

A RETROSPECTIVE ANALYSIS OF CLIENTS ADMITTED TO AN INPATIENT UNIT FOR SUPPORT TO WITHDRAW FROM METHAMPHETAMINE.

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Introduction and Aims: There are few studies to guide management of methamphetamine withdrawal. The aim was to report on characteristics and management of methamphetamine dependent clients admitted to an inpatient unit for withdrawal support and to consider factors that may contribute to high rates of early discharge.

Method / Approach: A retrospective audit of electronic and paper files of clients admitted to the inpatient unit for withdrawal support when methamphetamine dependence was the primary diagnosis between January 2015 and October 2018 was conducted.

Key Findings: There were 101 admissions with 67 clients being admitted more than once. There was a high percentage of young woman and low numbers of Maori. Only 5 clients did not use any other substances. The most common substances used were GHB, alcohol, cannabis and benzodiazepines. Diazepam was prescribed to 95% of clients. Baclofen was prescribed to 50% of the clients with GHB dependence and did not reduce diazepam requirements or risk of early discharge. Clients who only used methamphetamine required low doses of diazepam. 40% of clients discharged early and were heavy users of methamphetamine; males, Maori and those without a follow up plan after discharge.

Discussions and Conclusions: Clients who are dependent on methamphetamine who require inpatient support for withdrawal are admitted almost entirely due to the use of other substances that have a more severe withdrawal syndrome. Diazepam remains the mainstay of medical management of withdrawal in this client group. Early discharge rates are high and interventions to reduce this should be considered.

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