Guideline

Psychostimulant Users - Clinical Guidelines for Assessment and Management

Summary A set of clinical guidelines to assist frontline health staff to assess people experiencing problems with psychostimulant drugs and refer them into appropriate treatment.

Document type Guideline

Document number GL2006_001

Publication date 13 January 2006

Author branch

Branch contact

Review date 13 January 2012

Policy manual Not applicable

File number 05/2767

Previous reference N/A

Status Active

Functional group Clinical/Patient Services - Nursing and Midwifery, Medical Treatment

Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Affiliated Health Organisations, Public Health Units, Public Hospitals

Distributed to Public Health System, Ministry of Health, Public Health Units, Public Hospitals

Audience Medical officers;nursing staff;psychologists;social workers;D&A workers;counsellors

Secretary, NSW Health

Clinical Guidelines for Assessment and Management of Psychostimulant Users

Assessment

- Complete core assessment as per usual with special attention paid to current level of psychostimulant and other drug use, severity of dependence, mental health status, pregnancy, route of administration and stage of change.
- Differentiate between intoxication and withdrawal, as there may be common features.

Intoxication

Increased confidence, excitement, euphoria, anxiety, agitation, reduced need for sleep, reduced appetite, rapid speech, hypervigilance, increased body temperature and blood pressure, dry mouth, paranoia, psychotic features.

Withdrawal

not life-threatening. May exacerbate pre-existing psychiatric symptoms.

Crash phase: excessive sleeping, eating and mood irritability. Lasts hours to 2-3 days.

Acute phase: emotional lability, mood swings, anger, aggression, intense cravings. Lasts 5-7 days.

Chronic protracted phase: depression/dysphoria, lethargy and cravings. Can last months.

Management

Psychostimulant psychosis: Admit if severe, unsafe to self or others, or unsupported. Observe closely. Sedate only if needed. Use benzodiazepines. Antipsychotics lower seizure threshold and are used sparingly (eg risperidone or olanzepine).

Cardiovascular toxicity: Hydration, sedation. consider α- or β- blockers.

Harm Minimisation: Consider route of administration. Arrange screening for blood borne viruses and HBV vaccination. Offer brief psycho-social education, intervention and follow-up.

Management of withdrawal: The evidence base is inconsistent for the use of medications (including antidepressants) in the treatment of psychostimulant withdrawal management/ maintenance. Symptomatic medication may be considered on an individual basis.

Consider inpatient treatment when one or more of the following is present:

- Simultaneous dependence on alcohol or other drugs
- Severe dependence where complicated withdrawal is expected
- Serious medical complications requiring observation
- Significant psychiatric complications eg stimulant induced psychosis
- Multiple failed attempts at outpatient withdrawal
- A poor home environment or lack of support network.

Motivational Interviewing and Cognitive Behaviour Therapy (CBT): CBT is more enduring than other psychotherapies and protective against relapse. A CBT treatment manual for psychostimulants is available for use by all Drug Health Services counselling staff and consists of motivational interviewing, coping with cravings/lapses, managing thoughts about use and relapse prevention.

Comorbidity: Assess for depression or other mental heath disorder after 2 weeks. Consider referral and/or antidepressant. Consider follow-up BBV tests as seroconversion may be delayed for 3 months.

References

- Models of intervention and care for psychostimulant users, Monograph 51, 2nd Edition, Baker, Lee and Jenner 2004. National Drug Strategy, Department of Health and Ageing, Australian Government.
- CBT Treatment Manual available at: www.nationaldrugstrategy.gov.au/pdf/cognitive.pdf
- Information for clients at: www.druginfo.nsw.gov.au/illicit_drugs/amphetamines

This resource was developed by Sydney South West Area Drug Health Services

ActNow NSW GOVERNMENT AND YOU Taking a stand against drugs

Flowchart for Assessment and Management of Psychostimulant Users

Initial contact

Intoxicated?

Symptoms include euphoria, agitation, hypervigilance, rapid speech, paranoia

Yes

No

Major symptoms of toxicity

- Chest Pain
- Fever
- Hypertension
- Psychotic features
- Severe behavioural disturbance

Yes

No

Refer for medical assessment or Emergency Department

Attend Drug Health Services for assessment after 24-72 hours

Assessment

(Use Standard Assessment Form)

Ready to Change?

Consider

Yes

No

Dependent?

Dependence: 3 or more

Tolerance, withdrawal syndrome, uses more than intended, difficulty cutting down, significant time spent using, impact on lifestyle, uses despite harm

Harm minimisation, brief intervention and follow-up

Yes

No

Consider Drug Withdrawal Service (Inpatient or Outpatient)

Offer CBT and/ or other psychosocial intervention

Special needs

Young People

Focus on engagement and family involvement then proceed as for adults. Use youth specific D&A services if available

Pregnancy

Refer to drugs in pregnancy service and/or obsterics and gynaecology

Polydrug use

Consider all drug use in assessment and treatment planning

Injecting drug use

Screen for blood-borne viruses. Consider vaccination if applicable

Mental health symptoms

Consider safety of client or others and determine need for urgent referral to Emergency Department or Crisis Team.
If currently known to Mental Health, liaise with case worker. If not, consider need to refer for specialist assessment and proceed with integrated treatment, shared care arrangements as appropriate and follow-up

This resource was developed by Sydney South West Area Drug Health Services

NSW HEALTH