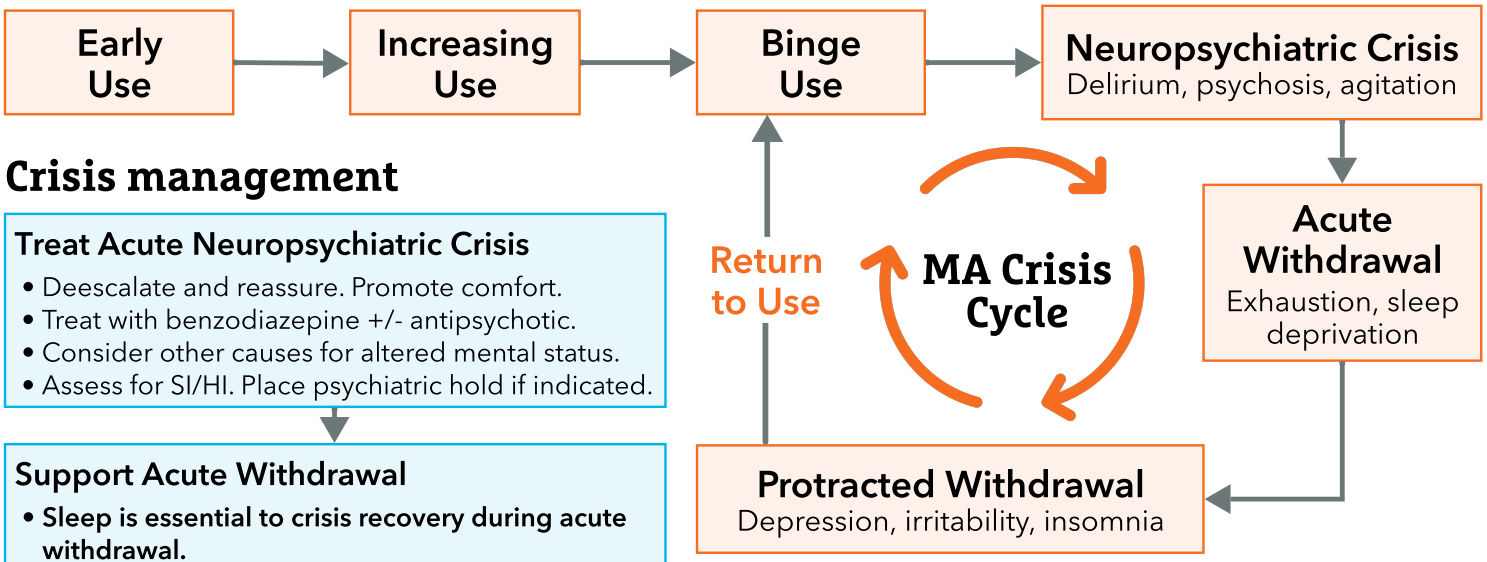
Emergency Management of Methamphetamine Crisis

Progression of Methamphetamine (MA) Use*



Crisis management

Treat Acute Neuropsychiatric Crisis

- Deescalate and reassure. Promote comfort.
- Treat with benzodiazepine +/- antipsychotic.
- Consider other causes for altered mental status.
- Assess for SI/HI. Place psychiatric hold if indicated.

Support Acute Withdrawal

- **Sleep is essential to crisis recovery during acute withdrawal.**
- Promote comfort and sleep during "crash" or "washout."
- Provide food, offer double portions. Severe hunger is common.

Promote Self-Treatment of MA Induced Psychosis, Anxiety, and Insomnia

- Olanzapine 5-10 mg PO to "slow down thoughts" and reduce "overamping." Offer first dose in ED then prescribe.

Reduce MA Craving and Improve Sleep Quality

- After resolution of acute psychotic symptoms, offer first dose of mirtazapine 30 mg PO in ED then prescribe.
- Explain this medication may help reduce MA craving and use, improve mood, and promote improved sleep.

Health Promotion and Harm Reduction

- Educate on cardiovascular risks of MA use, such as stroke and heart failure. Assist engagement with primary care to reduce these risks and promote general health.
- Offer safer sex supplies, contraception, and other reproductive health services.
  - See Access Bridge clinical protocols.
- **Screen for and treat HIV, HCV, syphilis, gonorrhea, chlamydia**.
  - See EDSP Bridge screening and treatment protocols.
- **ED PEP & PrEP** for STIs and HIV (see page 2, *Toxicities, Infections, & Sexual Health*).

Discharge Bundle

Patient Navigator Engagement for Harm Reduction and Linkage to Treatment and Support Services

- Shelter, food, and clothing
- Naloxone in hand & safer use supplies with overdose prevention education
- Safer sex supplies
- Mental health and SUD treatment
- Contingency management
- Primary care for MA associated cardiovascular disease management

Prescribe and Dispense

- **Self-treatment** of psychosis/paranoia, agitation, inability to sleep
  - Rx: Olanzapine 5 mg PO PRN q6h, #30 max 20 mg in 24 hrs
- To support reduced cravings/use and improve sleep quality and mood
  - Rx: Mirtazapine 30 mg PO nightly, #30
- *May consider initiation of bupropion and naltrexone in appropriate patients. (See page 2, Medication for Addiction Treatment.)*

This resource is designed to assist ED management of methamphetamine use disorder and should be personalized to patient needs. It may also be applied to other stimulant use disorders. See page 2, Comprehensive Emergency Medicine Approach to Methamphetamine (MA) Use Disorder Management, and the ASAM/AAAP Clinical Practice Guidelines on the Management of Stimulant Use Disorder (2024) for a comprehensive approach.

**Figure adapted from Cadet JL, Gold M. et al. Current Psychiatry. 2017;16(11):14-20*

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Comprehensive Emergency Medicine Approach to Methamphetamine Use Disorder Management

See also: Coffin PO, Suen LW. Methamphetamine Toxicities and Clinical Management. NEJM Evid. 2023 Dec; 2(12);PMID: 38320504

Emergency Department Presentation	**MA use disclosed incidentally** during ED visit or during screening	**Trauma or other high risk activity:** violence, risky sex, police arrest	**MA neuropsychiatric crisis:** psychosis, mania, agitation and/or delirium, SI/HI on psychiatric hold	**Hypersomnolence or opioid overdose:** exhausted, seeking shelter, food, and/or sleep
MA Use Stage	**Early use:** preserved social and cognitive functioning	**Increasing use:** beginning decompensation	**Binge use:** intoxication with acute decompensation	**Acute withdrawal "crash"**
Psychiatric Signs and Symptoms	• Euthymic mood • Intact reality testing • Normal behavior • Daily sleep	• Hypomania • Early paranoia • Irritability • Little or no sleep	• Mania, delusions and/or paranoia • Insomnia • Little food intake	• Somnolence • Anxiety/irritability • Depression • Pain and hunger
Acute Emergency Department Management	**As needed antipsychotic to reduce intensity of MA activation and disordered thinking:** e.g., Olanzapine 5-10 mg PO. May repeat q30 min as needed; maximum of 20 mg per 24 hrs. **Behavioral interventions:** • Prize incentives to reduce use (contingency management) • Motivational interviewing • Psychoeducation to reduce MA use and risks • Patient navigator / peer engagement		**MA neuropsychiatric crisis:** Deescalation, benzodiazapine, and/or antipsychotic. Assess for psychiatric hold. **After resolution promote restful sleep:** Mirtazapine 30 mg PO once daily at night; first dose in ED.	**Acute withdrawal:** Offer quiet bed, encourage sleep, and offer food/nutrition. (>7+d w/no sleep is common). **After sleep treat depression and cravings:** Rx: Bupropion XR 300 mg PO first dose in ED.

Comprehensive Emergency Department Discharge Planning

Medication for Addiction Treatment	**Reduce intensity of MA activation/overamping:** Olanzapine 5 mg PO PRN q6h, #30 max 20 mg in 24 hrs. **Improve sleep and mood, reduce craving/use:** Mirtazapine 30 mg PO nightly, #30.	**Reduce MA craving:** Naltrexone* 50 mg PO daily #30 ***OR*** Naltrexone* 380 mg XR IM every 28 days. **Improve mood and motivation:** Bupropion* 300 mg XR PO daily for 3 days then 450 mg XR PO daily, one month supply.
Toxicities, Infections, and Sexual Health	**Accumulating toxicities with MA use include:** Cardiovascular disease, dental decay, psychiatric disorders. Motivate and support to reduce use & engage in care to reduce these health risks. **Offer pregnancy care options:** prenatal/MAB. **Offer contraception**/Plan B PRN: See **Access Bridge.**	**Test & Treat acute HIV and STI's:** see Bridge Guide **ED PEP & PrEP**:** Risk exposure ≤72hr: Biktarvy 50/200 PO daily #30. If no recent exp & HIV(-) **offer PrEP**: TDF/FTC (Truvada) daily #90. If sex risk add **Doxy-PEP** doxycycline 200mg PO ≤72hr after sex; 200mg PO daily PRN repeat exposure #60.
Navigation and Harm Reduction	**Patient navigator engagement:** Provide individualized non-judgmental assistance **Screen and treat acute** HIV, syphilis, GC/CT **In-hand naloxone distribution** preferred to prescription; offer to patient and social contacts.	**Overdose prevention education**: start low, go slow, and never use alone. Provide fentanyl test strips, syringes, pipes other safer use supplies. **Connect to care:** Provide phone / confirm contacts, establish follow up contact plan.

***** Bupropion may be contraindicated for seizure disorders, eating disorders, benzodiazepine or alcohol withdrawal, MAO inhibitor use, or severe hepatic impairment. Naltrexone is contraindicated with concurrent opioid use and/or severe liver disease. ******For PEP & PreP assistance, visit the National Clinician Consultation Center: M-F 6a-5p call (855) 448-7737. People on PrEP should be HIV(-), have normal kidney function and need HIV tests every 3 months. May follow-up in ED and/or a pharmacy for repeat HIV testing and HIV-PrEP refills. Doxy is contraindicated in 2nd and 3rd trimesters of pregnancy.
Abbreviations: STI, sexually transmitted disease; MA, methamphetamine; MAB, medication abortion; PEP, post-exposure prophylaxis; PrEP, pre-exposure prophylaxis; HCV, hepatitis C virus; GC/CT, gonorrhea/chlamydia.

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Sexual & Reproductive Health Resources

Access Bridge - Reproductive Health Care for ED Settings
https://bridgetotreatment.org/reproductive-health/access-bridge/#resources

EDSP Bridge - Emergency Department Syphilis, HIV, & Hepatitis C Virus Screening Program
https://bridgetotreatment.org/public-health-screening/#resources

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