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292. Psychiatric Evaluation of Patients with Ecstasy Use from the Poison Control Perspective

Marit Tweet[a], Joseph Kennedy[a], Michael Nelson[b], Michael Wahl[c] and Steven Aks[a]
[a]Toxikon Consortium; [b]NorthShore University Health System; [c]Illinois Poison Center

Background: Ecstasy, molly, and MDMA are widely used terms for 3,4 methyeledioxy-methamphetamine (MDMA) which is used recreationally for its euphoric and hallucinogenic effects. There are many substances that can be substituted for MDMA includ ing amphetamines, methamphetamines, hallucinogenic trypto phans, and cathinones. All of these substances have prominent neuropsychiatric effects. Management of the acute, short-term psychiatric effects is well described, but information on longer term effects with need for psychiatric consultation is not well described.

Objectives: This retrospective review analyzed regional poison center (RPC) cases of reported MDMA use to determine the incidence of neuropsychiatric effects and concomitant psychiatric consultation or admission.

Methods: 163 cases exposure coded as “ecstasy,” “molly,” or “MDMA” were obtained from the RPC database for the 2019 calendar year. Cases were excluded if the patient was lost to follow up, did not present to the hospital, was less than 12 years old, pregnant, or was intubated at any point during their stay (i.e. unable to self-report their symptoms). 125 cases remained.

Charts were reviewed for neuropsychiatric symptoms such as agitation or hallucinations, co-ingestants, history of prior psychiatric illness, and whether the presentation was associated with a self harm attempt. For the purposes of evaluating the frequency of urgent psychiatric consultation and psychiatric admission, an additional 18 cases were excluded where it was unclear if any psychiatric consultation was obtained.

Results: The average age of the patients was 25.1 years with an age range of 14 to 53 years. 77 of the 125 cases (62%) were male patients. 54 of 125 cases (43%) had no co-ingestants involved. 36% of all cases were admitted for medical reasons. For patients admitted to a medical service during their stay, a psychiatry consult was obtained in 24% of cases, with 13% of all medically admitted patients ultimately being admitted to psychiatry. For patients only managed in the emergency department, a psychiatry consult was obtained in 23% of cases with 12% of all ED patients being admitted to psychiatry. 60% of the patients who received a psychiatric consultation had presented to the hospital after a self-harm attempt. Patients with a history of psychiatric illness were more likely to have a psychiatry consult (44%) compared to those patients without a history of psychiatric illness (22%) (χ^2 p = 0.03). It was not noted by Poison Center Staff if any patients discharged had follow up with a mental health professional.

Conclusion: Many cases of reported MDMA use present with neuropsychiatric effects. Patients with a history of psychiatric disorder appear more likely to get a psychiatric consultation, although it is unclear if this is due to the acute neuropsychiatric effects of their ingestion as opposed to their underlying condition. A large number of these cases require mental health evaluation, but the long-term handoff to psychiatric care, and rate of continued neuropsychiatric effects needs better definition from the Poison Center perspective.

KEYWORDS
Ecstasy, MDMA, Neuropsychiatric effects

marittweet@gmail.com
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