

# Present State Examination and Phenomenology: the Science and the History

**PROFESSOR NANDINI CHAKRABORTY**

**LEICESTERSHIRE PARTNERSHIP NHS  
TRUST**

**UNIVERSITY OF LEICESTER, DEPT OF  
HEALTH SCIENCES**

# WHO instruments for assessing:

- ▶ Psychopathology
- ▶ Disability, quality of life and satisfaction
- ▶ Services
- ▶ Environment and risks to mental health

# WHO instruments for psychopathology

- ▶ CIDI
- ▶ AUDIT
- ▶ ICD-10 Symptom checklist for mental disorders
- ▶ IPDE
- ▶ SCAN
- ▶ and some others.....

# Diagnostic interviews

▶ SCAN

▶ IPDE

▶ CIDI

# The origins

- ▶ 1979
- ▶ WHO and the United States Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA)

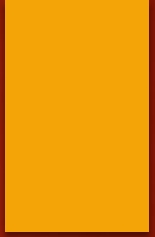
# What did they decide to do?

- ▶ Agreed on a joint project to foster a common language and improve the *accuracy and reliability of diagnosis and classification in the mental health field*

# The phases



- ▶ 1980-1981: knowledge summarized, workshops
- ▶ 1981-1982: Preparation and convening of an International Conference on Diagnosis and classification of mental disorders, alcohol and Drug related problems

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- ▶ 1982- start of a Task Force on Diagnostic instruments:
  - ▶ Transculturally applicable instruments for a standardized assessment of disorders in chapter V(F) of ICD-10 and DSM-III R
    - ▶ SCAN
    - ▶ IPDE
    - ▶ CIDI





# Background for SCAN

- ▶ Schedules for Clinical Assessment in Neuropsychiatry (currently version 2.1)
- ▶ SCAN is a set of instruments aimed at assessing, measuring and classifying the psychopathology and behaviour associated with the major psychiatric disorders of adult life.

# Background for SCAN

- ▶ Four components
  - ▶ Present State Examination (PSE 10)
  - ▶ Glossary
  - ▶ Item group checklist (IGC)
  - ▶ Clinical history schedule (CHS)
- ▶ Computer programme- IShell

# Aims of SCAN

- ▶ To provide comprehensive, accurate and technically specifiable means of
- ▶ Describing and classifying psychiatric phenomena,
- ▶ In order to make comparisons

# Central principle

- ▶ Phenomena are rated on their own merit, irrespective of any theory about the way they cluster, their causes or their psychosocial or biological nature.
- ▶ SCAN text is 'bottom-up' in approach

# SCAN and the PSE tradition

- ▶ PSE – late 1950's and early 1960's
- ▶ Social Psychiatry Research Unit of the UK Medical Research Council



▶ 6<sup>th</sup> edition was quickly modified- 7<sup>th</sup>  
and 8<sup>th</sup> used:

▶ UK-US Diagnostic study (Cooper  
et al 1972)

▶ and IPSS

# More about international pilot study of schizophrenia (IPSS)

*Psychological Medicine*, 1992, 22, 131-145

*Printed in Great Britain*

Ull

## The International Pilot Study of Schizophrenia: five-year follow-up findings<sup>1</sup>

J. LEFF,<sup>2</sup> N. SARTORIUS, A. JABLENSKY, A. KORTEN AND G. ERNBERG

*From the World Health Organization, Geneva, Switzerland*

**SYNOPSIS** A five-year follow-up of the patients initially included in the International Pilot Study of Schizophrenia was conducted in eight of the nine centres. Adequate information was obtained for 807 patients, representing 76% of the initial cohort. Clinical and social outcomes were significantly better for patients in Agra and Ibadan than for those in the centres in developed countries. In Cali, only social outcome was significantly better.

# IPSS continued

- ▶ PSE was used in 9 countries across 5 continents
- ▶ The questions asked were:
  - ▶ Does schizophrenia exist in different countries? Does the form, content and clinical course differ?
  - ▶ Can other functional psychoses be identified, do they run a different course?
  - ▶ Can techniques be developed in recording and classifying symptomatology reliably?
  - ▶ Can researchers in different countries be trained in these techniques so that data across countries are reliably comparable?



# The key results

- ▶ The PSE interview can be administered satisfactorily in various cultures and in widely different psychiatric centres.
- ▶ It is possible to achieve high reliability among PSE interviewers.
- ▶ Psychopathological characteristics of patients with schizophrenia were similar across the different centres.
- ▶ Schizophrenia and depressive psychosis are psychopathologically different.

# Lessons learnt

- ▶ Requirement of glossary
- ▶ Additional schedules to allow rating of previous episodes
- ▶ Algorithms for classifying PSE item profiles into ICD categories-diagnosis

# Present state examination 9

- ▶ 140 items
- ▶ Definitions in glossary
- ▶ CATEGO4 computer program
- ▶ Published in 1974

# PSE-10

- ▶ Work started in 1980, in anticipation of ICD 10
- ▶ 1<sup>ST</sup> version of SCAN (0) February 1988
- ▶ Version 1 April 1992
- ▶ Followed by ICD-10 DCR, DSM 1V looming
- ▶ Version 2 September 1994
- ▶ Version 2.1 1999

# PSE-10

- ▶ Interview schedule
- ▶ F0-F5
- ▶ Two main scales for parts I and II

# Item group checklist

▶ Clinical records

▶ Informants

# Clinical history schedule

- ▶ Aspects of occupation
- ▶ Education
- ▶ Developmental disorders
- ▶ Social roles
- ▶ Social handicap

# Rules for rating

- ▶ When in doubt 'rate down'
- ▶ Zero is a positive rating of absence
- ▶ Clinical judgement is paramount



# The present

- ▶ Available in English, German, French, Spanish, Dutch, Danish, Italian, Hindi, Kannada, Arabic, Chinese, Swedish, Turkish, and Russian.
- ▶ 18 WHO designated SCAN Training and Reference Centres
- ▶ SCAN version 3 is underway

# Psychopathology



- ▶ The discipline of psychopathology focuses on the subjective abnormal experiences of a patient in first-person perspective.
- ▶ Descriptive psychopathology does not delve into the roots or genesis of the experience but takes a 'bottom-up' approach in elaborating the patient's world in the patient's words and personal description.
- ▶ In a way it could be described as putting oneself in the patient's shoes.

# Phenomenology



Andrew Sims describes phenomenology as the observation and categorisation of abnormal psychic events, the internal experiences of the patient and their consequent behaviour.

# The steps of thinking

- ▶ Psychopathology
- ▶ Phenomenology
- ▶ Formulation
- ▶ Nosology
- ▶ Diagnosis
- ▶ Compassionate patient centred care

# Phenomenology in depression: fine tuning

- ▶ Tedium vitae

Death wish. The patient might not want to wake up in the morning or welcome ideas of fatal disease without suicidal ideation

- ▶ Suicidal thoughts or acts

Deliberate consideration of taking one's own life



▶ Loss of self-confidence with other people

Diminished confidence in social skills and in social relationships

▶ Loss of self-esteem

Unusual feeling of being inferior to others or even worthless, non-delusional

▶ Social withdrawal

The patient does not seek company. May even actively withdraw and refuse company when offered

# Beliefs that we do not accept

- ▶ Cultural, social, political and religious views
  - ▶ Understandable in the context of the background of the person
- ▶ Obsessions
  - ▶ The person themselves understand the irrational nature of the thought but cannot prevent going over it repeatedly
- ▶ Overvalued ideas
- ▶ Delusions

# Overvalued ideas

- ▶ Jaspers (1963) divided pathological ideas into understandable and not reasonably understandable. The understandable idea is the overvalued idea or delusion like idea. A fixed notion grafted in the mind of a strongly emotional person. In this category he placed inventors, social reformers, politicians and people in general whose ideas are supported by a serious and undefeatable emotional commitment.





McKenna PJ. Disorders with overvalued ideas. Br J Psychiatry. 1984 Dec;145:579-85. doi: 10.1192/bjp.145.6.579. PMID: 6391600.

*The overvalued idea, first described by Wernicke, refers to a solitary, abnormal belief that is neither delusional nor obsessional in nature, but which is preoccupying to the extent of dominating the sufferer's life. Disorders conforming to his definition are well documented, though their recognition as such has been variable, and they may not be as rare as is often thought. As well as sharing a distinctive phenomenology, the conditions develop in similar settings and carry a uniformly poor prognosis. Their pathogenesis is obscure and difficult to account for in conventional terms.*

# Obsessions, delusions, overvalued ideas: a short comparison

	CONVICTION	PRE-OCCUPATION
<b>DELUSIONS</b>	<b>++</b>	<b>+/-</b>
<b>OBSESSIONS</b>	<b>+/-</b>	<b>++</b>
<b>OVERVALUED IDEAS</b>	<b>++</b>	<b>++</b>

# Thought alienation and replacement of will

- ▶ Thought interference
  - ▶ Thought broadcast
  - ▶ Thought insertion
  - ▶ Thought withdrawal

## VERSUS

- ▶ Delusion of thoughts being read

Usually an explanatory delusion connected to delusions of reference or elaboration of thought alienation or other persecutory experiences

# Experience of control

The experience that some other person, force or agency takes over the will in a way it is impossible to control or withstand, leaving the feeling of being a victim of possession or hypnosis, becoming a robot or being a puppet on strings.

- Actions

- Voice

- Handwriting (typing)

- Made affect

- Made impulses

These are primary experiences which may have secondary explanatory delusions



# The importance of embedding psychopathology and phenomenology in clinical practice and training in psychiatry<sup>†</sup>

ARTICLE

Nandini Chakraborty 



▶ Continue hearing the  
patient story

Thank you !

Twitter @DrNandiniC