

Cocaine Dependence: Signs and Symptoms

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Commentary

Cocaine dependence is a neurological disorder characterized by withdrawal symptoms when you stop using cocaine. It is also associated with cocaine addiction which is a biopsychosocial disorder characterized by continued use of cocaine despite severe injury and side effects. Cocaine use creates a lot of fun and energy. When taken in large doses, it can cause mood swings, confusion, insomnia, depression, high blood pressure, rapid heartbeat, panic attacks and mental retardation. Cocaine overdose can lead to damage to the heart and blood vessels and the brain, such as: narrowing of the blood vessels to the brain, causing strokes and clogging of the arteries; causes a heart attack. Cocaine is a powerful stimulant known to make users feel energized, happy, talking, etc. Over time, side effects include a rise in body temperature, irregular or rapid heartbeat, high blood pressure, an increased risk of heart attack, stroke and even sudden death. Many people who are addicted to cocaine develop a temporary, manic condition such as amphetamine psychosis and schizophrenia, whose symptoms include anger, extreme confusion, restlessness, confusion and hallucinations; which may include the sensation of something crawling under the skin. Different methods have their own associated features. Sniffing it can cause loss of sense of smell, nosebleeds, problems with swallowing and inflammation, and runny nose. Smoking causes lung damage and injecting it puts users at risk of contracting infectious diseases such as HIV and hepatitis. People who use cocaine too much have reported suicidal thoughts, weight loss, relationship problems, and unhealthy appearance, and paleness. When regularly used cocaine, because of its addictive properties, it can alter brain structure and function. Circles within the brain structure, which participate in stress signals become more sensitive. When cocaine is not used this increases the risk of irritability and negative emotions. These categories are 'crash', 'withdrawal' and 'extinction'. Withdrawal symptoms of this stage are fatigue, hypersomnia, loss of appetite, dysthymia, increased appetite, restlessness, and irritability. The second stage, or 'withdrawal' stage, occurs 1-10 weeks after cocaine users have stopped, symptoms include: fatigue, anxiety, insomnia, intense cravings, emotional dysfunction, irritability, depression, and concentration. Eventually the last phase or 'end' stage occurs up to 28 weeks after dis-

continuation of symptoms, symptoms include: episodic cravings and specific dysphoria. Cocaine dependence continues to be a major public health problem and no definitive drug treatment is yet to be identified. Substitution pharmacotherapy is an effective treatment for opioid and nicotine dependence, and ample evidence suggests that rejuvenating pharmacotherapy for cocaine dependence is a promising strategy. In general, stimulant drugs that produce arousal, as well as drugs in a few treatment classes can be considered psychostimulants. To date, the available evidence is strongly entrenched in amphetamine analogs or dopaminergic agents combined with emergency management interventions such as potential cocaine-dependent psychostimulant therapy. Most psychostimulants are controlled substances with natural risks of substance abuse, and their use in patients with substance abuse disorders is complex. As cocaine-based therapeutic models are developed, special attention is needed to differentiate patient risk. The concept of reinforcement is important in understanding the process of addiction. The reinforcer can be defined by functioning as any event that increases the chances of response. If the drug is said to have adverse effects, exposure to the drug makes it possible for the animal or human to work to re-expose itself to the drug. In many addictive substances, the stabilizing mechanism is thought to result from the release of dopamine into the nucleus accumbens. The strategy of increasing emergency management interventions with drugs that improve dopaminergic transmission is in line with the theory that cocaine-dependent people have a dopaminergic tone deficit and that cocaine competing prizes are less important. A logical step in the development of this study would be to study the most potent dopaminergic drugs, such as amphetamine and methylphenidate, as behavioral enhancement supplements.

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