



Review Article

Know about Mental Status Examination

K. Chitra, Pooja Godiyal, Gyanendri Tomar

Department of Nursing, State College of Nursing, Dehradun, Uttarakhand, India

Abstract

The mental status examination (MSE) is an ordered summary of observations, patient's mental experiences, and behavior at the time of interview. The major purpose of MSE is to make a thorough study about the patient's behavior and to make clinical diagnosis as per the impression. MSE helps to record the current and severity of symptoms to evidence the diagnosis made. MSE needs to be documented in the desired format with detailed description added to that patient's verbatim, which shows the significant symptoms.

Key words: Cognitive functions, Mental status examination, Neurological disorders

Address for correspondence: Mrs. K. Chitra, Department of Nursing, State College of Nursing, Dehradun, Uttarakhand, India.
E-mail: k.chitra79@rediffmail.com

Introduction

The mental status examination is analogous to the physical exam: it contains a series of observations, examinations and documentations in set point of time. The questions that are focused and ordered which reveal the findings that determine whether it is normal or pathological.^[1] The findings of observation are made in the context of an interview. Interview patterns may vary from one patient to other patient. The documented findings "paints a picture" of a patient's appearance, thinking, emotion and cognition.^[2]

The data from the mental status examination (MSE), combined with Psychiatric History collection comprises of illness history, personal, family, childhood, marital, sexual, pre-morbid personality histories. Along with the details of MSE, History and Psychiatric Review of Systems, the documented information forms the database from which psychiatric diagnoses are formed. This may be provisional, clinical, and final diagnosis also.^[2]

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What is the MSE?

The MSE is a psychological examination in which the components examined, observed, and documented is something equivalent of the physical examination. The components are especially important in neurologic and psychiatric evaluations. The aim is to perform, observe, document and evaluate both quantitatively and qualitatively, a wide range of mental functions and behaviors at a specific point of time. The MSE provides important information through assessment is current behavior, patients verbatim on examination, severity of symptoms, possible diagnosis, course of illness, and response to treatment. Recorded information, documented details throughout the interview will become a part of the MSE. This MSE is not performed only once at the time of admission, it is done on the daily basis throughout the course of treatment. Then the MSE of the first day will be compared with the subsequent days to monitor the level of improvement or deterioration of illness that is patient's prognosis.^[3]

Why do We do Them?

1. The MSE is a diagnostic tool that provides information for assessing the patient's present situation
2. The MSE gathers set of information to form clinical diagnosis of illness
3. MSE helps to compare and differentiate the patient condition at the time of admission, during hospital stay and also, at the time of discharge
4. MSE paves way for right treatment on the basis of impression left back on patient interview

5. MSE is a collection of information on all major components of mind collectively in a set point of time
6. MSE findings give a base identity about the patient to all and any health care providers in the team
7. Details of MSE will be sufficient to deal with the patient but there are significant details in Psychiatric History collection also. So, MSE must be always accompanied by the History of the patient including education, cultural and social factors

Key Factors in MSE

Assessment of Patient's mental status needs to be properly done. It is important to understand that social, cultural, and educational background matters high during the assessment. Performing MSE needs to be in their own regional language for the better understanding of the essence of examination. The reliability of the MSE needs to be found in their particular geographical area for its sustainability. Patients who do not know English it may be difficulty in understanding various components of the MSE. Age may be another devastating factor. In general, elderly population patients over the age of 60 years tend to perform less well on the cognitive elements of the MSE. This may be related to less education also rather than to aging alone.^[3,4]

First Step in MSE

A determination of consciousness must be the first step in MSE. Basic brain function determines the patient's ability to relate to the surroundings and cooperate with the interviewer. Disturbance of consciousness affects the entire MSE and especially higher-level mental processes that make up the major portions of the examination.

Major Components of MSE

Components may not vary but the pattern of format may vary from author to author and examination may vary from examiner to examiner. However, most detailed MSE's include information about appearance, motor activity, speech, affect, thought content, thought process, perception, higher mental functioning, and insight [Table 1].^[1,3,4]

MSE – Is Separate Part in Patient Evaluation?

No. MSE is not separate part of patient evaluation. It is a part of patient evaluation supplemented with other data's collected through history, physical exam, and laboratory and radiologic studies. Separate interpretation of MSE makes an erroneous conclusions. Collateral information from families and friends is also invaluable to confirm or supply missing data.^[3]

Table 1: Major components of MSE

Major components of MSE	
Appearance	Appropriate to age, body build, clothing, hygiene and grooming, eye contact
Motor Activities	Body posture and gait, rate of movements, coordination of movements abnormal movements
Speech	Rate, flow of speech, pitch, speed and intensity, quantity, and reaction time
Mood and Affect	Congruent/incongruent, types of affect – labile, blunt
Thought Content	Theme occupied, delusions, pre-occupations of ideas, de-personalizations, and de-realizations
Thought Process	Rate, flow, and level of connectivity. abnormalities – circumstantiality, tangentiality, flight of ideas, thought block, perseveration, verbigeration, and word salad
Perception	Hallucination – auditory, visual, olfactory, gustatory, tactile, or haptic Illusion – affect, completion, pareidolic
Cognition	Attention, concentration, orientation, memory- short term and longterm, intelligence – general knowledge, digit test and abstract thinking and judgment – personal, social and test
Insight	Awareness of illness – 6 point scale and 5 point scale

MSE: Mental status examination

Executive Function of MSE

The frontal lobes, dorsolateral prefrontal cortex, head of the caudate nucleus, and medial thalamus are referred to as executive functions of the brain. The major and complex cognitive abilities are primarily mediated by them. Disorders in these areas can be assessed by evaluating the patient's ability to self-regulate. Frontal lobe disorder may result when patient unable to inhibit the impulsive responses to a stimuli. Perseveration of motor activity is another example of frontal lobe dysfunction. Performing an alternating task such as palm up– palm down, and later insert a third task such as (Palm up-Palm down-Close fist). The impaired patient may be able to repeat only two components of the assigned task. Focal lesions, any degenerative disorders, Huntington's chorea, may affect these structures and may lead to disorders of executive function.^[3]

MSE, in Cognitive Intact Patients?

Yes. Testing of cognitive functions provides a useful baseline. The initial examination provides a point for comparison with the further subsequent examinations. May be the conditions can improve or deteriorate. Furthermore, mental status observations are a major pillar for clinical diagnosis. MSE aids in identifying the classical symptoms paving way to diagnose the disorder. It observes in the aspects

of affect, speech, and behavior, especially as they change during the course of meetings. Frequent fluctuations may be considered as crucial information throughout treatment. MSE observations in other components are necessary even in the patient with intact cognitive functions.^[3,5]

Other Screening Exams

The Mini-Mental State Examination (MMSE) is probably the best known. The MMSE tests orientation, immediate and short-term memory, concentration, arithmetic ability, language, and praxis. It takes about 10 minutes to administer. The cognitive capacity screening examination tests orientation, serial subtraction, memory, and similarities. The neurobehavioral cognitive status examination is especially good for medically ill patients; it focuses on consciousness, orientation, attention, language, construction, memory, calculations, and reasoning. Montreal cognitive assessment is scale similar to MMSE to assess orientation, attention, concentration, and memory.^[3,5]

Psychiatric Review of Systems

Signs and symptoms of psychiatric illness are often described in the history of present illness and the detailed examination of Mental Status. The Review of System in psychiatry includes all the details and notes for important signs and symptoms. The Review of system in psychiatry is a systematic inquiry, searching for pertinent positives and negatives over a period of time preceding the time of interviews.^[6]

1. Cognitive: Memory or Concentration changes
2. Psychosis
3. Substance Abuse
4. Mood and Affect: Depression, Mania, Suicidal ideation, Guilt
5. Neurovegetative: Sleep, Appetite, Libido, Interests, Energy
6. Anxiety: Anxiety symptoms, Panic/Agoraphobia, Obsessions/Compulsions, Flashbacks
7. Eating Disorder: Anorexia, Bulimia
8. Violence: Rages, Assaults, Homicidal ideation
9. Impulse Control: Pathological gambling, Trichotillomania, Kleptomania.

Limitations of MSE

Although MSE is well structured, screening questionnaires are still subject to interpretive bias and depend on the skill and experience of the interviewer. All screening

questionnaires have a fairly significant false-negative rate, especially in patients with cognitive dysfunctions. Especially in elderly population, with the education grade less than standard Nine, different cultural experience, may limit the usefulness of MSE screening questionnaires. Unlike a detailed mental status examination, screening questionnaires are less sensitive to subtle cognitive impairment.^[3,5,6]

Conclusion

MSE is a widely used tool for diagnosing the mental health status of the patient as well as to compare the patient's condition from the time of admission to throughout the hospital stay and to the time of discharge.

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Conflict of Interest

None.

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