

Differential Diagnosis
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Handout Packet and Bibliography

Six Steps to DSM-5 Differential Diagnosis

1. Rule out Malingering and Factitious Disorder
2. Rule out Substance Etiology
3. Rule out Disorder due to a General Medical Condition
4. Determining the Specific Primary Disorder
5. Differentiate Adjustment Disorders from Residual Others or Unspecified Categories
6. Establish Boundary with No Mental Disorder

www.psychcongress.com/article/six-steps-better-dsm-5-differential-diagnosis

Differential Diagnosis

Association between Drug Use and Mental Health Symptoms

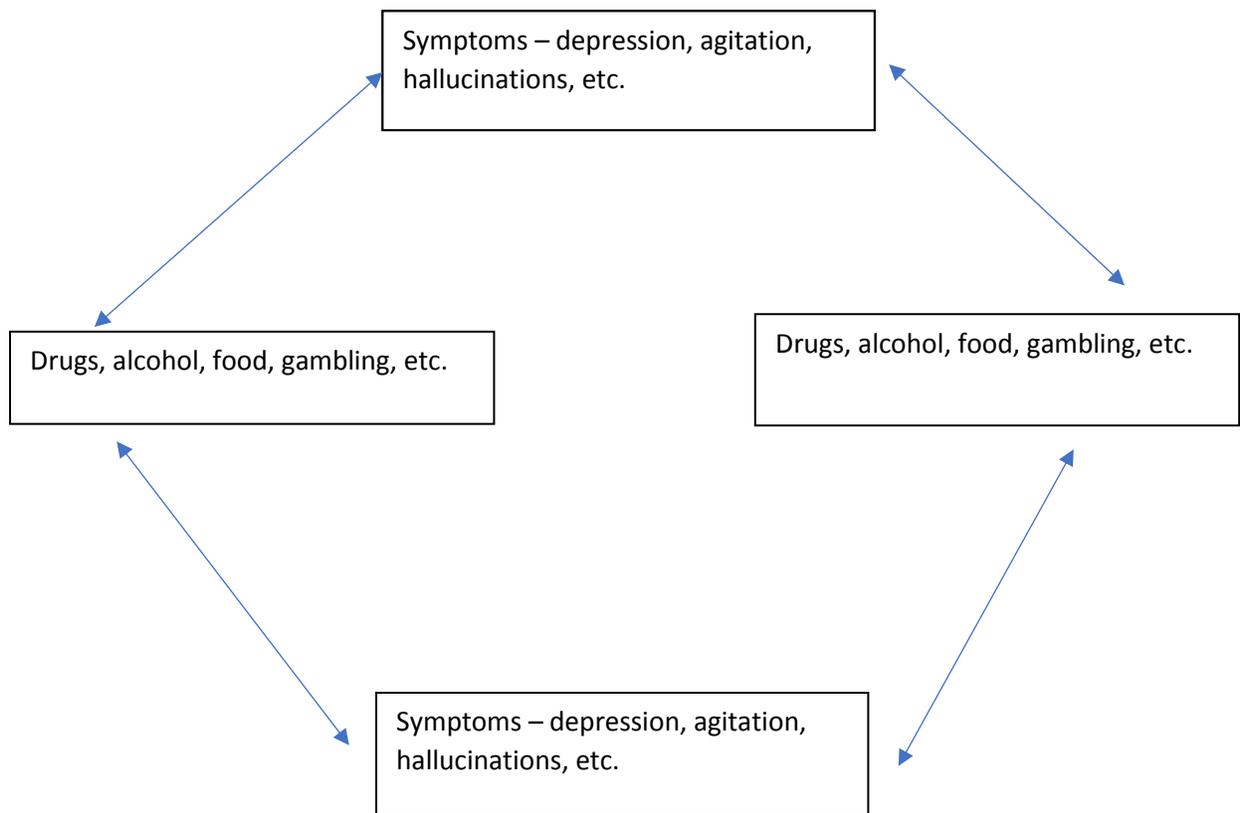


TABLE 1 Diagnoses associated with substance class

	Psychotic disorders	Bipolar disorders	Depressive disorders	Anxiety disorders	Obsessive-compulsive and related disorders	Sleep disorders	Sexual dysfunctions	Delirium	Neurocognitive disorders	Substance use disorders	Substance intoxication	Substance withdrawal
Alcohol	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P	X	X	X
Caffeine				I	I/W	I/W					X	X
Cannabis	I			I	I/W	I/W		I		X	X	X
Hallucinogens												
Phencyclidine	I	I	I	I				I		X	X	
Other hallucinogens	I*	I	I	I				I		X	X	
Inhalants	I		I	I				I	I/P	X	X	
Opioids			I/W	W		I/W	I/W	I/W	I/W	X	X	X
Sedatives, hypnotics, or anxiolytics			I/W	W		I/W	I/W	I/W	I/W/P	X	X	X
Stimulants**	I	I/W	I/W	I/W	I/W	I/W	I	I		X	X	X
Tobacco						W				X		
Other (or unknown)	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P	X	X	X

Note. X = The category is recognized in DSM-5.
 I = The specifier "with onset during intoxication" may be noted for the category.
 W = The specifier "with onset during withdrawal" may be noted for the category.
 I/W = Either "with onset during intoxication" or "with onset during withdrawal" may be noted for the category.
 P = The disorder is persisting.
 *Also hallucinogen persisting perception disorder (flashbacks).
 **Includes amphetamine-type substances, cocaine, and other or unspecified stimulants.

Patient Health Questionnaire – 9 (PHQ9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

(Use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____ = Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

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PHQ-9 Scores and Proposed Treatment Actions *

PHQ-9 Score

Depression Severity

Proposed Treatment Actions

0 – 4 None-minimal None

5 – 9 Mild Watchful waiting; repeat PHQ-9 at follow-up

10 – 14 Moderate Treatment plan, considering counseling, follow-up and/or pharmacotherapy

15 – 19 Moderately Severe

Active treatment with pharmacotherapy and/or psychotherapy

20 – 27 Severe Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

* From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521

Generalized Anxiety Disorder Screen (GAD7)

Over the last 2 weeks, how often have you been bothered by the following problems?

(Use “✓” to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T_____ = _____ + _____ + _____)

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GAD-7 Anxiety Severity. This is calculated by assigning scores of 0, 1, 2, and 3, to the response categories of —not at all, —several days, —more than half the days, and —nearly every day, respectively. GAD-7 total score for the seven items ranges from 0 to 21. **Scores of 5, 10, and 15 represent cut points for mild, moderate, and severe anxiety, respectively.** Though designed primarily as a screening and severity measure for generalized anxiety disorder, the GAD-7 also has moderately good operating characteristics for three other common anxiety disorders – panic disorder, social anxiety disorder, and post-traumatic stress disorder. **When screening for anxiety disorders, a recommended cut point for further evaluation is a score of 10 or greater.**

General symptom screening form

Patient reports being distressed/bothered by

CONDITION:	None	Some	Moderate	A lot
Nervousness or shaking inside				
Suddenly being scared for no reason				
Feeling fearful				
Spells of terror or panic				
Feeling that something bad is going to happen				
Blaming yourself for things				
Feeling hopeless or sad				
Worrying too much about things				
Feeling no interest in things				
Feeling worthless				
Feeling guilty for things that may not be your fault				
A change in sleep				
Crying for no reason				
Hearing voices or sounds that no one else hears				
Seeing or feeling things that are not there				
Irritability or argumentative				
Difficulty concentrating				
Difficulty remembering				
A change in appetite				
Thoughts of death or dying				

General Screening tool was created in around 2000 by Myra J. Paull, LICSW, LCDP and a team of clinicians.

There is no formal scoring schedule for this tool.

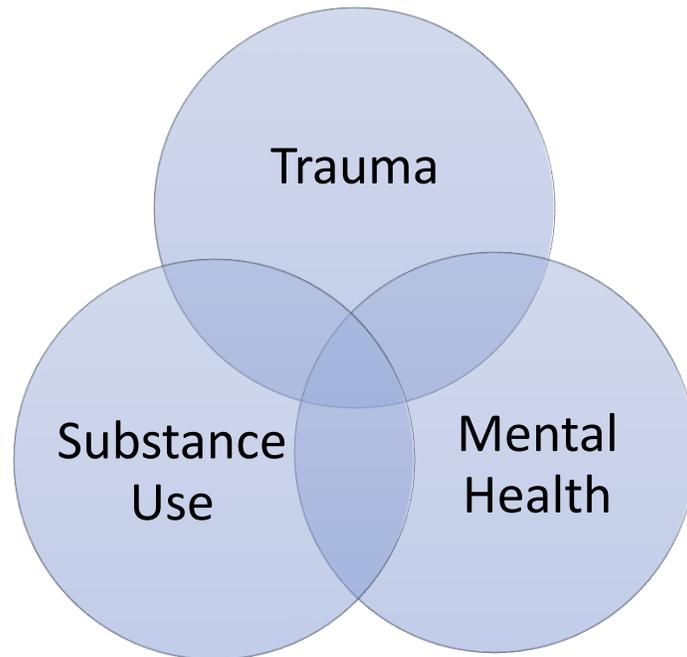
The clinician assesses the client's overall responses to determine how much symptoms impact day-to-day functioning and then refers/defers as appropriate.

A client may under-report symptoms for a variety of reasons including but not limited to stigma, psychosis that interferes with perception of self, person's perception of severity vs. clinician's observed severity of symptoms.

For example, a client may deny having auditory hallucinations while engaging in actively responding to unseen others or frequently glancing around the room as if responding to some stimuli.

For example, a client may deny having thoughts of death/dying but at a different time in the interview may express the idea that "the world would be better off without me."

The clinician needs to note the discrepancy between what the client has reported and what the clinician has observed.



Case 1

Female, 29 years old

Reports use of alcohol “last use was a couple of days ago” and marijuana “all the time”, “if I have it I use it; if I don’t, I don’t”; maybe methamphetamines, “last use a couple of days ago”, first use at age 19. Drug of choice is inhalants: “Dust off – I would like to use it a lot but if I don’t have it I am upset; I can’t always get Dust Off but I can do the same with butane which people have all the time...which I have told people and they keep it away from me”; first use was 22yo. “yah, that makes the voices worse, the things I see are worse, I have gone to inpatient detox and I have gone to IOP”. Reports “I need to cut down on use”

Reports knee pain as only medical concern; sleep – adequate; appetite ok; height/weight appear proportionate; hygiene adequate

Reports having had “imaginary people” since being a young child which has continued into adulthood. Reports “seeing things”. Reports having “disorder where you pull out your hair”. Reports killing kittens in the microwave as a child...and sometimes “I make things up in my head.” Past outpatient mental health treatment, not currently enrolled, no prescribed medications. Reports thoughts of harm to self, thoughts of suicide within the past 6 months “but I am not going to act on them...I feel like a big failing steaming pile of shit”. Reports no attempts in the past 6 months, no self-injury and no current intent to harm herself. Reports no thoughts of harm to others but “I am scared that I don’t know what I am capable of”; no intent to harm anyone. Reports wanting to “wrap myself around something like a boundary, get some clarity”.

Reports symptoms impact on family “if I was there but I am not there”. Reports having some friends. Reports having been adopted “there’s a big hole there”.

Reports symptoms impact ability to work/go to school as “I stopped working about 8 or 9 years ago” and “I went to college for about a year”

Strengths and Coping skills: music, writing, caring about other people, asking for help

Protective factors: daughter who is living with client’s parents

Reports trauma history of sexual abuse and physical abuse as a child

Reports legal history including assaults, domestic violence, criminal trespass; last charge was 5 years ago

Reports having GED and 1 year of college; work history in food service

Reports no spiritual or religious beliefs or practices

Reports being homeless, living out of a van

No income currently

Case 2

Male, 39 years old

Reports "I've been using methamphetamine my whole life to self-medicate, it calms me down, makes me active, I wouldn't be motivated to do anything if it weren't for the meth..." Reports using once per week. Reports history of problem gambling for a period of 5 years but could not recall when he stopped gambling. Reports history of rehab, 2 or 3 episodes of outpatient which he completed. "I don't think this is a problem at this time".

Reports medical concerns including high blood pressure, heart failure, back pain, diabetes, high cholesterol. Sleep – "better than in the past, I am on a lot of medication for sleep, anxiety, I take 18 pills a day, I am always groggy." Appetite – appears overweight for height; does the cooking for the family and eats 3 meals per day. Hygiene - adequate

Reports "severe depression, anxiety, thoughts of suicide have crossed my mind", "I have no energy, no motivation to do the stuff around the house that needs to be done; I used to work 10 years ago, now I'm just at home taking care of the kids and my granddaughter". "Anxiety any time I am around people, I used to go to the grocery any time...now I go only late at night when there's no one there...that's where thoughts of hurting myself come in...that's the last thing I want to do...I know how it would effect my kids and my wife..." "I get no enjoyment in anything...when the kids are doing good, that's the only positive thing" "I have difficulty remembering stuff, I get overwhelmed if I have more than one appointment..." "I wake up crying in the middle of the night". Reports thoughts of suicide such as "run my car into the other lane of traffic and die...but I can't do it...I sometimes think my wife and kids would be better off without me." Reports history of aggressive behavior in middle high and high school but not recently although "the anger is still there." Reports history of mental health outpatient treatment and psychiatric medications "I want to feel better about myself"

Reports history of physical abuse by father toward him, domestic violence with guns toward mother, "I had to jump in the middle...I feel afraid any time I am around him, I still see that come out of him"

Reports immediate family "ok, its my mom, dad, brother, sister that's not ok"

Reports having no friends since quitting meth

Reports not currently working or in school; "I've had a bunch of worker's comp claims, abused my body."

Reports living with wife and children

Coping and strengths: wife and kids, being physically active, sports with the kids, coach for son's flag football team, volunteer with the kids at school or activity, "I am a good dad...I am not the bully any more...I try to help people more

Reports legal history including possession of paraphernalia, history of 4th degree assault in high school

Family includes both parents, 2 siblings with whom he has occasional contact; in heterosexual relationship, has 4 children, high school diploma, worked construction; reports no religious or spiritual beliefs or practices.

Case 3

50 yo male

Reports using marijuana “a lot lately, more since I ran out of medications...I use it during the day to mellow out, I hate it”, first use at age 19, smoking up to 1.5 grams/day. Reports “I was an alcoholic until two years ago” reports first intoxication at age 19, currently drinking 6 drinks 1-3 times per week; reports history of nausea/vomiting, insomnia, anxiety after drinking; noted irritability, anxiety, poor sleep restlessness after discontinuing marijuana. Longest period of sobriety was 1 year in 2003. Reports his goal is “I want to feel better”

Reports medical problems “getting worse because I have not taking care of them for a year”. Reports increased lack of energy, gets tired and dizzy a lot, stomach problems, they wanted me to get a colonoscopy a year ago and I haven’t done it yet, I just don’t want to find out any bad news...two years ago they told me I had a tumor in my stomach and a hernia...I had surgery and they found nothing...” Sleep – “not well, mostly worrying about the next day stuff and then I don’t go to sleep, get maybe 4-6 hours, not restful”. Appetite – “not so good but better lately...not really eating enough” height/weight proportionate. Hygiene – adequate.

Reports wanting to resume mental health treatment, “I need to get back on my meds, I get really jumpy, depressed, flighty without them...before I start doing stupid random stuff like working around the house, working for friends, and stuff until I am exhausted and collapse which can go on for months” Reports difficulty remembering, less concentration/attention, difficulty expressing himself. reports 2 prior episodes of outpatient mental health treatment and one psychiatric hospitalization. Reports no thoughts of suicide but does think about giving up, “thoughts come and go” “mostly on my health” reports hopelessness but no plan or intent for self-harm or suicide “It’s against my religion to commit suicide...back in 2002 I tried to hang myself...and 1998 I had an OD on medication...I used to hit myself a lot...I stopped that about a year and a half ago.” Identifies his goal as “I need to figure out what to do with my life”

Reports no family relationships, “the people in my life usually just want something from me, money or they want me to do something for them...I get worn out...I don’t know how to make friends”

Reports “I was signed up for college but I dropped it” “I was feeling well, mentally healthy...I burn out easily or something happens and I take it too seriously” Reports education includes GED and wants to work on college education; work history in construction

Reports “staying with someone” but declined to elaborate on housing. Reports income from SSDI

Reports history of abuse by older brother when ct was 6yo “I saw him a week ago, driving around, I blacked out for a while, I have no good feelings toward him...” reports history of sexual abuse by person known to him during childhood but declined to discuss; reports his brother is a “convicted child molester” Reports history of two accidents resulting in head injury

Reports legal history of DUI in 2002, domestic violence in 2000.

Strengths and coping: hiking, reading, going to the mountains, “jack of all trades” asking for help, going to support groups but not engaging, mostly listening.

Language and Bias

- MICA: mentally ill chemical abuser
- MICAA: mentally ill chemical abuser or affected
- MISA: mentally ill substance abuser
- MISU: mentally ill substance using
- CAMI: chemically abusing mentally ill
- SAMI: substance abusing mentally ill
- MICD: mentally ill chemically dependent
- DD: dually diagnosed, dually disordered
- CD: co-morbid disorders, chemical dependency
- ICOPSD: individuals w/ co-occurring psychiatric and substance disorders
- SMI: seriously mentally ill
- SPMI: serious and persistent mental illness
- COD: co-occurring disorders
- SU D/O: substance use disorder
- MH D/O: mental health disorder

Credit: Michael Gaudet, LICSW, LCDP, 2018

Differential Diagnosis

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