

Introduction by Dr.Na'em

Mental illness is divided into psychotic OR neurotic disorder .

A- Psychosis (الذهان) –loss contact with reality-

Contain delusion and hallucination, have worse prognosis than neurosis, lack of insight – not recognize that they're unwell -, non responsible by the law during relapse phase and non complement in medication.

- Types

- 1- Brief psychotic disorder <1 month
- 2- Schizophreniform 1-6 months
- 3- Schizophrenia >6 months
- 4- Bipolar affective disorder
- 5- Depressive disorder with psychotic features
- 6- Delusional disorder
- 7- Shared disorder
- 8- Organic psychosis

B- Neurosis (العصاب)

None contain delusion and hallucination, better prognosis and insight his state.

- Types

- 1- Acute neurotic disorder
- 2- Depressive disorder
- 3- Anxiety
- 4- Phobia
- 5- Post traumatic stress disorder
- 6- Obsessive compulsive (feel the need to check thing repeatedly)
- 7- Organic neurosis

History & examination :

- history:

1- Patient profile

(name , age , sex, level of education , Job , address ..)

2- Source & reason for transferring

(مع مين اجى و ايش ... مثل :1- حضر برفقة رجال امن الدولة بسبب حيازته للمخدرات 2- حضر برفقة والده و السبب انه يشكل خطورة على نفسه و على الآخرين)

3- Chief complaint – by patient words

4- History of presenting illness – by your words^Q

a- Duration

b- Full descriptive for the current Signs & Symptoms of disorder

(Ex : don't say the pt has insomnia >> but you must mention the type of insomnia)

- ** Initial insomnia most commonly seen in anxiety disorders
- ** Early morning awaking (terminal insomnia) insomnia most commonly seen in depression

- c- Compliance of medications
(90-93% of psychotic pts have lack of insight i.e : not recognize that they're unwell)
** The most common cause of relapse is in compliance of medications
- d- Associated symptoms
(sleep , appetite , body weight , suicide & homicide { some prefer to ask about suicide & homicide in thoughts disorders } ..)
- e- Precipitating Factors
(it is the factors that lead up to the current situation .
Ex : قلق ، زواج البنت الصغيرة قبل الكبيرة ، نتائج امتحان التوجيهي ...)
- f- If he showed to another doctor
(بنسأل اذا راجع طبيب بالفترة الاخيرة و اذا اخذ علاجات او لا)
(most important to prevent overdosing of drugs)

-Family Hx

1. Father & Mother : -if there any neurological , surgical , internal medicine or psychiatric disorder
2. Brothers & Sisters : their number (without names) , his/her order between them , if there any psychiatric disorders

* الدكتور حكى ما في داعي نسأل عن باقي الاقارب

* لكن دز وسيم حكى انه مهم نسأل عن :

Psychiatric hx in the family including : epilepsy & mental retardation hx .

-Personal Hx : (it needs another informal or collateral source to give information)

1. Forensic Hx (السجل القضائي للمريض)

2. Premorbid personality :

1) Personality & character

** personality disorders age of onset is 18 and more (not before 18)

(بنسأل شو الصفات اللي كانت سائدة عليه ؟ كيف الناس بوصفوه ؟)

** personality has a dimension , now if the characters of the person are in the average of the dimension then he is normal If there is an extreme in his characters on the dimension then he has abnormality in his personality

Ex : شخص موسوس .. بحب يكون شغله مرتب .. ضميره حي جدا :

Increased Super ego , over conscious

This is obsessive personality disorder

. Another one who is very suspicious , guarded , never forgive ..

This is Paranoid personality disorder

2) Mood & Affect

3) Abnormal Movements or tics

Tics : abnormal irregular repetitive movements that mainly affect the face

4) Social relationships (social person or not , in relationship or not ...)

5) His/ Her interest(Hobe) in life

6) Anxiety trait & religious

-Past psychiatric Hx : ask about :

1)First episode onset

2) if there was hospital admissions after first episode & How many

(only say many or few)

** this help for assessment of prognosis

** few admissions have good prognosis

** Early age of onset have poor prognosis

** Male gender have poor prognosis than female gender (bcz age of onset for male is earlier)

Q : all of the following are good prognostic factors for a patient with schizophrenia except one

: A) elderly age of onset

B) Good premorbid personality

C) good family support

D) good compliance of medications

E) Many hospital admissions

Answer : E

3) Signs & symptoms seen in the first episode

4) Treatment took at first episode

5) Diagnosis at the first episode

Mental state examination: الموضوع الاله

1- Appearance, behavioral & attitude:

A -PhysicalAppearance :

1. clothing if suitable for his/her sex OR age OR season,
2. hygiene,
3. Grooming
4. posture

** very hard posture for a long time mean mental illness (posture of psychiatric pt)

B -Behavioral :

1. ticks : abnormal, involuntary, irregular , repetitive movement specially facial area
2. **Stereotype**: not goal directed /either verbal OR motor
3. Mannerism: goal directed /either verbal OR motor

(تكرار كلمة " شايفين " خلال الكلام او الشرح و لما نسأل بحكي كلمة على لسانه ما لها اي معنى

This is Verbal Stereotype

تكرار هز الرجلين و لما نسأل بحكي حركة متعود عليها

This is motor stereotype

لو جاوب على " شايفين " بأنه لحتى يركز و يتأكد انه الكل فاهم

This is verbal mannerism

و لو جاوب على هز الرجلين انه لحتى يتدفي

This is motor mannerism)

4. Eye to eye contact: poor in depressive patient

C -Attitude: cooperative OR not

Describe the pt if he is guarded , suspicious , aggressive , hostile , irritable

OR calm ..

2- Speech:

1. Rate:

slow – average – rapid

** Rapid speech seen in bipolar affected disorder (manic episode)

** Slow speech seen in depression

2Q(there is something called “ pressure speech” seen in bipolar Affected disorder (manic episode)

****pressure speech is fast , rapid , continuous , uninterrupted speech**

(لو بتحكيه خذ 5 ليرات واسكت بقلك هاي 20 بس خليني اسولف)

2. Volume:

high pitched– average – low pitched

3. Articulation :

well OR abnormal

(acaculia, **dysarthria most common as side effect for medication ,
stammering and stuttering , **slurred speech**)

4. Tone :

monotonic – normal – high

** bipolar affected disorder (manic episode) >>>> high tone

** Depression >>> monotonous speech

3- Mode and affect :

mode: subjective (patient tell u what he feel)

affect: objective (what u see)

• Affect described by(**disorders of dimensions of affect**) :

1 - quality of affect :

~ **Flat:**(**الاصعب**)

-without any emotional response **Q**

-most common seen in negative symptom of chronic schizophrenia**Q**

~ **Blunted:**

-withsuperficial emotional response

~ **restricted:**

-very limited

~ **depressed**

~ **elevated**

~**Full:** average

~ **Intense:** more than normal

(آخر نقطتين لم يذكرهم الدكتور)

2 – Motility of affect :

Labile (swinging) OR not

** labile motility disorder most commonly seen in bipolar affected disorder

3 - Appropriate OR not (congruent or incongruent):

(المزاج يتلائم مع طبيعة المحادثة) more in neurosis

4. Thought :

Disorder either in form (process) OR in content

- Disorders in form:
 - a- Loosening of association :
 - . without any connection between ideas
 - . most commonly seen in schizophrenia
 - b- Flight of ideas:
 - . with some connection
 - . most commonly seen in mania
 - c- Neologism:
 - . made up a new words
 - d- Circumstantiality :
 - . reach the point after circuitous path
 - e- Tangentiality:
 - . never reach point
 - f- Perseveration :
 - . repetition (verbal/ motor)
 - . بضل يعيد نفس جملة معينة بنهاية كل كلا بحكيه (بعلق) .
 - e- Word salad :
 - . كلامه مثل السلطة .
 - . incoherence connection of the words
 - g- Clang association
 - . برکز على قافية الكلام .
 - . Ex: my head (.....) red (.....) bed (.....) dead Etc
 - . most commonly seen in bipolar affected disorder

(بالامتحان)

If there in no Positive findings >>>> say " there is no formal thought disorders ")

- Disorders in content:
 - 1- Obsessive compulsive disorder
 - 2- Anxiety & phobia

- 3- Suicide & homicide
- 4- Delusion (الاهم):
 - . fixed (unshakable)
 - . false (abnormal) belief
 - . not acceptable by his culture
 - . can't be changed by reasoning
 - . morbidorigin

***TYPES OF DILUSIONS

Either:

1- Primary Delusions :

1. sudden delusional ideas
 - . المريض بكون طبيعي و فجأة بتخطر على باله فكرة و بصدقها .
 - . مثل مريض خطر بباله انه اليمين ممكن تهزم امريكا او انه البحر الميت موجود بالزرقاء
2. delusional perception
 - . thept make abnormal significant meaning for true perception
 - . مثلا مريض شاف سيارة شرطة بالشارع هاد يعتبر.
 - True perception
 - لكن لما يفكر انه السيارة بتلحقه هو .. بكون عمل
 - Abnormal significant meaning for this true perception
3. delusional mood
 - . المريض بحس انه في شيء غريب بصير حواليه لكن لما تسأله انه يثبت ذلك ... ما بقدر .
4. delusional memory
 - . طول و المريض منيح ما بظهر عليه اي اعراض .. لكن مجرد ما يمرض ببلىش تظهر .
 - عنده الاعراض و الافكار الغريبة

2- Secondary Delusions :

to another (general medical conditions , hallucinations , substance use disorder ...):

1. Paranoid (persecution):
 - . بشعر المريض انو مضطهد من المجتمع او مراقب من شخص اخر .
2. Erotomania:
 - .patient believes that another –famous- person in love with him.
 - .More common in female .
3. Grandiose : (جنون العظمة)

4. Delusion of reference: يفكر دايمًا أي حكي انو هو المقصود
 5. Delusions of Guilty: بحس حاله مذنب/ مصائب العالم من تحت راسه
 6. Delusion of control: في قوى بتسيطر عليه
 7. Infidelity (jealousy): الغيرة/ المسؤولية
- .more common in male

متلازمة عطيل في مسرحية شكسبير Othello syndrome .

3- Disorders of the position of thoughts

1. Thought insertion: في ناس بتحكيله شو بعمل
2. Thought withdrawal: بحس ناس بتسرق افكاره
3. Thought broadcasting: (الناس بتعرف افكاره بدون ما يحكيها) افكاره مذاعة للجميع

5. perception:

- a- Hallucination : receive perception without external stimuli.
Visual, auditory, olfactory, gustatory or tactile
** auditory : - 2ed person : usually command (بسمع حدا يحكيه شو يعمل)
-3ed person : most common in schizophrenia (بسمع شخصين بحكو عنو
بضمير الغائب)
-running commentary: بسمع ناس بعلقو على تصرفاته
Q :-most common auditory hallucination seen in? functional
hallucination(schizophrenia)
Most common visual hallucination due to organic cause (tumor)
Most common olfactory/ gustatory due to temporal epilepsy
Most common tactile due to substance related disorder (alcohol)
- b- Illusion :existing external stimuli but misinterpretation (يفكر السلك حية)
- c- Depersonalization : patient appear unreal
- d- Derealization : thing appear unreal (كل يوم بباركلك بالسيارة)

6. Conitive function:

- 2 Attention: ability to focus
 - 3 Concentration: maintain to attention
- بحكيكم قصة الكل منتبه الي هذا انتيشن يرجع بسألكم بكرة عن القصة الي بجاوب هذا اسمه كونستريشن
To examine it we use "serial 7's"
احكيه 100 نقص من 7 خمس مرات او امشي بايام الاسبوع بالعكس

7. orientation: to the time place and persons

8. Memory:

- 4 immediate : up to 5 minutes

احكيه 3 شغلات ما الهم علاقة ببعض وارجع اسألو عنهم

5 Recent :12-24 hours

اسألو عن جو مبارح

6 Remote

9.Judgment: احكيه عن حادثة واسألو عن رأيو:

10.abstract: اخذ الامور بحرفية:

اسألو عن وجه الشبه والاختلاف بين الاشياء وعن تفسير الامثال

11. insght: وعيه ومعرفته بحالته المرضية: