

Patient profile is impt , you ask the regular questions , name , age , marital status , residency , job , etc

Chief complaint (in patient own words)

Duration is in HOPI

سؤال امتحان **How to asses HOPI for a certain patient ?**

*Duration Full description (like if the patient has insomnia what type of insomnia?)

Note: Initial insomnia (common delayed awakening from sleep) mot commonly seen in anxiety disorder

early morning insomnia in depression

* Drugs , whether he is compliant or not , lack of insight

Note : the most common cause of relapse is Not compliance to drugs

*Associated symptoms like appetite , weight loss or gain , eating habits , suicide which is self-harm leading to kill oneself , homicide which is to kill others

*Precipitating factors like anxiety , Tawjihi , early marriage

Family History : parents you ask about surgical , IM , neuro , psychiatric
sibling just the number , the patient arrangement , if one is ill mention him

Personal history

Forensic History : has he been in jail for example

Pre-morbid personality : Personality / character

there is something called a line of characters , the more the deviation the more the abnormality in the personality is most of personalities are shaped before to age of 18

Mood

abnormal movement , tics

social relationship

interest

anxiety and religious traits

Past Psychiatric history: first episode , S&S , medication , diagnosis

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N. of admissions to hospital to assess prognosis

Note : Good prognostic factors are : elderly
family support
compliant
N. of admissions is low
Good pre-morbid
Female

MENTAL STATE EXAMINATION

Appearance and behavior

1 physical : Hygiene

Posture : they keep very hard posture for long duration

Grooming

Clothes

2 Behavioral: tics

stereotype : not goal directed (not aimed)

it is either verbal : like keep say see? See?

motor : like moving legs

mannerism : goal directed (aimed)

it is either verbal :like keep saying see? See? But it is justified

motor : shaking legs for getting warm (justified)

Eye to eye contact : avoiding that mostly seen in depression

3- Attitude : Cooperative or not

suspicious , aggressive , hostile , irritable , calm

SPEECH

1 Rate : rapid in bipolar affective disorder (manic episode)

2 Slow : Depression

3 average

4 Pressure : fast , rapid , continuous , uninterruptable , mostly seen in bipolar affective disorder

MOOD & AFFECT

subjective & objectively (your assessment)

Disorder of dimension of affect سؤال امتحان

A quality of affect

Flat : negative symptoms of chronic schizophrenia , without emotional response

Blunted : with superficial emotional response

B motility of affect

lability (swinging) of affect : in bipolar affective disorder

C congrual or not appropriate

Thought : form (process of thought) & content

Form : - loosening of association without connection between ideas

flight of ideas with slight connection but very wide ideas

- circumstantiality (very long way to reach the point mentioning unnecessary details) and tangentiality (speaking topics unrelated to the main point)

- neologism

- preservation : any question is answered the same after initial good

answering

- Word salad

- clang association

Content

- obsession and compulsion

- anxiety and phobia

- suicide and homicide

- delusions : abnormal beliefs , fixed , not accepted from personal culture and can't be change by reasoning , MORBID ORIGIN

Subtypes of delusions :

PRIMARY :

sudden idea

delusional perception (abnormal significant meaning)

delusional mood (there is sth that is happening !!)

delusional memory

SECONDARY : to hallucinations , medical , substance use disorder

Paranoid (persecution)

Grandiose

Reference

Guilty (every thing is your fault)

control (some force controlling him)

jealousy (Othello syndrome)

erotomaniac (in love with stranger , famous person , minister)

POSSESSION OF THOUGHTS

thought insertion

thought withdrawal

broadcast : everybody know what he is thinking