

Adverse Psychiatric Effects

- | Mood swings from mania to depression
- | Suicidal thoughts and behaviors
- | Marked or violent aggression (“roid rage”)
- | Homicidal thoughts and behaviors
- | Grandiose or paranoid delusions
- | Addiction



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When do symptoms begin?

During use

- | Mania
- | Aggression
- | Homicidal behavior
- | Delusions

During withdrawal (within 3 months)

- | Depression
- | Suicidal behavior



Adolescents

- | May be particularly vulnerable
- | Already subject to the normal surge of sex hormones with expected mood changes
- | Suicide is the 3rd leading cause of death in 15-24 year olds
- | Steroids can increase suicide risk in age group already at risk



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How Common?

Estimated occurrence with illicit use

- | Mania or hypomania | 5%
- | Major depression | 3-11%
- | Suicide attempts | 4%

Malone et al (1995)

Pope & Katz (1994)

Schmidt et al (2004)

Thiblen & Petersson (2005)



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Fortunately

- | Most users do not have psychiatric effects
- | Most psychiatric effects are reversible with proper monitoring and treatment

Unfortunately

- | Suicides & homicides are obvious exceptions



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Psychiatric effects influenced by:

- | Patterns of illicit use including dose
- | Genetics
- | Social context
- | Stress
- | Personality characteristics
- | Past psychiatric history
- | Expectations



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Addiction

- | At least 165 cases in nonmedical users reported in medical literature
- | No cases reported with medical use at therapeutic doses



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How do they work?

- | Alter hormone levels
- | Alter brain chemistry and functioning
 - ∅ e.g., dopamine, serotonin, endorphins



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Summary

- | Steroids alter brain chemistry causing profound psychiatric effects
- | Adolescents especially vulnerable
- | True rates of adverse psychiatric effects influenced by drug and non-drug factors
- | Addiction occurs with high-dose nonmedical use only



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