جامعة الملك سعود
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MEDICINE 438's REVIEW OF

CLINICAL PSYCHIATRY

Signs & Symptoms 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.

EDITING FILE

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IMPORTANT | TEXTBOOK | LECTURER'S NOTES | EXTRA | GOLDEN NOTES

Sign & Symptoms

◀ Definitions[1]

1	**Euthymia**	Normal range of mood, implying absence of depressed or elevated mood.
2	**Anhedonia**	Loss of interest in, and withdrawal from, all regular and pleasurable activities. Often associated with depression.
3	**Depression-dysphoria**	Psychopathological feeling of sadness
4	**Elation**	Feelings of joy, euphoria, triumph, and intense self-satisfaction or optimism
5	**Elevated mood**	Air of confidence and enjoyment; a mood more cheerful than normal but not necessarily pathological.
6	**Euphoria**	Exaggerated feeling of well-being that is inappropriate to real events
7	**Expansive mood**	Expression of feelings without restraint, frequently with an overestimation of their significance or importance
8	**Perception**	Conscious awareness of elements in the environment by the mental processing of sensory stimuli
9	**Anxiety**	Feeling of apprehension caused by anticipation of danger, which may be internal or external.
10	**Agitation**	Severe anxiety associated with motor restlessness
11	**Flat affect**	Little to no display of emotion
12	**Illusion**	Perceptual misinterpretation of a **real external stimulus**
13	**Hallucination**	False sensory perception occurring in the **absence of any relevant external stimulation** of the sensory modality involved - Non-auditory hallucination are more suggestive of non-psychiatric illnesses

FOOTNOTES

1. You might notice some overlap between some signs and symptoms, the terminology is riddled with semantic intersections because they mostly lie on a spectrum (e.g., elation and euphoria)

Sign & Symptoms

Signs are objective (clinician's observations)	Symptoms are subjective (subjective experiences)

- Sleep or appetite changes.
- Problems thinking[1] — Problems with concentration, memory or logical thought and speech that are hard to explain.
- Mood changes.
- Increased sensitivity — Heightened sensitivity to sights, sounds, smells or touch; avoidance of over-stimulating situations.
- Withdrawal — Recent social withdrawal and loss of interest in activities previously enjoyed (withdrawal in this context refers to social withdrawal)
- Nervousness — Fear or suspiciousness of others or a strong nervous feeling.
- Impairment in functioning — An unusual drop in functioning, at school, work or social activities, such as quitting sports, failing in school difficulty performing familiar tasks.
- Unusual behavior – Odd, uncharacteristic, peculiar behavior.
- Apathy — Loss of initiative or desire to participate in any activity[2]
- Feeling disconnected — A vague feeling of being disconnected from oneself or one's surroundings; a sense of unreality.
- Depersonalization: detachment from self
- Derealization: detachment from reality
- 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[3]

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.[4]

FOOTNOTES

1. Mental disorders, especially mood disorders, are characterized by chronically elevated levels of cortisol (stressful thoughts or a sensory stimulus → limbic system (amygdala: fear center) and frontal cortex (prefrontal cortex: thought processing) → amygdala signals hypothalamic release of CRH → ↑ ACTH → cortisol). Cortisol is toxic to the cells of the hippocampus → memory impairment, toxic to frontohippocampal connections → impaired rationalization. Chronic depression is associated with hippocampal atrophy, an effect partially reversible by antidepressants, especially SSRIs.
2. In schizophrenia, apathy is usually not associated with depression. The presence of depression indicates a mood disorder.
3. Illogicality is often observed in children until approximately five years of age, this coincides with the development of "theory of mind", which is the time in which children recognize the existence of minds outside of their own and can therefore relate to others (e.g., if the child experiences something at school, his/her parents, because they harbour separate minds can only know about the events after the child tells his/her parents about them, the child recognizes that only he/she has access to his/her mind)
4. Because etiology is is unknown for most of psychiatric disorders. Syndromes refer to a cluster of signs and symptoms that follow a characteristic prognosis

◄ Facts About Signs 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 & Negative Symptoms of Schizophrenia[1]

Positive Symptoms	Negative Symptoms
1. Perception: hallucination (illusory perception), especially auditory. 2. Thinking: delusions (illusory beliefs), especially persecutory. 3. Disorganized thoughts and nonsensical speech. 4. Mood e.g. extreme euphoria. 5. Bizarre behaviours. 6. Responds to antipsychotic medications	1. Flat affect (no emotion showing in the face). 2. Reduced social interaction. 3. Anhedonia (no feeling of enjoyment). 4. Avolition (less motivation, initiative, focus on tasks). 5. Alogia (speaking less) - Poverty of thoughts & speech (explained later in the lecture) 6. Catatonia (moving less)[2] 7. Relatively resistant to antipsychotic medications

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 ☐ ☐ ☐*delusions* ☐*phobias* ☐*other (describe):*	**Homicidal** ideation: ☐*None* ☐*passive* ☐*active* If *active*: yes no plan ☐ ☐ intent ☐ ☐ means ☐ ☐ ☐*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

FOOTNOTES

1. Positive symptoms: Something is manifested or increased, beyond normal limit. Negative symptoms: Something is reduced or absent
2. Collection of signs and symptoms (12) that are not necessarily related to each other, however the presence of 3-4 of them is referred to as catatonic. It's a simplified way of communicating severity in abnormal movement. **Treated by benzodiazepines (first-line), electroconvulsive therapy (second-line)**
3. (a) Mood congruence refers to the consistency of one's reactions with the overall mood status. (e.g., happiness in recollection of pleasant memories), (b) Hyperreactive affect is seen in histrionic personality disorders (theatrical personalities). Flat or blunted affect as in schizophrenia or Parkinson's disease (masked face)

◀ Differences Between Mood & Affect

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

◀ Types of Formal Thought Disorders (Abnormalities of the Thought Process)

Positive Formal Thought Disorders

- Logical (linear, goal-directed): normal, answers clearly and logically

1. **Flight of ideas**

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

   - Subjective feeling of accelerated thinking: "My thoughts are ahead of speech."

2. **Loosening of associations**

   Flow of thought in which ideas from one subject to another in a completely unrelated way.

   - Lack of cohesion between sentences

> **Interviewer:** Did you enjoy college?
> **Subject:** Um-hm. Oh hey well I, I oh, I really enjoyed some communities. I tried it, and the, and the next day when I'd be going out, you know, um, I took control, like, uh, I put, um, bleach on my hair in, in California. My roommate was from Chicago and she was going to the junior college. And we lived in the Y.W.C.A., so she wanted to put it, um, peroxide on my hair, and she did, and I got up and I looked at the mirror and tears came to my eyes. Now do you understand it—I was fully aware of what was going on but why couldn't I, I…why the tears? I can't understand that, can you?

3. **Circumstantiality**

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

   - Differs from **poverty of content of speech** in containing **excessive details**
   - Differs from **derailment/loosening of associations** in that the **details related to each other** and the goal is reached

4. **Tangentiality**

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

> **Interviewer:** What city are you from?
> **Subject:** Well, that's a hard question to answer because my parents… I was born in Iowa, but I know that I'm white instead of black, so apparently I came from the North somewhere and I don't know where, you know, I really don't know whether I'm Irish or Scandinavian, or I don't, I don't believe I'm Polish, but I think I'm, I think I might be German or Welsh.

5. **Derailment** (milder form of looseness of association, in the textbook they are synonymous)

   Gradual or sudden deviation in train of thought without blocking

6. **Blocking**

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

   - The period of silence may last from a few seconds to minutes
   - Should be judged only if a person describes losing his or her thought as the reason for stopping

> **Subject:** So I didn't want to go back to school so I…(1-minute silence while the patient stares blankly)
> **Interviewer:** What about going back to school? What happened?
> **Subject:** I dunno. I forgot what I was going to say.

7. **Incoherence** (Word salad, schizophasia)

   Communication that is disconnected, disorganized, or incomprehensible

   - Differs from derailment in that with incoherence the abnormality occurs at the level of the sentence or clause NOT between sentences
   - **Word salad:** Incoherent, essentially incomprehensible, mixture of words and phrases.
     - May be difficult to differentiate from wernicke's aphasia, neurological causes should be ruled out in suspicious cases

> **Interviewer:** What do you think about current political issues like the energy crisis?
> **Subject:** They're destroying too many cattle and oil just to make soap. If we need soap when you can jump into a pool of water, and then when you go to buy your gasoline, my folks always thought they should, get pop but the best thing to get, is motor oil, and, money. May, may as, well go there and, trade in some, pop caps and, uh, tires, and tractors to grup, car garages, so they can pull cars away from wrecks, is what I believed in.

8. Illogicality

> **Subject:** Parents are the people that raise you. Anything that raises you can be a parent. Parents can be anything—material, vegetable, or mineral—that has taught you something. Parents would be the world of things that are alive, that are there. Rocks—a person can look at a rock and learn something from it, so that would be a parent.

9. **Pressure of speech**

   Increase in the amount of spontaneous speech

   - Difficulty in interrupting the patient
   - Speech is rapid and some sentences may be left uncompleted
   - Often seen in mania

10. **Distractible speech**

    Patient stops talking in the middle of a sentence and changes the subject in response to nearby stimulus

> **Subject:** Then I left San Francisco and moved to…where did you get that tie? It looks like it's left over from the '50s. I like the warm weather in San Diego. Is that a conch shell on your desk? Have you ever gone scuba diving?

11. **Clanging**

    Speech that's signified by its rhythm rather than meaning

> **Subject:** I'm not trying to make a noise. I'm trying to make sense. If you can make sense out of nonsense, well, have fun. I'm trying to make sense out of sense. I'm not making sense [cents] anymore. I have to make dollars.

12. **Perseveration**

- Repetition of words or phrases
  - Some words or phrases are commonly used as pause-fillers, such as "oi", "hehe", "you know" or "like," → these are **NOT** perseverations

> **Interviewer:** Tell me what you are like—what kind of person you are.
> **Subject:** I'm from Marshalltown, Iowa. That's 60 miles northwest, northeast of Des Moines, Iowa. And I'm married at the present time. I'm 36 years old; my wife is 35. She lives in Garwin, Iowa. That's 15 miles southeast of Marshalltown, Iowa. I'm getting a divorce at the present time. And I am at present in a mental institution in Iowa City, Iowa, which is 100 miles southeast of Marshalltown, Iowa.

13. Neologisms: Made-up words

Negative Formal Thought Disorders (Alogia)

- Impoverished thinking and cognition
- Often occurs in patients with schizophrenia
- Because thinking cannot be observed directly, it is inferred from the patient's speech
  - **Poverty of speech:** Restricted amount of spontaneous speech. Replies tend to be brief and unelaborated

> **Interviewer:** Can you tell me something about what brought you to the hospital?
> **Subject:** A car.
> **Interviewer:** I was wondering about what kinds of problems you've been having. Can you tell me something about them?
> **Subject:** I dunno.

  - **Poverty of content of speech:** Adequate in amount yet it conveys little information
    - Vagueness, repetition and over abstraction
      - Circumstantiality → excessive speech and details
      - Poverty of content of speech → excessive speech with few details

> **Interviewer:** Why is it, do you think, that people believe in God?
> **Subject:** Well, first of all because He, uh, He are the person that is their personal savior. He walks with me and talks with me. And, uh, the understanding that I have, um, a lot of people, they don't readily, uh, know their own personal self. Because, uh, they ain't, they all, just don't know their personal self. They don't, know that He, uh—seemed like to me, a lot of 'em don't understand that He walks and talks with 'em.

◀ Abnormalities of the Content of Thought

- **Poverty**
- **Delusion:** Fixed false belief, based on incorrect inference about external reality
  - Firmly held despite objective and obvious contradictory proof and despite the fact that other members of the culture do not share the belief.[1]
- **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.

- **Preoccupation:** 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.

- **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
  - Has no true end in itself other than to prevent something from occurring in the future.
- **Suicidal ideation.**
- **Homicidal ideations.**

Types of hallucinations

1. Auditory: most common in schizophrenics
2. Visual: less common in schizophrenics. Drug and EtOH withdrawal and intoxication and delirium
3. Olfactory: Usually in epileptic auras
4. Gustatory: Often accompanied by olfactory hallucinations
5. Tactile: Drug or EtOH withdrawal

Types of delusion

1. **Nonbizarre:** Beliefs that are possible yet false (e.g., government is spying on me, a spouse is committing infidelity)
2. **Bizarre:** Beliefs that are impossible and false (e.g., being possessed by an alien)

FOOTNOTES

1. Culture is an essential determinant of delusions. For instance an entire tribe who practice eating fully cooked brains for good luck are not necessarily delusional.

#	Delusion	Description	Example
1	Delusion of control or passivity - **Delusion of broadcasting:** Delusion that one's thoughts are being broadcast or projected into the environment Subjective belief that other people **can hear their thoughts out loud** - **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	Subjective belief that thoughts or actions are controlled by some external force	Being controlled by aliens
2	Delusion of grandeur	Subjective belief of special powers or abilities or of being famous	A belief of having special powers or unprecedented intelligence
3	Delusion of infidelity (Pathological jealousy, Othello syndrome)	Thought preoccupation of a spouse being unfaithful	
4	Delusion of persecution	Subjective belief of being conspired against	Feeling that one is followed or that the house is bugged or of being hunted by the government
5	Delusion of reference	Subjective belief that remarks have some special meaning for the person	Seeing a group of people laughing would be processed in reference to oneself. Believing that the news or newspapers carry a special message to the person.
6	Somatic delusions	Subjective belief that the body is diseased or altered in some way	Feeling that an organ is missing after a surgery. Feeling that brain or the stomach is rotting
7	Nihilistic delusions (Cotard syndrome)	Subjective belief of the nonexistence of self or certain body parts • Relatively sepecifc to severe depression, might lead to suicide	
8	Delusions of mind reading	Subjective belief that other people can read their thoughts, but **does NOT think that they are heard out loud** (differentiates it from broadcasting)	
9	Delusion of religiosity	Subjective belief of false religious concepts	Beliefs about the Second Coming, the Antichrist, or possession by the Devil or a new religion
10	Delusions of sin or guilt	Subjective belief that one has committed some unforgivable sin	Feeling responsible for a natural disaster or thinking or of personal actions that carry large-scale consequences
11	Mixed	E.g., Religious + Grandiosity = believing that they are the antichrist	
12	Erotomanic	Involves believing that an individual, a celebrity or otherwise, is in love with the delusional person. (e.g., believing Jake Gyllenhaal to be in love with you, his movies containing secret love letters deciphered only by you)	

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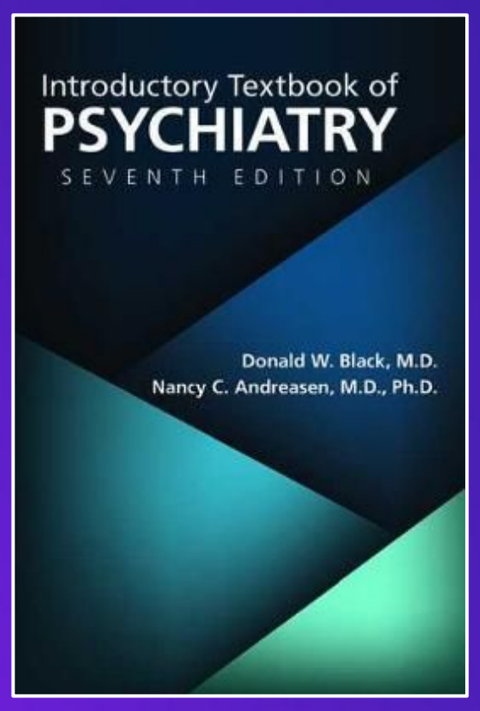

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