

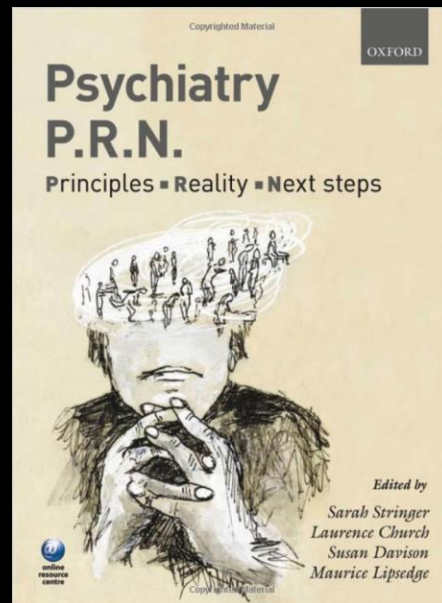


Psychiatric History

Nivethitha Ram
Jamie Walker

Housekeeping

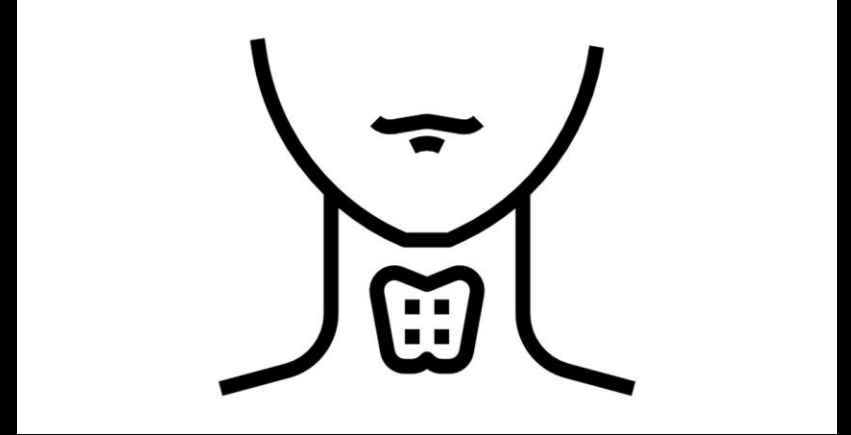
- Have you filled in the feedback form from last week?
- What do you remember from last week?
- www.tinyurl.com/gktfeedback



Remember to make use of all of the following:

- KEATs Clinical Skills Page
- Websites: GeekyMedics, OSCEShop
- Books: Psychiatry PRN
- Your mates.

Quick Refresh from last week

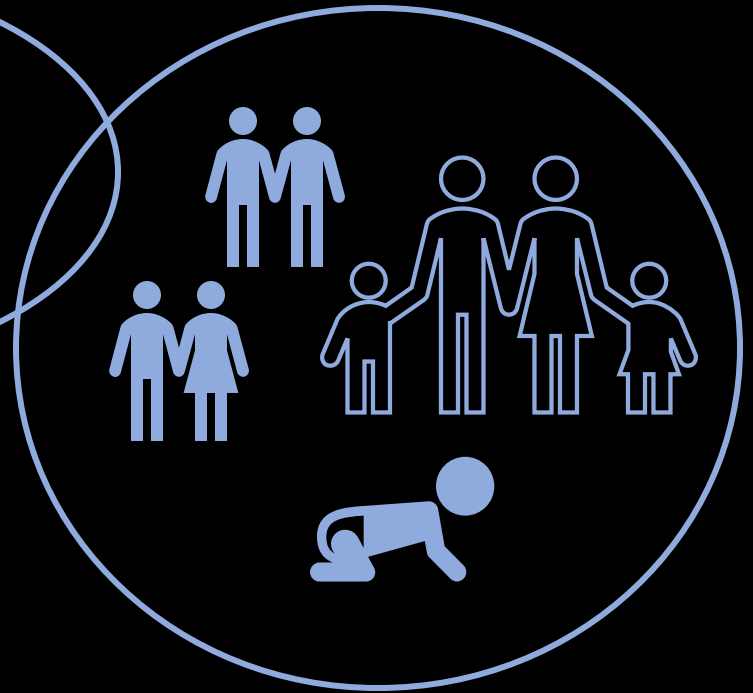


- How do we assess any lump?
- Name key signs of hyper- and hypo- thyroid.
- What are key **red flag findings** in a neck lump exam?

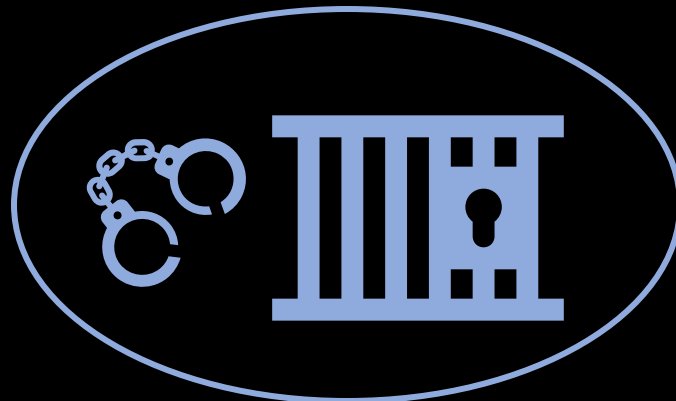
How is a Psych history *different*?

1. More focus on the social history.
2. You always **RISK ASSESS**.
3. It's *maybe* harder to talk about.
(Focus on the *patient*, not the symptoms.)
4. Pre-morbid personality?





**What forms part of
the social history?**



from others/to others



risk



self-harm/suicide

psychotic symptoms



collateral hx



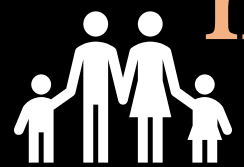
delusions



emotional/aggressive



family history



substance abuse



Common Scenarios 1. Depression



- Low Mood
- Fatigue
- Ahedonia



How long?

From Social History:

- Relationship?
- Employment? Study?
- Alcohol?

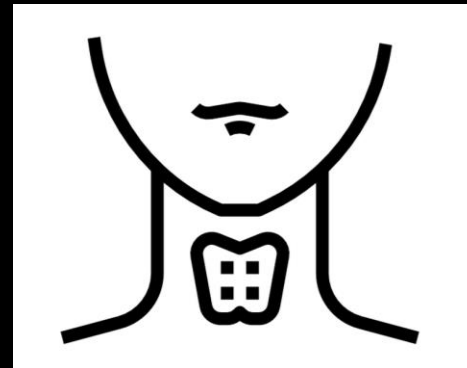
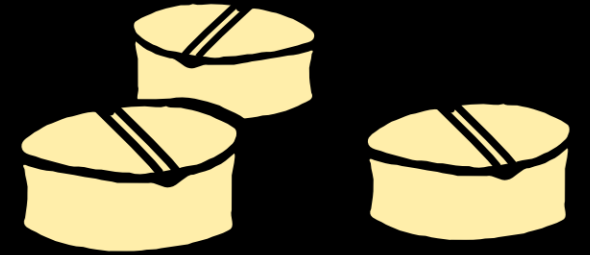
- Core symptoms
- Think about precipitants
- **RISK ASSESS**
- Think about other differentials.

Psychosis? Anxiety?
Mania? Grief?

Organic causes?
B12?
Hypothyroid?

Organic Causes: Depression.

- Medication: glucocorticoids, levodopa, propranolol, and oral contraceptives.
- Chronic: Hypothyroid, B12 Deficiency, Obstructive Sleep Apnoea.



Common Scenarios 2.

Suicide Attempt

During

- What did they do? Be specific
- Where were they found?
- How did they get here?

Before

- Did they let anyone know?
- Were they intoxicated?
- Had they written a note or locked the door?
- Was it planned?

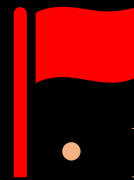
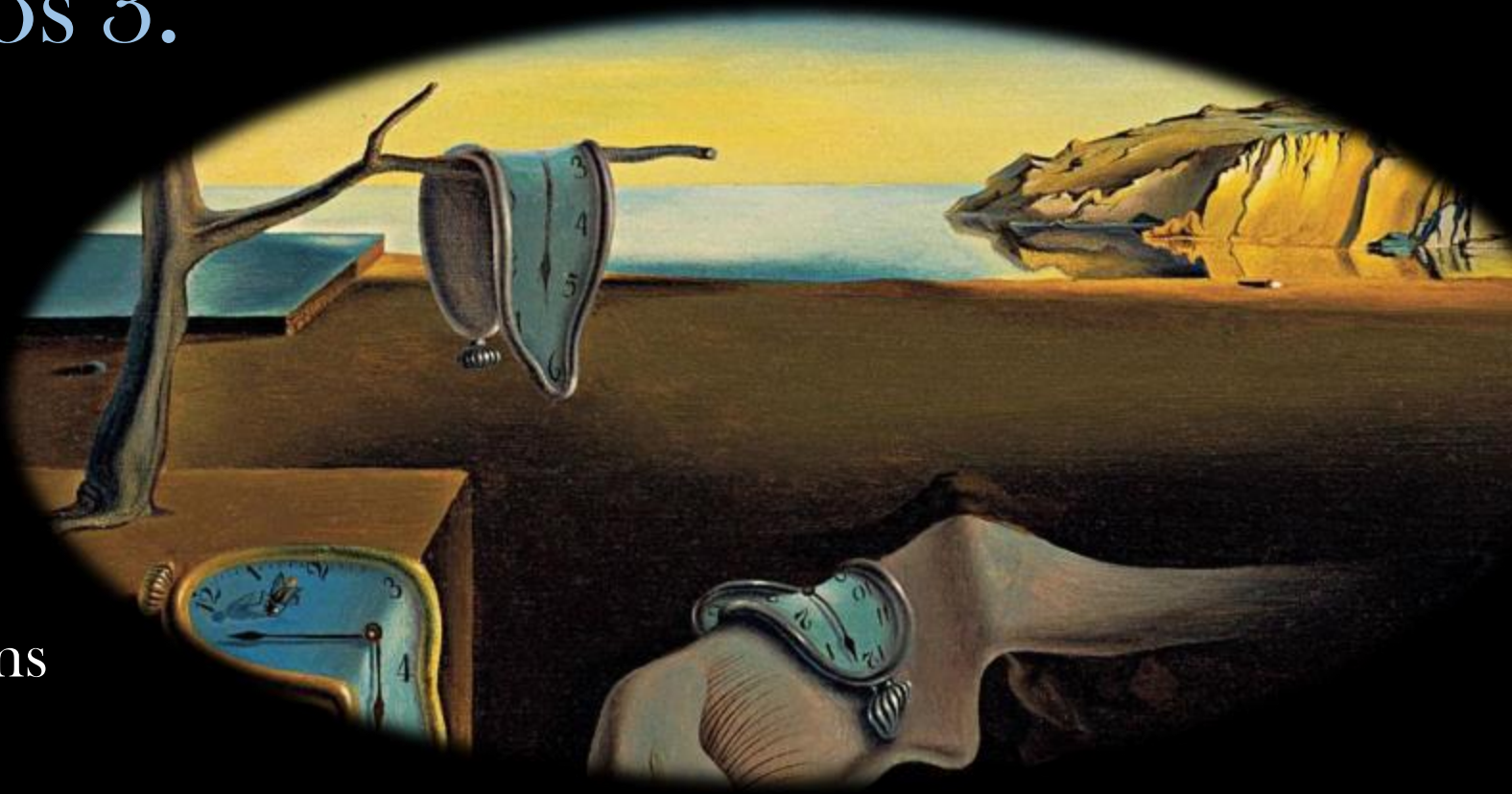
After

- Do they regret it?
- Do they have any plans to try again?
- Who are they going home to?
- Would they like some help?

Common Scenarios 3.

Psychosis

- Hallucinations
- Delusions
- Schneider's 1st Rank Symptoms
- **INSIGHT.**
- Organic Causes?



- Delusions of control
- Command Auditory Hallucinations

Organic Causes: Psychosis.

- Recreational drug use (cannabis, ketamine, etc.)
- Medication (steroids, levodopa, anti-malarials)
- Alcohol (Korsakoff's psychosis, withdrawal)
- Space-occupying Lesion
- Chronic: Alzheimer's, Parkinson's, Lupus
- Infectious: HIV, Malaria, Syphilis



Presentation

- Base your key positives on your key differential.

"My key positive findings were...therefore, my top differential would be ..."

- Make sure you rule out organic causes.

"I would want to rule out... as they are potential organic causes."

Presentation cont.

- Base your key negatives on why you think it's less likely to be your other differentials.

"My key negative findings were...therefore, the diagnosis is less likely to be..., though I would still wish to exclude them."

- **PRESENT YOUR RISK ASSESSMENT.**

"I am/am not concerned about the safety of this patient because.., therefore I am/am not happy to send them home."

Next Steps

Further Assessment

- Take a full psychiatric and clinical history
- Mental State Exam/ MMSE
- Collateral History?

Rule out organic cause

- Bloods? FBC, TFT, B12
- Imaging? CT

Risk assessment

- Mild - No immediate risk of serious harm to self/others
- Moderate
- High - serious and real risk to self or others

Referral?

- Discharge to Primary Care
- Refer for specialist assessment - urgent or routine?

Any Questions?



Workshops

- Read through the scenarios in your groups
- Present the cases to one of us as the examiner/senior doctor
- Things to consider:
 - What's relevant: Will it help me as your senior colleague make a plan?
 - What's urgent: Can addressing this wait?
 - What's interesting: Can you grab my attention and make me want to listen to you?