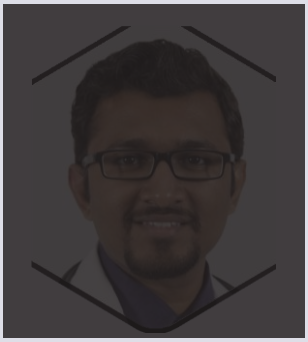
INVITED SPEAKERS



Professor Manu Ayyan is an Associate Professor at the Jawaharlal Institute of Postgraduate Medical Education and Research in Puducherry, India. He completed his MD in Emergency Medicine in 2015 and serves on the Board of Studies for the Department of Emergency Medicine at AIIMS Rishikesh and KMC Manipal. Ayyan is a Fellow of the Academic College of Emergency Experts in India (ACEE-INDIA) and is the Presidential Officer of the Emergency Medicine Association India (EMA). He oversees the EMCORD Network and is a faculty member in the ALiEM group. Ayyan's research focuses on emergency care systems, innovative clinical techniques, and improving patient outcomes. He has 33 peer-reviewed publications and is the principal investigator for two ICMR-funded projects. His work is widely published, with articles in prominent journals such as the Journal of Emergency Trauma and Shock, Journal of Global Infectious Diseases, and Academic Emergency Medicine.

Management of club drug poisoning

The recreational use of club drugs, including MDMA, GHB, Ketamine, and LSD, is on the rise globally, with India and Southeast Asia (SEA) witnessing a significant increase in related poisonings, particularly in urban areas where these substances are more accessible to the youth. This trend poses a critical challenge to emergency departments (EDs), as the management of club drug toxicity is complicated by polydrug use, the absence of specific antidotes, and the wide range of clinical manifestations, from mild agitation to life-threatening conditions such as seizures and severe hyperthermia. The session will deal with an in-depth analysis of strategies to manage poisoning from stimulants, opioids, cannabis, benzodiazepines, gamma-hydroxybutyrate (GHB), lysergic acid diethylamide (LSD), dextromethorphan, and ketamine. The recommendation on management strategies are derived from systematic review of current evidence and consensus of panel of experts meeting held ar APAMT2023.

For stimulant poisoning, initial resuscitation focuses on maintaining airway patency, supporting breathing, and circulation, with benzodiazepines being the first-line treatment for agitation and seizures. Antipsychotics may be considered when benzodiazepines are insufficient, with hyperthermia management being crucial, involving aggressive cooling and the use of cold IV fluids.

In opioid poisoning, naloxone remains the cornerstone of treatment, effectively reversing respiratory depression, while careful titration is necessary to avoid precipitating withdrawal, particularly in opioid-dependent patients. Continuous monitoring post-naloxone administration is essential, with extended observation recommended for long-acting opioids like methadone.

Cannabis poisoning management is primarily supportive, addressing symptoms like hypoventilation, hypotension, and altered mental status. Cardiac monitoring is emphasized for cases with cardiovascular manifestations, and a high index of suspicion for co-ingestion is crucial, especially in severe cases.

Benzodiazepine poisoning management involves ensuring adequate oxygenation, ventilation, and hemodynamic stability. Flumazenil may be used in select cases to reverse benzodiazepine effects, though its administration requires careful consideration due to potential risks.

GHB poisoning requires intensive monitoring and airway protection, with supportive measures including benzodiazepines for agitation. In the absence of a specific antidote, symptomatic management is pivotal.

LSD poisoning management focuses on symptomatic treatment, with sedation using benzodiazepines for agitation or panic attacks. Dextromethorphan poisoning is managed with supportive care, addressing hyperthermia and cardiovascular instability.Lastly, ketamine poisoning management is predominantly supportive, with short-term effects generally resolving without the need for prolonged admission. The talk will highlight the key consensus recommendations and the rationale of the recommendation based on systematic review of literature.