Ivory wave: the next mephedrone?

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ABSTRACT

Background Since the classification of miao miao (mephedrone) as a class B drug in April this year, a new drug is emerging as a so-called ‘legal high’. Deaths have already been attributed to ivory wave in different parts of the country.

Method A case study is presented, and relevant literature is explored in order to better understand the drug and its effects in the human body.

Results Overstimulation of the nervous system can cause acute paranoid psychosis, dizziness, hyperthermia and potential fitting. Effects on the cardiovascular system include tachycardia, chest pains, S-T segment changes, and blood pressure variations with potential renal implications.

Conclusion Ivory wave’s popularity seems to be growing and it seems quite plausible that this drug could become ‘the next mephedrone’. Clinicians should be aware of its likely presentations, dangers, and management.

INTRODUCTION

Since the classification of miao miao (mephedrone) as a class B drug in April this year, a new drug is emerging as a so-called ‘legal high’ under the name ivory wave, purple wave, ivory coast or vanilla sky. It is marketed as bath salts and can be snorted or ingested. Whether or not this drug in fact contains illegal ingredients is as yet unclear. The drug’s effects are concerning however, and have been seen in patients in Lothian, Cumbria, Dorset and Essex. The case below occurred in a city where the drug had not been reported before. It is presented here to increase awareness of a drug which seems to be rapidly gaining popularity, with reported cases spreading across the UK.

CASE REPORT

A patient presented in a police custody suite complaining of sudden onset of palpitations and chest pain having snorted 2 g of ivory wave earlier that day. The patient was extremely agitated and suffering from involuntary facial contortions, hallucinations, profound anxiety and chest pain. The patient appeared hypermetabolic, breathing 28 times per minute, with a pulse between 115 and 160 beats per min and a blood pressure of 160/90 mm Hg. The temperature was recorded at 37.4°C, and the pupils were sluggish at 5 mm. The patient’s ECG showed 2 mm S-T depression in the anterior leads. It was initially believed that the patient had taken cocaine, and so sublingual glyceryl trinitrate and intravenous diazepam were given in accordance with the Joint Royal Colleges Ambulance Liaison Committee. Glyceryl trinitrate made no difference, but 10 mg diazepam provided some symptomatic relief. The patient calmed a little and later admitted to having snorted 2 g of ivory wave.

DISCUSSION

Ivory wave was first found in circulation by West Cumbrian police, and earlier in 2010 St James’ Hospital in Dublin analysed a compound branded as ivory wave. The drug contained a cathinone derivative (methylenedioxypropylparvalerone, MDPV) and lignocaine.2 If this combination wasn’t concerning enough, hearsay seems to suggest that actually there is no set recipe for ivory wave as drugs sold as such can contain any number of unknown substances.3 4 This variability in presentation supports fears that batches branded as ivory wave can vary hugely in composition. MDPV can show effects in doses as low as 5 mg in an average person.5 Ivory wave is sold on the internet in £15 packets of 200–500 mg.6 and the patient reported having taken 2 g of this drug.

Ivory wave is a powder in appearance, and can be white, tan or grey.7 Reported effects include initial euphoria, followed by other symptoms occurring as much as a day after taking the drug, and persisting for as long as a week. An NHS Electronic Library for Medicines (NELM) alert warns that such symptoms can include overstimulation of the nervous system (acute paranoid psychosis with extreme agitation and insomnia, dizziness, hyperthermia and potential fitting) as well as overstimulation of the cardiovascular system (chest pains, blood pressure variations and potential renal implications).7 The NELM alert suggests supportive symptomatic management of the effects of this currently little known drug. This could be difficult however, as the agitation and paranoia has been reported to spur patients to assault hospital staff, convinced that they are trying to harm them.8

Ivory wave has been implicated in the death of a man found by a fishing boat off the coast of the Isle of White, who was believed to have jumped off a cliff. He had taken ivory wave 2 days before, and according to his mother had been experiencing extreme hallucinations, psychoses and neuroses ever since.9 Several hospital admissions have been reported in Wales and Scotland, and a second death from the drug has been reported in Essex. The victim’s mother states that she became dependent on the drug while taking it as a slimming aid.4

It seems quite plausible that this drug could be the ‘next mephedrone’. Reports reveal that its popularity has been gaining and its use spreading across the UK in recent months. In light of this clinicians should be aware of its likely presentations, dangers and management.

Competing interests None.
REFERENCES