

Gabapentin to Cyclobenzaprine: A Case of Acute Reversible Iatrogenic Psychosis Influenced by Schedule V Classifications

Viet Le, BS; Jacob Cambre, BS; Sanjana Easwar, BS; Grant Collins, BS; Michael Dicharry, MD

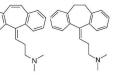
School of Medicine

Purpose

- In recent years, gabapentin has been reclassified as a Schedule V drug by some states.
- Jail and prison formularies have removed gabapentin as a result of this reclassification.
- We aim to highlight the adverse effects patients may experience because of this legislative decision.

Background

- Both gabapentin and cyclobenzaprine are used to treat neuropathic pain
- Cyclobenzaprine's structure is similar to tricyclic antidepressants like



amitriptyline and shares many of the same side effects.

Case

- A 23-year-old federally incarcerated male with relevant past medical history of severe thoracic kyphoscoliosis presented to the ED with one week history of altered mental status.
- Patient reported that he 'saw a person with a gun' in his cell, was being chased in the woods, and lest paranoid. Reported 'good' mood and that he had been awake the past few nights.
- One week prior, patient's gabapentin for back pain was discontinued and changed to Flexeril (cyclobenzaprine) 10 mg TID.
- On exam, he had mildly increased rate of speech with tangential thought processes.
- Patient's urine drug screen was negative
- No past history of mood disorders or psychosis in the patient or his family.
- One day after providers held his cyclobenzaprine, the patient reported no further symptoms

Discussion

- Given the onset and resolution of this patient's symptoms coinciding with his cyclobenzaprine course, his symptoms are most likely iatrogenic.
- The similar side effect profiles of cyclobenzaprine and amitriptyline may be attributable to their chemical structures only differing in one double bond.
- Reclassification of gabapentin as a Schedule V drug may continue to effect prescription decision-making.
- The benefits of lower abuse potential must be weighed against the risk of psychotic symptoms when changing from gabapentin to cyclobenzaprine.

References

- Cohen, J. Y., & Guilbault, A. (2018). Induction of Psychosis by Cyclobenzaprine. Psychopharmacology bulletin, 48(4), 15–19.
- Douglass MA, Levine DP. Hallucinations in an Elderly Patient Taking Recommended Doses of Cyclobenzaprine. Arch Intern Med. 2000;160(9):1373. GIBBS, J. J. (1987). Symptoms of Psychopathology among Jail Prisoners: The Effects of Exposure to the Jail Environment. Criminal Justice and Behavior 14(3):288–310.
 - Jehavior, 14(3), 288–310.
 remont, Makacla, PharmD. GoodRx. (n.d.). Is gabapentin a controlled substance? in some states, yes. GoodRx. Published July 16,2022. Retrieve
- January 23, 2023, from https://www.goodc.com/gabapentin/is-gabapentin-control/de-babance January 23, 2023, from https://www.goodc.com/gabapentin/is-gabapentin-control/de-babance Santucci, Karen. "Psychiatric disease and drug abuse." Current opinion in pediatrics vol. 24,2 (2012): 233-7. doi:10.1097/MOP.0b013c3283504fbf
- Samucci, Karen. "reyschiatric disease and arug acoust: *Current opinion in pecuators vol. 24/2 (2012): 23/-1. osci10.1007/MOV.4001/sec2833544* Tindiade F, Meron D, Topfer LA, et al. Adverse effects associated with selective sectoroian irequike inhibitors and irejectica antipecificant sectors and analysis. 1998. In: Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]. York (UK): Centre for Reviews and Dissemination (UK): 1995.

This project was supported by the LSUHSC New Orleans Department of Psychiatry. Special thanks to Dr. Brain McGee, Dr. Steven Giepert, and Ankur Khanna for collaboration.