Opioid-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. Opioid intoxication and withdrawal can involve serious medical risks, including respiratory depression and overdose. Suspected overdose or severe withdrawal requires immediate medical evaluation.

1. Initial Assessment

- ❑ Is there current or recent opioid use?
- ❑ What opioid is being used, including prescription opioids, heroin, or illicitly manufactured opioids?
- ❑ How is the opioid being used—oral, intranasal, smoked, or injected?
- ❑ How frequently and in what amounts is it being used?
- ❑ When was the last dose?
- ❑ Is the opioid prescribed, obtained from another source, or illicit?
- ❑ Has opioid use increased, decreased, or remained stable?
- ❑ Has the person attempted to reduce or stop opioid use?
- ❑ What happens when the person attempts to stop?
- ❑ Has opioid use affected work, school, relationships, finances, health, or other areas of functioning?
- ❑ Has the person experienced overdose, blackouts, injuries, or other opioid-related consequences?
- ❑ Is naloxone available when appropriate?
- ❑ Are alcohol, benzodiazepines, stimulants, or other substances also being used?
- ❑ Are there current medical or psychiatric concerns requiring immediate attention?

2. Opioid Use Disorder (OUD)

Consider Opioid Use Disorder when a problematic pattern of opioid use produces clinically significant impairment or distress.

Assess for:

- ❑ Opioids being taken in larger amounts or for longer than intended.
- ❑ Persistent desire or unsuccessful efforts to reduce or control opioid use.
- ❑ Significant time spent obtaining, using, or recovering from opioids.
- ❑ Craving or strong urges to use opioids.
- ❑ Recurrent opioid use interfering with work, school, family, or other responsibilities.
- ❑ Continued opioid use despite recurrent interpersonal or social problems caused or worsened by use.
- ❑ Important activities being reduced or abandoned because of opioid use.
- ❑ Recurrent opioid use in physically hazardous situations.
- ❑ Continued opioid use despite awareness of physical or psychological problems caused or worsened by opioids.
- ❑ Tolerance, when clinically applicable.
- ❑ Withdrawal, when clinically applicable.

Differential considerations

Consider whether symptoms or impairment might instead be better explained by:

- ❑ Opioid intoxication
- ❑ Opioid withdrawal
- ❑ Another substance use disorder
- ❑ Depressive disorders
- ❑ Anxiety disorders
- ❑ Trauma- and stressor-related disorders
- ❑ Chronic pain or other medical conditions
- ❑ Medication effects
- ❑ Sleep-wake disorders
- ❑ Other neurological or medical conditions

3. Opioid Intoxication

Consider Opioid Intoxication when recent opioid use is followed by clinically significant behavioral or psychological changes accompanied by characteristic physical signs.
Assess for:

- ❑ Recent opioid use.
- ❑ Apathy or reduced emotional responsiveness.
- ❑ Dysphoria.
- ❑ Psychomotor agitation or retardation.
- ❑ Impaired judgment.
- ❑ Slurred speech.
- ❑ Impaired attention or memory.
- ❑ Drowsiness or falling asleep during conversation.
- ❑ Constricted pupils.
- ❑ Nausea or vomiting.
- ❑ Itching or scratching.
- ❑ Slowed or depressed respiration.

Differentiate from:

- ❑ Alcohol intoxication
- ❑ Sedative, hypnotic, or anxiolytic intoxication
- ❑ Stimulant intoxication or withdrawal
- ❑ Head injury
- ❑ Hypoglycemia
- ❑ Delirium
- ❑ Seizure-related conditions
- ❑ Other neurological or medical conditions

Emergency assessment

Respiratory depression, inability to awaken, cyanosis, markedly slowed breathing, or suspected opioid overdose constitutes a medical emergency. Follow emergency protocols and administer naloxone when available and appropriate.

4. Opioid Withdrawal

Consider Opioid Withdrawal when characteristic symptoms develop after cessation or reduction of opioid use following repeated or prolonged use.
Assess for:

- ❑ Recent reduction or cessation of opioid use.
- ❑ Dysphoric mood.
- ❑ Irritability or anxiety.
- ❑ Muscle aches.
- ❑ Abdominal cramping.
- ❑ Nausea or vomiting.
- ❑ Diarrhea.
- ❑ Dilated pupils.
- ❑ Gooseflesh.
- ❑ Sweating.
- ❑ Runny nose or tearing.
- ❑ Yawning.
- ❑ Fever or chills.
- ❑ Insomnia.
- ❑ Restlessness.
- ❑ Strong desire to use opioids to relieve withdrawal symptoms.

Differentiate from:

- ❑ Viral or bacterial illness
- ❑ Gastrointestinal disorders
- ❑ Panic or anxiety disorders
- ❑ Medication withdrawal
- ❑ Alcohol or sedative withdrawal
- ❑ Stimulant withdrawal
- ❑ Other substance-related conditions
- ❑ Medical causes of autonomic symptoms

A key diagnostic question is whether the symptoms have a clear temporal relationship to opioid reduction or cessation.

5. Other Opioid-Induced Disorders

Consider an opioid-induced disorder when clinically significant psychological or behavioral symptoms appear to be caused or substantially worsened by opioid use, intoxication, or withdrawal but do not fit the more specific diagnoses above.
Assess:

- ❑ What symptoms are present?
- ❑ When did the symptoms begin?
- ❑ Did they develop during opioid use, intoxication, or withdrawal?
- ❑ Do symptoms improve when opioid exposure changes?
- ❑ Did similar symptoms exist before opioid use began?
- ❑ Do symptoms persist during sustained opioid abstinence?

- ❑ Could another substance, medication, psychiatric condition, or medical condition better explain the presentation?
- ❑ Potential presentations may involve:
- ❑ Depressive symptoms
- ❑ Anxiety symptoms
- ❑ Sleep disturbance
- ❑ Cognitive symptoms
- ❑ Other clinically significant opioid-induced psychological symptoms

Key differential question

Do the psychiatric symptoms closely track opioid exposure, intoxication, or withdrawal, or do they persist independently of opioid use?

6. Unspecified Opioid-Related Disorder

Consider Unspecified Opioid-Related Disorder when:

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

This category may be appropriate when there is enough information to identify a clinically significant opioid-related problem but insufficient information to confidently establish a more specific diagnosis.

7. Differential Diagnosis: Quick Comparison

Presentation	Key Question	Important Distinction
Opioid Use Disorder	Is there a problematic pattern of opioid use?	Persistent pattern producing impairment or distress
Opioid Intoxication	Has recent opioid use produced behavioral or physical changes?	Occurs during or shortly after opioid exposure
Opioid Withdrawal	Did symptoms emerge after reducing or stopping opioids?	Symptoms have a temporal relationship to cessation or reduction
Other Opioid-Induced Disorder	Are psychological symptoms caused or worsened by opioids?	Symptoms closely track opioid exposure, intoxication, or withdrawal
Unspecified Opioid-Related Disorder	Is there clinically significant opioid-related impairment but insufficient information for specificity?	Used when a more specific diagnosis cannot be established

8. Mindfulness-Based Ecotherapy Assessment Questions

MBE does not replace the diagnostic assessment. Instead, it can help explore the person's broader relationship with opioids, their environment, and the functions served by opioid use.

What role do opioids currently play in your daily life?

What situations, relationships, places, or experiences increase the urge to use?

What happens in your body immediately before an urge to use?

What emotions or thoughts tend to precede opioid use?

What does opioid use provide in the short term?

What does it cost you over time?

Is opioid use primarily connected to pain, emotional distress, trauma, loneliness, or another experience?

How does your environment support or undermine recovery?

What people, places, or activities increase your sense of safety and connection?

What healthier sources of relief, regulation, connection, meaning, or belonging are available?
What does your body communicate before, during, and after opioid use?

What environmental changes might reduce exposure to triggers and increase opportunities for recovery?

9. Clinical Formulation

Consider the interaction among:

Opioid exposure → physiological effects → thoughts/emotions → behavior → relationships → environment → consequences → continued opioid use

The Mindfulness-Based Ecotherapy perspective adds an ecological dimension to traditional diagnostic assessment. Rather than asking only, **"What disorder is present?"**, clinicians can also explore:

"What function is opioid use serving?"
"What conditions maintain the pattern?"
"What is the person's environment communicating or reinforcing?"
"What changes could increase safety, connection, regulation, and recovery?"

The MBE approach recognizes that opioid-related problems do not occur in isolation. Pain, trauma, relationships, socioeconomic circumstances, community, access to treatment, and environmental stressors may all interact with substance use.

10. Clinical Decision-Making Checklist

Before assigning a diagnosis, document:

☐ Current and historical opioid use
☐ Type and route of opioid use
☐ Frequency, amount, and duration
☐ Time since last use
☐ Evidence of tolerance
☐ Evidence of withdrawal
☐ Evidence of craving
☐ Functional impairment
☐ Previous attempts to reduce or stop
☐ History of overdose or other serious consequences
☐ Co-occurring substance use
☐ Psychiatric symptoms and their temporal relationship to opioid use
☐ Relevant medical conditions and medications
☐ Environmental and relational factors
☐ Protective factors and recovery resources
☐ Need for medical or higher-level-of-care referral

Clinical note: Diagnosis should be based on the current DSM-5-TR criteria and a comprehensive clinical assessment rather than this educational worksheet alone. For opioid-related presentations, assessment of overdose risk, withdrawal risk, concurrent substance use, and access to appropriate medical treatment is particularly important.