

## TAKE-HOME NOTES:

**The physical examination in psychiatric practice: Part 2**

Dr Gill Garden

**The cardiovascular system**

Symptoms related to the cardiovascular system include:

- chest pain
- dyspnoea
- palpitations
- oedema
- claudication.

On examining the cardiovascular system, the consultant should check:

- jugular venous pressure (JVP)
- baseline pulse
- blood pressure
- position of apex
- heart sounds and whether additional sounds or murmurs are present
- presence of oedema or bruits should also be noted.

Finally, and particularly when a vascular aetiology is suspected:

- peripheral pulses should be systematically palpated
- the perfusion of the extremities should be observed.

**The respiratory system**

Symptoms related to the respiratory system include:

- hoarse voice
- breathlessness
- cough
- wheeze
- sputum.

On examining the respiratory system, the consultant should perform an inspection of the torso, checking for:

- scars from surgery
- skeletal deformity
- visible asymmetry of chest expansion.

The consultant should also check for:

- tracheal deviation
- symmetry of chest expansion
- variations on percussion of the chest
- breath sounds and added sounds.

Tactile vocal fremitus is conducted if percussion and/or breath sounds indicate pathology. The same effect can be obtained on auscultation.

### **The gastrointestinal system**

Symptoms related to the gastrointestinal system include:

- appetite change
- weight change
- dysphagia
- nausea and vomiting
- abdominal pain.
- abnormal bowel movements and flatulence
- abnormal stools.

Examination of the abdomen should always be carried out with the patient lying flat, unless they suffer from cardiac failure. This examination is important when alcohol misuse is suspected.

On inspection of the abdomen, the consultant should check for:

- scars
- distension
- distended veins around the umbilicus.

Examination of the gastrointestinal system should include:

- palpation of the kidneys, liver and spleen
- percussion if indicated
- auscultation
- rectal examination if indicated.

### **The urogenital system**

On inquiring about the urogenital system, the consultant should include questions about:

- micturition
- menstruation
- sexual function.

### **The locomotor system**

The locomotor system is not always included in systemic enquiry and the examination may have to be focused on a specific area.

The clinician should ask about the following:

- the nature of the pain
- the frequency of the pain
- any triggers
- radiation
- ameliorating and exacerbating factors.

### **Reflection**

(1.2) A patient complains of chest pain. What questions might you ask them?

(1.6) A patient complains of sudden pains in their right leg, and the leg feels very cold. What do you suspect is the cause?

(1.12) On admission, a patient has raised blood pressure. What should you do?

(1.18) Can you think of any further indicators of vascular disease?

(1.20) 1. What are the two main causes of oedema?  
2. List five causes of hypotension.

(2.3) You notice that your patient is breathless while they are talking to you. What do you think this might indicate?

(2.10) When inspecting the torso, what do you think you should look for?

(2.13) What do you think might be indicated by reduced movement on one or both sides of the chest?

- (2.18) 1. How should you check for tracheal deviation?  
 2. How should you check for symmetry of chest expansion?  
 3. Stony dull percussion is associated with which condition?  
 4. What might be indicated by a crackling breath sound?
- (3.2) Increased food intake may also be due to medication. Which types of medication can you think of that might be a cause?
- (3.5) A patient tells you that they have suddenly lost a lot of weight. What do you think might be the cause?
- (3.8) If a patient has been vomiting blood, what signs would you look for and what kind of questions might you ask?
- (3.11) Where blood is present in a patient's stools, what could this indicate?
- (3.17) Which methods would you use to palpate the liver, kidney, bladder and spleen?
- (3.19) Can you think of some causes of splenic enlargement?
- (3.25) 1. On inspection of the abdomen, what might be an indication of ascites?  
 2. How would you confirm the presence of ascites?  
 3. On palpation of the liver, what would the examiner be looking for in the early stages of cirrhosis?  
 4. On palpation of the kidneys, what might be an indicator of polycystic kidneys?  
 5. How would you perform a scratch test?  
 6. What in particular should be noted when conducting a rectal examination?
- (4.2) What questions might you ask a patient about micturition (urination)? What might different samples indicate?
- (4.7) 1. What might different kinds of urine sample indicate?  
 2. What might you consider when asking the patient about their menstrual cycle?  
 3. What might you ask a patient about their sexual function?  
 4. If a patient describes pain associated with movement of the joints or limbs, what questions might you ask?

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