

# Psychology

## Sheet

### Psychiatric Signs & Symptoms

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# Differentiation between signs and symptoms

## not all signs will be mentioned

what the doctor sees and observes on the patient

**Signs:** Are objective findings observed by the clinician ex. psychomotor retardation.

measuring the patient (blood pressure, temperature, respiration, noticing the patient yellow-redness eye/face) all are signs

**Symptoms:** Are subjective experiences described by the patient ex. depressed mood.

the things the patient tell the doctor (feelings, pain, dizziness)

Signs are more accurate than symptoms: the patient may exaggerate his pain

## I. Disturbance in general appearance.

There are more signs than symptoms (seen by 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: body language



Facial expression are more accurate in describing how the patient feel than what patient says (Body language)

Is significance 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.

**It's easier to change verbal sayings, but hard to control your body language**

## Posture:

Signs and symptoms are not physiologic, since they are found in mental disorders they are usually related to defects found in the brain (problems in the brain function)

- **Waxy flexibility:**

The patient keeps his limbs in a certain position for awhile if you relax his limb it will go back to its position

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

- **Catatonia:**

The patient posture not extremities there is no waving/flexibility

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

## التكلف **Mannerisms:** Example: rocking sign

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 characteristic way of raising their eye brows.

**Example:** biting finger nails, moving fingers for tasbeeh, biting the cap of a pen

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

**Happens usually at the corners of the mouth or eyes**

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

**Depending on the level of movement: tics < mannersim < stereotype**



## Dress:

### Example of stereotype: wandering التجوال

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.

The Assessment we should notice is: (is the patient clothes appropriate for the current season: wearing winter clothes in the summer

Or appropriate for his age: ask the patient about his culture +background

Or appropriate for the patient sex: male-female

## Hygiene:

Is there color coordination in what he wears /is he wearing clean clothes/what colour do they usually wear: people who have depression usually wear dark colours, people who have (mania) usually wear bright colours

## 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.

## Disturbance in perception:

People who have mental illness have problems in the perception not in the 5 senses

### 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 (visual) the internal ear (Auditory), the nose or tongue (Olfactory), the skin or internal organs (Gastatory). Stimulation of the retina for example by a pattern of light results in our perceiving an object of a certain shape and color.

## The difference between sense and perception

**Sense:** function of the organ

**Perception:** processing

## Hallucination:

**False image without an external stimulus**

**Seeing things that are not real, hearing things that no one else can hear**

**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: Most common**

**The patient hears voices, often the voices of persons known to him. in some instance the patient describes, not voice but peculiar noise, this 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: 2nd most common**

**The patient sees visions usually of clearly defined people or objects but occasionally flashes of flight 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.**

**Olafactory: smelling the smell of a certain food when there is no smell at all**

**Gustatory: having a certain taste even though the patient didn't eat anything there is no stimulus at all.**

- **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.

The feeling of something if something working on his skin or pinching him.

**Illusion:** misrepresentation of a certain experience

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: **visual illusion or more common than the auditory**

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

the patient smells mensaf while there is another food  
feeling a bitter taste while eating sweets.

**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.

to treat phobia. We should know that there are two approaches psychotherapy.  
psychopharmacology

people who have phobia deal with an anxiety so we could give them antidepressant which is usually the first choice

the Psychotherapy treatment is the desensitisation in a gradual way.

How do we treat people that have illusion or hallucination first we should assist them. Then tell them what they see or hear might be real to them, but it's not real to us and try to change the topic.

# 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: **ADHD+Mania**

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:

	<b>Stimulus</b>	<b>Response to painful</b>	<b>Conscious</b>
<b>Stupor</b>	+	+	+
<b>Coma</b>	-	-	-

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:**  المريض بعمل الشيء وعكسه

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:** repeating the same action.

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.

## Speech Disorders :

### Disturbance in rate of speech

**Normal:**

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

Clear not too many details, but not too short coherent



### **Rapid rate:**

**Pressure of talks:** قد ما هو سريع كانه حكيه مضبوط

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.

**The ending of the words he uses are similar.** سجع، قافية

### **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: Speechless**

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: physiological defect**

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.

**example due to a stroke**

**Blocking: having gaps while talking**

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 phase over and over again

### Word salad:

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

Car tree book camera    كلام عشق مفهوم

**Neologisms:** Making a new words a language that only the patient can understand.

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.

## Thought Disorders.

### Delusion:

معتقد معين ثابت ما له علاقة بالواقع

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    جنون العظمة
- Delusion of persecution    الشعور بالاضطهاد
- Delusion of guilt    الشعور بالذنب
- Delusion of hypochondriac
- Nihilistic delusion    الشعور بالعجز

### **Delusion of grandeur:**

### **Great health Beauty**

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:delusion of conspiracy**

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. ...

how to deal with people who have these ideas 1- assessment 2- tell them that what they are saying might be true to them but believing it is hard 3- change the topic

one of the most difficult patient to deal with since there is no trust , patient believes that someone wants to harm him.

### **Ideaofreference:** الشعور بالمرجعية

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

They usually believe that people are talking about them the difference between them between this type of idea and delusion of grandeur is that here there is a stimulus (topics and magazines people talking on TV )

### **Passivity feeling:being under control.**

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.

**Example this person did something bad when he was a child and believe that we live in a bad reality due to his action. Relating the events in his life to the action he did**

**مثلاً كذب وهو صغير وصار يعتقد انه كذبه سبب دمار الوضع الاقتصادي بالبلد**

### **Delusion of hypochondriac: (Bodily diseases)**

**believing that they have a certain disease even if medical test prove they don't**

**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 different between an obsession, an over valued idea and a delusion may be illustrated as follows:**

**1. A young women has a slightly excessive growth of facial hair, while realizing full well the absurdity of the idea she can not rid here self of the persistent thought that she is turning into a man this an obsession.**

**It's not a delusion since the growth of hair is not something full since it's can be found. It's not overvalued since there is no interventions.**

**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 here self. This is over valued idea.**

**This isn't an obsession since they're interventions**

**This isn't a delusion since it's not something false**

**This isn't a compulsion since she's used different treatments (no repetitive movements)**

**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 in correct 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.

Saying they are not married or don't have children when they do saying they don't have money when they do.

nihilistic delusion is denying something that is true hypochondriac delusion is saying that there is a disease when there's not they are opposite.

### **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.

## **Mood disorders**

**Subjective data that are told by the patient.**

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

Low serotonin antidepressants are active not that disorder the sign the lowest feeling and mood.

- **Anhedonia:**

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

sadness worthlessness and inability to feel happy or enjoy something.

- **Elation:** high serotonin, antimanic. highest mood

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.

. Elation is considered a problem because people who have Elation have high energy which can lead to the loss of sleep their high energy makes them not focused (no concentration.)

- **Euphoria:** less severe than Elation

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

- **Ecstasy:** related to spiritual things

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

example, if the person didn't lie he feels so happy do something bad in general. **يربط سعادته بعدم فعل اشياء معينة ميسوط زيادة بطريقة مرضية زيادة عن اللزوم**

- **Anxiety:**

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

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

- **Agitation:** one of the level of anxiety

Anxiety accompanied by severe definite restlessness

- **Panic:** highest level of anxiety acute not chronic + sudden

The most severe form of anxiety with personal disequilibrium.

- **Hostility:** level after agitation

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

- **Passive aggression:** عدوانية مكتسبة

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.

It can be found in any person patient doctor nurse.

- **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 in congruous 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 away strikingly different from the normal.

Being, in a mood which is not suitable in the situation. He is being happy in a sad situation.

- **Apathy: No reaction**

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 he reflected in their facial appearance.

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

- **Lability: mood swings**

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.

mood changes in a few moments. This can happen and a baby blue postpartum like a screaming after birth.

## **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”. **First time**
- b. The retention of the impression **repeating 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.

**people with mental health disorder can have problem with either steps.**

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.

**Losing memory of events before a certain accident retrograde amnesia.**

**Losing memory of events after a certain accident anterograde amnesia**



- **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:**  أحداث مارة عليه من قبل مع انه ما صارت

The French term "Already seen". It describes the feeling not infrequently experienced 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:** تشتت

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

Difficulty in focusing on concentrating there is a stimulation of voices and sound.

- **Confusion:** No stimulation

Disturbance of 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 understand 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)

Full insight understanding that he is receiving treatment and has a mental illness

partial understanding that he is ill but believing that there's no need for treatment.

## • 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

"ولن تنجو إلا بمجاهدة عسيرة، وأعمال خفية عظيمة، وقلب متصل بالله على شغله، ونفس متذلة لله على شهرتها، اقرأ عن عُمر، سيكفيك أن تقرأ عنه!"

-الفارس، احمد شقير