Comment on "Persistent Psychosis Induced by Cannabis Withdrawal"

To the Editor: Recently in the PCC, Vaseel and Uvais¹ presented a case of paranoid psychosis beginning within 3 days of discontinuation of heavy, prolonged cannabis use, which they diagnosed as "cannabis withdrawal psychosis." I believe a more accurate diagnosis would be cannabis-induced psychotic disorder with onset during withdrawal. The patient they describe seems to meet the *DSM-5* diagnostic criteria for this disorder,² although some relevant clinical details are not provided in the case report.

The patient developed paranoid delusions (criterion A) within 3 days of abrupt cessation of cannabis use (criterion B1); cannabis is known to induce psychosis (criterion B2). Medical and psychiatric evaluation ruled out others causes of psychosis (criterion C). There is no mention of evaluation for delirium, but I assume that delirium would have been mentioned if observed (absence of delirium is criterion D). It is unclear whether the patient fully met the *DSM-5* diagnostic criteria for cannabis withdrawal,² which require experiencing at least 3 from a list of 7 common signs and symptoms of cannabis withdrawal (criterion B). As described, the patient had only 2: irritability (criterion B1) and insomnia (criterion B3).

The persistence of this patient's psychosis for at least 2 months (until resolved by antipsychotic treatment) is unusual in the literature. A recent systematic review identified 112 cases of psychosis associated with cannabis withdrawal: 44 published cases (not including the present case) and 68 cases identified via medical records search of a large health care system.³ In no case was psychosis reported to persist longer than 3-6 weeks, although this duration was almost always truncated by antipsychotic treatment (as in the present case). Persistence of cannabis-induced psychotic disorder for longer than 1–2 months raises the possibility that cannabis use triggered the onset of an independent psychotic disorder.4 Can the authors provide psychiatric follow-up on their patient?

References

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David A. Gorelick, MD, PhD

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Article Information

Published Online: March 13, 2025. https://doi.org/10.4088/PCC.25Ir03933 © 2025 Physicians Postgraduate Press, Inc. Prim Care Companion CNS Disord 2025;27(2):25Ir03933 **To Cite:** Gorelick DA. Comment on "persistent psychosis induced by cannabis withdrawal." *Prim Care Companion CNS Disord*. 2025;27(2):25Ir03933.

Author Affiliation: Department of Psychiatry, University of Maryland School of Medicine, Baltimore, Maryland.

Corresponding Author: David A. Gorelick, MD, PhD, Department of Psychiatry, University of Maryland School of Medicine, PO Box 21247, MPRC–Tawes Building, Catonsville, MD 21228 (dgorelick@som.umaryland.edu). Relevant Financial Relationships: None. Funding/Support: None.