

07 - General examination

General examination

© SPMM Course 3. Physical examination of a psychiatric patient General examination SIGNS
Relevant conditions Argyll-Robertson pupil Neurosyphilis; the more common cause is diabetes.
Checker-board abdomen Multiple surgical scars in factitious disorder. Constricted pupils Opiate
intoxication, Horner's syndrome Dilated pupils Stimulant abuse or opiate withdrawal, anxiety states
Kayser Fleischer ring Golden Brown pigment around cornea in Wilson's disease Generalised lymph
node enlargement HIV illness, Lymphomas. Goitre Thyroid disease, very small number related to
lithium use Gynaecomastia Hyperprolactinaemia, cirrhosis, androgen or steroid abuse Jaundice
Heavy alcohol use. Lanugo hair Anorexia nervosa Lemon stick appearance, central obesity
Cushing's syndrome Lid lag, lid retraction, exophthalmia, and proptosis Hyperthyroid state Mask
like face Extrapyrarnidal affect is seen in Lewy body dementia, Parkinsonism, and in psychomotor
retardation of depression Parotid swelling Bulimia, mumps Piloerection Opiate withdrawal
Rapid/irregular pulse Anxiety, delirium states, Drug/alcohol withdrawal and Hyperthyroidism
Russell's sign Bulimia nervosa – calluses at knuckles Sialorrhoea Clozapine treatment;
parkinsonism; facial palsy of Bell's, stroke involving cranial nerves Splinter haemorrhages, Osler's
nodes, and Janeway lesions Due to infectious endocarditis in IV drug users. Xanthelasma Lipid
accumulation, related to Olanzapine or another antipsychotic treatment. Patients with acute
hyperventilation (often in the context of panic attack in a psychiatric clinic) may present with
agitation, increased breathing rate with shallow breaths (tachypnoea), chest pain, dizziness,
palpitations, tetanic cramps (carpopedal spasm), paresthesias, generalized weakness, and
syncope. Paresthesias are due to acid-base imbalance, and occur more commonly in the upper
extremity and are usually bilateral. Unilateral paresthesias are left-sided in approximately 80% of
cases. Perioral numbness is very common. Minor Physical Anomalies (MPAs) are often observed in a
range of developmental disorders. MPAs are also more frequent in patients and siblings of patients
with schizophrenia than in healthy controls, supporting neurodevelopmental aetiology. MPAs can
be rated using Lane Scale

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