



Acupuncture treatment of substance-induced psychosis, addiction and pain: A review with case study

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Abstract Substance-induced psychosis is an extreme mental disorder that is relevant to up to 25% of individuals presenting with first episode of psychosis. One out of three of those continuing the drug abuse will have a recurrent psychosis. In order to treat the psychosis and prevent recurrent drug abuse which might lead to another psychosis, the therapist should understand all parts of the process leading up to psychosis, including the root causes for the drug abuse and the addiction, the effect of the drugs on the body and the psychosis itself. This article reviews substance-induced psychosis and the process leading to the abuse, the addiction and the psychosis from both Western and traditional Chinese medicine and includes three case studies of patients with acute psychosis who were treated successfully.

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Introduction

Psychotic symptoms are an extreme mental disorder that can lead to admission and it's one of the few disorders that can eventually lead to involuntary admission. One of the triggers to a psychotic episode is substance abuse. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) of the American Psychiatric Association.¹ (pp.113) "Between 7% and 25% of individuals presenting with a first episode of

psychosis in different settings are reported to have substance/medication-induced psychotic disorder." A 2010 survey by the Center for Disease Control and Prevention found there are about 1.5 million discharges with psychosis as first-listed diagnosis in U.S.A hospitals.² Using the DSM-5 estimates mentioned above, it is estimated that between 105 000 and 375 000 of these are likely to be due to substance-induced psychosis.

Several studies found that ongoing substance use, in first episode psychosis, is associated with negative outcomes.^{3–5} In their research, Sara et al found that people with ongoing substance abuse (after first psychosis) had nearly 30% more chances of recurrent psychotic symptoms compared with no drug use. The negative outcome of the ongoing substance abuse

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suggests that there is importance in understanding the mechanism connecting drug abuse and psychosis, and using this understanding to help psychotic patients to cease substance use.

Our experience for the last 10 years in the Izun Institute, shows that introducing Chinese medicine (acupuncture and herbs) to the psychotic and addictive patients have had several advantages:

1. Calming the psychotic patient and avoiding unnecessary psychiatry drugs.
2. Reducing the side effects of psychiatric drugs taken by the patient.
3. Reducing withdrawal symptoms.
4. Assisting the addictive patient addressing his addiction and providing him with tools to overcome it.

Although there is no major difference between the symptoms of substance-induced psychotic disorder (SIPD) and other psychosis symptoms (resulting from certain conditions whether physical, mental or related to medication), I will suggest that according to Chinese medicine, substance-induced psychosis has a unique background and mechanism, in the way it affects the body and spirit, which will be discussed hereafter.

In this article, I will discuss the connection between the psychotic symptoms, the preceding substance abuse and addiction and the emotional pain associated with the substance abuse. I will analyze each of these 3 components according to the different models of Chinese medicine and eventually suggest a treatment model that I myself am currently using.

Part One: Modern Medicine

One of the key features of the substance-induced psychosis is the presence of substance intoxication or withdrawal. It's possible to focus on treating the psychotic episode, but as said in the introduction, ongoing substance abuse can lead to recurrent psychosis in 30% of the cases. In light of that, a broader approach is needed and the understanding of the drug and the reasons for addiction is mandatory.

Substance/medication-induced psychotic disorder

Diagnosis:

The key diagnosis criteria by the DSM-5 are:

A. Presence of one or both of the following symptoms:

1. Delusions.^a
2. Hallucinations.^b

^a "Delusions are fixed beliefs that are not amenable to changes in light of conflicting evidence. Their content may include variety of themes ..."¹(pp.87)

^b "Hallucinations are perception-like experiences that occur without an external stimulus. They are vivid and clear, with the full force and impact of normal perceptions, and not under voluntary control. They may occur in any sensory modality, but auditory hallucinations are the most common in schizophrenia and related disorders ..."¹(pp.87)

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

- (1) The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or after exposure to a medication.
- (2) The involved substance/medication is capable of producing the symptoms in Criterion A.

C. The disturbance is not better explained by a psychotic disorder that is not substance/medication-induced. Such evidence of an independent psychotic disorder could include the following:

The symptoms preceded the onset of the substance/medication use; the symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or there is other evidence of an independent non-substance/medication-induced psychotic disorder (e.g., a history of recurrent non-substance/medication-related episodes).

Treatment:

The treatment according to *The Merck Manual of Diagnosis and Therapy*⁶ should be:

1. Desist the substance intake.
2. Antipsychotics drugs may be used depending on the drug involved. Hallucinogen and phencyclidine psychosis may not respond well to antipsychotics. Acute adverse effects of antipsychotics should be treated according to the symptoms.
3. A supportive approach is preferred, with reassuring, structured, and protective surroundings.

Prognosis:

The disorder usually remits within days or several weeks depending on the drug involved.

The DSM-5 state that some agents have been reported to evoke temporary psychotic states that can sometimes persist for weeks or longer despite removal of the agent and treatment with neuroleptic medication.

Substance abuse and addiction

According to the Merck manual a single definition for drug dependence is elusive. Concepts that aid in defining drug dependence are tolerance^c and psychological^d and physical^e dependence. Addiction, according to the manual is another concept without a consistent, universally accepted definition. The manual refers to addiction as compulsive use and overwhelming involvement with a drug, including

^c Tolerance describes the need to progressively increase the drug dose to produce the effect originally achieved with smaller doses.

^d Psychologic dependence includes feelings of satisfaction and a desire to repeat the drug experience or to avoid the discontent of not having it. Drugs that cause psychologic dependence often have ≥1 of the following effects: Reduced anxiety and tension; Elation, euphoria, or other pleasurable mood changes; Feelings of increased mental and physical ability; Altered sensory perception; Changes in behavior.

^e Physical dependence is manifested by a withdrawal (abstinence) syndrome, in which untoward physical effects occur when the drug is stopped or when its effect is counteracted by a specific antagonist.

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