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Dissecting through the Mind- The Art of History Taking in Psychiatry

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ABSTRACT

History taking is an important aspect of teaching clinical skills in medicine during undergraduate and post-graduate courses. There is usually a uniformity as to how to take a reliable and informative history across various fields of medicine. Each subject, however has some specific questions pertaining to the subject which need to be addressed. History taking is given significantly much higher priority in the field of Psychiatry owing to lack of laboratory based diagnostic tools. Much of the diagnostic tools in Psychiatry are basically well structured, validated sets of questionnaires.

Format of history taking remains somewhat similar in most of the literatures, but the individual skills to elicit history differs from person to person and no doubt it's more of an art. This article aims to highlight the general format of history taking, the barriers in proper history taking, the situation specific skills, and overall art of extracting more and purposeful information from patients which can help reach the diagnosis.

Keywords: History taking, Psychiatry, Skills

INTRODUCTION

Much of the diagnosis in psychiatry rests on a good history from the patient's and the caregivers. Each institution has their own set of questionnaires for gaining meaningful information from the patients and caregivers. Hampton et al.[1] reported that among medical out-patients, 83% of medical diagnoses could be made from history alone compared with 9% from examination. Most of the studies in the past have focused more on the ordering and detailing of the symptoms. Lloyd H et al.[2] outlines the process of taking a history from a patient, including preparing the environment, communication skills and the importance of order. But most studies have missed on discussing the skills essentially required in eliciting history from the guarded, fearful and irritable patients. This article aims to fill the gap in such understandings.

The general principle in any history taking is to at first greet the patient and informants and make them comfortable. The privacy is highly suggested while interviewing any patient. Most of the formats for history taking begin with questions pertaining to socio-demographic profile mentioning name, age, sex, religion, caste, home town, occupation, educational and marital status and economic class. In psychiatry, it is important to mention the informants and how adequate was the information, and reliability of such information. It is suggested that the time zone of stay of informants with the patient be mentioned for the adequacy of the data. It is customary to mention the total duration of illness at the beginning of discussing chief complaints. Chief complaints are ideally restricted to 4-5 main complaints which brought the patient to the hospital. History of presenting illness incorporates predisposing, precipitating and perpetuating factors. It is usually elaborate and discusses the various complaints in

chronological order with specific emphasis on their time zone, aggravating and relieving factors. Past history usually details the comorbid illnesses, past medical, surgical or psychiatric history, head trauma, history of seizure, tuberculosis, bronchial asthma and hypothyroidism, hypertension and diabetes. Treatment history should discuss various medical, surgical and psychiatric treatment, with mention of effects of such treatment in the past which may decide the future likelihood of benefits with such treatment and worth mentioning any allergic reactions to any drugs in the past. Premorbid personality is important to be assessed to know the predisposing factors, the baseline where target goal can be set. Family history usually discusses history of any psychiatric illness, seizure, tuberculosis, diabetes, hypertension, asthma and suicide. A three generation family tree is advocated across the globe. Birth and developmental history are important in psychiatry as the childhood crisis can significantly decide the late life personality and overall development of the individual.

History in psychiatry is not merely set of stories, it's a key which led to the diagnosis. The idea is to know what problems made the patient visit the hospital, what factors contributed to such illness and to get the individual's personality domains, family dynamics, childhood situations and to gain much of psychopathology. How meaningful an individual takes history depends on individual skills and knowledge of what to ask to reach a diagnosis. There are certain known barriers in history taking. The most commonly encountered problem is language barrier. With the centralized entrance exams for admission to undergraduate and post-graduate courses in India, students from different parts of the country are able to migrate to places away from their native states with different language. There are no such curriculum to teach the local language during the first year of their courses, at present which puts students in challenging situation. With inadequacy of vocabulary, students find it difficult to extract much of the informations from the patients. At the same time, patients may not feel much comfortable with an interviewer who is struggling to raise a question before the patient. Psychiatry is a subject, where leading questions are not desirable, it needs lot of patience and trust to get the hidden truths from the patients. The other common barrier is gender. Many students as well as patients do not find comfortable dealing with opposite gender and it's not always possible to get a female attendant by side, while interviewing a female patient by a male interviewer. The stigma with psychiatric illnesses is a known barrier in seeking treatment, but also while discussing some sensitive information by the patients and caregivers. It is a well acceptable idea, that patients with psychotic illnesses usually do not feel much comfortable discussing their problems, thoughts and perceptions compared to neurotic illnesses. Challenging situations do arise while taking history from dissociated, catatonic, delirious and intoxicated patients. Children and very elderly or those with low intellectual capacity pose similar challenges. Discussing sexual problems has never been easy for both the patient and the interviewer, much of which is due to the stigma attached to it, as well as lack of experience as to how to approach.

There cannot be a "one size fits all" like strategy, when we talk of history taking in psychiatry. Everyone has their own way of dealing with sensitive issues. There, are however some standard protocols which must be tried to be adhered. Adequate privacy must be provided while interviewing any patient. Wherever possible a female attendant must be available by side while interviewing a female patient. Some, institutions have translators which make the job way easier.

Whenever, history is taken, an idea must be gained at the start of the interview as to what type of patient is being interviewed. The approach might be different for a patient with psychosis than those with neurosis. Schizophrenics and Delirious

might see a normal or empathetic hand gesture as threatening and alarming, while it may be comforting and re-assuring to a patient with anxiety, PTSD and victims of war and trauma. Ideally, the interview room should have two exits, one for the patient to escape when they get persecutory ideas like in case of schizophrenia or catastrophic reaction in Demented people, and the other exit for the interviewer when they feel threatened by the patient as in case of sexual violent, delirious, manic, intoxicated, deluded anti-social personalities. The history regarding suicidal intent must be asked without being driven away by thoughts that such questions will trigger suicide intent. Most patients do discuss such thoughts only with the therapists. It is never advocated to start with a leading question and patient's confidence must be gained before discussing sensitive issues pertaining to sexual, marital and personality traits. For, a patient and caregiver a doctor is a role model. The dressing, the way of sitting and non-verbal gestures do mean a lot to them. It however, must be realized that too much of empathy may sometimes lead to transference in the patients towards the doctor. At the same time, comparing one's own life situation with the patient, may cause co-transference in the doctor towards the patients. A limit must be predetermined where to begin and where to stop. It is not rare for manics and anxious to detail every unnecessary event and kill time. The motive is to reach diagnosis, at the same time providing moral and emotional support, which are part of therapeutic alliance with the patients. A good idea to explore the hidden truths among patients is to strike a key word, and explore further and further while giving some possible cues. A neutral conversation may not be ideal, in case of sexual obsessions, sexual problems, fantasies, victims of rape and child abuse, where patients generally do not find comfortable re-visiting their past. Sometimes, exploring such buried past can relieve the patient's anger, frustration, but can sometimes cause cathartic reaction with the patient going into extreme depression and clinician must be prepared to deal, should such situations may arise.

DISCUSSIONS

Art of history taking is a mandatory learning for students of psychiatry. There is no "one size fits all" strategy. The skills to extract meaningful information from patients and caregivers come from individual's experience and knowledge of what to ask to reach a diagnosis. Language barrier is well known barrier among students during undergraduate and post-graduate courses, particularly when they migrate to other states to persue the course. Privacy and confidentiality is a must while interviewing a patient. Attaching personal life experiences with the patient may cause co-transference among interviewer towards the patients. A good communication skill is mandatory to gain more information. The dress code, body gestures and the individual personality of the doctor can create a good role model before the patients. History taking is not about knowing the past and present, it's about how the past and present circumstances have triggered an illness and where is the psychopathology.

CONCLUSIONS

History taking is an important element in psychiatry practices. A good and goal directed history can aid in reaching the correct diagnosis. The history should aim at exploring the psychopathology, rather than just series of unnecessary details of events in life. The skill of eliciting good history comes from repeated practice and knowledge of what to ask.

Ethical Consideration- Not required as no human participants in the study

Declaration Regarding the Use of Generative AI: No AI tools were used in the writing of this article. Authors assume full responsibility for the entire content of the manuscript.

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