

# Psychiatry

## History and mental state examination

### History :

#### Notes about the history

- Take the history from the close relative ( if the patient is psychotic )
- Shake hands
- The patient must sit comfortably
- Privacy
- Don't use complicated language .
- Don't ask closed questions .
- Accept & respect patient views, ideas & religion
- Be sensitive & delicate during emotional upset of the patient
- Share decision making with the patient .
- Show trust , and don't be always busy with recording data , to avoid rapport of the patient .
- Ask for permission before each step
- Be supportive & sympathetic

#### History taking :

##### A- Identity

Name

Age

Marital state

Religion

Date of admission

**The chief complaint : must be in the patient's words**

**B- Present illness:**

Why did the patient come for help , or why was he referred to you.

Onset

Symptoms

Duration

Physical & psychological associated symptoms.

Disturbances in sleep , appetite , sexual behavior & any treatment taken.

**C-Family history :**

Parents & siblings

Age , sex , disease , cause of death if there is a dead member , alcohol , substance abuse , antisocial behavior , criminal record .

**Father**

**Dominant or submissive ?**

**Mother**

**Dominant or submissive ?**

**Sibling**

**Relation with them**

**Social position In the family**

**General relation to the whole family**

**Family history of mental illnesses (psychiatric or personality disorder).**

**Is there epilepsy? Neurological disorder ?**

**D-Personal history :****1. Birth & development :**

- Birth history as the mother 's health during pregnancy , was she smoking ?Drinking alcohol ?substance abuser ?
- Ask about development milestones.
- Separation from parents
- Adopted or not
- Dead mother or father or both ?
- Depressed mother?
- Was there any neurotic traits ?(Temper tantrum, tics, night terror , thumb sucking , bed wetting , nail biting , head banging or phobia)

## **2-Education:**

- Graduation? Achievements ?
- Relationship with teaches &classmates
- Higher education

## **3- Occupation**

- list of jobs (if a lot then he is unstable or problem seeker or may be normal).

## **4-Full menstrual History.**

## **5-marital history**

- age of marriage
- engagement duration
- marital relationship

## 6- Sexual history

- Abuse .
- contraception
- Gender disorder

## 7- present social history

-housing

Composition of the household

Financial problems .

### **E –previous medical history :**

Any medical illnesses .

Any surgeries .

Any psychiatric .

Forensic history : arrest ,nature of offences. Is there any tattooing or self –mutilation ?

### **F –personality :**

Relationships &friendships ?

Divorced ?

Gender of friends?

Pleasure activities : habits, interests , membership , clubs  
?

Prevailing mood :

- Anxious &worrying .
- Cheerful &optimistic .
- Pessimistic.
- Over confident ,stable .
- Fluctuating .
- Sensitive .
- Suspicious &jealous.

- Resentful.
- Meticulous.

Attitudes & standards : Morals & religion .

### **Mental state examination :**

A structured way of observing & describing a patient current state of mind to obtain comprehensive cross section of the patients mental state.

It involves :

#### **1. Appearance :**

How the patient looks ,his clothes (dirty clothes – schizophrenia , or clothes suitable for age & gender , or mismatched clothes as in mania ),movement ,apparent age (older –depression or younger –mania ),physical appearance (malnutrition ), skin as if there is tattooing or self-mutilation which may indicate an antisocial personality, site of injections ,nicotine stains ,odor ,hair distribution .

#### **2. Attitude :**

If the patient was rapport ,hostile ,aggressive, indifferent (depressed).paranoid ,uncooperative .

#### **3. Behavior & activity :**

Agitation .

Mental retardation .

Schizophrenia .

Catatonic symptoms.

Psychopathic personality .

Tics.

Anxious as sitting on the tip of the chair , sweaty .

#### **4. Mood & affect :**

**Affect** : external manifestation of the persons emotional state (noticed by the examiner ) as describing the person a depressed , apprehensive, hostile, flat ( joker face –schizophrenia ), sad ...etc. it is objective .

**Mood** : internal emotional state , described by the person himself &it is subjective

The affect can be appropriate or inappropriate (incongruent ),seen in psychosis &mostly in schizophrenia

**Labelle in difference** : seen in conversion disorders, the patient doesn't mind despite a serious complaint as paraplegia or blindness.

#### 5. Speech :

Content ,amount ,articulation (stammering ), or stuttering ,echolalia &other manifestations .

Stammering : there is a pause during speech .

Stammering :Repetition of words.

#### 6. Thinking :

**Process** : was the answer directed ? lost in depression .

**Tempo** : changing tone .

**Form of speech** : loss of association as in formal thought disorder which is diagnostic in schizophrenia .

**Irrelevant form of thinking** .

Derailment ,thought block ,preservation .

Contents : delusion ,obsession or phobia.

#### 7. Perception :

Interpretation of sensory stimulus in high mental centers  
Positive psychotic symptoms: Hallucinations, delusions & illusions .

Organic affected : Auditory (mainly schizophrenia ) ,tactile visual ,gestural & olfactory .

Organic involvement must be excluded first .

## **8. Cognitive function :**

### **a. Insight :**

The patient's awareness of his illness, his compliance & its pathology .

Lost in schizophrenia , dementia and psychosis .

Present in neurotic illnesses as OCD & depression

### **b. Consciousness :**

Ask about orientation to time , place & person.

### **c. Memory : three types**

- Immediate memory : ask the patient to repeat five non associated words as (pen, apple ,car , ,Burger )
- Recent memory :ask him about his breakfast .
- Remote memory : ask about a past event as date of war or his primary school's name .
- Organic involvement must be excluded.