Psychiatric Emergency: Methamphetamine Abuse

March 09, 2015 | Addiction [1], Amphetamine Related Disorders [2], Challenging Cases [3], Comorbidity In Psychiatry [4], Psychopharmacology [5]
By Kevin P. Hill, MD, MHS [6]

A 28-year-old married mother of 2 with a history of depression is brought to the emergency department after 6 months of near-daily methamphetamine use.
Ms A, a 28-year-old married mother of 2 with a history of depression, was brought to the emergency department (ED) by her mother for worsening depressive symptoms and passive suicidal ideation in the context of 6 months of near-daily methamphetamine use.
Before becoming dependent on methamphetamines, Ms A had a history of depressive symptoms, anxiety, and paranoia. She reported drinking 4 or 5 alcoholic beverages 2 or 3 times a week. She had stopped smoking methamphetamines a week ago and had not ventured outside of her home. She also stopped taking the antidepressant prescribed 8 months earlier.
The patient was disheveled and very paranoid about the neighbors' interest in her activities. Her mood was dysphoric and she had extreme fatigue and a voracious appetite. The patient also made statements about "not wanting to live."

**SYMPTOMS**

- disheveled
- paranoid
- dysphoric mood
- fatigue
- increased appetite
- suicidal ideation
DIAGNOSES

- stimulant use disorder
- alcohol use disorder
- major depressive disorder, recurrent, moderate

Diagnoses were stimulant use disorder; alcohol use disorder; and major depressive disorder, recurrent, moderate.
TREATMENT

• brief hospitalization
• antidepressant was restarted
• outpatient treatment plan
• no medication to treat methamphetamine dependence

Ms A was seen by the consulting psychiatrist in the ED and, after an unremarkable medical workup she was admitted to the psychiatric unit for safety and stabilization. After a brief hospitalization during which the antidepressant was restarted and an outpatient treatment plan was constructed, she was discharged home. No medication to treat methamphetamine dependence was added.
Ms A began an intensive outpatient program with a dual diagnosis focus that met 3 times a week, with the understanding that she would be referred to a psychiatrist and a therapist at the end of the program for follow-up

**OUTCOME**

- intensive outpatient program
- focus on dual diagnosis
- 3 times a week
- referral to a psychiatrist and a therapist
- follow-up
With methamphetamine abuse:

- Comorbidities are predominant
- Physical problems develop (e.g., dental issues, weight loss, adrenal issues)
- Consequences are devastating

This case vignette illustrates some common features of patients presenting with methamphetamine dependence. Comorbidities are often present, with psychiatric comorbidities prominent throughout the addiction, and physical problems developing with persistent methamphetamine use. Although valiant efforts have been made to reduce access to the chemical precursors of methamphetamine, it is likely that methamphetamine will remain accessible and inexpensive, and costs associated with increased use will continue to rise.
SOURCE

• Treatment for Methamphetamine Dependence, by Kevin P. Hill, MD, MHS, Psychiatric Times

• Dr Hill is author of *Marijuana: The Unbiased Truth about the World's Most Popular Weed* (Hazelden, release date March 31, 2015). Twitter: @DrKevinHill

For information on treatment of amphetamine related disorders, please refer to the articles at the end of this case.

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This case is based on a *Psychiatric Times* article, "Treatment for Methamphetamine Dependence," by Kevin P. Hill, MD, MHS. Dr Hill is author of *Marijuana: The Unbiased Truth about the World's Most Popular Weed* (Hazelden, release date March 31, 2015). Twitter: @DrKevinHill.

Also see: Intoxication With Street Drugs

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