Mental disorders and behavioral disorders caused by the use of psychoactive substances

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⚠ Currently, several articles from the field of psychiatry and addictionology are being merged. For more information about this change, and how to proceed if you need alternative sources of information, see the beginning of the Substance Abuse page.

Mental disorders and behavioral disorders caused by **the use of psychoactive substances** (*marked under codes F10 - F19 in the ICD-10*) are a wide range of diseases and conditions of varying severity, duration and symptoms. Their common feature is that they are a direct consequence of the use of a psychoactive substance (whether legal or illegal drugs or pharmaceuticals).

Division

In this context, it is necessary to recall the way in which the 10th edition of the International Classification of Diseases (hereafter referred to as ICD-10) uses a four-character designation reflecting the current state of the patient, since the 3rd and 4th characters of the diagnosis are for further progress in psychiatry and addiction in addition to complete anamnesis very important data for further interventions (medication, institutional treatment, substitution treatment).

Generally, the diagnosis code is of the form XXX.X, where:

- **The first** character is **the letter** indicating the chapter, i.e. the affected **organ system**, or **process**, **injury**, etc. (A-New growths, F-Psychiatric disorders, K-Diseases of the digestive system O-Pregnancy and related processes)
- **The second** character is **a number** indicating the sub-chapter (section) where there is more detailed information; therefore, it reduces the chapter to parts with common characteristics - usually a certain type of disease, etiology, localization, etc. This part indicates, for example, a specific damaged organ or a group of diseases with similar characteristics, etc. (F2 - schizophrenia, schizotypal disorders and disorders with delusions)
- **The third** character is a **number**, which already de facto indicates the diagnosis (e.g. F20 - Schizophrenia). For some diseases and processes, this may be the last sign, as the fourth sign would lose its meaning (e.g. P60 - Disseminated intravascular coagulation in a fetus or newborn (DIC))
- **The fourth** - and last character (also a **number**) - is separated from the previous three by a dot. It specifies other important information as precisely as possible, possibly a clinical picture (e.g. F20.1 - Hebephrenic schizophrenia)

The third character in the table below (replaced by the symbol "X" for generality) indicates the psychoactive substance or group of substances that the patient is/was using (see "related articles" at the end of the article). In psychiatry, in chapter F1, or section F10 - F19 we find the following breakdown in fourth place. The fourth place usually specifies the clinical condition.

Meaning of the fourth character for codes F10 - F19	Definition
F1X.0 Acute intoxication	A state after the application of a substance leading to disorders of consciousness, perception, thinking, emotionality or behavior, or physiological functions. If there are no complications, it usually goes away without consequences.
F1X.1 Harmful use	Use (or use) of a substance leading to a health disorder. Damage can be somatic (hepatitis during intravenous administration) or psychological (secondary depression, anxiety states)
F1X.2 Addiction syndrome	A set of psychological and physiological conditions that appear after repeated use of a substance. The definition alone is beyond the scope of this text; in more detail about addiction as such is written here).
F1X.3 Weaning status	A group of symptoms, occurring when the doses are completely discontinued or significantly reduced in long-term use. The development of symptoms depends on when the last (usual) dose was taken. Life-threatening complications can occur with benzodiazepines, barbiturates or alcohol (status epilepticus, delirium tremens).
F1X.4 Withdrawal state with delirium	Same as the previous one, with the condition complicated by a delirious state (often with convulsions). Also typical with barbiturates, benzodiazepine and alcohol.
F1X.5 Psychotic disorder	A set of signs pointing to the presence of a psychotic disorder (delusions, hallucinations) of an addictive etiology, which, however, is not related only to acute intoxication or withdrawal (i.e. not cocaine-induced paranoid or hallucinatory contents that disappear after acute intoxication). Therefore, it can appear both within acute intoxication and after it; it is often accompanied by psychomotor abnormalities (stupor or, conversely, agitation) and abnormal affects. Consciousness is usually clear (or with a minor defect), but a severe state of confusion is not present.
F1X.6 Amnestic syndrome	A syndrome with marked and chronic impairment of memory (especially for long-ago events). Immediate recall is usually not impaired, but short-term memory is more damaged than memory for older events. There are disorders in the chronological ordering of past events and the ability to learn new ones. Confabulation may be present. Other cognitive functions may be quite well preserved.
F1x.7 Residual psychotic disorder with late onset	In this disorder, there are changes in cognition, affect, personality or behavior, and a definite relationship to the effect of the psychoactive substance used can be assumed. The onset of symptoms begins with acute intoxication, or immediately after it. The diagnosis can also be used in cases where it appears to be a probable and only logical explanation for the exacerbation of a psychotic disorder with an interval of several days (max. 2 weeks) in relation to the use (use) of a psychoactive substance. This also includes so-called *flashbacks*, which, however, are of very short duration (seconds to minutes) and of moderate intensity.
F1X.8 Other mental and behavioral disorders	*(There is no definition in the ICD-10 manual)*
F1X.9 Unspecified mental and behavioral disorders	*(There is no definition in the ICD-10 manual)*

Note: Not every psychoactive substance (group of substances) can be diagnosed according to ICD-10 with the 4th sign - e.g. withdrawal from hallucinogens is very rare, and in practice there are no psychotic disorders caused by nicotine or withdrawal with delirium after caffeine use.

Clinical picture of acute intoxication, addiction syndrome and withdrawal state, or withdrawal state with delirium after the use of psychoactive substances are described in more detail in the articles on disorders caused by a specific substance (or group of substances).

Addictions of iatrogenic origin

A number of disorders resulting from the use of psychoactive substances are induced **iatrogenically**, i.e. by inadequate medication. A frequent case is the long-term administration of opioid analgesics to patients with chronic non-tumor pain, if there are other alternatives - e.g. new NSAIDs (often their combination with caffeine, spasmolytics or other synergistic agents), or tricyclic antidepressants or antiepileptics. For some types of long-term pain - usually superficial - capsaicin can be applied locally with success. For cancer pain, or in palliative medicine is emerging addiction, or increasing tolerance to opioid analgesics, a situation where even the use of high doses of opioids (including its negative consequences such as spastic constipation and medication depression) is still a greater benefit than treatment with less effective analgesics reducing the patient's quality of life.

The second - very common in practice - case is the long-term medication of anxiety disorders or insomnia using benzodiazepines. Benzodiazepine anxiolytics, or hypnotics can be - especially in predisposed patients - highly addictive and it is recommended to administer them only for a few weeks (max. 2 months), e.g. before the full effect of antidepressants becomes apparent. Insomnia can be temporarily treated with "Z" hypnotics (zolpidem, zopiclone, zaleplon), which also allosterically bind to GABAergic receptors, but exclusively on a specific subunit and

carry a lower (although still high!) risk of addiction than diazepam, bromazepam and other classic benzodiazepines. In case of substance abuse (even if there is a history), it is better to avoid benzodiazepines completely (unless required by e.g. another comorbidity - typically epilepsy) and choose non-benzodiazepine anxiolytics/hypnotics in higher doses (hydroxyzine, guaifenesin), sedative antidepressants (trazodone, mirtazapine), low doses of atypical antipsychotics, or pregabalin.

Links

Related Articles

- Alcohol use disorders
- Opioid use disorders
- Disorders induced by the use of cannabinoids
- Disorders caused by the use of sedatives or hypnotics
- Cocaine use disorders
- Disorders induced by the use of other stimulants (including caffeine)

References

https://old.uzis.cz/cz/mkn/P00-P96.html