



433 Teams

PSYCHIATRY

Symptoms and signs in Psychiatry

Lecture contents:

- Abnormalities of behavior and movements
- Abnormalities of mood and emotion
- Abnormalities of speech
- Abnormalities of thought and thinking
- Common Types of Delusions
- Abnormalities of perception

Manual of Basic Psychiatry

Doctor's notes

Important

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Psychiatric symptoms and signs are common in patients of all kinds; therefore, medical students require sound knowledge of these symptoms and signs. In psychiatric clinical practice, diagnosis is not made on a single symptom or sign, but on the pattern of several clinical features; symptoms, signs, course, causes. **You get the symptoms from the history, and the signs from the mental state examination (MSE).** For simplification, symptoms and signs in psychiatry can be grouped into the following categories:

Abnormalities of behavior and movements:

- 1- **Psychomotor Retardation:** **slowed motor activities and mental functions** (e.g. delayed answers), seen in depressed patients.
- 2- **Stupor:** a state in which a person, although is **fully awake with open eyes, does not react to the surroundings:** mute, immobile and unresponsive. It can be due to organic or functional psychiatric disorders. https://www.youtube.com/watch?v=_Sn1i9obIEo
Catatonic Stupor: **stupor with rigid muscles and posturing** seen mainly in schizophrenia; catatonic type.
- 3- **Agitation:** restlessness with inner tension. Patient is not fully aware of restlessness. It can be due to many psychiatric disorders: mania, depression, schizophrenia, substance abuse, delirium ...e t c. **he wants to move to ventilate**
- 4- **Akathisia:** inability to keep sitting still, due to a compelling subjective feeling of restlessness. Patient is fully aware of restlessness. It is due to antidopaminergic drugs. **Side effect of antidopaminergic.**
 When akathisia is mistaken for agitation, patient may be given unnecessary doses of antidopaminergic drugs that exacerbate akathisia in a vicious circle. **He wants to settle but he can't.** Treatment of akathisia: beta blockers or benzodiazepine. To differentiate: Ask the patient if s/he wants to settle and sitdown or not? If about medical hx (e.g. schizophrenia) which would mean the patient is taking antidopaminergic medications and the restlessness is akathisia.
- 5- **Acute Dystonia:** **very severe painful muscle spasms** (neck, back, eyes, and, tongue). It is **due to a recent use of anti-dopaminergics**, which induces a hypercholinergic state in the basal ganglia. <https://www.youtube.com/watch?v=YNWFssG50bM>
- 6- **Tardive Dyskinesia:** **restless movements of group of muscles**, mainly in the orofacial muscles. Hand muscles may be involved. It is due to a **prolonged (chronic)** use of anti-dopaminergics. <https://www.youtube.com/watch?v=FUr8ltXh1Pc>
- 7- **Waxy Flexibility (catalepsy):** **patient's limbs may be moved like wax, holding position for long period before returning to previous position**, seen mainly in schizophrenia; catatonic type. **The problem in neurotransmitter.** <https://www.youtube.com/watch?v=1Ty5rNh76ql>
- 8- **Stereotypies:** purposeless repetitive involuntary movements. E.g. foot tapping, thigh rocking, seen in normal people but when severe they indicate a psychotic disorder.
- 9- **Mannerism:** odd goal-directed movements. E.g. repeated hand movement resembling a military salute. They indicate a psychotic disorder. **A sudden movement the patient makes it look like it was voluntarily, but it isn't.**

Abnormalities of mood and emotion:

- 1- **Anxiety:** feeling of apprehension accompanied by autonomic symptoms (such as muscles tension, perspiration and tachycardia), caused by anticipation of danger.
Free-floating anxiety: diffuse, unfocused anxiety, not attached to a specific danger.
- 2- **Fear:** anxiety caused by realistic consciously recognized danger.
- 3- **Panic:** acute, self-limiting, episodic intense attack of anxiety associated with overwhelming dread and autonomic symptoms. Self-limit within half an hour it will resolve.
- 4- **Phobia:** irrational exaggerated fear and avoidance of a specific object, situation or activity.
- 5- **Dysphoria:** mixture feelings of sadness and apprehension.
- 6- **Depressed mood:** feeling of sadness, pessimism and a sense of loneliness.
- 7- **Anhedonia:** lack of pleasure in acts that are normally pleasurable.
- 8- **Euphoria:** intense elation with feeling of grandeur seen in patients with mania or substance abuse.
- 9- **Constricted Affect:** significant reduction in the normal emotional responses.
Affect is the normal variation of mood during the day.
- 10- **Flat Affect:** **absence of emotional expression**. (severe degree)
- 11- **Apathy:** lack of emotion, interest or concern, **associated with detachment**.
- 12- **Inappropriate Affect:** disharmony between emotions and the idea, thought, or speech, accompanying it seen in **chronic schizophrenia**.

Abnormalities of speech:

- 1- **Poverty of Speech:** restricted amount of speech; seen in depression and schizophrenia.
- 2- **Pressure of Speech:** rapid, uninterrupted speech; seen in patients with mania or stimulant abuse.
- 3- **Stuttering (Stammering):** frequent repetition syllable, leading to markedly impaired speech fluency.
- 4- **Clang Associations (Rhyming):** association of word similar in sound but not in meaning (e.g. deep, keep, sleep) seen in patients with mania or substance abuse. (السجع)
- 5- **Punning:** playing upon words, by using a word of more than one meaning (e.g. ant, aunt). Seen in patients with mania or substance abuse. (التورية)
- 6- **Word Salad:** incoherent mixture of words, seen in chronic schizophrenia.
- 7- **Circumstantialities:** over inclusion of **unnecessary details delaying reaching the desired goal**, seen in obsessional personality. Talking about different events not related to the topic.
- 8- **Echolalia:** imitation of words or phrases made by others, seen in some **schizophrenic** patients, mentally retarded and some organic mental disorders. Normal in children.

Abnormalities of thought and thinking: (imp)

1- Stream:

- A. Poverty of thought: Slow, few, unvaried thoughts associated with poverty of speech, seen in chronic schizophrenia and depression.
- B. Pressure of thought: Rapid abundant varying thoughts associated with pressure of speech and flight of ideas, seen in mania and stimulant abuse.
- C. Thought block: Sudden cessation of thought flow with complete emptying of the mind, not caused by an external influence, seen in schizophrenia.

2- Link:

- A. Loose association: Lack of logic connection between thoughts, seen in chronic schizophrenia. (word salad).
- B. Flight of ideas: Successive rapidly shifting incomplete ideas but with an understandable link (usually associated with pressure of speech and thought) seen in mania and stimulant intoxication.
- C. Thought perseveration: Repeating the same sequence of thoughts persistently and inappropriately, seen in organic brain pathology (e.g. dementia). The patient tells the same thing over and over.

3- Content: -Beliefs-

- A. **Overvalued ideas:** strongly held false but shakable ideas (e.g. a patient thinks vitiligo is a contagious illness / patient's conviction that he has a hidden serious physical disease) للإقناع قابلية لكن راسخة ففكرة
- B. **Obsessions:** undesirable repetitive ideas insistently entering a person's mind against his will despite resistance, seen in OCD. Obsessions are frequently, but not always, followed by compelling actions (compulsions or rituals)
e.g. obsessional thoughts: dirt/contamination
Obsessional images: religious acts/ beliefs
Obsessional urges: doubts/checking
Obsessional feelings: as if committing offences.
Obsessions are undesirable, while fantasies are thoughts that the mind likes.
[Watch Me](#)
- C. **Delusions:** fixed, false beliefs not arrived at through logic, not amendable to reasoning and out of keeping with the person's cultural background. Seen in many psychotic disorders (e.g. schizophrenia, medication induced psychosis).

Delusions: FIXED vs. overvalued ideas: SHAKABLE. In our region/culture if someone thinks he's under black magic (e.g. suspects house maid) that's considered as an overvalued idea not a delusion, except in cases where for instance the son believes his father did the black magic in this case there is no logic behind this belief, it might be considered as a delusion.

Common Types of Delusions

Type	Definition	Example/notes
Persecutory delusion (Paranoid)	Delusion of being persecuted. Paranoid delusion is similar, except the patient believes he is followed because has a special trait.	The patient has a fixed, false belief that he is mistreated, cheated, harassed, followed for harm etc. but no logic behind the belief.
Grandiose delusion	Delusion of exaggerated self-importance, power of identity.	Patient might have grandiose delusion of identity or ability.
Delusion of jealousy (infidelity delusion)	Delusion that wife/husband or loved person is unfaithful.	
Erotomantic delusion	Delusion that someone (usually inaccessible, high social class person) is deeply in love with the patient. The patient is loved by someone else.	<p>Patient walks around the psychiatric ward saying that a certain prince is going to marry her in a loud voice.</p> <p>A married lady blows kisses to the TV screen because she believes the TV program presenter likes her.</p> <p>Erotomantic delusions are rare. To treat these give anti-dopaminergic medications for 2 months then follow up.</p>
Nihilistic delusion	Delusion of nonexistence of body organ, belongings, self, others or the world.	<p>Patient suffering from major depression with psychotic features says his brain has melted and doesn't exist anymore.</p> <p>Severe depression may lead to a 'dark' psychotic state where the patient feels his organ is missing.</p>
Delusion of self-accusation (imp)	Delusion that the patient has done something sinful, with excessive pathological feeling of remorse and guilt	Seen in severe depression. E.g. a woman tells people that her husband is not the father of her son when in fact he is.
Delusion of reference	Delusion that certain events/ others' behavior refer to oneself	Seen in any type of psychosis. Manic patients may feel happy with these delusions because it gives them a sense of self-importance.
Delusion of influence (delusion of control)	Delusions that person's actions, feelings or thoughts are controlled by an external force	Seen in schizophrenia Delusions of influence are serious because the patient may eventually become aggressive/seek revenge.



Delusions can be

How to assess delusions: <https://www.youtube.com/watch?v=70VfdKU3gOE>

<p>Mood-congruent</p> <p>Delusions are associated with mood. E.g.</p> <p>Depressed mood > self-accusation</p> <p>Elevated mood > grandiose delusions</p>	<p>Mood-incongruent</p> <p>Delusional content has no association with mood. E.g.</p> <p>Elevated mood > delusion of thought insertion</p> <p>Laughing > persecutory delusions</p>
<p>Systematized</p> <p>united by a single event or theme e.g.</p> <p>delusion of jealousy.</p>	<p>Bizarre</p> <p>totally odd and strange delusional belief, e.g. delusion that stars control patient's acts</p>

Abnormalities of perception

Type of perceptual problem	Definition	Example/notes
Illusions	Misperception of real external stimuli. Non-specific signs seen in psychiatric patients (delirium, medications etc.) and may occur in normal people.	They are simple but may lead to complications; e.g. patient thinks there's a fire and jumps off the roof. Body language can also be misinterpreted.
Hallucinations https://www.youtube.com/watch?v=fYkqTwsG0z0	<p>Abnormal perception in the absence of real external stimuli. Patient thinks it's coming from the external world not within the mind.</p> <p>Auditory hallucinations could be either:</p> <ol style="list-style-type: none"> 1. Second-person hallucinations: voices of a person speaking to the patient addressing him/her directly. E.g., "you are bad". These are seen in many disorders: schizophrenia (usually derogatory voices calling bad names /giving orders), severe depression with psychotic features (usually self depreciating associated with guilt feeling), mania (usually self-appreciating associated with acceptance). 2. Third-person hallucinations: voices of a person talking to another person about the patient. E.g. "look! he is bad" (seen in schizophrenia). Third person auditory delusions indicate a more severe form of psychosis compared to second person auditory delusions. 	<p>Might be auditory, visual, tactile, olfactory, gustatory, and somatic. They indicate psychosis.</p> <p>Auditory hallucinations (voice, sound, noise) can be second person or third-person. Visual hallucinations indicate an organic mental disorder (e.g. uremia, medications etc.) or schizophrenia.</p>
Pseudo-hallucinations	Normal sensory deceptions perceived as emanating from within the mind (person has insight)	After listening to an audiotape for a while the same song is re-experienced without actual source.
Thought echo	Hearing one's own thoughts	

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