

Methamphetamine Protocol

by Dimitri Bacos, MD

- Screening by either Primary care or IBH for any methamphetamine use
- Then, using DSM 5 criteria, diagnose mild, moderate or severe methamphetamine use disorder (or no use disorder) [see **Appendix A** for criteria]
- Enroll into MAT with assistance of MAT case worker
 - MAT CW does step-in during provider visit (PCP visit, Psychiatry visit, therapy visit)
 - Schedule intake with SUD CW according to designated slots/times
 - SSP referral to MAT CW
- Use the self-assessment Mood Disorder Questionnaire/MDQ [see **Appendix B**] to rule out history of manic episode and use modified MDQ [see **Appendix C**] to continuously screen for mania at subsequent visits
- Use PHQ-2 & PHQ-9 to assess initial and ongoing depressive symptoms [see **Appendix D**]
 - First do PHQ-2 and if screens positive (score of 3 or higher), proceed to PHQ-9
- If they screen negative for mania, and if they show up for their first shared medical visit or one-to-one visit with provider, then the first prescription is given (7 day supply for Tier 2, just as is done with buprenorphine patients)
 - ...Dose escalations can only happen when the patient attends the group (or, for those clients not appropriate for group, when they meet individually with CM) plus visits with prescriber (either together, as in the case of Shared Medical Visit, or during a separate visit with the prescriber)
- Initial Provider intake: 40 minutes
 - MDQ beforehand
 - PHQ-2 beforehand → if positive, proceed to PHQ-9 during visit
 - Review previous psychiatric medication history (i.e. previous AD's, mood stabilizers, antipsychotics prescribed)
- F/u provider visits
 - Modified MDQ completed by patient at each visit
 - PHQ-2 with reflex to PHQ-9 (if PHQ is +) at each visit
 - 7 day (or, to avoid complications, dispense extra day of medication, i.e. 8 tabs) script submitted to pharmacy by prescriber throughout Tier 2, then 14 day script at Tier 3, etc.
 - If modified MDQ is positive (score of 7 or higher), the antidepressant medication will be discontinued and the patient should be referred to psychiatry
- SEE **APPENDIX E** FOR TITRATION SCHEDULE & GUIDELINES FOR MEDICATION CHOICE

APPENDIX A: DSM-5 Criteria for Methamphetamine Use D/o

A problematic pattern of methamphetamine use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period:

Check all that apply

<input type="checkbox"/>	1. Methamphetamine is often taken in larger amounts or over a longer period than was intended.
<input type="checkbox"/>	2. There's a persistent desire or unsuccessful efforts to cut down/control methamphetamine use.
<input type="checkbox"/>	3. A great deal of time is spent in activities to obtain the methamphetamine, use the methamphetamine, or recover from its effects.
<input type="checkbox"/>	4. Craving, or a strong desire or urge to use methamphetamines.
<input type="checkbox"/>	5. Recurrent methamphetamine use resulting in a failure to fulfill major role obligations at work, school, or home.
<input type="checkbox"/>	6. Continued methamphetamine use despite having persistent or recurrent social or interpersonal problems caused by or exacerbated by the effects of methamphetamines.
<input type="checkbox"/>	7. Important social, occupational, or recreational activities are given up or reduced because of methamphetamine use.
<input type="checkbox"/>	8. Recurrent methamphetamine use in situations in which it is physically hazardous.
<input type="checkbox"/>	9. Continued methamphetamine use despite knowledge of having a persistent or recurrent physical or psychological problem that's likely to have been caused or exacerbated by the substance.
<input type="checkbox"/>	10. Tolerance, as defined by either of the following: a. A need for markedly increased amounts of methamphetamines to achieve intoxication or desired effect b. A markedly diminished effect with continued use of the same amount of methamphetamine
<input type="checkbox"/>	11. Withdrawal, as manifested by either of the following: a. The characteristic methamphetamine withdrawal syndrome a. The same (or a closely related) substance is taken to relieve or avoid withdrawal symptoms
Total number of symptoms: _____	
<input type="checkbox"/> Mild = 2–3 symptoms <input type="checkbox"/> Moderate = 4–5 symptoms <input type="checkbox"/> Severe = 6 or more symptoms	

*Criteria from American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Washington, DC, American Psychiatric Association page 541.

The Mood Disorder Questionnaire (MDQ)

APPENDIX B: THE MDQ

Scoring Algorithm:

POSITIVE SCREEN

All three of the following criteria must be met:

Scoring: Question 1:
7/13 positive (yes) responses

+

Question 2:
Positive (yes) response

+

Question 3:
“moderate” or “serious” response

The Mood Disorder Questionnaire

INSTRUCTIONS: Please answer each question as best you can.

YES NO

1. Has there ever been a period of time when you were not your usual self and...		
... you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input type="radio"/>
... you were so irritable that you shouted at people or started fights or arguments?	<input type="radio"/>	<input type="radio"/>
... you felt much more self-confident than usual?	<input type="radio"/>	<input type="radio"/>
... you got much less sleep than usual and found that you didn't really miss it?	<input type="radio"/>	<input type="radio"/>
... you were more talkative or spoke much faster than usual?	<input type="radio"/>	<input type="radio"/>
... thoughts raced through your head or you couldn't slow your mind down?	<input type="radio"/>	<input type="radio"/>
... you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input type="radio"/>	<input type="radio"/>
... you had much more energy than usual?	<input type="radio"/>	<input type="radio"/>
... you were much more active or did many more things than usual?	<input type="radio"/>	<input type="radio"/>
... you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="radio"/>	<input type="radio"/>
... you were much more interested in sex than usual?	<input type="radio"/>	<input type="radio"/>
... you did things that were unusual for you or that other people might have thought were excessive, foolish or risky?	<input type="radio"/>	<input type="radio"/>
... spending money got you or your family in trouble?	<input type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time?	<input type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you - like being able to work; having family, money or legal troubles; getting into arguments or fights? <input type="radio"/> No problem <input type="radio"/> Minor problem <input type="radio"/> Moderate problem <input type="radio"/> Serious problem		
4.*Have any of your blood relatives (i.e. children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>
5.*Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input type="radio"/>	<input type="radio"/>

This instrument is designed for screening purposes only and is not to be used as a diagnostic tool.
See first pages of pad for scoring algorithm.

*Derived from Hirschfeld RM. *Am J Psychiatry*. 2000;157(11):1873-5.

APPENDIX C: How have you been feeling lately? (based on MDQ)

OVER THE PAST 10 DAYS....	Yes	No
You've been feeling so hyper that other people thought you were not your normal self or so hyper that you got into trouble?	<input type="checkbox"/>	<input type="checkbox"/>
You've been so irritable that you shouted at people or starting fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>
You felt much more self-confident than usual?	<input type="checkbox"/>	<input type="checkbox"/>
You've been getting much less sleep than usual and found that you didn't really miss it?	<input type="checkbox"/>	<input type="checkbox"/>
You've been more talkative or spoke much faster than usual?	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts raced through your head or you couldn't slow your mind down?	<input type="checkbox"/>	<input type="checkbox"/>
You've been so easily distracted by things that you had trouble concentrating or staying on track?	<input type="checkbox"/>	<input type="checkbox"/>
You've had much more energy than usual?	<input type="checkbox"/>	<input type="checkbox"/>
You've been much more active and did many more things than usual?	<input type="checkbox"/>	<input type="checkbox"/>
You've been much more social/outgoing than usual, for example, telephoning friends in the middle of the night?	<input type="checkbox"/>	<input type="checkbox"/>
You've been much more interested in sex than usual?	<input type="checkbox"/>	<input type="checkbox"/>
You've done things that were unusual for you or that other people may have thought were excessive, foolish or risky?	<input type="checkbox"/>	<input type="checkbox"/>
You've been spending more money than usual? Or spending money got you (or your family) in trouble?	<input type="checkbox"/>	<input type="checkbox"/>

How much of a problem to any of these behaviors caused you – like being able to work; having family or money or legal troubles; getting into arguments or fights? (Circle one choice below):

No Problem

Minor Problem

Moderate Problem

Serious Problem

The Patient Health Questionnaire-2 (PHQ-2) - Overview

The PHQ-2 inquires about the frequency of depressed mood and anhedonia over the past two weeks. The PHQ-2 includes the first two items of the PHQ-9.

- The purpose of the PHQ-2 is not to establish final a diagnosis or to monitor depression severity, but rather to screen for depression in a “first step” approach.
- Patients who screen positive should be further evaluated with the PHQ-9 to determine whether they meet criteria for a depressive disorder.

Clinical Utility

Reducing depression evaluation to two screening questions enhances routine inquiry about the most prevalent and treatable mental disorder in primary care.

Scoring

A PHQ-2 score ranges from 0-6. The authors¹ identified a PHQ-2 cutoff score of 3 as the optimal cut point for screening purposes and stated that a cut point of 2 would enhance sensitivity, whereas a cut point of 4 would improve specificity.

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

APPENDIX D2: Patient Health Questionnaire (PHQ-9)

Patient name: _____ Date: _____

1. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
a. Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling/staying asleep, sleeping too much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching TV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed. Or the opposite; being so fidgety or restless that you have been moving around more than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. If you checked off any problem on this questionnaire so far, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
 Somewhat difficult
 Very difficult
 Extremely difficult

TOTAL SCORE _____

Instructions – How to Score the PHQ-9

Major depressive disorder is suggested if:

- Of the 9 items, 5 or more are checked as at least ‘more than half the days’
- Either item a. or b. is positive, that is, at least ‘more than half the days’

Other depressive syndrome is suggested if:

- Of the 9 items, a., b. or c. is checked as at least ‘more than half the days’
- Either item a. or b. is positive, that is, at least ‘more than half the days’

Also, PHQ-9 scores can be used to plan and monitor treatment. To score the instrument, tally each response by the number value under the answer headings, (not at all=0, several days=1, more than half the days=2, and nearly every day=3). Add the numbers together to total the score on the bottom of the questionnaire. Interpret the score by using the guide listed below.

Guide for Interpreting PHQ-9 Scores

Score	Recommended Actions
0-4	Normal range or full remission. The score suggests the patient may not need depression treatment.
5-9	Minimal depressive symptoms. Support, educate, call if worse, return in 1 month.
10-14	Major depression, mild severity. Use clinical judgment about treatment, based on patient’s duration of symptoms and functional impairment. Treat with antidepressant or psychotherapy.
15-19	Major depression, moderate severity. Warrants treatment for depression, using antidepressant, psychotherapy or a combination of treatment.
20 or higher	Major depression, severe severity. Warrants treatment with antidepressant and psychotherapy, especially if not improved on monotherapy; follow frequently.

Functional Health Assessment

The instrument also includes a functional health assessment. This asks the patient how emotional difficulties or problems impact work, things at home, or relationships with other people. Patient responses can be one of four: Not difficult at all, Somewhat difficult, Very difficult, Extremely difficult. The last two responses suggest that the patient’s functionality is impaired. After treatment begins, functional status and number score can be measured to assess patient improvement.

For more information on using the PHQ-9, visit www.depression-primarycare.org

APPENDIX F: Medication Titration Schedules and Guidelines for Choosing One Medication Over the Other

Remeron/mirtazapine

	Dose
Visit one	15 mg
Visit two	30 mg
Visit three	45 mg

Wellbutrin XL/bupropion ER

	Dose
Visit one	150 mg
Visit two	300 mg
Visit three	450 mg

- Caveat: The patient must agree/consent verbally to these dose escalations, there will be a subpopulation who will want to stay at smallish doses and that is ok

Guidelines for deciding between bupropion vs. mirtazapine

Avoid bupropion if ...

- h/o seizure
- Active eating disorder (because of risk of seizure)
- Prominent symptoms of restlessness, anxiety, agitation and/or insomnia

Prefer bupropion if ...

- Co-morbid depression
 - ADHD diagnosis/symptoms
 - Prominent daytime somnolence
 - Concern for weight gain
 - Smoking cessation is desired
-

Avoid mirtazapine if ...

- Concern for weight gain

Prefer mirtazapine if ...

- Co-morbid anxiety disorder and/or depression
- Prominent insomnia
- Weight gain is desired