

Pilot Protocol for ATS Management of Methamphetamine

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Protocol for ATS Management of Methamphetamine: Summary

- **To our knowledge, first focused methamphetamine protocol for use in ATS (acute detoxification) settings**
- **Thorough development (October-December/2019), vetting (2020), and implementation process (January-March 2021)**
- **Psychoeducation to clinical and administrative staff about methamphetamine and its management is necessary to engage staff**
- **Preliminary QA/QI data suggest feasibility, tolerability, and effectiveness**
- **More work is necessary to enhance protocol and improve patients' retention on unit**

Protocol for ATS Management of Methamphetamine: Iterative Process

- **Protocol development (T Wilens) using psychological and pharmacotherapy best practices and newest data for methamphetamine management**
- **Vetting and revision of protocol in collaboration with MGH Addiction Team (including internists, addictionologists, pharmacists, psychologists, psychiatrists, social workers)**
- **Vetting and revision with Bay Cove Staff (including medical director [Dr. James O'Connell], nursing, case workers, administration)**
- **Vetting and revision with Department of Public Health (Dr. Alex Walley)**
- **Psychoeducation/in-services on methamphetamine to all Andrew House staff**
- **Initial implementation, feedback and further education (nursing)**
- **Implementation and QA/QI review of initial cases – preliminary data reviewed and further revision and QA underway**

Protocol for ATS Management of Methamphetamine: Goal

Ensure patient is medically & psychiatrically safe, assist with acute withdrawal management including behavioral changes, urges/cravings, and help engage in longer-term care (e.g. abstinence, avoidance of drug for brain health)

Protocol for ATS Management of Methamphetamine: Initial Orders

- Complete comprehensive medical evaluation with additional emphasis on vital signs, heart rate/rhythm disturbances, pulmonary status, oral/dental care, skin excoriations, or topical infections.
- Vitamin C 1000 mg po BID for 48 hours *[Assists with mitigating absorption and enhancing excretion of methamphetamine]*

Protocol for ATS Management of Methamphetamine: Behavioral Orders

- Encourage po intake of fluids, snacks, and meals. Hold meal for later administration if patient unable to attend a meal.**
- Reduce stimulation (noise, lights, etc.) as much as possible and place patient in quiet area of unit and/or in room away from activity. Allow patient to wear noise canceling devices if requested.**
- Allow patient to sleep PRN with continued vital sign and other safety checks. Patient may be excused from group and other community-type groupings if sleeping. Do not discharge patient for missing groups or individual counseling if the patient is sleeping. Encourage patient to exercise while awake.**

Protocol for ATS Management of Methamphetamine: Pharmacologic Orders

For the duration of the ATS admission:

- For agitation, use low dose diphenhydramine (Benadryl) 25 mg po QID-hold for disinhibition.
- For panic or anxiety, use clordiazepoxide (Librium) 25 mg po TID in lieu of standing PRN Librium order-hold for disinhibition.
- For moderate-to-severe agitation or paranoia or psychosis, use quetiapine (Seroquel) 25-50 mg po TID PRN-hold for worsening of symptoms (If no result from Librium may administer Seroquel)
- Call MD if patient has auditory or visual hallucinations.
- For insomnia, mirtazapine 15-30 mg qHS PRN ONLY if no other qHS sleep medications are being administered.

Recent QA/QI Data on the Implementation of the ATS Methamphetamine (Meth) Protocol (N=23)

Patient Demographics & Clinical Characteristics

METH PROTOCOL

$n = 23$

100%
OF PATIENTS
WERE
MALE

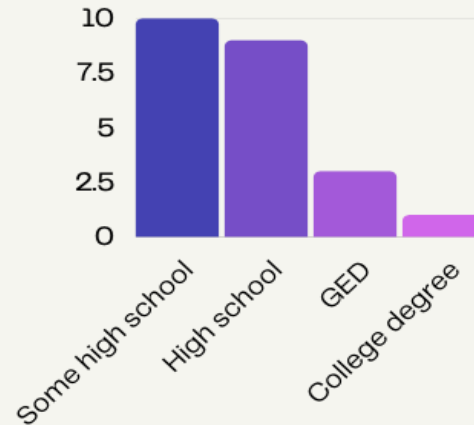


21/23
PATIENTS WERE
HOMELESS



22/23

PATIENTS DID
NOT HAVE A
COLLEGE
DEGREE



100%
OF PATIENTS
WERE
UNEMPLOYED

100%

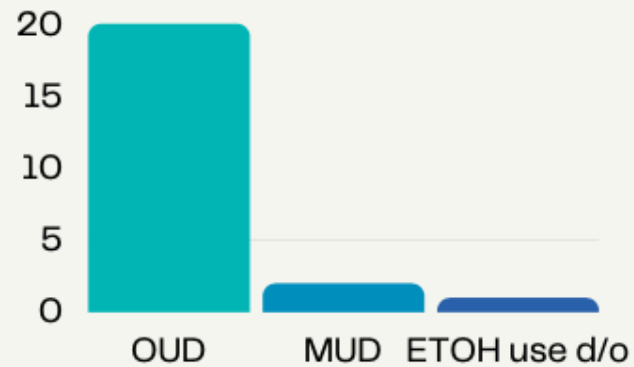
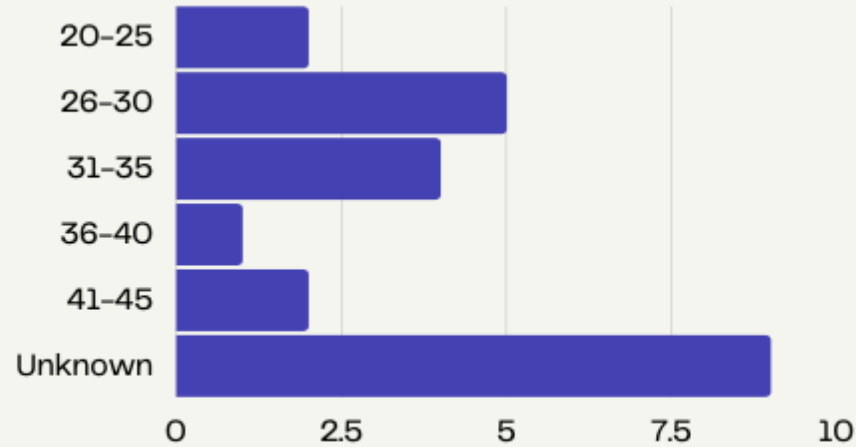
OF
PATIENTS
WERE
SINGLE

Patient Demographics & Clinical Characteristics

METH PROTOCOL

n = 23

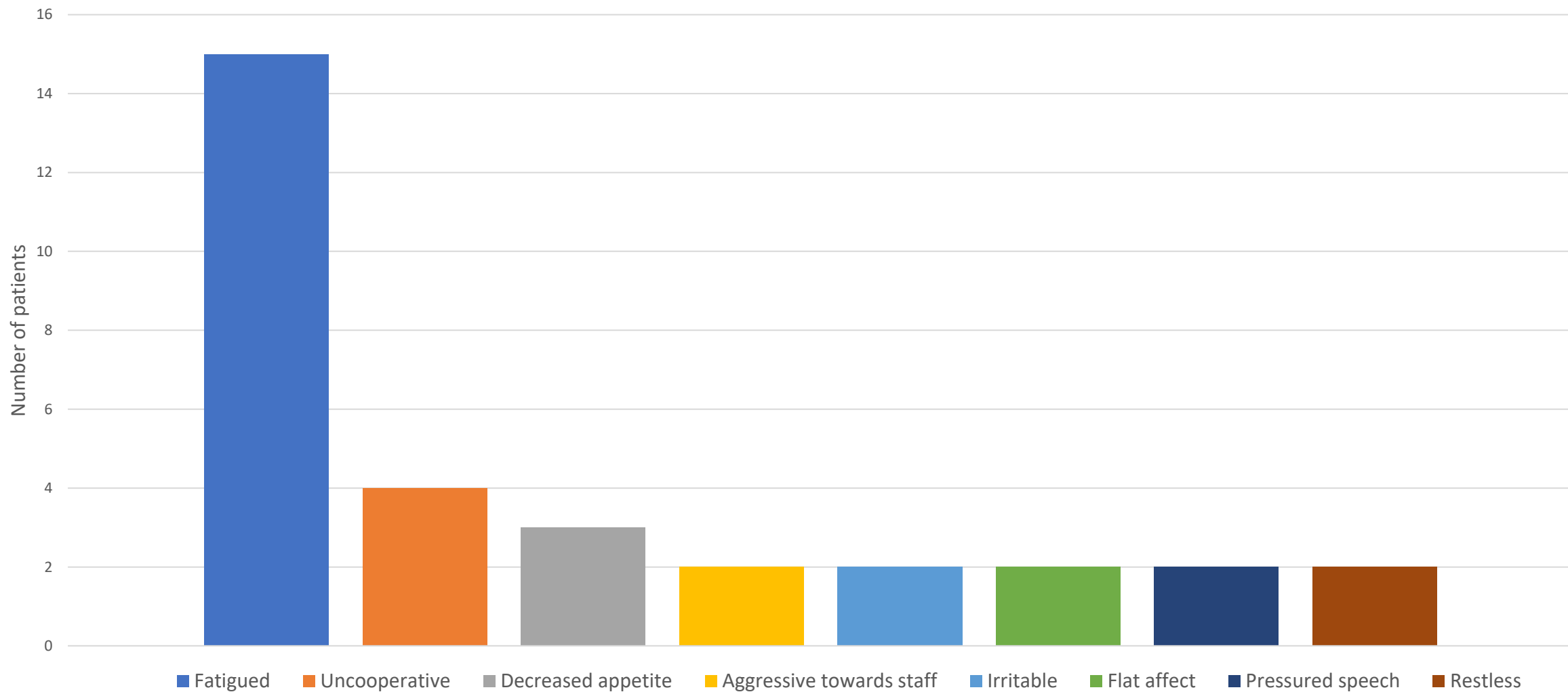
>1/3
OF PATIENTS
STARTED USING
METH **BETWEEN**
26-35 YEARS OLD



20/23
PATIENTS HAD A
PRIMARY SUD
Dx OF **ODD**

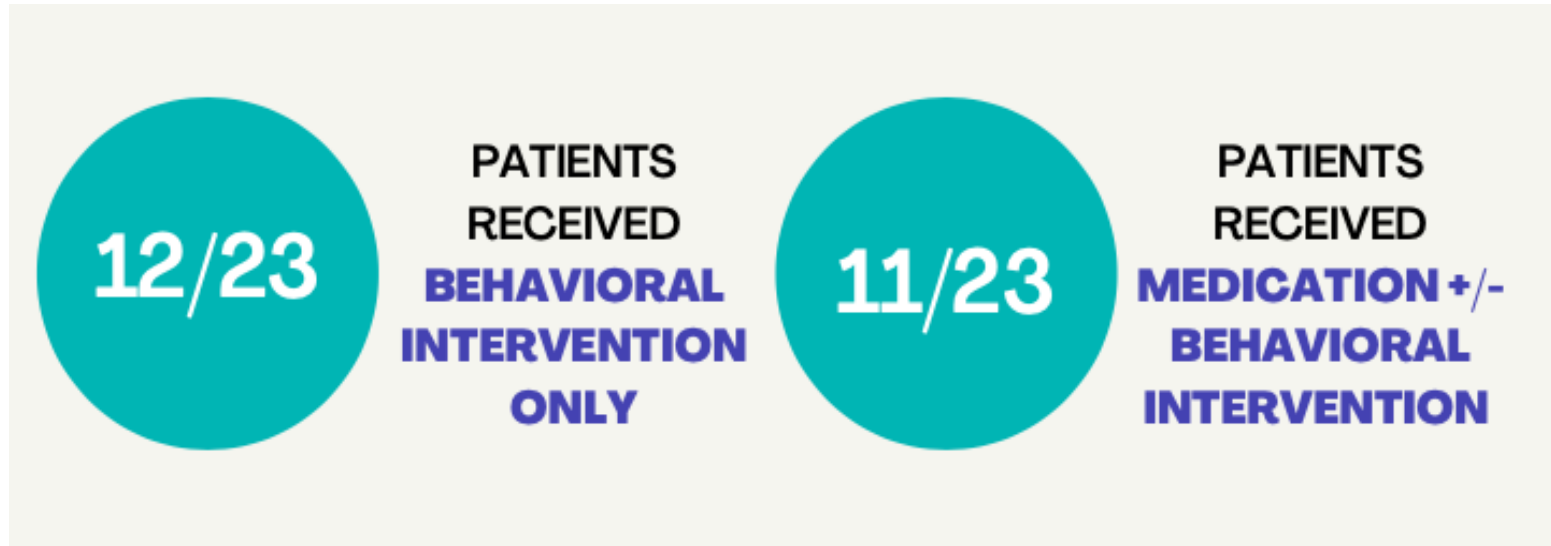
Clinical Presentation During Hospital Stay

$n = 23$

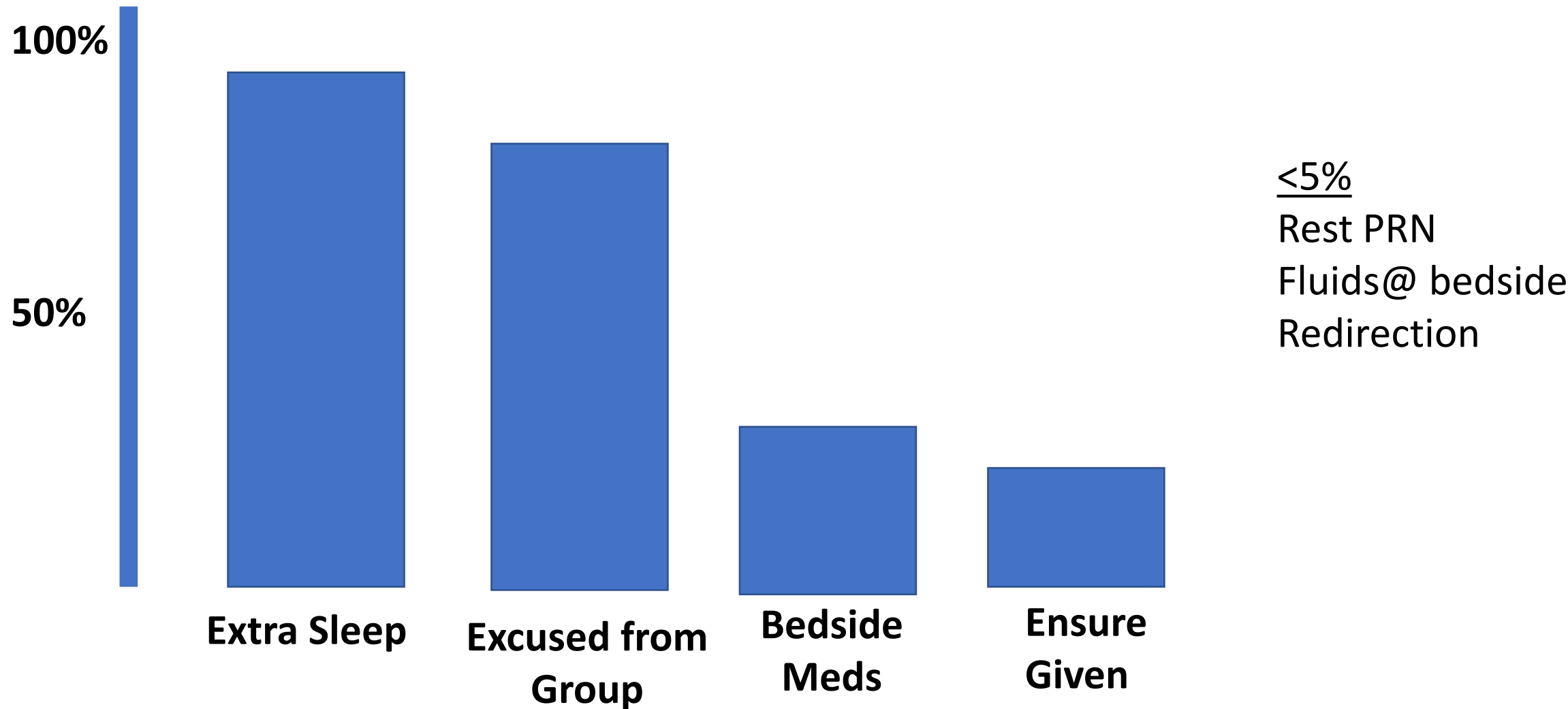


Meth Protocol Utilization During Hospital Stay

$n = 23$

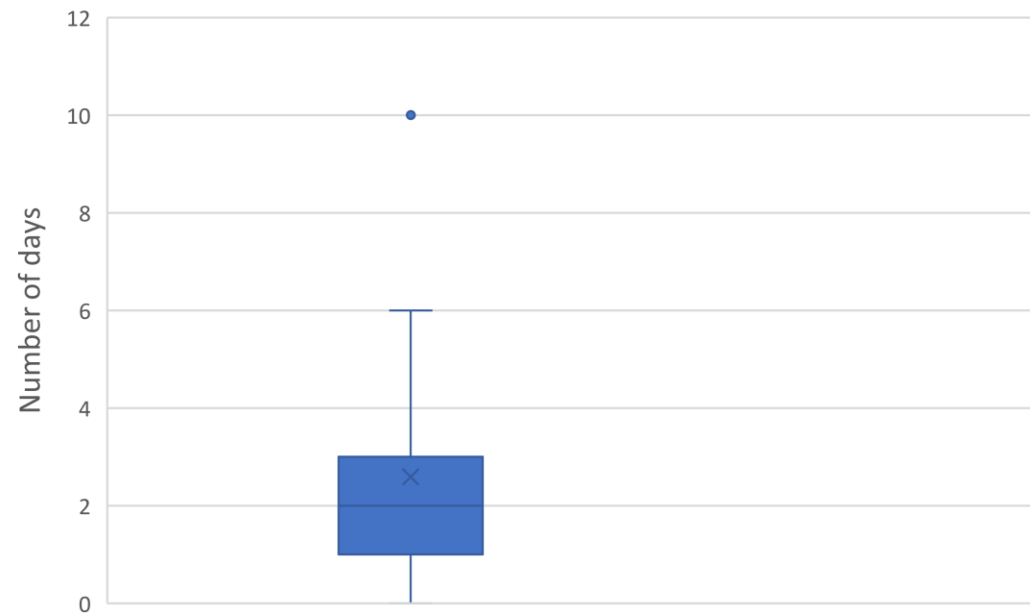


Behavioral Treatments Utilized (N=23)



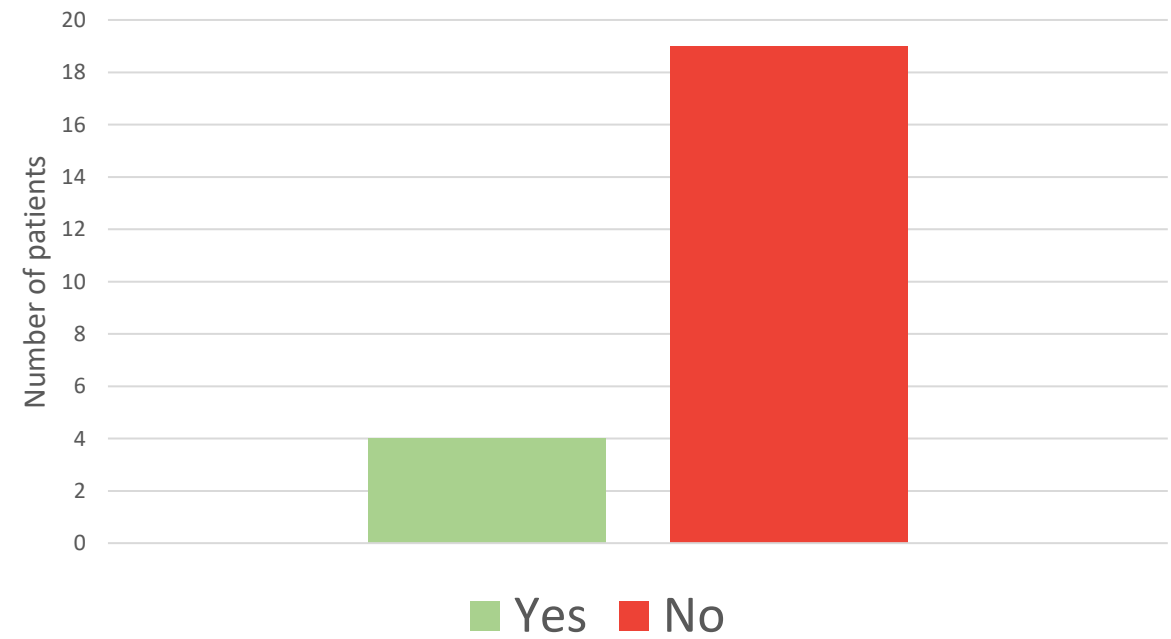
Duration of Meth-Related Symptoms

$n = 23$



Stopped Meth Protocol Early?

$n = 23$



Nursing Focus Group Feedback

- *“I like that there are options for meth users.”*
- *“Now, more and more are beginning to be honest about their meth use because they know we have a specific protocol for it. “*
- *“I really like the behavior component”*
- *“I like all the different meds we can use for the protocol and that we are learning more and more about meth use. “*
- *“The Seroquel works the best. Benadryl has helped clients for their anxiety symptoms. Vitamin C I think has been very helpful”*
- *“Maybe it can be expanded into the next level of care.”*

METHAMPHETAMINE ADDICTION TREATMENT

Andrew House Boston and Stoughton

Acute Treatment Services

WHAT ARE ACUTE TREATMENT SERVICES?

These services provide 24/7 medically monitored inpatient detoxification treatment and provides evaluation and withdrawal management. Services are delivered by nursing and counseling staff, under the guidance of a licensed physician, to monitor patients throughout their withdrawal process.

WHAT IS METH?

Meth (Methamphetamine) is a psychostimulant that causes the release and blocks the reuptake of important neurotransmitters, including dopamine, serotonin, and norepinephrine. It is a highly addictive drug that carries the risk of addiction and potential overdose.

WHAT IS METH ADDICTION?

Meth largely exerts its effects via the dopamine system. Meth use leads to an influx of dopamine to the brain, causing a sudden feeling of euphoria or a "high" that is challenging to overcome. Individuals often seek out meth in order to illicit these same feelings. However, the more you use this drug, the more drug you will need in order to create the same euphoric sensation.



Meth use can lead to withdrawal symptoms if you stop taking the drug, including: fatigue, increased appetite, dry mouth, depression, suicidal ideations, cravings for more meth, paranoia, hallucinations, and delusions. These symptoms, combined with the desire to take the drug again, can make it difficult to stop using the drug.

HOW CAN BAY COVE HELP TREAT METH ADDICTION?

Our Meth treatment program involves helping you stop using meth by providing medication and behavioral interventions to aid in recovery from withdrawals and help to minimize cravings.

If you or a loved one is suffering from meth addiction and would like to learn more about our treatment program please speak with a staff member or contact us at:

617-318-5600 (Andrew House Boston) or
781-232-5500 (Andrew House Stoughton)

WHO WE SERVE

Andrew House (Boston and Stoughton) treat men in need of medically-monitored withdrawal management services who may also be living with mental health disorders, HIV+/AIDS, using more than one substance, or may be already receiving medication for addiction treatment.

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Questions?

Thank you !