Clinical Vignettes on Methamphetamine

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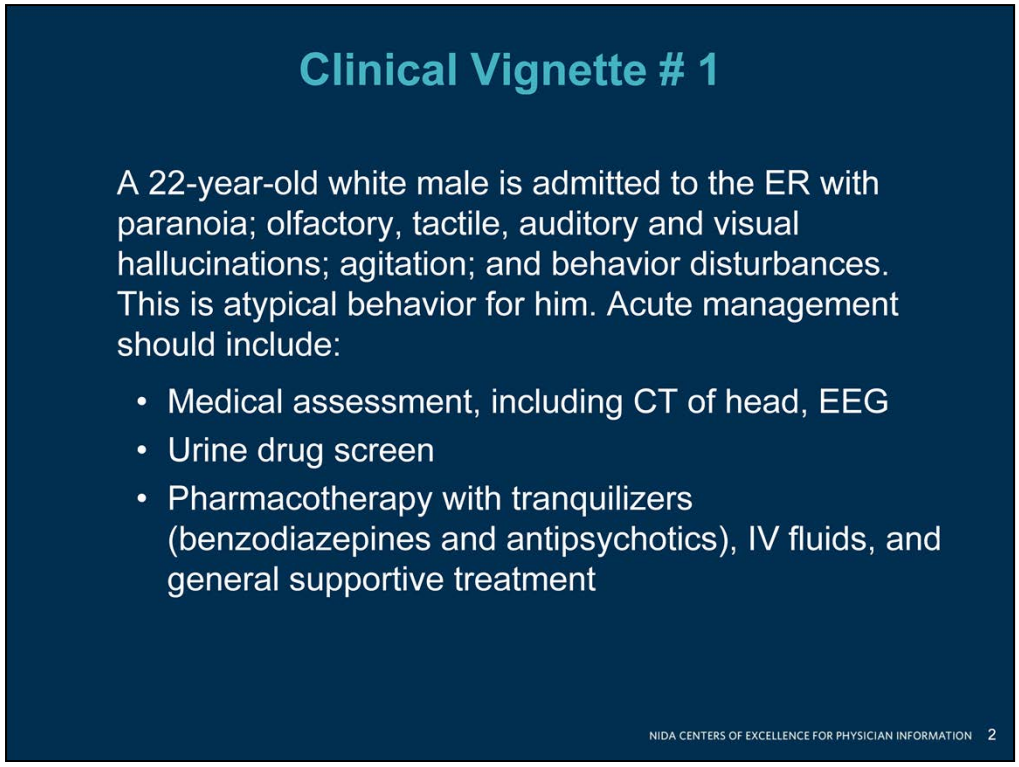
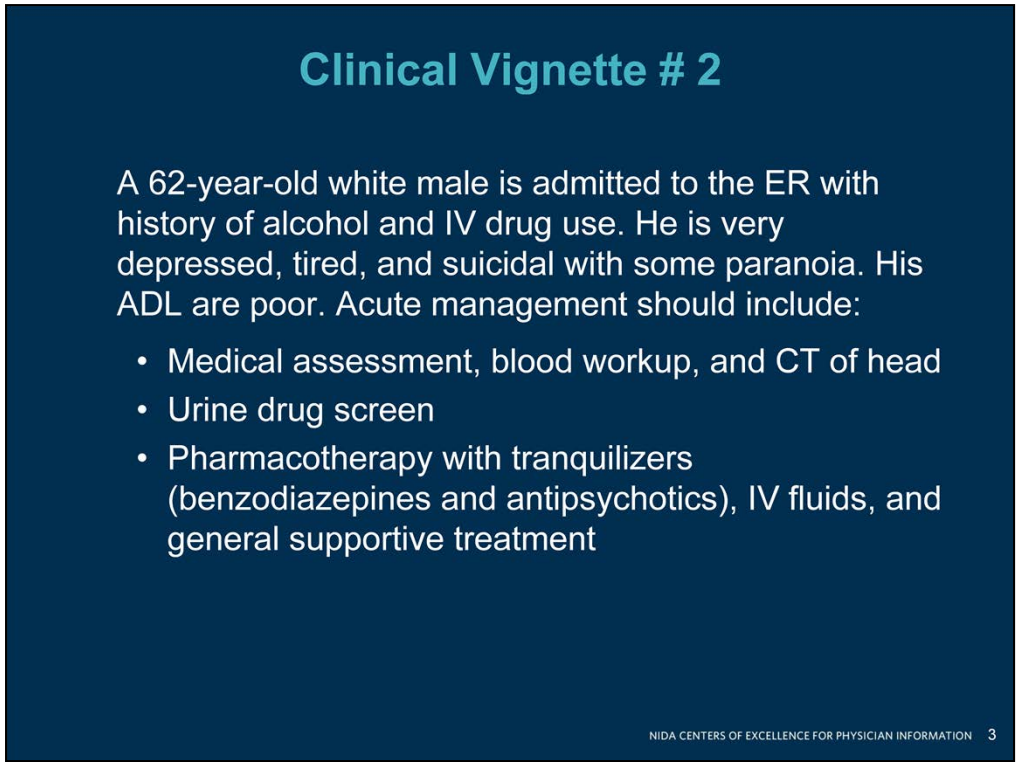


Goal:
To provide three cases depicting possible presentations of methamphetamine-using patients and their pertinent medical and psychiatric sequelae.

Talking points:
•Acute presentations of psychosis in individuals without prior psychiatric history require aggressive medical management and diagnostic tests to rule out underlying medical/neurological pathology that could cause psychotic symptoms.
•A urine drug screen will help with diagnosis.
•Medical management should include use of oral or intramuscular/intravenous benzodiazepines if the patient is agitated, antipsychotic medications if the patient is exhibiting psychotic behavior, IV fluids in case of dehydration/hyperthermia (a common presentation), and a quiet and low-stimulus environment.
•Individuals should be referred to appropriate treatment for their drug use.
•Haloperidol, as well as other antipsychotic agents, are excellent in the acute management of severe agitation. However, their prolonged use is risky because of the side effects possible with this class of medications, including lowering the seizure threshold, neuroleptic malignant syndrome, tardive dyskinesia, akathisia, prolongation of the QT interval, torsades de pointes, and extra-pyramidal movements.
•Lorazepam may cause a paradoxical reaction (restlessness, agitation) in less than 1 percent of patients (adults and children). Use with caution in patients with a history of drug abuse, alcoholism, or significant personality disorders; potential for drug dependency exists. Tolerance and psychological/physical dependence may occur with prolonged use. Risk of dependence increases with higher dosages and longer duration of therapy.

Additional information on urine screening is available in the Facilitator Guide.



Goal (cont.):
To provide three cases depicting possible presentations of methamphetamine-using patients and their pertinent medical and psychiatric sequelae.

Talking points:
•Acute presentations of psychosis in individuals without prior psychiatric history require aggressive medical management and diagnostic tests to rule out underlying medical/neurological pathology that could cause psychotic symptoms. Geriatric patients also require medical work-up to rule out cerebrovascular conditions that could cause acute mental status changes.
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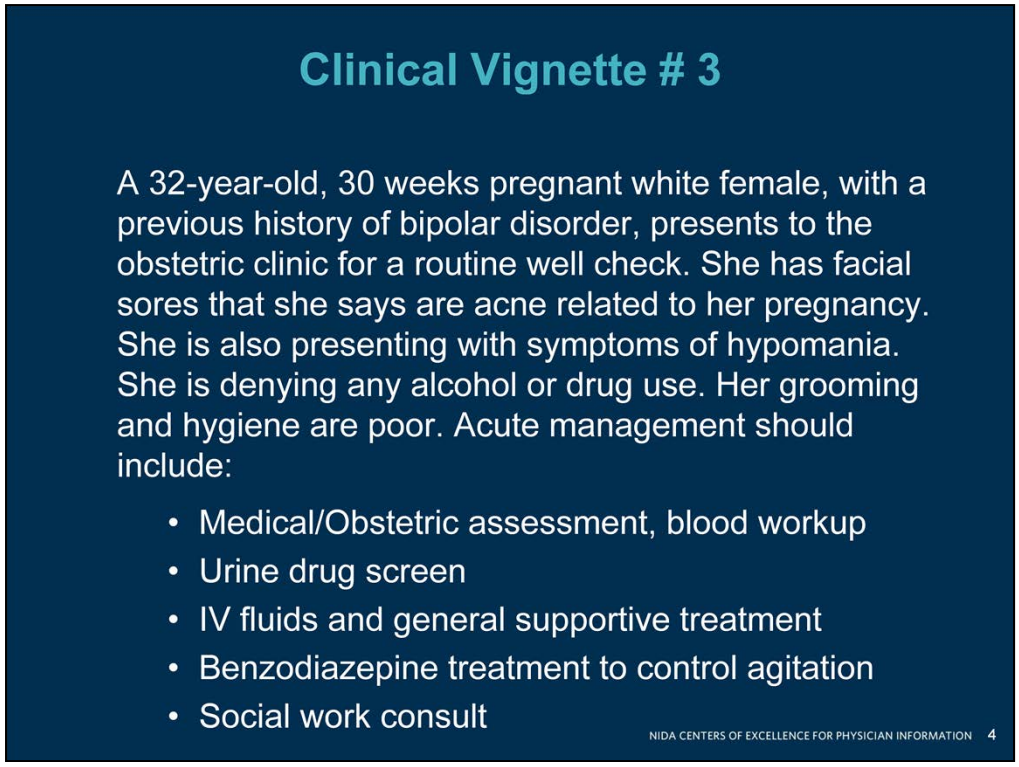

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