

MENTAL STATE EXAMINATION



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The mental status examination(MSE)



- MSE is a cross-sectional, systemic documentation of the quality of mental functioning at the time of interview.
- It serves as a baseline for future comparison and to follow the progress of the patient.

Outlines of MSE



- Appearance , Behaviour & Attitude (Cooperativeness)
- Speech
- Mood & Affect
- Thoughts
- Perceptions
- Cognitive functions
 - ✦ Consciousness level
 - ✦ orientation(time, place, person)
 - ✦ attention
 - ✦ concentration
 - ✦ Memory
 - ✦ Language and reading.
 - ✦ Visuospatial ability
 - ✦ Abstract thinking
- Judgment & Insight

MSE



❑ **Appearance:**

include body build, self-care, clothes ,grooming, hair,nails, facial expressions, and any unusual features (e.g. weight loss).

❑ **Behaviour:**

*both the quantitative and qualitative aspects.

*Note level of activity, posture, eye to eye contact and unusual movements (tics, grimacing, tremor, disinhibited behaviour, hallucinatory gestures,...etc)

❑ **Attitude:**

*Note the patient's attitude(verbal& non verbal) during the interview (interested, bored, cooperative, uncooperative, sarcastic, guarded or aggressive).

Impression?!



Impression?!



Impression?!



Impression?!



MSE



❑ **Speech:**

- * Speech can be described in terms of its quantity, rate of production, and quality.
- * Listen to and describe how the patient speaks, noting:
 - Coherence
 - spontaneity
 - Volume, flow & tone
 - continuity
 - speech impairments (stuttering, dysarthria...)

MSE (AFFECT)



ANGER



FEAR



SURPRISE



SADNESS



JOY



DISGUST

*Note any affect abnormalities in:

- ☐ Its nature (e.g. anxiety, depression, elation...),
- ☐ Its variability (constricted affect, labile affect..),
- ☐ Its appropriateness whether the affect is to the thought content.

Mood

- The long term feeling state through which all experience are filtered.
- the emotional background
- Last days to weeks.
- Changes spontaneously, not related to internal or external stimuli.
- Symptom (ask patient)

Affect

- the visible and audible manifestations of the patient's emotional response to external and internal events .
- The emotional foreground
- Momentary , seconds to hours.
- Changes according to internal & external stimuli,
- observed by others (sign)(Current emotional state)

Thought



Forms (process)

the way in which a person puts together ideas and associations.

Examples:

- goal-directed thinking
- Loosening of associations or derailment
- Flight of ideas
- Tangentiality
- Circumstantiality
- Word salad or incoherence
- Neologisms
- Clang associations (rhyming)
- Punning(double meaning)
- Thought blocking
- Vague thought

contents

what a person is actually thinking about.

Examples:

- Delusions
- Preoccupations
- Obsessions and compulsions
- Phobias
- Suicidal or homicidal ideas
- Ideas of reference and influence
- Poverty of content

MSE



Perception:

- perceptual disturbances may be experienced in reference to the self or the environment.
- **Assess :**
 - Which sensory system (e.g. auditory, visual..etc.)
 - Type:
 - *hallucinations, illusions , depersonalization, derealization.
 - *third person hallucinations Vs second person hallucinations).
- The circumstances (timing) of the occurrence of any hallucinatory experience
- Ask the patient about his reaction to hallucinations

MSE



- **Abstract Thinking:**
- It is the ability to deal with concepts and to make appropriate inference.
- It can be tested by :
 - (1) similarities: ask the patient to tell you the similarity between 2 things (e.g. car and train), and the difference between 2 things (e.g. book and notebook),
 - (2) proverbs: ask the patient to interpret one or two proverbs (e.g. people in glass houses should not throw stones) the patient may give a concrete answer (e.g. stones will break the glass).

MMSE

Orientation (score 1 if correct)

- Name this hospital or building.
- What city are you in now?
- What year is it?
- What month is it?
- What is the date today?
- What state are you in?
- What county is this?
- What floor of the building are you on?
- What day of the week is it?
- What season of the year is it?

Registration (Score 1 for each object correctly repeated)

- Name three objects and have the patient repeat them. _____
- Score number repeated by the patient.
- Name the three objects several more times if needed for the patient to repeat correctly (record trials _____).

Attention and calculation

- Subtract 7 from 100 in serial fashion to 65. Maximum score = 5 _____
- Recall (score 1 for each object recalled)
- Do you recall the three objects named before? _____

MMSE

Language tests

- Confrontation naming: watch, pen = 2

- Repetition: "No ifs, ands, or buts" = 1

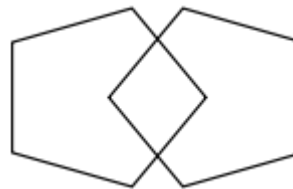
- Comprehension: Pick up the paper in your right hand, fold it in half, and set it on the floor = 3

- Read and perform the command "close your eyes" = 1

- Write any sentence (subject, verb, object) = 1

Construction

- Copy the design below = 1



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- Total MMSE questionnaire score (maximum = 30)

MSE



- **Visuospatial Ability:** (When brain pathology is suspected)
- Ask the patient to copy a figure such as interlocking pentagons.
- **Language and Reading:** (When brain pathology is suspected)
 - nominal aphasia: name two objects (e.g. a pen and a watch).
 - expressive aphasia: repeat after you certain words.
 - receptive aphasia: carry out a verbal command.
 - reading comprehension: read a sentence with written command (e.g. close your eyes).

MSE



- **Judgment:**

- the patient's predicted response and behaviour in imaginary situation.
- From recent history.

- **Insight:**

- the degree of awareness and understanding the patient has that he or she is mentally ill.

levels of insight



- **Complete denial** of illness.
- **Slight awareness** of being sick and needing help but denying it at the same time.
- Awareness of being sick but **blaming it on others**, on external factors, or on organic factors.
- Awareness that illness is **due to something unknown** in the patient.
- **Intellectual insight:** admission that the patient is ill and that symptoms or failures in social adjustment are due to the patient's own particular irrational feelings or disturbances without applying this knowledge to future experiences.
- **True emotional insight:** emotional awareness of the motives and feelings within the patient and the important people in his or her life, which can lead to basic changes in behavior.



- Website :

<http://aitlvideo.uc.edu/aitl/MSE/MSEkm.swf>



Thank you