DIFFERENCES BETWEEN PSYCHOSIS IN SMOKED METHAMPHETAMINE "SHABÚ" AND OTHER METHAMPHETAMINES

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Introduction

"Shabú" is the slang term for the smoked methamphetamine used mainly in Asia. During 2016, the number of psychiatric hospital admissions in Barcelona for psychotic syndromes induced by this drug has increased dramatically.

The aim of this study is to compare a group of patients with acute psychosis and "shabu" use with patients with acute psychosis and other methamphetamine use admitted in the Dual Pathology Unit of Parc de Salut Mar.

Methods

We included a total of 33 patients with psychosis and methamphetamine use, admitted at the Dual Pathology Unit inpatient ward of between January 2008 and January 2017. We divided the whole sample in two groups depending on whether the admission took place before or after 2016 and we compared both groups according to demographic and clinical data. Up until 2016 none "shabú" user had been admitted, we use those groups as a proxy of comparison between "shabú" users (n=9) vs other methamphetamine users (n=24).

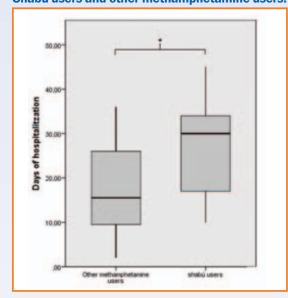
Results

No significant differences between both groups were detected in age, gender, employment status and existence of criminal records. Significantly more "shabu" users were married compared with other methamphetamine users ($\chi^2=12$, p=0.000) and their educational level is lower ($\chi^2=13$,9, p=0.016). Regarding clinical data, most of patients in the two groups were admitted for hallucinations and delusions. The most important finding was that the hospitalization period was significantly longer in patients using "shabu" (27,2 ± 12 days vs 17,9 ± 10 days, t= -2,13, p= 0,04). Remarkably, the group of shabu users have significantly less siblings affected of mental illness (p=0,002).

Table 1. Demographic data for shabú users and other methamphetamine users.

| Variable | Shabú users (n=9) | Other methamphetamine users (n= 24) | Statistic | P-value |
|--------------------------|----------------------|-------------------------------------|-------------------|---------|
| Age (years) | 36 ± 9,79 | 34,83 ± 8,88 | t= - 0,327 | 0,746 |
| Gender M:F (%) | 7:2 (77,8:22,2) | 15:9 (62,5:37,5) | fisher | 0,681 |
| Education (%) | | | F= 12,047 | 0,008* |
| University | 0 (0) | 1 (4,16) | | |
| Pre-University | 2 (22,2) | 12 (50) | | |
| Secondary | 1 (11,1) | 6 (25) | | |
| Primary | 6 (66,7) | 5 (20,83) | | |
| Marital status (%) | | | | |
| Single | 3 (33,3) | 22 (91,67) | χ²= 12,128 | 0,000* |
| Married | 6 (66,7) | 2 (8,3) | | |
| Employment situation (%) | | | fisher | 0,068 |
| Employed | 4 (44,4) | 3 (12,5) | | |
| Unemployed | 5 (55,6) | 21 (87,5) | | |
| Legal background (%) | | | | |
| Yes:No | 2:7 (22,2:77,8) | 0:24 (0:100) | fisher | 0,068 |

Figure. Box plot of the median, upper and lower quartile of days of hospitalization for both groups: Shabú users and other methamphetamine users.



M: Male, F: Female; Education level addresses the last finished course.

Table 2. Clinical data for shabú users and other methamphetamine users

| Variable | Shabú users (n=9) | Other methamphetamine users (n= 24) | Statistic | P-value |
|---|----------------------|-------------------------------------|-----------|---------|
| Days of hospitalization | 27,222 ± 12,755 | 17,958 ± 10,473 | t= -2,134 | 0,04* |
| Type of hospitalization Voluntary:involuntary (%) | 0:9 (0:100) | 8:16 (33,33: 66,67) | fisher | 0,073 |
| Symptoms at admission (%) | | | fisher | 0,841 |
| Depression | 0 (0) | 1 (4,16) | | |
| Mania | 1 (11,11) | 1 (4,16) | | |
| Agitation/agressivity | 0 (0) | 1 (4,16) | | |
| Hallucinations/delusions | 8 (88,89) | 17 (70,83) | | |
| Suicide ideation/attempt | 0 (0) | 1 (4,16) | | |
| Conduct disorder | 0 (0) | 3 (12,5) | | |
| Familiar psychiatric history | | | | |
| Yes:No (%) | 2:7 (22,2:77,78) | 20:4 (83,34:16,67) | fisher | 0,002* |
| Polidrug abuse | | | | |
| Yes:No (%) | 2:7 (22,2:77,78) | 19:5 (79,16:20,83) | fisher | 0,005* |

Numbers represent mean ± standard deviation

Conclusions

- Both groups differ in demographic and clinical data.
- Although the main reason for admission in both groups is psychotic symptoms, "shabú" users have greater hospitalization period, probably due to major persistence of the sympthomatology, sometimes indistinguishable of primary psychotic disorder.

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