The long journey from drug addict to kidney transplant recipient. Case report.

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Case Presentation

L.S., female, born 1985

1998 insulin-dependent diabetes mellitus diagnosed

1999 first time smoking marijuana

2000 experiments with illicit drugs (club drug Ecstasy)

2001 sniffing Pervitin (methamphetamine, very popular among drug abusers in Czech Republic)

2003 did not finished high school and cook training

2005 almost complete loss of teeth due to methamphetamine use

2006 contracted hepatitis C when injecting drugs intravenously

2008 diabetic organ complications worsening (retinopathy, nephropathy, polyneuropathy)

2009 repeated laser surgery for diabetic retinopathy led her to spontaneously quit drug abuse

2012 kidney failure, started haemodialysis, because of problems with vascular access switched to peritoneal dialysis, very good compliance with dialysis treatment

2013 successful treatment of chronic hepatitis C with Pegasys, after 4 weeks HCV RNA negative, but developed severe interferon-induced autoimmune hepatitis, following corticosteroid treatment induced cholestatic liver disease

2014 Nov 21, combined kidney and pancreas transplantation was performed

2014 Dec 16, discharged from hospital with normal renal function and very good control of blood sugar

Date	S-urea (mmol/l)	S-creatinine (umol/l)	S-albumin (g/l)	Haemoglobin (g/l)
Aug 2, 2012 - first visit	15.6	296	32.1	80
Oct 1, 2012 - start RRT (HD)	22.1	443	34	99
Mar 15, 2013 - switch to PD	17.8	478	35.2	129
Nov 3, 2014 - last visit before transplantation	12.9	430	38	116
Dec 14, 2014 - discharged from hospital	3.4	72	-	116

Kidney and Drug Abuse

- Patients with CKD (as many others with a chronic illness) are extremely susceptible to drug addiction
- According to some statistics up to 19% of dialysis population are current or previous drug abusers
- Most frequently abused substances: marijuana, prescription drugs, historically cocaine
- Common addiction behaviour: evidence of being „high“, symptoms of withdrawal, persistent drug seeking behaviour, unexplained wasting, poor nutrition, missed treatments
- Some drugs are directly nephrotoxic, repeated renal insult promotes ESRD progression (heroin, ecstasy, inhalants, NSAID)
- Intravenous drug administration can cause vascular access problems
- In dialysis patients drug abuse is associated with decreased access to kidney transplantation

What can we do

- Search for common co-morbidities (pain, depression)
- Dialysis centre staff should consistently ask about medication and drug use
- Avoid common misconceptions about drug abuse
  - addiction is a moral failing
  - addiction is an issue of willpower
  - addiction is problem of poverty and lower social classes
  - addiction is not a disease
  - abuse of some substances is a part of culture
  - they don´t use enough to be an addict
- Communicate problem with patient
- Arrange specialized help

Controversies of our patient

Contrary to popular opinion about drug abuse

- She started with street drugs (much less common in chronic illness patients)
- She was able to quit drugs without professional intervention
- Was she in fact addicted to drugs?
  - pros - she continued to use methamphetamine despite negative health (loss of teeth, hepatitis) and social (unfinished education) consequences
  - cons - she quit spontaneously without relapse in stressful situations (kidney failure, dialysis, pre-transplant testing)

Acknowledgement

All personal photographs were provided by courtesy of Ms L.S. exclusively for this presentation.