

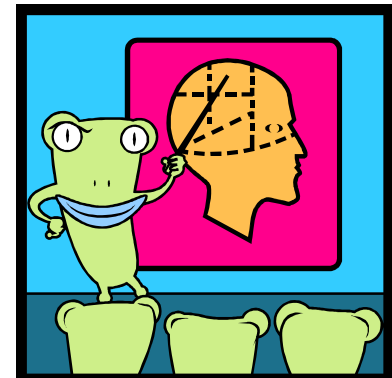


Mental Status Exam

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What it is it?


- The Mental Status Exam (MSE)
 - equivalent to
 - describes the mental state and behaviors of the person being seen.
 - both objective and subjective.





Why do we do them?

- The MSE provides information for:
 - diagnosis and assessment of disorder and
 - response to treatment.
- MSE provides a snap shot at a point in time
- to determine if the patients status has changed

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- Is important for MSE?
 - what is normal for the patient?



Components of the MSE

- Appearance
- Behavior
- Cooperation
- Speech
- Mood & Affect
- Perception
- Thought process
- Thought content
- Cognition
- Insight/Judgment



Appearance: What do you see?

- Build, posture, dress, grooming, prominent physical abnormalities
- Level of alertness: Somnolent, alert
- Emotional facial expression



Behavior

- Eye contact: ex. poor, good, sharp
- Psychomotor activity: ex. retardation or agitation i.e.. hand wringing
- Movements: tremor, abnormal movements i.e.. stereotypies, gait

Speech

- **Rate:** slow, fast, pauses
- **Rhythm:** articulation (e.g. slurred), prosody, dysarthria (e.g. stuttering), monotonous.
- **Volume:** loud, soft, mute
- **Amount:** fluent, talkative, paucity, impoverished



Mood

- The prevalent emotional state the patient tells you they feel
- Often placed in quotes since it is what the patient tells you
- Examples “Fantastic, elated, depressed, anxious, sad, angry, irritable, good”
- How to ask?



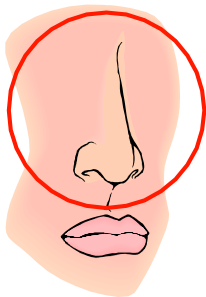
Affect

- The emotional state we observe
 - Type: euthymic, dysphoric, depressed, irritable, angry, euphoric, elevated, elated, anxious.
 - Range: full (normal) vs. restricted, blunted or flat, labile
 - Congruency: does it match the mood-(mood congruent vs. mood incongruent)
 - Stability: stable vs. labile
- How to ask?



Perception

- 5 senses
- E.g. illusions, hallucinations, derealization, depersonalization.




The Nose



The Palm



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- Hallucinations: False sensory perceptions. Can be auditory (AH), visual (VH), tactile or olfactory, somatic.
 - Derealization: Feelings the outer environment feels unreal
 - Depersonalization: Sensation of unreality concerning oneself or parts of oneself



Thought Process

- Describes the rate of thoughts, how they flow and are connected.
- Normal: tight, logical and linear, coherent and goal directed
- Abnormal: associations are not clear, organized, coherent.
- Examples include circumstantial, tangential, loose, flight of ideas, word salad, clanging, thought blocking.



Thought Process: examples

- **Circumstantial:** provide unnecessary detail but eventually get to the point
- **Tangential:** Move from thought to thought that relate in some way but never get to the point
- **Loose:** Illogical shifting between unrelated topics



Thought Process: examples

- Flight of ideas: Quickly moving from one idea to another- see with mania
- Thought blocking: thoughts are interrupted
- Perseveration: Repetition of words, phrases or ideas
- Word Salad: Randomly spoken words




Thought Content

- Refers to the themes that occupy the patients thoughts.
- Examples include preoccupations, ideas of reference, delusions.



Thought Content: examples

- Preoccupations: Suicidal or homicidal ideation (SI or HI), perseverations, obsessions or compulsions.
- Ideas of Reference (IOR): Misinterpretation of incidents and events in the outside world having direct personal reference to the patient

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- **Delusions: Fixed, false beliefs firmly held in spite of contradictory evidence**
 - **Control:** outside forces are controlling actions
 - **Erotomaniac:** a person, usually of higher status, is in love with the patient
 - **Grandiose:** inflated sense of self-worth, power or wealth
 - **Somatic:** patient has a physical defect
 - **Reference:** unrelated events apply to them
 - **Persecutory:** others are trying to cause harm



Cognition

- Level of consciousness
- Attention and concentration: the ability to focus, sustain and appropriately shift mental attention
- Orientation

How to test?



Cognition

- Memory: immediate, short and long term
- Intelligence
- Abstraction: proverb interpretation

How to test?

- Mini-Mental State Exam



Folstein Mini-Mental State Exam

- 30 item screening tool
- Useful for documenting serial cognitive changes and cognitive impairment
- Document not only the total score but what items were missed on the MMSE



Insight/Judgment

- Insight: awareness of one's own illness and/or situation.
- Judgment: the ability to anticipate the consequences of one's behavior and make decisions to safeguard your well being and that of others.
- How to test?



Sample initial MSE of a patient with depression and psychotic features

- Appearance: Disheveled, somnolent, slouched down in chair, uncooperative
- Behavior: psychomotor retarded, poor eye contact
- Cooperative
- Speech: moderate latency, soft, slow with paucity of content
- Mood: "really down"
- Affect: blunted, mood congruent



MSE continued

- Perception: Auditory hallucination (2nd person).
- Thought Process: linear and goal directed with paucity of content
- Thought Content: Suicidal Ideas, Nihilistic delusion.
- Cognition: Alert, focused, MMSE:24- missed recall of 2 objects, 2 orientation questions, 2 on serial sevens

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- **Insight: fair**
 - **Judgment: poor**



Excellent Source

- <http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf>



Summary

- By the end of a standard psychiatric interview most of the information for the MSE has been gathered.
- The MSE provides information for diagnosis and assessment of disorder and response to treatment over time.
- Remember to include both what you hear and what you see!