Psychiatric Mnemonics & Clinical Guides

Second Edition

Mnemonic comes from the Greek word *mnemon*, meaning “mindful.” Mnemosyne was a Titan, and the goddess of memory in Greek Mythology. She and Zeus bore nine daughters, called the Muses, who presided over the arts:

Erato (lyric poetry)	Calliope (epic poetry)	Clio (history)
Euterpe (music)	Melpomene (tragedy)	Urania (astronomy)
Thalia (comedy)	Polyhymnia (religious music)	Terpsichore (dance)

Every great advance in science has issued from a new audacity of imagination.

John Dewey

Psychiatry as a Medical Specialty

Psychiatry is at once a frustrating and fascinating field for both students and practitioners.

It is frustrating in that there are no longer the pathognomonic findings or objective signs found in physical medicine. There is no one single sign or symptom that is unique to a particular psychiatric diagnosis. We cannot rely on a blood test, MRI or laparoscopy to clear up diagnostic uncertainty. Substance use can perfectly mimic any clinical condition so that only time and abstinence will help with the distinction. It is also not possible to isolate the person or other social factors from the illness. A surgical patient, for example, is not likely to be kept in hospital longer because of concomitant depression, but this would be quite likely on a psychiatry service.

Psychiatry is fascinating because it deals with the most basic of human problems — emotion, perception, cognition and behavior. Treating mental illness provides the practitioner with an endless variety because it involves the most complicated entity in the known universe (the human brain that is, not managed care). Whereas most cases of congestive heart failure or glaucoma have set treatment protocols, psychiatric illnesses can and do demand creative and varying interventions.

Psychiatry is an all-encompassing field. Every patient on every service experiences an emotional reaction to his or her illness. Convincing a patient to take medications, minimize risk factors and to comply with discharge arrangements all involve elements of understanding human nature.

The exploration of the cause and effect of illness along the “mind-body” continuum is an area still in its infancy. For example, the interplay between emotions and changes in immune or endocrine function are now established subspecialties in the field.

Psychological factors clearly have an effect on medical conditions, and an understanding of this association helps not only to make us better clinicians (in any field), but better students, teachers, spouses, parents, and indeed, people. Despite its current drawbacks and limitations, psychiatry provides a rich and varied approach to understanding and treating mental illness.

The General Psychiatric Interview

A psychiatric interview obtains information that develops a **provisional diagnosis** and treatment plan**.** Investigations, short-term and long-term treatment plans are developed using a Bio-Psycho-Social perspective. An interview outline is as follows:

Identifying Data: age, gender, marital status and living arrangements, race, religion, occupation, means of support, sexual orientation

Presenting Complaint: quote the patient's words where possible

History of Present Illness

- duration and severity of symptoms; course since onset of symptoms
- degree of social and occupational impairment
- precipitating and perpetuating factors for current difficulties
- ask for specific information to get as vivid a picture as possible

Psychiatric History

- previous hospitalizations; duration of stay; involuntary commitment
- types of treatment: medications, ECT, various forms of therapy
- efficacy of past treatments; compliance with treatment; side effects
- prior diagnosis or diagnoses given; history of harm to self or others

Medical History

- presence, course and severity of medical conditions
- use of prescription and non-prescription medication
- alcohol use, recreational drug use, head injuries, pregnancies
- neurologic conditions, environmental exposure, unexplained symptoms

Personal History

- birth complications; developmental milestones; prolonged enuresis
- education — level obtained, special requirements, extracurricular interests
- history of abuse — physical, emotional, sexual, verbal
- legal involvement; military service (type of discharge); institutional care
- occupational and relationship history

Family History

- presence of psychiatric and medical conditions in first-degree relatives
- types of treatment used; effectiveness of treatment
- history of suicides and attempts, neurologic conditions, mental retardation
- substance abuse may have masked symptoms in relatives
- past diagnostic systems were less structured and precise than the DSM-IV

Mental Status Examination

- often considered the "physical exam" or "brain stethoscope" of psychiatry
- inquiries must be made into current suicidal and homicidal intentions

The Emergency Room Interview

A psychiatric interview in the emergency room seeks to answer the question, "*Why is the patient here now ?"* The focus is to obtain information that helps determine an appropriate disposition. Of particular importance in this decision are the following areas:

- **Presenting Complaint and History of Present Illness**
- **Psychiatric History**
- **Medical History and Substance-Related Disorders**
- **Legal Involvement and History of Dangerousness**
- **Mental Status Examination**

Prior to seeing the patient —

Assess the acuteness of the situation to ensure that this remains the patient's emergency, not yours.

- be aware of the security arrangements available; attend to your safety
- are the police or security guards in attendance or nearby?
- read the emergency chart
- peruse the patient's hospital file for pertinent information
- how was the patient brought to the hospital? (e.g. police, friends, on own)
- is the patient intoxicated, restrained, or being held involuntarily?
- has bloodwork been drawn? (e.g. medication toxicity, ethanol level)
- is an overdose or head trauma suspected?
- is someone available to provide collateral history?
- does someone from the emergency staff have additional information?

When seeing the patient —

The mental status of the patient is of paramount importance. Patients that have perceptual abnormalities, formal thought disorders, or delusions are the most likely to become dangerous. The following suggestions can help minimize the risk of violence:

- don't challenge the patient's beliefs, especially when starting the interview
- give explanations for your actions; demonstrate openness

- respect the patient's autonomy
- maintain your composure
- stress that thoughts and feelings are *verbalized*, not *acted upon*
- allow adequate, even ample space for patients
- sit close to the exit to facilitate your escape if necessary
- do not block the door should the patient bolt
- seating arrangements should be altered to suit the patient
- introduce others and explain their purpose in the room
- be attuned to your feelings; don't react with anger or sarcasm

The Consultation-Liaison Interview

Consultation psychiatry involves the management of patients in medical or surgical settings. Consultation requests usually involve:

- Problems with cognition — delirium, psychosis, excessive denial
- Problems with affect — anxiety, despondency, apathy, hostility, euphoria
- Problems with behavior — dependency, hostility, non-compliance
- Capacity to consent to treatment and/or manage financial issues

- Acute medical illnesses in patients with chronic psychiatric problems
- Coping strategies/stress management for serious or prolonged illnesses
- Ideas/attempts of self-harm or towards someone else

These areas are of special significance in consultation psychiatry:

Hospitalization Particulars

- length of stay prior to consult request
- how did the patient come to medical attention?

Medical/Surgical History

- type, course and severity of the illness
- treatment currently being used and its efficacy
- plans for future investigations and treatment
- what has the patient been told about his or her condition?

History of the Reasons for the Consultation

- precipitating and perpetuating factors
- exacerbations and remissions of behavioral problems

• was anything brought in by visitors? (e.g. ethanol, pills from home, etc.)
• possible association with procedures, interventions, medications, etc.

Medication Review
• psychiatric complications of non-psychiatric medications (e.g. steroids)
• medical problems caused by psychiatric medications (e.g. lithium)
• possible effects of psychiatric medications on pre-existing conditions

Laboratory Investigation Review
• has appropriate testing been carried out and the results reported?
• have serum levels been ordered for applicable medications?
• is there an association between biochemical or hematologic abnormalities and a change in clinical status?

Review of Information
• expand on the admitting history, e.g. substance abuse, family history
• speak to the referring source for information not on the chart
• check the emergency record and all multidisciplinary notes to obtain and corroborate information