyperthermia
- AMS and seizure
- Hallucinations, paranoia, paresthesias
- Headache
- Pruritus

Differential Diagnosis

- Alcohol/benzo withdrawal
- Malignant hyperthermia
- Neuroleptic malignant syndrome
- Serotonin syndrome
- Sympathomimetic overdose
- Anticholinergic overdose
- Aspirin overdose
- Sepsis
- Meningitis
- Baclofen overdose (seizures)
- Status epilepticus
- Psychosis

Concern for Baclofen Withdrawal?
(typically within 6-72 hours after abrupt withdrawal of medication)

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YES

Work-up:

- CBC
- CMP
- Coagulation studies
- Lactate
- CPK
- Urinalysis and culture
- Blood cultures
- UDS, Aspirin
- KUB to assess pump and catheter placement

Treatment:

- Oral baclofen (starting dose)
 - 100-250 mcg/day IT: 10 mg TID
 - 250-500 mcg/day IT: 20 mg TID
 - 500-750 mcg/day IT: 30 mg TID
- Benzodiazepines (1-4 mg ativan IV, 1-2 mg versed IV, 5-10 mg valium PO) PRN spasms and seizures
- IV fluids
- Consider antibiotics

Consult Neurosurgery for interrogation of pump

ICU indication?

- Neuro ICU if pump related issue or surgical issue identified with Neurosurgery as primary

If baclofen not thought to be primary issue after work-up, admit to appropriate team based on SDL.

Stable for floor?

- Neurology if no surgical issues
- Neurosurgery if surgical i.e. pump infection, catheter displaced/kinked, pump empty or battery dead

Intrathecal Baclofen: Possible Problems

