

# HISTORY TAKING AND MENTAL STATE EXAMINATION (MSE)



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# General rules ;

- Introduce yourself
- Explain the purpose and approximately how long it will take.
- Start with open questions
- Never hurry a patient – try to be empathic and listen
- You might need an informant ( ask patients permission )

# Profile

- Name
- Age or DOB
- Marital status
- Educational level
- Address
- Occupation

## Cheif Complaints

- Should always be in the patient's own words

# Hx Of Presented Illness

## **Reason for referral:**

- Referred by..
- What are the main problems?
- Which of these are the worst?
- How has that affected you?
- Any precipitating factors
- When did you last feel well?

\* If the patient was uncooperative or uninformative you can ask for collateral Hx (such as his family members , colleagues ,..)

- ▶ Obtain a clear chronological account of symptoms ( e.g. depression, psychosis) and the effects of these symptoms on behavior

# PAST PSYCHIATRIC HISTORY<sub>1</sub>

- ▶ In the past have you ever had problems with your mental health / 'nerves' / depression.
- ▶ Have you ever seen a psychiatrist before?
- ▶ have you ever visit a native healer
- ▶ Have you ever been admitted to a psychiatric hospital? How many time ? And how much your admission last there ?
- ▶ What treatments have you had?
- ▶ Has there ever been a time that you felt completely well?
- ▶ Have you ever thought of taking your own life in the past?

# PAST MEDICAL HISTORY

- ▶ Do you have or had any problems with your physical health?
- ▶ Have you ever had any operations or been in hospital?

# CURRENT MEDICATIONS

- ▶ What medications do you take regularly and since when?
- ▶ What medications have you had in the past?

# ALCOHOL AND DRUG HISTORY

- ▶ Do you smoke? How many? Since when?
- ▶ Do you take a drink?
- ▶ How much do you drink?
- ▶ Have you been drinking any more or less than normal recently?
- ▶ Have you ever taken drugs? Tell me more about that.

# FAMILY HISTORY

- ▶ Are your parents still living? Are they well?
- ▶ Do you mind me asking how they died?
- ▶ What did your parents do?
- ▶ Do you have any brothers or sisters? What is your rank ? Are you close to them?
- ▶ As far as you know, has anyone in your family (1<sup>st</sup> degree ) ever had problems with their mental health?

# PERSONAL HISTORY<sub>1</sub>

## Infancy and early childhood

- ▶ Where were you born?
- ▶ Where did you grow up?
- ▶ As far as you know, was your mother's pregnancy and delivery normal?
- ▶ If not, were there any problems around the time of your birth?
- ▶ Did you have any serious illnesses as a young child?
- ▶ Were you walking and talking at the correct times?

# PERSONAL HISTORY <sup>3</sup>

## Adolescence and education

- ▶ Which school/s did you go to?
- ▶ Did you enjoy school?
- ▶ Any lasting memories of school?

# PERSONAL HISTORY <sub>3</sub>

- ▶ Did you have many friends at school? Still in contact?
- ▶ When did you finish school ? Qualifications?
- ▶ Were you ever in trouble at school? ever expelled or suspended?  
Bullied?

# PERSONAL HISTORY <sup>4</sup>

- What did you do after finishing school?
- Occupational record
- Sexual development,
- Relationships and marriage
- Do you have any children? How old are they?

# PERSONAL HISTORY<sub>5</sub>

## **Present social circumstances**

- Who lives at home with you now?
- Do you have any worries about debt or money in general?
- Do you have friends or family who live nearby?

# PREMORBID PERSONALITY<sub>1</sub>

- ▶ Before all this happened, how would you describe yourself? Social , isolated , peaceful ,...
- ▶ How would other people describe you?
- ▶ When you find yourself in difficult situations, how do you cope?
- ▶ What sort of things do you like to do to relax?
- ▶ Do you have any hobbies?
- ▶ Do you like to be around other people or do you prefer your own company?
- ▶ Are you religious?
- ▶ Do you have any ambitions or plans?

# FORENSIC HISTORY

- Have you ever been in trouble with the police, or been convicted of anything?

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# MENTAL STATE EXAMINATION

# Mental Status Examination

This is analogous to performing a physical exam in other areas of medicine.

It is the nuts and bolts of the psychiatric exam. It should describe the patient in as much detail as possible. The mental status exam assesses the following:

- ▶ ■ Appearance/Behavior
- ▶ ■ Speech
- ▶ ■ Mood/Affect
- ▶ ■ Thought process
- ▶ ■ Thought content
- ▶ ■ Perceptual disturbances
- ▶ ■ Cognition
- ▶ ■ Insight
- ▶ ■ Judgment/Impulse control

The mental status exam tells only about the mental status at that moment; it can change every hour or every day, etc.

# APPEARANCE, ATTITUDE AND BEHAVIOUR<sub>1</sub>

- ▶ ■ **Appearance:** Gender, age (looks older/younger than stated age), type of clothing, hygiene (including smelling of alcohol, urine, feces), posture, grooming, physical abnormalities, tattoos, body piercings.  
Take specific notice of the following, which may be clues for possible diagnoses:
  - ▶ ■ Pupil size: Drug intoxication/withdrawal.
  - ▶ ■ Bruises in hidden areas: ↑ suspicion for abuse.
  - ▶ ■ Needle marks/tracks: Drug use.
  - ▶ ■ Eroding of tooth enamel: Eating disorders (from vomiting).
  - ▶ ■ Superficial cuts on arms: Self-harm.
- ▶ ■ **Behavior:** Attitude (cooperative, seductive, flattering, charming, eager to please, entitled, controlling, uncooperative, hostile, guarded, critical, antagonistic, childish), mannerisms, tics, eye contact, activity level, psychomotor retardation/agitation, akathisia, automatism, catatonia, choreoathetoid movements, compulsions, dystonias, tremor.

Assess for:

- ▶ Rate (pressured, slowed, regular), rhythm , articulation (dysarthria, stuttering),accent/dialect,volume/modulation (loudness or softness),tone, long or short latency of speech.

## SPEECH AND LANGUAGE

# MOOD AND AFFECT

## ► Mood

*Mood* is the emotion that the patient tells you he/she feels, often in quotations.

## ► Affect

*Affect* is an assessment of how the patient's mood appears to the examiner, including the amount and range of emotional expression. It is described with the following dimensions:

- ■ *Type of affect*: Euthymic, euphoric, neutral, dysphoric.
- ■ *Range* describes the depth and range of the feelings shown.

Parameters:

- flat (none)—blunted (shallow)—constricted (limited)—full (average)—intense (more than normal).
- ■ *Motility* describes how quickly a person appears to shift emotional states.

Parameters: sluggish—supple—labile.

- ■ *Appropriateness to content* describes whether the affect is congruent with the subject of conversation or stated mood.

Parameters: appropriate—not appropriate.

# THOUGHT

- ▶ **DESCRIBE FORM OF THOUGHT:**

The patient's form of thinking—how he or she uses language and puts ideas together. It describes whether the patient's thoughts are logical, meaningful, and goal directed. It does not comment on *what* the patient thinks, only *how* the patient expresses his or her thoughts.

- ▶ ■ **Logical/Linear/Goal-directed:** Answers to questions and conversation clear and follows a logical sequence.

**#Examples of thought disorders include:**

- ▶ ■ **Circumstantiality** is when the point of the conversation is eventually reached but with overinclusion of trivial or irrelevant details.
- ▶ ■ **Tangentiality:** Can follow conversation but point never reached or question never answered.
- ▶ ■ **Loosening of associations:** No logical connection from one thought to another.

- ■ **Flight of ideas:** Thoughts change abruptly from one idea to another, usually accompanied by rapid/pressured speech.
- ■ **Neologisms:** Made-up words.
- ■ **Word salad:** Incoherent collection of words.
- ■ **Clang associations:** Word connections due to phonetics rather than actual meaning. “My car is red. I’ve been in bed. It hurts my head.”
- ■ **Thought blocking:** Abrupt cessation of communication before the idea is finished.

# THOUGHT CONTENT<sub>1</sub>

- ▶ Describes the types of ideas expressed by the patient.

## #Examples of disorders:

- ▶ ■ **Poverty of thought versus overabundance:** Too few versus too many ideas expressed.
- ▶ ■ **Delusions:** Fixed, false beliefs that are not shared by the person's culture and remain despite evidence to the contrary. Delusions are classified as bizarre (impossible to be true) or non-bizarre (at least possible).
- ▶ ■ **Suicidal and homicidal ideation:** Ask if the patient feels like harming himself/herself or others. Identify if the plan is well formulated. Ask if the patient has an intent (i.e., if released right now, would he/she go and kill himself/herself or harm others?). Ask if the patient has means to kill himself/herself (firearms in the house/multiple prescription bottles).
- ▶ ■ **Phobias:** Persistent, irrational fears.
- ▶ ■ **Obsessions:** Repetitive, intrusive thoughts.

# PERCEPTUAL ABNORMALITIES

- ▶ ■ *Hallucinations*: Sensory perceptions that occur in the absence of an actual stimulus.
- ▶ ■ Describe the sensory modality: Auditory (most common), visual, gustatory, olfactory, or tactile.
- ▶ ■ Describe the details (e.g., auditory hallucinations may be ringing, humming, whispers, or voices speaking clear words). Command auditory hallucinations are voices that instruct the patient to do something.
- ▶ ■ Ask if the hallucination is experienced only while falling asleep (hypnagogic hallucination) or upon awakening (hypnopompic hallucination).
- ▶ ■ *Illusions*: Inaccurate perception of existing sensory stimuli (e.g., wall appears as if it's moving).
- ▶ ■ *Derealization/Depersonalization*: The experience of feeling detached from one's surroundings/mental processes.

# COGNITION

## USUALLY MMSE WOULD DO

- **Consciousness:** Patient's level of awareness; possible range includes:  
alert—drowsy—lethargic—stuporous—comatose.
- **Orientation:** To person, place, and time.
- **Calculation:** Ability to add/subtract.
- **Memory:**
  - Immediate (registration)—dependent on attention/concentration and can be tested by asking a patient to repeat several digits or words.
  - Recent (short-term memory)—events within the past few minutes, hours, or days.
  - Remote memory (long-term memory).
- **Fund of knowledge:** Level of knowledge in the context of the patient's culture and education (e.g., Who is the King? Who was the Prophet? What countries are next to ours? ).
- **Attention/Concentration:** Ability to subtract serial 7s from 100 or to count the days of the week backwards.
- **Reading/Writing:** Simple sentences (must make sure the patient is literate first).
- **Abstract concepts:** Ability to explain similarities between objects and understand the meaning of simple proverbs.

# MINI MENTAL STATE EXAMINATION (MMSE)

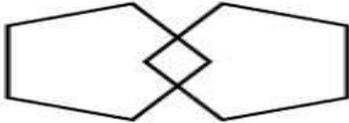
Name:

DOB:

Hospital Number:

One point for each answer

DATE:

<b>ORIENTATION</b> Year    Season    Month    Date    Time Country    Province    City    Barangay    Street	...../ 5	...../ 5	...../ 5
<b>REGISTRATION</b> Examiner names three objects (e.g. apple, table, penny) and asks the patient to repeat (1 point for each correct. THEN the patient learns the 3 names repeating until correct).	...../ 3	...../ 3	...../ 3
<b>ATTENTION AND CALCULATION</b> Subtract 7 from 100, then repeat from result. Continue five times: 100, 93, 86, 79, 65. (Alternative: spell "WORLD" backwards: DLROW).	...../ 5	...../ 5	...../ 5
<b>RECALL</b> Ask for the names of the three objects learned earlier.	...../ 3	...../ 3	...../ 3
<b>LANGUAGE</b> Name two objects (e.g. pen, watch).  Repeat "No ifs, ands, or buts".  Give a three-stage command. Score 1 for each stage. (e.g. "Place index finger of right hand on your nose and then on your left ear").  Ask the patient to read and obey a written command on a piece of paper. The written instruction is: "Close your eyes".  Ask the patient to write a sentence. Score 1 if it is sensible and has a subject and a verb.	...../ 2  ...../ 1  ...../ 3  ...../ 1  ...../ 1	...../ 2  ...../ 1  ...../ 3  ...../ 1  ...../ 1	...../ 2  ...../ 1  ...../ 3  ...../ 1  ...../ 1
<b>COPYING:</b> Ask the patient to copy a pair of intersecting pentagons  	...../ 1	...../ 1	...../ 1
<b>TOTAL:</b>	...../ 30	...../ 30	...../ 30

**MMSE scoring**

24-30: no cognitive impairment

18-23: mild cognitive impairment

0-17: severe cognitive impairment

# COGNITION

## MMSE (Mini mental State examination)

1. Orientation to time (day, date, month, season, year) = 5 points
2. Orientation to place (floor, building, town, city, country) = 5 points
3. Registration (apple, penny, table) = 3 points
4. Attention & concentration (serial 7's test, WORLD backwards) = 5 points
5. Delay recall (apple, penny, table) = 3 points
6. Naming (pen, watch) = 2 points
7. Expressive language = 1 point
8. Reading & comprehension ( Close your eyes ) = 1 point
9. Write a sentence = 1 point
10. Copy intersecting pentagons = 1 point
11. Three stage command (take this paper in your left hand, fold it in half & put it on the floor) = 3 points

24-30 Within normal limits

18-23 Mild ~ Moderate cognitive impairment

0-17 Severe cognitive impairment

# INSIGHT AND JUDGEMENT

- ***Assessing insight in psychiatric patients involves evaluating their awareness of their mental illness, ability to recognize symptoms as abnormal, and willingness to seek treatment.***
- Do you consider that you are ill in any way? Why have you come into hospital?
- Do you have a physical or a mental illness?
- If you have a mental illness, what is it?
- ***Correct labelling of abnormality:***
- You described several symptoms.....namely....
- What is your explanation of these experiences?

- **Willingness to take treatment:**
- How do you feel about being in hospital.....? Coming to the clinic....? How do you feel about taking medication? Has the medication been helpful? Have any other treatments been helpful? Do you think that medication helps you to remain well?
- **Then the patient is --- → *insitful , partial insight , lack of insight***

# Remember to always do a PHYSICAL EXAMINATION

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- ▶ General observations: Vital signs: HR, BP, RR, Temp: Autonomic arousal, tremor, sweating etc.
- ▶ Important features: scars, tattoos, signs of liver disease, signs of thyroid or Cushing's disease, etc., Specific CVS, RS, GI, and CNS examination findings and important negative findings

Any Qs ?

Good luck ,... ^\_^