CONDITION

Secondary psychosis

Secondary psychosis is a loss of contact with reality caused by a medical condition, substance, medicine, or withdrawal.

WHAT IT IS
Psychosis caused by illness, substances, medicines, or withdrawal

BODY SYSTEM
Brain and nervous system

MAIN SYMPTOMS
Hallucinations, delusions, confused thinking, unusual behaviour

WHAT CAUSES IT
Medical illness, substances, medicines, or withdrawal

HOW IT IS DIAGNOSED
Clinical assessment, medication review, and targeted medical tests

MAIN TREATMENT
Treating the cause, symptom control, and supportive care

CAN IT BE CURED?
Sometimes - treating the cause can resolve symptoms

IS IT AN EMERGENCY?
Sometimes - danger, severe confusion, or serious physical illness

LONG-TERM OUTLOOK
Often improves when the underlying cause is treated

Overview

Secondary psychosis means that psychotic symptoms are being caused by another health problem, a substance, a medicine, or withdrawal. It is a condition rather than one specific disease.

Psychosis affects how a person understands reality. Someone may hear, see, or feel things that other people do not. They may strongly believe something that is not supported by evidence or have difficulty organising their thoughts.

"Secondary" separates this condition from primary psychotic disorders, such as schizophrenia. In a primary disorder, psychosis is central to the illness. In secondary psychosis, it is a result of something else happening in the brain or body.

Finding the cause matters because treatment needs to address more than the psychotic symptoms. For example, a person may need treatment for an infection, a hormone problem, a medicine reaction, substance withdrawal, or a neurological condition.

Psychosis can also occur during delirium. Delirium is a sudden, fluctuating problem with attention and awareness, usually caused by an acute illness, medicine, or substance. It needs prompt medical assessment.

Symptoms

Symptoms may begin suddenly or develop over time. Their pattern often reflects the underlying cause.

Common psychotic symptoms include:

Hallucinations are not always psychosis. For example, brief experiences can occur while falling asleep or waking. Some people also recognise that a hallucination is not real. A full assessment looks at the experience, its effect, and the surrounding circumstances.

Other symptoms may point towards the cause. These can include changes in attention, memory, sleep, mood, movement, balance, speech, temperature, or level of consciousness. Seizures, severe headache, new weakness, or rapidly worsening confusion require urgent attention.

A person experiencing psychosis may not realise that anything is wrong. This is called reduced insight. It is a symptom, not stubbornness or a deliberate refusal to listen.

- Hallucinations: hearing, seeing, feeling, smelling, or tasting something without an external source
- Delusions: fixed beliefs that remain strong despite clear evidence against them
- Disorganised thinking: speech that becomes difficult to follow or shifts rapidly between unrelated ideas
- Disorganised behaviour: actions that seem confused, unpredictable, or unsuitable for the situation

Causes and risk factors

Many different conditions can cause secondary psychosis. No single cause accounts for every case.

Possible medical causes include disorders affecting the brain, such as epilepsy, stroke, brain

injury, dementia, tumours, or inflammatory brain disease. Autoimmune conditions can sometimes cause brain inflammation, while certain infections can affect brain function.

Problems elsewhere in the body can also disturb brain function. Examples include major changes in blood sugar or body salts, thyroid disease, severe liver or kidney problems, and a lack of certain nutrients. These conditions do not always cause psychosis, but they may be considered when other signs are present.

Alcohol and other drugs can cause psychotic symptoms during intoxication or withdrawal. Substances linked with psychosis include stimulants like methylphenidate or lisdexamfetamine , hallucinogens, and high-potency cannabis. The relationship is not always simple, especially if someone has other mental health risks.

Some prescribed or over-the-counter medicines can contribute. Examples include certain steroids like prednisone or hydrocortisone , medicines that increase dopamine activity, and medicines with strong effects on brain signalling. A reaction may be more likely after starting a medicine, changing the dose, combining medicines, or developing a problem that affects how the body clears them.

Do not stop a prescribed medicine suddenly without medical advice. Sudden withdrawal from some medicines or substances can itself be dangerous.

Features that make a secondary cause more likely include a first episode later in life, an abrupt start, fluctuating alertness, unusual neurological symptoms, or a close timing link with illness, medication, or substance use. These are clues rather than proof.

Diagnosis

There is no single test that confirms every case of secondary psychosis. Diagnosis involves identifying psychotic symptoms and looking carefully for an underlying cause.

The assessment usually covers when the symptoms began, how quickly they developed, and whether attention or awareness changes during the day. It also includes physical health, sleep, mood, recent infections, substance use, and all prescribed, non-prescribed, and herbal products.

With permission when possible, information from someone who knows the person well can be valuable. This is especially important when memory, confusion, or reduced insight makes it difficult to describe what has happened.

A clinician will usually assess mental state and perform a physical examination. A neurological examination checks functions such as strength, reflexes, coordination, speech, and eye movements.

Tests are selected according to the symptoms and history. They may include blood tests for blood cells, salts, glucose, liver or kidney function, and thyroid function. Toxicology testing may help when substance exposure is possible.

Brain imaging, an electroencephalogram to measure electrical brain activity, or a lumbar puncture to examine fluid around the brain may be needed when there are specific concerns. These tests are not required for every person.

The assessment also considers primary psychotic disorders, severe mood disorders, trauma-related symptoms, delirium, dementia, and culturally understood beliefs or experiences. Diagnosis may become clearer over time as test results return and the response to treating a possible cause is observed.

Treatment and management

Treatment focuses on the underlying cause while also reducing distress and keeping the person safe.

This might mean treating an infection or metabolic problem, managing seizures, correcting a hormone disturbance, or treating inflammation. If a medicine may be responsible, a clinician may adjust or replace it. Substance-related illness may require supervised withdrawal care and support for ongoing substance use.

An antipsychotic medicine may be used to reduce hallucinations, delusions, or severe agitation. It does not replace treatment of the cause. In some cases it is needed only for a limited period; in others, longer treatment may be appropriate.

The choice of medicine takes account of age, other illnesses, medicine interactions, and possible effects on movement, alertness, heart rhythm, weight, and metabolism. Monitoring may include physical measurements, blood tests, and discussion of side effects.

A calm setting, clear explanations, regular sleep, food, fluids, and familiar support can help. When someone is frightened or confused, simple communication is usually easier to follow than arguing about whether an experience is real.

Psychological support may help the person understand what happened, manage distress, and rebuild confidence. Family or carers may also need information and support, while respecting the person's privacy and choices.

If symptoms create an immediate risk and the person cannot accept care safely, urgent mental health assessment may be necessary. Laws governing emergency assessment differ by location.

Complications

Psychosis can affect judgement, self-care, relationships, work, and housing. A person may act on a frightening belief or voice, leave a safe place, or become vulnerable to exploitation.

Poor food or fluid intake, missed medicines, substance use, and disrupted sleep can worsen physical health. Some people experience depression, shame, or suicidal thoughts during or after an episode.

Complications can also come from the underlying cause. Delayed treatment of an infection, seizure disorder, toxic exposure, or brain inflammation may lead to further illness.

Treatment itself can cause side effects. Regular review helps balance symptom control against problems such as sleepiness, movement changes, weight gain, or other physical effects.

Prevention

Secondary psychosis cannot always be prevented. Some underlying illnesses appear without warning, and inherited vulnerability cannot be removed.

Risk may sometimes be reduced by using medicines as directed and having them reviewed when new confusion or unusual experiences begin. Tell healthcare professionals about non-prescribed products and substances because interactions can matter.

Avoiding psychoactive drugs may prevent some substance-related episodes. If you regularly use alcohol, sedatives, or other substances, do not assume that stopping suddenly is safe. Medical support may be needed to prevent severe withdrawal.

For someone who has had an episode, a written plan can identify early changes, likely triggers, who to contact, and which treatments helped before. This does not guarantee prevention, but it may allow earlier assessment.

Living with it and what to expect

The course depends mainly on the cause and whether it can be treated. Symptoms caused by intoxication, withdrawal, a medicine reaction, or a short-term medical illness may improve when that problem resolves. Recovery may still take time after the immediate cause has been addressed.

Some neurological, autoimmune, or long-term medical conditions can cause repeated or

persistent symptoms. A person may need continuing treatment for the underlying illness, ongoing mental health care, or both.

Follow-up may include reviewing symptoms, medicines, sleep, substance use, physical health, and daily functioning. If antipsychotic treatment continues, physical monitoring is important. Medicines should not be stopped or reduced without an agreed plan because symptoms can return and some medicines cause withdrawal effects.

Many people return to their usual activities, although confidence and concentration may recover gradually. Practical help with work, education, finances, or family life can be useful. A previous episode does not define a person's abilities or future.

New symptoms should not automatically be assumed to be "just the psychosis." Physical changes, confusion, fever, seizures, or medicine side effects deserve separate assessment.

When to get medical help

Arrange prompt medical assessment for a first episode of hallucinations, delusions, markedly confused thinking, or unexplained major behaviour change. Early assessment helps identify causes that need treatment.

Seek urgent same-day help if symptoms are rapidly worsening, the person is unable to manage food, fluids, medicines, or basic safety, or there is a sudden change after starting or stopping a medicine or substance.

Call emergency services if there is:

If it is safe, stay with the person, reduce noise and stimulation, and speak calmly. Do not physically confront them or argue forcefully about their beliefs. Move away and seek emergency help if anyone is at risk.

- Immediate risk of suicide, serious self-harm, or harm to someone else
- A command hallucination telling the person to do something dangerous
- Severe confusion, reduced consciousness, or inability to stay awake
- A seizure, new weakness, severe headache, or difficulty speaking
- Fever with a stiff neck, marked agitation, or rapidly changing behaviour
- Suspected poisoning, overdose, or severe alcohol or drug withdrawal

Common questions

Is secondary psychosis the same as schizophrenia?

No. Schizophrenia is a primary psychotic disorder. Secondary psychosis is caused by another medical condition, substance, medicine, or withdrawal. Similar symptoms can occur in both, so a careful assessment is needed.

Can secondary psychosis go away completely?

Sometimes. Symptoms may resolve when a reversible cause is identified and treated. They may continue or return if the underlying condition is ongoing, treatment is delayed, or there is also a primary mental health disorder.

How long does secondary psychosis last?

There is no fixed duration. Symptoms may settle as a short-term cause clears, or they may last longer with a persistent neurological or medical condition. Improvement in physical test results does not always mean that thinking and confidence recover immediately.

Can prescribed medicine cause psychosis?

Some medicines can contribute to psychotic symptoms, although this is uncommon for most users. Timing, dose changes, interactions, kidney or liver function, and other illnesses can be relevant. Do not stop prescribed treatment suddenly; request a prompt medication review.

Can cannabis cause secondary psychosis?

Cannabis can cause short-term psychotic symptoms and is associated with a greater risk of ongoing psychosis in some people. Risk appears to be influenced by factors such as product strength, frequency of use, age, and personal vulnerability.

What tests are done for secondary psychosis?

Testing is guided by the symptoms and examination. It may include blood and urine tests, toxicology testing, brain imaging, electrical brain-activity testing, or examination of fluid around the brain. Not everyone needs every test.

Sources

- Keshavan MS, Kaneko Y. Secondary psychoses: an update. World Psychiatry . 2013;12(1):4-15.
- National Institute for Health and Care Excellence. Psychosis and schizophrenia in adults: prevention and management. Clinical guideline CG178.
- National Institute for Health and Care Excellence. Delirium: prevention, diagnosis and management in hospital and long-term care. Clinical guideline CG103.

- Griswold KS, Del Regno PA, Berger RC. Recognition and differential diagnosis of psychosis in primary care. American Family Physician . 2015;92(9):856-863.
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision . 2022.
- National Institute of Mental Health. Understanding psychosis.