Alcohol-Related Disorders Differential Diagnosis Assessment

Disclaimer: This assessment is for educational and informational purposes only. It is not a substitute for a comprehensive diagnostic evaluation by a qualified mental health or medical professional. Alcohol withdrawal can be medically dangerous and, in some cases, life-threatening. When significant withdrawal symptoms are suspected, prompt medical evaluation is warranted.

1. Initial Assessment

- ❑ Is there current or recent alcohol use?
- ❑ What type of alcohol is being used, and approximately how much?
- ❑ How frequently is alcohol used?
- ❑ When was the person's last drink?
- ❑ Has alcohol use increased, decreased, or remained stable?
- ❑ Is alcohol being used to cope with anxiety, depression, trauma, insomnia, pain, or other distress?
- ❑ Has alcohol use caused problems at work, school, home, or in relationships?
- ❑ Has the person experienced blackouts, injuries, accidents, or other consequences?
- ❑ Has the person previously experienced withdrawal?
- ❑ Are there current medical, psychiatric, or substance-use concerns that require immediate attention?

2. Alcohol Use Disorder (AUD)

Consider Alcohol Use Disorder when a problematic pattern of alcohol use leads to clinically significant impairment or distress.

- ❑ Drinking more or longer than intended.
- ❑ Repeated unsuccessful efforts to cut down or control drinking.
- ❑ Spending substantial time obtaining, using, or recovering from alcohol.
- ❑ Craving or strong urges to drink.
- ❑ Recurrent alcohol use interfering with work, school, family, or other responsibilities.
- ❑ Continued drinking despite recurrent interpersonal or social problems caused or worsened by alcohol.
- ❑ Giving up or reducing important activities because of alcohol use.
- ❑ Recurrent alcohol use in physically hazardous situations.
- ❑ Continuing to drink despite knowing that alcohol is causing or worsening a physical or psychological problem.
- ❑ Tolerance.
- ❑ Withdrawal.

Differential considerations:

- ❑ Alcohol intoxication
- ❑ Alcohol withdrawal
- ❑ Other substance use disorders
- ❑ Depressive disorders
- ❑ Bipolar disorders
- ❑ Anxiety disorders
- ❑ Trauma- and stressor-related disorders
- ❑ Sleep-wake disorders
- ❑ Medical conditions contributing to problematic drinking

3. Alcohol Intoxication

Consider Alcohol Intoxication when recent alcohol ingestion is followed by clinically significant behavioral or psychological changes accompanied by physical or neurological signs.

- ❑ Recent alcohol consumption.
- ❑ Slurred speech.
- ❑ Incoordination.
- ❑ Unsteady gait.
- ❑ Impaired attention or memory.
- ❑ Impaired judgment.
- ❑ Altered behavior or mood.
- ❑ Changes in level of consciousness.
- ❑ Symptoms that occur during or shortly after drinking.

Differentiate from:

- ❑ Head injury
- ❑ Hypoglycemia
- ❑ Medication effects
- ❑ Other substance intoxication
- ❑ Delirium
- ❑ Neurological conditions
- ❑ Alcohol withdrawal

Clinical caution: Severe intoxication with markedly impaired consciousness, breathing abnormalities, repeated vomiting, seizures, or inability to awaken requires emergency medical evaluation.

4. Alcohol Withdrawal

Consider Alcohol Withdrawal when characteristic symptoms develop after stopping or substantially reducing heavy and prolonged alcohol use.

- ❑ Recent reduction or cessation of alcohol.
- ❑ Anxiety or agitation.
- ❑ Irritability.
- ❑ Tremor.
- ❑ Sweating.
- ❑ Nausea or vomiting.
- ❑ Insomnia.
- ❑ Increased heart rate.
- ❑ Headache.
- ❑ Perceptual disturbances.
- ❑ Seizures.
- ❑ Confusion or disorientation.
- ❑ Autonomic instability.

Important differential diagnoses:

- ❑ Panic attacks
- ❑ Generalized anxiety
- ❑ Medication withdrawal
- ❑ Stimulant intoxication or withdrawal
- ❑ Other substance withdrawal
- ❑ Infection
- ❑ Metabolic disorders
- ❑ Neurological disorders
- ❑ Delirium from another cause

Emergency consideration: Alcohol withdrawal can progress to seizures or delirium tremens. Severe confusion, hallucinations, seizures, extreme agitation, fever, or significant autonomic instability warrants immediate medical assessment.

5. Other Alcohol-Induced Disorders

Consider an alcohol-induced disorder when symptoms of another psychiatric or cognitive condition appear to be directly related to alcohol intoxication, withdrawal, or alcohol use.

What symptoms are present?

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Did symptoms begin during or soon after alcohol use or withdrawal? Yes | No

Did symptoms improve when alcohol use stopped? Yes | No

Have similar symptoms occurred during sustained periods of abstinence? Yes | No

Is there evidence of an independent disorder predating alcohol use? Yes | No

Could another substance or medical condition better explain the symptoms? Yes | No

Potential presentations may involve:

- ❑ Depressive symptoms
- ❑ Anxiety symptoms
- ❑ Sleep disturbance
- ❑ Psychotic symptoms
- ❑ Cognitive impairment
- ❑ Other clinically significant alcohol-related psychological symptoms

Key differential question: Does the psychiatric syndrome persist independently of alcohol exposure, or does it closely track alcohol use, intoxication, or withdrawal?

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6. Unspecified Alcohol-Related Disorder

Consider Unspecified Alcohol-Related Disorder when:

- ❑ Alcohol-related symptoms cause clinically significant distress or impairment.
- ❑ Available information is insufficient to establish a more specific alcohol-related diagnosis.
- ❑ The presentation does not clearly meet criteria for another specified alcohol-related disorder.
- ❑ Circumstances prevent a complete diagnostic assessment.

This category should generally be used when the clinician has enough information to recognize a clinically significant alcohol-related problem but cannot confidently determine the more specific diagnosis.

7. Differential Diagnosis: Quick Comparison

Presentation	Key Question	Important Distinction
Alcohol Use Disorder	Is there a problematic pattern of alcohol use?	Persistent pattern with impairment/distress
Alcohol Intoxication	Has recent drinking produced behavioral/physical changes?	Occurs during or shortly after alcohol consumption
Alcohol Withdrawal	Did symptoms emerge after reducing/stopping alcohol?	Temporal relationship to cessation or reduction
Alcohol-Induced Disorder	Are psychiatric symptoms caused by alcohol?	Symptoms closely related to intoxication/withdrawal
Unspecified Alcohol-Related Disorder	Is there clinically significant alcohol-related impairment but insufficient information for specificity?	Used when a more specific diagnosis cannot be established

8. MBE Assessment Questions

What role does alcohol play in your daily environment?

What situations, relationships, or environments increase the urge to drink?

What happens in your body immediately before you drink?

What emotions or thoughts tend to precede drinking?

What does alcohol temporarily provide for you?

What does alcohol cost you over time?

How does your relationship with alcohol affect your connection with other people?

How does it affect your connection with yourself?

How does your environment support or undermine recovery?

What healthier sources of connection, regulation, meaning, or belonging are available?

9. Clinical Formulation

Consider the interaction among: Alcohol use → biological effects → thoughts/emotions → behavior → relationships → environment → consequences → continued alcohol use

The MBE perspective does not replace diagnostic criteria. Instead, it adds context by asking not only "What disorder is present?" but also "What function is alcohol serving, what conditions maintain the pattern, and what changes might support healthier functioning?" MBE asks, "What is the function of the dysfunction, and what positive coping skills can we replace it with?"

Clinical note: Diagnosis should be based on the current DSM-5-TR criteria and a comprehensive clinical assessment rather than this educational worksheet alone.

CLINICAL NOTES