

# Aetiological understanding important for preventing mistreatment of dual diagnosis patients

Dear sir,

We completely agree with one of the most pertinent points raised by Dr. Mustafa that the diagnostic uncertainty between substance induced and primary psychotic disorders often leads to the "withdrawal-diagnostic test" on such patients by the psychiatrists.<sup>1</sup> This diagnostic approach is poorly supported by scientific evidence. The author supports this viewpoint against the practice in respect of two main factors:

(a) Schizophrenic patients may remain clinically stable for a considerable duration of time after discontinuation of medication.

(b) There have been instances of rebound psychosis upon withdrawal of antipsychotic drugs in patients with substance induced psychosis.

Indeed, these factors support the hypothesis regarding the futility of drug withdrawal as a diagnostic tool. However, there are two additional important perspectives which further demonstrate the inappropriateness of the practice.

Firstly, regarding patients specifically diagnosed as drug induced psychosis, several recent studies have found that most patients diagnosed with substance induced psychotic disorders had a change in diagnosis to schizophreniform or schizophrenia-spectrum disorder after 2 years of follow-up.<sup>2,3</sup> Specifically, new episodes of psychosis developed in 77% of patients diagnosed with cannabis induced psychosis in a Danish cohort study, thus calling into question the very concept of drug induced psychosis.<sup>3</sup> The diagnostic criteria of DSM-IV substance induced psychosis have been criticized as being based mostly on case reports rather than empirical research data.<sup>4</sup>

Secondly, the aetiological perspective should be considered. There has been increased development with respect to linking primary schizophrenia and drug induced

psychosis aetiologically. This connection has ranged from regarding substances as an aetiological agent in schizophrenia<sup>3,5</sup> to the association of the two in the form of phenocopies.<sup>6</sup> However, the exact relationship is still unknown. The clinical picture of psychosis as a result of drug abuse, may rather be the presentation of an early stage in the development of long-standing psychosis. Therefore, stopping treatment in such patients, merely for the sake of diagnosis, seems to be completely against the theoretical propositions of recent aetiological data.

In the light of these perspectives and the results of studies supporting them, it seems prudent to avoid stopping medication in so-called substance induced psychosis patients as a diagnostic tool and we support the view of the author against such practices.

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## References

1. Mustafa FA. Withdrawing treatment as a diagnostic test – psychosis as an illustrative scenario. *Afr J Psychiatry* 2012; 15(2):89.
2. Komuravelli A, Poole R, Higgs R. Stability of the diagnosis of first-episode drug-induced psychosis. *The Psychiatrist* 2011; 35: 224-227.
3. Arendt M, Rosenberg R, Foldager L, Perto G, Munk-Jørgensen P. Cannabis-induced psychosis and subsequent schizophrenia-spectrum disorders: follow-up study of 535 incident cases. *Br J Psychiatry* 2005; 187: 510-515.
4. Mathias S, Lubman DI, Hides L. Substance-induced psychosis: a diagnostic conundrum. *J Clin Psychiatry* 2008; 69(3):358-67.
5. Kuepper R, van Os J, Lieb R, Wittchen HU, Höfler M, Henquet C. Continued cannabis use and risk of incidence and persistence of psychotic symptoms: 10 year follow-up cohort study. *BMJ* 2011; 1 (342).
6. Paparelli A, Di Forti M, Morrison PD, Murray RM. Drug-induced psychosis: how to avoid star gazing in schizophrenia research by looking at more obvious sources of light. *Frontiers in Behavioral Neuroscience* 2011; 5 (1).

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