ABSTRACT

Background: In recent decades there has been a significant increase in the prevalence of substance-induced psychoses (SIP) in the Czech Republic. In the case of prolonged or recurrent SIP it often remains unclear whether to classify these conditions as chronic substance-induced psychoses or as schizophrenia. The etiology and nature of the psychosis play a crucial role in guiding treatment. From the perspective of addictology, emphasis is placed particularly on clinically observable characteristics.

Objectives: The aim of this thesis is to systematically synthesize current knowledge in the field of differentiating between toxic psychoses and schizophrenia. Additionally, it seeks to develop a comparative case analysis to explore clinically observable aspects of SIP compared to schizophrenia, based on patients' retrospective experiences.

Methods: The comparative case study uses the method of Very Similar Cases. It involves two participants with recurrent substance-induced psychotic episodes, of whom only one has been formally diagnosed with schizophrenia. Data collection was carried out through semi-structured interviews and thematic analysis was applied to process the data.

Results: Despite a number of shared features and a significant symptom overlap, several distinctive differences were identified that may be useful for differential diagnosis. The most pronounced distinctions were found in the following domains: (1) *Presence of prodromal symptoms*; (2) *Triggers for substance use*; (3) *Quality and extent of symptoms and contact with reality*; (4) *Symptom remission*; (5) *Sociability*; (6) *Global functioning and recovery*; (7) *Need for targeted treatment*. Schizophrenia emerges as a chronic condition marked by deeper disruption of reality perception, lack of insight, and lasting functional impairment. In contrast, SIP appears more reactive and episodic, with a generally better prognosis under abstinence.

Conclusion: Clinical differentiation between SIP and schizophrenia requires a comprehensive evaluation that includes not only temporal criteria, but also qualitative mapping of symptoms. Clinically observable specificities serve as valuable diagnostic indicators, especially when assessed in the context of long-term development and supported by psychological assessment tools.

Keywords: residual psychotic disorder, psychotic disorder, schizophrenia, substance-induced psychosis, differential diagnosis