16.9.2 SUBSTANCE-INDUCED MOOD DISORDERS

F10.0-F19.9 + (R40-R46/Z65.0-5/Z65.8-9/Z81.0-4/Z81.8)

DESCRIPTION

Mood disorder secondary to substance use or withdrawal such as abuse of alcohol, drugs, e.g. cannabis and methamphetamines.

GENERAL MEASURES

» Generally treated by removal of the causative substance.
» Requires acute detoxification, followed by maintenance treatment.
» If symptoms of mood disorder persist after 2 weeks, consider treating the mood disorder. See Section 16.4: Mood disorders.

16.9.3 SUBSTANCE-INDUCED PSYCHOSIS

F10.0-F19.9 + (R40-R46/Z65.0-5/Z65.8-9/Z81.0-4/Z81.8)

DESCRIPTION

Psychosis secondary to a substance use or withdrawal such as abuse of alcohol, drugs, e.g. cannabis and methamphetamines.

GENERAL MEASURES

» Most patients with substance-induced psychosis can be managed without medication.
» Ensure the safety of the patient and those caring for them.
» Minimise stress and stimulation (do not argue with psychotic thinking).
» Avoid confrontation or criticism, unless it is necessary to prevent harmful or disruptive behaviour.

MEDICINE TREATMENT

» See sections 16.1.2: Aggressive disruptive behaviour in adults and 16.1.3 Aggressive disruptive behaviour in children and adolescents.

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REFERRAL

» All patients to hospital for inpatient management of psychosis.
» All patients to social worker for referral to substance rehabilitation centres.

16.9.4 ALCOHOL WITHDRAWAL (UNCOMPLICATED)

F10.3

DESCRIPTION

» A syndrome characterised by central nervous system hyperactivity that occurs when an alcohol dependent individual abruptly stops, or significantly reduces, alcohol consumption.
» The symptoms of complicated alcohol withdrawal syndrome, requiring referral, include:

- **Autonomic:** sweating, tachycardia, hypertension, tremors, tonic-clonic seizures, and low grade fever.
- **Gastrointestinal:** anorexia, nausea, vomiting, dyspepsia, and diarrhoea.
- **Cognitive and perceptual disturbances**: poor concentration, anxiety, psychomotor agitation, disturbed sleep with vivid dreams, visual hallucinations, and disorientation.

» Typical delirium occurs 2–3 days following cessation of prolonged alcohol intake, but some withdrawal symptoms such as the typical tremor, may start within 12 hours.

GENERAL MEASURES

Assess for comorbid infections.

MEDICINE TREATMENT

- Thiamine, oral, 300 mg daily for 14 days.

AND *LoE:IIIb*[29]

- Diazepam, oral, 10 mg immediately. (Doctor prescribed)
  - Then 5 mg 6 hourly for 3 days.
  - Then 5 mg 12 hourly for 2 days.
  - Then 5 mg daily for 2 days. *LoE:IVb*[30]
  - Then stop.

REFERRAL

» See referral criteria of Section 16.9.1: Substance use disorders.

» Complicated alcohol withdrawal, including persistent seizures despite oral benzodiazepine therapy.