Scholars Journal of Applied Medical Sciences (SJAMS)

Sch. J. App. Med. Sci., 2015; 3(7D):2700-2703

©Scholars Academic and Scientific Publisher (An International Publisher for Academic and Scientific Resources) www.saspublishers.com ISSN 2320-6691 (Online) ISSN 2347-954X (Print)

DOI: 10.36347/sjams.2015.v03i07.052

Case Report

Substance induced disorder

Jamshid Ahmadi¹, Ilnaz Dehghanian², Leila Razeghian Jahromi³

¹Professor of Psychiatry, ^{2,3}Resident of Psychiatry

Substance Abuse Research Center; Department of Psychiatry; Shiraz University of Medical Sciences, Shiraz, Iran

*Corresponding author

Jamshid Ahmadi

Email: jamshid ahmadi@yahoo.com

Abstract: Substance induced disorder is a growing problem globally. The goal is to discuss pseudo seizure disorder caused by substance use. In results the Substance dependency and abuse have a significant effect in the induction of pseudo seizure disorder. In conclusion pseudo seizure disorder may occur following substance use.

Keywords: Substance; pseudo seizure disorder.

INTRODUCTION

Nowadays, health problems especially psychiatric disturbances have been growing problems in the world. In recent decades, health authorities and researchers pay much more attention to the epidemiology, etiology, prevention and treatment of mental problems [1-23].

In psychiatric disturbances, addictive disorders, especially substance induced disorders have been considered as an important and growing worldwide problem and at present, stimulants abuse and stimulants induced psychiatric presentations to the polyclinics and also hospitals is a progressing problem [24-65].

In the past, substances especially amphetamine derivatives such as ecstasy and methamphetamine was illegally smuggled in from the west, but nowadays it is illegally synthesized and prepared in Iran in 'underground' laboratories. The methamphetamine produced in Iran is more potent and is commonly associated with psychiatric disturbances especially psychosis, mood disorder or pseudo seizure disorder.

PATIENT PRESENTATION

Our patient was a 26-year old divorced vendor woman with no education (fired from school when she was in the first grade of elementary school), living in Shiraz city of Fars province in south Iran with her aunt. She had been smoking cigarette since child hood when she was 10 years old only. She began opium smoking at age of 11. One year later she began smoking of heroin, methamphetamine, hashish and marijuana. She married at age of 16 and divorced one year later. She had history

of three admissions in psychiatric hospitals due to substance induced disorder. Our patient received medications and Electro Convulsive Therapy (ECT) in her admissions. Two month prior to the latest psychiatric hospital admission, she was admitted in an addiction camp. Because of pseudo seizure behaviors, impulsive acts and suicidal behaviors in the addiction camp she was transferred to the emergency ward of this psychiatric hospital and was admitted with the impression of pseudo seizure and mood disorders. During hospitalization she received medications and Electro Convulsive Therapy (ECT). Our Patient was much better after 9 sessions of ECT. After three weeks of admission she was discharged with the impression of pseudo seizure disorder and substance-induced mood disorder.

Three month later she referred to the outpatient clinic and was interviewed and examined for substance use disorders. According to our interview, based on DSM-5 criteria, and also our complete medical, psychiatric, and substance use history she diagnosed as substance induced disorders (pseudo seizure and psychosis). According to comprehensive evaluation she was diagnosed as opioid (heroin) and tobacco dependant and a frequent user of opium, methadone, and water pipe (huka). In addition, she reported occasional use of methamphetamine, ecstasy, hashish, marijuana, heroin crack (a mixture of heroin and methamphetamine) and benzodiazepine.

DISCUSSION

This presentation indicates that substance use may cause pseudo seizure disorder. ECT could be beneficial in treating pseudo seizure disorder. Its use in situations like substance induced psychosis has been reported in the past [24-27]. However, a systematic prospective study of ECT in substance induced psychosis, mood disorders and pseudo seizure disorders is yet to be published, and this case study is a significant addition to the literature.

CONCLUSION

Pseudo seizure disorder can occur following substance use. ECT may be practically used in the treatment of this condition which may represent a risk to life. We conclude that ECT can be a good alternative in the treatment of pseudo seizure disorder induced by substance use; therefore this report can illustrates a new result.

REFERENCES

- 1. Ahmadi J, Ahmadi N, Soltani F, Bayat F; Gender differences in depression scores of Iranian and German medical students. Iran J Psychiatry Behav Sci 2014; 8(4): 70-73
- 2. Ahmadi J, Toobaee S, Alishahi M; Depression in nursing students. J Clin Nurs. 2004; 13 (1): 124.
- 3. Ahmadi J, Pridmor S, Fallahzadeh M; Neurotic scores in medical students. German J Psychiatry. 2004; 7: 51-5.
- 4. Mackay-Smith M, Ahmadi J; Pridmore S, Suicide In Shooting Galleries ASEAN Journal of Psychiatry, 2015; 16(1): 50-56.
- Mani A, Dastgheib SA, Chanoor A, Khalili HA, Ahmadzadeh L, Ahmadi J; Sleep Quality among Patients with Mild Traumatic Brain Injury: A Cross- Sectional Study. Bull Emerg Trauma. 2015; 3(3): 93-96.
- 6. Ahmadi J, Kamel M, Ahmed MG, Bayoumi FA, Moneenum A; Mental Health of Dubai Medical College Students. Iran J Psychiatry Behave Sci. 2012; 6(2): 79-83.
- 7. Pridmore S, Ahmadi J, Reddy A; Suicide in the absence of mental disorder. Working paper of public health. 2012;6: 1-11.
- 8. Pridmore S, Brüne M, Ahmadi J, Dale J; Echopraxia in schizophrenia: possible mechanisms. Aust N Z J Psychiatry. 2008; 42 (7):565-71.
- 9. Pridmore S, Robinson J, Ahmadi J; Suicide for scrutinizers. Australas Psychiatry. 2007; 15 (3): 247-8.
- Ahmadi J, Samavatt F, Sayyad M, Ghanizadeh A; Various types of exercise and scores on the Beck Depression Inventory. Psychol Rep. 2002; 90(3 Pt 1): 821-2.
- 11. Pridmore S, Ahmdi J, Majeed ZA; Suicide in Old Norse and Finnish folk stories. Australasian Psychiatry. 201; 19(4): 322-324.
- 12. Pridmore S, Ahmdi J; Two cases of 'Type 3' suicide. Australasian Psychiatry. 2010;18(5): 426-430

- 13. Pridmore S, Ahmdi J; Usage of download of psychiatry by Muslim countries. Bulletin of clinical psychopharmacology. 2011; 21(2): 174
- 14. Ahmadi J; Human and Biobehaviorism (A new theory and approach), Journal of Healthy Society. 1994; 3(14).
- 15. Ahmadi J; Psychiatry in the future; Journal of Drug and therapy, Vol.10, No.110, February 1993.
- 16. Ahmadi J; Emotion and feeling; Journal of University Student and Research of Shiraz University of Medical sciences, Vol.1, fall 1993.
- 17. Ahmadi J; Human and Pain; Journal of Healthy Society, 1993; 3(13).
- 18. Ahmadi J; Behavior therapy and Biobehavior therapy; A comparative view; Journal of Social Sciences and Humanities of Shiraz University, Vol.8. No 1 and 2, fall and spring, 1992-3.
- 19. Ahmadi J; A view on Biobehavior therapy; Journal of Pulse "Specific for Refreshment of Medical Community "Vol.2, November 1992.
- 20. Ahmadi J; The Future of Psychiatry, (A novel theory and a new approach), Shiraz, Rahgosha Press, Second edition, Shiraz University of Medical Sciences, 1992.
- 21. Ahmadi J; Behavior Therapy, Shiraz, Shiraz University Press, Third edition, 1991.
- 22. Ahmadi J; Emotion, Feeling and Non-Verbal Communication, Shiraz, Rahgosha Press, Shiraz University of Medical Sciences, 1990.
- Ahmadi J; Obsessive Compulsive Disorder, Shiraz, Navid Press, Second edition, Shiraz University of Medical Sciences, 1989.
- 24. Ahmadi J, Pridmore S, Ekramzadeh S; Successful Use Of Electro Convulsive Therapy In The Management Of Methamphetamine Induced Psychosis With Onset During Intoxication. J Addict & Depend, 2015; 1(1): 1-2
- 25. Ahmadi J; The Effect of Buprenorphine and Bupropion in the Treatment of Methamphetamine Dependency and Craving. Br J Med & Med Res 2015; 10 (2): 1-4.
- Ahmadi J, Sahraian A, Dastgheib SA, Mowla A, Ahmadzadeh L; Management of Methamphetamine- 201Induced Psychosis by 8 sessions of ECT Sch. J. App. Med. Sci., 2015; 3 (3H):1565-1566.
- 27. Khademalhosseini Z, Ahmadi J, Khademalhosseini M; Prevalence of Smoking, and its Relationship with Depression, and Anxiety in a Sample of Iranian High School Students. Enliven: Pharmacovigil Drug Saf. 2015; 1(1): 5.
- 28. Ahmadi J, Amiri A, Ghanizadeh A, Khademalhosseini M, Khademalhosseini Z, Gholami Z *et al.*; Prevalence of Addiction to the Internet, Computer Games, DVD, and Video and Its Relationship to Anxiety and Depression in a Sample of Iranian High School Students. Iran J Psychiatry Behav Sci. 2014; 8 (2):75-80.

- 29. Ahmadi J, Soltani F, Tabatabaee F; Substance Use Disorders in Patients with Lung or Heart Diseases. Sch. J. App. Med. Sci., 2014; 2(1A): 111-120
- 30. Ahmadi J, Yazdanfar F; Substance use among Iranian university students. The International Journal of Drug Policy. 2002; 13(6): 507-508.
- 31. Ahmadi J, Sharifi M; Lifetime and Current Prevalence of Tobacco Smoking. J. Addict Res Ther 2013; 4: 145.
- 32. Ahmadi J, Ahmed MG; Dubai Medical College Students' Attitudes towards Substance Use. J Addict Res Ther (2013) S6: 005.
- 33. Ahmadi J, Keshtkar M, Pridmore S; Methamphetamine Induced Synesthesia: A Case Report. Am J Addict. 2011; 20: 306
- 34. Ahmadi J, Naghshvarian M, Afshari R; Opioid abuse in male population referred for mandatory Urine Opioid Screen before marriage in Shiraz-Iran. Iranian J Psychiatry Behav Sci. 2011; 5(2): 126-30.
- 35. Ahmadi J, Kampman K, Osline DM; Predictors of Treatment Outcome in Outpatient Cocaine and Alcohol Dependence Treatment. Am J Addict. 2009;18:81–86.
- Ahmadi J, Kamel M, Ahmed MG, Bayoumi FA, Moneenum AA; Dubai Medical College students' scores on the Beck Depression Inventory. Iranian Red Crescent Journal (IRCMJ). 2008; 10(3):169-172.
- 37. Ahmadi J, Benrazavi L, Babaeebeigi M, Ghanizadeh A, Ghanizadeh M, Pridmore S; Substance use in a sample of medical patients. J Psychoactive Drugs. 2008;40 (3):315-9.
- 38. Ahmadi J, Pridmore S, Alimi A, Cheraghi A, Arad A, Parsaeyan H; Epidemiology of Opium Use in the General Population. Am. J. Drug and Alcohol Abuse, 2007; 33(3): 483–491.
- 39. Ahmadi J, Kampman K, Dackis C, Sparkman T, Pettinati H; Cocaine withdrawal symptoms identify Type B cocaine dependent patients. Am J Addict. 2008; 17 (1): 60-64.
- 40. Ahmadi J, Kampman K, Dackis C; Outcome predictors in cocaine dependence treatment trials. Am J Addict. 2006;15 (6):434-9.
- 41. Ahmadi J, Fallahzadeh H, Salimi A, Rahimian M, Salehi V, Khaghani M, Babaeebeigi M; Analysis of opium use by students of medical sciences. J Clin Nurs. 2006;15 (4):379-86.
- 42. Ahmadi J, Menzies P, Maany I; Pattern of cocaine and heroin abuse in a sample of Iranian general population. German J Psychiatry. 2005; 8 (1): 1-4.
- 43. Ahmadi J, Farrashbandi H, Menzies P; Prevalence of mood and anxiety disorders in a sample of Iranian outpatient opioid addicts. German J Psychiatry. 2005; 8 (1): 5-7.
- 44. Ahmadi J, Farrashbandi H, Majdi B; Substance induced anxiety disorder in opioid dependents. Addictive Disorders & Their Treatments. 2005; 1-4.

- 45. Ahmadi J, Majdi B, Mahdavi S, Mohaghegh M; Mood disorders in opioid dependent patients. J.Affective Disorders. 2004; 82: 139-42.
- Ahmadi J, Maharlooy N, Alishahi M; Substance abuse: prevalence in a sample of nursing students. J Clin Nurs. 2004; 13(1): 60-4.
- 47. Ahmadi J, Alavi M, Alishahi M; Substance Use Disorders in a Sample of n Iranian Secondary School Students. Social Indicators Research, 2004; 65(3): 355-360.
- 48. Ahmadi J, Etminan H, Javanmardi H; Reasons for cessation of opiate use among Iranian opioids dependants. Addictive Disorders & Their Treatment. 2003; 2(1): 9-12.
- 49. Ahmadi J, Rayisi T, Alishahi M; Analysis of substance use by primary school students. German J Psychiatry, 2003; 3:56-59.
- 50. Ahmadi J, Sharifi M; Cannabis abuse in Iran. Irish J Med Sci. 2003; 172(1): 46.
- 51. Ahmadi J, Arabi H, Mansouri Y; Prevalence of substance use among offspring of opioid addicts. Addict Behav. 2003; 28(3): 591-5.
- 52. Ahmadi J, Hasani M; Prevalence of substance use among Iranian high school students. Addict Behav. 2003; 28(2): 375-9.
- 53. Ahmadi J, Benrazavi L; Substance use among Iranian physical patients. The International Journal of Drug Policy. 2002; 13(6): 505-506.
- 54. Ahmadi J, Ostovan M; Substance use among Iranian male students. The International Journal of Drug Policy. 2002; 13(6): 511-512.
- Ahmadi J, Benrazavi L; Substance use among Iranian nephrologic patients. Am J Nephrol. 2002; 22(1):11-3.
- 56. Ahmadi J, Benrazavi L; Substance use among Iranian surgical patients. The International Journal of Drug Policy 2002; 13(6): 509-510.
- 57. Ahmadi J, Benrazavi L; Substance use among Iranian cardiovascular patients. Eur J Med Res. 2002; 7(2): 89-92.
- 58. Ahmadi J, Benrazavi L, Ghanizadeh A; Substance abuse among contemporary Iranian medical students and medical patients. J Nerv Ment Dis. 2001; 189(12): 860-1.
- Ahmadi J, Fakoor A, Pezeshkian P, Khoshnood R, Malekpour A; Substance use among Iranian psychiatric inpatients. Psychol Rep. 2001; 89(2): 363-5.
- 60. Ahmadi J, Khalili H, Jooybar R, Namazi N, Mohammadagaei P; Prevalence of cigarette smoking in Iran. Psychol Rep. 2001; 89(2): 339-41.
- Ahmadi J, Ghanizadeh A; Current substance use among Iranian medical students. Indian J Psychiatry. 2001; 43(2): 157-161.
- 62. Ahmadi J, Khalili H, Jooybar R, Namazi N, Aghaei PM; Cigarette s moking among Iranian medical

- students, resident physicians and attending physicians. Eur J Med Res. 2001; 6(9): 406-8.
- 63. Ahmadi J, Ghanizadeh A; Motivations for use of opiates among addicts seeking treatment in Shiraz. Psychol Rep. 2000; 87(3 Pt 2): 1158-64.
- 64. Ahmadi J, Toobaee S, Kharras M, Radmehr M; Psychiatric disorders in opioid dependants. Int J Soc Psychiatry. 2003; 49(3): 185-91.
- 65. Sadock B, Sadock V, Ruiz; P. (Editors) Kaplan & Sadock'S Synopsis of Psychiatry: Lippincott Williams and Wilkins, Philadelphia (USA), 2015.