

## TAKE-HOME NOTES:

**The physical examination in psychiatric practice: Part 1**

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**Benefits of the physical exam**

Failure to diagnose physical disease:

- delays recovery
- increases length of in-patient stay
- has potentially serious implications for the patient's overall health.

A competent assessment of a patient's physical health:

- helps to tailor drug use
- reduces the risk of side-effects
- gives a clear baseline for comparison, should a patient's physical state change
- informs the clinician of the severity of the effect of a drug and of the need for action.

**Practical considerations**

Practical considerations of the physical examination include:

- environment
- equipment
- hygiene
- chaperones
- timing.

**General observations**

The consultant can make a number of observations about the patient's general physical condition without necessarily having the cooperation of the patient. Other general areas that can be observed initially include:

- weight
- condition of the tongue
- complexion
- skin conditions
- parotid and thyroid enlargement
- tattoos
- clubbing

- oral cavity
- hands
- lymph nodes.

### **The nervous system**

The principle objective of a neurological examination is localisation. A working knowledge of neuroanatomy greatly helps the clinician in conducting the examination.

Neurological and mental state examination overlap, in that conscious level, orientation, memory, higher intellectual function and speech are common to both. Memory and intellectual function will influence the reliability of a history and ability to cooperate with further examination.

Here, the clinician should check for:

- headache
- visual, auditory and speech disturbance
- tremor or other abnormal movements.

A full neurological examination, which takes about 40 minutes, should be conducted in a systematic manner, in the following order:

- consciousness
- examination of the cranial nerves including fundoscopy
- extrapyramidal signs
- changes in tone
- weakness or paralysis
- balance/coordination
- reflexes
- sensation.

However, it is not always possible to perform a full neurological examination. A brief assessment can also be carried out in a few minutes and abnormalities followed up by more detailed examination of the relevant area.

### **Reflection**

- (1.6) 1. How do the age-adjusted death rates from all causes compare for patients with mental disorder as opposed to the general population?  
 2. Patients with serious mental disorder have increased mortality with regard to which physical conditions?  
 3. What evidence is there for physical disorders being misdiagnosed?  
 4. List the advantages of assessing a psychiatric patient's physical health.

(1.13) What are the advantages of being able to do a physical examination? List as many as you can.

(2.3) What kind of medical examination equipment do you currently use? Do you think you need any more basic equipment?

- (2.8) 1. What precautions should be taken to prevent cross infection by *clostridia difficile*?  
2. List equipment essential to perform a physical examination.  
3. What precautions should be taken when performing a physical examination?  
4. What examinations should be avoided in patients who have been sexually abused?

(3.2) What do you think are the benefits of performing an external inspection of the patient?

(3.5) The clinician can pick up a number of further visual clues to the patient's physical state. Can you think of some things that might be indicated by the following?

- general observation
  - a bulge in the neck and exophthalmos
  - facial expression
  - observations of gait
  - if the patient is standing upright, is shouting or able to talk without becoming breathless.
- Can you think of any more clues that you might pick up?

(3.9) Anaemia is detected by pallor of the palmar creases and subconjunctivae. Which patients do you think might be more susceptible to anaemia?

(3.11) If you were to see the following types of complexion in a patient, what associations might you make?

- a sallow, grey appearance
- plethora
- jaundice
- a lemon tinge to the skin
- a bronze complexion
- lanugo hair.

(3.14) If you were to see parotid enlargement in your patient, what do you think might be the cause? Make some notes.

(3.17) Clubbing is caused by numerous conditions. Can you think of any?

(4.3) A patient tells you that they have been suffering from severe headaches. What kind of questions would you ask them?

(4.8) You notice that your patient's hands are trembling. What do you think is the cause?

(4.15) What retinopathy might you expect to see in a patient with diabetes?

(4.20) On examining a patient, you notice that one side of the body is significantly weaker than the other. What are the possible causes?

(4.23) What conditions cause problems with balance? What kind of questions would you ask a patient who has balance problems? How might you discriminate the cause on examination?

(4.26) On testing a patient's reflexes, they are quite sluggish. What do you think this might indicate?

- (4.30) 1. Describe what is seen on fundoscopy in Grade 4 hypertensive retinopathy.  
2. What does Romberg's test examine and how do you perform it?  
3. What neurological disturbance may occur in patients with diabetes?  
4. Describe Hoover's test.

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