MENTAL STATUS EXAMINATION

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INTRODUCTION

- Mental status examination is done when while taking history arises ay concern for abnormalities of higher cortical function or when cognitive problems are observed during during interview.
- MSE is done under the following headings
  - Appearance and Behaviour
  - Speech
  - Mood
  - Thought content
  - Abnormal believes

- Abnormal experiences
- Cognitive state
- Intelligence
- Insight and rapport
- Specific tests of cerebral function
  - Questionnaires
  - Structured interview schedules

- The FOLSTEIN mini-mental status examination (MMSE)is a standardized screening examination of cognitive function that is extremely easy to administer and takes <10 minutes to complete. The test is 85% specific and sensitive for making the diagnosis of dementia that is moderate or severe , specially in educated patients.

APPEARANCE AND BEHAVIOUR

- Reveals the underlying psychiatric disorder-should note especially dress, personal hygiene and general grooming.
- self neglect-often in depression
- ataxia-suggest organic brain disease, drug effects or
- alcoholism.
- Facial expression is an outward sign of person's mood.
- tearfulness-in depression
- elation-in mania
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tenseness-in anxiety

perplexity-in schizophrenia

- Emotional expression may be abnormally labile, as in mania or organic brain disease.

POSTURE

- The way patient sits in front of interviewer gives a lot of information say like: if the patient is relaxed and is at ease, or sitting tensely and fidgeting. Demented or confused people may wander uncomprehendingly. Excited maniac or schizophrenic may be agitated.
- There may be involuntary movements many of which may also occur in organic neurological disease:

dystonia-in treatment with older major antipsychotic drugs.

Choreiform movements-in huntington's chorea.

retarded or slow voluntary movements in depression.

BEHAVIOUR

- Suspicious attitude in case of underlying personality disorder or paranoid illness.
- Patient apparently preoccupied with internal thoughts should suggest auditory hallucinations.
- Fear without any obvious cause, or attempts to touch, or shoo away any non-excisting objects, is often due to visual hallucinations.
- Patient may get violent, seductive, manipulative if their wishes are not met.

SPEECH AND CONTENT

- We should observe the tone, rate, volume of the speech and if it's coherent and relevant to the questions asked to the patient.
- If the patient appears mute, should assess if it is deliberate, hysterical,or part of depressive or catatonic stupor .

MOOD

- Mood has both subjective and objective component.
- Abnormal mood most commonly includes depression and anxiety, but also elation, irritability, anger and perplexity.

THOUGHT CONTENT

- It refers to the ability to maintain a coherent, directed train of thoughts.
- In schizophrena, thoughts may be joined to one another with no apparent link, and in hypomania and mania, as noted above, thoughts may flow very rapidly from one to the next based on a variety of links, for instance the sound of words (‘who are you, I’m one hundred and two, how are you?’).

THOUGHT CONTENT

- To use an open question about the patient's main concerns, and then ask if they are preoccupied by any thoughts.
- In severe depression, there may be preoccupation by thoughts of suicide.
- In obsessive compulsive disorder obsessional thoughts predominate.
- The patient recognises these thoughts as their own, realizes they are foolish and try to resist, but is unable to do so.

ABNORMAL BELIEFS

These range from delusions, in which patient has false beliefs which are out of keeping with their social mileeu, to overvalued ideas, in which patient has false beliefs which, although of major concern to him or her, arenot completely unshakeable. These beliefs include misinterpretations, in which the patient concocts false explanations for various normal events which may or may not be delusional in extent.

ABNORMAL EXPERIENCES OF SELF AND ENVIRONMENT

- ***DÉJÀ VU***

  This may occur in normal people but it's often associated with temporal lobe epilepsy, and is characterized by the patient feeling that they have been in their current situation before.

- ***CAPGRA'S SYNDROME***

  In this syndrome, which occurs most commonly in schizophrenia but may also occur in dementia, the patient asserts that people are not who they claim to be, but are their double.

- *DEPERSONALISATION*

  This is often a manifestation of heightened anxiety levels. The patient does not feel his or her normal self, and may describe this unpleasant experience as if floating above their own body looking down on it. The patient may also complain of loosing the capacity to feel an emotional level. This may be one of the most marked symptoms in depressed patients.

- *DEREALIZATION*

This often accompanies depersonalization. Patients say that their surroundings feel unreal, or grey or colorless.

ASSESSMENT OF COGNITIVE STATE

- Its required in elderly people, or when organic disease is suspected.
- Semi-quantitative tests of cognitive function are often used , for example the Mental Status Questionnaire(MSQ) and the Mini-mental State Examination(MMSE).
- The MSQ consists of 10 simple questions that relate to alertness, orientation for time and space, and recent and long-term memory.

- Questions like

1. What is the name of this place?
2. What is the address of this place?
3. What is the date ?
4. What month is it?
5. What year is it?
6. How old are you?
7. When is your birthday ?
8. What year were you born ?
9. Who is the prime minister?

10. Who was the previous prime minister?

- Normal subjects achieve 8 or 9 correct answers, score less than 8 simply imply some degree of mental confusion. Patients with severe confusion score less than 3.

THE MINI-MENTAL STATUS EXAMINATION

1. **ORIENTATION**

Name: season/date/day/month/year **5 points (1 for each)**

Name: hospital/floor/town/state/country **5 points (1 for each)**

2. **REGISTRATION**

Identify three objects by name and ask the patient to repeat

3 points (1 for each object)

3. **ATTENTION AND CALCULATION**

Serial 7s; subtract from 100(e.g., 93-86-79-72-65)

5 points

(1 for each subtraction)

4. **RECALL**

Recall three objects presented earlier **3 points**

(1 for each object)

5. LANGUAGE

Name pencil and watch **2(1 for each object)**

Repeat “No ifs,ands, or buts” **1(1 for each object)**

Follow a 3-step command (e.g., “take this paper , fold it in half, and place it on the table”)

3(1 for each command)

Write “close your eyes”and ask patient to obey written command **1(1 for each)**

Ask patient to write a sentence **1(1 for each)**

Ask patient to copy a design(e.g., intersecting pentagons) **1(1 for each)**

TOTAL **30**