

PSYCHOPATHOLOGY

Assessed with Mental Status Examination
(MSE)

Components / Parameters

- ① General Appearance & Behaviour
- ② Psychomotor Activity
- ③ Speech
- ④ Mood
- ⑤ Thought
- ⑥ Perception
- ⑦ Cognitive Functions
 - Attention
 - Concentration
 - Orientation
 - Memory
 - Abstract Thinking
- ⑧ Judgement
- ⑨ Insight

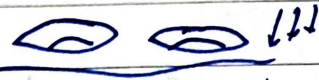
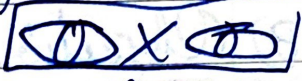
① General Appearance & Behaviour

- Well or Ill-Kept
 - ↳ psychotic / severe
- Appears paranoid / suspicious
- Build

↳ Asthenic (Thin & Tall) → Schizophrenia & Depression
 ↳ Dephatic (Obese) → BPD & Mood

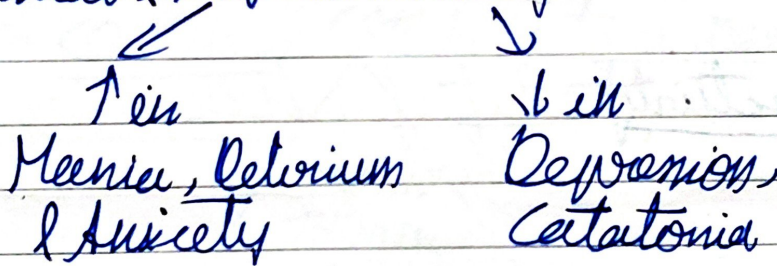
- Aggressive / Violent
- Items brought in by the patient
- Establishment of rapport
 - ↳ difficult in guarded patients (paranoid / suspicious)

ETGC (Eye to Eye Contact)

- Downcast eyes: Depression 
- Avoidance: Social Anxiety 
- Poor ETGC: Autism Spectrum Disorders

② PMA

Mental & Physical Activity



③ Speech

Assessment of:

- Rate
- Tone
- Volume
- Relevance
- Amount
- Coherence

Disinhibited fast speech: Mania

Monotonous, low volume speech: Depression

④ MOOD

① Euthymia : Normal Mood

A) Subjective Mood

↳ How patient feels

B) Objective Mood

↳ Physician's perception of patient's mood

~~MOOD~~

② Reactivity

→ if it changes or not appropriately

③ Range

↳ Flattening / Blunting : Schizophrenia

↳ Restricted : Depression

④ AFFECT

① Appropriate : Thought & Mood are ~~connected~~ congruent

Inappropriate : Thought & Mood incongruent

↳ ex: Schizophrenia / Bipolar

Thought Form Disorders

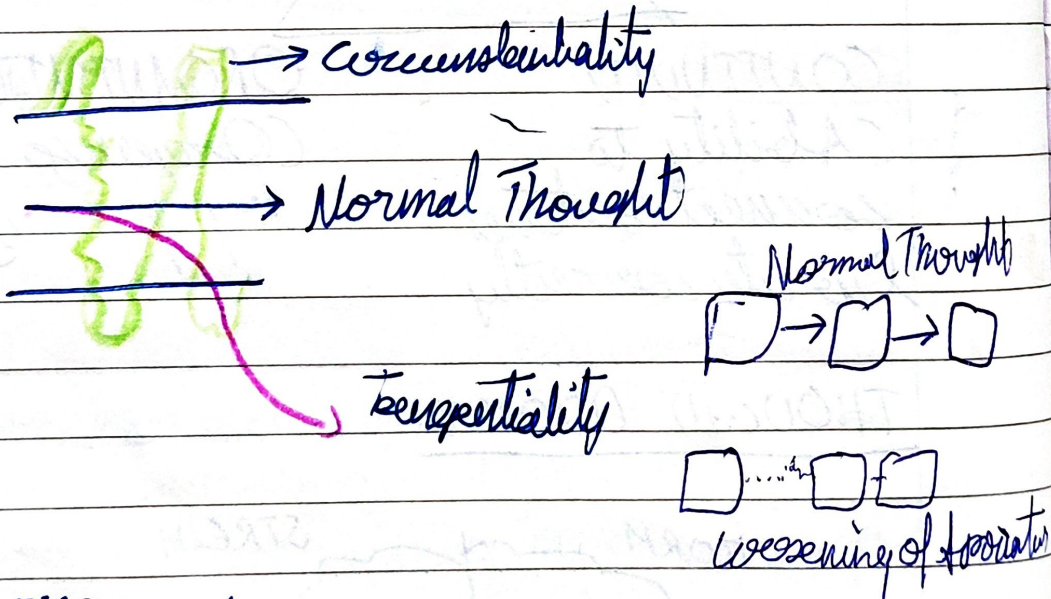
AKA

Formal Thought Disorder / Disorganised Thinking / Loss of Association / Loosening of Association

C/E

- ① EXTREME FORM → Word Salad / VERBIGERATION
- ② NEOLOGISMS → ~~new words~~ coining of new word
- ③ DERAILMENT / TANGENTIALITY → slow deviation from topic at hand
[MCQ]
- ④ CIRCUMSTANTIALITY: Addition of unnecessary details (beat around the bush)

→ Seen in SCHIZOPHRENIA



PATHOLOGY

~~Disruption~~ Dysynchrony between Prefrontal & Frontal Cortex.

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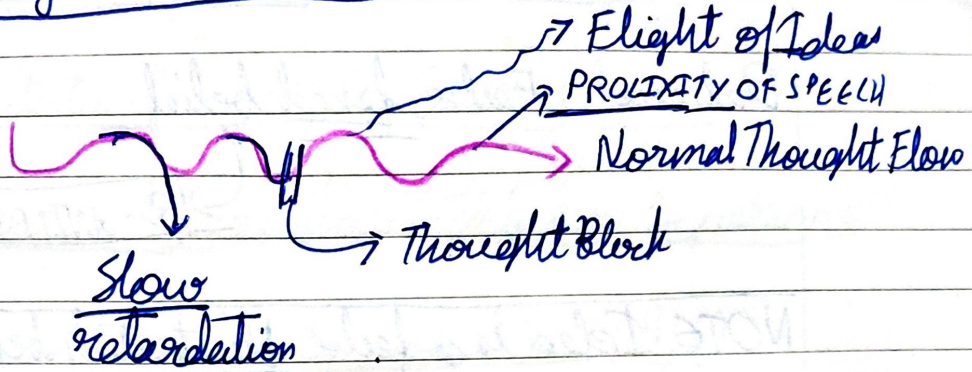
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Thought Stream Disorder



NOTE: Circumstantiality may be classified as either a Thought Stream disorder or a thought flow disorder
TANGENTIALITY too

DISORDER of FLOW/CONTINUITY OF THOUGHT

- C/F
- ① Slow / Retardation of Streams: Depression
 - ② Thought Block: Schizophrenia, Extreme Anxiety
 - ③ Pressurised Speech
Flight of Ideas
Loose association (jumping from subject to subject) } Mania
 ex: day, way, may, say
 - ④ PROLIXITY OF SPEECH / Ordered } HYPOMANIA
Flight of Ideas
 ↓
 lively embellishment of speech

3. THOUGHT CONTENT DISORDER

Delusion: False, fixed belief

↳ [RX: ANTI PSYCHOTICS]

NOTE: Idea is a false, fluctuating belief

10. IMPORTANT DELUSIONS

1. Othello Syndrome

Delusion of Infidelity / Delusional Jealousy
Seen in Chronic Alcoholics

2. Macman Syndrome / Cocaine Bugs / Cocaine Infections / Formication

Seen in Cocaine Addicts

Delusion of Persecution + Tactile
Hallucination (insects crawling
under skin).

3. Delusion of Love / De Clarambault Syndrome / Erotomania

Belief that someone prominent
is in love with them

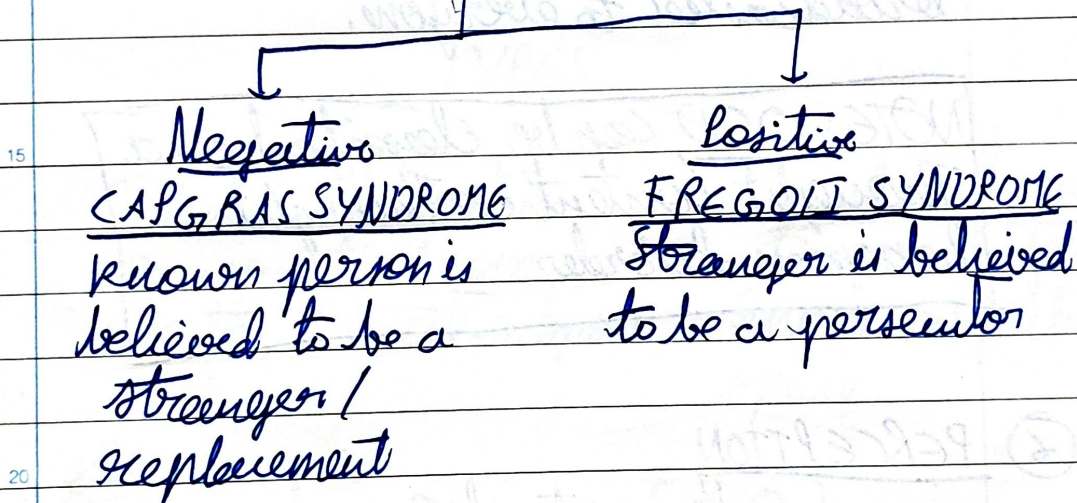
4. Cotard Syndrome

Militistic delusions in Severe Depression

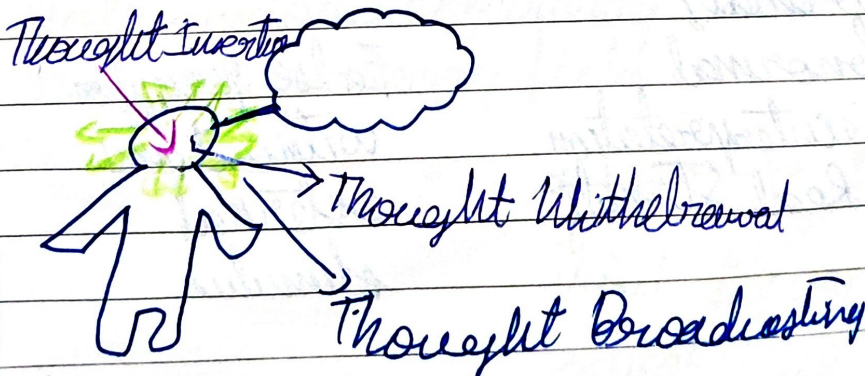
5. Delusional Parasitosis / Ekborne Syndrome

- : type of Restless leg Syndrome (RLS)
- : Belief that parasite is present in body → Brought by patient in a box (The box is empty): Matchbox Sign

6. Delusion of Misidentification



7. THOUGHT POSSESSION DISORDER
Loss of ego boundary (Schizophrenia)

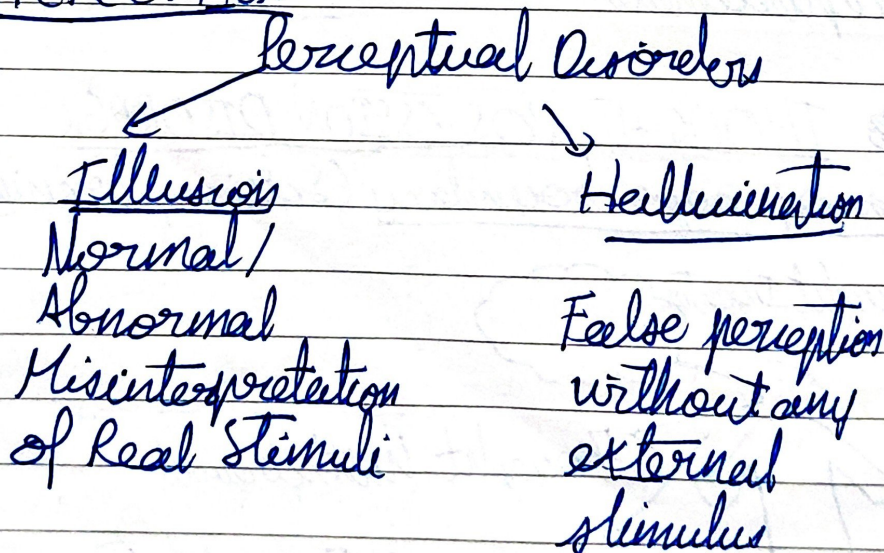


LOSS OF EGO BOUNDARY

- ① Thought Insertion
Belief that their thoughts are being inserted by others
- ② Thought Withdrawal
Belief that their thoughts are being taken away by others
- ③ Thought Broadcast
Belief that their thoughts are being broadcasted to everyone.

NOTE: OCD can be classified as a Thought Content or Thought formation disorder

④ PERCEPTION



HALLUCINATIONS

False perceptions with/without stimulus

~~Perceptions without stimulus~~

① Auditory hallucination → SCHIZOPHRENIA

② Visual hallucinations

↳ Neurocognitive disorders



Especially Levy Body Dementia

③ Tactile Hallucination: Cocaine Bumps

④ Olfactory Hallucination: Temporal lobe Epilepsy

TYPES

True Hallucination

Originates from

Outer Objective Space

Pseudohallucination

Originates from

Inner subjective space

20

SPE

SPECIAL HALLUCINATIONS (MCQs)

① EXTRACAMPINE HALLUCINATION

Hallucinatory experience from beyond the ~~field~~ sensory field

25



Visual Auditory
SENSORY FIELD

Hallucinations that originate from a stimulus

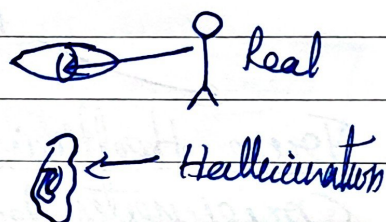
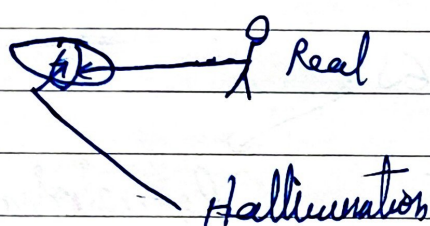
2. FUNCTIONAL HALLUCINATION

Stimulus & Hallucination are of same modality
eg: another voice heard when someone speaks

3. REFLEX HALLUCINATION

Stimulus & Hallucination are of different modality
↳ SYNESTHESIS
↳ (MCR)

eg: voice heard on turning light



⑦ HIGHER MENTAL FUNCTIONS

A) ATTENTION / CONCENTRATION / ORIENTATION

Attention → Brief

CONCENTRATION → Sustained Attention

Assessment: Serial Subtraction Test
(100-7)

⑧ Orientation → Time
Place | Order | Order
Person ↓ of Ion ↑ of sequencing

⑨ Memory

① Immediate Memory

Digit repetition → Forward
↳ Backward

Months forward/backward

② Recent Memory

24 hr recall test

③ Remote Memory → recall of past events

⑩ Abstract Thinking

Impairment → Concrete (literal) Thinking

Seen in schizophrenia

Assessment

-20 Proverbs Test

- Similarities & Dissimilarities test

⑪ JUDGMENT

Area involved : prefrontal lobe

Assessment

① Ask about goals/ actions/ plans

② Response to a test scenario

③ Impaired in psychotic patients

①② INSIGHT/EPIPHANY

↙
Increased
Neurotic patients

↘
Absent
Psychotic Patients

③ Highest level of Insight
↳ EMOTIONAL INSIGHT

10 Patient is aware of having mental illness and it's management



Increased Compliance

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