

Substance-Induced Psychosis

DSM-5 Diagnosis Guidelines

Substance/medication-induced psychotic disorder is characterized by the presence of delusions and/or hallucinations that are directly attributable to the physiological effects of a substance or medication. This disorder was previously known as “substance-induced psychosis” or “substance-induced psychotic disorder” in DSM-IV.

This disorder is different from substance use disorders which revolve around the problematic pattern of substance use, but is often a comorbidity in substance use disorder diagnoses. For more details, read the coding note below.

Diagnostic criteria

Criterion A

Presence of one or both of the following symptoms:

1. Delusions.
2. Hallucinations.

Criterion B

There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

1. The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or after exposure to a medication.
2. The involved substance/medication is capable of producing the symptoms in Criterion A.

Criterion C

The disturbance is not better explained by a psychotic disorder that is not substance/medication-induced.

Criterion D

The disturbance does not occur exclusively during the course of a delirium.

Criterion E

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

Note: This diagnosis should be made instead of a diagnosis of substance intoxication or substance withdrawal only when the symptoms in Criterion A predominate in the clinical picture and when they are sufficiently severe to warrant clinical attention.

Coding note

The ICD-10-CM codes for the specific substance/medication-induced psychotic disorders are indicated

in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. In any case, an additional separate diagnosis of a substance use disorder is not given. If a mild substance use disorder is comorbid with the substance-induced psychotic disorder, the 4th position character is “1,” and the clinician should record “mild [substance] use disorder” before the substance-induced psychotic disorder (e.g., “mild cocaine use disorder with cocaine-induced psychotic disorder”). If a moderate or severe substance use disorder is comorbid with the substance-induced psychotic disorder, the 4th position character is “2,” and the clinician should record “moderate [substance] use disorder” or “severe [substance] use disorder,” depending on the severity of the comorbid substance use disorder. If there is no comorbid substance use disorder (e.g., after a one-time heavy use of the substance), then the 4th position character is “9,” and the clinician should record only the substance-induced psychotic disorder.

| | ICD-10-CM | | |
|---|------------------------|--------------------------------------|----------------------|
| | With mild use disorder | With moderate or severe use disorder | Without use disorder |
| Alcohol | F10.159 | F10.259 | F10.959 |
| Cannabis | F12.159 | F12.259 | F12.959 |
| Phencyclidine | F16.159 | F16.259 | F16.959 |
| Other hallucinogen | F16.159 | F16.259 | F16.959 |
| Inhalant | F18.159 | F18.259 | F18.959 |
| Sedative, hypnotic, or anxiolytic | F13.159 | F13.259 | F13.959 |
| Amphetamine-type substance (or other stimulant) | F15.159 | F15.259 | F15.959 |
| Cocaine | F14.159 | F14.259 | F14.959 |
| Other (or unknown) substance | F19.159 | F19.259 | F19.959 |

Specify current severity

Severity is rated by a quantitative assessment of the primary symptoms of psychosis, including delusions, hallucinations, abnormal psychomotor behavior, and negative symptoms. Each of these symptoms may be rated for its current severity (most severe in the last 7 days) on a 5-point scale ranging from 0 (not present) to 4 (present and severe).

Specify onset

- **With onset during intoxication:** If criteria are met for intoxication with the substance and the symptoms develop during intoxication.
- **With onset during withdrawal:** If criteria are met for withdrawal from the substance and the symptoms develop during, or shortly after, withdrawal.
- **With onset after medication use:** If symptoms developed at initiation of medication, with a change in use of medication, or during withdrawal of medication.

Table of applicable onset specifiers for substances

| Substance class | Specifiers |
|--------------------------------------|-------------------------|
| Alcohol | I/W |
| Caffeine | No specifier applicable |
| Cannabis | I/W |
| Hallucinogens | No specifier applicable |
| Phencyclidine | I |
| Other hallucinogens | I* |
| Inhalants | I |
| Opioids | No specifier applicable |
| Sedatives, hypnotics, or anxiolytics | I/W |
| Stimulants** | I/W |
| Tobacco | No specifier applicable |
| Other (or unknown) | I/W |

- I = The specifier “with onset during intoxication” may be noted for the category.
- W = The specifier “with onset during withdrawal” may be noted for the category.
- I/W = Either “with onset during intoxication” or “with onset during withdrawal” may be noted for the category

*Also hallucinogen persisting perception disorder (flashbacks).

**Includes amphetamine-type substances, cocaine, and other or unspecified stimulants.

Diagnostic features

Substance/medication-induced psychotic disorder is characterized by prominent delusions and/or hallucinations caused by the effects of a substance. These symptoms typically arise during or soon after substance use and may persist for weeks. Diagnosis requires clear evidence from history, physical examination, or laboratory findings that the substance is the cause.

To differentiate substance/medication-induced psychotic disorder from other psychotic disorders, consider the following:

- **Onset and course:** Symptoms must arise during or soon after substance intoxication or withdrawal and may persist for weeks. If psychotic symptoms precede substance use or persist for a substantial period (e.g., a month or more) after cessation of substance use, an independent psychotic disorder should be considered.

- **Exclusion of other disorders:** Psychotic symptoms should not be better explained by an independent psychotic disorder, such as schizophrenia, schizoaffective disorder, or mood disorders with psychotic features. The symptoms should not occur exclusively during the course of a delirium.
 - **Associated conditions:** Consider whether symptoms are atypical for primary psychotic disorders (e.g., onset after age 35) or if the individual has a history of recurrent psychotic episodes independent of substance use.
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Diagnostic markers

With substances for which relevant blood levels are available (e.g., blood alcohol level, other quantifiable blood levels such as digoxin), the presence of a level consistent with toxicity may increase diagnostic certainty.

Recording procedures

When recording the diagnosis, specify the substance involved and whether there is a comorbid substance use disorder. For example, if the psychosis is due to cocaine with a severe cocaine use disorder, record: "severe cocaine use disorder with cocaine-induced psychotic disorder, with onset during intoxication."

The diagnostic code is selected from the ICD-10-CM table included in the criteria, which is based on the drug class and presence or absence of a comorbid substance use disorder. For substances that do not fit into any of the classes (e.g., dexamethasone), the code for "other (or unknown) substance" should be used; and in cases in which a substance is judged to be an etiological factor but the specific class of substance is unknown, the same code should also be used.

If the disorder occurs without a comorbid substance use disorder, no accompanying substance use disorder is noted. For example: "F16.959 phencyclidine-induced psychotic disorder, with onset during intoxication."

When more than one substance plays a significant role in the development of psychotic symptoms, each substance should be listed separately. For example: "F12.259 severe cannabis use disorder with cannabis-induced psychotic disorder, with onset during intoxication; F16.159 mild phencyclidine use disorder with phencyclidine-induced psychotic disorder, with onset during intoxication."

Differential diagnosis

- **Substance intoxication or withdrawal:** Distinguished by whether the individual retains insight into the fact that the perceptions are substance-induced. Flashback hallucinations long after stopping intake are diagnosed hallucinogen persisting perception disorder. Psychotic symptoms during severe withdrawal are associated feature of the delirium. Delusions in the context of a major or mild neurocognitive disorder would be diagnosed as major or mild neurocognitive disorder, with behavioral disturbance.
- **Independent psychotic disorder:** Considered if psychotic symptoms persist for a substantial period after cessation of substance use or if there is a history of recurrent psychotic episodes independent of substance use.
- **Psychotic disorder due to another medical condition:** Diagnosed if the psychotic symptoms are better explained by a medical condition rather than substance use.

- **Other psychotic disorders:** Includes disorders where psychotic symptoms are not limited to delusions or hallucinations, such as disorganized speech or behavior.
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Associated features

Psychotic symptoms can be associated with intoxication from substances like alcohol, cannabis, hallucinogens, inhalants, sedatives, stimulants, and other drugs. Withdrawal from substances like alcohol and sedatives can also cause psychotic symptoms. Medications such as anticholinergics, anticonvulsants, corticosteroids, and others may induce psychosis.

Additional notes

Hey team, some quick reminders about diagnosing substance-induced psychosis:

Key Symptoms: Remember, look for delusions and/or hallucinations that develop during or soon after substance use.

Duration and Timing: Symptoms need to show up during intoxication or withdrawal. If they persist long after the substance is out of the system, consider an independent psychotic disorder.

Substance History: Make sure to get a detailed history to confirm the substance is capable of causing these symptoms. Check for any medications or recent substance use.

Exclude Other Causes: Rule out other psychotic disorders and make sure the symptoms are not occurring exclusively during delirium.

Severity Ratings: Use the 5-point scale to assess the severity of delusions, hallucinations, abnormal psychomotor behavior, and negative symptoms over the last week.

ICD-10 Coding: Be precise with coding. If there's a comorbid substance use disorder, use the 4th position character "1" for mild, "2" for moderate/severe, and "9" if no use disorder is present. Always specify the substance involved.

Recording Diagnosis: Include the substance and whether there's a comorbid use disorder. For multiple substances, list each separately with their respective codes.

Differential Diagnosis: Keep in mind, substance-induced psychosis can be confused with substance intoxication, withdrawal, or primary psychotic disorders. Be thorough in your assessment.

Associated Substances: Common culprits include alcohol, cannabis, hallucinogens, inhalants, sedatives, and stimulants. Don't forget medications like anticholinergics and corticosteroids can also induce psychosis.

Reminder: This handout is an abridged version of the DSM-5-TR's section on Substance/Medication-Induced Psychotic Disorder that focuses only on details relevant to diagnosing that disorder. For more details regarding the prevalence, functional consequences, and development and course of this disorder, consult the complete DSM-5-TR.
