CANNABIS-INDUCED MANIA

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ABSTRACTS: Hypomanic episodes have been reported in two patients who were known to have abused cannabis. The nature of its presentation, possible association and treatment modalities are discussed herewith. A greater awareness of such a condition can put clinicians in a better position to give appropriate treatment imediately, and thus prevent any kind of re-occurrence of such a condition especially in vulnerable patients. *(JUMMEC 1999; 1:62-63)*

KEYWORDS: Cannabis, hypomania.

Introduction

The use of cannabis as a social drug in Malaysia is illegal, and therefore, it is still classified under the "hard drugs" by law, similar to that of opiates. However, despite the stringent law against its use, it is still easily available especially in places where other illegal drugs are being abused. Thus, we can see the reason why many youths still resort to the use of cannabis as a social drug. Although cannabis is not known to produce any kind of severe dependence syndrome, nevertheless, several studies have shown it to cause or even precipitate psychosis (1, 2). Since the continuous use of cannabis can either aggravate or precipitate a relapse, thus it is important for clinicians then to be able to identify how long a duration this drug had been abused by a particular patient and be in a position to advise the vulnerable patient to abstain completely. The following two case-reports illustrate the nature of psychosis which can be induced by the abuse of cannabis.

Case I

Mr. S., a 28-year old Malay man was admitted to Ward 5B of the University Hospital for a three-day period. A review of his medical history revealed that patient had wandered away from home and exhibited some kind of abnormal behaviour. Associated with this, patient was noted to have had poor sleep and was suspicious of his family members. Patient's history of drugs showed that he had been abusing cannabis for the past eleven years and this was confirmed by his wife. The day prior to patient's abnormal behaviour, he had smoked about two sticks of cannabis. A review of the patient's family history revealed that his father had been treated for psychotic disorder. The mental status examination of the patient at the time of admission revealed patient to be euphoric as well as exhibiting grandiose delusions. Patient thus believed that he had the ability to cure other people's illness. Nevertheless, patient's orientation and memory were intact. A diagnosis of cannabis psychosis was made based on the clinical findings available. Patient was thus treated with Haloperidol 5 mg tds and Benzhexol 2 mg tds and he recovered finally after two weeks of inpatient treatment.

Case II

The second case of cannabis-induced psychosis was found in Mr. D., a 26-year old, single, Chinese man who had been known to have abused cannabis for the past thirteen years. A review of this patient's history revealed that he had been admitted to the University Hospital, Kuala Lumpur on two previous occasions since 1989, and was diagnosed to have suffered from bipolar mood disorder. However, during the previous episode, patient's drug history was not assessed and thus the abuse of cannabis could not be elicited. It was only after his third admission that patient was found to be abusing cannabis since there were no other drugs being abused by him at that particular period.

The history of cannabis abuse was confirmed by the patient's girl-friend since she acknowledged co-habitating with him. A review of patient's family history did not show any kind of mental illness in the family, but the mental status examination revealed that he suffered from a pressure of speech and expansive mood. He had lots of ideas about business deals and experienced grandiose delusions. He claimed to be the richest man in Malaysia, owning lots of properties. His orientation and memory were intact at that time. Nevertheless, patient's diagnosis was thus changed to cannabis-induced psychosis and like the first case, his psychotic symptoms subsided after treatment with Haloperidol 10 mg bd after a duration of two weeks.

Discussion

Cannabis-induced psychosis can occur in any form, but based on a literature review, it is supposed to occur mainly in the form of either schizophrenia-like psychosis or acute organic psychosis rather than hypomanic (3). On the other hand, when you analyse the latest findings available in the above two case reports, one can note the great contrast seen in both the cases where both patients showed or exhibited hypomanic episodes. In fact, in the case of Mr. D, all his presentations in the past had always been hypomanic.

The possible association of the abuse of cannabis and that of psychosis itself had been debated for several years now due to the fact that the results tend to vary from one subject to another. Nevertheless, there have been at least six types of associations which had been postulated in trying to explain the manifestations of the psychosis. These explanations include the direct toxic effect to the brain and the induction of a latent psychosis (4). Two different forms of associations are also possible in explaining the cause of psychosis as can be seen in Case I and II. For Mr. S, the latter explanation is due to patient probably inheriting some form of psychosis from his father which then manifested when he abused cannabis. This is in great contrast to what had happened to Mr. D (Case II) where patient neither recalled any history of psychiatric illness nor was he exposed to any kind of genetic predisposition like the other case. Furthermore, there seems to be a temporal relationship between the intake of cannabis and that of the occurrence of the psychotic states. It is therefore possible, that this particular form of psychosis is probably due to the direct toxic effect of cannabis and a psychosis *de novo*.

Therefore, the best treatment one can resort to is by administering antipsychotics where the psychosis improved tremendously in both the cases after they were treated with Haloperidol. Nevertheless, it is important to note that patients should be advised to refrain from abusing cannabis, otherwise there could be a possibility of a relapse if cannabis is abused again as highlighted in Case II.

It is hoped that these two case-reports would create some form of awareness among clinicians especially psychiatrists about this particular condition if a good history on drug-intake is assessed in every patient whom we suspect of abusing cannabis as a social drug. A delay in diagnosis can probably lead to another relapse, and perhaps might even further lead to a chronic form of psychosis as we have seen highlighted in these case-reports.

References

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