Psychopathology

(Symptoms and Signs in Psychiatry)

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Objectives

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

Sign 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 or family activities.

Sign & symptoms

- Sleep or appetite changes.
- Mood changes.
- Withdrawal —

Recent social withdrawal and loss of interest in activities previously enjoyed

- 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

Con’t

- 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 —

Loss of initiative 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

Con’t

- Illogical thinking —

  Unusual or exaggerated beliefs about personal powers to understand meanings or influence events; illogical or “magical” thinking typical of childhood in an adult

- Nervousness —

  Fear or suspiciousness of others or a strong nervous feeling

- Unusual behavior –

  Odd, uncharacteristic, peculiar behavior

How many sx you have?

Facts about sign and symptoms

- Could be part of illness. (e.g paranoid delusion, auditory hallucination..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)

POSITIVE vs NEGATIVE FEATURES

Positive features	Negative features
Major disturbances in : ❑ perception e.g. hallucination. ❑ Thinking e.g. delusions. ❑ Mood e.g. extreme euphoria. ❑ Behavior e.g. violence	❑ Poverty of thoughts & speech. ❑ Lack of ambition, interest & initiation. ❑ Restricted affect. ❑ Self-neglect. ❑ Poor self care & hygiene

Positive and Negative Symptoms of Schizophrenia

Positive +
presence of problematic behaviors

- Hallucinations (illusory perceptions), especially auditory
- Delusions (illusory beliefs), especially persecutory
- Disorganized thought and nonsensical speech
- Bizarre behaviors

Negative -
absence of healthy behaviors

- Flat affect (no emotion showing in the face)
- Reduced social interaction
- Anhedonia (no feeling of enjoyment)
- Avolition (less motivation, initiative, focus on tasks)
- Alogia (speaking less)
- Catatonia (moving less)

MSE

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* ☐ *normal range* ☐ *labile* ☐ *depressed* ☐ *tearful* ☐ *constricted* ☐ *blunted* ☐ *flat* ☐ *other (describe):*
6. Mood	☐ *euthymic* ☐ *anxious* ☐ *irritable* ☐ *depressed* ☐ *elevated* ☐ *other (describe):*
7. Thought Processes	☐ *goal-directed and logical* ☐ *disorganized* ☐ *other (describe):*
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* ☐ *obsessions/ compulsions* ☐ *phobias* ☐ *other (describe):*
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* ☐ *long term intact* ☐ *other (describe):* ☐ *distractable/ inattentive*
12. Insight/Judgement	☐ *good* ☐ *fair* ☐ *poor*

Practitioner Signature _____ **Date** _____

Patient Name _____ **ID#** _____

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

Mood Vs Affect

Mood	Affect
•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

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.

Mood & Affect

Elation

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

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.

Mood & Affect

Anxiety

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

If you won 1 million $, your reaction will be:

Thought: form & content

Form Vs. content

Types of Formal thought disorders:

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

Indirect speech that is delayed in reaching the point but eventually gets from original point to desired goal

Tangentiality

the train of thought of the speaker wanders and shows a lack of focus, never returning to the initial topic of the conversation

Thought: form & content

Derailment

Gradual or sudden deviation in train of thought without blocking

Blocking

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

Incoherence

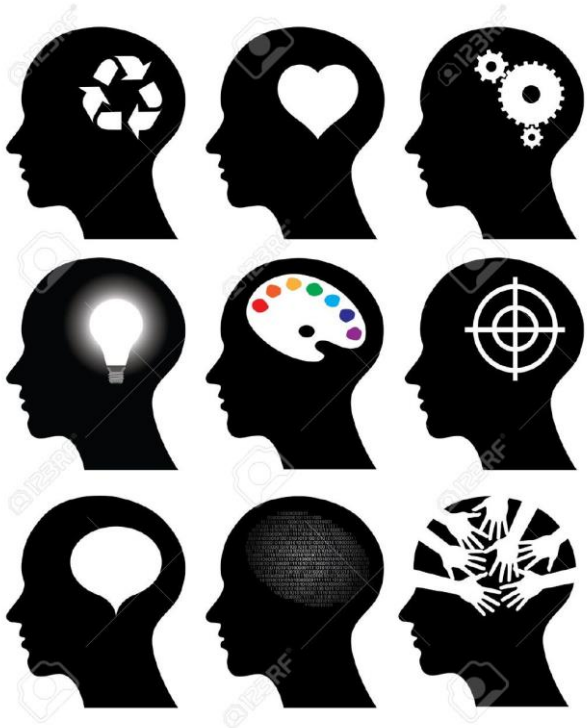
Communication that is disconnected, disorganized, or incomprehensible.

Word salad

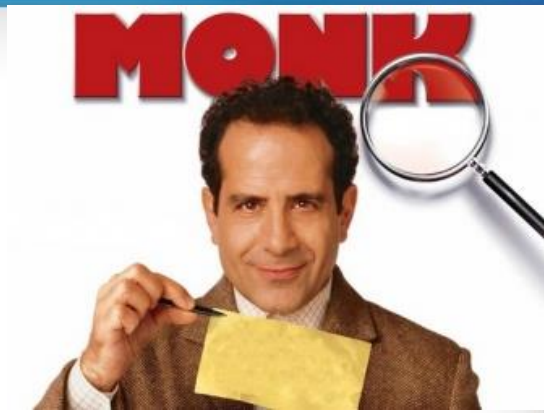
Incoherent, essentially incomprehensible, mixture of words and phrases

Content of thought

- **Poverty**
- **Delusion**
- **Overvalued idea**
- **Preoccupation**
- **Obsession**
- **Compulsion**
- **Suicidal ideation**
- **Homicidal ideations**



Content of thought



Obsession

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

Compulsion

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.

Content of thought

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

Content of thought

Delusion: 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.

Delusion of control

Delusion of grandeur

Delusion of infidelity

Delusion of persecution

Delusion of reference

Somatic delusion

Nihilistic delusion

Themes of delusion

Delusion

Passivity Phenomena

Thought insertion

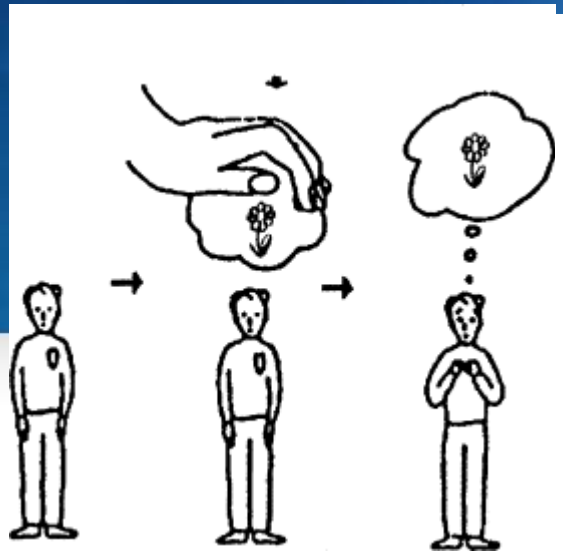
Delusion that thoughts are being implanted in one's mind by other people or forces.

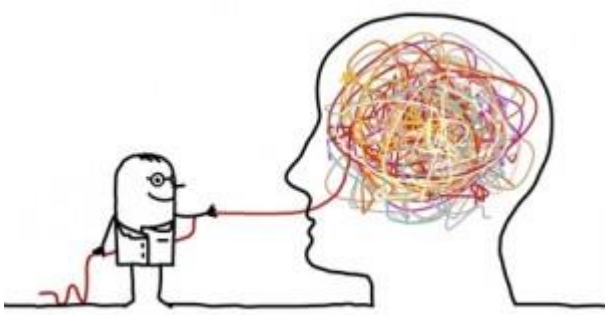
Thought withdrawal

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.






A reminder advertisement – For prescribing information, please see PDR or available literature.

Preoccupation

Overvalued idea

Delusion

Perception

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

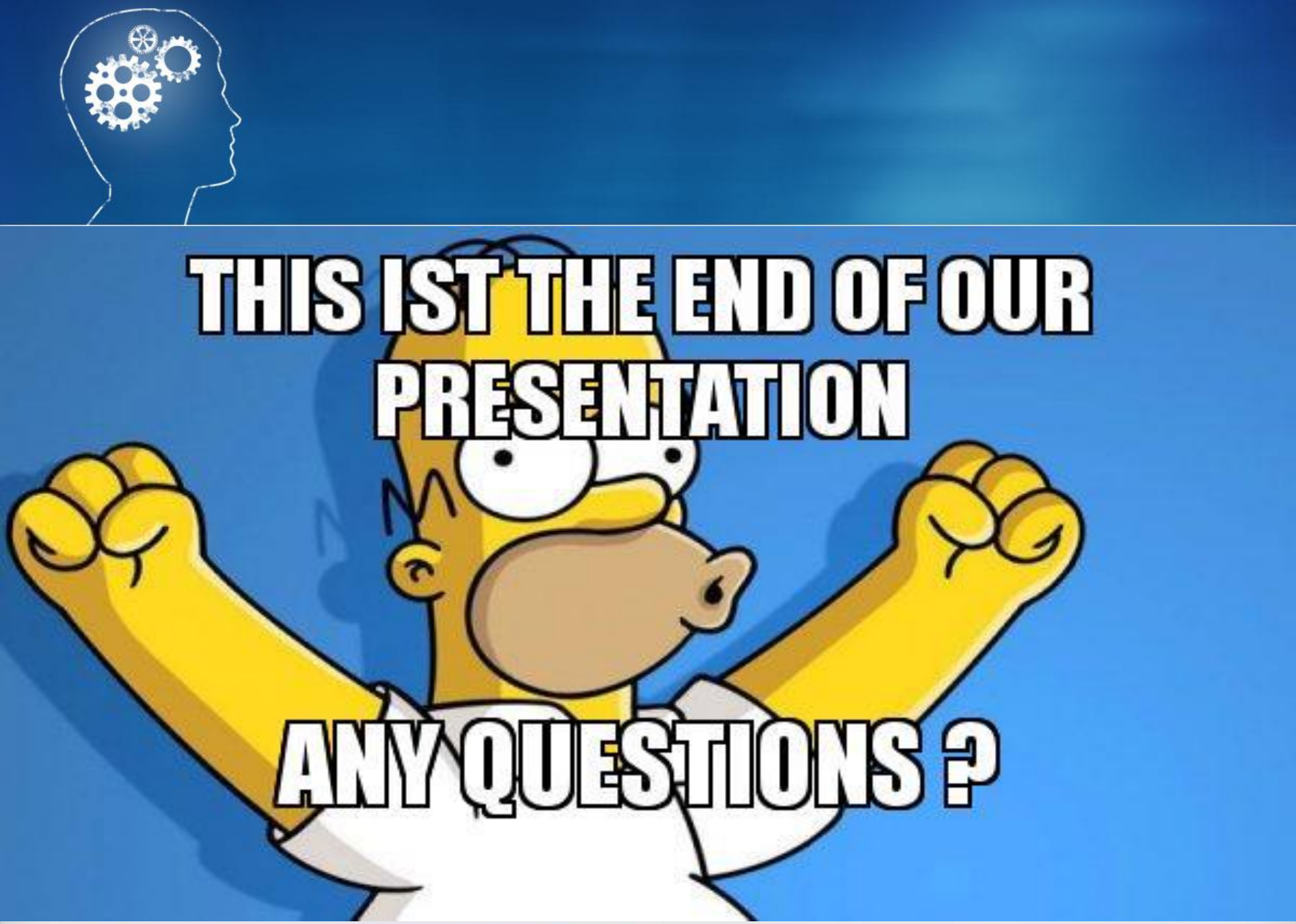
Hallucination

False sensory perception occurring in the **absence** of any relevant external stimulation of the sensory modality involved

Auditory, visual, olfactory, gustatory, tactile.

Illusion

Perceptual misinterpretation of a **real** external stimulus.



THANK YOU FOR LISTENING