

45 - References

References

Addictions and substance misuse CHAPTER 4 cannot be co-administered. Haloperidol should not be used because of the risk of dystonia. Early review regarding continuation is important as for most patients their symptoms resolve within 2 or 3 weeks, and there is no evidence to support the benefit of prophylactic prescription of antipsychotics in methamphetamine-related psychosis.²⁶ Stimulant-associated depression Anhedonia can be profound in early abstinence from stimulants. For many, low mood will resolve in line with duration of abstinence and supportive psychosocial interventions.¹⁹ For those in whom it endures psychological treatments are effective but may be difficult for addiction patients to access because of institutional barriers.² Antidepressants have primarily been evaluated as treatment for the substance dependence itself, with depression as a secondary outcome. There is some evidence for TCAs in reducing depressive symptoms.²⁷ However, TCAs are not recommended in those with on-going comorbid substance misuse because of their cardiotoxicity.²⁸ There is no evidence to support the use of SSRIs and indeed these are associated with significant interactions with stimulants¹⁹ and increased disengagement.²

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