

# Exercise-Induced SOB in Kids Not Always Asthma

BY DIANA MAHONEY

New England Bureau

BOSTON — Although asthma is a common cause of exercise-induced shortness of breath in children and adolescents, “it is not the only cause,” said pediatric pulmonologist Christina Scirica. “Failing to consider other possibilities can lead to mismanagement and the inappropriate use of medications.”

Cardiac disease, vocal cord dysfunction, restrictive physiology, anemia, anxiety, deconditioning from habitually low levels of activity, and normal breathlessness associated with extreme exercise are among the potential causes of exertional dyspnea in children, Dr. Scirica said at a meeting on primary care pediatrics sponsored by Harvard Medical School.

In fact, she noted, studies have shown that children with exercise-induced

shortness of breath (SOB) who have no other asthma symptoms and normal pre-exercise lung function, and who don't respond to simplest asthma treatment measures, such as the use of a bronchodilator inhaler, often don't have asthma, despite being diagnosed with it, said Dr. Scirica of Boston's Massachusetts General Hospital.

Dr. Scirica offered a cognitive framework consisting of a series of questions

to ask oneself while eliciting the patient history and conducting the examination. “In a nutshell,” she advised, “ask yourself, in this order: Does this sound like cardiac disease? Does this sound like vocal cord dysfunction? Does this sound like exercise-induced asthma? Does this sound like none of the above?”

Consider cardiac disease if the patient describes associated symptoms such as chest pain, dizziness, lightheadedness, or palpitations, or if there is a personal or family history of cardiac disease or an abnormal cardiac exam, Dr. Scirica said. A “yes” to any of these should prompt an electrocardiogram, a Holter study, and a referral to a cardiologist.

Described as paradoxical closure of vocal cords during inspiration, vocal cord dysfunction can cause SOB associated with throat tightness and inspiratory stridor, according to Dr. Scirica. One clue that exertional dyspnea might be linked to vocal cord dysfunction, she said, “is a lack of response to  $\beta$ -agonist therapy.” Patients with suspected vocal cord dysfunction should be referred to an ear, nose, and throat specialist for evaluation. “Visible adduction [via laryngoscopic examination] of the vocal cords during inspiration is the diagnostic gold standard,” said Dr. Scirica. Treatment for this condition includes vocal cord training by a speech therapist and, when necessary, psychiatric treatment for the underlying anxiety.

The tell-tale symptoms of asthma—expiratory, breathy wheezing, and cough—that occur during or after exercise and require 5-6 minutes of 80%-85% effort may signal exercise-induced asthma, said Dr. Scirica. “The symptoms may be exacerbated by such factors as cold air exposure, high pollen count, or upper respiratory infection,” she said, and are more likely in children with a past medical history of asthma or allergic rhinitis or a family history of asthma.

Exercise-induced asthma is responsive to corticosteroid and  $\beta$ -agonist therapy, said Dr. Scirica, noting, however, “that the  $\beta$ -agonist must be given 15-20 minutes prior to exercise and should be administered via a spacer.” Prevention strategies, such as pre-exercise warm up to induce refractory period and avoidance of environmental triggers—should also be encouraged. When a child or adolescent with presumed exercise-induced asthma does not respond to treatment or develops atypical symptoms, referral to a pulmonologist is warranted, she said.

When symptoms associated with the experience of exertional dyspnea are not suggestive of cardiac disease, vocal cord dysfunction, or asthma—or the symptoms are consistent with asthma but do not respond to appropriate therapy, “consider a referral to pulmonology for further evaluation,” which will likely include a clinical consultation, pulmonary function testing, treadmill test for exercise-induced asthma, and/or cardiopulmonary exercise testing, concluded Dr. Scirica, who reported no relevant conflicts of interest with respect to her presentation. ■

## AMRIX®

(Cyclobenzaprine Hydrochloride Extended-Release Capsules)

Rx Only

**Brief Summary of Prescribing Information.** The following is a brief summary only. Please see full Prescribing Information for complete product information.

### DESCRIPTION

AMRIX® (Cyclobenzaprine Hydrochloride Extended-Release Capsules) is a skeletal muscle relaxant which relieves muscle spasm of local origin without interfering with muscle function. The active ingredient in AMRIX extended-release capsules is cyclobenzaprine hydrochloride, USP. AMRIX extended-release capsules for oral administration are supplied in 15 and 30 mg strengths.

### INDICATIONS AND USAGE

AMRIX is indicated as an adjunct to rest and physical therapy for relief of muscle spasm associated with acute, painful musculoskeletal conditions. Improvement is manifested by relief of muscle spasm and its associated signs and symptoms, namely, pain, tenderness, and limitation of motion.

AMRIX should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available and because muscle spasm associated with acute, painful musculoskeletal conditions is generally of short duration and specific therapy for longer periods is seldom warranted.

AMRIX has not been found effective in the treatment of spasticity associated with cerebral or spinal cord disease or in children with cerebral palsy.

### CONTRAINDICATIONS

- Hypersensitivity to any component of this product.
- Concomitant use of monoamine oxidase (MAO) inhibitors or within 14 days after their discontinuation.
- Hyperpyretic crisis seizures and deaths have occurred in patients receiving cyclobenzaprine (or structurally similar tricyclic antidepressants) concomitantly with MAO inhibitor drugs.
- During the acute recovery phase of myocardial infarction, and in patients with arrhythmias, heart block conduction disturbances, or congestive heart failure.
- Hyperthyroidism.

### WARNINGS

AMRIX is closely related to the tricyclic antidepressants, e.g., amitriptyline and imipramine. In short term studies for indications other than muscle spasm associated with acute musculoskeletal conditions, and usually at doses somewhat greater than those recommended for skeletal muscle spasm, some of the more serious central nervous system reactions noted with the tricyclic antidepressants have occurred (see WARNINGS, below, and ADVERSE REACTIONS section of full Prescribing Information).

Tricyclic antidepressants have been reported to produce arrhythmias, sinus tachycardia, prolongation of the conduction time leading to myocardial infarction and stroke. AMRIX may enhance the effects of alcohol, barbiturates, and other CNS depressants.

As a result of a two-fold higher cyclobenzaprine plasma levels in subjects with mild hepatic impairment, as compared to healthy subjects, following administration of immediate-release cyclobenzaprine and because there is limited dosing flexibility with AMRIX, use of AMRIX is not recommended in subjects with mild, moderate or severe hepatic impairment.

As a result of a 40% increase in cyclobenzaprine plasma levels and a 56% increase in plasma half-life following administration of AMRIX in elderly subjects as compared to young adults, use of AMRIX is not recommended in elderly.

### PRECAUTIONS

#### General

Because of its atropine-like action, AMRIX should be used with caution in patients with a history of urinary retention, angle-closure glaucoma, increased intraocular pressure, and in patients taking anticholinergic medication.

#### Information for Patients

AMRIX, especially when used with alcohol or other CNS depressants, may impair mental and/or physical abilities required for performance of hazardous tasks, such as operating machinery or driving a motor vehicle.

#### Drug Interactions

AMRIX may have life-threatening interactions with MAO inhibitors. (See CONTRAINDICATIONS.) AMRIX may enhance the effects of alcohol, barbiturates, and other CNS depressants. Tricyclic antidepressants may block the antihypertensive action of guanethidine and similarly acting compounds. Tricyclic antidepressants may enhance the seizure risk in patients taking tramadol (ULTRAM® [tramadol HCl tablets, Ortho-McNeil Pharmaceutical] or ULTRACET® [tramadol HCl and acetaminophen tablets, Ortho-McNeil Pharmaceutical]).

#### Carcinogenesis, Mutagenesis, Impairment of Fertility

In rats treated with cyclobenzaprine for up to 67 weeks at doses of approximately 5 to 40 times the maximum recommended human dose, pale, sometimes enlarged, livers were noted and there was a dose-related hepatocyte vacuolation with lipidosis. Cyclobenzaprine did not affect the onset, incidence, or distribution of neoplasia in an 81-week study in the mouse or in a 105-week study in the rat. At oral doses of up to 10 times the human dose, cyclobenzaprine did not adversely affect the reproductive performance or fertility of male or female rats.

A battery of mutagenicity tests using bacterial and mammalian systems for point mutations and cytogenic effects have provided no evidence for a mutagenic potential for cyclobenzaprine.

#### Pregnancy

**Pregnancy Category B:** Reproduction studies have been performed in rats, mice, and rabbits at doses up to 20 times the human dose and have revealed no evidence of impaired fertility or harm to the fetus due to cyclobenzaprine. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

#### Nursing Mothers

It is not known whether this drug is excreted in human milk. Because cyclobenzaprine is closely related to the tricyclic antidepressants, some of which are known to be excreted in human milk, caution should be exercised when AMRIX is administered to a nursing woman.

#### Pediatric Use

Safety and effectiveness of AMRIX has not been studied in pediatric patients.

#### Use in the Elderly

The plasma concentration and half-life of cyclobenzaprine are substantially increased in the elderly when compared to the general patient population (see CLINICAL PHARMACOLOGY, Pharmacokinetics, Special Populations, Elderly in full Prescribing Information). Accordingly, AMRIX should not be used in the elderly.

### ADVERSE REACTIONS

The most common adverse reactions in the two 14-day clinical efficacy trials are presented in Table 1.

Table 1: Incidence of the Most Common Adverse Reactions Occurring in  $\geq 3\%$  of Subjects in Any Treatment Group in the Two Phase 3, Double-Blind AMRIX Trials

|              | AMRIX 15 mg<br>N = 127 | AMRIX 30 mg<br>N = 126 | Placebo<br>N = 128 |
|--------------|------------------------|------------------------|--------------------|
| Dry mouth    | 6%                     | 14%                    | 2%                 |
| Dizziness    | 3%                     | 6%                     | 2%                 |
| Fatigue      | 3%                     | 3%                     | 2%                 |
| Constipation | 1%                     | 3%                     | 0%                 |
| Somnolence   | 1%                     | 2%                     | 0%                 |
| Nausea       | 3%                     | 3%                     | 1%                 |
| Dyspepsia    | 0%                     | 4%                     | 1%                 |

In a postmarketing surveillance program (7607 patients treated with cyclobenzaprine 10 mg TID), the adverse reactions reported most frequently were drowsiness, dry mouth, and dizziness.

Among the less frequent adverse reactions, there was no appreciable difference in incidence in controlled clinical studies or in the surveillance program. Adverse reactions which were reported in 1% to 3% of the patients were: fatigue/tiredness, asthenia, nausea, constipation, dyspepsia, unpleasant taste, blurred vision, headache, nervousness, and confusion. The following adverse reactions have been reported in post-marketing experience or with an incidence of less than 1% of patients in clinical trials with the 10 mg TID tablet:

**Body as a Whole:** Syncope; malaise.

**Cardiovascular:** Tachycardia; arrhythmia; vasodilatation; palpitation; hypotension.

**Digestive:** Vomiting; anorexia; diarrhea; gastrointestinal pain; gastritis; thirst; flatulence; edema of the tongue; abnormal liver function and rare reports of hepatitis, jaundice, and cholestasis.

**Hypersensitivity:** Anaphylaxis; angioedema; pruritus; facial edema; urticaria; rash.

**Musculoskeletal:** Local weakness.

**Nervous System and Psychiatric:** Seizures, ataxia; vertigo; dysarthria; tremors; hypertonia;

convulsions; muscle twitching; disorientation; insomnia; depressed mood; abnormal sensations;

anxiety; agitation; psychosis, abnormal thinking and dreaming; hallucinations; excitement;

paresthesia; diplopia.

**Skin:** Sweating.

**Special Senses:** Ageusia; tinnitus.

**Urogenital:** Urinary frequency and/or retention.

### DRUG ABUSE AND DEPENDENCE

Pharmacologic similarities among the tricyclic drugs require that certain withdrawal symptoms be considered when AMRIX (Cyclobenzaprine Hydrochloride Extended-Release Capsules) is administered, even though they have not been reported to occur with this drug. Abrupt cessation of treatment after prolonged administration rarely may produce nausea, headache, and malaise. These are not indicative of addiction.

### OVERDOSAGE

Although rare, deaths may occur from overdosage with AMRIX. Multiple drug ingestion (including alcohol) is common in deliberate cyclobenzaprine overdose. **As management of overdose is complex and changing, it is recommended that the physician contact a poison control center for current information on treatment.** Signs and symptoms of toxicity may develop rapidly after cyclobenzaprine overdose; therefore, hospital monitoring is required as soon as possible.

All patients suspected of an overdose with AMRIX should receive gastrointestinal decontamination. This should include large volume gastric lavage followed by activated charcoal. If consciousness is impaired, the airway should be secured prior to lavage and emesis is contraindicated.

The principles of management of child and adult overdosage are similar. It is strongly recommended that the physician contact the local poison control center for specific pediatric treatment.

### DOSAGE AND ADMINISTRATION

The recommended adult dose for most patients is one (1) AMRIX 15 mg capsule taken once daily. Some patients may require up to 30 mg/day, given as one (1) AMRIX 30 mg capsule taken once daily or as two (2) AMRIX 15 mg capsules taken once daily.

It is recommended that doses be taken at approximately the same time each day.

Use of AMRIX for periods longer than two or three weeks is not recommended (see INDICATIONS AND USAGE).

**Dosage Considerations for Special Patient Populations:** AMRIX should not be used in the elderly or in patients with impaired hepatic function (see WARNINGS).

### HOW SUPPLIED

AMRIX extended-release capsules are available in 15 and 30 mg strengths, packaged in bottles of 60 capsules.

**KEEP THIS AND ALL MEDICATION OUT OF THE REACH OF CHILDREN. IN CASE OF ACCIDENTAL OVERDOSE, SEEK PROFESSIONAL ASSISTANCE OR CONTACT A POISON CONTROL CENTER IMMEDIATELY.**

Distributed by

Cephalon, Inc., Frazer, PA 19355  
Manufactured by Eurand, Inc., Vandalia, Ohio 45377

AMRIX is a trademark of Cephalon, Inc., or its affiliates.  
©2004, 2006, 2007 Cephalon, Inc., or its affiliates. All rights reserved.

AMR002a Rev. 4/2008

 **Cephalon**  
deliver more>