

Clinical guidelines within psychiatric therapeutics continuously evolve, leading to varying exposure of specific population subgroups to particular therapeutic classes of medication. Such shifts are crucial, as these subgroups might be more susceptible to adverse reactions not common in the broader population. One pertinent example of this occurrence is the classification of Gabapentin as a Schedule V drug such as in Kentucky; which will likely lead to increased prescription rates of alternatives such as cyclobenzaprine (Flexeril®) in subgroups prone to recreational drug use. We present a case of a young incarcerated individual who developed acute mania after switching from gabapentin to Flexeril. This adverse effect ceased upon discontinuation of Flexeril. The onset of acute mania in younger, previously healthy individuals due to cyclobenzaprine has been previously documented. Its pathogenesis is often linked to its structural resemblance to tricyclic antidepressants such as amitriptyline. This patient's severe reaction to the addition of Flexeril to their regimen underscores the need to carefully appraise the broader implications of evolving therapeutic guidelines.