Mental Status Exam

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What it is it?

- The Mental Status Exam (MSE) is the psychological equivalent of a physical exam that describes the mental state and behaviors of the person being seen. It includes both objective observations of the clinician and subjective descriptions given by the patient.

Why do we do them?

- The MSE provides information for diagnosis and assessment of disorder and response to treatment.
- A Mental Status Exam provides a snap shot at a point in time
- If another provider sees your patient it allows them to determine if the patients status has changed without previously seeing the patient

- To properly assess the MSE information about the patients history is needed including education, cultural and social factors
- It is important to ascertain what is normal for the patient. For example some people always speak fast!

Components of the Mental Status Exam

- Appearance
- Behavior
- Speech
- Mood
- Affect
- Thought process
- Thought content
- Cognition
- Insight/Judgment

Appearance: What do you see?

- Build, posture, dress, grooming, prominent physical abnormalities
- Level of alertness: Somnolent, alert
- Emotional facial expression
- Attitude toward the examiner: Cooperative, uncooperative

Behavior

- Eye contact: ex. poor, good, piercing
- Psychomotor activity: ex. retardation or agitation i.e.. hand wringing
- Movements: tremor, abnormal movements i.e.. sterotypies, gait

Speech

- Rate: increased/pressured, decreased/monosyllabic, latency
- Rhythm: articulation, prosody, dysarthria, monotone, slurred
- Volume: loud, soft, mute
- Content: fluent, loquacious, paucity, impoverished

Mood

- The prevalent emotional state the patient tells you they feel
- Often placed in quotes since it is what the patient tells you
- Examples “Fantastic, elated, depressed, anxious, sad, angry, irritable, good”

Affect

- The emotional state we observe
  - Type: euthymic (normal mood), dysphoric (depressed, irritable, angry), euphoric (elevated, elated) anxious
  - Range: full (normal) vs. restricted, blunted or flat, labile
  - Congruency: does it match the mood- (mood congruent vs. mood incongruent)
  - Stability: stable vs. labile

Thought Process

- Describes the rate of thoughts, how they flow and are connected.
- Normal: tight, logical and linear, coherent and goal directed
- Abnormal: associations are not clear, organized, coherent. Examples include circumstantial, tangential, loose, flight of ideas, word salad, clanging, thought blocking.

Thought Process: examples

- Circumstantial: provide unnecessary detail but eventually get to the point
- Tangential: Move from thought to thought that relate in some way but never get to the point
- Loose: Illogical shifting between unrelated topics

- Flight of ideas: Quickly moving from one idea to another- see with mania
- Thought blocking: thoughts are interrupted
- Perseveration: Repetition of words, phrases or ideas
- Word Salad: Randomly spoken words

Thought Content

- Refers to the themes that occupy the patients thoughts and perceptual disturbances
- Examples include preoccupations, illusions, ideas of reference, hallucinations, derealization, depersonalization, delusions

Thought Content: examples

- Preoccupations: Suicidal or homicidal ideation (SI or HI), perseverations, obsessions or compulsions
- Illusions: Misinterpretations of environment
- Ideas of Reference (IOR): Misinterpretation of incidents and events in the outside world having direct personal reference to the patient

- Hallucinations: False sensory perceptions. Can be auditory (AH), visual (VH), tactile or olfactory
- Derealization: Feelings the outer environment feels unreal
- Depersonalization: Sensation of unreality concerning oneself or parts of oneself

- Delusions: Fixed, false beliefs firmly held in spite of contradictory evidence
  - Control: outside forces are controlling actions
  - Erotomanic: a person, usually of higher status, is in love with the patient
  - Grandiose: inflated sense of self-worth, power or wealth
  - Somatic: patient has a physical defect
  - Reference: unrelated events apply to them
  - Persecutory: others are trying to cause harm

Cognition

- Level of consciousness
- Attention and concentration: the ability to focus, sustain and appropriately shift mental attention
- Memory: immediate, short and long term
- Abstraction: proverb interpretation

Folstein Mini-Mental State Exam

- 30 item screening tool
- Useful for documenting serial cognitive changes an cognitive impairment
- Document not only the total score but what items were missed on the MMSE

Insight/Judgment

- Insight: awareness of one's own illness and/or situation
- Judgment: the ability to anticipate the consequences of one's behavior and make decisions to safeguard your well being and that of others

Sample initial MSE of a patient with depression and psychotic features

- Appearance: Disheveled, somnolent, slouched down in chair, uncooperative
- Behavior: psychomotor retarded, poor eye contact
- Speech: moderate latency, soft, slow with paucity of content
- Mood: "really down"
- Affect: blunted, mood congruent

MSE continued

- Thought Process: linear and goal directed with paucity of content
- Thought Content: +SI, +AH, +paranoia, -VH, -IOR, -HI
- Cognition: Alert, focused, MMSE:24- missed recall of 2 objects, 2 orientation questions, 2 on serial sevens

- Insight: fair
- Judgment: poor

Summary

- By the end of a standard psychiatric interview most of the information for the MSE has been gathered.
- The MSE provides information for diagnosis and assessment of disorder and response to treatment over time.
- Remember to include both what your hear and what you see!