Notification of persons with stimulant induced psychosis

DISCUSSION PAPER

Pharmaceutical Services Branch
Environmental Health Directorate
Health Protection Group
NOTIFICATION OF PERSONS WITH STIMULANT-INDUCED PSYCHOSIS:
Amendment to the Poisons Regulations 1965

DISCUSSION PAPER

INTRODUCTION

This paper outlines a proposed notification system for patients currently being treated with stimulant medicines (dexamphetamine and methylphenidate) who experience psychotic episodes resulting from the use or abuse of prescribed or illegal stimulants. The notification system will allow and protect the flow of patient information between the doctor treating the psychotic episode and the doctor prescribing stimulants, via the Department of Health.

The Department of Health (DOH) is seeking feedback on the proposed notification system from members of the community, health professionals and other relevant stakeholders.

AIMS

To support best clinical practice in the prescribing of stimulant medicines by establishing a notification system for patients with stimulant-induced psychosis. Mandatory notification to the DOH will protect the doctor treating the psychosis from allegations of breach of confidentiality and will provide valuable clinical information to the doctor prescribing stimulants.

Amendments to the Poisons Regulations 1965 are proposed which would:
1. Require doctors to notify the DOH if they diagnose a patient with stimulant-induced psychosis,
2. Provide a feedback loop, whereby the notification can be passed by the DOH to the authorised stimulant prescriber, who can then make an informed decision whether to continue or cease stimulant treatment.

DEFINITIONS

Stimulant induced psychosis:
A psychotic episode which has been triggered by the use or abuse of licit or illicit stimulants. Specifically, an episode where the use of stimulants is directly involved in the pathogenesis of the condition. May be an adverse reaction to therapeutic stimulant treatment, the result of overuse or abuse of prescribed stimulant medicines, or the outcome of the abuse of illicit substances.

Lic和平 stimulants:
Dexamphetamine or methylphenidate prescribed for the treatment of ADHD, brain damage, depression or narcolepsy.

Illicit stimulants:
Cocaine, amphetamine, methamphetamine or other illicit stimulants, or dexamphetamine/methylphenidate diverted to the illicit market.
RELEVANT LEGISLATION

It is proposed that the amendments will be made to the Poisons Regulations 1965 to provide the legislative support for the notification process.

BACKGROUND

Clinical experience
Psychotic disorder resulting from the use of psycho-active stimulants is characterised by hallucinations, perceptual distortions, delusions, psychomotor disturbances and abnormal affects ranging from intense fear to ecstasy. Symptoms of stimulant-induced psychosis may initially be indistinguishable from acute paranoid schizophrenia but are likely to resolve quickly after the cessation of stimulant use. Stimulant induced psychosis may be an adverse reaction to therapeutic stimulant treatment, the result of overuse or abuse of prescribed stimulant medicines, or the outcome of the abuse of illicit substances.

The DOH intermittently receives advice from doctors treating patients for psychosis where the doctor is aware that the patient is concurrently being prescribed stimulant medication. Patients may not always disclose non-adherence to stimulant treatment or concurrent use of illicit stimulants, and the treating doctor may be unable to identify and inform the stimulant prescriber of the psychosis. Additionally, the capacity of the treating doctor to advise the DOH of the situation may be constrained by patient confidentiality requirements. Therefore it is likely that the number of cases outweighs the number of reports currently received. For example, in a letter to the Australian and New Zealand Journal of Psychiatry, Spear and Alderton (2003) described six patients with psychoses associated with prescribed dexamphetamine who were admitted to Fremantle Hospital over a 3-month period.

Stimulant psychosis may be a recurrent issue for some patients. The continuation or re-administration of psycho-stimulants in patients who have been diagnosed with stimulant induced psychosis may lead to the recurrence of psychotic symptoms. Identifying patients with a diagnosis of psychosis and advising the relevant stimulant prescriber ensures appropriate management strategies can implemented, reducing the risk of psychosis reoccurring.

Stimulant-induced psychosis in WA
Although there are no precise figures for the incidence of licit stimulant induced psychosis in WA, data extracted from the WA Hospital Morbidity Data System indicate that in the 2004/2005 financial year there were 348 hospital separations with a primary or secondary diagnosis of psychotic disorder due to the use of stimulants.

Patients experiencing a psychotic episode may also present to mental health outpatient facilities, hospital emergency departments or drug and alcohol facilities. Therefore it is likely that this figure represents an underestimation of patients in the community who experience stimulant induced psychosis.

Comparisons with National data reveal that the rate of stimulant-induced psychosis per 10,000 population is higher in WA (1.72 per 10,000 population) than other Australian jurisdictions and approximately 2.7 time the National rate (0.63 per 10,000 population).

Stimulant use in Western Australia
Data from the Therapeutic Goods Administration on the supply of dexamphetamine products per State (provided as base medication in grams) reveal that in 2003 the amount of dexamphetamine supplied to WA (32.09 grams of dexamphetamine per 1,000 persons) was
higher than other jurisdictions and 3.5 times the National average (9.12 grams of dexamphetamine per 1,000 persons).\textsuperscript{5}

The Stimulant Regulatory Guidelines set the criteria for the prescribing of stimulant medicines (dexamphetamine and methylphenidate) in WA. The Guidelines, based on the \textit{Poisons Regulations 1965}, require that authorised stimulant prescribers:

- notify the DOH that stimulant treatment is commencing (for patients who fall within the Stimulant Regulatory Guidelines) or
- apply to the DOH for approval to commence treatment with stimulant medication (in patients who fall outside the Stimulant Regulatory Guidelines, due to age, dose, co-morbid psychiatric conditions or concurrent substance abuse).

As at December 2005, over 19,000 patients had been notified to the DOH WA as being treated with stimulant medicines.\textsuperscript{6} The rate of patients prescribed stimulant medicines for the treatment of ADHD is significantly higher in Western Australia than New South Wales for both adults and children.\textsuperscript{7} Given that psychosis is a rare but acknowledged adverse reaction to stimulant therapy, rates of stimulant induced psychosis may be expected to be higher in Western Australia due to higher rates of stimulant use in this state.

\textbf{HOW THE PROPOSED REGULATION WOULD WORK}

\textbf{Responsibility for notification}
Any doctor who diagnoses stimulant induced psychosis (as either a primary or additional diagnosis) in a patient. It is expected that notifications will mainly be made by doctors who work in hospitals, mental health or drug and alcohol facilities (public or private).

\textbf{Who must be notified?}
The Commissioner of Health must be notified. The Chief Pharmacist, DOH will act with the delegated authority of the Commissioner of Health in this regard.

\textbf{Criteria}
For the purposes of notification, stimulant induced psychosis will refer to a psychotic episode caused by the use or abuse of licit or illicit stimulants. Specifically, an episode where the use of stimulants is \textit{directly involved} in the pathogenesis of the condition.

\textbf{How to notify}
Written information should be forwarded to the Pharmaceutical Services Branch, DOH within 48 hours of final diagnosis. The notification should include:

- patient name
- patient date of birth
- patient address
- diagnosis (ICD-10 code or appropriate description)
- stimulant that precipitated the psychotic episode
- the known or suspected source of the stimulants
- a statement certifying that the treating doctor has advised the patient that the notification will be made
- whether the stimulant prescriber (if applicable) has been contacted by the treating doctor
- identifying information about the notifying doctor: name, place at which diagnosis was made, date of presentation and notification
- the doctor’s signature, validating the information provided.

A draft notification form is enclosed.
Action in response to notification

1. The DOH will cross-check the information against records held in the Stimulant Notification database in the Monitoring of Drugs of Dependence System (MODDS).

2. For patients identified as being treated with stimulants (that is, patients with a current Notification of Treatment Using Stimulant Medication or an authority), the authorised stimulant prescriber will be immediately advised in writing of the notification of psychosis and asked to take appropriate clinical action in response to the information provided. The name and institution of the notifying doctor will also be provided to the stimulant prescriber.

3. Prescribers for patients who had been notified to the Commissioner as being treated within the Guidelines will be advised that the patient is now considered to fall outside the Stimulant Regulatory Guidelines, thereby requiring written permission from the Commissioner of Health for the continuation or recommencement of stimulant treatment. For written approval to be issued, the prescriber must provide a detailed clinical report on treatment, support and adherence. The notification of psychosis and relevant correspondence will be stored with other patient clinical information in the MODDS.

4. Prescribers whose patients are already treated outside Guidelines and who hold an authorisation to treat with stimulants will be asked to inform the Department of the action taken in response to the notification of psychosis. The notification of psychosis and relevant correspondence will be stored with other patient clinical information in the MODDS.

5. Notifications of psychosis for patients who do not have a current stimulant notification will be immediately destroyed. The annual report of stimulant prescribing will include a report on the total number of notifications received during that year, the number of these that were related to therapeutic stimulant use and the number that were not. Identified patient information will not be included.

6. A response will be sent to the treating doctor who has made the notification of psychosis outlining the action taken by the DOH and prescriber.

Protection of confidential patient information

Notifications of stimulant induced psychosis for patients who, at the time of Notification, are being prescribed stimulant medicines will be stored in a secure area in the MODDS database. The information will only be released to a third party when the Department is required by law to do so (for example, when a Court order is issued) or to medical practitioners directly involved in the care of the patient who has been notified.

The DOH may have a duty of care to act to minimise the risk of further stimulant induced psychosis by retaining all notifications, as patients who, at the time of notification, are not being prescribed stimulant medicines may in the future commence stimulant treatment. If the DOH has information that the patient has a history of stimulant-related psychosis the stimulant prescriber can be advised and appropriate management strategies implemented.

However there is currently no provision in the Poisons Act 1964 or Poisons Regulations 1965 to protect confidential patient information held under these legislative provisions, from police or court enquiry. Therefore, notifications of stimulant induced psychosis for patients who, at the time of notification, are not being prescribed stimulant medicines will be destroyed by the DOH. Only de-identified information about the notification event will be recorded by the DOH.
The DOH intends to explore the feasibility of protecting certain patient information from court/committee/tribunal enquiry. Should it be feasible to incorporate these provisions into the Poisons Act or Regulations, the DOH will seek stakeholder feedback on whether notifications of stimulant induced psychosis for patients who, at the time of Notification, are not being prescribed stimulant medicines should be kept by the DOH for a period of time. During that time period, if the DOH is notified that the patient has commenced stimulant treatment, the stimulant prescriber can be advised and appropriate clinical management strategies implemented.

COMMENTS

The DOH is seeking submissions on the proposed notification system from members of the community, health professionals and other key stakeholders. A pro-forma is included with this Discussion Paper to guide the provision of comments and additional comments are welcome.

Comments should be directed to:

Postal address: Chief Pharmacist
Pharmaceutical Services Branch
Department of Health
PO Box 8172
PERTH BUSINESS CENTRE WA 6849

Facsimile: (08) 9388 4988

The closing date for submissions is COB Friday 16 June.

For more information on the notification of stimulant induced psychosis, contact the Pharmaceutical Services Branch, Department of Health on (08) 9388 4980.

REFERENCES

1 International Classifications of Disease – 10, Classification of Mental and Behavioural Disorders, American Psychiatric Press Inc., 1994
3 Data extracted from the Hospital Morbidity Data Set (reference 2666_gg), Department of Health, 02.03.2006. Data is preliminary.
5 Source: Treaties and Monitoring Unit of the Therapeutic Goods Administration, Australian Government Department of Health and Ageing, 2004
7 Department of Health, (2005), Stimulant Prescribing and Usage Patterns for the Treatment of ADHD in Western Australia (01.08.2003 to 31.12.2004), Pharmaceutical Services Branch, Department of Health, Western Australia
### DRAFT: NOTIFICATION OF STIMULANT INDUCED PSYCHOSIS

#### Patient details (please print in BLOCK LETTERS)

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I hereby notify the Commissioner of Health, under the Poisons Regulations 1965, that the abovementioned patient has experienced a psychotic episode, as per the above diagnosis, induced by use of the stimulants listed above.

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Notification of persons with stimulant induced psychosis
Discussion Paper: Comments

Do you support the proposed change to the Poisons Regulations 1965 to require the notification of persons with stimulant induced psychosis to the Department of Health?

☐ Yes ☐ No

Comments

Are the criteria for notification appropriate?

☐ Yes ☐ No

Comments

If the Poisons Regulations 1965 are amended to protect data from court enquiry, would you support the Department of Health holding notifications for a period of time for patients who, at the time of notification, are not currently being prescribed stimulant medicines?

☐ Yes ☐ No

Comments

If yes, what is an appropriate period of time for such records to be kept by the Department of Health?

________________________________________________________________________

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Do you support the notification process (who must notify, time for notification to occur, information to be provided)?

Person required to notify: ☐ Yes ☐ No

Timeliness of notification: ☐ Yes ☐ No

Information required: ☐ Yes ☐ No

Comments

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Is the proposed Notification form appropriate?

☐ Yes ☐ No

Comments

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Other Comments

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Name

Address

Telephone

Email

Return to: Chief Pharmacist, Department of Health WA, PO Box 8172, PERTH BUSINESS CENTRE WA 6849 or Facsimile: (08) 9388 4988 by COB Friday 16 June 2006.