

# ONLINE SUPPLEMENT

**Table D1** Information gathered on all the patients in the study

Patient	Psychiatric history	Age, years	Regular psychotropic medications	Mephedrone use	Illicit substance use history	Alcohol at time of mephedrone use	Psychiatric symptoms post-mephedrone	Other symptoms post-mephedrone	Hospital admission
1	Previous psychotic episode with affective symptoms	21	Venlafaxine 150 mg	24 g per week (regular daily use for 4 weeks)	Cannabis daily 1–2 g	Yes	Thought block Paranoid delusions Auditory hallucinations Agitation	Tachycardia	Yes
2	Chronic depression Drug-induced psychosis	44	Lithium 700 mg Risperidone 2 mg Gabapentin 300 mg	Regular daily use since November 2009, about 1 g per week	Anabolic steroids twice weekly	No	Paranoid delusions Auditory hallucinations Ideas of reference Severe agitation	Hypertension Tachycardia	Yes
3	Delusional disorder	36	Mirtazapine 15 mg Olanzapine 10 mg	Once at time of presentation	Cannabis daily	Not known	Acute florid psychosis Paranoid ideas Auditory hallucinations Agitation Suicide	Not known	Died prior to admission
4	None	22	None	Once at time of presentation	Non-prescribed diazepam	Yes	Agitation Aggression Fluctuating GCS	Fluctuating pupil size Tachycardia	Overnight in general ward
5	None	19	None	Regularly at week-ends for 6 months	None	Yes	Acute suicidality Impulsive overdose	None	No
6	None	21	None	Once at time of presentation	None	Yes	Acute agitation	Bilaterally large pupils	No
7	None	32	None	Irregular use over 6 months, large amount prior to presentation	None	Yes	Bizarre behaviour for 4 hours Banging head on a wall Severe agitation	None	No
8	None	30	None	Used for 4 days, large amounts	None	Yes	Agitation Anxiety Insomnia	Palpitations CK elevation	No
9	Harmful use of alcohol	28	None	Irregular use for 1 month	Cannabis daily	Yes	Agitation	Pleuritic chest pain	No
10	None	26	None	Regular use at weekends for 4 months	None	No	Aggression and agitation	Perioral paraesthesia Bilateral numbness of arms and feet	No
11	None	22	None	Large quantity over 20 hours prior to presentation	None	Yes	Anxiety and agitation	Palpitations	No

continued

**Table DS1** continued

Patient	Psychiatric history	Age, years	Regular psychotropic medications	Mephedrone use	Illicit substance use history	Alcohol at time of mephedrone use	Psychiatric symptoms post-mephedrone	Other symptoms post-mephedrone	Hospital admission
12	None	20	None	Once prior to admission, snorted two lines	None	Yes	Agitation Bizarre behaviour	Tachycardia Dilated pupils Involuntary movements	No
13	Alcohol dependence syndrome	59	None	Regular use, large amounts, 10 capsules over week prior to presentation	None	Yes	Severe agitation Auditory and visual hallucinations Suicidal ideas	Ataxia	Yes
14	Low mood	20	None	Regular use	Cocaine, ecstasy and cannabis, although not at time of presentation	No	Low mood Suicidal ideas		No
15	Depression	45	Venlafaxine 225mg Propantheline 80mg Diazepam 5mg	Regular use for a few weeks prior to admission	Cannabis and amphetamine use, although not at time of presentation	No	Delusions Tactile hallucinations	None	Yes
16	None	29	None	Regular heavy use for months prior to presentation	Polysubstance misuse history but only mephedrone prior to presentation	No	Paranoid delusions Visual hallucinations		
17	Previous suicidal ideas in context of social crisis	49	Sertraline 50 mg Diazepam 5mg	First use Snorted prior to presentation		Yes	Low mood and suicidal ideas Aggression and assaultive behaviour	None	No
18	Anxiety	35	Fluoxetine 20 mg	Regular use for weeks prior to presentation	Cocaine and amphetamine use in the past but not prior to admission	No	Increased anxiety and insomnia	None	Yes
19	Transient drug-induced psychosis	28	Fluoxetine 20 mg	Daily use for 1 month prior to presentation	Previous heroin addiction. None for 6 months prior to presentation	No	Paranoid delusions Auditory hallucinations		Yes
20	Self-harm in context of social crisis	32	None	Regular heavy use for 1 month prior to presentation	Previous steroid misuse. None for 4 months prior to presentation	Yes	Paranoid delusion Auditory and visual hallucinations Agitation Self-harm	Tachycardia	Yes

CK, creatine kinase; GCS, Glasgow Coma Scale.