Management of stimulant use

Amphetamine type stimulants or ATS (including methamphetamine forms, ‘speed’, cocaine, MDMA/ecstasy and pharmaceutical dexamphetamine and methylphenidate) are often used in an intermittent pattern of ‘runs’ followed by a ‘crash’ on cessation.

Stimulant users may present to acute services with psychiatric or medical complications of stimulant use, or to general practitioners asking for support with withdrawal symptoms.

1. Assessment

Management of stimulant use requires initial assessment including:

- Pattern and setting of use, other drug use history
- Route of administration: oral, intranasal, injection or smoked
- Physical examination including signs of injecting and cardiovascular system
- Mental state examination
- Urine drug screen may be helpful in documenting other drug use.

2.1 Amphetamine withdrawal

The initial phase (crash) of withdrawal syndrome occurs as the stimulant effects wear off. Symptoms include:

- prolonged sleeping
- depressed mood (although some irritability even in the initial phase)
- overeating
- some cravings (not usually severe in this initial phase).

The initial phase may last one to two days and then is followed by a longer period of several days to weeks of:

- mood changeability (irritability, depression, inability to experience pleasure)
- cravings
- disturbed sleep
- lethargy.

Psychotic symptoms may emerge during the first one to two weeks, particularly if they were present during times of use.

Amphetamine withdrawal is largely subjective, but may be difficult to manage, particularly for friends and family members, due to mood swings.

An inpatient setting may be necessary if the patient has significant psychotic symptoms, in which case a referral to mental health services is appropriate.

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2.2 Withdrawal management

No medication has been demonstrated to be effective in alleviating amphetamine withdrawal, but some medications may be useful with some symptoms.

Short-term use of benzodiazepines (diazepam 5 to 10mg QID PRN) and/or antipsychotics (olanzapine 2.5-5mg BD PRN) for control of irritability and agitation can be helpful, particularly in the inpatient setting.

Care should be taken to limit access to large quantities of medications and to avoid development of benzodiazepine dependence. These medications should be prescribed for a maximum of seven to 10 days.

The mainstay of treatment is supportive care and counselling.

Co-occurring depressive disorders are common with people who use stimulants. Specific anti-depressant treatment may be indicated but usually not until a few weeks after cessation of the stimulant use, as symptoms frequently subside.

2.3 Acute methamphetamine and other ATS intoxication

ATS intoxication may present as psychotic states characterised by suspiciousness, anxiety, paranoia and in some cases agitation and aggression. Rarely, ATS intoxication may be associated with acute medical complications such as a serotonergic syndrome, cardiovascular or cerebrovascular events.

Information for clinicians on management of amphetamine related acute presentations can be obtained from the SA Health website.

Information for patients and families after an acute presentation can be obtained here.

Further information for patients is available locally (contact Alcohol and Drug Information Service (ADIS) on 1300 131 340) or check the Better Health Channel website amphetamines page.

3. Post withdrawal care and referral

Key components of managing ATS use problems include strategies to enhance remission, reduce harm from substance use and care of comorbid mental health problems.

On-line counselling for patients is available at www.counsellingonline.org.au.

More information about available services in South Australia can be accessed at the Know your options website, or call the Alcohol and Drug Information Service (ADIS) on 1300 131 340.

Disclaimer

This information is a general guide for the management of ATS withdrawal. Consultation with a specialist drug and alcohol service such as the Drug and Alcohol Clinical Advisory Service (DACAS) is recommended for patients using multiple drugs or with serious medical or psychiatric conditions. Telephone DACAS on (08) 7087 1742**.** The drug doses given are a guide only and should be adjusted to suit individuals.

For more information

Drug and Alcohol Clinical Advisory Service (DACAS)
Telephone: (08) 7087 1742
24-hour specialist support for advice for health professionals

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