

PSYCHIATRIC SIGNS AND SYMPTOMS

Prof. Faris Alsaraireh

Differentiation between signs and symptoms

Signs:

Are objective findings observed by the clinician
ex. psychomotor retardation.

Symptoms:

Are subjective experiences described by the
patient ex. depressed mood.

I. Disturbance in general appearance.

Certain psychiatric patient display easily observed outward signs of their illness which should make the psychiatrists immediate interest & which may in some instances at once provide important evidence to the nature of their disorders.

- ❖ Facial expression
- ❖ posture
- ❖ Mannerisms
- ❖ Dress
- ❖ Narcissism (Hygiene)

Facial expressions:

Is significant as an indication of the patient's mood. Feeling of depression, fear, anxiety or hostility are usually clearly shown by facial expression.

But in some occasions may be more able to be trusted than his feelings. e.g. he may claim to be cheerful & free from worry. But when you look at his face may discover this to be quite untrue.

Posture:

- *Waxy flexibility:*

The patient's limbs may remain for sometime in any position in which they are placed, even a highly unusual or uncomfortable one.

- *Catatonia:*

Other patients suffering from phrenic illness may adopt strange postures which they are capable of maintaining for long periods.

Mannerisms:

Patients or people show a repeated small movements of an habitual kind are not in themselves abnormal.

- Example:
- unusual ways of smoking a cigarette.
- Certain typical gestures of the hands.
- A characteristics way of raising their eye brows.

Some highly anxious children or adults may show frequent, repeated contractions of certain muscle group these are known as **Tics**.

Example: the corner of his mouth is repeatedly pulled out of shape or the muscles around one eye repeatedly contracted.

Dress:

The patient who choose to wear clothes of on absurdly out of date. Style or in an eccentric (unusual) and hideous mixture of colors.

One such male patient wears at all time a purple tie about four inches long which and originally been a bookmark and which he claims head special religious significance for him.

Hygiene:

Narcissism:

Excessive of love of self, a disturbance of character structure which is not in frequent in some immature personality. There is great amount of time and attention devoted to the care of his body.

Some other patient will show a progressive falling off in their stander of hygiene and lack of concern for normal cleanliness.

II. Disturbance in perception:

Perception:

Normal perception is the end result of brain cell activity which has been brought about by some stimulus acting on special nerve endings in the retina, the internal ear, the nose or tongue, the skin or internal organs. Stimulation of the retina for example by a pattern of light results in our perceiving an object of a certain shape and color.

Hallucination:

False perception in the absence of stimulation from a sensory organ. The patient imagining things.

Hallucination are not under the patient controlling and are usually imaging things real to him.

Types of hallucination:

- Auditory
- visual
- Olfactory
- Gustatory and Tactile.

Auditory hallucination:

The patient hears voices, often the voices of persons known to him. In some instances the patient describes, not voice but peculiar noise, these voices may be as give commands, accusations, threaten, punishment or provide reassurance, it found in major depressive reaction and in some forms of organic brain disease.

Visual hallucination:

The patient sees visions usually of clearly defined people or objects but occasionally flashes of light or representations of geometrical patterns, may be seen unpleasant animals. (seen in schizophrenic and depressive reactions)

Olfactory and Gustatory hallucination:

These are hallucination affecting the sense of smell and taste respectively. They are often found together in one patient.

Tactile hallucination:

These false perception may be felt on any part of the body surface and at times bizarre sensations may be described in internal organs. Very commonly they effect the sexual regions most common is schizophrenic and acute organic reaction.

Illusion:

These are also false perceptions. But differ from hallucinations in that they arise in response to definite external stimulus which is however wrongly interrupted.

Example:

The anxious or confused patient who hears the rustle of leaves outside his window but misconstrued this as, being a noise made by people coming to attack him.

Phobia:

Irrational fear or excessive fear from things not from other people. The patient him self realizes the absurdity of his fear, but he is powerless to fight against it.

III. Activity and Behavior Disorders:

The general level of activity in psychiatric patients may vary widely in both directions from the average:

- a. over activity.
- b. Under activity.
- c. Special patterns of activity.

a. Over activity:

- This ranges from mild restlessness and an inability to sit still or relax, the patient have frantic activity those suffering from an acute manic reaction for example those patients cannot find on time to eat and sleep.

b. Under activity:

- Retardation: is slowing down of activity level and bodily function
- Stupor: when retardation is severe and progressive , the patient is completely motionless. He is fully conscious but remains in the one position for hours at a time and there is response to painful or unpainful stimulus.

Example of diseases:

the stupor occur in severe depression and in some schizophrenic reaction.

The different between the stupor and coma:

	Stimulus	Response to painful	Conscious
Stupor	*	*	*
Coma	-	-	-

c. Special patterns of activity:

- Stereotypy:

Repeat the same of movements, the movement involves the head or arms or an varying walk around the same pathway in the ward.

- Negativism:

Is gross abnormality in relation to what is asked of them , they consistently do the opposite of what they are told.

- Echopraxia:

The patient copy with blind obedience any action carried out in front of him.

- Echolalia: The patient repeated any statement made to him or told to him.

- Ambivalence:

A movement in one direction is immediately countered by a movement in the opposite direction.

Example:

Patient's hand may for example go up to his mouth with an article of food but he withdrawn at the last moment. The cycle repeated over and over again until sometimes. As if paralyzed by two opposite desire his arm remains for considerable period in mid-air.

- Compulsion:

The patient or person feels compelled to carry out certain pattern of behavior while knowing full well that it is absurd and logical is not necessary, get finding no peace until he has completed it

Example:

Getting out of bed to check once again if the front door is locked even though the logical part of the mind known with certainly that this has already see been done.

IV. Speech Disorders :



Disturbance in rate of speech:

Normal:

The rate of speech usually parallels fairly closely the general rate of activity.

Rapid rate:

Pressure of talks:

Is a mild case of rapid rate of speech, rate of speech is acceleration e.g. excitement over activity.

Flight of ideas:

More sever acceleration of speech and the patients thoughts move so rapidly. His words come tumbling from him at great speed, he makes such lightning changes from one topic to another that it may be difficult or impossible to understand him fully.

He may follow one word with another which a bears a super facial resemblance (similarity) to it this symptoms called **Clang-association**.

Slow rate:

Retardation:

Slow of speech. The patient shows an effort to talk. And may state that he has no thoughts or that they come to him very slowly.

Mutism:

In severe, the patient may not talk at all, not all silence. However is due to retardation as patient may be prevented from speaking by feelings of marked anxiety, fear or hostility, hysterical or have many thought racing through his mind.

Aphonia:

In ability to speak due to paralysis of function of the vocal cords. This is occasional neurotic patient using the mechanism of conversion.

Aphasia:

Is due to organic damage to speech center in the brain it is inability to find the correct words in which the patient express his thoughts.

Blocking:

The patient thoughts arid speech is proceeding at an average rate but are very suddenly and completely interrupted perhaps even in the middle of sentence.

The gap may last of several seconds, even up to minute after which the patient resumes speaking either where he left off or on a completely new topic. Blocking is often part of the thought disorder found in schizophrenic reaction)

Disturbance in form of speech:

The normal communication between people it has based on tend to link up ideas in our minds even the ideas are different this process of thought linkage is known as the association of ideas.

Incoherence:

No glimmer of sense can be extracted from his speech

Verbigeration:

Repeat the one word or phrase over and over again.

Word salad:

It is disconnected words mixed up in a hopeless jumble way.

Neologisms:

Employ completely new words.

Circumstantiality:

(Showing the basic disturbance of logical association) Give much detail the patient resembles on and on an effort to make some particular point but keeps being distracted by all sorts of side issue over loading his story with many irrelevant usually tedious details.

V. Thought Disorders.

Delusion:

A delusion is a false fixed belief not shared by person of the same race, age and standard of education which can not be altered held by logical argument. Patients are able in some way to distort reality.

Type of delusion:

- Delusion of grandeur
- Delusion of persecution
- Delusion of guilt
- Delusion of hypochondriac
- Nihilistic delusion

- *Delusion of grandeur:*

These are firmly held ideas of great power, wealth and influence expressed most typically by patients with acute manic reactions, Schizophrenic psychotic disorder and the organic psychotic disorder.

Patient believes that he is a king or God, or other women held ideas that there are beauty.

- *Delusion of persecution:*

The patient believes that certain happenings in his environment indicate the existence of some type of plot against him. He believes himself to be the victim of some power full or organization such as police. ...

- *Idea of reference:*

Ideas held by the patient the casual remarks or actions of people he meets are intended to have some special significance for him.

- *Passivity feeling:*

Various happening may lead him to develop the idea that his body, his thoughts and his feelings are all in fact controlled communists such believes of influence by other.

- *Delusion of guilt:*

A false fixed belief of guilt e.g. A man may suddenly develop in tense guilt over the thief of money from his mother in his childhood.

It is sudden appearance many years after the event in question which indicates its abnormality. May believe that they have caused enormous harm to others by their misdeeds and may refuse to agree that they are sick insisting that they are being punished by god for their wickedness.

- *Delusion of hypochondriac: (Bodily diseases)*

Are those in which the patient holds a fixed conviction concerning the presence of disease or abnormality in some part of his own body ex. Cancer., T.B., **e.g.** A young women stated firmly that she was unable to swallow properly because her food after passing her throat deviated to the left of the midline and finished up in the bottom of left breast.

The difference between an obsession, an overvalued idea and a delusion may be illustrated as follows:

1. A young woman has a slightly excessive growth of facial hair, while realizing full well the absurdity of the idea she cannot rid herself of the persistent thought that she is turning into a man this is an obsession.
2. Another patient with a slight excess of facial hair is constantly bothered by this spends a great amount of time and money on various treatments aimed at its removal and feels sure that every one she meets must be as aware of its presence as she is herself. This is an overvalued idea.
3. A third patient firmly believes that she has excessive facial hair. but inspection shows this to be quite untrue, No amount of persuasion, however, will convince her for any length of time that her own belief is incorrect this is a delusion.

- *Nihilistic delusion:*

It is meaning nothing. Delusion of nothing the patient may state that he is dead or certain part of his body (heart, Brain) or ceased to function, or he believes to have been destroyed.

Or that he has lost all his money or worldly goods. symptoms are seen principally in major depressive illness commonly in schizophrenic reaction.

- *Obsessions:*

These are also fixed or recurring thought in the patient mind, the patient himself recognizes them to be abnormal the patient is awareness about himself.

Despite this however the idea reoccur over & over again in his thinking, often causing considerable mental distress because of their apparent purposelessness and their persistence and because they This Less often seem to the patient to be completely out of keeping with what he considers to be his true self.

VI. Mood disorders

It is used to describe an emotional state which lasts for any substantial period of time; the word affect for a practical has the similar meaning.

Normal mood varies over a reasonable range from cheerfulness to occasional mild sadness and is responsive to happening in the environment; such fluctuation of feeling in keeping with the events around us is described as an appropriate mood.

- *Depression:*

A state of sadness, becomes a psychiatric symptoms when it occur as a mood of such persistence and severity that it interferes for substantial period with person's daily routine and adjustment to life.

It is usually accompanied with feelings of anger and guilt or other instances sense of complete hopelessness and helplessness

- *Anhedonia:*

Loss of interest in and withdrawal from all regular and pleasurable activities, often associated with depression.

- *Elation:*

This term is used to describe elevation of mood above the normal range. The patient is abnormally cheerful and optimistic in circumstances which in no way justify this.

In many severe psychomotor retardation activity though a few may depressed patients show pronounced i.e. slowing down of both speech a general be extremely restless and agitated.

- *Euphoria:*

Less marked state of elation, where there is simply an increased sense of personal will being and confidence and enthusiasm.

- *Ecstasy:*

The patients feeling is one of complete bliss often as part of mystical or religious experience, all this mood elevations occur most frequently in manic reactions and in some schizophrenic patients.

- *Anxiety:*

A most important affect in psychiatric illness is that of anxiety.

The state of anxiety has certain will know bodily accompaniment such as: tachycardia, sweating dryness of mouth, so on, and general restlessness.

- *Agitation:*

Anxiety accompanied by severe definite restlessness

- *Panic:*

The most severe form of anxiety with personal disequilibrium.

- *Hostility:*

Is the feeling of anger persist as a sustained mood or period with causes which are not known to the patient.

- *Passive aggression:*

Possibility of the psychiatrist in which she her-self responding unwillingly to the aggressiveness which is unconsciously recognized by her in patient attitude When he is so hard to manage. she finds are detect her own irritation mounting without any cause.

- *Inappropriate “Incongruous” affect:*

Disharmony of patient’s emotion with his behaviors may be threatening voices with a completely inappropriate cheerfulness.

Brought bad news they may react with fatuous and often mirthless laughter, this incongruous cheerfulness known as a label indifference.

This term is used to describe the peculiarity of mood noted in many schizophrenic patients. When they respond to particular events in a way strikingly different from the normal.

- Apathy:

It refers to a flatness of mood which is much more severe and long lasting this patients show no significant emotional response to any type of life experience being equally indifferent to his own symptoms and to pleasant or unpleasant external situations and may be reflected in their facial appearance.

This symptoms presence in chronic schizophrenic reaction, or organic brain disease.

- *Lability:*

It is the extremely rapid fluctuation of feeling which may be seen in some brain damage patients. The patient. Over reacts to some minor stress with brief period of deep depression often with tears but a few moment later is laughing.

VII. Disorders, of Memory, insight, consciousness:

Memory is the ability to store knowledge and experience by means of the function we know as memory involves three steps:

- a. The registration “recording of impression”.
- b. The retention of the impression.
- c. The recall of the stored information when the situation requires it.

The emotional state of the individual thus affects his memory function its being a general truth that we only remember what we wish to remember.

When we speak of disturbance of memory in psychiatric patient however the phrase is usually used to refer to relatively major alterations in the individuals capacity to register retain or recall information.

- *Amnesia:*

It means loss of memory. There is a gradually progressive inability to recall past events and knowledge (in old age).

- *Hypermnesia:*

The opposite of amnesia describes as excessively retentive memory events are recounted with an extraordinary wealth of detail it is seen only in manic reaction.

- *Confabulation:*

A patient suffering from marked memory loss may attempt to fill gaps in his story by inventing what appear to him to be suitable memories as replacements. This may be due to organic brain disease and organic psychosis but is most typically associated with the special form of mental deterioration due to alcohol known as Korsakow's psychosis.

- *Déjà-Vu:*

The French term “Already seen”. It describes the feeling not infrequent in absolutely normal people

In psychiatric symptoms it is liable to indicate the presence either of a schizophrenic reaction or of that form of epilepsy associated with disease of the temporal lobe of the brain.

- *Concentration:*

Is the ability of the individual to direct his attention to those elements in his present experience. Which are to him of greatest importance while ignoring those stimuli, which are of little or no significance to him at the particular time.

- *Distractibility:*

Is the failure to be able to devote attention to some specific task.

- *Confusion:*

Disturbance's consciousness and awareness. It appears in his outward appearance "face distress" his memory is to some extent disorganized. He finds it difficult to express himself logically. His judgment is faulty. He is slow to grasp what is going around him there is usually some degree of disorientation.

He is able to disconnected words or incomplete fragments of sentence and disorganized memory, it shows in depressed patient and anxious.

- *Disorientation:*

The normal person know, Who he is?, where he is and to whom he is talking, he knows the approximate time give the correct date within one or two days. This known as orientation and. if any One of them is absent said the patient is to be disoriented of time place & person (T, P, P).

Some patients who are tense or depressed or hallucination may find it is so difficult to concentrate on their surroundings that they are unable to orient themselves so his fully.

- *Attitude to illness:*

Attitude of the patient towards his own illness is estimated to state whether or not he shows insight.

- *Insight:*

Ability of the patient to understand the true cause and meaning of situation (such as a set of symptoms)

- *No Insight:*

The patient may show no insight at all into the fact that he is sick.

May be that is a form of God punish about wrong doing.

- *Impaired insight:*

Diminished ability to understating the objective reality of situation