

The Difference is Research

Missed opportunities for early intervention in first episode psychosis in methamphetamine users

Dr Julia Lappin, NDARC & UNSW School of Psychiatry

Medicine

National Drug and Alcohol Research Centre

Today's talk: Methamphetamine & Psychosis

What is psychosis?

NSW data on first episode psychosis

- Numbers where methamphetamine used
- Service use patterns before hospital admission for first episode psychosis
- Are there missed opportunities for early intervention?



REYNOLDS

Auditory hallucinations

Bizarre Ideas

Persecutory beliefs

Paranoia

Visual Hallucinations

Agitation

PSYCHOSIS

Anxiety & Depression

Social Isolation

Impact of Psychosis

Social exclusion

Long-term unemployment

Very high suicide rates

Huge cost to society



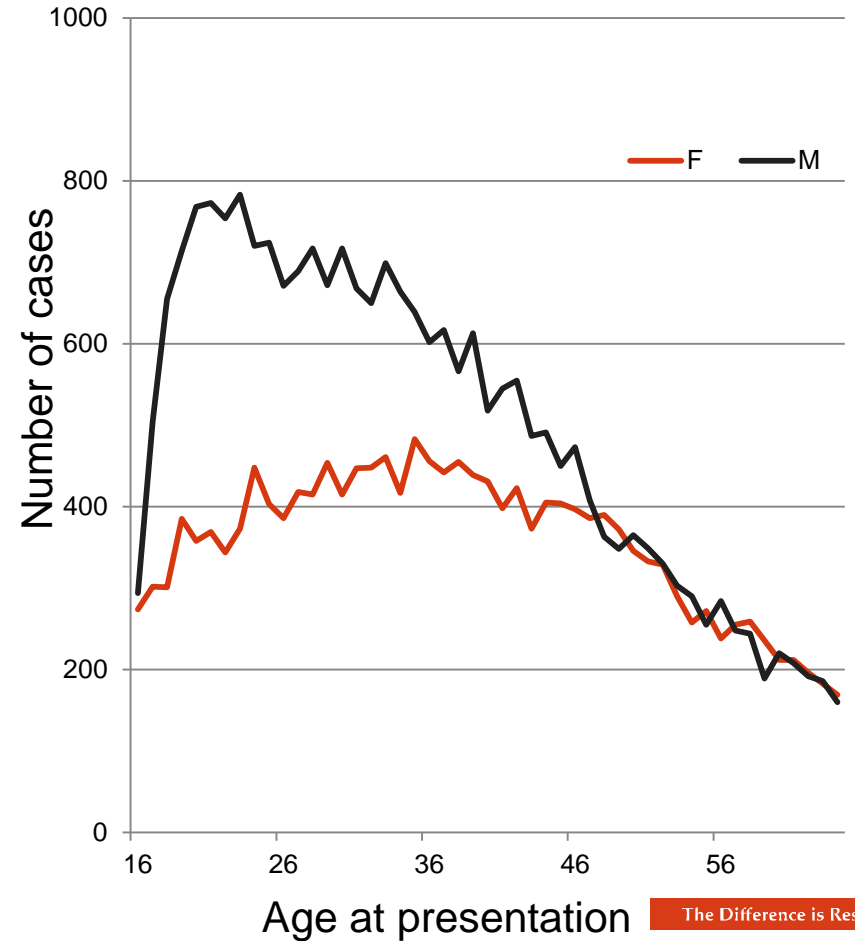
Outcomes in Psychosis

- Those who are unwell for longer before first treatment have poorer outcomes
- Specialist services focus on early detection and treatment of psychosis
- Anecdotal reports of methamphetamine psychosis repeatedly presenting to ED before referral to specialist psychosis services

How much first episode psychosis in NSW is related to methamphetamine use?

NSW First Episode Psychosis data

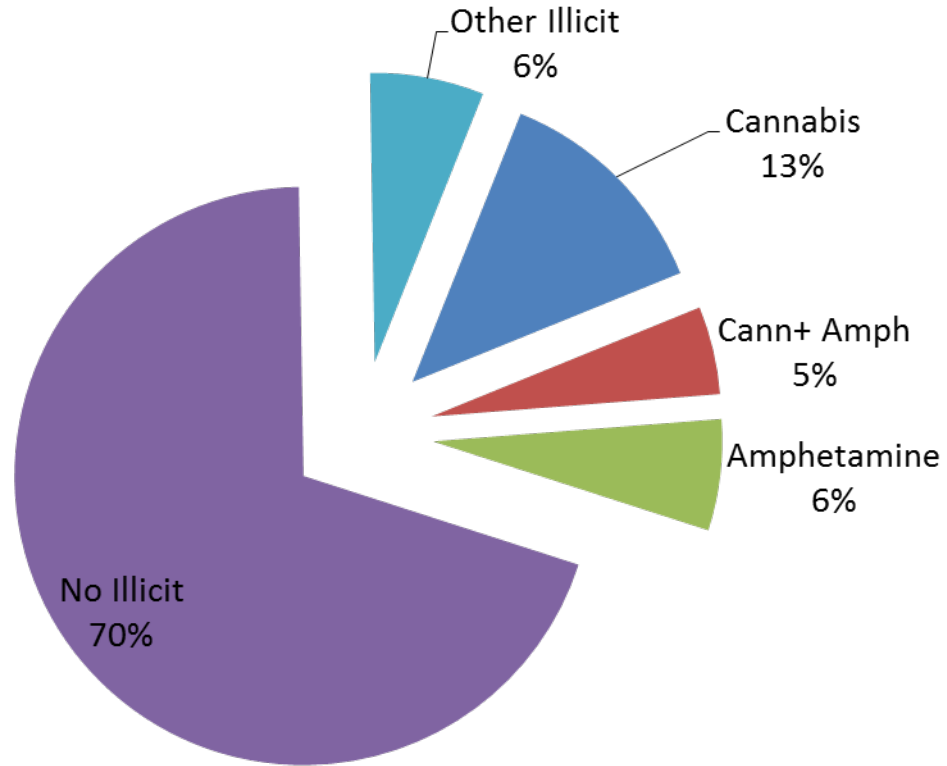
- All cases 2005-2015
- Aged 16-64
- Total: n=41794
- 24334 (58.2%) **males**
- 17460 (41.8%) **females**



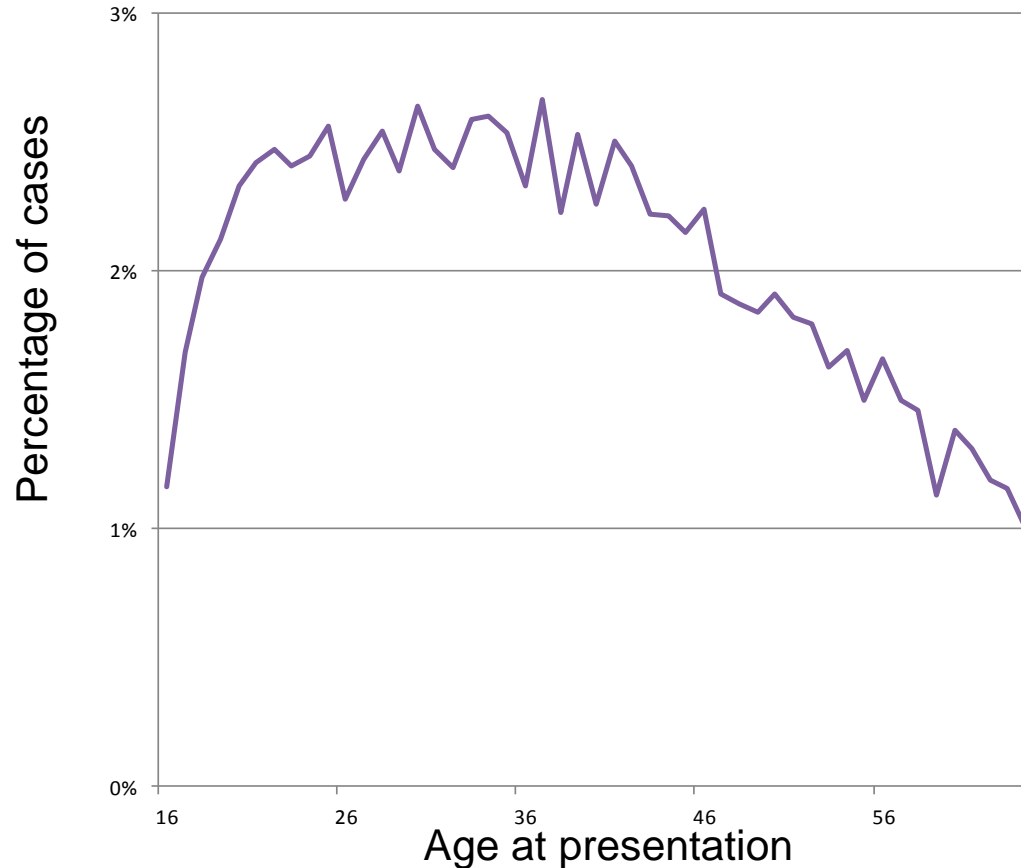
First Episode Psychosis by Substance Type

Total: n=41794

Amphetamine: n=4645



First Episode Psychosis across the lifespan: no drug use

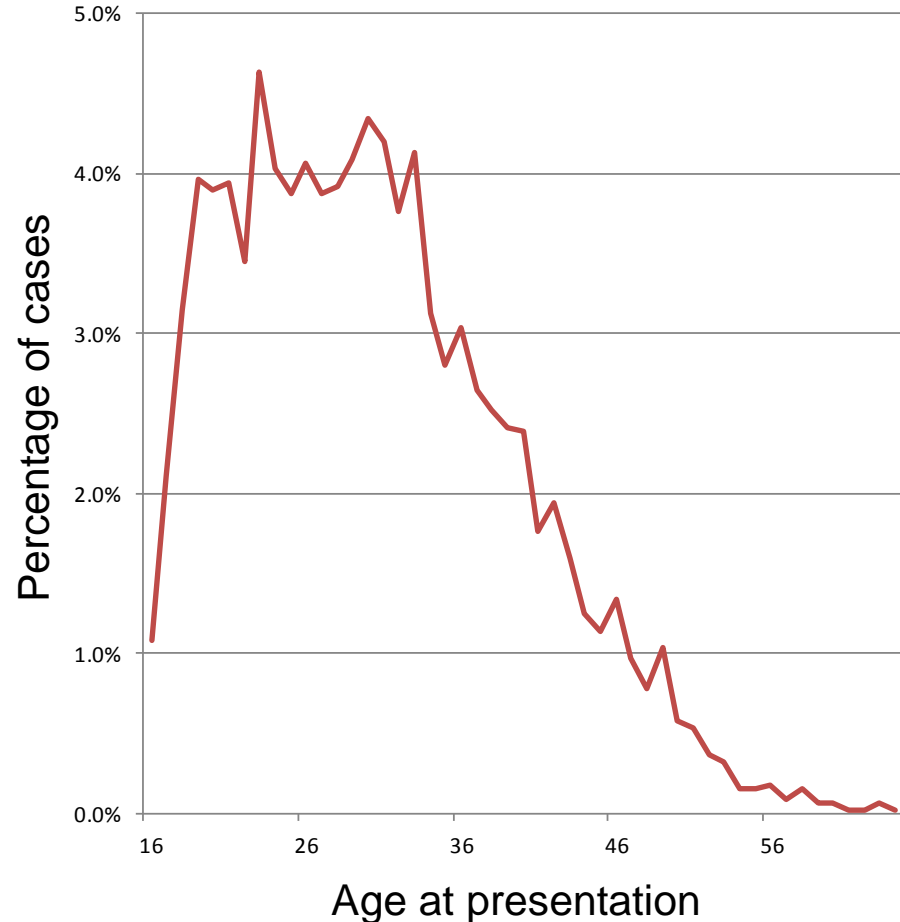


Amphetamine- related Psychosis across the age span

Psychosis peaks from late adolescence

Amphetamine-related psychosis peaks from late adolescence to mid-30's

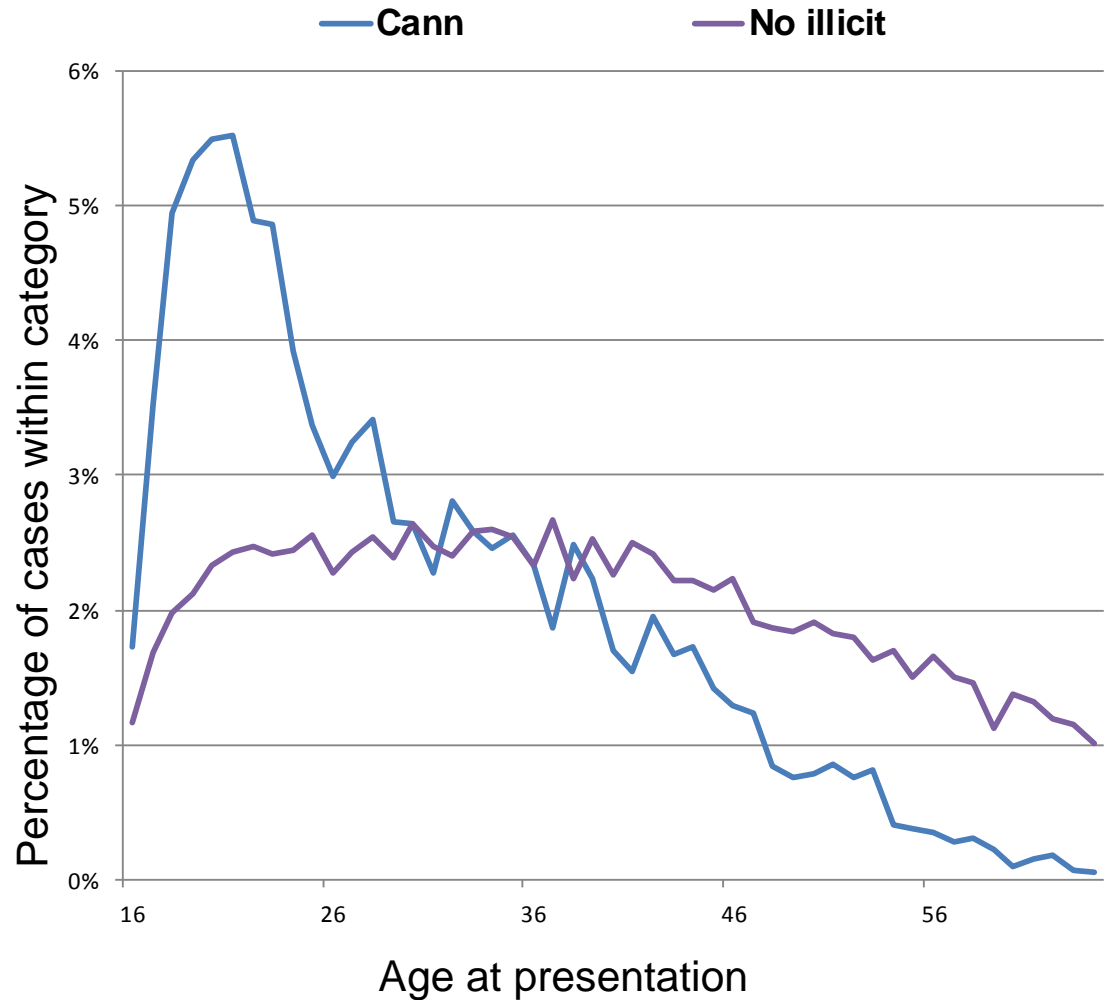
Psychosis onset can occur at any age and *may* be related to drug use



The role of cannabis

Cannabis use is common in individuals presenting with first psychosis

Cannabis-related psychosis peaks earlier

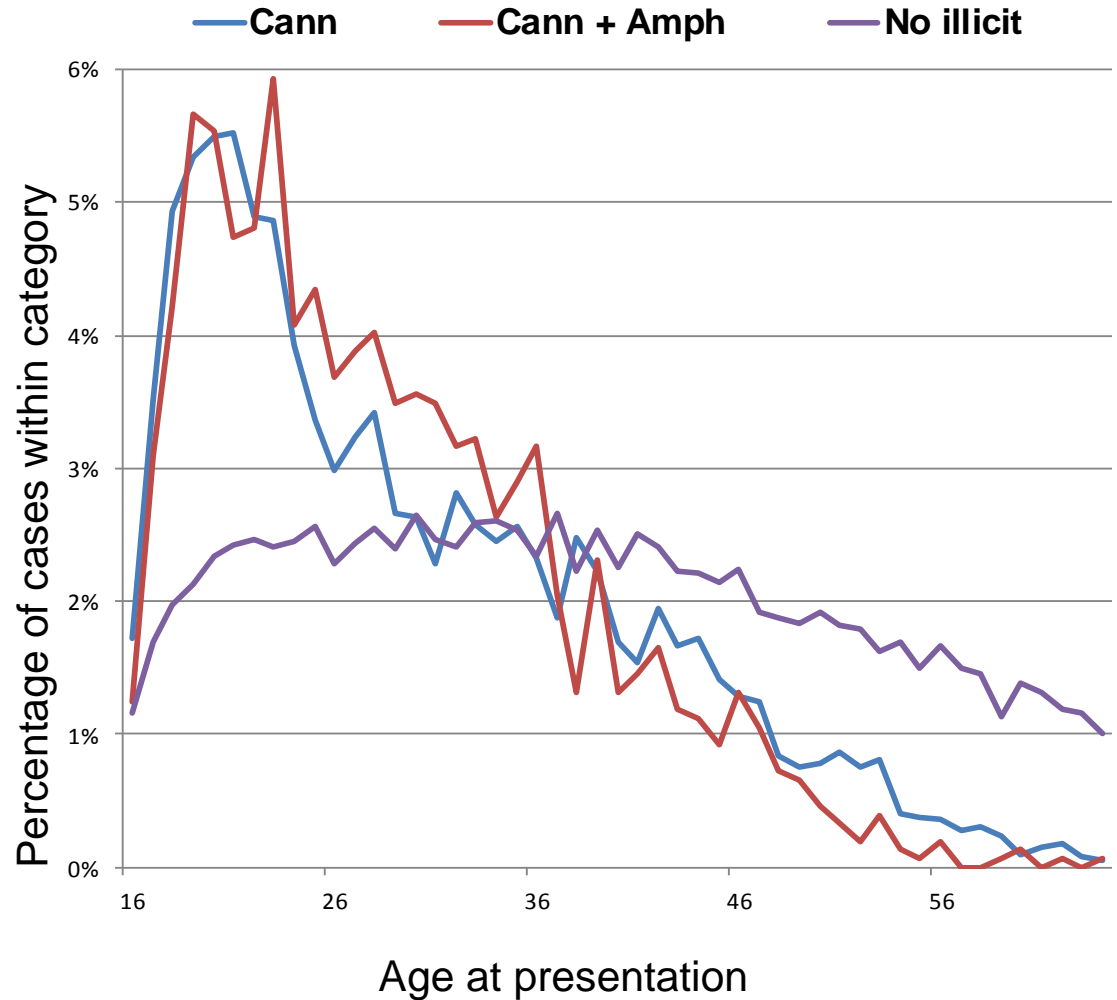


The role of cannabis

Cannabis use is common in individuals presenting with first psychosis

Cannabis-related psychosis peaks earlier

Cannabis plus amphetamine peaks earlier



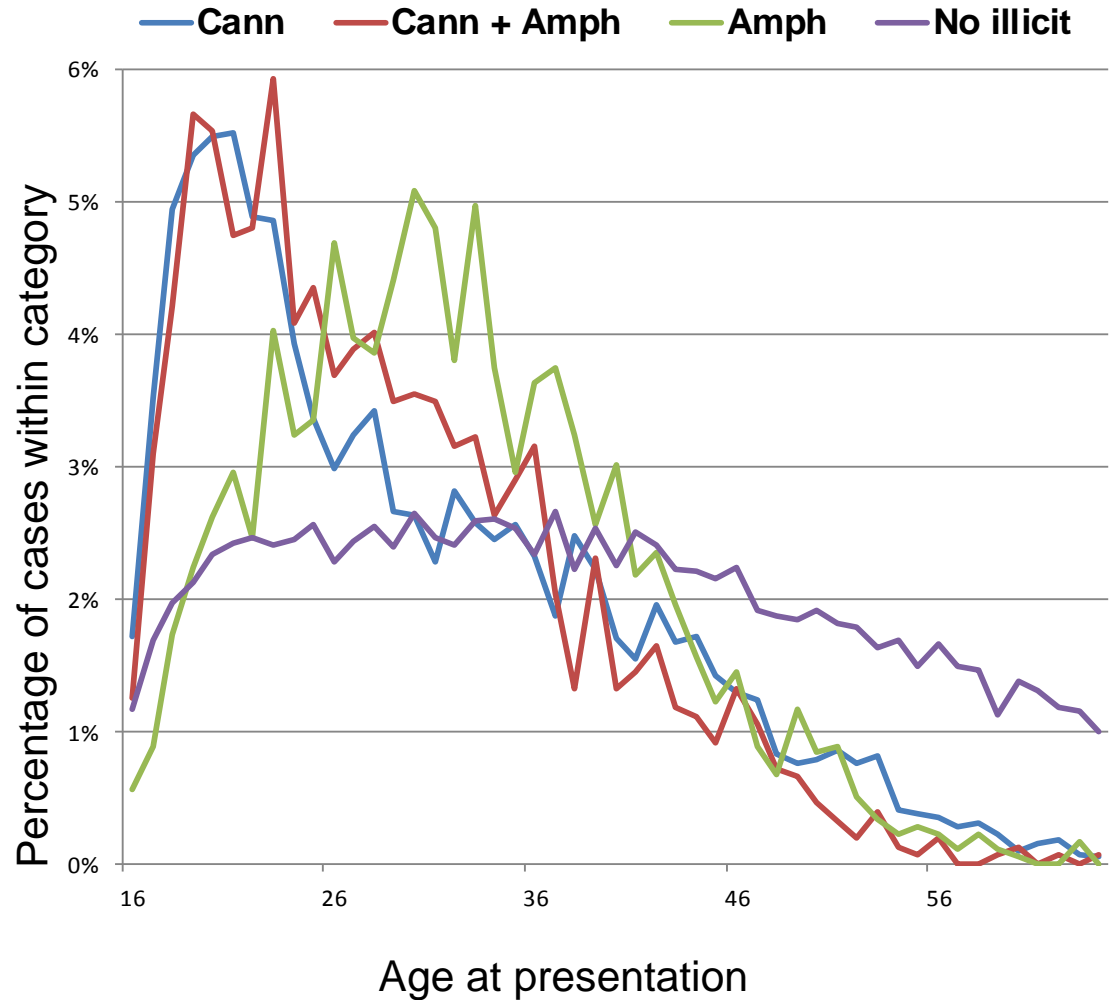
The role of cannabis

Cannabis use is common in individuals presenting with first psychosis

Cannabis-related psychosis peaks earlier

Cannabis plus amphetamine peaks earlier

Amphetamine alone peaks later but risk persists



Are there missed opportunities for early intervention in amphetamine-related FEP?

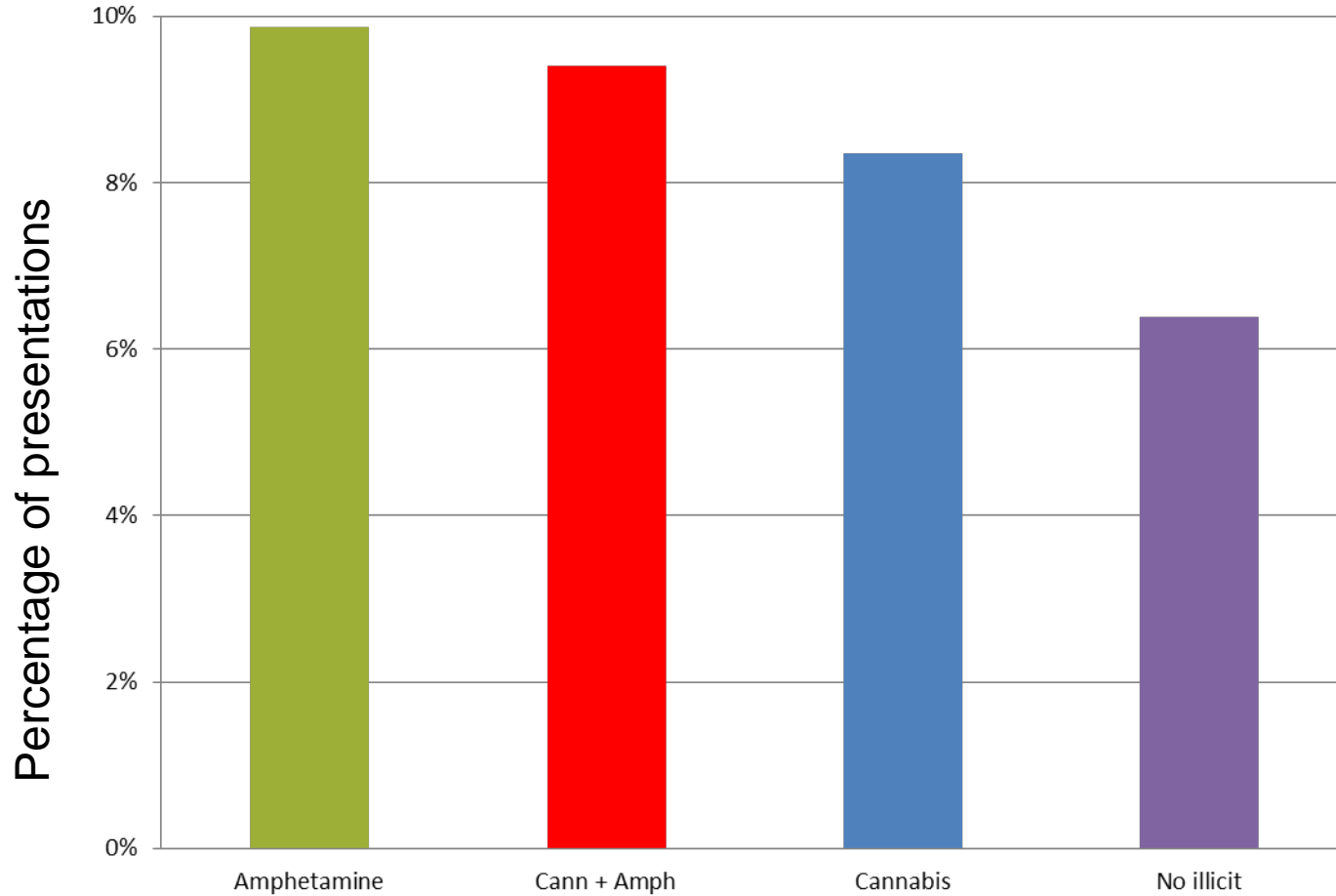


Service Use in 2 years before first episode psychosis detected

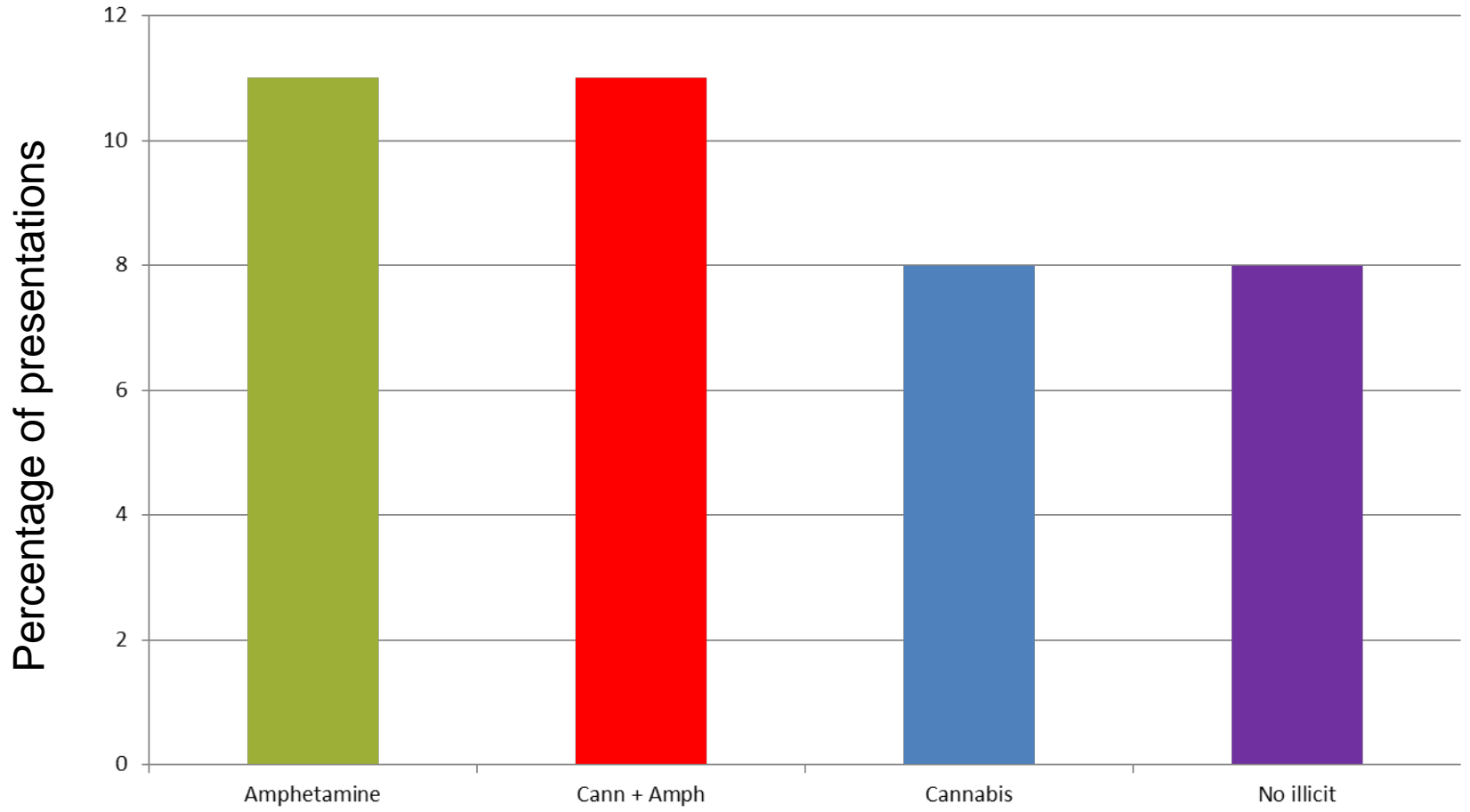
Four categories of service use:

- Emergency Department
- Hospital admission for physical healthcare
- Mental health (community or hospital admission)
- No service use

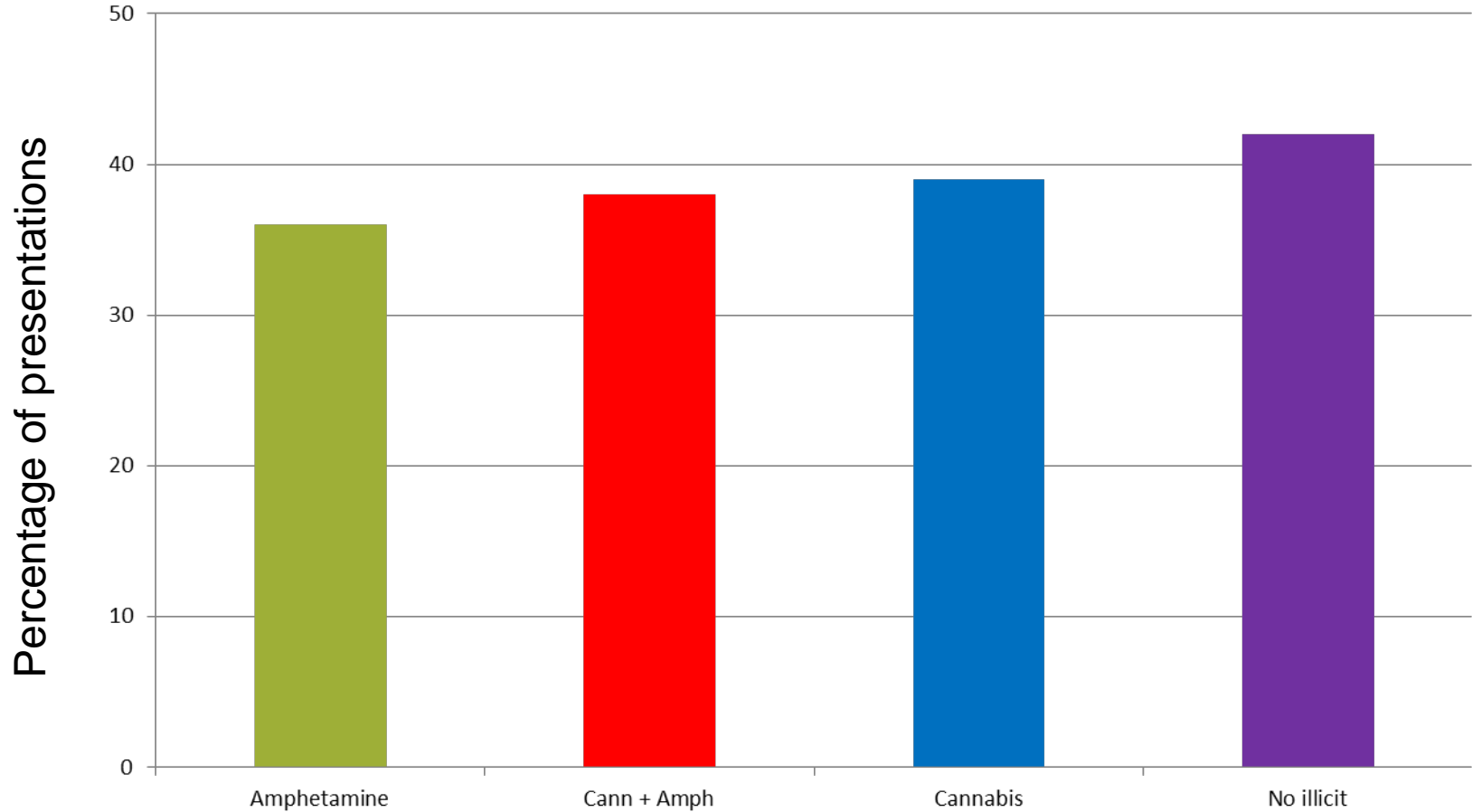
Emergency Department



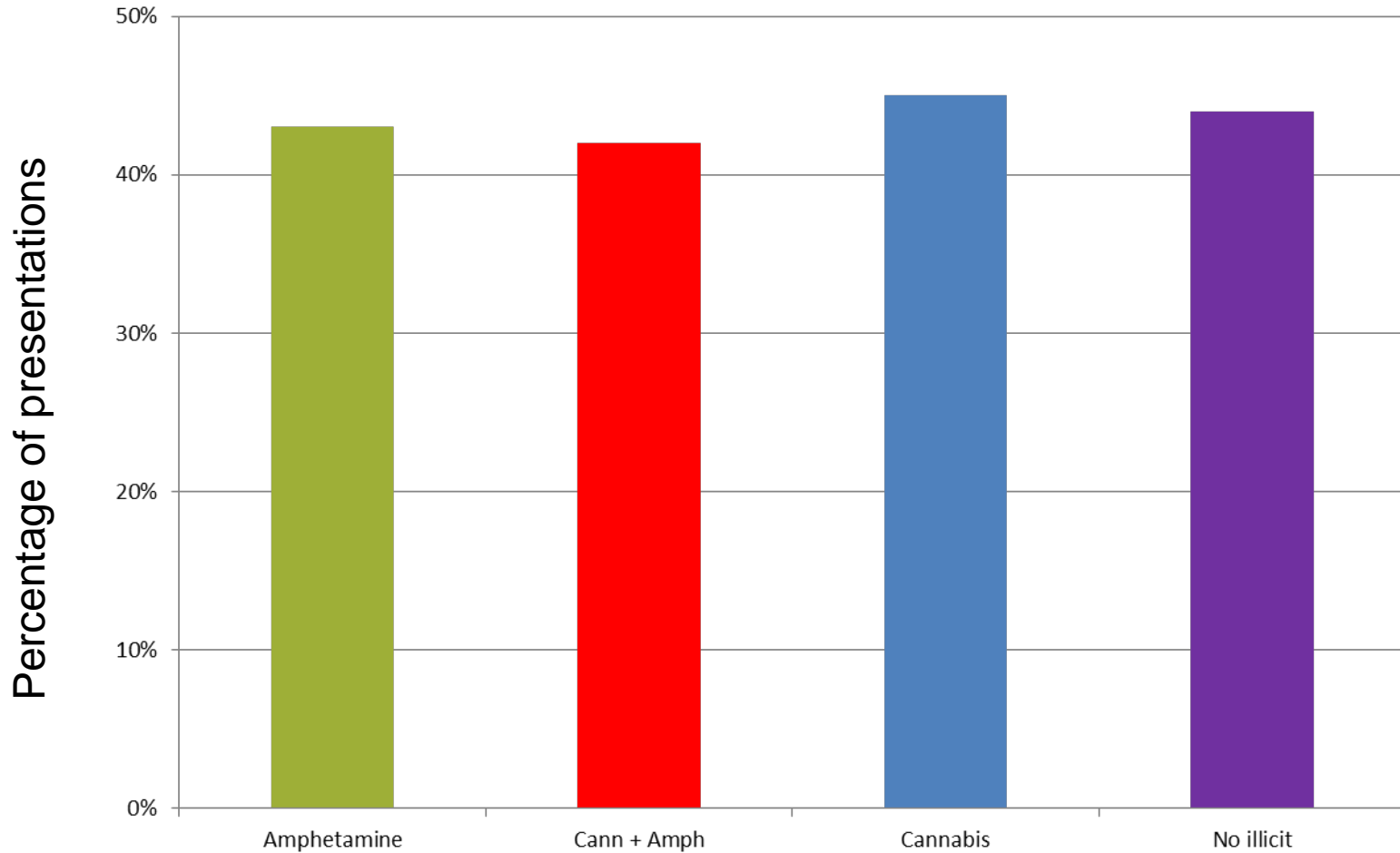
Hospital Admission for physical healthcare



Mental Health Services



No service use



Key findings & Conclusions

- Methamphetamine-related psychosis is common
- Onset of illness later and over longer age range than cannabis-related psychosis
- Methamphetamine use associated with more ED and physical health hospital contacts prior to FEP
- This may reflect *differences in help-seeking*: crisis-driven in methamphetamine-related psychosis
- Or it may indicate *differences in service delivery*: is there a failure to recognise psychosis and refer to appropriate services when it presents in the context of drug use?

Next Steps

- Explore patterns of help-seeking & service use
- Estimate associated healthcare costs
- Consider how service delivery may be improved
- Develop effective interventions to target this group



Thanks to...
Grant Sara, NSW Ministry of Health