Diagnosing Psychotic Disorders: Substance & Psychosis
Review diagnostic criteria for comorbid substance disorders and psychosis

- Recognizing and treating comorbidities in Schizophrenia Spectrum Disorders have implications to prognosis & treatment

- Identifying comorbid disorders at time of intake (or later during psychotherapy sessions) can inform more specific medication and psychotherapy treatments and improve outcomes and prognosis

- Whereas psychiatrists have formal training in diagnosing comorbidities, often time clinical staff are responsible for intake appointments and can benefit from review of the most common comorbidities
Comorbid Substance and Psychosis
Substance Use Disorders
• Cognitive, behavioral, and physiological symptoms contribute to continued use of a substance despite significant substance-related problems
A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by ≥ 2/11 occurring within a 12-month period

1. Take more or for longer than intended
2. Persistent desire or unsuccessful attempts to cut down/control use
3. A lot of time spent to get, use, or recover from substance.
4. Cravings
5. Recurrent use results in failure to fulfil work/school/home obligations
6. Persistent/recurrent social/interpersonal problems
7. Important social/occupational/recreational activities reduced or given up.
8. Recurrent use in physically dangerous situations
9. Persistent/recurrent physical/psychological problems
10. Tolerance
11. Withdrawal
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Substances can produce psychosis in the context of...

Exposure,

Intoxication, or

Withdrawal
Characteristics of the syndrome:

- Reversible
- substance-specific
- develops during or shortly after use or exposure
- clinically significant
- problematic behavior
- or physiological changes
- attributable to the physiological effects of a substance on the central nervous system
Characteristics of the syndrome:

- Substance-specific
- Problematic behavioral, physiological, and cognitive changes
- Due to the cessation of, or reduction in use
- Use was heavy or prolonged
Another diagnostic option exists for psychosis in the context of *intoxication* or *withdrawal*.

**Substance/Medication-Induced Mental Disorders**

- Mental disorders that develop in context of the effects of substance abuse, medications, or toxins.
A diagnosis of **Substance Intoxication** or **Substance Withdrawal** should be replaced with a diagnosis of **Substance/Medication-Induced Psychotic Disorder** only when hallucinations or delusions predominate and when they are severe enough to warrant clinical attention.
Substance/Medication-Induced Psychotic Disorder
Substance/Medication-Induced Psychotic Disorder

• Clinically significant symptomatic presentation of a relevant mental disorder (for psychotic disorder, requires hallucinations, delusions, or both)

• The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

• This diagnosis should be made instead of substance intoxication or withdrawal only when hallucinations or delusions predominate and when they are severe enough to warrant clinical attention.
Substance/Medication-Induced Psychotic Disorder

• Evidence from history, physical exam, or laboratory findings of both:

1. Developed during or within 1 month of
   1. Substance intoxication
   2. Substance withdrawal
   3. Exposure to a medication
   AND

2. The substance/medication is capable of producing the mental disorder
Substances capable of producing Psychosis

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Substance/Medication-Induced Psychotic Disorder

• The disorder is not better explained by an independent mental disorder

1. The disorder preceded onset of:
   1. Severe intoxication
   2. Withdrawal
   3. Exposure to the medication
• The disorder is not better explained by an independent mental disorder

2. The full mental disorder persisted for a substantial period of time (at least 1 month) after cessation of
   1. Acute withdrawal
   2. Severe intoxication
• The disorder is not better explained by an independent mental disorder

3. There is other evidence of an independent non-substance/medication-induced psychotic disorder
   1. (Such as a history of non-substance/medication-related episodes.)
The disorder does not occur exclusively during the course of a delirium.

- Disturbed attention and awareness
- Develops over a sort period (hours to a few days)
  - is a change from baseline,
  - fluctuates in severity over the course of a day
- An additional disturbance in cognition (memory, disorientation, language, visuospatial ability, or perception)
- The disturbance is not due to a pre-existing, established, or evolving neurocognitive disorder or coma.
• Evidence from history, physical, or lab findings

• That the disturbance is a direct physiological consequence of
  ▪ another medical condition,
  ▪ substance intoxication or withdrawal,
  ▪ toxin, or
  ▪ multiple etiologies

Delirium
There can be overlap; When this occurs, use a diagnostic name based on which signs and symptoms predominate

**SUBSTANCE INTOXICATION**

**SUBSTANCE WITHDRAWAL**

**PSYCHOTIC SYMPTOMS**

**DELIRIUM**

- Medication-Induced Delirium
- Substance intoxication delirium
- Substance withdrawal delirium

**Substance/Medication-Induced Psychotic Disorder**
Intoxication & Withdrawal
Substances capable of producing Psychosis

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Substances capable of producing Psychosis

• During intoxication, *more stimulating substances* (amphetamines and cocaine) are likely to be associated with substance-induced psychotic disorders and substance-induced anxiety disorders.
Substances capable of producing Psychosis in Intoxication

- Alcohol
- Sedatives, hypnotics, and anxiolytics
- Cannabis
- Stimulants (including cocaine)
- Hallucinogens (including PCP)
- Inhalants
Substances capable of producing Psychosis in Withdrawal

- Alcohol
- Sedatives, hypnotics, and anxiolytics
Let’s start with...

Alcohol

&

Sedatives, Hypnotics, or Anxiolytics

...since these can cause psychosis in both intoxication and withdrawal
Recent use

Clinically significant problematic behavior or psychological changes: inappropriate sexual or aggressive behavior; mood lability; impaired judgement.

Alcohol Intoxication
Sedative, Hypnotic, or Anxiolytic Intoxication

Recent use

Clinically significant problematic behavior or psychological changes: inappropriate sexual or aggressive behavior; mood lability; impaired judgement.
≥ 1 of the following
1. Slurred speech
2. Incoordination
3. Unsteady gait
4. Nystagmus
5. Impairment in attention or memory
6. Stupor or coma

That's a nasty looking wart on the end of your nose. Here, take these benzos, three times a day, for the next 40 years.

Benzomania.... an obsessive compulsive disease only afflicting doctors. It compels them to prescribe benzos for every ailment known to mankind.
Stopped or reduced heavy and prolonged use
≥ 2 of the following (within several hours to a few days)
1. Autonomic hyperreactivity (sweating, pulse >100, etc)
2. Increased hand tremor
3. Insomnia
4. Nausea or vomiting
5. Transient visual tactile, or auditory hallucinations or illusions
6. Psychomotor agitation
7. Anxiety
8. Generalized tonic-clonic seizures
Withdrawal syndromes have not been well established in humans for PCP, Other Hallucinogens, & Inhalants.

More stimulating substances (amphetamines and cocaine) are more likely to be associated with substance-induced major depressive episodes during withdrawal.
Psychosis in Intoxication
Cannabis Intoxication

Recent use
Clinically significant problematic behavior or psychological changes:

Impaired motor coordination
Euphoria
Anxiety
Sensation of slowed time
Impaired judgement
Social withdrawal
Cannabis Intoxication

≥ 2 of the following
1. Red eyes
2. Increased appetite
3. Dry mouth
4. Rapid heart rate
Stimulant Intoxication

Recent use
Clinically significant problematic behavior or psychological changes:

Euphoria or affective blunting
Changes in sociability
Hypervigilance
Interpersonal sensitivity
Anxiety
Tension
Anger
Stereotypic behaviors
Impaired judgement
Stimulant Intoxication

≥ 2 of the following
1. Tachycardia or bradycardia
2. Pupillary dilation
3. Elevated or lowered blood pressure
4. Perspiration or chills
5. Nausea or vomiting
6. Evidence of weight loss
7. Psychomotor agitation or retardation
8. Muscle weakness, respiratory depression, chest pain, or cardiac arrhythmias
9. Confusion seizures, dyskinesias, or coma
PCP Intoxication

Recent use
Clinically significant problematic behavior changes:
Belligerence
Assaultiveness
Impulsiveness
Unpredictability
psychomotor agitation
impaired judgement

≥ 2 of the following within 1 hour
(or even more rapidly when smoked, snorted, or used IV)

1. Vertical or horizontal nystagmus
2. Hypertension or tachycardia
3. Numbness or diminished responsiveness to pain
4. Ataxia
5. Dysarthria
6. Muscle rigidity
7. Seizure or coma
8. Hyperacusis
Other Hallucinogen Intoxication

Recent use
Clinically significant problematic behavior or psychological changes:
Marked anxiety or depression,
ideas of reference,
fear of “losing one’s mind”,
paranoid ideation,
impaired judgement.

Perceptual changes:
subjective intensification of perceptions,
depersonalization, derealization,
ilusions, hallucinations, synesthesias

≥ 2 of the following
1. Pupillary dilation
2. Tachycardia
3. Sweating
4. Palpitations
5. Blurring of vision
6. Tremors
7. Incoordination
Inhalant Intoxication

Recent short term high dose exposure (ex: toluene or gasoline)

Clinically significant problematic behavior or psychological changes

Belligerence
Assaultiveness
Apathy
Impaired judgement
Inhalant Intoxication

Recent short term high dose exposure (ex: toluene or gasoline)

Clinically significant problematic behavior or psychological changes

≥ 2 of the following
1. Dizziness
2. Nystagmus
3. Incoordination
4. Slurred speech
5. Unsteady gait
6. Lethargy
7. Depressed reflexes
8. Psychomotor retardation
9. Tremor
10. Generalized muscle weakness
11. Blurred vision or diplopia
12. Stupor or coma
13. Euphoria
In Summary...

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Next Steps...

- Set up a training at your clinic

- We can provide in person or WebEx trainings of this presentation, and/or any of the other presentations in the Diagnosing Psychotic Disorders series, free of charge
The project described was supported by Funding Opportunity Number CMS-1L1-15-003 from the U.S. Department of Health & Human Services, Centers for Medicare & Medicaid Services.

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