

HIGH

PSYCHIATRIC SIGNS AND SYMPTOMS

YIELD

Lecture 3

ملاحظة: ** كصفحات طويلة بس مرتب ومن مضبوط **

Sign (l "the doctor" see it) and symptoms (you the patient tell me)

2:50 PM ✓

facial expressions



- Facial expressions reflect the patient's emotional state.
- Emotions like depression, fear, anxiety, and hostility are often clearly visible.
- Facial expressions can sometimes be more truthful than what the patient says.
- A patient may claim to feel fine, but their face might show otherwise.

posture

- *Waxy flexibility*: Limbs stay in whatever position they are placed, even if it's odd or uncomfortable.
- *Catatonia*: Patients may hold unusual postures for long periods, often linked to mental illness.

Mannerisms



- Repeated small habitual movements are not always abnormal.
 - Unusual ways of smoking.
 - Characteristic hand gestures.
- Specific way of raising eyebrows.
- Tics: In anxious individuals, frequent, repeated muscle contractions may occur.
 - Example: Repeated twitching at the mouth corner or around one eye.

GENERAL APPEARANCE.

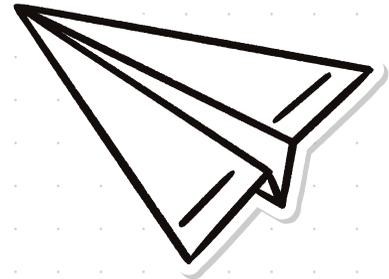
Dress

- Some patients wear clothes that are outdated, eccentric, or have strange color combinations.
- Example: A male patient always wears a 4-inch purple tie (originally a bookmark) and claims it has religious meaning.

Hygiene



- Narcissism: Excessive self-love, common in some immature personalities.
 - Such patients spend a lot of time on personal appearance and body care.
- Other patients may neglect hygiene, showing a decline in cleanliness and self-care.



PERCEPTION



Hallucination

- Hallucination: *false perception without sensory input, **uncontrollable** and feels real.*
- Types: *auditory, visual, olfactory, gustatory, tactile.*
- Auditory: *hearing voices or noises giving commands, threats, accusations, reassurance; seen in major **depression and brain diseases.***
- Visual: *seeing people, objects, lights, patterns, unpleasant animals; common in **schizophrenia and depression.***
- Olfactory & Gustatory: *affect smell and taste, often together.*
- Tactile: *sensations on body or internal organs, often sexual areas; common in **schizophrenia and acute organic reactions.***

Illusion:

- *False perceptions caused by misinterpreting real external stimuli.*
- *Example: An anxious patient hears leaves outside but thinks it's an attack.*

Phobia:

- *Irrational or excessive fear of things, not people.*
- *Patient knows the fear is unreasonable but cannot control it.*

Activity

Activity Patterns:

a. Over activity:

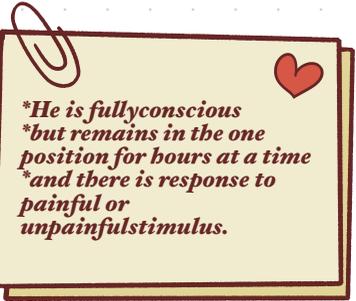
- Increased physical and mental restlessness, ranging from mild inability to relax to frantic hyperactivity.

b. Under activity:

- Retardation: Slowing down of physical movements and bodily functions.
- Stupor: Severe retardation with complete motionlessness; patient is conscious but unresponsive to stimuli.

c. Special patterns of activity:

- Stereotypy: Repetitive, purposeless movements involving head, arms, or walking patterns.
- Negativism: Consistent opposition to commands or requests. بسوي عاكس الي طلبته
- Echopraxia: Automatic imitation of others' movements without awareness. بقدر مركاتي
- Echolalia: Repetition of spoken words or phrases. بقدر كلامي
- Ambivalence: Simultaneous conflicting desires causing hesitation or repeated opposing actions. بسوي الاشي وعكسه بس ما في order خارجي
- Compulsion: Irresistible urge to perform repetitive, often irrational behaviors until tension is relieved. الجزء التنفيذي من الوسواس القهري



Disturbance in Rate of Speech:

• **Normal:** Speech rate usually matches general activity level.

• **Rapid Rate:**

- **Pressure of speech:** Mild increase in speech rate.
- **Flight of ideas:** Severe acceleration with rapid, disorganized thought flow and frequent topic shifting.
- **Clang association:** Linking words by sound rather than meaning.

• **Slow Rate:**

- **Retardation:** Noticeable slowing and effort in speech.
- **Mutism:** Complete absence of speech, may result from psychological or emotional inhibition.

⇒ Other Speech Impairments:

- **Aphonia:** Loss of speech due to vocal cord dysfunction, often psychogenic. *physiology*
- **Aphasia:** Inability to express thoughts due to brain damage affecting language areas. *physiology*
- **Blocking:** Sudden interruption of speech and thought, followed by silence or topic shift.

⇒ Disturbance in Form of Speech:

- **Incoherence:** Speech lacks understandable meaning or structure. *كلام غير مفهوم*
- **Verbigeration:** Persistent repetition of a word or phrase. *تكرار نفس الكلمة*
- **Word salad:** Jumbled, nonsensical mix of disconnected words. *كلمات مصنوفة جنب بعض لا تحمل معنى*
- **Neologisms:** Creation and use of completely new, invented words. *لغة الفصحاء المرضى*
- **Circumstantiality:** Excessive detail and indirectness that delay reaching the point due to poor logical flow. *Unnecessary details*

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Thought Disorders:



Delusion:

False, fixed belief not based on logic or shared by others of similar background; resistant to change even with reasoning.

• Types of Delusion:

- *Delusion of grandeur: Belief in exaggerated importance, power, or identity.*
- *Delusion of persecution: Belief of being targeted, plotted against, or oppressed.*
- *Delusion of guilt: False belief of having committed a terrible sin or crime.*
- *Delusion of hypochondriac: Fixed belief of having a serious bodily illness despite medical reassurance.*
- *Nihilistic delusion: Belief that self, body parts, or the world no longer exist or have been destroyed.*



Idea of reference:

Belief that unrelated events or comments are directed personally at the patient.



Passivity feeling:

Belief that thoughts, feelings, or actions are controlled by an external force.



Obsessions:

Recurrent, intrusive thoughts recognized by the patient as irrational but difficult to resist, often causing distress.



Overvalued idea:

Strong belief held with emotional intensity, but not as fixed or resistant to argument as a delusion.

MOOD DISORDERS:

- Mood: Emotional state lasting for a significant period; normal mood fluctuates appropriately with environmental events.
- Depression: Persistent, intense sadness interfering with daily life, often accompanied by guilt, anger, hopelessness, or helplessness.
- Anhedonia: Loss of interest or pleasure in usual activities; commonly seen in depression.
- Elation: Abnormally elevated mood, not justified by circumstances.
- Euphoria: Mild form of elation with increased sense of well-being and confidence.
- Ecstasy: Intense blissful state, often linked to mystical or religious experience.
- Anxiety: Emotional state with physical symptoms (e.g., tachycardia, sweating); commonly seen in psychiatric conditions.
- Agitation: Anxiety with pronounced restlessness.
- Panic: Severe, overwhelming form of anxiety with personal disorientation.
- Hostility: Sustained mood of anger without clear cause.
- Passive aggression: Indirect expression of hostility, often unnoticed or unconscious.
- Inappropriate (Incongruous) affect: Emotional response that does not match the situation, often seen in schizophrenia.
- Apathy: Flat, unresponsive mood with indifference to self or surroundings; seen in chronic schizophrenia or brain disease.
- Lability: Rapid and extreme emotional shifts, especially in brain-damaged patients.

Disorders of Memory, Insight, and Consciousness:

- *Memory: Involves registration, retention, and recall; affected by emotional state.*
- *Amnesia: Loss of memory, especially of past events.*
- *Hypermnnesia: Excessively detailed recall; rare, seen in mania.*
- *Confabulation: Filling memory gaps with fabricated but believed stories.*
- *Déjà-vu: False feeling of familiarity; may occur in schizophrenia or temporal lobe epilepsy.*
- *Concentration: Ability to focus attention on relevant stimuli.*
- *Distractibility: Inability to maintain focus on a task.*
- *Confusion: Disturbance in awareness; disorganized memory, poor judgment, and difficulty expressing thoughts.*
- *Disorientation: Loss of awareness of time, place, or person (T, P, P).*
- *Insight: Understanding of one's own illness.*
 - *No Insight: Complete denial or misinterpretation of illness.*
 - *Impaired Insight: Partial or limited recognition of the condition.*