

GUILLAIN-BARRÉ SYNDROME

To the Editor:

I enjoyed learning from the Self-Assessment in Neurology that appeared in the June 2002 issue of *Hospital Physician*.¹ I would, however, like to make few comments.

Albuminocytologic dissociation, which is one of the diagnostic criteria of Guillain-Barré syndrome (GBS),² is found in 90% of patients with GBS when a lumbar puncture is performed after the first week of symptom onset.³ However, the protein content of cerebrospinal fluid (CSF) may be within normal limits in the first few days after onset.⁴ Consequently, it is imperative to practice caution in interpreting CSF results, especially within the first few days of onset; serial lumbar punctures may be necessary.

Not all patients with GBS require admission to an intensive care unit (ICU); there are, for example, mild cases that never come to the attention of a neurologist.⁵ Lawn and colleagues, in a retrospective analysis, proposed a flowchart for managing GBS.⁶ For example, obtaining serial measurements of pulmonary function test results (eg, vital capacity, maximal inspiratory pressure, maximal expiratory pressure) can allow physicians to identify patients at risk for respiratory failure and subsequent mechanical ventilation.⁶ Dysautonomia, which occurred in almost 65% of GBS patients in one series,⁷ requires monitoring in an ICU setting. Dysautonomia in GBS may include cardiac arrhythmias, labile blood pressure, sweating abnormalities, gastrointestinal dysfunction, urinary retention, electrocardiographic abnormalities, and pupillary dysfunction.²

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FIBROMYALGIA SYNDROME

To the Editor:

In their article on fibromyalgia syndrome appearing recently in *Hospital Physician*,¹ the authors include cyclobenzaprine in the list of tricyclic antidepressant agents (Table 4). This drug is not an antidepressant agent but a drug for treating muscle spasms. A tricyclic amine, it is neither used nor classed as an antidepressant agent.

Although cyclobenzaprine is very helpful in patients with fibromyalgia to relieve their muscle pain from muscle spasms, it should not be used to treat their depression or other psychological symptoms. I must add, however, that Drs. Inanici and Yunus' article was the best and most comprehensive one I have read on this elusive and difficult syndrome to date, and I commend the authors for their excellent presentation.

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In reply:

Dr. Roth is quite right in pointing out that cyclobenzaprine is not an antidepressant medication. We regret that this was inadvertently classified as an antidepressant agent in our article.¹ In a previous publication,² one of us had made it clear that not all drugs found to be effective in treating fibromyalgia syndrome by randomized, double-blind, controlled studies have an antidepressant action, citing cyclobenzaprine as an example.

Cyclobenzaprine is structurally similar to tricyclic antidepressants, but it has minimal, if any, antidepressant effect. Its mechanism of action in patients with fibromyalgia syndrome most likely involves a central norepinephrine potentiation. It has been extremely difficult to objectively measure muscle spasm in patients with fibromyalgia syndrome. The fact that several centrally acting analgesic agents (eg, cyclobenzaprine, tramadol) that lack any antidepressant property are effective in patients with this condition would suggest that fibromyalgia syndrome is not solely a manifestation of depression.

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