Hallucinogen-Related Disorders

Differential Diagnosis Assessment

This assessment is designed to assist clinicians in differentiating hallucinogen-related disorders from other substance-related, psychiatric, medication-induced, neurological, and medical conditions. It is intended as a clinical decision-support worksheet and not as a substitute for a comprehensive diagnostic evaluation.

1. Hallucinogen Use Assessment

Substance Exposure

Identify the substance or substances involved:

- ❑ Phencyclidine (PCP)
- ❑ LSD
- ❑ Psilocybin/psilocin
- ❑ DMT
- ❑ Mescaline/peyote
- ❑ Ayahuasca or other DMT-containing preparation
- ❑ Salvia
- ❑ Other hallucinogen: _____
- ❑ Substance unknown: _____
- ❑ Multiple substances: _____

Route of administration:

- ❑ Oral
- ❑ Smoked/inhaled
- ❑ Intranasal
- ❑ Injected
- ❑ Other: _____

Frequency of use:

- ❑ Occasional
- ❑ Weekly
- ❑ Several times per week
- ❑ Daily
- ❑ Episodic/binge pattern
- ❑ Unknown

Typical amount/potency: _____

Date/time of last use: _____

Recent increase in use:

- ❑ No
- ❑ Yes
- ❑ Unknown

Recent reduction or cessation:

- ❑ No
- ❑ Yes
- ❑ Unknown

Other substances used concurrently:

_____

_____

_____

_____

_____

_____

2. Presenting Symptoms

Check all symptoms currently or recently present:

- ❑ Hallucinations
- ❑ Visual distortions
- ❑ Auditory distortions
- ❑ Altered perception of time
- ❑ Depersonalization
- ❑ Derealization
- ❑ Paranoia
- ❑ Suspiciousness
- ❑ Delusions
- ❑ Disorganized thinking
- ❑ Confusion
- ❑ Disorientation
- ❑ Anxiety
- ❑ Panic
- ❑ Euphoria
- ❑ Dysphoria
- ❑ Agitation
- ❑ Aggression
- ❑ Impulsivity
- ❑ Impaired judgment
- ❑ Impaired coordination
- ❑ Slurred speech
- ❑ Nystagmus
- ❑ Muscle rigidity
- ❑ Tremor
- ❑ Seizure
- ❑ Altered consciousness
- ❑ Memory impairment
- ❑ Insomnia
- ❑ Depressed mood
- ❑ Other: _____

Onset of symptoms

Relationship to substance use

Duration

Current severity:

- ❑ Mild
- ❑ Moderate
- ❑ Severe
- ❑ Potentially life-threatening

Functional impairment:

- ❑ None
- ❑ Occupational/academic
- ❑ Social/interpersonal
- ❑ Family
- ❑ Legal
- ❑ Financial
- ❑ Physical health
- ❑ Safety
- ❑ Other: _____

3. Phencyclidine (PCP) Use Disorder

Consider PCP Use Disorder when there is a problematic pattern of PCP use resulting in clinically significant impairment or distress.

Assessment of Problematic Use

During the relevant assessment period:

- ❑ PCP is used in larger amounts or for longer than intended.
- ❑ There have been unsuccessful efforts to reduce or control PCP use.
- ❑ Significant time is spent obtaining, using, or recovering from PCP.
- ❑ There is a strong desire, craving, or urge to use PCP.
- ❑ Recurrent PCP use results in failure to fulfill major responsibilities.
- ❑ PCP use continues despite recurrent social or interpersonal problems.
- ❑ Important activities are reduced or abandoned because of PCP use.
- ❑ PCP is used in physically hazardous situations.
- ❑ PCP use continues despite awareness of a physical or psychological problem caused or worsened by PCP.
- ❑ Tolerance is present.
- ❑ Withdrawal-related symptoms are reported or clinically relevant.

Number of endorsed criteria: _____

Functional Consequences

PCP use has contributed to:

- ❑ Work/school impairment
- ❑ Relationship problems
- ❑ Family problems
- ❑ Legal problems
- ❑ Financial problems
- ❑ Medical problems
- ❑ Accidents/injuries
- ❑ Risky behavior
- ❑ Other: _____

CLINICAL NOTES SUPPORTING THE ABOVE

_____

_____

_____

_____

_____

Differential Diagnosis for PCP Use Disorder

- ❑ **Other Substance Use Disorder**
  Determine whether alcohol, stimulants, opioids, cannabis, sedatives, or other substances better explain the problematic pattern or whether multiple substance use disorders are present.
- ❑ **Bipolar and related disorders**
  Impulsivity, agitation, decreased sleep, increased activity, and mood elevation may reflect a primary mood disorder rather than substance use.
- ❑ **Psychotic disorders**
  Paranoia, hallucinations, and disorganization should be evaluated for persistence outside periods of substance exposure.
- ❑ **Antisocial personality disorder or other personality pathology**
  Behavioral problems should not automatically be attributed to PCP use when a longstanding pattern exists across contexts.
- ❑ **Trauma- and stressor-related disorders**
  Hyperarousal, dissociation, avoidance, and altered emotional states may overlap with substance-related presentations.

Clinical Impression

- ❑ PCP Use Disorder appears likely
- ❑ PCP Use Disorder appears unlikely
- ❑ Further assessment needed

Clinical rationale:

4. Other Hallucinogen Use Disorder

Consider Other Hallucinogen Use Disorder when a problematic pattern of use involving a hallucinogen other than PCP results in clinically significant impairment or distress.

Assessment

- ❑ Uses larger amounts or for longer than intended.
- ❑ Repeated unsuccessful efforts to cut down.
- ❑ Significant time devoted to obtaining, using, or recovering from the substance.
- ❑ Craving or strong urge to use.
- ❑ Failure to fulfill major responsibilities.
- ❑ Continued use despite social/interpersonal problems.
- ❑ Important activities reduced or abandoned.
- ❑ Use in hazardous situations.
- ❑ Continued use despite physical or psychological consequences.
- ❑ Tolerance.
- ❑ Withdrawal-related symptoms, when clinically applicable.

Number of endorsed criteria: _____

Differential Diagnosis

Consider:

- ❑ Primary psychotic disorders
- ❑ Bipolar disorders
- ❑ Anxiety and panic disorders
- ❑ Depersonalization/derealization disorder
- ❑ Trauma-related disorders
- ❑ Other substance use disorders
- ❑ Medication-induced conditions
- ❑ Neurological disorders
- ❑ Medical conditions

Clinical Impression

- ❑ Other Hallucinogen Use Disorder appears likely
- ❑ Appears unlikely
- ❑ Further assessment needed

Clinical rationale:

5. Phencyclidine Intoxication

Consider PCP intoxication when clinically significant behavioral, psychological, or physiological changes develop during or shortly after PCP exposure.

Potential Features

- ❑ Belligerence/aggression
- ❑ Impulsivity
- ❑ Agitation
- ❑ Assaultive behavior
- ❑ Anxiety
- ❑ Paranoia
- ❑ Hallucinations
- ❑ Psychosis
- ❑ Impaired judgment
- ❑ Disorientation
- ❑ Confusion
- ❑ Analgesia
- ❑ Nystagmus
- ❑ Hypertension
- ❑ Tachycardia
- ❑ Reduced response to pain
- ❑ Muscle rigidity
- ❑ Seizures
- ❑ Coma or markedly altered consciousness
- ❑ Other: _____

Did symptoms occur during or shortly after PCP exposure?

- ❑ Yes
- ❑ No
- ❑ Unclear

CLINICAL NOTES SUPPORTING THE ABOVE

Differential Diagnosis for PCP Intoxication

- ❑ **Stimulant intoxication**
  Amphetamines, cocaine, and other stimulants can produce agitation, paranoia, psychosis, hypertension, and tachycardia.
- ❑ **Other hallucinogen intoxication**
  LSD, psilocybin, DMT, and other hallucinogens can cause perceptual disturbances and altered cognition but may differ in behavioral and physiological presentation.
- ❑ **Alcohol or sedative intoxication**
  Disorientation, impaired coordination, and altered consciousness may have multiple substance-related causes.
- ❑ **Delirium**
  Acute disturbance in attention and awareness, particularly with a medical cause, should prompt consideration of delirium.
- ❑ **Primary psychotic disorder**
  Psychosis that persists beyond expected intoxication should be evaluated for an independent psychotic disorder.
- ❑ **Mania**
  Agitation, decreased sleep, impulsivity, and grandiosity may indicate a manic episode.
- ❑ **Neurological or medical emergency**
  Seizure, head injury, metabolic disturbance, infection, or other medical conditions may produce altered consciousness or abnormal behavior.

Clinical Impression

- ❑ PCP intoxication appears likely
- ❑ PCP intoxication appears unlikely
- ❑ Further assessment needed
- ❑ Emergency medical evaluation indicated

Clinical rationale:

6. Other Hallucinogen Intoxication

Consider Other Hallucinogen Intoxication when clinically significant psychological or behavioral changes develop during or shortly after use of a hallucinogen other than PCP.

Potential Features

- ❑ Perceptual disturbances
- ❑ Hallucinations
- ❑ Intensified colors or visual experiences
- ❑ Altered perception of objects
- ❑ Distorted sense of time
- ❑ Depersonalization
- ❑ Derealization
- ❑ Anxiety
- ❑ Panic
- ❑ Paranoia
- ❑ Impaired judgment
- ❑ Impaired coordination
- ❑ Confusion
- ❑ Agitation
- ❑ Other: _____

Differential Diagnosis

- ❑ **Panic or anxiety disorders**
  Determine whether anxiety or panic occurs independently of hallucinogen use.
- ❑ **Primary psychotic disorder**
  Persistent hallucinations, delusions, or disorganization outside intoxication require evaluation for a primary psychotic disorder.
- ❑ **Bipolar disorder**
  Mood elevation, decreased need for sleep, grandiosity, and increased goal-directed activity may represent mania or hypomania.
- ❑ **Dissociative disorders**
  Depersonalization and derealization may occur independently of hallucinogen exposure.
- ❑ **Other substance intoxication**
  Stimulants, cannabis, PCP, dissociatives, and other substances can cause perceptual or behavioral changes.
- ❑ **Neurological conditions**
  Seizures, migraine phenomena, delirium, and other neurological conditions may produce perceptual abnormalities.

Clinical Impression

- ❑ Other Hallucinogen Intoxication appears likely
- ❑ Appears unlikely
- ❑ Further assessment needed

Clinical rationale:

7. Other Phencyclidine-Induced Disorders

Consider an Other Phencyclidine-Induced Disorder when PCP appears to directly cause a clinically significant psychiatric syndrome that does not fit PCP intoxication or another specific PCP-related presentation.

Assessment

Clear temporal relationship between PCP exposure and symptoms:

- ❑ Yes
- ❑ No
- ❑ Unclear

Symptoms occur primarily during or after PCP exposure:

- ❑ Yes
- ❑ No
- ❑ Unclear

Clinically significant distress or impairment:

- ❑ Yes
- ❑ No

Symptoms persist beyond the expected period of intoxication:

- ❑ Yes
- ❑ No
- ❑ Unknown

Another psychiatric disorder better explains the symptoms:

- ❑ Yes
- ❑ No
- ❑ Unclear

Another substance or medication better explains the symptoms:

- ❑ Yes
- ❑ No
- ❑ Unclear

A medical or neurological condition better explains the symptoms:

- ❑ Yes
- ❑ No
- ❑ Unclear

Predominant presentation:

- ❑ Anxiety-related
- ❑ Depressive/mood-related
- ❑ Psychotic
- ❑ Sleep-related
- ❑ Cognitive
- ❑ Perceptual
- ❑ Other: _____

Clinical rationale:

8. Other Hallucinogen-Induced Disorders

Consider an Other Hallucinogen-Induced Disorder when a hallucinogen other than PCP appears to cause a clinically significant psychiatric syndrome that does not fit intoxication or another more specific diagnosis.

Assessment

- ❑ Clear temporal relationship to hallucinogen exposure
- ❑ Clinically significant distress or impairment
- ❑ Symptoms are plausibly caused by the hallucinogen
- ❑ Symptoms are not better explained by intoxication alone
- ❑ Symptoms are not better explained by withdrawal or another substance-related condition
- ❑ Primary psychiatric disorders have been considered
- ❑ Medical/neurological causes have been considered

Predominant presentation:

- ❑ Anxiety
- ❑ Depressive/mood
- ❑ Psychotic
- ❑ Sleep-related
- ❑ Cognitive
- ❑ Perceptual
- ❑ Other: _____

Clinical rationale:

9. Unspecified Phencyclidine-Related Disorder

Consider an Unspecified Phencyclidine-Related Disorder when clinically significant PCP-related symptoms are present but available information is insufficient to establish a more specific diagnosis, or when the clinician chooses not to specify why the presentation does not meet criteria for a more specific PCP-related diagnosis.

Assessment

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

Reason for using unspecified category:

10. Unspecified Hallucinogen-Related Disorder

Consider an Unspecified Hallucinogen-Related Disorder when clinically significant hallucinogen-related symptoms are present but there is insufficient information to establish a more specific diagnosis, or when the clinician chooses not to specify why a more specific diagnosis cannot be established.

Assessment

- ❑ Hallucinogen use is clinically relevant.
- ❑ Symptoms cause clinically significant distress or impairment.
- ❑ The specific hallucinogen or clinical syndrome cannot be adequately established.
- ❑ Additional assessment is needed.
- ❑ Another diagnosis may ultimately better explain the presentation.

Reason for using unspecified category:

11. Differential Diagnosis Summary

Condition	Primary Question	Findings
PCP Use Disorder	Is there a problematic pattern of PCP use causing impairment or distress?	_____
Other Hallucinogen Use Disorder	Is there a problematic pattern of non-PCP hallucinogen use?	_____
PCP Intoxication	Did significant symptoms develop during or shortly after PCP use?	_____
Other Hallucinogen Intoxication	Did significant symptoms develop during or shortly after use of another hallucinogen?	_____
Other PCP-Induced Disorder	Is PCP causing a clinically significant syndrome not better classified elsewhere?	_____
Other Hallucinogen-Induced Disorder	Is another hallucinogen causing a clinically significant syndrome not better classified elsewhere?	_____
Unspecified PCP-Related Disorder	Is a PCP-related condition evident but insufficiently characterized?	_____

Condition	Primary Question	Findings
Unspecified Hallucinogen-Related Disorder	Is a hallucinogen-related condition evident but insufficiently characterized?	_____
Psychotic Disorder	Do hallucinations/delusions persist independently of substance exposure?	_____
Bipolar Disorder	Are mood elevation, decreased need for sleep, or increased activity independent of substance use?	_____
Anxiety/Panic Disorder	Do anxiety or panic symptoms occur independently of intoxication?	_____
Dissociative Disorder	Do depersonalization/derealization symptoms occur independently of substance use?	_____
Other Substance Use Disorder	Could another substance better explain the presentation?	_____
Medication-Induced Condition	Could medication or supplements account for symptoms?	_____
Neurological/Medical Condition	Could a medical or neurological condition better explain the symptoms?	_____
Delirium	Is there an acute disturbance in attention and awareness due to a medical/substance cause?	_____

12. Clinical Decision-Making

Most Likely Diagnosis

- ❑ No hallucinogen-related disorder
- ❑ PCP Use Disorder
- ❑ Other Hallucinogen Use Disorder
- ❑ PCP Intoxication
- ❑ Other Hallucinogen Intoxication
- ❑ Other Phencyclidine-Induced Disorder
- ❑ Other Hallucinogen-Induced Disorder
- ❑ Unspecified Phencyclidine-Related Disorder
- ❑ Unspecified Hallucinogen-Related Disorder
- ❑ Other diagnosis: _____

Important Differential Diagnoses

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

Evidence Supporting Primary Diagnosis

Evidence Against Alternative Diagnoses

Additional Information Needed

Safety and Clinical Considerations

Acute PCP or hallucinogen presentations can involve severe agitation, impaired judgment, psychosis, altered consciousness, accidents, aggression, seizures, hyperthermia, cardiovascular complications, or other potentially serious medical complications. When severe agitation, markedly altered consciousness, seizures, significant cardiovascular symptoms, dangerous behavior, severe hyperthermia, or other medical concerns are present, medical evaluation should take priority over routine diagnostic clarification.

Clinical Disclaimer

This assessment is intended for educational and clinical decision-support purposes. It is not a substitute for a comprehensive diagnostic evaluation or professional clinical judgment. Diagnostic decisions should be based on the current applicable diagnostic criteria, clinical interview, substance-use history, medication review, medical and neurological assessment, functional impairment, and relevant cultural and contextual factors. Substance-induced symptoms may closely resemble primary psychiatric disorders, and establishing the temporal relationship between substance exposure and symptoms is essential.