MINISTRY OF HEALTH PROTECTION OF UKRAINE

KHARKIV NATIONAL MEDICAL UNIVERSITY

CASE HISTORY OF MENTAL PATIENT: WORKBOOK

Student:

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Харків, 2017

Копіювання для поширення в будь-якому вигляді частини або повністю можливо тільки з дозволу авторів навчального посібника.

Схема історії хвороби психічного хворого: Робочий зошит для студентів медичних вузів із англійською мовою навчання /Упор. В.М.Сінайко, І.М. Стрельнікова, І.В. Лещина, Л.Д. Коровіна. – Харків: ХНМУ, 2017. – 26 с.

Introduction

Skill to establish contact and examine mental patients is the most important and necessary for a doctor of any specialty. Thus it is necessary to take into account features of mental diseases, which determine all originality of a psychiatric case history: features of conversation with mental patients, presence of objective anamnesis, allowing to estimate a condition of the patient more precisely, descriptive (instead of ascertaining) character of formulation of the mental status, in which should be reflected not only symptoms of mental disorder, but also features of speech and behavior of the patient.

The workbook contains scheme of examination of mental patients and psychiatric case history. For simplification of work with the patients, there are samples of questions to patients in Ukrainian, Russian and English languages in the manual, and also exemplary scheme of the description of the patient's mental status.

The manual is intended for students of medical high schools of Ukraine with the English language of teaching, but it can be useful both students with Ukrainian and Russian language of training.

General scheme of case history

1. General information (demographic data).
2. Patient's complaints.
3. Anamnesis.
   - 3.1. History of the present disease (anamnesis morbi) according to the patient.
   - 3.2. Past history (anamnesis vitae) according to the patient.
   - 3.3. Objective anamnesis according to the parents, relatives, colleagues, documents.
4. State of the patient at the moment of inspection.
   - 4.1. Somatic status.
   - 4.2. Neurological status.
   - 4.3. Psychical status.
5. Conclusion on materials of primary inspection, preliminary diagnosis (syndrome).
6. Results of additional examinations of the patient (blood test, urine test, X-ray examination, tomography etc.).
7. Results of experimental psychological examination.
8. Differential diagnostics.
9. Ascertainment and substantiation of the final diagnosis.
10. Treatment.
11. Prognosis for life, recovery and ability to work.
12. Epicrisis. The medical and social recommendations.

General information (demographic data)

It is necessary to find out the basic demographic data (surname, first and second name (father's name), age, sex, age and year of birth, place of work or study, profession, home address, the date of admission to the hospital). This information should be received by interrogation of the patient, it is possible to specify it from the available documents (passport, medical cards etc.), from the relatives, people who is accompanying the patient, or medical staff. Already at this stage it is possible to make the first conclusions about the mental state of the patient (about his availability to speech contact, orientation in a place, time, own personality, state of his memory, thinking etc.).

Samples of questions:

Українська мова	**Русский язык**	**English**
Ваше прізвище, ім'я та по батькові?	Ваши фамилия, имя, отчество?	What is your full name?
У якому році Ви народились?	В каком году Вы родились?	When were you born?
Скільки Вам років?	Сколько Вам лет?	How old are you? (What is your age?)
Хто Ви за фахом?	Кто Вы по профессии?	What do you do? What is your occupation? Who are you?
Де Ви працюєте?	Где Вы работаете?	Where do you work?
Ви на пенсії? По інвалідності або за віком?	Вы на пенсии? По инвалидности или по возрасту?	Are you on a pension? Are you on a pension because of your age or your health?
Ви інвалід?	Вы инвалид?	Are you an invalid?
Ви інвалід якої групи?	Вы инвалид какой группы?	What type of invalid are you?
Ваша домашня адреса?	Ваш домашний адрес?	Your home address please?
Коли Ви поступили в лікарню?	Когда Вы поступили в больницу?	When were you admitted to the hospital?
Як Ви поступили в лікарню (самостійно, машиною «Швидкої допомоги» та ін.)	Как Вы поступили в больницу (самостоятельно, машиной «Скорой помощи» и др.)	Which way were you admitted to the hospital (independently, by ambulance etc.)?

Patient's name (FML) ____
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Age _____ Date of birth ____
Occupation ____
Job place ____
Invalidity (if any) ____
Date of admisstion __________________ primary hospitalization/rehospitalization

Patient's complaints (present)

It is necessary to find out, what exactly has resulted the patient in psychiatric hospital. It is important to collect the complaints not only on mental, but also somatic health. Each complaint must be specified and described in details (circumstances of occurrence, onset, course). At some conditions patient can't formulate his complaints, therefore doctor should listen to the patient patiently and find out, what exactly disturbs him. Sometimes patient considers himself healthy and does not state any complaints. In this case it is necessary to make the appropriate record in the case history.

Samples of questions:

Українська мова	**Русский язык**	**English**
На що Ви скаржитесь?	На что Вы жалуетесь?	What are your complaints?
Що трапилось з Вами?	Что случилось с Вами?	What is the matter?
Що Вас непокоїть?	Что беспокоит?	What is wrong with you?
Що привело Вас до лікарні?	Что Вас привело в больницу?	What's brought you to the hospital?
Як Ви себе почуваєте?	Как Вы себя чувствуете?	How do you feel?
Є ще якісь скарги?	Есть еще какие-нибудь жалобы?	Any other problems?

Describe the patient's complaines below:
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Past history (anamnesis vitae)

Anamnesis vitae is found out according to the patient (subjective anamnesis), according to the persons, who knows him well, and from the official characteristics and other documents (objective anamnesis). Collecting anamnesis it's necessary to pay attention on somatic and mental heredity, life condition and education, features of physical and mental development, progress at school, behaviour in collective, diseases and traumas during patient's life, features of character. Military service, labour activity (age of a beginning of labour activity, attitude to work, serviceability, frequency changing of work place, reason), last place of work, attitude to it, working conditions should also be taken into account. It is necessary to find out the marital status, attitudes between the members of family, psychological climate at work and in family, presence of harmful habits (use of alcohol - frequency, doze, age of a beginning of abusing, smoking).

Samples of questions:

Українська мова	**Русский язык**	**English**
Де Ви народились?	Где Вы родились?	Where were you born?
Скільки років було Вашим батькам, коли Ви народились?	Сколько лет было Вашим родителям, когда Вы родились?	How old were your parents when you were born?
Ваші батьки живі або померлі?	Ваши родители живы, умерли?	Are your parents living or dead?
Від чого вони померлі? В якому віці?	От чего они умерли? В каком возрасте?	What caused their death? At what age did they die?
У Вас є брати, сестри?	У Вас есть братья, сестры?	Do you have brothers or sisters?
Вони здорові?	Они здоровы?	Are they healthy?
У Вашій сім'ї були (є) психічно хворі?	В Вашей семье были (есть) психически больные?	Do you have any psychiatric patients in your family?
У Вашій сім'ї були випадки самогубства?	У Вас в семье были случаи самоубийства?	Did you have any cases of suicide in your family?
Як перебігала вагітність та пологи у Вашої матері?	Как протекали беременность и роды у Вашей матери?	What was the history of your mother's pregnancy and delivery?
Як Ви розвивались у дитячому віці?	Как Вы развивались в детском возрасте?	What was your mental and physical development in childhood?
У Вас були дитячі нічні страхи, сноговоріння, сноходіння, нічне нетримання сечі, напади судом, заікання)?	У Вас были детские ночные страхи, снговорение, ночное недержание мочи, приступы судорог, заикание)?	Did you have child's night-mares, did you speak or walk while sleeping; did you have night urinary incontinence, any episodes of convulsions or stammer?

У якому віці Ви пішли до школи?	В каком возрасте Вы пошли в школу?	At what age did you go to school?
Яка була успішність у школі?	Какая была успеваемость в школе?	How did your progress at school?
Які предмети Вам найбільше подобались?	Какие предметы Вам нравились больше всего?	Which subjects do you like most of all?
Скільки класів Ви закінчили?	Сколько классов Вы закончили?	How much classes have you finished?
Чи були друзі у школі? Скільки?	Были ли друзья в школе? Сколько?	Did you have any school-mates? How many?
Чи легко Ви заводите друзів?	Вы легко заводите друзей?	Do you make friends easily?
Які у Вас були взаємні відносини із батьками, товаришами та вчителями?	Какие у Вас были отношения с родителями, товарищами и учителями?	What kind of relationships did you have with your parents, friends and school-teachers?
Де Ви працювали після закінчення школи (вузу)?	Где Вы работали после окончания школы (вуза)?	Where did you work after leaving school (on graduating from university)?
Чому змінювали роботу?	Почему поменяли работу?	Why have you changed your work?
Які у Вас умови праці?	Какие у Вас условия труда?	What are your work conditions?
Ваша робота пов'язана із шкідливими умовами праці?	Ваша работа связана с вредными условиями труда?	Is your job connected with unhealthy conditions of work?
Вам подобається Ваша робота?	Вам нравится Ваша работа?	Do you like your job?
Які умови У Вас вдома?	Какие условия у Вас дома?	What are your home conditions?
Хто ще живе з Вами?	Кто еще живет с Вами?	Who else lives with you?
Ваші взаємні відносини із іншими членами сім'ї?	Ваши взаимоотношения с другими членами семьи?	Your mutual relation with other members of family?
Яким за характером Ви були у дитинстві?	Каким Вы были по характеру в детстве?	What kind of character did you have in childhood?
Яким зараз Ви є характером?	Каким по характеру Вы являетесь сейчас?	What kind of character did you have now?
У якому віці у Вас з'явились менструації?	В каком возрасте у Вас появились месячные?	At what age menarche happened?
Ви заміжня (одружений)?	Вы замужем (женаты)?	Are you married?
У Вас були вагітності?	У Вас были беременности?	Have you had pregnancies?

У Вас були аборти?	У Вас были аборты?	Have you had abortions?
Якими хворобами Ви страждали у минулому?	Какими болезнями Вы болели в прошлом?	What diseases have you had in the past?
Які хвороби Ви перенесли у дитинстві?	Какие болезни Вы перенесли в детстве?	What diseases did you have as a child?
Ви хворіли венеричними захворюваннями (сифіліс, гонорея)?	Вы болели венерическими болезнями (сифилис, гонорея)?	Have you ever had a venereal disease (syphilis, gonorrhea)?
Ви хворіли на туберкульоз, хворобу Боткіна чи менінгіт)?	Вы болели туберкулезом, болезнью Боткина, менингитом)?	Have you ever had an infectious disease (tuberculosis, hepatitis, meningitis)?
У Вас були черепно-мозкові травми?	У Вас были черепно-мозговые травмы?	Have you had brain injuries?
Ви коли-небудь втрачали свідомість?	Вы когда-либо теряли сознание?	Have you ever lost consciousness?
Ви переносили операції під загальним наркозом?	Вы переносили операции под общим наркозом?	Have you had ever operations under general anaesthetic?
У Вас є алергія до якихось ліків?	У Вас есть повышенная чувствительность к каким-нибудь лекарствам?	Do you have allergy to any drugs?
Ви палите? Скільки сигарет протягом доби Ви випалюєте?	Вы курите? Сколько сигарет в течение дня Вы выкуриваете?	Do you smoke? How many cigarettes a day do you smoke?
Ви вживаєте спиртні напої? Як часто та в якій кількості?	Вы употребляете спиртные напитки? Как часто и в каких количествах?	Do you use alcoholic drinks? How often and how much?
Яким спиртним напоям Ви надаєте перевагу?	Какие спиртные напитки Вы предпочитаете?	What alcoholic drinks do you prefer?
Чи виникає у Вас похмілля?	Возникает ли у Вас похмелье?	Have you had “hang-over syndrome”?
Скільки потрібно Вам випити, щоб сп'яніти?	Много ли Вам нужно выпить, чтобы опьянеть?	How much alcohol should you drink to get tipsy (drunk)?

Describe the patient’s anamnesis below:

History of the present disease (anamnesis morbi)

In anamnesis morbi the first attributes of disease, feature of its beginning, negative factors, directly preceded to disease (trauma, infection, intoxication, change of a vital situation etc.), time of influence of negative factors before occurrence of first attributes of mental disease, development (sharp, gradual), treatment at therapeutist, neuropathologist and in psychiatric hospitals, its efficiency, reason of the present hospitalization, which way he (she) was delivered in hospital must be described. With the help of objective anamnesis all of earlier listed data are specified.

Samples of questions:

Українська мова	**Русский язык**	**English**
Коли з'явились перші ознаки психічного захворювання?	Когда появились первые признаки психического заболевания?	When did you notice the first symptoms of mental disease?
Як давно Ви хворієте?	Как давно Вы болеете?	How long have you been ill?
Як почалось Ваше психічне захворювання?	Как началось Ваше психическое заболевание?	How did your mental disease begin?
Хвороба виникла гостро чи поступово?	Болезнь возникла остро или постепенно?	Did the illness arise sharp or gradually?
Із чим Ви пов'язуєте початок захворювання?	С чем Вы связываете начало заболевания и его обострения?	What are possible causes of the onset of your illness?
Ви самі вирішили звернутись до лікаря?	Вы сами решили обратиться к врачу?	Did you decide to call a doctor yourself?
Ви проходили лікування з причини своєї хвороби? Де?	Вы лечились по поводу своей болезни? Где?	Were you treated for you illness? Where?
В чому полягало лікування?	В чем состояло лечение?	What did the treatment consist of?
Чи було полегшення після лікування?	Наступало ли улучшение после лечения	Did you have a relief after the treatment?
Як часто Ви проходили лікування в психіатричному стаціонарі?	Как часто Вы проходили лечение в психиатрическом стационаре?	How often were you treated in the psychiatric hospital?
Коли Ви виписались із лікарні минулого разу?	Когда Вы были выписаны из больницы в прошлый раз?	When did you leave hospital last time?
Що було причиною Вашої теперішньої госпіталізації?	Что было причиной Вашей нынешней госпитализации?	What was the reason of your present hospitalization?

Describe anamnesis morbi below:

State of the patient at the moment of inspection (somatic, neurologic, psychical status).

The inspection of a patient conditions includes the following.

Somatic status: a constitution, skin, condition of internal organs (under the general scheme of examination accepted in somatic clinics).

Describe somatic status below:

Neurological status: a condition of brain nerves, motor sphere (volume of movements, tone of muscles, condition of reflexes, pathological reflexes, statics and coordination of movements); sensitive sphere (pain, condition of superficial and deep sensitivity); vegetative nervous system (cyanosis, edemas, lability of pulse etc.). The

research is made according to the scheme of neurological examination accepted in neurological clinic.

Describe neurologic status below:

Mental status:

a. Degree of contact of the patient with the doctor (productive contact, formal contact etc.);
b. Orientation at place, time, the own personality, persons around (condition of consciousness). The level of insight.
c. Infringement of perception (metamorphopsias, illusions, hallucinations, description of their character on analyzers, on complexity, in relation to the patient, behavioral signs of hallucinations);
d. Disorders of memory (hypermnesia, hypomnesia, amnesia, paramnesias);
e. Infringement of thinking and speech: on tempo (acceleration, inhibition, delay of thinking), on coherence (splitting of thinking, paralogism, reasoning, detailed elaboration, incoherence, perseveration, echolalia), on the contents (obsessive, supervaluable, delusional ideas), contents of delusional ideas, their systematization, delusional behaviour, dementia (character of dementia), oligophrenia;
f. Disorders of emotions: mood, emotional reactions during examination (non-adequacy of emotions, ambivalence etc.); infringement of emotions on force (strengthening, weakening), infringement of mobility of emotions;
g. Infringement of will: a condition of attention, purposeful activity - strengthening (excitation), weakening, distortion (catatonic symptoms, obsessive, insuperable movements and actions), condition of inclinations (strengthening, weakening, distortion).

The note: all psychopathological manifestations should be illustrated by direct speech, statements of the patient, description of his behaviour, mimicry etc.

Samples (underline, ~~cross out~~ or *Describe* if nessessary)**:**

Degree of contact of the patient with the doctor (productive contact, formal contact, absent). The patient (don't) take(s) the initiative in the conversaion. He/she is polite (rude, impolite), unsociable; reserved, sociable.

The patient is (dis)oriented in time, space, own person and persons around (in-) completely. The patient notices dream-like cloudinesses of consciousness, he (dis)likes it; he takes part in them; he (doesn't) want to be out, which last (not) long (continuously, do not continue), end immediately (at once), gradually. The patient notices fits with (without) loss of consciousness, (with transient loss of consciousness, short fainting spell), which develop not very often (rarely, infrequently), are (not) accompanied by convulsions, involuntary urination, defecation, foaming at the mouth, biting his (her) tongue.

He (doesn't) considers himself as a sick person.

Describe the patient's attitude to his illness below:

The patient marks visions, which are observed with his eyes (internal vision), he can(not) specify their site, they are (not) bright, they look like alive persons (immaterial and transparent), (don't) produce sounds, (don't) speak. The patient sees them in front of him (with lateral vision, behind the back). When he closes his eyes, he continues (ceases) see them, sees them more often in the morning (evening, late evening, day, night).

The patient hears voices from outside (inside), with imperative (advising, commentative) character. These voices are (not) familiar, speak (un)pleasant things, they are (not) friendly (hostile, neutral) character.

The patient hears them by both ears (one ear). If he stops up his ears, he continues (ceases) to hear them.

The patient notices that he began to feel usual smells somehow differently, feels unusual smells, (don't) know origins of this smell.

He began to feel that the habitual food changes its taste, taste sensations are (not) connected with meal. He feels an alien body on a skin, inside a stomach, in a head.

The patient has sensations and perceptions appeared because of somebody's will. The patient has sensations, when the subjects around seem to be unreal, deformed (strange, different, more (less) distant from him, unfamiliar). It seems to him that the shape of subjects are unusual (reduced, increased), has a sensations "already seen".

The patient feels decrease (increase) of his body (parts of a body) size at the closed (open) eyes. He notices that his ideas and feelings are alien to him. Events occurring with him, observes as though from outside.

The patient is outwardly untidy (neat, clean shaved; has dirty (clean) hair; hair is (not) combed (done). He is dressed untidily (according to generally accepted norms, according to fashion).

Being at the in-patient department the patient is (insufficiently, not) cooperative (friendly), resentful, (conflictable) clashing (with), suspicious. The patient prefers to stay in bed (to walk down the corridor, to watch TV).

The patient comes to doctor only after the doctor's call (on his initiative). The patient is (not) oppressed by staying at the psychiatric hospital.

The patient has (im-) mobile features. Expressions of the patient's face is merry (lively), sad (melancholy), gloomy, malicious, thoughtful (pensive). The patient gesticulates actively (slightly); sits motionless. The patient is motor inhibited (retarded) reacts (replies) (rapidly) on the speech, addressed to (appealed to); no productive cooperation (productive contacts not available). Questions are (not) answered. Patient gives (does not give) a straight answer; the patient answer in short (fully).

Speech is loud (low, normal) (not) intelligible; conversation tempo is increased (decreased, normal), speech is (not) clear. The patient is excited (retarded), (doesn’t) react to everything (anything) around, attention is rapidly exhausted (constant), easily (hardly) switched.

The patient is indifferent to his own condition (emotionally stable; extremely excited). The patient is disturbed (alarmed, agitated), he is afraid of something.

The patient is emotionally depressed (in pathologically high spirit, in high spirit).

The patient marks conditions in which it is difficult to withstand the stream of thoughts (sudden break-off in thoughts takes place); the feeling of emptiness in the head; blank (black-out), thinking arrest develops. Sometimes there are some situations in which he can't recognize words while reading; accepts badly the meaning of long phrases.

The patient is troubled with unpleasant thoughts; he tries to get rid of which, but fails. Sometimes the patient has some thoughts that he may say or do something contrary to his will, strike someone (strike an object, shout a rude word).

The patient is afraid of the darkness, nights, flying, crowds, open or small confined space, shark objects, death, acute grave illness, loneliness; he feels uncomfortable in crowds.

It seems (he is convinced of, expresses suggestions) to the patient that he is followed (is being pursued); the patient feels that his life is in a danger that there might be a plot against him, that someone influences him wants (to poison him, to take possession of his flat).

The patient considers that he has extraordinary abilities of reading (transmitting) thoughts at a distance; he possesses (abnormal authority, power, immortality, huge wealth, fundamental scientific discoveries); he thinks he is an unusual person.

The patient suspects his wife (her husband) of unfaithlessness. He feels that everything, happening around is pre-arranged, that he is in the focus of people's attention, that people know all his shortcoming (defects); that relatives are strangers (unfamiliar people), but tray to imitate the true relatives; doctors accept the relative's appearance.

The patient blames himself for making unpleasant actions (acts, deeds, crimes); he is convinced of his moral abnormality (uselessness, stupidity, unfitness for fruitful activities). He is convinced to suffer from grave (uncured or shameful) disease, that he has deformity, leaping to the people's eyes.

The patient believes that his (her) own body has been transformed into the body of certain animal (birds, another person, inanimate object).

He considers that strangers accept relatives', friends' appearance with hostile aims that relatives and friends are strangers (unfamiliar people), but tray to imitate the latter, that all things around change constantly, people transform themselves, so do pieces of furniture.

The patient has an aptitude for fruitless thinking (reasoning), of absurd generalization.

The patient (can't) give(s) the name of the present date; is (not) able to say how long he/she has been staying in the hospital; where he/she is now, what he/she ate for breakfast; does not remember his/her doctor's name.

He/she (does not) solve arithmetic problems (even during long period of time); (does not) understand metaphorical meaning of proverbs and saying; (does not) know the name of foreign countries.

Describe other findings below:

Conclusion on materials of primary inspection, preliminary diagnosis (syndrome).

It’s necessary to state the summary of patient’s complains, possible reasons of their appearance, notice the main features of the psychical and somatic status. Main psychopathological syndrome (or syndromes) must be formulated below.

Results of additional examinations of the patient

Set of additional research methods depends on somatic and mental status of psychiatric patient. It includes:

- Experimental psychological examination (tests)

- Clinical and biochemical researches of blood, urine, spinal fluid (density, contents of cells, fiber, sugar etc.)

- X-ray examination of chest and skull

- Electrophysiological examinations such as EEG, ECG, computed EEG, computed tomography (CT), magnetic resonance imaging (MRI) etc.

- HIV test, Wassermann reaction (WR) etc.

- Inspection of the patient by other specialists (therapeutist, neurologist, phthisiatrician, ophthalmologist, gynecologist etc.)

Differential diagnostics.
Ascertainment and substantiation the final diagnosis.

Differential diagnostics with diseases having a similar clinical picture is carried out. It is necessary to allocate common features of diseases and clinical features of the patient. On the basis of differential diagnostics the symptoms allowing to establish the final diagnosis are determined.

Treatment

It's necessary to determine the scheme of treatment proceeding from etiology and pathogenesis, patient's mental and somatic status, disease's course (type of onset, duration), results of past treatment.

The treatment must be complex, but it's necessary to avoid the prescription any medicine for no reason whatever.

Prognosis

Should be determined prognosis separately for life, recovery and ability to work. They can be good (favourable) or bad (unfavourable).

Describe prognosis and recommendations for the patient below: