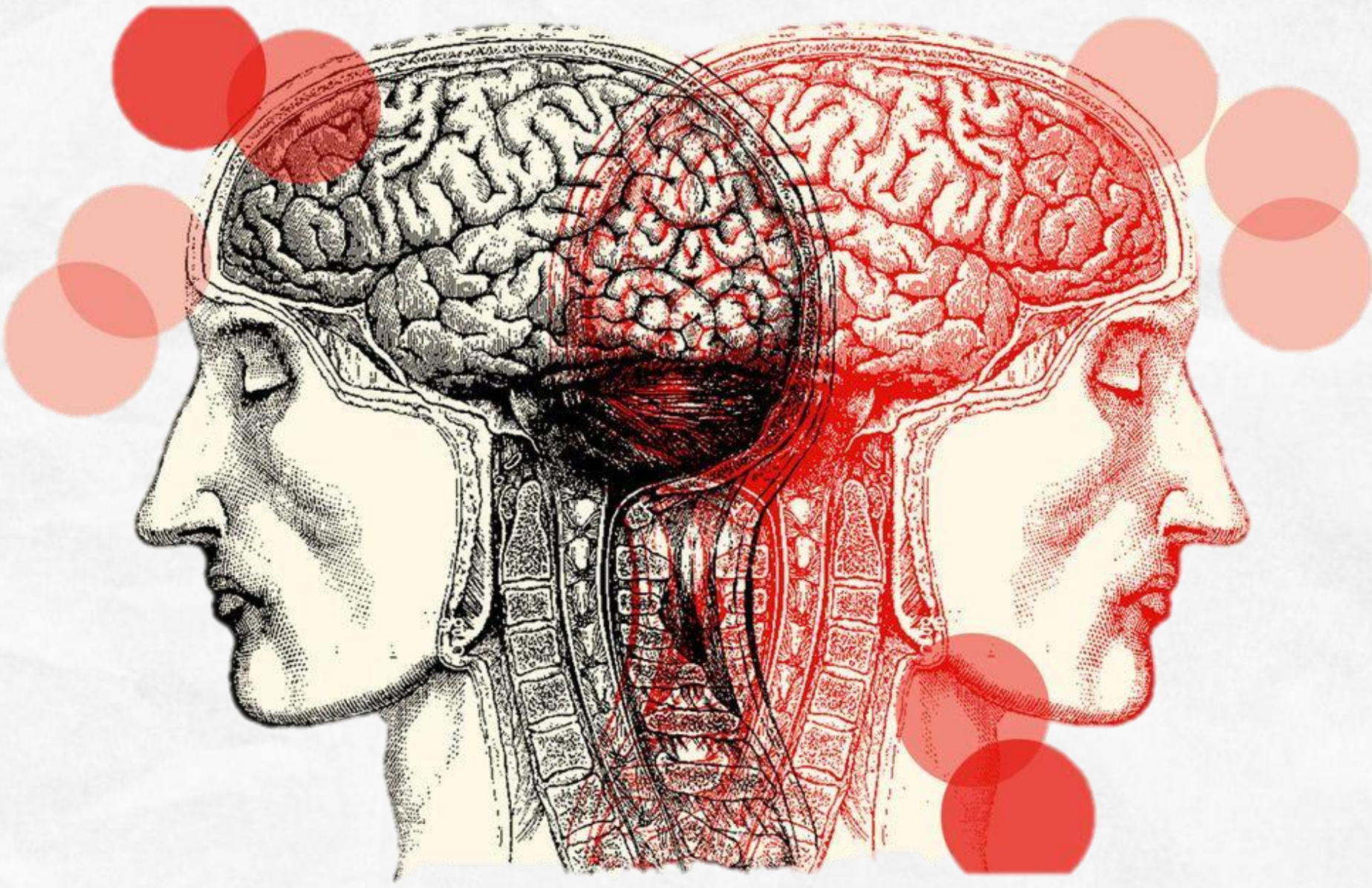
Psychiatry



MiniOSCE - Past papers

Done by: Malek Abu Rahma

Chapter 3

Psychotic disorders

Patient found walking on the street talking to himself doing wired inappropriate signs, when police confronted him he run away yelling:
"ما رح أخلي العصابات يمسكوني اشي زي هيك"
On physical examination he had poor hygiene, long hair...

1. Name the 3 phases of this condition?

ANSWER : Prodromal phase, Psychotic phase, Residual phase.

2. Name the 3 categories of symptoms?

Positive, negative, cognitive symptoms.

3. Why is it more common in lower Socioeconomic groups?

ANSWER : Duo to "downward drift" (many patients face barriers to higher education, regular employment, and other resources, so they tend to drift downward socioeconomically).

4. Which have better prognosis males or females?

ANSWER : Females

5. Compare old and new medications side effect profile?

ANSWER : Typical antipsychotics (extrapyramidal symptoms), atypical antipsychotics (metabolic syndrome).

Chapter 3

Psychotic disorders

Case of schizophrenic:

1. Diagnosis?

ANSWER : Schizophrenia
Key features:
positive symptoms (hallucinations, delusions, disorganized speech/behavior), negative symptoms (avolition, affective flattening), cognitive deficits, ≥6 months duration.

2. Tests should be done if the patient on olanzapin

ANSWER : Olanzapine can cause metabolic side effects, so monitor:

- **Fasting blood glucose & HbA1c → risk of diabetes**
- **Lipid profile → risk of dyslipidemia**
- **Weight, BMI, waist circumference → obesity/metabolic syndrome**
- **Blood pressure → cardiovascular risk**
- **LFTs → liver function**
- **CBC → rare leukopenia**
- **EKG → if cardiac risk or on other meds**

3. Define neologism.

ANSWER :
Neologism: a newly created word or expression that has meaning only to the patient, often seen in disorganized speech in schizophrenia.

Chapter 3

Psychotic disorders

A 24 years old medical student was found wandering the streets at night saying someone is trying to kill him, he was brought to the ER by the police, he was confused, agitated and irritable.

1. Mention three possible deferential diagnoses (other than substance use induced psychosis).

ANSWER : Schizophrenia, Acute mania (bipolar disorder), brief psychotic disorder, delirium

2. Mention three parts from history that help determine if the condition is drug induced or not.

ANSWER : The patient is a medical student: good premorbid functioning, and lots of anxiety with possible access to elicit drugs Agitation, confusion, irritability
Another possible answer (depending on what the doctor means by the question):
History of illicit drug abuse ---- Onset and duration of symptoms ---- History of previous episodes and past psychiatric history

3. Mention 3 agents common to cause hallucinations.

ANSWER : . LSD, PCP, Amphetamines, mushrooms, cocaine, cannabis, ketamine, MDMA

4. Mention two drugs you could give in the ER to calm the patient down

ANSWER : Lorazepam (benzo), haloperidol

5. What tests would you order?

ANSWER : Urine tox screen, CBC, electrolytes, LFT, KFT Brain Imaging if trauma is suspected

6. Why would you admit the patient forcefully?

ANSWER : If he is a danger to himself and others or if his diagnosis requires inpatient psychiatric care

Chapter 4

Mood Disorders

Patient brought by concerned family, very talkative over enthusiastic, exchanged numbers with attractive lady, buys alot of things, stays up at night doesn't sleep, talks on phone... Had a depressive episode 5 years ago.

1. Diagnosis?

ANSWER: Bipolar 1

2. Medication to give?

ANSWER: Lithium

3. Which medication should be avoided?

ANSWER : Antidepressants

4. Is there a genetic relationship with this disease?

ANSWER : Yes

5. If this patient comes in the following year with the same current episode with psychosis, what will his diagnosis be?

ANSWER : No (it is not mania /no functional impairments)

Chapter 4

Mood Disorders

A young man lost his job 6 months ago. Three months later, he started experiencing loss of appetite, insomnia, and a lack of interest in activities. He reported some suicidal ideation but assured the doctor he had no intention to act on it. These symptoms have persisted for the last 3 months.

1. What's the most likely diagnosis?

ANSWER : Major Depressive Disorder (MDD).

2. For how long should medications be administered?

ANSWER : At least 6-12 months, longer if recurrent.

3. Two common side effects of antidepressants?

ANSWER : Sexual dysfunction and weight gain

4. Two non-pharmacological treatments?

ANSWER : CBT & interpersonal therapy (IPT)

5. Should we admit the patient forcefully to prevent suicide?

ANSWER : Only if there's an imminent risk of harm to self or others

6. Two more areas to ask about for an accurate diagnosis?

ANSWER : History of manic episodes (to rule out bipolar disorder)
Substance use or medical conditions contributing to symptoms

Chapter 4

Mood Disorders

MDD

1. A tool to measure the severity of depression?

ANSWER : HAM-D

2. 3 atypical features.

ANSWER : hypersomnia, hyperphagia, reactive mood, leaden paralysis, and hypersensitivity to interpersonal rejection.

3. Difference between MDD and Dysthymia?

ANSWER : box in book

4. Black box warning for anti depressants use in adolescents?

ANSWER : Increased risk

5. If patient had a psychotic episode what medication would you give him instead?

ANSWER : Atypical (second-generation) antipsychotics along with antidepressants are first-line treatment in patients with MDD with psychotic features

Chapter 4

Mood Disorders

20 year old female medical student brought to ER. She feels like the world is a dream. She complains of episodes that last for 15 minutes (tingling, palpitations, etc.) that have occurred repeatedly over the last 3 months. These episodes wake her up during the night. She no longer likes doing the things she previously loved. She has poor appetite, and her grades have worsened. She has no hope that things will get better.

1. Differential diagnosis:

ANSWER : MDD, Panic disorder

2. What are her treatment options:

ANSWER : SSRIS and CBT

3. What is the descriptive pathology of the following phrases?

ANSWER :
She feels like the world is a dream" Derealization "
She no longer likes doing the things she previously loved " anhedonia"

4. Give 3 phrases from the case that indicate melancholic features of depression

ANSWER :

- **Poor appetite → early morning weight loss, decreased appetite**
- **Waking up during the night → early morning awakening**
- **Loss of pleasure in previously enjoyed activities → profound anhedonia**

Chapter 4

Mood Disorders

A patient presents with a longstanding history of feeling persistently sad, lacking motivation, and having low self-confidence. He reports poor concentration and increased appetite (hyperphagia), but no sleep disturbances. He has no history of psychosis or mania, and he does not have suicidal thoughts or plans.

1. What is the most likely diagnosis?

ANSWER : Persistent Depressive Disorder (Dysthymia)

2. Are there more severe subtypes than this condition?

ANSWER : Yes, Major Depressive Disorder (MDD) is more severe.

3. What are 2 pharmacological and 2 psychotherapy treatment options?

ANSWER :

- **Pharmacological: SSRIs, SNRIs**
- **Psychotherapy: Cognitive Behavioral Therapy (CBT), Interpersonal Therapy**

4. Which one has a worse prognosis: Persistent Depressive Disorder (PDD) or Major Depressive Disorder (MDD)?

ANSWER : Dysthymia (PDD)

5. Is hospital admission required?

ANSWER : No

6. What laboratory investigations should be done?

ANSWER : TSH, CBC, Vitamins

Chapter 5

Anxiety Disorders

Woman came to ER with panic attack, calmed down with breathing technique vital signs was normal (HR normal). History shows she had a job interview. She has always been shy in public, and afraid to say silly things. She doesn't expect another panic attack.

1. What is the diagnosis?

ANSWER : Social phobia

2. Does she meet criteria for panic disorder?

ANSWER : No

3. She was given SSRI (escitaloprám), which drug should be given with it?

ANSWER : Benzodiazepines

4. She came the next day with another panic attack, why?

ANSWER : Due to side effect (anxiety)of SSRI, and the drug needs time to exert its effect

5. If a patient had fear of public speaking, what medication do you give?

ANSWER : B- blockers

Chapter 5

Anxiety Disorders

A 23 year old female is concerned about her nose shape and size and is afraid of what people might say about it, and says it looks like a carrot on my face. She thinks that surgery will be the only way to fix it, examination showed a normal size and shape for woman, and her family says they see it normal.

1. What is the diagnosis?

ANSWER : Body dysmorphic disorder.

2. More common in male or female?

ANSWER : Females

3. What are the associated disorders that may be present?

ANSWER : MDD, OCD, social anxiety.

4. Satisfaction with plastic surgeries?

ANSWER : No.

5. Is there a high risk of suicide?

ANSWER : Yes.

6. What is your management in this case?

ANSWER : SSRI & CBT.

Chapter 5

Anxiety Disorders

A 40 year old patient was admitted because he has thoughts of killing his brother everytime he sees him, he says that he avoides seeing him so his thoughts don't come back.

1. What is the diagnosis?

ANSWER : OCD, intrusive taboo thoughts

2. Other subtypes?

ANSWER : Contamination, doubt or harm, symmetry

3. Is it better to tell the family about his thoughts?

ANSWER : Yes, family support can help the patient through his treatment plan and to protect the patient and others.

4. Pharmacological treatment of choice?

ANSWER : SSRIs

5. Type of psychotherapy?

ANSWER : CBT (Exposure and Response Prevention).

6. Does it have a strong genetic factor?

ANSWER : Yes

Chapter 5

Anxiety Disorders

A female patient is a medical student who fainted in the anatomy lab after seeing a cadaver, she also faints when seeing needles/blood and becomes afraid of fainting again. She was thinking of changing her major due to distress though she is excellent in her studying.

1. In behavioral terms, what is this called?

ANSWER : Phobic avoidance.

2. Do other patients with specific phobias usually faint as well?

ANSWER : No.

3. Are specific phobias more common in men or women?

ANSWER : Generally more common in women compared to men (2:1) but variable according to the stimulus.

4. Mention two options of treatment in this condition.

ANSWER : CBT with exposure/SSRIs,

5. Why do most patients with phobia do not seek medical care?

ANSWER : Because it doesn't cause clinically significant impairment in social/occupational functioning

Chapter 5

Anxiety Disorders

A 35 year old woman comes to the clinic and complains from recurrent nightmares, she says that she always sees the same dream for 5 months about her late husband death in a car accident, she fell into tears in front of you, and says I'm seeing the accident as it is happening now

1. What is the diagnosis

ANSWER : Post traumatic stress disorder (PTSD)

2. What is the name of the disorder if it lasts less than one month?

ANSWER : Acute stress disorder

3. The patient says she can no longer tolerate her children sneaking on her to surprise her, why?

ANSWER : Because of reexperiencing the event via flashbacks or memories

4. What is the type of psychotherapy used in the treatment?

ANSWER : Specialized form of CBT (CBT with exposure, cognitive processing therapy) (supportive/psychodynamic/couple/family can be used)

5. What symptoms does Prazosin target in this disorder?

ANSWER : Nightmares and hypervigilance

6. What medications should not be used in this condition?

ANSWER : Benzodiazepines

Chapter 5

Anxiety Disorders

Described symptoms of panic attack before going to a jop interview. Had similar episodes recently without a trigger. Now asks his friend to come with him whenever he's going out (afraid to go out alone?)

1. Diagnosis?

ANSWER : Panic disorder

2. Last sentence describes what symptom?

ANSWER : Fear of fear (maybe agoraphobia ?)

3.Started on SSRI, what to give him along with it? Why?

ANSWER : Benzodiazepine; bridging (for the rebound anxiety, SSRIs need ~4 weeks to take effect...etc)

4.Differentials that must be ruled out?

ANSWER : MI, arrhythmia, ...etc

6.What if he fears public speaking, what's the diagnosis?

ANSWER : Social anxiety disorder performance type

Chapter 5

Anxiety Disorders

Patient repeated a lot of tasks 3 times each. Feared her husband would be in danger of she didn't. Also She wants to drive the road 3 times but her husband doesn't let her. She barely tolerates the anxiety of not doing so.

1. Dx?

ANSWER : OCD

2. Other subtypes?

ANSWER : Contamination, Doubt or harm, symmetry, taboo & intrusive thoughts

3. Type of psychotherapy?

ANSWER : CBT with exposure & response

4. Management of patient doesn't want to take neither medication nor therapy?

ANSWER : Cingulotomy

5. Comorbidities with it in children?

ANSWER : Tic disorder & ...

6. Persistent difficulty discarding possessions, regardless of value. Diagnosis?

ANSWER : Hoarding disorder

Chapter 5

Anxiety Disorders

A young woman suffers from recurrent non triggered episodes of chest pain, shortness of breath, palpitations, flushing and sweating and she feels like she might die, she visited the doctor multiple times, and all tests came back normal, she is now afraid to leave the house because she feels something might happen to her.

1. What is the most likely diagnosis?

ANSWER : Panic disorder

2. What other medical conditions should be ruled out?

ANSWER : Acute coronary syndrome, hypoglycemia, hyperthyroidism, pheochromocytoma

3. How to differentiate between this and other psychiatric conditions?

ANSWER : Attacks are not triggered Physical symptoms (palpitations, chest pain...) peak in minutes in an episodic pattern There's characteristic "fear of fear "

4. What drugs are used for the treatment?

ANSWER : SSRI's

5. Mention three side effects of these drugs.

ANSWER : Insomnia, Anxiety, sexual dysfunction, GI disturbances

6. What other non-pharmacological measures can help?

ANSWER : Regular exercise, breathing exercises, avoidance of caffeine and alcohol

Chapter 5

Anxiety Disorders

A patient presents with persistent intrusive thoughts related to religion. He reports experiencing repetitive blasphemous thoughts (about leaving his faith), followed by urges of repentance and asking for forgiveness. He describes these thoughts as unwanted, excessive, and distressing, and he tries to resist them but cannot. He has no psychosis or mania.

1. What is the diagnosis?

ANSWER : Obsessive-Compulsive Disorder (OCD)

2. Is there a high chance that this patient may commit suicide?

ANSWER : Yes

3. What other disorders can be associated with this diagnosis?

ANSWER : Tics, ADHD

4. What psychotherapy solutions can be used?

ANSWER : Cognitive Behavioral Therapy (CBT), Behavioral therapy

5. What is the difference between OCD and OCPD (Obsessive-Compulsive Personality Disorder)?

ANSWER : OCD is ego-dystonic, while OCPD is ego-syntonic

6. What are other types/subtypes of this disorder?

ANSWER : Contamination, Harm, Hoarding

Chapter 6

Personality Disorders

1. Cluster C types?

ANSWER : Avoidant, dependance, OCPD.

2. Schizoid vs Avoidant?

ANSWER :
Schizoid: cluster A, psychotic symptoms, prefer to be alone.
Avoidant: cluster C, anxiety symptoms, prefer to be with people but are too shy.

3. Do patients have insight?

ANSWER : Patients often lack insight.

4. Type of psychotherapy?

ANSWER : CBT

5. Can they have criteria of more than one personality disorders?

ANSWER : Yes, multiple personality disorders can coexist.

6. Antisocial patiens have as children?

ANSWER : Conduct disorder.

Chapter 6

Personality Disorders

1. Cluster A?

ANSWER : Paranoid, schizoid, schizotypal

2. Premorbid for schizophrenia?

ANSWER : Schizotypal

3. Difference between histrionic & narcissistic?

ANSWER : Histrionic personality disorder involves excessive emotionality and attention-seeking, while narcissistic personality disorder involves grandiosity and a need for admiration; the key difference is HPD seeks attention, NPD seeks admiration.

4. 2 Differences between OCPD & OCD?

ANSWER : egosyntonic vs egodystonic, + Patients with OCPD do not have the recurrent obsessions or compulsions that are present in OCD

5. Unstable self image, which personality disorder?

ANSWER : Borderline

6. Comorbidities in antisocial patients?

ANSWER : Substance use disorder

Chapter 6

Personality Disorder

1. Diagnosis

ANSWER : Antisocial Personality Disorder

2. Can a female be diagnosed with it

ANSWER : Yes

3. What three medications would you give

ANSWER :

- Mood stabilizers (e.g., lithium, valproate) → reduce impulsivity and aggression
- SSRIs (e.g., fluoxetine) → for irritability, impulsivity, or comorbid depression/anxiety
- Antipsychotics (e.g., risperidone, olanzapine) → for aggression or agitation

4. What other diagnosis does he have to have this psychiatric disorder

ANSWER : Conduct disorder before age 15 is required for ASPD

5. What psychiatric disorder is he most likely to develop

ANSWER : Substance use disorders , Mood disorders , Other personality disorders

6. Is he punishable by law and why

ANSWER : Yes, if he commits criminal acts, because ASPD includes violation of laws and rights of others

Chapter 6

Personality Disorder

patient that keeps folding the hem of the paper, annoyed by it as its time cosuming

1. Is it OCD or OCPD and why?

ANSWER :
Obsessive-Compulsive Disorder (OCD)
Reason: Behavior is ego-dystonic

2. Side effects of SSRI?

ANSWER : sexual dysfunction, GI, rebound anxiety

3. What's the difference between obsessions and compulsions?

ANSWER :
Obsessions : Intrusive, unwanted thoughts, urges, or images causing anxiety
Compulsions : Repetitive behaviors or mental acts performed to reduce distress from obsessions

Chapter 7

Substance-Related and Addictive Disorders

A female patient was referred to the clinic due to her family worrying about her use of a medication more than usual, she uses a medication prescribed by her psychiatrist more than the original dose,she says it gives her sedation. She continued to use it while driving despite these effects resulting in inability to concentrate

1. What is the medication she is taking?

ANSWER : Benzodiazepines.

2. What are the symptoms of withdrawal of this medication? (Mention 2)

ANSWER : Insomnia, anxiety, hand tremor, seizures.

3. What are two medications from this classification that are not metabolized by the liver?

ANSWER : Lorazepam, oxazepam, temazepam.

4. What other commonly available substance that should not be taken with these medications?

ANSWER : Alcohol.

5. Why we should be aware while using the antidote of these medications?

ANSWER : Because it lowers the seizure threshold

6. Long term use of these medications should be avoided. After how much time these medications should not be used ?

ANSWER : 2-4 weeks

Chapter 7

Substance-Related and Addictive Disorders

A father brought his son to the ER, saying:
ابني مش مزبوط
On examination, the young male patient was nervous, drowsy, had an ataxic gait, and emitted a strong odor, especially when speaking.

1. What's the most likely substance?

ANSWER : Alcohol

2. Two medications to prevent relapses?

ANSWER : Disulfiram& naltrexone

3. Two complications of long-term alcohol use?

ANSWER : Liver cirrhosis & Wernicke-Korsakoff syndrome.

4. What vitamin should be given to prevent Wernicke's encephalopathy?

ANSWER : Thiamine (Vitamin B1)

5. Two symptoms of alcohol withdrawal?

ANSWER : Tremors & Seizures

6. How much alcohol can a pregnant woman drink, and why?

ANSWER : None; alcohol can cause fetal alcohol syndrome.

Chapter 7

Substance-Related and Addictive Disorders

Patient brought by his friends, he went to a party with them, took a substance to help him feel energized and stay up all night. After a while he started hearing voices and seeing things. Became paranoid of ghosts chasing him.

1. What class of drugs does the substance belong to?

ANSWER : Stimulants.

2. Are pupils dilated or constricted in patients taking this substance?

ANSWER : Dilated.

3. What neurotransmitters is increased?

ANSWER : Dopamine.

4. What medication is given in intoxiaction?

ANSWER : Benzodiazepines.

5. Is sudden stopping of drug life threatening?

ANSWER : No.

6. In withdrawl is patient sedated or aroused?

ANSWER : Sedated.

7. Is there antidote?

ANSWER : No.

Chapter 7

Substance-Related and Addictive Disorders

Case of cannabis use with depression:

1. What are the withdrawal symptoms?

ANSWER :

- **Irritability, anger, or aggression**
- **Anxiety**
- **Depressed mood**
- **Sleep disturbances (insomnia, strange dreams)**
- **Decreased appetite or weight loss**
- **Restlessness**

2. Is there a medication to prevent the relapse?

ANSWER : NO

3. How do we convince the patient that this is an addictive substance?

ANSWER :

- **Explain tolerance, withdrawal, and craving: using more to achieve the same effect, irritability/anxiety when stopping**
- **Highlight impact on mood, motivation, memory, and daily functioning**
- **Discuss relapse rates and potential interference with academic, occupational, and social life**
- **Use motivational interviewing techniques: explore ambivalence, emphasize personal goals**

Chapter 7

Substance-Related and Addictive Disorders

Alcohol use disorder

1. Give 2 screening tools

ANSWER : AUDIT-C , CAGE questionnaire

2. 3 complications

ANSWER :
- **Cirrhosis / liver disease**
- **Wernicke-Korsakoff syndrome**
- **Pancreatitis**

3. 3 symptoms of intoxication

ANSWER :
- **Slurred speech**
- **Ataxia / impaired coordination**
- **Nystagmus**

4. Wernicke's 3 criteria

ANSWER :
- **Ophthalmoplegia / nystagmus**
- **Ataxia (gait instability)**
- **Confusion / mental status changes**

5. Two labs

ANSWER :
- **Liver function tests (LFTs) → AST often > ALT**
- **MCV → macrocytosis**

Chapter 7

Substance-Related and Addictive Disorders

A patient is brought to the emergency department with pinpoint pupils (miosis), respiratory depression/failure, and altered mental status.

1. What is the diagnosis?

ANSWER : opioid intoxication

2. What should you give him immediately?

ANSWER : Naloxone

3. What substances can worsen the case?

ANSWER : Benzodiazepines, Alcohol

4. What household medication could give the same symptoms?

ANSWER : Cough syrup

5. What symptoms cannot be tolerated?

ANSWER : Constipation and Miosis

6. What medication used for Deintoxication?

ANSWER : Methadone

Chapter 8

Neurocognitive Disorders

A 70 year old hospitalized patient was checked for depression. He has HTN, DM , 2 CVAs, HF=25%, was admitted for suspected pneumonia and he is on IV antibiotics, annoyed from the dog sounds in the room although dogs are not allowed in the hospital, and was found trying to remove his foley's catheter.

1. What is his diagnosis?

ANSWER : Delirium

2. What is the appropriate management?

ANSWER : Treat underlying cause, antipsychotics, family supervision

3. Should we give patients with delirium benzodiazepines and why?

ANSWER : No, it causes paradoxical disinhibition or over sedation, and patient has depression so you can't give benzodiazepines.

4. What's the difference between dementia and delirium (mention 2)?

ANSWER :
Dementia: Chronic progressive decline in cognitive functions, preserved level of consciousness, usually irreversible (except if caused by vitamin B12 deficiency, hypothyroidism ....), normal EEG.
Delirium: Acute, waxing and waning level of consciousness, reversible, diffuse background slowed pattern EEG.

5. mention 2 risk factors of delirium?

ANSWER : Old age, comorbid diseases, prior history of delirium

6. When does it become worse?

ANSWER : At night (sundowning).

Chapter 8

Neurocognitive Disorders

A 70 year old man fell down & broke his hip. Had orthopedic surgery & you're called for consult. Patient is ....(Forgot but it was describing sx of delirium) & Removed his iv line & catheter. He is at risk of injuring himself. Staff are frustrated & he's up all night...

1. Diagnosis?

ANSWER : Delirium

2. Most important step in management?

ANSWER : Identify & treat underlying cause (i think)

3. What Medication can you give?

ANSWER : Haloperidol

4. Should you use physical restraint?

ANSWER : Yes because he's a risk to himself, but use as little restraint as possible & remove as soon as possible.

5. Will the patient be oriented or not? Confused or not?

ANSWER : Confused & disoriented

6. Why does it sometimes go undetected?

ANSWER : Because it can present as the hypoactive type

Chapter 10

Psychiatric Disorders in Children

A 6 year old boy is brought by his mother, concerned he hasn’t said "mama, dada" yet, quiet, prefers to play alone, doesn’t get along with his classmates, annoyed when his toys are not in the order he’s used to. In the clinic, you call him and he doesn’t answer and acts as if you’re not there.

1. What is the diagnosis?

ANSWER : Autism spectrum disorder.

2. What is the treatment?

ANSWER : Alpha-2 agonists (clonidine, guanfacine), early intervention, remedial education, behavioral therapy, psychoeducation, but the question asked for the “curative treatment “ so make sure to mention that there is no curative treatment for autism.

3. What are the changes that may be seen when he becomes an adult?

ANSWER : Intellectual function and language impairment.

4. More common in males or females?

ANSWER : Males.

5. Aside from language testing, what other medical test should you perform?

ANSWER : Formal Neuropsychological testing & Auditory testing.

6. What is the most common single genetic mutation associated with the disease?

ANSWER : Fragile X syndrome.

Chapter 10

Psychiatric Disorders in Children

A 16 year old boy is referred to the clinic because of impaired concentration at school, his parents and teachers say he is unable to concentrate and pay attention and unable to be still in class

1. What is the diagnosis?

ANSWER : ADHD.

2. How many symptoms are required for the diagnosis?

ANSWER : Six inattentive symptoms ± six hyperactivity/impulsivity symptoms (in two different settings).

3. If his symptoms were only at school, but not at home, would you make the same diagnosis?

ANSWER : No

4. What is the difference between males and females in clinical presentation?

ANSWER : Females present more often with inattentive symptoms.

5. Name two options for treatment?

ANSWER : Pharmacological (stimulants such as methylphenidate/alpha 2 agonists such as guanfacine)
Non-pharmacological (parental psychoeducation, parental management training)

6. What measurement should be monitored in children using these medications?

ANSWER : All children should have a routine physical examination before starting stimulant medications. This physical should include vital signs, including blood pressure, pulse, height and weight.

Chapter 10

Psychiatric Disorders in Children

A 13-year-old girl, her teachers say lately her attention span has decreased and she gets lower marks in school, her IQ is very high, and she spends hours watching her favorite shows on YouTube.

1. What is the most likely diagnosis?

ANSWER : ADHD

2. If her symptoms were only in school but not at home would the diagnosis still be the same?

ANSWER : No

3. What is the difference between males and females in clinical presentation?

ANSWER : Males tend to be more hyperactive, females tend to present with more inattentive symptoms

4. Mention three drugs used for treatment

ANSWER : Methylphenidate, dextroamphetamine, atomoxetine

5. What important parameter should be monitored in children using these drugs?

ANSWER : Child growth (height)

Chapter 11

Dissociative Disorders

A patient reported feeling

حاسة انها خارج جسدها وان العالم اللي بيمر حوليها غير حقيقي/فلم/حلم

1. What's the diagnosis?

ANSWER : Depersonalization/Derealization Disorder

2. Two differential diagnoses?

ANSWER : Psychotic disorders (e.g., schizophrenia)

3. Can this be treated with only psychotherapy, or do we need psychopharmacology?

ANSWER : Often psychotherapy (e.g., CBT), but medications may be needed for comorbid conditions

4. Two comorbid conditions?

ANSWER : Anxiety disorders & MDD

5. Difference between this condition and psychosis?

ANSWER : Insight: Patients with depersonalization/derealization recognize their experiences as unreal, unlike psychosis

6. Two risk factors for this condition?

ANSWER : Childhood trauma & severe stress

Chapter 11

Dissociative Disorders

A female patient thinks that everything around her is not real, including her own body and even her family. She feels detached from her surroundings and herself.

1. What is the diagnosis?

ANSWER : Dissociative disorder (Depersonalization/Derealization disorder)

2. Do you need to give this patient medications?

ANSWER : No

3. What other disorders are commonly associated with this condition?

ANSWER : Depression, Anxiety

4. What is the mainstay treatment?

ANSWER : Cognitive Behavioral Therapy (CBT)

5. What other diagnoses should be considered?

ANSWER : PTSD, Panic Attacks

6. What is the main difference between this disorder and Schizophrenia?

ANSWER : In depersonalization/derealization disorder, reality testing is preserved, while in schizophrenia, reality testing is impaired (psychosis)

Chapter 14

Eating Disorders

A 19-year-old girl came to the clinic for a health check-up. She mentioned:

- دكتور انا ما بدي اكل وما بدي يزيد جسمي ولا غرام، وكذا مرة زارت العيادات والدكاترة تعبوا معها ورافضة الاكل

On examination, her BMI is 13, she has amenorrhea, and fine body hair (lanugo) is visible on her forearms.

1. Most likely diagnosis?

ANSWER : Anorexia Nervosa

2. What are the two subtypes of this disorder?

ANSWER :
Restricting Type: Weight loss achieved through dieting, fasting, or excessive exercise.
Binge-Eating/Purging Type: Regular episodes of binge eating or purging (vomiting, laxatives, diuretics).

3. Why would a seizure happen in this case?

ANSWER : Electrolyte imbalance, especially hypokalemia from purging or laxative use.

4. Two complications/consequences of this disorder?

ANSWER :
Amenorrhea (loss of menstrual cycles).
Cardiac complications, such as arrhythmias.

5. Is the treatment mainly medications or psychotherapy?

ANSWER : Psychotherapy, primarily CBT (Cognitive Behavioral Therapy).

6. Two medical complications during treatment?

ANSWER :
Refeeding syndrome.
Electrolyte imbalances during weight restoration.

Chapter 14

Eating Disorders

1. Diagnosis

ANSWER : Binge eating disorder

2. Does this disorder have obsessions with looks or weight (sth similar)

ANSWER : BED patients may have body dissatisfaction, but intense fear of gaining weight or obsessions with thinness are NOT required

3. Is her being obese part of criteria

ANSWER : Being overweight/obese is common but NOT part of diagnostic criteria

4. Give three medications

ANSWER :

- **Lisdexamfetamine**
- **SSRIs**
- **Topiramate**

5. If she starts exercising and BMI is 17,what's the diagnosis

ANSWER : anorexia nervosa (restricting type)

Chapter 14

Eating Disorders

A female patient, under 20 years old, presents with a BMI of 13. After eating, she does excessive exercise. She believes she is overweight, even though she is severely underweight. On examination, she has bradycardia, hypotension, hypothermia, lanugo hair, dry skin, and brittle nails.

1. What is the diagnosis?

ANSWER : Anorexia Nervosa

2. Is there an indication for admission?

ANSWER : Yes (because her weight is > 25% below optimal and her BMI is severely low)

3. What is the treatment?

ANSWER : SSRIs, CBT, and nutritional rehabilitation (food is most important)

4. What are the causes of death?

ANSWER : Suicide, Arrhythmias

5. What is a serious complication of treatment?

ANSWER : Refeeding syndrome

6. What is the appetite status?

ANSWER : Normal

Chapter 15

Sleep-Wake Disorders

A young girl came to the clinic complaining of tiredness and drowsiness throughout the day. She reported going to bed at 12:00 am but not falling asleep until 3AM. She always tries to attend her morning classes but is consistently late

1. Most likely diagnosis?

ANSWER : Delayed Sleep-Wake Phase Disorder (DSWPD).

2. If sleeping 8 hours but still tired/sleepy, what's the diagnosis?

ANSWER : Hypersomnia

3. Two non-pharmacological/behavioral interventions?

ANSWER :
Sleep hygiene improvement.
Bright light therapy in the morning

4. Two short-term medications?

ANSWER : Melatonin & Zolpidem.

5. Why can't these medications be given long-term?

ANSWER : Risk of dependency or tolerance

6. Two causes of this disorder?

ANSWER : Irregular sleep schedule & circadian rhythm misalignment.

Chapter 15

Sleep-Wake Disorde

A young woman complains of excessive daytime sleepiness, and she says she is tired throughout the day; she goes to bed every night at 12 am but stays awake until 3 am, she gets less than 8 hours sleep a night.

1. What is the most likely diagnosis?

ANSWER : Insomnia

2. What noninvasive subjective method could be used to confirm the diagnosis?

ANSWER : Sleep log or sleep diary

3. Mention two short term drugs used in the treatment of the condition.

ANSWER : Benzodiazepines, zolpedim

4. Mention three reasons why can't we use these drugs for a long duration.
imaginary line:

ANSWER : Dependence and addiction / Rebound insomnia after discontinuation / Cognitive side effects

5. If the patient sleeps more than 8 hours and is still tired and sleepy throughout the day what would be the diagnosis be?

ANSWER : Hypersomnia

6. What lifestyle changes could help?

ANSWER : Reducing caffeine intake especially at night --- Fixed sleep schedule --- Avoid screens before bedtime

Chapter 18

Psychopharmacology

Patient revisiting clinic asked you the following:

1. Which 2 organs are affected by lithium?

ANSWER : Kidney & thyroid gland.

2. Lethal serum level of lithium?

ANSWER : 2 mEq/L.

3. Therapeutic serum level of valproic acid?

ANSWER : 80 - 120 mcg/mL.

4. 2 classes of medication that increase serum level of lithium?

ANSWER : Thiazide diuretics. NSAIDS. ACE inhibitors. Metronidazole. Tetracycline.

5. What is the life-threatening side effect of Lamotrigine?

ANSWER : Setvens-Johnson syndrome.

6. Teratogenic effect of anticonvulsants in pregnancy?

ANSWER : Neural tube defects.

Chapter 18

Psychopharmacology

A 23 year old male has schizophrenia and was on risperidone 8mg daily, he had 8 months of remission, after that he presented with restricted facial expressions, tremor in his finger, and his movement was slower than expected

1. What is the diagnosis?

ANSWER : Parkinsonism induced by antipsychotics (risperidone).

2. Mention two medications used for treatment.

ANSWER : Benoztropine/diphenhydramine/Benzodiazepines.

3. Name the condition that has the same mechanism but painful.

ANSWER : Acute dystonia.

4. After how much time does tardive dyskinesia appear (after using the drug)?

ANSWER : Months to years after the use of drug.

5. Name two tests that should be frequently monitored when taking risperidone.

ANSWER : Blood glucose/lipid profile.

6. If the patient had decreased sexual drive and erectile dysfunction, what test should be ordered?

ANSWER : Prolactin

Chapter 18

Psychopharmacology

19 yo patient diagnosed with schizophrenia, on respiredone. His dose was increased. His positive symptoms improves & he no longer hears voices. He came to the ER with neck rigidity? His head turned to one side & he can't turn it back...

1. Dx?

ANSWER : Acute dystonia as a EPS of the antipsychotic

2. Treatment?

ANSWER : Benztropine

3. Mention 2 life-threatening variant presentations?

ANSWER : Laryngospasm, affecting diaphragm

4. If he came with similar presentation but years later, what would the dx be?

ANSWER : Tardive dyskinesia

5. What blood tests should be ordered regularly for monitoring him?

ANSWER : Fasting Blood glucose, HbA1c, lipid profile.

6. If the patient presenting with Generalized muscle rigidity, autonomic instability, ? altered mental status?(not sure), what's your diagnosis? What test will you order?

ANSWER : Neuroleptic malignant syndrome; CK enzyme.

Chapter 18

Psychopharmacology

A 60-year-old man suffers from depression, initially he refused pharmacological treatment and preferred psychotherapy, he now comes to you after failure of psychotherapy and would like to initiate pharmacological treatment.

1. What drugs would you give him?

ANSWER : SSRIs

2. How much time would these drugs need to start its effect?

ANSWER : 4-6 weeks

3. For how long should it be continued?

ANSWER : 6-12 months

4. What are the risks TCA's hold especially in his age group?

ANSWER : Antiadrenergic properties: ECG changes (risk of arrhythmias), increases risk of orthostatic hypotension, dizziness

5. Mention 2 antidepressants prescribed in smoking cessation.

ANSWER : Bupropion, Varenicline

6. Mention 2 major side effects of MAOI's.

ANSWER : Serotonin syndrome ----- Hypertensive crisis

لا تنسوني من صالح دعائكم

Malek Abu Rahma

The End

Good Luck シ