

MEFLOQUINE INTOXICATION IN CLINICAL AND FORENSIC PSYCHIATRY

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Tue, 5/19: 11:00 AM - 12:30 PM

1763

Workshops

11:00 A.M. Sessions

Toronto Convention Centre - North, Level 200

Room: Room 204 (Summit)

Hours: 1.5

OBJECTIVE

- 1) Describe key neuropsychiatric features of mefloquine intoxication and its chronic sequelae, including those highlighted in the 2013 boxed warning for the drug
- 2) Identify critical considerations in the clinical diagnosis and management of mefloquine intoxication
- 3) Recognize the relevance of mefloquine intoxication and its chronic sequelae in psychosomatic medicine and forensic psychiatry, particularly among military service members and veterans

Presentation

TOPIC

Military/Veterans & Their Families

TRACK

Psychosomatic Medicine

SECONDARY TOPIC

Posttraumatic Stress Disorder (PTSD)

MEFLOQUINE INTOXICATION IN CLINICAL AND FORENSIC PSYCHIATRY

SUBMISSION ID:

1763

ABSTRACT TYPE:

Workshop

CHAIR:

Dr. Remington Nevin, M.D.,M.P.H. - View Additional Info
Johns Hopkins Bloomberg School of Public Health

CO-CHAIR:

Elsbeth Ritchie, M.D.,M.P.H. - View Additional Info
N/A

OBJECTIVES:

Describe key neuropsychiatric features of mefloquine intoxication and its chronic sequelae, including those highlighted in the 2013 boxed warning for the drug

Identify critical considerations in the clinical diagnosis and management of mefloquine intoxication

Recognize the relevance of mefloquine intoxication and its chronic sequelae in psychosomatic medicine and forensic psychiatry, particularly among military service members and veterans

ABSTRACT:

Mefloquine (previously marketed as Lariam) is a quinoline derivative antimalarial originally developed by the U.S. military that has recently been recognized as having significant intoxicating and neurotoxic potential. A new boxed warning, added in 2013, warns of chronic psychiatric effects "reported to continue for months or years" after use of the drug, including "anxiety, paranoia, and depression to hallucinations and psychotic behavior", and neurological effects including "dizziness or vertigo, tinnitus, and loss of balance". The chronic neuropsychiatric effects of mefloquine toxicity highlighted in the 2013 boxed warning may have significant relevance in psychosomatic medicine and forensic psychiatry, and may readily complicate and confound diagnosis of conditions frequently comorbid with military service and deployment, including posttraumatic stress disorder and traumatic brain injury. In this case-based workshop, the history of mefloquine's use, particularly within military populations, is discussed, and the key neuropsychiatric features of mefloquine intoxication and its chronic sequelae are described. Through vignettes and case presentations, critical considerations are introduced to aid the psychiatrist in the clinical diagnosis and management of mefloquine intoxication, including recommendations for appropriate pharmacologic management, laboratory and radiological testing, and additional specialist referrals. Forensic issues including the potential role of mefloquine intoxication in cases of violence and suicide are then considered.

PRIMARY TRACK:

Psychosomatic Medicine

SECONDARY TRACK:

Forensic Psychiatry

PRIMARY TOPIC:

Military/Veterans & Their Families

SECONDARY TOPIC:

Posttraumatic Stress Disorder (PTSD)

INDICATE THE TIME PREFERENCE:

No Preference

PROPOSED TIME/SCHEDULED AGENDA

Introduction: 5 minutes

Presenters: Dr. Nevin: 30 minutes; Dr. Ritchie 20 minutes

Q and A: 30 minutes

Concluding Comments: 5 minutes

IF SESSION IS ACCEPTED, YOUR ROOM WILL BE SET WITH A PC, LCD PROJECTOR, POINTER, AND SCREEN. YOU MAY ALSO SELECT ANY OTHER AV EQUIPMENT NEED FOR YOUR SESSION FROM THE LIST BELOW.

I don't need other equipment