

Differential Diagnosis Psychosis

ORGANIC

Vascular

stroke, CADASIL, Biswanger's disease

Inflammatory

primary angiitis of the CNS, cerebral amyloid inflammatory vasculopathy, acute disseminated encephalomyelitis (ADEM)

Traumatic Brain Injury

Seizure Disorder (post-ictal psychosis, non-convulsive status epilepticus, temporal lobe seizures, frontal lobe seizures)

Autoimmune

cerebral SLE, primary angiitis of the CNS, Sjogren's syndrome, large/medium vessel vasculitis, Behcet's disease, NMDA-receptor encephalitis, VGKC limbic encephalitis, VGCC limbic encephalitis, Hashimoto's encephalitis, neurosarcoidosis, celiac disease, multiple sclerosis

Metabolic

Vitamin deficiencies B12 deficiency (megaloblastic madness), thiamine deficiency (Wernicke-Korsakoff encephalopathy), niacin deficiency (pellagra),

electrolyte abnormalities hyper/hyponatremia, hyper/hypocalcemia, uremic encephalopathy, hepatic encephalopathy (hyperammonemia),

heavy metal poisoning (arsenic, lead, mercury, bismuth)

genetic disease Kuf's disease, metachromatic leukodystrophy, orthochromatic leukodystrophy, Wilson's disease, acute intermittent porphyria, mitochondrial encephalopathy (such as MELAS),

endocrinopathies (Cushing's, myxedema madness, hyperparathyroidism)

Infectious

HIV-associated neurocognitive disorder (HAND), cryptococcus meningitis, PML (JC/BK virus), Cerebral toxoplasmosis, Subacute sclerosing panencephalitis (SSPE), Whipple's disease (*Tropheryma whippelii*), General Paresis of the Insane/Neurosyphilis (*Treponema pallidum*), Lyme Disease (*Borrelia burgdoferi*), Cat scratch fever (*Bartonella henslae*), Viral encephalitis (HSV-1, HSV-2, VZV, CMV, EBV, HHV-6, adenovirus, influenza A, enteroviruses, Rabies, arboviridae, bunyaviridae, reoviridae, arenaviridae), cerebral malaria, African trypanosomiasis, Rickettsial disease (e.g. Rocky Mountain spotted fever, ehrlichiosis), granulomatous amoebic encephalitis (*Balamuthia mandrillaris*), Creutzfeld-Jakob Disease

Neoplastic

cerebral lymphoma, intravascular lymphoma (cerebral metastases, carcinoid psychosis, paraneoplastic limbic encephalitis (anti-Hu, Ma-2, CV2, Yo), paraneoplastic

Degenerative

Alzheimer's disease, Fronto-temporal dementia (behavioral variant), Lewy Body Dementia, Parkinson's disease, Corticobasal degeneration, Progressive supranuclear palsy, Huntington's disease, Fahr's disease

DRUGS/SUBSTANCES

alcoholic hallucinosis, delirium tremens, stimulant-induced psychotic disorder,, corticosteroid use, cannabis psychosis, intoxication with PCP, ketamine, LSD, psilocybin and other hallucinogens, fluoroquinolone induced psychosis, isotretinoin-induced psychosis, Levo-dopa induced psychosis, anticonvulsants such as levitiracetam, synthetic cannabinoid-induced psychosis, opioid-induced psychosis, mefloquine-induced psychosis

neuroleptic malignant syndrome, anticholinergic toxicity, lithium toxicity, serotonin syndrome

benzodiazepine-induced withdrawal psychosis, baclofen-withdrawal induced psychosis, neuroleptic-induced super-sensitivity psychosis

PSYCHOSIS

delusional disorder, psychotic depression, mixed episode with psychotic features, manic episode with psychotic features, schizophreniform disorders, acute/transient or brief reactive psychoses

NEUROSIS

PTSD may be associated with significant paranoia and dissociative symptoms leading to pseudohallucinations or traumatic hallucinosis. Other hysterical conversion syndromes may rarely present with pseudo-hallucinatory experiences

PERSONALITY DISORDER

paranoid and schizotypal personalities may have odd beliefs in the delusional realm as well as anomalous experiences. The borderline and narcissistic personalities may experience brief psychotic-like symptoms in acute stress associated with abandonment in the former, and failure (narcissistic injury) in the latter.

OTHER

Autistic Spectrum Disorders must always be considered in the patient with psychiatric complaint

Intellectual disability what may appear as delusions or even hallucinations may become understandable in the context of intellectual disability

Malingering must always be considered

Factitious psychiatric illness is rare and typically indicative of personality pathology but should be considered in more unusual cases

Shared psychotic disorder - this is where one person has a delusion but is often enmeshed in a dyad or family system, typically isolated for others that lead others to develop the same delusion. For example, one person may have delusional parasitosis and then other family members may also believe there is an infestation

Overvalued ideas - these are strongly held beliefs which are understandable in the context of the individuals past experience and personality

Trance and possessive states which may be normative in certain cultures may present as psychosis

psychotic symptoms including hallucinations can also be normative and not indicative of psychopathology or brain disease. As many as 8-12% of the population may experience quasi-psychotic symptoms at some point in their life.