

Kratom-Induced Psychosis: Reflections on Disclosure, Diagnosis, and Duration of Treatment

To the Editor: I thoroughly enjoyed reading the case report by Dadamyan et al¹ on kratom-induced psychosis that was resolved with the use of a second-generation antipsychotic. As a third-year medical student currently on my psychiatry clerkship, I have noted the increase in complexity of substance-induced presentations, particularly with regard to newly available psychoactive substances such as kratom, which are easily missed during a standard clinical assessment.

This case highlights 2 areas of concern: the changing landscape of over-the-counter substance use and the need to keep an open mind regarding induced psychosis from less conventional agents. Kratom is often presented as an innocuous herbal supplement for pain or mood enhancement, which masks the potential for severe neuropsychiatric outcomes. In my clinical experiences as a premedical and medical student,

I have noticed that when patients are asked about regular or casual use of substances like kratom, they rarely disclose it unless specifically prompted. Even when identified, such use is often regarded by the clinical team as trivial in terms of its relevance to the presenting symptoms.

Additionally, as mentioned by the authors, the duration of treatment with an antipsychotic agent raises questions about how long monitoring should continue once the inciting substance is no longer being used. For example, should the antipsychotic be tapered once the psychosis resolves and kratom use ceases? In patients clearly at risk of relapse or whose psychiatric history is unclear or suggestive of underlying vulnerability, the authors might consider addressing the notion of maintaining treatment. Further clarification in subsequent case reports would be valuable to

practitioners faced with similar presentations.

Reference

1. Dadamyan AF, Barada H, Sablaban I. The hidden perils of kratom: a case of drug-induced psychosis successfully treated with a second-generation antipsychotic. *Prim Care Companion CNS Disord*. 2025;27(4):25cr03935.

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