

# YOUR GUIDE TO RELIEF FROM PAINFUL MUSCLE SPASM WITH:<sup>1,2</sup>



**PATIENT INFORMATION:** This information is for patients who have been prescribed NORFLEX (orphenadrine citrate 100 mg) or NORGESIC (orphenadrine citrate 35 mg/paracetamol 450 mg) to help relieve painful muscle spasm.<sup>1,2</sup>

Follow the directions of your doctor.

norgesic®

Orphenadrine citrate/Paracetamol

**NORFLEX®**

ORPHENADRINE CITRATE 100 mg

# What you need to know about pain

## What is pain?

Pain describes the unpleasant feelings (sensory and emotional) that you get when a part of your body experiences actual or potential damage.<sup>3-5</sup>

The experience is different for everyone because of a combination of factors related to you:<sup>3-5</sup>

BODY



MIND

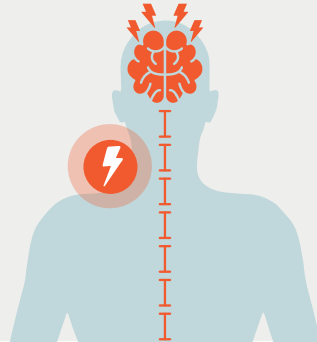


ENVIRONMENT



## What causes pain?

Pain results from complex processes involving signals between your brain, spinal cord, and specialised nerve fibres in your body.<sup>4,5</sup>



## Different types of pain<sup>3-5</sup>

According to duration:

### ACUTE

Starts suddenly, goes away quickly (typically <3 months)

### SUBACUTE

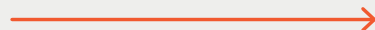
The time where acute pain progresses to chronic pain

### CHRONIC

Lasts >3 months, or beyond the expected healing time after injury

According to frequency:

Continuous/persistent (always there)



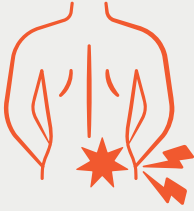
Episodic/intermittent (comes and goes)



Left untreated or undertreated, acute pain can progress to chronic pain – which can become a disease on its own. With the **right interventions at the right time**, progression of acute pain to subacute and chronic pain may be prevented.<sup>5,6</sup>

# What is muscle spasm?

Skeletal muscles are the muscles in your body that attach to bones. Their job is to move your body, maintain your posture, and stabilise your joints.<sup>7</sup>



A muscle spasm is a sudden and involuntary contraction (tensing) of one or more muscles in response to a trigger such as injury, overuse, or fatigue.<sup>8-11</sup>



These protective responses can cause pain and inflammation.<sup>9,12</sup>



As well as pain and discomfort, ongoing muscle spasm can cause changes in blood flow, resulting in a build-up of inflammatory products that can be toxic to the muscle.<sup>8,11,12</sup>



When a muscle spasm continues beyond the time needed to protect the muscle, it can cause the body to adapt to the 'new' way of moving – leading to more muscle stiffness and strain.<sup>9,12</sup>

# How do NORGESIC and NORFLEX help relieve painful muscle spasm?

## Active ingredients

**NORGESIC**<sup>2</sup> contains the active ingredients **orphenadrine citrate and paracetamol**



**NORFLEX**<sup>1</sup> contains the active ingredient **orphenadrine citrate**

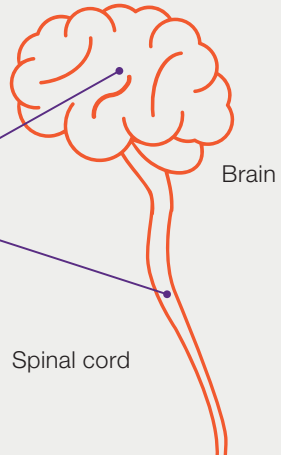


## How do the active ingredients work?



### ORPHENADRINE

Slows nerve signals from spinal cord to skeletal muscles to help the muscles relax.<sup>13,14</sup>



Brain

Spinal cord



### PARACETAMOL

If you have been prescribed **NORGESIC** – it also contains paracetamol, which blocks pain signals to the brain to help relieve pain.<sup>15</sup>

# How to take NORGESIC or NORFLEX

## Dosage and administration<sup>1,2</sup>

### NORGESIC

2 tablets  
Three times per day

Take regularly at the  
same time each day



### NORFLEX

1 tablet  
Twice per day

Take regularly at the  
same time each day



## Follow the instructions your doctor gives you.

- Don't take more than the recommended dose
- Don't change your dose unless your doctor tells you to
- Keep using NORGESIC or NORFLEX until your doctor tells you to stop
- If you miss a dose of NORGESIC or NORFLEX:
  - If you remember within an hour or so of the missed dose, take it straight away
  - If it is almost time for your next dose, skip the missed dose and take your next dose when you are meant to
  - Do not take a double dose to make up for the missed dose



## If you think you have taken too much NORGESIC or NORFLEX you should immediately:

- Call the Poisons Information Centre (13 11 26 in Australia or 0800 764 766 in New Zealand), or
- Contact your doctor, or
- Go to the nearest Emergency Department



## You should NOT take NORGESIC or NORFLEX if you have:<sup>1,2</sup>

- Allergies to orphenadrine, paracetamol, or other listed ingredients
- Glaucoma
- Intestinal blockage, stomach ulcer, or oesophageal disease
- Enlarged prostate or bladder obstruction
- Myasthenia gravis (muscle weakness)

# Dos and don'ts when you are taking NORGESIC or NORFLEX

## Things you should do:<sup>1,2</sup>



Check with your doctor **before** taking NORGESIC or NORFLEX if you:<sup>1,2</sup>

- Have any heart, liver, or kidney problems
- Have any other medical conditions
- Take any medicines for any other condition

Check with your doctor **before** taking NORGESIC if you:<sup>2</sup>

- Have alcohol abuse problems
- Are taking any other medications containing paracetamol

Tell your doctor or pharmacist if you are taking any other medicines, including medicines, vitamins, or supplements that you buy without a prescription – some medicines may interfere with NORGESIC or NORFLEX and affect how it works



Be careful driving or operating machinery until you know how NORGESIC or NORFLEX affects you – it may cause blurred vision, drowsiness, dizziness, or for you to feel less alert than normal



Avoid drinking alcohol while using NORGESIC or NORFLEX – it may increase the occurrence or severity of side effects such as drowsiness



Remind any doctor, dentist, or pharmacist you visit that you are using NORGESIC or NORFLEX



Contact your doctor immediately if you become pregnant while using NORGESIC or NORFLEX

## Things you shouldn't do:<sup>1,2</sup>



Don't take NORGESIC or NORFLEX to treat any other complaints unless your doctor tells you to



Don't give NORGESIC or NORFLEX to anyone else, even if they have the same condition as you

# What to expect when you are taking NORGESIC or NORFLEX

All medicines can have side effects. You may experience some or none of the side effects listed here. Other side effects not listed here may occur in some people.<sup>1,2</sup>

Most side effects with NORGESIC or NORFLEX are minor and temporary.<sup>1,2</sup>

## Less serious side effects associated with NORGESIC or NORFLEX include:<sup>1,2</sup>

- Nausea
- Dry mouth\*
- Blurred vision
- Drowsiness
- Rash
- Trouble urinating
- Stomach cramps or pain
- Constipation
- Fainting
- Fast or pounding heartbeat
- Trouble breathing
- Hallucinations
- Confusion

\*For temporary relief of dry mouth use sugarless gum or sweets, melt some ice in your mouth, or use a saliva substitute. If dry mouth persists, talk to your dentist.<sup>1,2</sup>



**Talk to your doctor if you experience any side effects that concern you, or if you notice anything else that makes you feel unwell.**

## Some serious side effects may be associated with NORGESIC:<sup>2</sup>

- Signs of allergic reaction including chest tightness and/or wheezing, shortness of breath and skin rash
- Unusual bleeding or bruising
- Unusual tiredness or weakness
- Sores, ulcers, or white spots on lips or in mouth



**If you notice any of these serious side effects, call your doctor or go to the hospital Emergency Department straight away.**

# Physical activity, exercise, and pain management

Treatment for acute muscle pain and spasm may combine nonpharmacological recommendations and medications. The goal is to help you get back to your normal activities as soon as possible. The medications are used to help reduce your pain so that you can participate in the nonpharmacological recommendations – such as physiotherapy or a tailored exercise and stretching program – to get your muscles moving again.<sup>16,17</sup>

**With your GP, and any other members of your care team, you can set goals for physical activity and exercise as part of your pain management plan.**

## Tips for setting SMART goals<sup>18</sup>

**Specific** – what do you want to achieve?

**Measurable** – how often or how long will you do it?

**Achievable** – is it realistic for you?

**Rewarding** – will you enjoy it?

**Timed** – when will you achieve it?



## Your pain management goals

Activity	My SMART Goal

# Pain management often uses a multidisciplinary team of healthcare providers

Treating pain is not a 'one size fits all' approach. Rather, pain management should be tailored to best meet the needs of each individual and their circumstances.<sup>3</sup>

Multidisciplinary pain management aims to treat all aspects of your pain.<sup>3,19</sup> In addition to your GP or other doctor, your multidisciplinary team may include different allied health professionals such as a physiotherapist, occupational therapist, psychologist, pharmacist, or social worker.<sup>3,19</sup>

## Your multidisciplinary team builder

Team member	Name and contact details
GP	

If you have any questions or concerns about your pain, or your prescription for NORGESIC or NORFLEX, talk to your doctor.

Follow the directions of your doctor.

Scan the QR code to read the Consumer Medicine Information:



**References:** **1.** NORFLEX Consumer Medical Information. **2.** NORGESIC Consumer Medical Information. **3.** NIH National Institute of Neurological Disorders and Stroke. Pain. Reviewed January 2025. Available: <https://www.ninds.nih.gov/health-information/disorders/pain#> (accessed May 2025). **4.** Therapeutic Guidelines. Understanding pain. Published December 2020. Available: [www.tg.org.au](http://www.tg.org.au) (accessed May 2025). **5.** Pain Australia. The nature and science of pain. Available: <https://www.painaustralia.org.au/health-professionals/useful-resources/fact-sheets> (accessed May 2025). **6.** Therapeutic Guidelines. The transition from acute to chronic pain. Published December 2020. Available: [www.tg.org.au](http://www.tg.org.au) (accessed May 2025). **7.** McCuller C, et al. Physiology, Skeletal Muscle. Updated July 2023. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing (accessed May 2025). **8.** McCarberg BH, et al. Pain Med. 2011;12:S119–S127. **9.** Hodges PW. J Electromyogr Kinesiol. 2011;21(2):220–228. **10.** Cleveland Clinic. Back spasms. Reviewed April 2022. Available: <https://my.clevelandclinic.org/health/diseases/22881-back-spasms> (accessed May 2025). **11.** Beebe F, et al. Am J Ther. 2005;12(20):151–171. **12.** Merkle SL, et al. J Hand Ther. 2020;33(1):60–66. **13.** National Center for Biotechnology Information. PubChem Compound Summary for CID 4601, Orphenadrine. Available: <https://pubchem.ncbi.nlm.nih.gov/compound/4601> (accessed May 2025). **14.** Hunskaar S, Donnell D. J Int Med Res. 1991;19(2):71–87. **15.** Gerriets V, et al. Acetaminophen. Updated January 2024. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing (accessed May 2025). **16.** Therapeutic Guidelines. Nonspecific low back pain. Published December 2024. Available: [www.tg.org.au](http://www.tg.org.au) (accessed May 2025). **17.** Therapeutic Guidelines. Nonspecific neck pain. Published December 2024. Available: [www.tg.org.au](http://www.tg.org.au) (accessed May 2025). **18.** Live Well with Pain. Goal setting. Published September 2023. Available: <https://livewellwithpain.co.uk/resources-for-people-with-pain/download-leaflets/> (accessed May 2025). **19.** Pain Australia. Multidisciplinary pain management. Available: <https://www.painaustralia.org.au/health-professionals/useful-resources/fact-sheets> (accessed May 2025).

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