Severe Alcohol Use Disorder in an Adolescent with Psychotic and Mood Symptoms: A Complex Case of Diagnostic Uncertainty and Developmental Risk

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Background

Severe alcohol use beginning in early adolescence is a well-documented risk factor for long-term psychiatric and cognitive dysfunction. In vulnerable youth, it can present alongside psychotic and mood symptoms that may mimic or mask primary psychiatric disorders. The diagnostic process is further complicated by trauma histories, developmental immaturity, poor insight, and social or environmental instability. Early, accurate diagnosis and integrated treatment are essential to prevent worsening outcomes.

Purpose

This case explores the diagnostic and therapeutic challenges in a 17-year-old male with severe alcohol use disorder (AUD) and new-onset psychotic and mood symptoms. The central clinical question is whether his psychiatric presentation is entirely substance-induced or indicative of a co-occurring schizophrenia spectrum or bipolar disorder emerging during adolescence.

Methods

A single-patient case report is presented alongside a focused literature review. PubMed and OpenEvidence were searched using keywords such as “adolescent alcohol use,” “psychosis,” “dual diagnosis,” “bipolar disorder,” and “substance-induced psychosis.” Guidelines, meta-analyses, and population-based studies were reviewed to contextualize the case and inform diagnostic reasoning and treatment recommendations.

Results

The patient is a 17-year-old male who began drinking at age 13, introduced to alcohol by his father. His substance use escalated over time, contributing to school dropout, polysubstance use, and increasingly erratic behavior. He has no close peer relationships and is described as highly impressionable and socially preoccupied with how others perceive him. When intoxicated, he becomes aggressive—most notably, physically violent toward his mother.

He presented with paranoid ideation, auditory hallucinations, and mood instability in the context of chronic alcohol use, trauma, and a chaotic home environment. He denies having any substance use problems and demonstrates limited insight into his psychiatric symptoms. The differential diagnosis includes alcohol-induced psychotic and mood disorders versus emerging schizophrenia spectrum or bipolar disorder. Literature suggests that adolescents with substance use are at significantly increased risk for psychotic-like symptoms, but distinguishing these from primary mental illness often requires longitudinal assessment and sustained abstinence. Developmental immaturity, social isolation, and external validation needs complicate both diagnostic clarity and treatment adherence.

Conclusions

This case underscores the diagnostic complexity of co-occurring substance use and psychiatric symptoms in adolescents, particularly when shaped by trauma, poor insight, and social vulnerability. The interplay of early alcohol exposure, neurodevelopmental risk, social isolation, and emerging psychopathology highlights the need for trauma-informed, developmentally sensitive, and integrated care models. Longitudinal observation, consistent engagement, and early intervention remain key to clarifying diagnosis and preventing long-term functional decline.

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