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MEDIA RELEASE

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Illicit drugs and psychostimulant poisoning

Health professionals need to be aware of the pharmacology and clinical features of overdose in order to recognise patients with psychostimulant poisoning, according to Dr Dan McCormack and Associate Professor Nicholas Buckley of the Canberra Hospital, writing in the latest issue of *Australian Prescriber*.

Over 9% of Australians over the age of 14 years have tried amphetamine/methamphetamine, 7.5% have tried ecstasy (MDMA) and nearly 5% have tried cocaine, according to the 2004 national drug survey.

Potential problems with toxicity range from tachycardia and hypervigilance, to seizures, psychosis and serotonin syndrome.

'MDMA and amphetamines can cause serotonin toxicity. This is particularly likely if they are taken in conjunction with monoamine oxidase inhibitors including moclobemide.

'Extreme dehydration and water intoxication have been associated with MDMA toxicity. Cardiac ischaemia can occur with these drugs but is particularly associated with cocaine even in people with a low risk of heart disease,' say Dr McCormack and Professor Buckley.

Often ecstasy tablets do not contain ecstasy. Other chemicals sold as ecstasy include ephedrine and other stimulants with similar pharmacological effects.

'Adulteration of tablets should be considered in regard to potential adverse events. While ecstasy tablets usually contain a single drug, it frequently is not MDMA,' say the authors.

While some patients can be managed by observation, others will need treatment of specific complications. Management is primarily directed at reversing the excitation of the central nervous system by sedation with benzodiazepines.

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