Failure to conduct a physical examination of a psychiatric patient has potentially serious implications. Death rates among psychiatric patients are much higher than in the general population, with higher rates of physical disorder across the entire range of mental disorders. Yet, British studies have reported the recording of physical examination carried out by psychiatric trainees to be ‘uniformly poor’ or ‘variable’: there appears to be a need for a far more conscientious provision of physical healthcare within psychiatry. How can this be achieved and what barriers are there to overcome?

This module began with an overview of the current practice of physical examination in psychiatry, gave advice on what to consider, practical requirements and how to make assessments in sometimes difficult circumstances.

The current situation

- For many years, physical examination has been marginalised in psychiatric practice. The MRCPsych examinations aim towards testing knowledge of the physical examination and there will be greater opportunity to assess these skills in future.
- 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 requirements of the physical examination

- Practical considerations of the physical examination include:
  - environment
  - equipment
  - hygiene
  - chaperones
  - timing.

Initial observations and external clues

- 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 and the extrapyramidal 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.

References
