

# Assessment in Psychiatry

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# Objectives

- To describe MSE component.
- To see how to do MSE.
- To practice MSE.

# The mental status examination ( MSE)

- Cross-sectional, systemic documentation of the quality of mental functioning at the time of interview.
- It is your chance to observe the patient, and record for the reader an accurate account of your observations of what the patient was like at the time you saw them.
- It serves as a baseline for future comparison and to follow the progress of the patient.

# Outlines of MSE

- Appearance , Behaviour & Attitude (Cooperativeness)
- Speech
- Mood & Affect
- Thoughts
- Perceptions
- Cognitive functions
  - ✧ Consciousness level
  - ✧ orientation(time, place, person)
  - ✧ attention
  - ✧ concentration
  - ✧ Memory
  - ✧ Language and reading.
  - ✧ Visuospatial ability
  - ✧ Abstract thinking
- Judgment & Insight

# MSE

## Appearance:

include body build, self-care, clothes ,grooming, hair, nails, facial expressions, and any unusual features (e.g. weight loss).

## Behaviour:

\*both the quantitative and qualitative aspects.

\*Note level of activity, posture, eye to eye contact and unusual movements (tics, grimacing, tremor, disinhibited behaviour, hallucinatory gestures,...etc)

## Attitude:

\*Note the patient's attitude( verbal& non verbal) during the interview (interested, bored, cooperative, uncooperative, sarcastic, guarded or aggressive).

Impression?!



# Impression?!



Impression?!





# Impression?!



# Speech:

\* Speech can be described in terms of its quantity, rate of production, and quality.

\* Listen to and describe how the patient speaks, noting:

- Coherence

- spontaneity

- Volume, flow & tone

- continuity

- speech impairments (stuttering, dysarthria...)

# Mood & affect

Mood	Affect
<ul style="list-style-type: none"><li>•The long-term feeling state through which all experiences are filtered.</li><li>•the emotional background</li><li>•Last days to weeks.</li><li>•Changes spontaneously, not related to internal or external stimuli.</li><li>•Symptom (ask patient)</li></ul>	<ul style="list-style-type: none"><li>•the visible and audible manifestations of the patients emotional response to external and internal events.</li><li>•The emotional foreground</li><li>•Momentary, seconds to hours.</li><li>•Changes according to internal &amp; external stimuli,</li><li>•observed by others (sign)(Current emotional state)</li></ul>

# Mood

- the sustained feeling tone that prevails over time for a patient.
- Description of mood:
  - ✓ Euthymic
  - ✓ Angry
  - ✓ Euphoric
  - ✓ Apathetic
  - ✓ Dysphoric
  - ✓ Apprehensive

# Affect

- Note any affect abnormalities in:
  - ❑ Its **nature** (e.g. anxiety, depression, elation...),
  - ❑ Its **variability** (constricted affect, labile affect..),
  - ❑ Its **appropriateness** whether the affect is to the thought content (does the person look the way they say they feel?
  - ❑ Its **intensity** (is the too much (“heightened” dramatic”) or too little (“blunted”, “flat”) strength of affect during the exam?
  - ❑ Its **reactivity** (is the response to external factors, and topics as would be expected for the situation.



**ANGER**



**FEAR**



**SURPRISE**



**SADNESS**



**JOY**



**DISGUST**

# Thought

Forms (process)	contents
<p>the way in which a person puts together ideas and associations.</p> <p>Examples:</p> <ul style="list-style-type: none"><li>▪ goal-directed thinking</li><li>▪ Loosening of associations or derailment</li><li>▪ Flight of ideas</li><li>▪ Tangentiality</li><li>▪ Circumstantiality</li><li>▪ Word salad or incoherence</li><li>▪ Neologisms</li><li>▪ Clang associations (rhyming)</li><li>▪ Thought blocking</li><li>▪ Vague thought</li></ul>	<p>what a person is actually thinking about.</p> <p>Examples:</p> <ul style="list-style-type: none"><li>▪ Delusions</li><li>▪ Preoccupations</li><li>▪ Obsessions and compulsions</li><li>▪ Phobias</li><li>▪ Suicidal or homicidal ideas</li><li>▪ Ideas of reference and influence</li><li>▪ Poverty of content</li></ul>

# Process

- **Circumstantiality**: lack of goal-directedness, incorporating tedious and unnecessary details, with difficulty in arriving at an end point.
- **Tangentiality**: digresses from the subject, introducing thoughts that seem unrelated, oblique, and irrelevant.
- **Thought blocking**: a sudden cessation in the middle of a sentence at which point a patient cannot recover what has been said.
- **Loose associations**: jumping from one topic to another with no apparent connection between the topics



# Circumstantiality Vs. Tangentiality

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“I was  
home”

**Start**



“I felt some  
chest pain”



“So I told  
my son”



“And he  
called an  
ambulance”

“And now  
I’m here”

**Finish**

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“I was home”

**Start**

“I felt some chest pain”

“So I told my son”

“My son, maybe you know him”

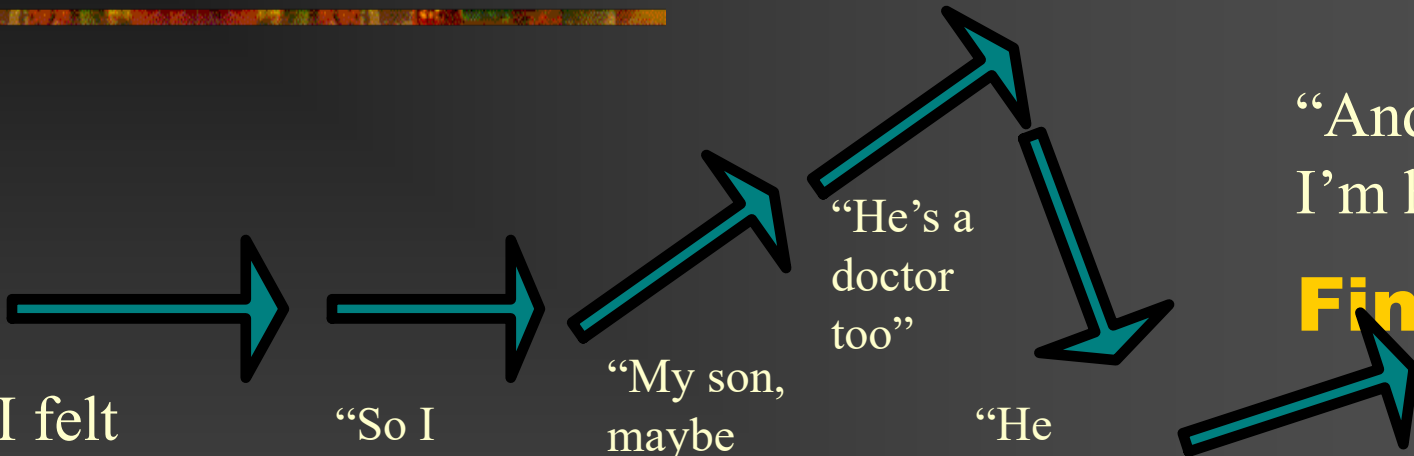
“He’s a doctor too”

“He always worries so much”

“And now I’m here”

**Finish**

“What was my point?  
Oh, yeah”



“I was home”

**Start**

“I felt some chest pain”

“So I told my son”

“My son, He’s really great”

“If only he’d settle down and have some children”

“Do you have children”

“I had five boys...”

“And now I’m here”

**Finish**

# Perception:

- perceptual disturbances may be experienced in reference to the self or the environment.
- **Assess :**
  - Which sensory system (e.g. auditory, visual..etc.)
  - Type:
    - \*hallucinations, illusions , depersonalization, derealization.
    - \*third person hallucinations Vs second person hallucinations).
- The circumstances (timing) of the occurrence of any hallucinatory experience
- Ask the patient about his reaction to hallucinations

# Cognitive Function:

- Consciousness
- Orientation
- Concentration and attention
- Calculations
- Memory
- Intelligence

# Abstract Thinking:

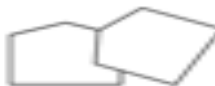
- It is the ability to deal with concepts and to make appropriate inference.
- It can be tested by :
  - (1) similarities: ask the patient to tell you the similarity between 2 things (e.g. car and train), and the difference between 2 things (e.g. book and notebook),
  - (2) proverbs: ask the patient to interpret one or two proverbs (e.g. people in glass houses should not throw stones) the patient may give a concrete answer (e.g. stones will break the glass).

# Formal Cognitive testing using MMSE

## Mini-Mental State Examination (MMSE)

Maximum Score	Score	
5	( )	<b>ORIENTATION</b> What is the (year), (season), (date), (day), (month)
5	( )	Where are we (state), (county), (town or city), (hospital), (floor)
3	( )	<b>REGISTRATION</b> Name 3 common objects, (e.g. 'apple', 'table', 'penny'). Take 1 second to say each. Then ask the patient to repeat all 3 after you have said them. Give 1 point for each correct answer. Then repeat them until he/she learns all 3. Count trials and record.  Trials:
5	( )	<b>ATTENTION AND CALCULATION</b> Spell 'world' backwards. The score is the number of letters in the correct order ( D__ L__ R__ O__ W__ )
3	( )	<b>RECALL</b> Ask for the 3 objects repeated above. Give 1 point for each correct answer. [Note: recall cannot be tested if all 3 objects were not remembered during registration.]
2	( )	<b>LANGUAGE</b> Name a 'pencil' and 'watch' (2 points)
1	( )	Repeat the following "No, ifs, ands, or buts" (1 point)
3	( )	Follow a 3-stage command: Take a paper in your right hand, Fold it in half, and Put it on the floor (3 points)
1	( )	Read and obey the following:  Close your eyes (1 point)
1	( )	Write a sentence (1 point)
1	( )	Copy the following design (1 point)

Score Ranges	
24 - 30	Normal
18 - 23	Mild dementia
10 - 17	Moderate dementia
<10	Severe Dementia



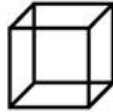
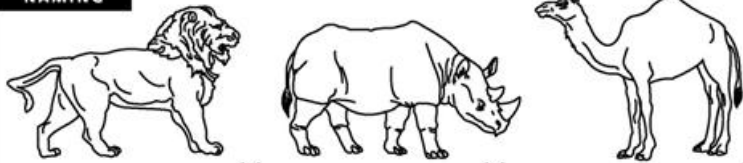
Total Score \_\_\_\_\_



# Formal Cognitive testing using MOCA

**MONTREAL COGNITIVE ASSESSMENT (MOCA)**

NAME : \_\_\_\_\_ Education : \_\_\_\_\_ Date of birth : \_\_\_\_\_  
 Sex : \_\_\_\_\_ DATE : \_\_\_\_\_

VISUOSPATIAL / EXECUTIVE		Copy cube	Draw CLOCK (Ten past eleven) (3 points)	POINTS			
				[ ] [ ] [ ] <b>_/5</b>			
<p><b>NAMING</b></p> 		[ ]	[ ]	[ ] <b>_/3</b>			
<b>MEMORY</b>	Read list of words, subject must repeat them. Do 2 trials. Do a recall after 5 minutes.	FACE	VELVET	CHURCH	DAISY	RED	No points
		1st trial					
		2nd trial					
<b>ATTENTION</b>	Read list of digits (1 digit/ sec.). Subject has to repeat them in the forward order [ ] 2 1 8 5 4 Subject has to repeat them in the backward order [ ] 7 4 2						<b>_/2</b>
	Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors [ ] FBACMNAAJKLBAFAKDEAAAJAMOF AAB						<b>_/1</b>
	Serial 7 subtraction starting at 100 [ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65 4 or 5 correct subtractions: 3 pts, 3 or 3 correct: 2 pts, 1 correct: 1 pt, 0 correct: 0 pt						<b>_/3</b>
<b>LANGUAGE</b>	Repeat : I only know that John is the one to help today. [ ] The cat always hid under the couch when dogs were in the room. [ ]						<b>_/2</b>
	Fluency / Name maximum number of words in one minute that begin with the letter F [ ] _____ (N ≥ 11 words)						<b>_/1</b>
<b>ABSTRACTION</b>	Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler						<b>_/2</b>
<b>DELAYED RECALL</b>	Has to recall words WITH NO CUE	FACE	VELVET	CHURCH	DAISY	RED	Points for UNCUEDE recall only
		[ ]	[ ]	[ ]	[ ]	[ ]	
<b>Optional</b>	Category cue						
	Multiple choice cue						
<b>ORIENTATION</b>	[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City						<b>_/6</b>
© Z.Nosreddine MD Version 7.0 www.mocatest.org Normal ≥ 26 / 30		<b>TOTAL</b>		<b>_/30</b>			
Administered by: _____		Add 1 point if ≤ 12 yr edu					

# MSE

## **Visuospatial Ability:** (When brain pathology is suspected)

- Ask the patient to copy a figure such as interlocking pentagons.

## **Language and Reading:** (When brain pathology is suspected)

- nominal aphasia: name two objects (e.g. a pen and a watch ).
- expressive aphasia: repeat after you certain words.
- receptive aphasia: carry out a verbal command.
- reading comprehension: read a sentence with written command (e.g. close your eyes).

# Judgment & insight

## **Judgment:**

- the patient's predicted response and behavior in imaginary situation.
- From recent history.

## **Insight:**

- the degree of awareness and understanding the patient has that he or she is mentally ill.

# levels of insight

- **Complete denial** of illness.
- **Slight awareness** of being sick and needing help but denying it at the same time.
- Awareness of being sick but **blaming it on others**, on external factors, or on organic factors.
- Awareness that illness is **due to something unknown** in the patient.
- **Intellectual insight**: admission that the patient is ill and that symptoms or failures in social adjustment are due to the patient's own particular irrational feelings or disturbances without applying this knowledge to future experiences.
- **True emotional insight**: emotional awareness of the motives and feelings within the patient and the important people in his or her life, which can lead to basic changes in behavior.















Thank You!

