Patients on Methamphetamine

- Dr Alistair Dunn, General Practitioner
Patients on Methamphetamine

- Dr Alistair Dunn, Addiction Specialist
- Northland A&D service
- Post Grad Diploma Health Sciences
- Fellow of Australasian Chapter, Addiction Medicine
Where do patients present?

- Mental Health Service (psychosis, depression)
- Justice System
- General Practice
- A&D Service (less often)
Stimulant use in the community; - wide spectrum of use

- Not all use leads to addiction
Stimulant use in the community; - wide spectrum of use

- Recreational (party / concert / music scene)
Stimulant use in the community; - wide spectrum of use

- Recreational
- Occupational (truckies, shift workers, hospitality & music industry, students, weight loss)
Stimulant use in the community; - wide spectrum of use

- Recreational
- Occupational
- Abuse (use is causing problems)
Stimulant use in the community;
- wide spectrum of use

- Recreational
- Occupational
- Abuse
- Dependence (addicted; male, 20s, IVU, >5 yrs)
Presentation in General Practice

- May be undetected!
- eg wgt loss, mental health problems
Presentation in General Practice

- Seeking help to stop
- Brought in by parents
Assessment in General Practice

- Level of use (spectrum of use)
Assessment in General Practice

- Level of use (spectrum of use)
- Pattern of use
- > RUN > CRASH > RUN > CRASH
- > WITHDRAWALS
Pattern of Use

- > RUN
- Intoxicated (dilated pupils, elevated mood, talkative, grinding teeth, picking skin, insomnia, energy, paranoia)
Assessment in General Practice

- Level of use
- Pattern of use
- Complications of use
- Other Drug Use (alcohol, cannabis, opiates)
Assessment in General Practice

- Level of use
- Pattern of use
- Complications of use
- Other Drug Use
- Insight & Readiness to Change / Motivation
  - > what do they want to do?
  - > ambivalence = harm reduction approach
  - > ready for change = action / interventions
Assessment in General Practice

- Level of use
- Pattern of use
- Complications of use
- Other Drug Use
- Insight & Motivation
- Support Network
Management in General Practice

- Medical
- Psychosocial
Management in General Practice
- medical

- Withdrawals: Rx Diazepam (briefly !)
- Depression: Rx SSRI
- Psychosis: Rx Risperidone & ref mental health
Management in General Practice - psychosocial

- GP (and practice nurse!) need to familiarise themselves with what services and resources are available in their area, to ensure good liaison and referrals
Management in General Practice
- psychosocial

- A&D service
- Counselling ( pte / public )
- Mental Health Service
- Salvation Army Bridge Programme
- Residential ( Odyssey, Higher Ground, Capri$ )
- Kaupapa Maori service
- Family support & information
SUMMARY

- Spectrum of use: not always obvious or severe initially
- Readiness to change determines intervention
- Medical: withdrawals, depression, psychosis
- Psychosocial: find out what's available in your region
CONCLUSIONS

- Amphetamine use is common and may go unnoticed in early stages
- Many patients may present to their General Practitioner for help, especially milder cases
- G.P.s and their practice nurses have much to offer in assessment, management, support & education and referral to other services
Harmful Effects of Amphetamines

- ACUTE
  - Mental state (confusion, hallucinations, delusions, suicidal ideation)
Harmful Effects of Amphetamines

- ACUTE

- Consequences of IVU (skin & systemic sepsis, Hep C / HIV)
Harmful Effects of Amphetamines

- ACUTE
- Cardiac (BP, MI, CVA)
Commonly paranoid persecutory delusional ideas, reinforced by auditory hallucinations
Prolonged psychosis is postulated to be due to neurotoxic effects
Psychosis vs Schizophrenia??

- No fam hx
- Use > onset
- No prodrome
- May have insight
- Good rapport
- May subside

- Family history
- Younger onset
- Negative symptoms
- Lack of insight
- Distance in relating
- Persists in abstinence