Inhalant-Related Disorders

Differential Diagnosis Assessment

This assessment is designed to assist clinicians in differentiating inhalant-related disorders from other substance-related, psychiatric, medication-induced, neurological, and medical conditions. It can be used as a structured clinical worksheet when evaluating possible Inhalant Use Disorder, Inhalant Intoxication, Other Inhalant-Induced Disorders, or Unspecified Inhalant-Related Disorder. This worksheet is a clinical support tool and does not replace a comprehensive diagnostic evaluation or professional clinical judgment.

1. Inhalant Exposure Assessment

Substance/Source

Identify the inhaled substance or product:

- ❑ Adhesives/glues
- ❑ Aerosol sprays
- ❑ Gasoline or fuels
- ❑ Paint thinner/remover
- ❑ Cleaning solvents
- ❑ Degreasers
- ❑ Correction fluids
- ❑ Propellants
- ❑ Nitrites/"poppers"
- ❑ Other solvent or chemical: _____
- ❑ Unknown substance

Product name, if known: _____

Primary route:

- ❑ Inhaled fumes/vapors
- ❑ Aerosolized
- ❑ Other: _____

Frequency of use:

- ❑ Experimental/one-time
- ❑ Occasional
- ❑ Weekly
- ❑ Several times weekly
- ❑ Daily
- ❑ Multiple times daily
- ❑ Episodic/binge pattern

Typical duration of use episode: _____
Date/time of most recent exposure: _____

Recent increase in use:

- ❑ No
- ❑ Yes
- ❑ Unknown

Other substances used at the same time:

2. Presenting Symptoms

Check all symptoms currently or recently present:

- ❑ Euphoria
- ❑ Excitement
- ❑ Dizziness
- ❑ Lightheadedness
- ❑ Slurred speech
- ❑ Poor coordination
- ❑ Unsteady gait
- ❑ Blurred or double vision
- ❑ Confusion
- ❑ Disorientation
- ❑ Impaired judgment
- ❑ Memory impairment
- ❑ Drowsiness
- ❑ Stupor
- ❑ Loss of consciousness
- ❑ Agitation
- ❑ Irritability
- ❑ Anxiety
- ❑ Panic
- ❑ Hallucinations
- ❑ Paranoia
- ❑ Delusions
- ❑ Tremor
- ❑ Muscle weakness
- ❑ Nausea/vomiting
- ❑ Headache
- ❑ Seizure
- ❑ Respiratory difficulty
- ❑ Chest pain
- ❑ Abnormal heartbeat/palpitations
- ❑ Other: _____

Course

Onset of symptoms: _____

Relationship to inhalant exposure: _____

Duration: _____

Symptoms resolved after exposure ended?

- ❑ Yes
- ❑ No
- ❑ Partially
- ❑ Unknown

Current severity:

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

Functional impairment:

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

3. Inhalant Use Disorder

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

Assessment of Problematic Use

During the relevant assessment period:

- ❑ Inhalants are used in larger amounts or for longer than intended.
- ❑ There have been unsuccessful efforts to reduce or control inhalant use.
- ❑ Significant time is spent obtaining, using, or recovering from inhalant use.
- ❑ There is a strong desire, craving, or urge to use inhalants.
- ❑ Recurrent inhalant use results in failure to fulfill major responsibilities.
- ❑ Inhalant use continues despite recurrent social or interpersonal problems.
- ❑ Important activities are reduced or abandoned because of inhalant use.

- ❑ Inhalants are used in physically hazardous situations.
- ❑ Inhalant use continues despite awareness of a physical or psychological problem caused or worsened by use.
- ❑ Tolerance is present.
- ❑ Withdrawal-related symptoms are reported or clinically relevant.

Number of endorsed criteria: _____

Functional Consequences

Inhalant use has contributed to:

- ❑ Work/school impairment
- ❑ Relationship problems
- ❑ Family problems
- ❑ Financial problems
- ❑ Legal problems
- ❑ Medical complications
- ❑ Accidents/injuries
- ❑ Risk-taking
- ❑ Neglect of responsibilities
- ❑ Other: _____

Differential Diagnosis for Inhalant Use Disorder

- ❑ **Other Substance Use Disorders**
  Determine whether alcohol, cannabis, stimulants, sedatives, opioids, or other substances better account for the problematic pattern or whether multiple substance use disorders are present.
- ❑ **Behavioral or compulsive patterns without a substance use disorder**
  Repeated use does not automatically establish a substance use disorder. Assess loss of control, persistence despite consequences, impairment, and the broader pattern of use.
- ❑ **Psychotic disorders**
  Paranoia, hallucinations, or disorganized behavior may occur with intoxication but may also reflect an independent psychotic disorder.
- ❑ **Bipolar disorders**
  Impulsivity, risk-taking, decreased sleep, agitation, or elevated mood may occur during mania or hypomania independently of inhalant exposure.
- ❑ **Trauma-related and dissociative disorders**
  Dissociation, emotional dysregulation, and avoidance may contribute to substance use and should be assessed independently.

Clinical Impression

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

Clinical rationale:

4. Inhalant Intoxication

Inhalant Intoxication should be considered when clinically significant behavioral or psychological changes develop during or shortly after exposure to an inhalant.

Potential Features

- ❑ Inappropriate behavior
- ❑ Euphoria
- ❑ Dizziness
- ❑ Slurred speech
- ❑ Unsteady gait
- ❑ Poor coordination
- ❑ Lethargy
- ❑ Reduced alertness
- ❑ Psychomotor slowing
- ❑ Tremor
- ❑ Blurred vision
- ❑ Nystagmus
- ❑ Muscle weakness
- ❑ Impaired judgment
- ❑ Confusion
- ❑ Disorientation
- ❑ Stupor
- ❑ Hallucinations
- ❑ Other: _____

Did symptoms occur during or shortly after inhalant exposure?

- ❑ Yes
- ❑ No
- ❑ Unclear

Is there evidence that the symptoms are attributable to the inhalant?

- ❑ Yes
- ❑ No
- ❑ Unclear

Differential Diagnosis for Inhalant Intoxication

- ❑ **Alcohol intoxication**
  Alcohol can produce slurred speech, impaired coordination, disinhibition, and altered consciousness similar to inhalant intoxication.
- ❑ **Sedative, hypnotic, or anxiolytic intoxication**
  Benzodiazepines, barbiturates, and other sedating substances can produce confusion, impaired coordination, and decreased consciousness.
- ❑ **Other substance intoxication**
  Opioids, cannabis, dissociatives, and other substances may produce overlapping symptoms.
- ❑ **Delirium**
  Acute disturbances in attention and awareness may indicate delirium, particularly when a medical or toxic cause is present.
- ❑ **Neurological conditions**
  Head injury, seizures, stroke, and other neurological conditions can produce sudden confusion, impaired coordination, or altered consciousness.
- ❑ **Metabolic or medical conditions**
  Hypoglycemia, hypoxia, electrolyte abnormalities, and other medical conditions may resemble intoxication.
- ❑ **Psychotic disorders**
  Hallucinations or bizarre behavior that persist outside the period of intoxication require assessment for an independent psychiatric disorder.

Clinical Impression

- ❑ Inhalant Intoxication appears likely
- ❑ Inhalant Intoxication appears unlikely
- ❑ Further assessment needed
- ❑ Emergency medical evaluation indicated

Clinical rationale:

5. Other Inhalant-Induced Disorders

Consider Other Inhalant-Induced Disorders when inhalant exposure appears to directly cause a clinically significant psychiatric syndrome that does not fit the presentation of Inhalant Intoxication.

Assessment

Clear temporal relationship between inhalant exposure and symptoms:

- ❑ Yes
- ❑ No
- ❑ Unclear

Symptoms cause 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
- ❑ Cognitive
- ❑ Perceptual
- ❑ Sleep-related
- ❑ Other: _____

Differential Diagnosis

Consider:

- ❑ Primary psychotic disorders
- ❑ Bipolar and related disorders
- ❑ Depressive disorders
- ❑ Anxiety and panic disorders
- ❑ Trauma- and stressor-related disorders
- ❑ Dissociative disorders
- ❑ Other substance-induced disorders
- ❑ Medication-induced conditions
- ❑ Neurocognitive disorders
- ❑ Neurological conditions
- ❑ Toxic/metabolic conditions

Clinical rationale:

6. Unspecified Inhalant-Related Disorder

Consider an Unspecified Inhalant-Related Disorder when clinically significant inhalant-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

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

Reason for using the unspecified category:

7. Differential Diagnosis Summary

Condition	Primary Question	Findings
Inhalant Use Disorder	Is there a problematic pattern of inhalant use causing impairment or distress?	_____
Inhalant Intoxication	Did significant symptoms occur during or shortly after inhalant exposure?	_____
Other Inhalant-Induced Disorder	Is inhalant exposure causing a clinically significant syndrome not better classified elsewhere?	_____
Unspecified Inhalant-Related Disorder	Is an inhalant-related condition evident but insufficiently characterized?	_____
Alcohol Intoxication	Could alcohol better explain the acute presentation?	_____
Sedative/Hypnotic/Anxiolytic Intoxication	Could sedating medication or substance use account for symptoms?	_____
Other Substance Intoxication	Could another substance explain the symptoms?	_____
Psychotic Disorder	Do psychotic symptoms persist independently of inhalant exposure?	_____
Bipolar Disorder	Are mood elevation, decreased need for sleep, or increased activity independent of substance exposure?	_____
Depressive Disorder	Is there a persistent depressive syndrome independent of inhalant use?	_____
Anxiety/Panic Disorder	Do anxiety or panic symptoms occur independently of intoxication?	_____
Dissociative Disorder	Are dissociative symptoms present independently of inhalant exposure?	_____
Neurocognitive Disorder	Is there persistent cognitive decline beyond an acute intoxication state?	_____
Neurological Condition	Could a neurological disorder explain altered consciousness or behavior?	_____
Medical/Toxicological Condition	Could hypoxia, metabolic disturbance, poisoning, or another medical condition explain symptoms?	_____

CLINICAL NOTES

8. Medical and Safety Assessment

Because inhalants can produce serious and potentially life-threatening toxic effects, assess for:

- ❑ Chest pain
- ❑ Difficulty breathing
- ❑ Cyanosis or signs of inadequate oxygenation
- ❑ Significant cardiac symptoms
- ❑ Loss of consciousness
- ❑ Seizure
- ❑ Severe confusion
- ❑ Severe agitation
- ❑ Significant neurological symptoms
- ❑ Suspected poisoning
- ❑ Significant trauma or injury
- ❑ Suicidal behavior or other immediate safety concerns
- ❑ If present:

Action taken/referral:

9. Clinical Decision-Making

Most Likely Diagnosis

- ❑ No inhalant-related disorder
- ❑ Inhalant Use Disorder
- ❑ Inhalant Intoxication
- ❑ Other Inhalant-Induced Disorder
- ❑ Unspecified Inhalant-Related Disorder
- ❑ Other diagnosis: _____

Important Differential Diagnoses

1.
2.
3.
4.

Evidence Supporting Primary Diagnosis

Evidence Against Alternative Diagnoses

Additional Information Needed

Clinical Disclaimer

This assessment is intended for educational and clinical decision-support purposes. It is not a substitute for a comprehensive diagnostic evaluation, medical evaluation, or professional clinical judgment. Diagnostic decisions should be based on current applicable diagnostic criteria, clinical interview, substance-use history, medication review, medical and neurological assessment, functional impairment, and relevant cultural and contextual factors. Inhalant exposure can produce serious acute and chronic medical complications, and symptoms such as loss of consciousness, seizures, respiratory difficulty, chest pain, significant cardiac symptoms, severe confusion, or other signs of poisoning warrant appropriate emergency medical evaluation.