

8th World Summit on Mental Health, Psychiatry and Wellbeing

Psychiatry Volume: 24

September 08-09, 2021 | Webinar

K2 Induced Agitation Resistant to Medication Intervention

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A 52 year old African American female was presented for involuntary inpatient admission after being brought in by EMS secondary to 5 days of agitated behavior at her residence and disclosure of K2 use to her case worker. Lab work was obtained in the emergency room prior to admission which did not show any abnormalities and was negative for illicit substances on urine toxicology. Vitals upon admission were normal. Patient was able to report a history of hypertension and schizoaffective disorder for which she received abilify injections (confirmed by her residence was not due for another injection for 5 more days). On presentation patient exhibited severe agitation demonstrated by screaming, physical threats towards staff, and disorganized, loud speech. Patient was unable to be verbally redirected and required 4 point restraint in the emergency room and administration of Zyprexa 20mg and Benadryl 50mg IM with little effect. Patient then received 2mg of klonopin PO and was able to sleep for only 2 hours after restraints were removed. Patient was admitted to the inpatient unit and for the first two days required 12 separate PRNs for agitated behavior. During the entire 14 days admission the patient received 18 separate PRNs with little effect.

Synthetic cannabinoid intoxication is known to cause psychiatric symptoms of agitation, paranoia, and anxiety. There are no standardized algorithms designed to treat K2 intoxication. Instead treatment is aimed at symptom alleviation and favor the use of benzodiazepines, antipsychotics, and anticholinergics in various combinations. While treatment with these agents proves to be effective in most cases, the case described above represents a failure of standard pharmacologic therapy to control K2 induced agitation.

Biography

Madison Collins is a third year resident at Mount Sinai Beth Israel Psychiatry residency. Her special interests include addiction psychiatry and eating disorders.

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