
D Y Patil PG Lecture Series

History Taking & MSE: Making it Good-Better-Best

Dr. Parag Shah
Professory & Head
Department of Psychiatry
SMIMER Medical College, Surat

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- Identification:
 - Residence
 - Type of admission
 - Chief complaints: both, chronology, verbatim
 - H/o Present illness (the chronological story goes. . .):
 - Asymptomatic phase
 - Onset/Origin/Precipitating factors/Prodrome
 - Symptom description
 - Duration
 - Progression – Description, Severity, Impact, Impairment, Intervention
 - Current status / level of functioning
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- Negative history:
 - “ruling out.....”
 - Positive <---> Negative
 - Self harm ?, Subs. Use ?, Co-morbidity ?, Medical/Neurological ?, Personality ?
 - Acute / Chronic Stressors:
 - Correlating with current presentation
 - Past Psychiatric History:
 - Inter-episodic period
 - Medical History: Possible correlations

Negative history – what to look for ?

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■ Family history:

- Type
- Size / Members
- Familial environment
- Psychiatric illness/Subs. Use/Suicide
- Medical illness/treatments/cause of death
- Present relationships
- Support system
- Ongoing stressors in the family
- Living conditions/Income source/Affordability
- Attitude towards / impact of - patient's illness
- Personalities, Intelligence

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- Personal history
 - Early childhood history
 - Middle childhood history:
 - Experience with school, siblings & peers
 - Neurotic traits: Stuttering, Tics, Enuresis, Night terrors, Encopresis, Thumb sucking, Nail biting, Head banging, Body rocking, Fears, Temper tantrums, Food fads, Sleep habit
 - Adolescence:
 - Peers / Friends
 - Puberty, Sexual activity, Attitude for opposite sex
 - Emotional problems
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- Educational history
 - Occupational history
 - Menstrual / Obstetric history:
 - Last period ?
 - Child bearing age / Planning for pregnancy ?
 - Marital / Sexual history:
 - Premarital / Marital history
 - Gender Identity
 - Sexual Orientation
 - Dysfunction ?
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- Legal History
 - Premorbid Personality (what to look for ?):
 - Interpersonal relationship
 - Predominant mood
 - Reaction to stressful life events
 - Attitude towards self & others
 - Attitude to work & responsibilities
 - Use of leisure time
 - Religious beliefs / Moral attitudes

(Shy, Introvert, Extrovert, Social, Outgoing, Friendly)

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- General Examination → don't forget relevant
 - Weight
 - Skin lesions / marks
 - Injury
 - Oral cavity
 - Systemic Examination:
 - CNS examination in detail

MSE skills - redefined

- General appearance, E to E contact, Rapport
- Attitude towards examiner:
 - Co-operative, Attentive, Interested, Guarded, Apathetic, Disinterested, Defensive, Hostile, Combativeness, Agitated, Irritable, Seductive, Playful
- Motor activity:
 - Increased / Decreased
 - Excitement/Restlessness/Agitation/Withdrawal
 - Compulsive acts/Rituals
 - Catatonic features
 - Tics/Tremors/Mannerisms/Stereotypies
 - Akathesia/Rigidity/Slowness/Dyskinesia
 - Hallucinatory behaviour
- Speech

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- Mood (questions > verbatim > inference):
 - Quality (predominant)
 - Depth/Intensity
 - Lability/Fluctuations
 - Reactivity
 - Persistence/Duration
 - Affect (observation > inference):
 - Quality (predominant)
 - Range of expression (changes over time) – Constricted / Restricted / Broad
 - Depth / Intensity (amount of expression) – Increased / Shallow / Blunted-Flat
 - Lability
 - Congruence to mood
 - Appropriateness to context (thinking & environment)
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- Thought (questions > verbatim > inference):
 - Stream (production)
 - Spontaneous
 - Rapid / Slow
 - Poverty of content of speech / Paucity of ideas
 - Thought block
 - Incoherent
 - Form (flow)
 - Flight of ideas, Loosening of association, Tangentiality, Circumstantiality, Perseveration, Verbigeration
 - Illogical thinking
 - Clang association, Punning, Rhyming
 - Word salad, Over inclusive
 - Content
 - Recurrent thought > Preoccupations > Ruminations > Obsessions
 - Worries, Phobias, Overvalued Ideas
 - Delusions (or Ideas of) → true ? Content, organized, congruence, bizarre ?
 - Neologism
 - Suicidal / Homicidal ideation

- Perception:

- Hallucination / Illusion

- Which sense ?
- Elementary / Complex
- Content (What is heard ?) (Verbatim)
- How many voices ?
- Male / Female
- When does it happen/start/stop - time of day / context ?
- Second person / Third person
- Command ?
- Running Commentary ?
- Reaction to it ?
- Mood congruent ?

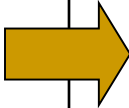
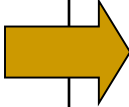
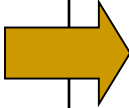
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- Cognition (questions > verbatim > inference):
 - Fund of knowledge / Intelligence → relevant to educational & cultural background
 - Insight (questions > verbatim > inference)
 - Judgement
 - Impulsivity
 - Risk assessment
 - Patient's reliability
 - Compliance
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Case Presentation in Exam - 4DP Format

1. **Detailed Presentation of all Clinical Information** - - - - -
 2. **Diagnostic Summary (DS)** - - - - -
 3. **Diagnostic Formulation (DF)** - - - - -
 4. **Diagnosis / Differential Diagnosis (DSM / ICD)** - - - - -
 5. **Plan of Management** _ _ _ _ _
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- The diagram illustrates the 4DP format with five sections. A large yellow arrow points from the first section to the second, labeled 'Length Duration' and 'Layman to Technical'. A smaller yellow arrow points from the second section to the third, labeled 'DS'. Another smaller yellow arrow points from the third section to the fourth, labeled 'DF'. The fifth section is not connected to any arrow.

- DS vs CS
- DF vs CF

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- Multi axial diagnosis
 - Prognosis
 - Investigations
 - Diagnostic – medical, psychometric, rating
 - Baseline / Follow-up

Etiopathogenesis	Current Clinical Condition	Management
Biological		Psychopharmacology ECT Medical treatment
Psychological		Counselling Psychotherapies Family therapy Groups
Social		Psychoeducation Vocational training Social Skill training Rehabilitation
		Stress management

	Biological	Psychological	Social
Acute / Short term			
Continuation / Long term			

- Goals of treatment
- Affordability for treatment
- Involuntary ?
- Monitoring treatment
- Family – educate, w/f, attitudes, EE, burden
- Vocational therapy, Rehab., Disability, Referral

A good case presentation needs. . .

- Good preparation – for history taking
- “Eyes see what your mind knows”
- Verbal/written Comprehension skills
- Command over English language
- Presentational skills
- Time (or Crisis) management skills
- Story telling skills
- Presence of mind
- Being holistically comprehensive
- Lateral thinking
- Lots of enthusiasm & confidence
- Supporting what you say
- Right approach to the case (rather than wealth of information)

Thank You
