Understanding Cannabis and Designer Drugs

A new survey found that emergency physicians (EPs) appear to be unfamiliar with synthetic cannabinoids. More education on synthetic cannabinoids is needed among EPs of all ages and levels of training.

Over the last few years, news has shown that abuse of synthetic drugs is becoming more common throughout the country. In response to this, the United States Drug Enforcement Agency has been increasing the number of synthetic cannabinoids (SCs) as Schedule I substances, and Congress has passed the Synthetic Drug Abuse Prevention Act. "SCs produce a wide range of effects, including hallucinations, delusions, manic behavior, agitation, paranoia, depression, and increased heart rate," explains Dr. Lank. "Many of these effects are similar to those caused by other drugs of abuse, such as hallucinogens. Patients can have a range of symptoms, from mild to severe."

A Constant Evolution

The study by Dr. Lank and colleagues highlights the unfamiliarity and inexperience with SCs among EPs. "This is especially problematic considering that use of SCs is rapidly growing in popularity when the survey was performed," says Dr. Lank. "There are many misconceptions about SCs and their clinical effects. Absence of SCs will require unique care approaches based on clinical effects and lab abnormalities.

Conducting drug designer investigations is particularly difficult in EDs because of constantly changing aspects in the development and use of designer drugs. "This evolution makes it hard to keep up with the knowledge of SCs," Dr. Lank says. "It's also concerning that many physicians obtain their information on SCs from non-medical sources. The medical literature currently available is constantly changing, with reports of novel side effects and complications. Our study brings to light the challenges physicians face when treating patients."

One strategy that might help overcome knowledge gaps on SC use involves the use of medical toxicologists on staff. Few hospitals employ three specialists full-time, but they can be of great service by educating other healthcare providers on new developments in toxicology. "Most hospitals without a medical toxicologist on staff may rely on information provided by their regional poison center," Dr. Lank says. "With the limited number of designer drug compounds that are available and with little information on the toxicity of each compound, it’s important to make connections between toxicologists, poison centers, and other experts in emerging drugs of abuse to ensure that EPs are better prepared to manage these patients."

For more information or to access this publication, including the contributor’s “Handbook of Emergency Medicine,” go to www.physiciansweekly.com.

In My Opinion

H. Pylori Testing & Uninvestigated Dyspepsia

Patients with peptic ulcer disease or H. pylori infection are often the most common causes of abdominal pain that may be caused by Helicobacter pylori infection. When people with peptic ulcer disease or H. pylori infection, antibiotic treatment can help speed the initial healing of several ulcers and may prevent ulcers from returning. Testing for H. pylori infection is not uncommon in EDs in the United States despite abdominal pain being one of the most common complaints in ED visits.

Test & Treat

In general, a "test-and-treat" strategy is recommended for patients with uninvestigated dyspepsia who do not have "red flags" for cancer. Successful identification of infection in the ED and initiation of antibiotic treatment may reduce future risk of antibiotic treatment. In addition, antibiotic treatment can have beneficial effects on health care utilization. These include decreases in:

- Long-term proton pump inhibitor use
- Inappropriate use of endoscopy
- Future doctor visits

In one ED at George Washington University, the prevalence of H. pylori infection is roughly 25% in symptomatic patients. Using a test and treat approach, we have abundantly observed a high degree of patient satisfaction.

How to Test

Testing can involve blood antibody, endoscopic tissue samples, stool antigen, or urea breath test (UBT). In our ED, we have used both for 2 years and have found that the 13C UBT is a non-radioactive, less common isotope of carbon that can be detected in the exhaled carbon dioxide of patients infected with H. pylori. We have found that the 13C UBT is an easy modality to use in the ED setting for several reasons. The test is non-invasive, patients tolerate it well, inexperienced medical personnel can administer the test, and the results are available within about 10 minutes. All patients who test positive are treated with antibiotics should be removed 4 weeks after completion of antibiotics to confirm eradication.

Pitfalls of Testing

The downside of an ED test and treat strategy is that physicians must be careful about prema- mantly diagnosing a differential diagnosis, thus missing a more serious illness, such as acute cholecystitis or pancreatitis. Patients with red flag needs to be encouraged as well as patients with a gastroenterologist for a definitive test to rule out a more serious cause of pain.

For more information or to access this publication, including the contributor’s “Handbook of Emergency Medicine,” go to www.physiciansweekly.com.

Emergency Contraception Education in the ED

Adolescents girls seeking care in the ED appear to prefer emergency contraception education that is delivered by physicians or nurses rather than via video, according to a survey. Participants preferred longer education sessions to shorter ones. More than half reported a history of sexual activity, and 3% reported a history of pregnancy. The authors noted that this data can inform efforts to improve adolescents’ knowledge about pregnancy prevention and emergency contraception.

Flaws With Web-Based Satisfaction Surveys

Web-based ED patient satisfaction surveys appear to under-represent minority and older patients as well as those with lower annual incomes or without a college education. A survey of more than 700 patients found that the following characteristics were linked to having lower scores:

- African American ED patient
- Hispanic ED patient
- Asian ED patient
- Education: Less than a high school degree
- Employed

The authors reported that this information should guide the need for multiple sampling methods to gain a true understanding of ED patient satisfaction.

Nail-Free Vaccines

A tiny varicose vein applied directly to the skin circumvents shortening of the needle and syringe, at a fraction of the cost.

Check Out the Top 5...

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