

Treatment and care for older drug users

European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), 2010. Luxembourg: Publications Office of the European Union, 2010. ISBN 978-92-9168-453-3. doi: 10.2810/39905.

The issue of drug misuse among the older population has gained greater significance in recent years due to the longer life span of drug users with growing advances in health care across the European countries. There always exists a misconception that drug users are younger in age and usually below the age of 35-40yrs. This special issue gives a very concise analysis of the extent of drug use among older users. The readers could be misled initially by the terminology 'older drug users' as in fact this term has been used to indicate those aged 40yrs and above in this report. The authors have tried to justify this by stating that drug users have pre mature metabolic ageing process as early as 40yrs of age due to their long standing drug misuse.

This publication is limited in that the data for this special issue has been collected only from 13 European countries and supplemented by general data collected by EMCDDA and reports in scientific literature. The graphs and diagrams make it an interesting read to compare the data between various countries. The report starts with an historical perspective of drug misuse in Europe followed by a description of the implementation of harm reduction programmes and the availability of anti viral treatment for HIV positive drug users. The authors discuss the trends among opioids substitution clients over several years, with greater emphasis on data available from Netherlands.

The proportion in increase of reported cases of drug induced deaths aged 40 or more shows the increasing age profile of drug users. The preferred drug among both younger and older age group has been described to be opioids although cannabis has been stated to be the primary 'problem drug' among younger users. Those who enter treatment for primary opioids misuse among older drug users were mostly likely reported to be unemployed compared to those using other drugs. While discussing about the incidence of physical problems among older drug users, this special issue reports the incidence of HIV and HCV to be five times and two times higher respectively when compared with a younger population. Furthermore, this publication emphasis the need to give equal importance to the cause of death among older drug users as they were reported to me more due to reasons, not directly related to their drug use such as respiratory and liver conditions.

The drug policies available in Europe relevant to older drug users have been discussed to some extent followed by the deficiency in targeted drug treatment facilities for older drug users. The authors end on a positive note stating that older drug users do better in treatment compared to younger users. The report also points out the need to establish separate accommodation facilities such as nursing homes for the ageing drug users which are only available in select countries like Denmark, Germany and Netherlands at present. The lack of adequate data on mental health issues among the older drug users is disappointing and hard to ignore.

In summary, this report could be best described as an epidemiological report on drug use among older users in Europe, the data for which are not widely available at present. The publication gives a good insight in to the pattern of older drug use, their socio-economic profile, co morbid physical conditions and their response to treatment. The use of this data by individual governments in Europe would help the countries greatly in designing drug policies tailored for this age group which is widely absent across most European countries at present.

Narayanan Subramanian

MBBS, MRCPsych(Lon), MSc Addictions (Lon), Dip.H.Mgt, Dip.Cl.Psy,
Special Interest/Research Senior Registrar
in Psychiatry, St John Of God Hospital, Dublin &
Senior Registrar in Psychiatry, North Tipperary Mental
Health Services
HSE, Nenagh,
Ireland.

Problem amphetamine and methamphetamine use in Europe

European Monitoring Centre for Drugs and Drug Addiction, 2010. Luxembourg: Publications Office of the European Union, 2010. ISBN 978-92-9168-450-2. doi: 10.2810/38745.

Although amphetamine and methamphetamine has been available on the streets of Ireland for the last several years, it is not as popular as in some European countries and the United States of America. Methamphetamine in particular assumes significance due to its adverse effects on the central nervous system leading to acute psychotic episodes and increased road traffic accidents. Amphetamine and methamphetamine is different from most other street drugs in that it could be produced in home-made labs within any European country, using easily available ingredients like ephedrine or pseudoephedrine in cough syrups. This selected issue gives a comprehensive summary of the historical aspects, effects of these substances on the health, its prevalence and the services available for problem amphetamine and methamphetamine users in Europe.

In the initial chapters of the first part, this report presents a good account of the origins of amphetamine and methamphetamine, its legal use during the World War II and its current prevalence across the European countries. The authors give a brief account of the long term and short term effects of these stimulants including suicidal thoughts which are common when the user 'crashes' after using high quantities of these drugs. Furthermore, the psychological effects of these stimulants and the neurocognitive damage caused by them have been well supported by evidence from literature in this special issue. The lack of sufficient data on deaths related to amphetamines has been acknowledged in this report.

The second part of the report discusses the problem

amphetamine use in four regions of Europe namely western and southern Europe, northern Europe, eastern and central Europe, Czech Republic and Slovakia. The prevalence of problem amphetamine and methamphetamine use at present and the treatment options available in each region have been adequately discussed in this special issue. The non pharmacological treatment options which include residential treatment using 12-step Minnesota model followed by attendance at Narcotic Anonymous, outpatient treatment using cognitive behavioural therapy and motivational interviewing have been reported to be variably used across the European countries. The authors have also discussed the use of antidepressants such as fluoxetine in stimulant detox and the use of antipsychotics in 'acute toxic states' due to amphetamine misuse in some of the European centres. A special description of the stimulants misuse in the Czech Republic and Slovakia has been given considering the increased prevalence of problem amphetamine and methamphetamine use in these two countries.

Although the term 'amphetamine' has been used to indicate both amphetamine and methamphetamine in the sub headings across this publication causing confusion at times, we cannot ignore the concise account on amphetamines and methamphetamines presented in this special issue. The authors give the readers a very good description of the available forms of amphetamine and methamphetamine and the modes in which they are used across Europe, including their production centres. In summary, this publication makes it a good read with ample information on amphetamine and methamphetamine use across European countries. A few graphical and diagrammatic representations of the statistical data in addition to the pictorial representations of country-wide distribution across Europe would have made this a more interesting publication.

Narayanan Subramanian,

MBBS, MRCPsych(Lon), MSc Addictions (Lon), Dip.H.Mgt,
Dip.Cl.Psy,
Special Interest/Research Senior Registrar
in Psychiatry, St John Of God Hospital, Dublin &
Senior Registrar in Psychiatry, North Tipperary Mental
Health Services
HSE, Nenagh,
Ireland.

Textbook of Autism Spectrum Disorders

E. Hollander, A. Kolevzon, J. Coyle. American Psychiatric Press: Washington DC, 2011.

This is a reasonable textbook of Autism Spectrum Disorders (ASD) which can be recommended to any mental health professional with a number of caveats. The trust of many of the early chapters focus on a narrow outdated concept of Autism from a clinical point of view. Autism, as defined by Autistic Diagnostic Interview which is a narrow form of autism mistakenly called Kanner's Autism.

In actual fact it is not Kanner's Autism but Asperger's Autism. Asperger described this condition in 1938 many years before Kanner's paper in 1943. Kanner plagiarised Asperger's work. There is no reference to this in this textbook.

Clinical gold standard diagnosis of an Autism Spectrum Disorder is a clinical interview by an experienced clinician in the area of autism. Defining autism in the narrow way puts tremendous stress on parents and excludes innumerable persons with Autism Spectrum Disorders from treatment. Later in the book there is proper focus on Autism Spectrum Disorder. The statement that large head size is "not present at birth but rather develops in the pre-school years" is not always true in my experience.

I have seen a number of persons with Autism Spectrum Disorders with large heads at birth. In terms of treatment Lovaas' initial behaviour therapy for autism used "electric cattle prods". This brutal form of behaviour therapy was rightly criticised in the book. In terms of therapy there is no "one size fits all". These patients need a combination of speech and language therapy, behaviour therapy, occupational therapy and mind-reading skills therapy. The eclectic approach is the only one that makes any sense.

Originally autism was classified under childhood psychosis. Then it was believed that autism and schizophrenia were absolutely separate. Now it is realised they can occur together. Indeed Christian Gillberg has pointed out that autism reflects the negative symptoms of schizophrenia. This is not mentioned in the book.

An effort is made in the book to define a condition called Multiple Complex Developmental Disorder as separate from ASD. I am in no way persuaded that this is separate from Autism Spectrum Disorder. Neither am I convinced that Childhood Disintegrated Disorder is separate from ASD and the treatment is the same for both conditions. There are very large increases in the diagnosis of ASD in recent years.

I don't believe that there is any true increase in the condition but that it is simply a feature of changing diagnostic practices and more awareness of ASD. I do agree that delusions can occur in Asperger's syndrome as well as schizophrenia. In my experience Fragile X problems are rarely associated with autism. The differentiation between idiopathic autism and more complex autism for example associated with tuberous sclerosis is helpful.

In terms of obstetric complications in autism I have a hypothesis that it is the abnormal brain and its effect on the body that might set up some of these obstetric complications, often in my experience leading to caesarean section. I am persuaded that problems with neuroligins and neurexin synaptic cell adhesion molecules, required for specialisation of excitatory/inhibiting synopsis are relevant to autism.

Clearly there are widespread abnormalities in the brain of persons with autism. While trials of SSRIs at a statistic level don't seem to support their use in autism I have nevertheless seen great benefit in individual cases.

Micheal Fitzgerald,
Professor of Psychiatry
Trinity College Dublin,
Ireland.