

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/clinicians-roundtable/meth-associated-pah-care-missing-piece/54230/>

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Treating Methamphetamine-Associated PAH: The Missing Piece in Patient Care

Announcer:

You're listening to *Clinician's Roundtable* on ReachMD. On this episode, we'll hear from Dr. John Kingrey, Director of the Pulmonary Hypertension Center at INTEGRIS Health in Oklahoma City. He'll be discussing the importance of integrating addiction medicine and mental health support into care for patients with methamphetamine-associated pulmonary arterial hypertension. Here's Dr. Kingrey now.

Dr. Kingrey:

In methamphetamine-associated PAH, the single biggest challenge that we have as specialists in pulmonology or cardiology is that we have a very poor understanding of what the approach needs to be and is evidence-based in approaching addiction.

When I have other providers ask me, "What do you do? How do you manage these patients?" The first thing that I always say is that they have two life-threatening diseases, and we're only treating one of them. And the other, their addiction, is not something that is in our direct control.

We have not received training to any meaningful degree in how to manage or approach patients with chronic addiction, their families, or the whole socioeconomic milieu of what they deal with. Now, I've done a lot of learning on the job, and the care is heterogeneous because where I live, for example, we don't have an addiction specialist I can send all of these patients to. We have over 200 patients right now in our practice with methamphetamine-associated pulmonary arterial hypertension, and I can't send them all to addiction medicine because it just would overwhelm the system. Right now, if I want to get someone to that, it's six to nine months, and that's assuming that they have good insurance and that they can come to the city if they don't live here.

So we have to understand and embrace as a PAH community that the meth-associated population is here, and for the foreseeable future, it is here to stay. And if the only thing we do is focus on their heart and their lungs, and we don't address what's going on between their two ears, we are going to fail. And we have all felt that failure, because we try and we try, and some of these patients just are unable to navigate the complexities. It's one thing to ask them to take a pill. It's another thing to ask them to perhaps do more nuanced things like pump, or use inhalers that are multiple times a day. And though that population isn't unique to meth-associated PH, there is an extra element of challenge that exists, because these people are dealing with a whole other demon that we have a very poor understanding of.

So there has to be a call to action beyond what we've already done over the last five to seven years in integrating mental health and patients, family, and friends into the treatment plan. If we don't do that, we will be able to put them on all the right therapies and do all the right things, and yet we're not fixing their biggest problem, which is going to continue to potentiate their disease. And so we are naive, and my part of that call to action is for trainees going into pulmonary hypertension, mental health and addiction medicine needs to be part of the curriculum. It's that simple. Whether you want to treat that population or you don't, you're going to see it.

I think that we have to have greater support in our communities for mental health and for addiction medicine. It is an absolute catastrophe for patients. It's a national health crisis in our field and the single biggest problem that we face in today's care of PH patients.

Announcer:

That was Dr. John Kingrey talking about how we can integrate addiction medicine and mental health support into our treatment approach for methamphetamine-associated pulmonary arterial hypertension. To access this and other episodes in our series, visit *Clinician's Roundtable* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!

