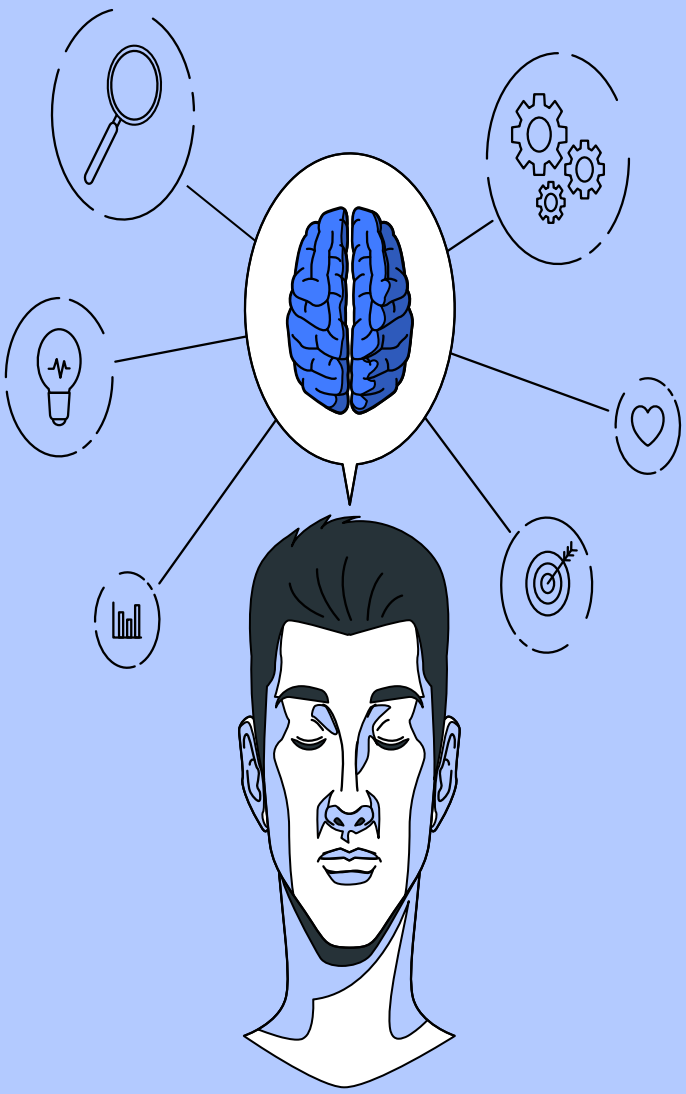


Symptoms & Signs in Psychiatry

Objectives:

- To define symptom and sign.
- To describe the positive and negative features in psychiatry.
- To describe symptoms and signs in psychiatry.

Done by:
Rahaf Althnayan
Norah Alkadi

Golden notes
Important
Dr. notes
extra

Introduction

Signs Vs Symptoms

- Signs are objective; symptoms are subjective
- Signs are the clinician's observations
- Symptoms are subjective experiences
- In psychiatry, signs and symptoms are not as clearly demarcated as in other fields of medicine; they often overlap.
- Disorders in psychiatry are often described as syndromes.

Mental Disorder

- Comprise a broad range of problems.
- Characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others.
- Mental illnesses are associated with distress and/or problems functioning in social, work (+academic) or family activities(e.g. romantic/ marital issues) or self-care (eg. hygiene).

Facts about sign and symptoms

- Could be part of illness. (e.g paranoid delusion (involve thoughts), auditory hallucination (involve senses)..etc)
- Part of mental status (e.g circumstantiality, restless .. etc)
- Description of type of the illness or prominent feature (schizophrenia with positive or negative feature)

Signs & Symptoms

Sleep or appetite changes	Mood changes
Illogical thinking It's a spectrum that can be normal sometimes. Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or "magical" thinking typical of childhood in an adult	**Impairment in functioning** An unusual drop in functioning, at school, work or social activities, such as quitting sports, failing in school or difficulty performing familiar tasks
Problems thinking Problems with concentration, memory or logical thought and speech that are hard to explain	**Increased sensitivity** Heightened sensitivity to sights, sounds, smells or touch; avoidance of over-stimulating situations
Apathy While anhedonia is lack of interest Loss of initiative (or motivation) or desire to participate in any activity.	**Feeling disconnected** A vague feeling of being disconnected from oneself or one's surroundings; a sense of unreality
Withdrawal Recent social withdrawal and loss of interest in activities previously enjoyed	**Nervousness** Fear or suspiciousness of others or a strong nervous feeling

Unusual behavior
Odd, uncharacteristic, peculiar behavior

Positive Vs. Negative Symptoms in Schizophrenia Important!

Positive features	Negative features
Presence of problematic behaviors. That weren't there before • Illusory perception e.g. hallucination, especially auditory. • Illusory beliefs/thinking e.g. delusions especially persecutory. • Mood e.g. extreme euphoria. • Disorganized thought and nonsensical speech. • Behavior e.g. violence, bizarre behaviors.	Absence of healthy behaviors. Used to be present but disappeared with disease. • Poverty of thoughts & speech. • Avolition (Lack of ambition, interest & initiation). • Reduced social interaction. • Anhedonia (no feeling of enjoyment) • Restricted/flat affect (no emotions in the face). • Self-neglect. • Poor self care & hygiene • Catatonia (less movement). • Alogia (less speaking).

Mood Vs. Affect important for mcq!

Mood Season	Affect weather today
• The long term feeling state through which all experience are filtered. • the emotional background • Last days to weeks. • Changes spontaneously, not related to internal or external stimuli. • Symptom (ask patient)	• the visible and audible manifestations of the patents emotional response to external and internal events . • The emotional foreground • Momentary , seconds to hours. • Changes according to internal & external stimuli, • observed by others (sign)(Current emotional state)

Mood & Affect

dr. said don't worry about difference between (Elation & Elevated mood) + (Euphoria and Expansive mood)

Euthymia • **Normal range of mood,** implying absence of depressed or elevated mood.	**Depression** • Psychopathological feeling of sadness.
Anhedonia • Loss of interest in, and withdrawal from, all regular and pleasurable activities. Often associated with depression.	**Elation** Usually in bipolar manic episode • Feelings of joy, euphoria, triumph, and intense self-satisfaction or optimism.
Elevated mood • Air of confidence and enjoyment; a mood more cheerful than normal but not necessarily pathological.	**Euphoria** Usually in BP type I • Exaggerated feeling of well-being that is inappropriate to real events.
Expansive mood • Expression of feelings without restraint, frequently with an overestimation of their significance or importance.	**Anxiety** No specific reason • Feeling of apprehension caused by anticipation of danger, which may be internal or external.
Agitation • Severe anxiety associated with motor restlessness.	**Flat affect** • Little to no display of emotion

Mental Status Examination (MSE) Explained in History and MSE lecture

Mental State Examination (MSE)

The aim of the MSE is to elicit the patient's **CURRENT psychopathology** – no historical details.

It collects both **Objective and Subjective Information**:

- **Objective** – what you observe about the patient DURING the interview
  - **Appearance, Behaviour, Speech, Cognition and Mood**
- **Subjective** – the patient's CURRENT psychological symptoms
  - **Mood, Thoughts, Perception and Insight**

Appearance:

- **Demographics**
  - Gender / Apparent Age / Racial Origin
- **Physique, Hair and Make-up**
- **Clothing Style**
  - E.g. Manic patients – bright / oddly assorted clothes
- **Cleanliness**
  - Look for signs of self-neglect e.g. Dirty, unkempt, stained or crumpled clothing
- **Weight Loss**
  - Consider bio-psycho-social causes, for example: Cancer vs. Anorexia vs. Financial Difficulties

Behaviour:

- **Rapport**
  - **Attitude:** Relaxed/ Co-operative/ Suspicious/ Guarded/ Pre-occupied/ Over Familiar
  - **Eye Contact** – Avoidant / Appropriate / Intense
- **Psychomotor Activity:** Agitation vs. Retardation
- **Movement disorders**
  - **Tics** = Irregular repeated movements, in a group of muscles e.g. Sideways head
  - **Choreiform Movements** = Co-ordinated, brief, involuntary movements e.g. Grimacing
  - **Dystonia** = Painful muscle spasm which may lead to contortions
- **Signs of Impending Violence**
  - Restlessness/ Sweating / Clenched Fists / Pointing Fingers / Raised Voice
  - Intruding onto the interviewer's Personal Space

Speech:

- Physical characteristics only – content comes under 'Thoughts'
- **Quantity:**
  - **Pressure of Speech:** Rapid, 'can't get a word in', lengthy speech – typical of Mania
  - **Poverty of Speech:** Minimal Responses e.g. Yes / No – typical of Depression
- **Quality:**
  - **Volume:** Loud (Mania) or Quiet (Depressive)
  - **Tone and Fluency**
  - **Spontaneity:** Prompt Response (Mania) and Slow response (Intoxicated / Depressed)

Mood (or Affect)

- Change in mood = **Commonest symptom of a psychiatric disorder**
- **Should be documented both Subjectively and Objectively:**
  - **Subjective Mood**
    - Ask the patient **'How are you feeling in yourself?'**
    - Document their response without alteration – record any other details in Hx
  - **Objective Mood**
    - **Nature of mood** during examination, if no mood is noted = 'Euthymic'

Brief Mental Status Exam (MSE) Form

1. Appearance	☐ *casual dress, normal grooming and hygiene* ☐ *other (describe):*	
2. Attitude	☐ *calm and cooperative* ☐ *other (describe):*	
3. Behavior	☐ *no unusual movements or psychomotor changes* ☐ *other (describe):*	
4. Speech	☐ *normal rate/tone/volume w/out pressure* ☐ *other (describe):*	
5. Affect	☐ *reactive and mood congruent* ☐ *labile* ☐ *tearful* ☐ *blunted* ☐ *other (describe):*	☐ *normal range* ☐ *depressed* ☐ *constricted* ☐ *flat*
6. Mood	☐ *euthymic* ☐ *irritable* ☐ *elevated* ☐ *other (describe):*	☐ *anxious* ☐ *depressed*
7. Thought Processes	☐ *goal-directed and logical* ☐ *other (describe):*	☐ *disorganized*
8. Thought Content	**Suicidal** ideation: ☐ *None* ☐ *passive* ☐ *active* If *active*: yes / no plan ☐ ☐ intent ☐ ☐ means ☐ ☐	**Homicidal** ideation: ☐ *None* ☐ *passive* ☐ *active* If *active*: yes / no plan ☐ ☐ intent ☐ ☐ means ☐ ☐
	☐ *delusions* ☐ *phobias* ☐ *other (describe):*	☐ *obsessions/ compulsions*
9. Perception	☐ *no hallucinations or delusions during interview* ☐ *other (describe):*	
10. Orientation	*Oriented:* ☐ *time* ☐ *place* ☐ *person* ☐ *self* ☐ *other (describe):*	
11. Memory/ Concentration	☐ *short term intact* ☐ *other (describe):*	☐ *long term intact* ☐ *distractable/ inattentive*
12. Insight/Judgement	☐ *good* ☐ *fair* ☐ *poor*	

Practitioner Signature _____ **Date** _____

Patient Name _____ **ID#** _____

http://www.apshealthcare.com/provider/documents/brief_mental_status.pdf

Thought: form & content

Form Vs. content

Types of Formal thought disorders: Dr. alblewi (F1) focused on these

Flight of ideas
- Rapid, continuous verbalizations or plays on words produce constant shifting from one idea to another

Loosening of associations
- Flow of thought in which ideas from one subject to another in a completely unrelated way

Circumstantiality too much details, could be normal.
- Indirect speech that is delayed in reaching the point but eventually gets from original point to desired goal

Tangentiality Doesn't reach end goal.
- the train of thought of the speaker wonders and shows a lack of focus, never returning to the initial topic of the conversation

Derailment
- Gradual or sudden deviation in train of thought without blocking, later comes back.

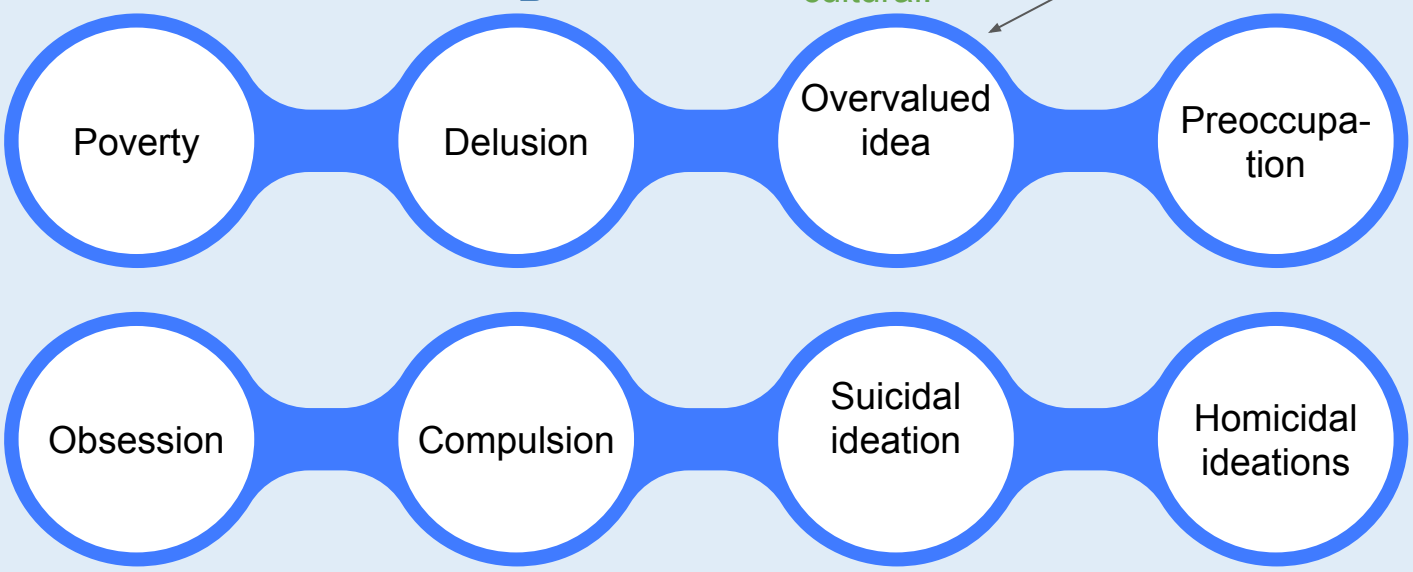
Blocking
- Abrupt interruption in the train of thinking before a thought or an idea is finished

Incoherence
- Communication that is disconnected, disorganized, or incomprehensible.

Word salad In severe schizophrenia
- Incoherent, essentially incomprehensible, mixture of words and phrases

Content of thought

Normal ppl believe in it sometimes, could be cultural.



Content of thought

The process of delusion: Preoccupation → Overvalued idea → Delusion

Obsession (E.g. the thought that the person's wodou is incorrect)

Persistent and recurrent idea, image, or impulse that cannot be eliminated from consciousness by logic or reasoning

Compulsion (E.g. The act of repeating wodou)

Pathological need to act on an impulse that, if resisted, produces anxiety; repetitive behavior in response to an obsession or performed according to certain rules, with no true end in itself other than to prevent something from occurring in the future.

Preoccupation of thought

Centering of thought content on a particular idea, associated with a strong affective tone, such as a paranoid trend or a suicidal or homicidal preoccupation

Overvalued idea

False or unreasonable belief or idea that is sustained beyond the bounds of reason. It is held with less intensity or duration than a delusion, but is usually associated with mental illness

Delusion (Fixed false belief)

False belief, based on incorrect inference about external reality, that is firmly held despite objective and obvious contradictory proof or evidence and despite the fact that other members of the culture do not share the belief.
Has two main types: bizarre and non-bizarre. (Bizzare (impossible) eg. "I have been abducted by aliens", Non-bizzare (possible) eg. "the authorities are after me".)

- Delusion of control
- Delusion of grandeur
- Delusion of infidelity
- Delusion of persecution
- Delusion of reference
- Somatic delusion
- Nihilistic delusion

العدمية E.g someone believing they're dead

Difference between delusions and hallucinations?
Delusions→Thoughts
Hallucinations→Senses

Passivity Phenomena:

- **Thought insertion**
  - Delusion that thoughts are being implanted in one's mind by other people or forces.
- **Thought withdrawal**
  - Delusion that one's thoughts are being removed from one's mind by other people or forces.
- **Thought broadcasting**
  - Delusion that one's thoughts are being broadcast or projected into the environment.

Perception

Conscious awareness of elements in the environment by the mental processing of sensory stimuli

Hallucination	Illusion
False sensory perception occurring in the absence of any relevant external stimulation of the sensory modality involved **Auditory, visual, olfactory, gustatory, tactile.**	Perceptual misinterpretation of a real external stimulus.

5- Symptoms & Signs in Psychiatry (Psychopathology)

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... .

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. **Catatonic Stupor:** stupor with rigid muscles and posturing seen mainly in schizophrenia ;d

Channel and video.

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.
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. When akathisia is mistaken for agitation, patient may be given unnecessary doses of antidopaminergic drugs that exacerbates akathisia in a v

youtube.com/watch?v=svoDplCEnsg

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. See S/E of antipsychotics

Channel and video.

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* use of anti-dopaminergics.

video.

7. **Waxy Flexibility (catalepsy):** patient's limbs may be moved like wax, holding position for long period of time before returning to previous position, seen mainly in *schizophrenia ;catatonic type*.

Channel and video.

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 .

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.

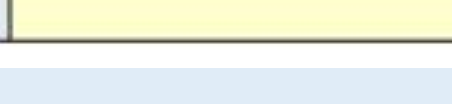
Free-floating anxiety: diffuse, unfocused anxiety, not attached to a specific danger.

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.
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.
10. **Flat Affect:** absence of emotional expression.
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*.

Abnrmalities 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*.
8. **Echolalia:** imitation of words or phrases made by others, seen in *some schizophrenic patients, mentally retarded and some organic mental disorders*.

Abnormalities of thoughts & thinking

	Abnormality in Thought	Type	Definition & DDx
A	Stream video	**Poverty of thoughts**	Slow, few, unvaried thoughts associated with poverty of speech, seen in *chronic schizophrenia and depression.*
		Pressure of thoughts	Rapid abundant varying thoughts associated with pressure of speech and flight of ideas, seen in *mania and stimulant abuse.*
		Thought block Al-Sughayir Psychiatry Teaching youtube.com/watch?v=RLKJZt83duc	Sudden cessation of thought flow with complete emptying of the mind, not caused by an external influence, seen in *schizophrenia.*
B	Link video video	**Loose association** Al-Sughayir Psychiatry Teaching youtube.com/watch?v=J9iY8E2TWV4	Lack of logic connection between thoughts, seen in *chronic schizophrenia.*
		Flight of ideas Al-Sughayir Psychiatry Teaching youtube.com/watch?v=43E-YCJv98Q	Successive rapidly shifting incomplete ideas but with an understandable link (usually associated with pressure of speech and thought) seen in *mania and stimulant intoxication.*
		Thought perseveration 	Repeating the same sequence of thoughts persistently and inappropriately, seen in *organic brain pathology (e.g. dementia).*
C	video	**Overvalued ideas** Al-Sughayir Psychiatry Teaching youtube.com/watch?v=FDL4IjeH5uo	Strongly held false but shakable ideas (e.g., vitiligo is a contagious illness / patient's conviction that he has a hidden serious physical disease).
	Content  video	**Obsessions**  Al-Sughayir Psychiatry Teaching youtube.com/watch?v=ZpjJSoQFdyM	Undesirable repetitive ideas insistently entering person's mind against his will despite resistance, seen in *obsessive-compulsive disorder (OCD).* *Obsessional forms*: Thoughts. Images. Urges. Feelings. *Obsessional Contents*: *Dirt/Contamination. Religious acts/beliefs. Doubts/Checking. As if committing offences.* Obsessions (also called ruminations) are frequently, but not always, followed by compelling actions (called compulsions or rituals).
	video	**Delusions**  Al-Sughayir Psychiatry Teaching youtube.com/watch?v=ljH_JTIBR8E	False beliefs characterized by being: **1**.fixed(unshakable). **2**. not arrived at through logic thinking. **3**.not amenable to reasoning. **4**. out of keeping with the person's cultural background. Seen in many ***psychotic disorders;*** brief psychosis, schizophreniform disorder, delusional disorders, schizophrenia, mood disorders, psychosis induced by medications or substance abuse, delirium, and dementia.

Common Types of Delusions (Delusional Contents):

1. **Persecutory delusion**: Delusion of being persecuted (cheated, mistreated, harassed, followed for harm etc.). Persecutory delusion is sometimes called **paranoid delusion** , however, paranoid delusion means not only being persecuted but being persecuted because of having special

video.

2. **Grandiose delusion:** Delusion of exaggerated self-importance, power or identity.
3. **Delusion of jealousy:** (infidelity delusion).Delusion that a loved person (wife/husband) is unfaithful.
4. **Erotomanic delusion:** Delusion that someone, (usually inaccessible, high social class person) is deeply in love with the patient.
5. **Nihilistic delusion:** Delusion of nonexistence of body organ, belongings, self, others or the world. Seen in some patients suffering from major depression with psychotic features.

video.

6. **Delusion of self - accusation:** Delusion that a patient has done something sinful, with excessive pathological feeling of remorse and guilt seen in severe depression.
7. **Delusion of reference:** Delusion that some events and others' behavior refer to oneself in particular. It can be seen in any type of psychosis. Note that : in some manic patients they feel happy with the content of the delusion, perceiving it as a sign of self-importance.
8. **Delusion of influence** (delusion of control= passivity phenomena):Delusion that person's actions, feelings, or thoughts are controlled by outside forces, *seen in schizophrenia.*

Thought alienation (thought control) is a kind of delusion of control concerning patient's thoughts. It can take different forms:

Thought Insertion	Thought Withdrawal / Broadcasting	Thought (mind) Reading
Thoughts being **put into** his mind against his will by an external force (other people, a certain agency). 	Thoughts being **taken out** of his mind against his will (withdrawal) +/- being **broadcast** over the air, radio, TV, newspapers or some other unusual way. 	Somebody (or others) can know exactly (read) his hidden thoughts from a distance. 

Channel and video.

* **Delusions can be either :**

Mood-Congruent Delusion	Mood-Incongruent Delusions
Delusional content has association to mood: . in depressed mood: delusion of self - accusation. . in elevated mood: grandiose delusion.	Delusional content has no association to mood, e.g. patient with elevated mood has delusion of thought insertion.

* **Delusions can be either:**

Systematized; united by a single event or theme e.g. delusion of jealousy.	**Bizarre** ; totally odd and strange delusional belief, e.g. delusion that stars control patient's acts.

Howeve, in DSM-5 bizarre & non-bizarre distinction has been eliminated.

Abnormalities of perception:

- **Illusions:**

  Misperceptions of real external sensory stimuli: E.g., shadows/wallpapers may be misperceived as frightening figures. Illusions are non-specific signs, seen in many psychiatric cases: delirium, substance abuse and others. They may occur in normal people (dim light/exhaustion).

- **Pseudo-Hallucinations:**

  Normal sensory deceptions perceived as emanating from within the mind (person has insight). E.g. After listening to an audio tape for long time, the same material can be re-experienced even with no actual source.

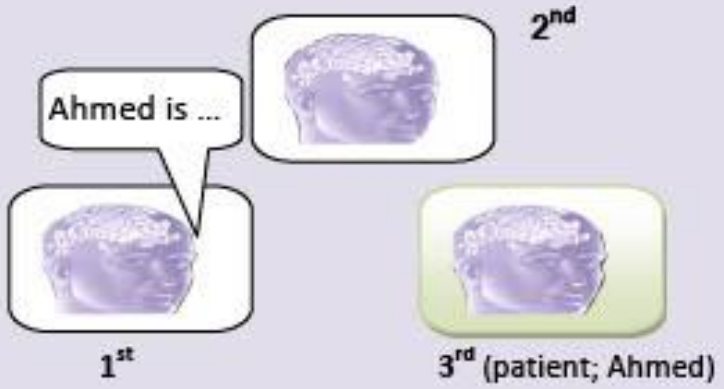
- **Hallucinations**:(auditory,visual,tactile,olfactory,gustatory,somatic)

  Abnormal perception in the absence of real external stimuli; experienced as true perception coming from the external world (not within the mind) e.g. hearing a voice of someone when actually nobody is speaking within the hearing distance. Patient has no insight. They indicate major mental illness (psychosis).

- **Auditory hallucinations** (voice, sound, noise).

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).

Third-person hallucinations: voices of a person talking to another person about the patient. E.g. "look! he is bad" , *(seen in schizophrenia).*



Examples of auditory hallucinations : available on youtube:

Channel and video.

video.

Thought echo: hearing one's own thoughts spoken aloud *(seen in schizophrenia).*

Visual hallucinations (images/sights): indicate an organic mental disorder (e.g. delirium, intoxication with drugs, uremia) or schizophrenia.

Questions:

1-Which of the following represents perceptual disturbance?

A. Violence B. Delusions C. Auditory hallucination D. Aggression

Ans: C

2- A 34 years old male presented to the clinic complaining of his thoughts being heard aloud inside his head, what is this condition called?

A. Pseudo hallucinations .B. Thought echo .C. Thought preservation .D. obsessions .

Answer: B

3-: Patient with no affect and dissociation from his emotions. What is this?

A. Flat affect B. Apathy C. Restrict affect D. Akathisia

Answer: B

4-Patient on anti-psychotic medication can not still on bed or chair and tell you I want to relax but I can't. what is the diagnosis?

A. Akathisia B. Agitation C. Dyskinesia D. dystonia

Answer: A

5- 55-year-old woman with mental illness on medications. Seen at the outpatient clinic with repeated slow movement of her thumb finger and suck-like movement. What is the psychopathology?

A. Acute dystonia B. Akathisia C. Dyskinesia D. Stereotypies

Answer: C

6- 30 years old female in ER presented normal consciousness but inability to move her limbs and inability to talk, what is her psychopathology?

A. Stupor B. Selective mutism C. Disorientation D. Dystonia

Answer: A

Questions:

7- A 32-year-old male has a fixed believe that the policemen can control his thoughts at a distance even without direct contact with him, what is the type of delusion mentioned above?

A. Delusion of reference. B. Delusion of influence. C. Delusion of self-accusation. D. Delusion of thought echo.

Answer: B

8- A 35 years old man presented to outpatient psychiatry clinic. His mental status shows disturbance in the logical connection of ideas. What is the sign?

A. Obsession. B. Flight of ideas C. Loose association D. preservation

Answer: C

9- A 31-year-old women was admitted to the psych. In-patient because of depression and suicidal thoughts. Which one of the following mental state findings would go with the diagnosis?

A. Delusion of control B. Somatic delusion (Nihilistic) C. Time disorientation D. Grandiose delusion.

Answer: B

10- While evaluating a 26-year-old woman, she indicated that she feels as if she heard voices of her relatives inside her head without their presence. What is the psychopathology?

A. Pseudo- hallucination. B. De-realization. C. Illusions. D. Hallucinations.

Answer: A

11- Patient hears the sound of his thoughts out loud

A. Delusion of insertion B. Thought echo

C. Auditory hallucination D. Illusion

Answer: B

12- Patient on prolonged use of antidopaminergic drugs came with restless movement of facial muscle which movement abnormality is this?

A. Agitation B. Akathisia C. Tardive Dyskinesia D. dystonia

Answer: C