

MENTAL STATUS EXAMINATION

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Mental Status Examination

- The MSE is used to determine whether a patient is experiencing abnormalities in thinking and reasoning ability, feelings or behavior.

OVERVIEW

- ❖ Appearance & Behavior
- ❖ Psychomotor Activity
- ❖ Speech
- ❖ Mood
- ❖ Affect
- ❖ Perception
- ❖ Thought
- ❖ Attention
- ❖ Sustained Attention & Concentration
- ❖ Memory
- ❖ Intelligence
- ❖ Judgment
- ❖ Insight

APPEARANCE & BEHAVIOUR

1. Attitude
2. General appearance & grooming
3. Facial expression
4. Posture
5. Gait & carriage
6. Body build
7. Rapport

1.ATTITUDE

1. Cooperative

2. Friendly

3. Trustful

4. Purposefulness

5. Attentive

6. Interested

7. Seductive

8. Hostile

9. Contentious

10. Playful

11. Defensive

12. Guarded

2. GENERAL APPEARANCE & GROOMING

- **APPEARANCE :-**

Appearance includes Apparent Age , Obvious Physical stigmata , General state of physical health & Overt Emotional Displays.

- **GROOMING:-**

Includes:-

1. Dressed with neatness
2. Cloths appropriate to season
3. Cloths clean & good.
4. Concern about appearance
5. Hair/nails

3.FACIAL EXPRESSION

1. Appropriate or not
2. Is it changed with subject or not.
3. Look:- Attentive
- 4 . EXPRESSION :-a) Elation
- b) Fears -Mild Anxiety or Apprehension, Crying, Perplexed or Frightened.
- c) Anger
- d) Sad
- e) Blank - in schizophrenic patients.
- f) Eye to eye contact:- maintain gaze in anxious patients , Void gaze in schizophrenic pts , excessive scanning in manic patients.

4. POSTURE

1. Relaxed – In obsessive
2. Guarded - in paranoid patients.
3. Limp and sprawled out in chair.
4. Sitting at edge of chair in schizophrenic patients.

5.GAIT & CARRIAGE

Carriage –

Does patient carry himself erect or bends down.

Gait types:-

1. Normal
2. Brisk
3. Slow- in depressed patient.
4. Desultory-in schizophrenic patients.
5. Dilatory-in manic patients.
6. Unsteady – in organic brain disorders.
7. Poorly coordinated-in schizophrenic

6. BODY BUILD

1. **ASTHENIC** - Person narrows in length with narrow swallow thorax with narrow sub costal angle.
2. **PYKNIC** - Person with large body cavities relatively short limbs and large sub costal angle with rounded head and short fat neck.
3. **ATHLETIC** - Persons with wide shoulders and narrow hips and well developed bones and muscles.

7.RAPPORT

- Define as Harmonious Responsiveness of Physician to Patient and vice versa.
- Patient feels that evaluation is a joint effort and psychiatrist is truly interested in his story.

BEHAVIOUR & PSYCHOMOTOR ACTIVITY

PSYCHOMOTOR ACTIVITY:-

DEFINITION:-“Goal directed response involving both motor and psychological components.”

BEHAVIOUR & PSYCHOMOTOR ACTIVITY (CONT.)

DIVIDED ON BASIS OF:-

1. Quantity:-

a. Normal

b. Agitation-severe anxiety associated with motor restlessness.

c. Retardation:-abnormal physical &/or psychological slowing as a part of any psychiatric illness. Ranges from lack of expression, slow movements, mutism to stupor.

BEHAVIOUR & PSYCHOMOTOR ACTIVITY (CONT.)

Quality:- Facial movements
in oral dyskinesia

Tremors

Tics

Mannerism

Posturing

Rigidity

Waxy flexibility

Perseveration

Stereotypy

Gesture

Grimace

Restlessness

Automatic obedience

Echolalia

Echopraxia

Negativism

compulsion

BEHAVIOUR & PSYCHOMOTOR ACTIVITY (CONT.)

Tics:-short sudden repetitive, rapid movements of small muscles usually of face & neck.

Types of tics:-

1. Simple motor tics
2. Simple vocal tics
3. Complex vocal tics

Posturing:-Voluntary assumption of inappropriate or bizarre posture.

- Posture maintained voluntarily or imposed by examiner. maintenance should be at least for 1min.

Cont..

Rigidity:- Assumption of rigid posture against all attempts to move.

Waxy flexibility:- Syn flexibilities cerea (wernicke)feeling of uniform plastic resistance as limb is moved.

Perseveration:-persistent induced repetition of words, ideas, subject

Mannerism:-unusually performed goal directed, semi purposive repetitive verbal/motor actions.

Stereotypy:-repetitive, spontaneous non goal directed movement which is carried out in uniform way.

Types:-verbal & motor

Cont...

Echolalia:-repetition of a part of sentence or whole sentence told to patient.

Echopraxia:-automatic imitation of another persons movements like clapping, snapping fingers.

Negativism:-Purposeless resistance to all external suggestions or advice.

Compulsion:-Are obsessional motor act.

SPEECH

1. Spontaneous
2. Tone-pitch & loudness
3. Tempo-speed(150 words per minute is pressure of speech)
4. Volume-amount the patient speaks on a particular subject.
5. Reaction time-prolonged or reduced

Cont...

6. Deviation:-

- a. Neologism:-coining new words or use words in inappropriate way
- b. Echolalia-automatic repetition of examiners utterance
- c. Clang association-speech in which sounds rather than meaningful conceptual relationships governs word choice
- d. Verbigeration-a manifestation of stereotypy consisting of morbid repetition of words, phrases or sentence.

MOOD

Def:-Pervasive and sustained emotion that colors the person's perception of the world(longitudinal & subjective)

1. Euthymic:-normal range of mood implying absence of depressed or elevated mood.
2. Elevated mood:-a mood more cheerful than normal but not necessarily pathological.
3. Euphoria:-exaggerated feeling of well

Mood...

1. Elation:-mood consisting of feeling of joy, euphoria with increased psychomotor activity.
2. Ecstasy:-intense sense of rapture or blissfulness
3. Exaltation:-feeling of intense elation and of grandeur
4. Expansive mood:-expression of feelings without restraint, frequently with an overestimation of their significance and importance.
5. Irritable mood:-state in which one is easily annoyed and provoked to anger.
6. Dysphoria:-unpleasant ,uncomfortable and dissatisfied mood with an admixture of sadness, anxiety and irritability.

AFFECT

Def:- Short lived emotions; defined as patient, present emotional responsiveness.(cross sectional & objective)

1. Sthenic-joy,hate,anger
2. Asthenic-fear,sadness,anxiety,shame
3. Flat-near or absolute absence of any signs of affective expression
4. Blunt-significant reduction in intensity of emotional expression.

THOUGHT:

- a) **Form of Thought / formal thought disorder** – (not understandable / normal circumstantiality / tangentiality / neologism / word salad / perseveration / ambivalence)
- b) **Stream of thought / flow of thought** – (pressure of speech / flight of ideas / thought retardation / mutism / aphnoia / thought block / clang association.)
- c) **Content of thought**
 - a) delusion – specify type and give example – Persecutory /delusion of reference / delusions of influence or passivity / hypochondracal delusions / delusions of grandeur
 - b) Obsession
 - c) Phobia
 - d) Preoccupation
 - e) Fantasy – Creative day dreaming.

DISORDERS PERCEPTION:

a) Illusion

b) Hallucinations – (specify type and give example) –
auditory / visual / olfactory / gustatory / tactile

c) Others – hypnogogic / hypnopombic / Lilliputian /
kinesthetic / macropsia / micropsia.

COGNITIVE FUNCTION:

a) Attention and Concentration:

Method of testing (asking to list the months of the year forward and backward)

b) Memory :

a. Immediate (Teach an address & after 5 mts. Asking for recall)

b. Recent memory – 24 hrs recall

c. Remote – asking for dates of birth or events which are occurred long back

i) Amnesia / paramnesia / retrograde amnesia / anterograde amnesia

ii) Confabulation

iii) Hypermnesia

Cont..

c) Orientation:

1. Time - approximately without looking at the watch, what time is it?
2. Place – where he / she is now?
3. Person – who has accompanied him or her

d) Abstraction: Give a proverb and ask the inner meaning

(Eg. Feathers of a bird flock together / rolling stones gather no mass)

e) Intelligence & General Information: Test by carry over

sums / similarities and differences / and general information / digit score test.

Cont....

f) Judgment :-

- Personal (future plans)
- Social (Perception of the society)
- Test (presents a situation and ask their response to the situation)

g) Insight

- I. Complete denial of illness.
- II. Slight awareness of being sick.
- III. Awareness of being sick attributes it to external / physical factor.
- IV. Awareness of being sick, but due to something unknown in himself.
- V. Intellectual insight
- VI. True emotional insight

General Observation:

a) Sleep

i. Insomnia – temporary / persistent

ii. Hypersomnia – temporary / persistent

iii. Non-organic sleep –wake cycle disturbance

iv. EMA – Early Morning Awakening

b) Episodic disturbances – epilepsy / hysterical /
impulsive behavior / aggressive behavior / destructive
behavior

Summery

- At the end of class student will be able to explain the Mental Status Examination.

Conclusion:

- The **mental status examination (MSE)** is an important part of the clinical assessment process in neurological and psychiatric practice. It is a structured way of observing and describing a patient's psychological functioning at a given point in time, under the domains of appearance, attitude, behavior, mood, and affect, speech, thought process, thought content, perception, cognition, insight, and judgment. There are some minor variations in the subdivision of the MSE and the sequence and names of MSE domains.

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THANK YOU