

not diagnostic of bipolar disorder per se.

Example: Believing people are following them as they walk down the street, or that someone is out to hurt them or someone they know.

Hallucinations **Telltale of Substance-Induced Psychotic Disorder 292.12 - PCP Intoxication**

Hallucinations are also seen in mania and they can occur in any sense organ (i.e. hearing, taste, sight, sensation). The commonest hallucinations occurring in mania are auditory. Sometimes the experience of having hallucinations can propel the person to seek an explanation for their presence and this can fuel the development of a delusional belief. The different types of hallucinations that can occur are shown below:

Auditory Hallucinations



Hearing things (e.g. sounds of footsteps or voices). These can be a single voice or several, male or female, be familiar or unfamiliar. The voice(s) can call the person's name, tell them to do things, comment on what the person is doing, or if more than one voice, can talk to each other about the person. Hallucinations are normally perceived as coming from outside the person's head but occasionally people hear them **inside the head** (similar to the person's own thoughts).

Olfactory hallucinations



Smelling things. Can be pleasant or unpleasant. **This can be a signal that there is another physical problem** and would warrant a thorough physical examination and review by a specialist physician.

Gustatory Hallucination



Having unusual tastes in the mouth. Again **this can be a signal that there is another physical problem** and would warrant a thorough physical examination and review by a specialist physician.

Tactile Hallucinations



Feeling sensations on the skin (e.g. something is crawling over them). Again this can be a signal that there is another physical problem and would warrant a thorough physical examination and review by a specialist physician. Commonly this occurs in a drug withdrawal state.

Somatic Hallucinations



These are feeling sensations deep within the body and can be very unpleasant.

Visual Hallucinations



Seeing things that aren't really there (e.g. seeing people or shadows). They can become quite complex with people seeing whole scenes but are **uncommon in 'pure' mania and are more commonly associated with some underlying physical or organic problem.**

**Select quotations
from KES/bb
Recommitment
Hearing - 5/24/03**

Q In fact, you told Dr. Povinelli you hear voices in gibberish, at times they tell you to hurt yourself, but they're still there? A I don't believe they're ["they were"] telling me to hurt myself. — p. 205

Q Olfactory problems as well? You indicated you had strange smells of sulphur? ["sulfur"] A Yes. My memory is not very good about this recent incident. — p. 206

Ms. Cocchiola raised the issue of would it be paranoid to think that your water was poisoned... My sense of flavor was shot by this infection. And everything seemed to taste bad to me. — p. 182 (re: psychotic episode in 2002)

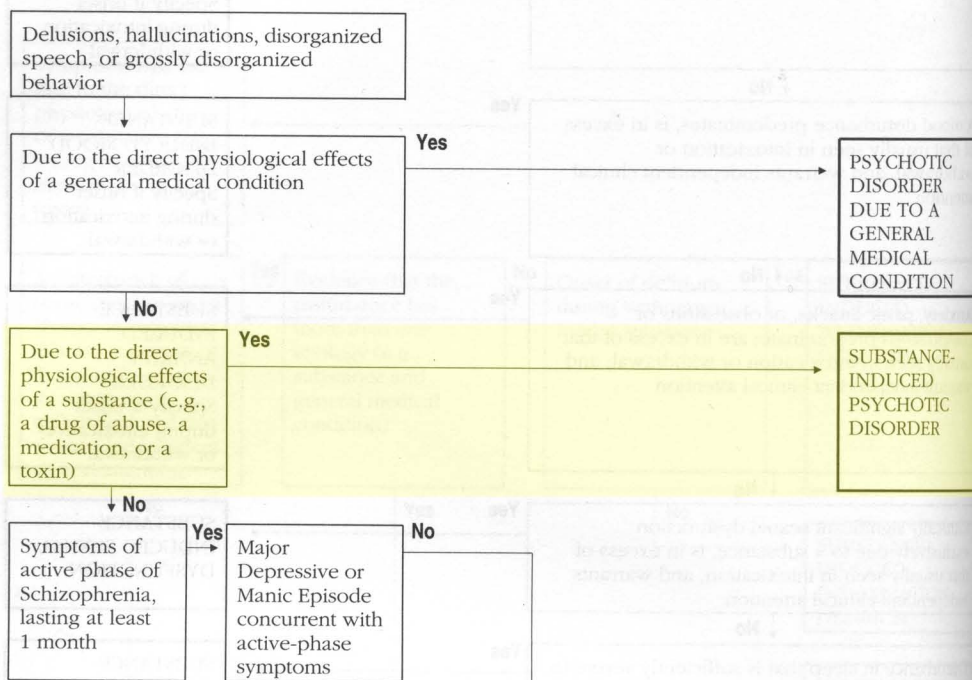
Q And you also told him that you have visual perception problems periodically? A: One of the strange things about what was going on before I went in, for example, when I was in the hospital I was experiencing distortions in vision. — p. 205

Still holding that thought? Allow me to unleash it:

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"Again, these are brief psychotic episodes..." - Carol Cocchiola (p. 249)

Differential Diagnosis of Psychotic Disorders



From the DSM-IV: "Substance-Induced Psychotic Disorder":

"... the appearance of delusions 'de novo' in a person over 35 years without a known history of Psychotic Disorder should alert the clinician to the possibility of a Substance-Induced Psychotic Disorder"

Prozac + Trazodone → mCPP (now KNOWN to be an hallucinogen) → a defective CYP2D6 metabolism ... strong evidence in support of a diagnosis of DSM 292.11 "Substance-Induced Psychotic Disorder" with the modifier - "Hallucinogen, With Delusions" for my illness in Jan-Feb 1997. <http://badtriprecords.biz/trainwreck.html>

Over 12 years ago, I laid this out in a fairly clear, straightforward fashion, with substantial documentation from scientific research findings. The evidence supporting my hypothesis has grown much stronger over time.

Now. Is that so hard? And... guess who threw out the pot I wanted tested after my hospitalization in 2002, the very same person who procured the pot I was smoking just before my hospitalization in 2003... it was my former housemate, Alice Richardson... who proceeded to abuse over 5,000 sq ft in my home as a rent-free storage facility for over SEVEN YEARS: SEE <http://badtriprecords.biz/alice.html> . Do you smell something "fishy" here?

Sincerely, Bonze Anne Rose Blayk - January 4, 2013

SCHIZO-PHRENIA

SCHIZO-PHRENIFORM DISORDER

SCHIZO-AFFECTIVE DISORDER

MOOD DISORDER WITH PSYCHOTIC FEATURES (see Mood Disorders tree)