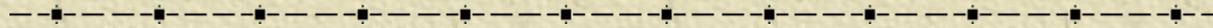




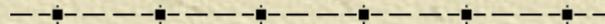
Mental Status Exam



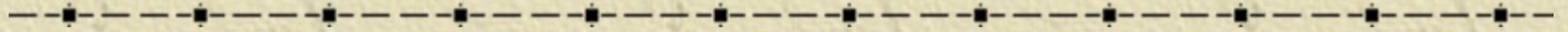
What It Is and How to Do It.

Dennis M. Kerr, M.Ed

Acknowledgements to Peter Murray, M.D.



MSE



- ✦ Polaroid snapshot of the patient.
- ✦ Provides an in vivo cross section description of the patient, at the time of your examination.

Categories of MSE

✧ I-General appearance

- ◆ Appearance
- ◆ Behavior and psychomotor activity
- ◆ Attitude toward the examiner

✧ II - Mood and affect

- ◆ Mood
- ◆ Affect
- ◆ Appropriateness

✧ III-Speech

✧ IV-Perceptual Disturbances

✧ V-Thought

- ◆ Process or form of thought
- ◆ Thought content

✧ VI - Sensorium and cognition

- ◆ Alertness
- ◆ Orientation
- ◆ Memory
- ◆ Concentration
- ◆ Abstract thinking
- ◆ Fund of information and intelligence

✧ Impulse control

✧ VII- Judgement and insight

✧ IX-Reliability

General Appearance

✦ The impression conveyed

- ◆ Stated age vs appearance
- ◆ body type
- ◆ posture
- ◆ dress
- ◆ grooming
- ◆ hair
- ◆ nails
- ◆ poise
- ◆ presentation
- ◆ state of health - sick / well
- ◆ odors
- ◆ bizarre
- ◆ neat vs disheveled
- ◆ thin / obese
- ◆ deformities

BEHAVIOR AND PSYCHOMOTOR ACTIVITY

✦ Examines the motor activity; i.e.:

- ◆ gait
- ◆ hyperactivity
- ◆ sluggish/retarded movement
- ◆ restless, agitation, twitches
- ◆ tics
- ◆ unusual mannerisms
- ◆ hand wringing
- ◆ pacing
- ◆ grimacing

ATTITUDE TOWARD THE EXAMINER

-
- ✦ Take into account the circumstances of the interview (201 vs 302, etc)
 - ✦ Cooperative
 - ✦ Hostile
 - ✦ Evasive
 - ✦ Attentive
 - ✦ Challenging
 - ✦ Friendly
 - ✦ Disinterested
 - ✦ Oppositional

Mood And Affect

✦ Mood

- ✦ Pervasive and sustained emotion that colors a person's perception of the world
- ✦ Adjectives that describe depth, intensity, duration and fluctuation of mood are helpful
- ✦ Pt's description of internal emotional state

MOOD AND AFFECT

✦ AFFECT

- Describes the emotional responsiveness of pt.
- What does the facial expression suggest?
- Is affect congruent with mood
 - Normal range-variation in tone, body movement, affect and use of hands
 - Constricted-reduced range and intensity
 - Blunted- is more reduced
 - Flat -absence of expression
 - Labile – wide range, quickly changing

MOOD AND AFFECT

✦ Appropriateness

- ✦ Describes congruence of patient's affect with the context of the situation
- ✦ Also describes congruence with stated mood.

SPEECH

- ✦ Assessed relative to it's characteristics:
 - ◆ Quantity (talkative, verbose)
 - ◆ Quality (dramatic, soft, loud, staccato)
 - ◆ Rate of production (fast, slow, sluggish)
- ✦ Is speech spontaneous? Fluent?
- ✦ Impairments? Stutter?
- ✦ Unusual rhythm (dysprosady)? Accent?
- ✦ Is speech coherent?
- ✦ Can they name objects?

PERCEPTUAL DISTURBANCE

✦ Hallucinations

- False sensory perceptions not associated with real external stimuli
 - Auditory
 - Visual
 - Tactile
 - Olfactory
 - Gustatory

✦ Illusions

- Misperception of real external stimuli (sees spider on polka dot wall)

THOUGHT

✦ PROCESS

- ✦ Form of thinking. The way ideas are put together or associated (logical, coherent, disorganized). Includes:
 - Expression of ideas (abundance, poverty)
 - Relevance of capacity for goal direction
 - Associations (loose, organized)
 - Tangentiality (easily distracted)
 - Circumstantiality (irrelevant details)
 - Continuity of thought, blocking, neologisms, word salad, clang associations

THOUGHT

✦ CONTENT

- ✦ Substance of thought. Includes disturbances of:
 - Delusions (false, fixed beliefs),
 - Phobias,
 - Preoccupations,
 - Obsessions,
 - Compulsions,
 - Plans intentions,
 - **Recurrent ideas about suicide or homicide,**
 - Hypochondriacal symptoms
 - Antisocial urges
 - Ideas of reference
 - Ideas of influence

SENSORIUM AND COGNITION

✦ Alertness

- ✦ Ability to focus attention on environmental stimuli.
- ✦ Level of consciousness
 - clouded, somnolent, stuporous, comatose, lethargic, alert or fugue state

✦ Orientation

- ✦ Awareness of time, place, person and situation

SENSORIUM AND COGNITION

✠ Assessment of Memory

- The system allowing processing, storage and retrieval of information
- Immediate - digit span, repetition of 6 numbers
- Recent - “What did you have for lunch?”
- Recent past - Recent events of the past few months
- Remote - Verifiable information from childhood

SENSORIUM AND COGNITION

✠ Intellect

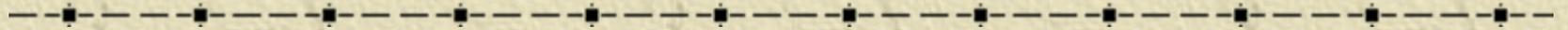
- Serial 7's (or serial 3's or simple addition/subtraction)
- Attention (five things starting with T)
- Capacity to read and write
- Visuospatial ability (draw a clock)
- Abstract reasoning - (Rome wasn't built in a day)
 - Concrete, abstract, semi-abstract
- Fund of knowledge (naming 6 presidents, distance NY-San Francisco, change from a \$10.00)

JUDGEMENT AND INSIGHT

✦ Judgement

- ✦ Capacity to view situation in a correct manner and act appropriately
- ✦ Insight
 - Capacity for seeing cause and effect; may be emotional or intellectual

IMPULSE CONTROL



✦ Impulse control

◆ Aggressive, sexual, cooperative, other

RELIABILITY

-
- ✦ How truthful and accurate is the information that the pt shared?
 - ◆ Can it be corroborated?

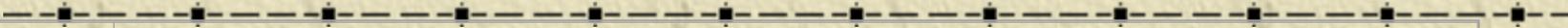
MENTAL STATUS EXAM & OTHER SIGNIFICANT OBJECTIVE

FINDINGS: (from ACES clinical forms)

APPEARANCE AND BEHAVIOR	Pt is a 35 year old SWM who is causally, but neatly dressed and groomed. Gait-steady. Appears to be his stated age. Pt was cooperative with the examiner.
MOOD AND AFFECT	Pt describes his mood as depressed. Affect was sad with several episodes of tearfulness.
RATE AND PATTERN OF SPEECH	Speech was clear, organized and unpressured.
THOUGHT FORM	Though rate and pattern appeared within normal limits and were goal directed. No tangentiality or circumstantiality noted.
THOUGHT CONTENT	Content focused on answering examiners questions and his depression. Reports fleeting SI but denies plan or intent. Denies HI. No evidence of delusions.
PERCEPTION	Denied any form of hallucination. No soft signs present.
ORIENTATION	Pt was AOX3.
ATTENTION AND CONCENTRATION	Pt was able to stay focused throughout the interview. He reports mild concentration difficulties at work and at home
RECENT AND REMOTE MEMORY	Demonstrates good recall in all spheres. Corroborated by GF

FOLSTEIN MINI MENTAL STATUS EXAM

- ✦ Assesses and screens cognitive impairment
- ✦ Total of 30 points
- ✦ Represents a brief, standardized method by which to grade cognitive mental status. It assesses orientation, attention, immediate and short-term recall, language, and the ability to follow simple verbal and written commands. It provides a total score that places the individual on a scale of cognitive function.



	Age													
Education	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	>84
4th grade	22	25	25	23	23	23	23	22	23	22	22	21	20	19
8th grade	27	27	26	26	27	26	27	26	26	26	25	25	25	23
High School	29	29	29	28	28	28	28	28	28	28	27	27	25	26
College	29	29	29	29	29	29	29	29	29	29	28	28	27	27

FOLSTEIN MINI MENTAL STATUS EXAM



Orientation (10 points)

1. Year, Season, Date, Day of week, and Month (5 points)
2. State, County, Town or City, hospital or clinic, floor (5 points)

FOLSTEIN MINI MENTAL STATUS EXAM

✦ Registration (3 points)

1. Name three objects: Apple, Table, Penny
 - ✦ Each one spoken distinctly and with brief pause
 - ✦ Patient repeats all three (one point for each)
 - ✦ Repeat process until all three objects learned
 - ✦ Record number of trials needed to learn all 3 objects

FOLSTEIN MINI MENTAL STATUS EXAM

✦ Attention and Calculation (5 points)

✦ Serial 7's – 100-7 (5X)

or

✦ Spell WORLD backwards: DLROW

FOLSTEIN MINI MENTAL STATUS EXAM

✦ Recall (3 points)

1. Recite the 3 objects memorized in Registration above

FOLSTEIN MINI MENTAL STATUS EXAM

- ✦ Language (9 points)
 1. Patient names two objects when they are displayed
 - ◆ Example: Pencil and Watch (1 point each)
 2. Repeat a sentence: 'No ifs ands or buts'
 3. Follow three stage command
 - Take a paper in your right hand
 - Fold it in half
 - Put it on the floor
 4. Read and obey the following
 - Close your eyes
 - a. Write a sentence
 - b. Copy the design (picture of 2 overlapped pentagons)