Caffeine-Related Disorders

Differential Diagnosis Assessment

This assessment is designed to assist clinicians in evaluating whether a person's symptoms are best explained by a caffeine-related disorder or by another psychiatric, substance-related, medication-induced, sleep-related, or medical condition. It is intended as a clinical decision-support worksheet and not as a substitute for a comprehensive diagnostic evaluation.

1. Caffeine Use Assessment

Caffeine Sources

Check all that apply:

- ❑ Coffee
- ❑ Tea
- ❑ Energy drinks
- ❑ Soft drinks
- ❑ Chocolate/cocoa products
- ❑ Pre-workout or performance products
- ❑ Caffeine-containing medications
- ❑ Dietary supplements
- ❑ Other: _____

Pattern of Use

Approximate daily caffeine intake: _____

Frequency of use:

- ❑ Occasional
- ❑ Daily
- ❑ Multiple times daily
- ❑ Variable/binge pattern

Typical time of first use: _____

Typical time of last use: _____

Recent increase in caffeine consumption?

- ❑ No
- ❑ Yes — describe: _____

Recent decrease or cessation?

- ❑ No
- ❑ Yes — describe: _____

Date/time of last caffeine use: _____

2. Presenting Symptoms

Identify current or recent symptoms:

- ❑ Restlessness
- ❑ Nervousness
- ❑ Anxiety

- ❑ Excitement/agitation
- ❑ Insomnia
- ❑ Irritability
- ❑ Headache
- ❑ Fatigue
- ❑ Difficulty concentrating
- ❑ Depressed or dysphoric mood
- ❑ Muscle tension/twitching
- ❑ Gastrointestinal discomfort
- ❑ Nausea/vomiting
- ❑ Increased urination
- ❑ Tremor
- ❑ Rapid heartbeat/palpitations
- ❑ Other: _____

Onset of symptoms: _____

Relationship to caffeine consumption or cessation: _____

Duration: _____

Severity:

- ❑ Mild
- ❑ Moderate
- ❑ Severe

Functional impairment:

- ❑ None
- ❑ Occupational/academic
- ❑ Social/interpersonal
- ❑ Sleep
- ❑ Physical functioning
- ❑ Other: _____

Clinical Notes on Caffeine Use Assessment

_____

_____

_____

_____

3. Caffeine Intoxication

Caffeine intoxication should be considered when clinically significant symptoms occur during or shortly after caffeine consumption, particularly following unusually high or excessive exposure.

Assessment Questions

1. Did symptoms begin during or shortly after caffeine consumption?
   - ❑ Yes
   - ❑ No
   - ❑ Unclear
2. Was there a recent increase in caffeine intake?
   - ❑ Yes
   - ❑ No
   - ❑ Unclear
3. Was caffeine consumed in a concentrated form or unusually large amount?
   - ❑ Yes
   - ❑ No
   - ❑ Unclear
4. Are symptoms consistent with caffeine's known physiological or psychological effects?
   - ❑ Yes
   - ❑ No
   - ❑ Unclear
5. Do symptoms cause clinically significant distress or impairment?
   - ❑ Yes
   - ❑ No

Differential Diagnosis for Caffeine Intoxication

Consider:

- ❑ **Panic attacks or panic disorder**
  Caffeine can produce sensations that resemble panic, including palpitations, trembling, and intense anxiety. A primary panic disorder is more likely when recurrent unexpected panic attacks and persistent concern or behavioral changes occur independently of caffeine exposure.
- ❑ **Generalized anxiety disorder**
  Consider whether excessive worry and associated symptoms occur across situations and persist independently of caffeine consumption.
- ❑ **Manic or hypomanic episode**
  Elevated or persistently irritable mood, decreased need for sleep, grandiosity, increased goal-directed activity, pressured speech, or other characteristic symptoms suggest a mood episode rather than caffeine intoxication alone.
- ❑ **Other stimulant intoxication**
  Amphetamines, cocaine, prescription stimulants, and other stimulants may produce symptoms similar to caffeine intoxication.
- ❑ **Medication-induced symptoms**
  Decongestants, bronchodilators, thyroid medications, and other medications may cause anxiety, tremor, tachycardia, or insomnia.

- ❑ **Medical conditions**
  Hyperthyroidism, cardiac arrhythmias, hypoglycemia, and other medical conditions may mimic caffeine-related symptoms.

Clinical Impression

- ❑ Caffeine intoxication appears likely
- ❑ Caffeine intoxication appears unlikely
- ❑ Further assessment needed

Clinical rationale:

4. Caffeine Withdrawal

Caffeine withdrawal should be considered when characteristic symptoms develop after reduction or cessation of regular caffeine use.

Assessment Questions

1. Has the person been consuming caffeine regularly?
   - ❑ Yes
   - ❑ No
   - ❑ Unclear
2. Was caffeine recently reduced or stopped?
   - ❑ Yes
   - ❑ No
   - ❑ Unclear
3. Did symptoms emerge following the reduction or cessation?
   - ❑ Yes
   - ❑ No
   - ❑ Unclear
4. Are headache, fatigue, drowsiness, difficulty concentrating, irritability, depressed mood, nausea, or muscle discomfort present?
   - ❑ Yes
   - ❑ No
5. Do symptoms improve after caffeine is consumed?
   - ❑ Yes
   - ❑ No
   - ❑ Unknown

Differential Diagnosis for Caffeine Withdrawal

- ❑ **Major depressive disorder**
  Consider whether depressed mood, anhedonia, guilt/worthlessness, suicidality, or other depressive symptoms persist beyond the expected withdrawal pattern.
- ❑ **Sleep deprivation**
  Fatigue, irritability, headaches, and concentration problems may result from inadequate sleep rather than caffeine withdrawal.
- ❑ **Primary headache disorders**
  Migraine or other recurrent headache disorders should be considered when headache characteristics are consistent with an independent headache disorder.
- ❑ **Viral or other medical illness**
  Fatigue, headache, nausea, and muscle aches can occur with infections and other medical conditions.
- ❑ **Other substance withdrawal**
  Determine whether alcohol, nicotine, sedatives, opioids, stimulants, or other substances were also reduced or discontinued.
- ❑ **Medication withdrawal or rebound effects**
  Changes in prescribed or over-the-counter medications can produce symptoms that resemble caffeine withdrawal.

Clinical Impression

- ❑ Caffeine withdrawal appears likely
- ❑ Caffeine withdrawal appears unlikely
- ❑ Further assessment needed

Clinical rationale:

5. Other Caffeine-Induced Disorders

Consider this category when caffeine appears to directly cause a clinically significant mental or behavioral syndrome that does not fit the presentation of caffeine intoxication or withdrawal.

Assessment

Is there a clear temporal relationship between caffeine exposure and the symptoms?

- ❑ Yes
- ❑ No
- ❑ Unclear

Do symptoms represent a clinically significant syndrome?
- ❑ Yes
- ❑ No
- ❑ Unclear

Do symptoms cause distress or functional impairment?
- ❑ Yes
- ❑ No

Is another psychiatric disorder a better explanation?
- ❑ Yes
- ❑ No
- ❑ Unclear

Is another substance or medication a better explanation?
- ❑ Yes
- ❑ No
- ❑ Unclear

Is a medical condition a better explanation?
- ❑ Yes
- ❑ No
- ❑ Unclear

Potential Presentations

Document the predominant presentation:
- ❑ Anxiety-related symptoms
- ❑ Sleep-related symptoms
- ❑ Mood-related symptoms
- ❑ Cognitive symptoms
- ❑ Perceptual symptoms
- ❑ Other: _____

Clinical rationale:

6. Unspecified Caffeine-Related Disorder

An unspecified caffeine-related disorder may be considered when clinically significant caffeine-related symptoms are present but there is insufficient information to make a more specific caffeine-related diagnosis, or when the clinician chooses not to specify the reason that a more specific diagnosis cannot be established.

Assessment

- ❑ Caffeine appears clinically relevant to the presentation.
- ❑ Symptoms cause clinically significant distress or impairment.
- ❑ Available information is insufficient for a more specific caffeine-related diagnosis.
- ❑ Additional assessment is needed.
- ❑ Another diagnosis may ultimately better explain the presentation.

Reason for using an unspecified category:

7. Differential Diagnosis Summary

Condition	Key Assessment Question	Findings
Caffeine Intoxication	Did symptoms occur during or shortly after excessive caffeine exposure?	_____
Caffeine Withdrawal	Did symptoms emerge after reducing or stopping regular caffeine use?	_____
Other Caffeine-Induced Disorder	Is caffeine causing a clinically significant syndrome that does not fit intoxication or withdrawal?	_____
Unspecified Caffeine-Related Disorder	Is caffeine-related impairment present but insufficiently characterized for a specific diagnosis?	_____
Anxiety Disorder	Do symptoms occur independently of caffeine exposure?	_____
Mood Disorder	Is there a sustained mood episode independent of caffeine?	_____
Other Substance-Related Disorder	Could another substance better explain the symptoms?	_____
Medication-Induced Condition	Could a medication or supplement explain the symptoms?	_____
Sleep-Wake Disorder	Could inadequate or disrupted sleep explain the presentation?	_____
Medical Condition	Could a medical condition better explain the symptoms?	_____

8. Clinical Decision-Making

Most Likely Diagnosis

- ❑ No caffeine-related disorder
- ❑ Caffeine intoxication
- ❑ Caffeine withdrawal
- ❑ Other caffeine-induced disorder
- ❑ Unspecified caffeine-related disorder
- ❑ Other diagnosis: _____

Important Differential Diagnoses

1. _____
2. _____
3. _____
4. _____

Evidence Supporting the Primary Diagnosis

_____

_____

_____

Evidence Against Alternative Diagnoses

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_____

_____

Additional Information Needed

_____

_____

_____

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Clinical Disclaimer

This assessment is intended for educational and clinical decision-support purposes. It is not a substitute for a complete diagnostic evaluation or professional clinical judgment. Diagnostic decisions should be based on the current edition of the applicable diagnostic manual, a comprehensive clinical interview, relevant medical assessment, substance and medication history, and consideration of cultural and contextual factors. When symptoms could represent a medical emergency, appropriate medical evaluation should take priority.