

with ANC <0.02. Postprocedure, his white blood cell count was 9.9 cell/mm³. He returned to our inpatient unit in September 2006. His white blood cell count since then has remained between 5.5 and 9.9 cell/mm³.

To our knowledge, this is the first reported case of successful use of clozapine during life-saving ablation chemotherapy and a stem cell transplant. Clozapine should be used with caution due to the risk of leukopenia and the varying degrees in which it affects patients. However, this suggests that in some cases after other options have been exhausted, it is worthwhile to consider restarting patients on clozapine to control acute mania while undergoing stem cell transplant.

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Initiation of Methamphetamine Abuse During Interferon Treatment

TO THE EDITOR: Interferon therapy for chronic infection with hepatitis B or hepatitis C virus produces clinical depression in up to one-half of patients treated. Adverse effects of interferon increase the risk of relapse to opiate and cocaine use during therapy in former injection drug users, which may in turn reduce the likelihood of achieving a sustained virologic response (1–3). To reduce the risk of relapse, interferon therapeutic guidelines stress the importance of pretreatment assessment of all patients for anxiety, depression, and substance abuse disorders (4). We report the case of an additional and previously undocumented risk during interferon treatment: initiation of crystal methamphetamine abuse.

“Mr. B,” a 48-year-old hepatitis C virus-infected study participant with previously diagnosed depression, started interferon therapy in June 2003. He completed a full course of interferon and experienced a sustained virologic response. He reported using methamphetamine for the first time while receiving interferon: “My hep[atitis] C got worse and I started on the interferon program. I already suffered from depression and that just nailed me with depression. On a business trip to the city, a gay friend offered crystal...and that gave me the high that I needed. That just got me out of my depression, got me out of feeling sick from the interferon, made me feel good.”

Within weeks, Mr. B progressed to daily problematic use of methamphetamine. Although previous human immunodeficiency virus (HIV) serologic test results were reportedly negative, his first result following initial use of methamphetamine was reactive.

The increased risk of relapse to substance abuse during interferon therapy is widely appreciated. Our case alerts clinicians to the initiation and progressive use of methamphetamine during interferon therapy, a previously undocumented risk. Patients experiencing interferon-induced depression may find the acute methamphetamine-induced increases in monoamines (principally dopamine) alluring (5).

In the United States, Canada, and Australia, the prevalence of occasional methamphetamine use among men who have sex with men ranges between 6%–40%, at least 10-fold higher than the rest of the population; the prevalence of methamphetamine use is even higher among men who have sex with men with HIV infection or a history of substance abuse (6).

When administering interferon therapy to men who have sex with men and members of similarly vulnerable communities with a high prevalence of methamphetamine use, clinicians should counsel patients about methamphetamine use and routinely evaluate them for pretreatment antidepressant therapy.

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