

# What is a Differential Diagnosis

## What Is a Provisional Diagnosis?

A provisional diagnosis means that the clinician is not certain about a diagnosis because they need more information. Essentially, based on the information they have, they are making an educated guess about the most likely diagnosis.

Under the newest edition of the [Diagnostic and Statistical Manual of Mental Disorders \(DSM-5\)](#), a provisional diagnosis is indicated by placing the specifier "provisional" in parentheses next to the name of the diagnosis. For example, it might say something like 309.81 Posttraumatic Stress Disorder (provisional).

Once more information is gathered and a final diagnosis is made, this specifier is removed.

## What Is a Differential Diagnosis?

A differential diagnosis means that there is more than one possibility for your diagnosis. The clinician must differentiate between diagnostic considerations to determine the actual diagnosis. Only after that is done can the clinician choose the best treatment for you.

Unfortunately, for example, there are currently no lab tests to identify depression. Instead, the diagnosis is based on the patient's medical history and symptoms. It is also necessary to rule out other potential causes because there are several conditions which may appear to be depression.

## General Considerations for What to Rule Out

### 1) Ruling Out Substance Use

Clinicians should consider whether the patient's symptoms might be due to substance abuse. Remember, virtually any psychiatric presentation can be caused by substance use. To make this determination, clinicians can interview the patient, check with the patient's family members, look for signs of substance use such as active intoxication, and order laboratory tests that screen for recent use. Medication side effects should also be considered.

If signs of substance abuse are evident, the etiological relationship between substances and psychiatric symptoms must be considered. Psychiatric symptoms might result from the direct effect of the substance on the CNS or substance use could be a consequence or feature of a primary psychiatric disorder. Finally -- substance use and psychiatric symptoms might be completely independent and comorbid.

### 2) Rule out the Disorder is Due to a General Medical Condition

If a general medical condition (GMC) may be responsible for psychiatric symptoms, clinicians encounter several possible etiological relationships. Medication may be responsible for psychiatric symptoms or the psychiatric symptoms might cause or adversely affect the GMC.

In addition, the GMC might cause mental health symptoms through a direct physiological effect on the brain, such as through having a stroke, or through a psychological mechanism, commonly seen when patients experience depressive symptoms in response to receiving a cancer diagnosis.

In the case of depression caused by a cancer diagnosis, the patients would be diagnosed with major depressive disorder or adjustment disorder.

For clues to determining whether a GMC is a factor, clinicians can assess temporal relationship, such as if the psychiatric symptoms began following the onset of the GMC, if they vary in severity with the severity of the GMC, and if they remit when the GMC resolves.

### 3) Organic versus Functional (Psychological)

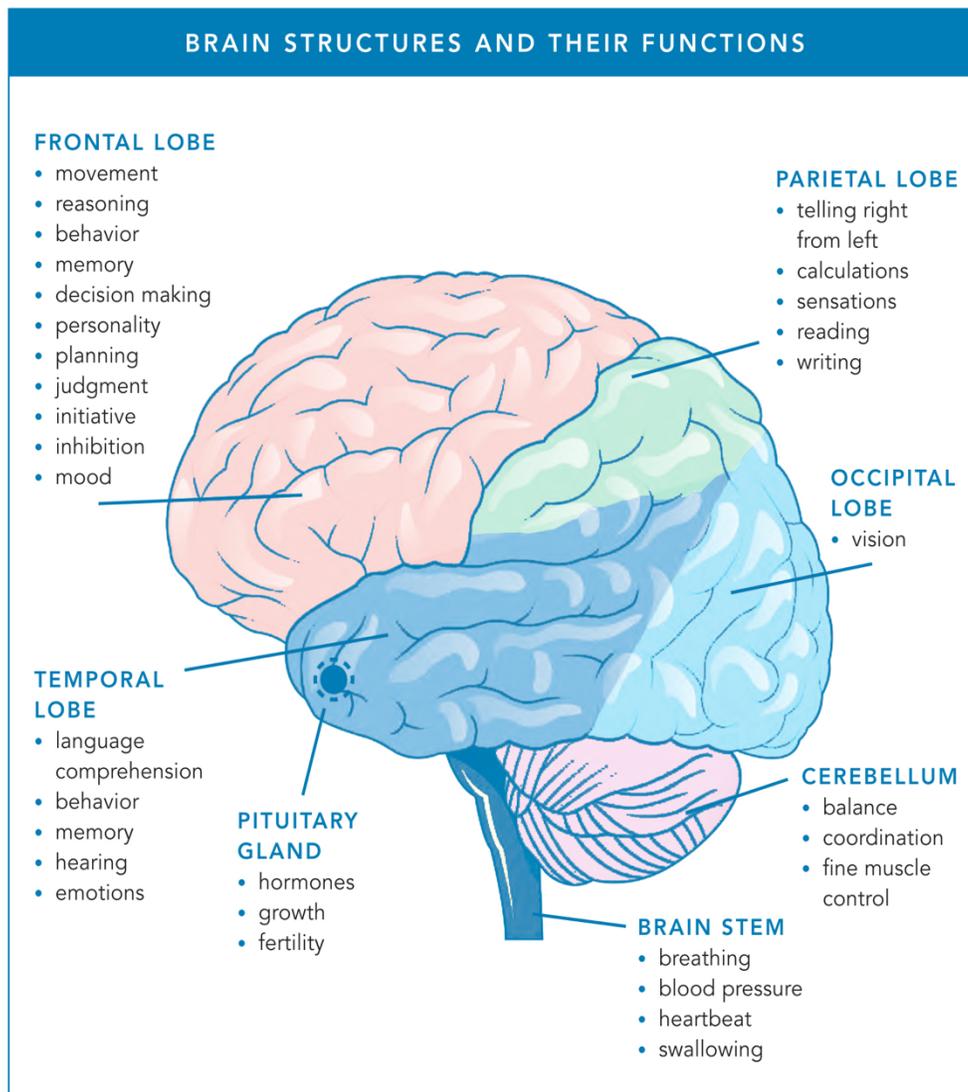
Organic conditions such as diabetes mellitus, thyroid disease, acute intoxications, withdrawal states, AIDS and head trauma can present with prominent mental status changes that mimic common psychiatric illnesses. These conditions are due to a medical or disease state.

Organic disease is the term used to describe any health condition in which there is an observable and measurable disease process, such as inflammation or tissue damage.

As opposed to a non-organic (functional) disorder, an organic disease is one in which there are detectable physical or biochemical changes within the cells, tissues, or organs of the body.

Functional means there are symptoms of a psychological disorder but there is no detectable organic basis for the disorder; so it is believed to be emotional or stress based.

## Location of a Tumor Matters



Based on an illustration from National Brain Tumor Society's *The Essential Guide to Brain Tumors*

The symptoms you are experiencing are linked to the location of the tumor in your brain. As your tumor grows, it can press on surrounding tissue, affecting the function controlled by that part of the brain. If you are diagnosed with a brain tumor, make sure your provider helps you understand where it is located. This can help you prepare for and manage symptoms.

Location	Common Symptoms
Frontal Lobe	Personality changes Increased aggression and/or irritation Apathy Weakness on one side of the body Loss of smell Difficulty walking Vision / Speech problems
Temporal Lobe	Forgetting words Short-term memory loss Seizures (often associated with strange smells/feelings)
Parietal Lobe	Difficulty speaking / understanding Problems reading/writing Loss of feeling in part of the body
Occipital Lobe	Issues with sight
Cerebellum	Issues with coordination Uncontrolled eye movement Nausea/Vomiting Neck Stiffness Dizziness
Brain Stem	Issues with coordination Eyelid or mouth drooping on one side Difficulty swallowing Difficulty speaking Double Vision
Spinal Cord	Pain Numbness Weakness in legs/arms Loss of bladder/bowel control Difficulty walking

Pituitary Gland	Lack of energy Weight gain Mood Swings High blood pressure Diabetes Enlarged hands/feet (Women) Irregular/Infrequent Periods Infertility / Impotence
Meninges	Headache Nausea/Vomiting Sight Problems Neck Pain