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

Dr Julia Lappin, NDARC & UNSW School of Psychiatry
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?
Psychosis

- Bullet points look like this
- And this
- And this
- – And this
Auditory hallucinations  Bizarre Ideas
Persecutory beliefs  Paranoia
Visual Hallucinations  Agitation
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

- No Illicit: 70%
- Cannabis: 13%
- Cann+ Amphetamine: 5%
- Other Illicit: 6%
- Amphetamine: 6%
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

Percentage of presentations

- Amphetamine: 10%
- Cann + Amph: 9%
- Cannabis: 8%
- No illicit: 6%
Hospital Admission for physical healthcare

Percentage of presentations

<table>
<thead>
<tr>
<th>Substance</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Amphetamine</td>
<td>11.2</td>
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<tr>
<td>Cann + Amph</td>
<td>10.9</td>
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<tr>
<td>Cannabis</td>
<td>8.0</td>
</tr>
<tr>
<td>No illicit</td>
<td>7.6</td>
</tr>
</tbody>
</table>
Mental Health Services

Percentage of presentations

- Amphetamine
- Cann + Amph
- Cannabis
- No illicit
No service use

Percentage of presentations

- Amphetamine
- Cann + Amph
- Cannabis
- No illicit
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…
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