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MDMA dependence: a case report from urban India

Bombe A[1], Dave-Momin N[1], Shah N[2], Sonavane S[3], Desousa A[4]☼

1. Resident Doctor, Dept. Of Psychiatry, LokmanyaTilak Municipal Medical College, Mumbai, India
2. Professor & Head, Dept. Of Psychiatry, LokmanyaTilak Municipal Medical College, Mumbai, India
3. Addl. Professor, Dept. Of Psychiatry, LokmanyaTilak Municipal Medical College, Mumbai, India
4. Research Associate, Dept. Of Psychiatry, LokmanyaTilak Municipal Medical College, Mumbai, India

☼**Correspondence:** Dr. Avinash De Sousa, Carmel, 18, St. Francis Road, Off S.V. Road, Santacruz West, Mumbai – 400054. Tel – 91-22-26460002. E-mail: avinashdes888@gmail.com

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ABSTRACT

MDMA (3,4 – methylenedioxymethamphetamine) is a synthetic hallucinogenic club drug that is being used worldwide as a recreational drug. It has grave physical and psychological morbidity. We present herewith a case of sole MDMA dependence which is rare in the Indian context.

Key words: MDMA, club drug, dependence, hallucinogenic, recreational drug.

1. INTRODUCTION

MDMA (3,4 – methylenedioxymethamphetamine) is a synthetic, psychoactive drug that has stimulating and hallucinogenic properties. The common names are Ecstasy, XTC, the love drug or the hug drug. It belongs to a group of drugs along with ketamine (special K), gamma hydroxyl butyrate (Liquid ecstasy) and Flunitrazepam called as club drugs (Beck & Rosenbaum, 1994). Young adults between the age of 18 and 25 years report the heaviest use of MDMA with the use of this recreational drug increasing worldwide (Cassidy & Ballard, 1994). In fact research also suggests that physical and psychological morbidity due to MDMA is also on the rise (Cohen, 1998). DSM-IV has criteria for Amphetamine Dependence, though a specific criteria for MDMA dependence is lacking. We also do not know whether there is a specific dependence and abuse pattern for this drug (Downing, 1986). Here we present a case of MDMA dependence which as a sole dependence is rare in India.

2. CASE REPORT

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Mr. ABC, a 30 year old, right handed male, studied up to 7thstd, unmarried, and working as an embroidery worker presented with depressive features, increased appetite, head ache, body ache and tremulousness of body since the past 4 days prior to presentation. The patient gave a history of cannabis consumption since the past 18 years, which he had reduced over the past 2 years and has started consuming crystal like substance since the past 2 years. He used to consume same daily around 2 to 3 gram per day. He gives history of craving, increased appetite, low mood whenever he does not consume same, which subsides after consuming same. The patient complains of feeling a high when he takes the crystal like substance and also seeing colours and hearing voices. Under influence of the substance he also feels that inanimate objects speak to him and that the world is a brighter and better place. He has a history of tolerance to the substance. He used to continue to consume cannabis off and on. The patient showed us the crystals and hence we identified the same as MDMA as he also mentioned that it was called as crystal or crystal meth in drug circles. He has no history of antisocial and borderline personality characteristics as well as no criminal records. He has good family support but motivation to quit was poor as he had never sought active treatment in the past. He was diagnosed as MDMA and Cannabis dependence. He was started on Baclofen 60mg per day, Amitryptiline 100 mg per day andQuetiapine 100 mg in the night for sleep. He was advised abstinence and regular follow up. In patient treatment was offered but the relatives refused the same and hence an out-patient protocol was started.

3. DISCUSSION

MDMA dependence is rare in the Indian setting and more so in a general community tertiary hospital. We are still not aware about the diagnostic criteria for MDMA dependence that needs further research. We are also unaware of the precision of withdrawal symptoms specific to MDMA (Parrott, 2000). Research will also be needed to determine specific lines of management for MDMA withdrawal, dependence and abuse including the long term pharmacotherapy (Merrill, 1996). We will also need research to tell us whether MDMA dependence should be a separate disorder in future psychiatric classifications (Liester et. al., 1992). The effects of MDMA in withdrawal and dependence is similar to opioids and cocaine though separate at the same time (Cottler et al., 2001). Till we learn more about MDMA in the years to come our knowledge about the substance remains unfulfilled.

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