Its time to 'Whippit' into shape: the importance of developing treatment guidelines for Nitrous Oxide

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Background

Nitrous oxide (N_20) use is increasing. Its recreational use is a growing public health concern, with a recent call for evidence by the Advisory Council on the Misuse of Drugs regarding associated health and social harms. (N_20), is known to have wide ranging mental, physical and social impacts. Despite this there are no national treatment guidelines. We present a complex case highlighting these harms, the need for a multidisciplinary approach and the development of local and national guidelines.



What is nitrous oxide and what are its effects?

- Nitrous oxide (N₂0), colloquially known as 'laughing gas', balloons or whippits. It's legally used in the catering industry and anaesthetics. In 16–24 year olds it is the 2nd most prevalent substance (1).
- N₂0 acts on the gamma-aminobutyric acid (GABA), N-methyl-D-aspartate (NMDA) and endogenous opioid receptor systems (2).
- It has dissociative, analgesic, and euphoric effects (2).
- It inactivates vitamin B12, leading to functional B12 deficiency. Long-term use of N₂0 can lead to loss of sensation, co-ordination problems and paralysis (3).
- Fatalities have occurred due to asphyxiation (4) and cardiac arrythmias (5).
- Psychiatric manifestations include psychotic symptoms, cognitive impairment, anxiety and affective instability (5).

Case report

Presenting complaint:

- A 24-year old female presented to addictions services for help with a seven-year history of daily cannabis and N₂0 use
- Previous use of LSD, psilocybin, alprazolam, codeine, and promethazine
- She reported using psychoactive substances to escape emotional difficulties and past trauma.
- She had a history of childhood abuse. She had attended university. At presentation she was unemployed and living with her partner.
- Her father had depression

Past psychiatric and medical history:

- Under early intervention psychosis team. One previous psychotic episode, requiring admission under the mental health act and antipsychotic treatment.
- Asthma and Polycystic ovarian syndrome

Timeline of events:

Initially

daily Prescribed vitamin B12 Assigned key worker

Using 100 cannisters

Assigned key worke Psychosocial intervention

Month 10

160-400 cannisters daily
Not attending support groups
Bilateral sensory neuropathy
Sensation legs would give way
Declined A&E – had capacity
Urgent neuro outpatient arranged

Discharged after 5 days

Restarts N20 use & ongoing neurological symptoms MMA & homocysteine normalize Injections reduced to every other day, then to oral B12

Month 14

Re-engaged with addiction services and attending groups Maintaining abstinence Neurological & psychiatric symptoms resolved

Month 9

200 cannisters daily Develops tingling in legs

Examination findings in A&E:

Examination/Investigation	Finding
Ankle dorsiflexion	Reduced power
Knee reflex	Absent
Ankle reflex	Absent
Plantars	Downgoing
Heel-shin testing	Bilateral ataxia
Fine touch sensation	Reduced below knees bilaterally
Vibration sense	Absent to hips bilaterally
Gait	Broadbased ataxic
Romberg's Sign	Positive
Vitamin B12	Low
Methylmonic acid (MMA)	High
Homocysteine	High

4 days later

Self-presented to A&E
Admitted under toxicology
Referred to physiotherapy &
neurology
Dx – subacute combined
degeration of spinal cord
secondary to functional B12
deficiency

Tx – Daily 1mg of intramuscular hydroxocobalamin

Month 12

Low motivation to attend groups
Rehab referral rejected due to poor engagement
Relationship breakdown & evicted from accommodation Develops psychotic symptoms and admitted under MHA
2 week admission & 1 month

2 week admission & 1 month under home treatment team Restarted on aripiprazole

Discussion:

- N₂0 is not commonly thought of as an addictive substance, however this case demonstrates N₂0 dependence syndrome meeting the following ICD-10 criteria: compulsion, difficulty controlling use, increased tolerance, neglect of other interests, and persistent use, despite undesirable consequences.
- Patients are not commonly seen in addictions services a local audit showed that in two years, 44 presented to acute hospital Vs 1 in addiction services
- A quarter (10/44) of these patients represented with neurological symptoms, highlighting a potentially missed opportunity for addictions intervention
- Currently there are no local or national guidelines. These should be developed using a multidisciplinary approach. It is paramount that treatment pathways include addiction services with a goal of harm reduction, relapse prevention and reduction of long-term morbidity.
- Greater education is needed among general psychiatrists on the management of N_2 0 induced psychosis. Addiction services need to understand more about people who use N_2 0 in order to develop tailored interventions. There is also a need for greater public awareness of the potential dangers of N_2 0 use.
- This case raises a question as to whether intramuscular hydroxocobalamin could be administered in the community addictions setting (much like pabrinex) for hard to engage patients using N₂O, under the guidance of medical colleagues.

References: 1. Office for national statistics, 2020, Drug misuse in England and Wales, Office for national statistics, accessed 20th February 2023, 2. Farmer J, Romain K, Ibrahim M, Kumar M, The neuropsychiatric effects of nitrous and low vitamin B12, BJ Psych Advances, 2022, 28(4):216-225 doi: 10.1192/bja.2021.55 3. Abderrahim Oussalah et al, Global Burden Related to N20 Exposure in Medical and Recreational Settings: A Systematic Review and Individual Patient Data Meta-Analysis, J Clin Med, 2019, 8(4): 551 doi:10.3390/jcm8040551 4. Office of national statistics, 2022, *Deaths related to volatile substances, helium and nitrogen in England and Wales: 2001 to 2020*, Office of national statistics, access 20th Feburary 2023, 5. Garakani A et al, Neurologic, psychiatric, and other medical manifestations of N20 abuse: a systematic review of the case literature, Am J Addict, 2016 Aug, 25(5):358–369 doi: 10.1111/ajad.12372