

*Meds, Moods and  
Comorbidities  
Management Considerations*

▶ *for Stimulant Use Disorder*

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Jared Bonis

- Nothing to disclose

Dr. Tara Leary

- No disclosures

# Disclosures

- Discuss patient centered approaches and considerations for the management of Stimulant use disorder

Learning  
objective

# Mr. Mill Lions

Presents to Addiction Clinic as a self referral

No MRP (recently retired) - no routine PC in 3 yrs

5 year history of Cocaine use via nasal route

.5 g every wk or so year 1-2 “ with friends, for a party”

Increased to 1-2 g every week year three “able to so why not”

Last year or so “as much as I can get whenever there is access” ( 7-10g a week)

- Reason for referral
- Near death experience.
  - “ I had to buy from a different guy because of Covid, my cocaine was laced with something and the next thing I know I am in the ER”
- Tried to quit after this but was not able to
  - “Life was just dull and I was so depressed stuck in my house with this Virus
  - My mood is 10x worse
  - Bought 5 g of cocaine and “couldn’t stop , just used everything in 2 days”

Goal for treatment: to take a break for a few months but would be nice to be able to still enjoy with friends sometimes once this is under control

# Past medical

- High blood pressure
- History of depression and anxiety - tried a few SSRIs in the past,
- Medications:
  - Norvasc
  - ? Cipralelex - pt notes he has it but takes it infrequently

# Building a plan for *Mr. Lions*

- Medications
- Case management needs
- Community supports to engage
- Contingency Management?

CLINICAL PEARLS?

And

Conversation