

Psychiatry

Final 021



Q1) An 80-year-old patient with a mild neurocognitive disorder refused amputation of his leg with an infected diabetic ulcer. He was calm, alert, and able to clearly explain that he would not want to live with a prosthetic leg and understands that he might die if it's not amputated. Despite the daughter insisting that he is incompetent, and the doctor saw that he was conscious and had good judgment, what should we do?

- A. The physician should respect the patient's decision
- B. You should call the ethics committee since this case is too complex
- C. You should listen to his daughter, as she is the legal guardian
- D. You should cut his leg immediately, as it is life-threatening
- E.

Q2) Fixed false belief that the police follow him and want to harm him, but he keeps going to work and functioning. What makes this a case of delusional disorder rather than schizophrenia?

- A. The delusion is bizarre
- B. Daily functioning not significantly impaired + no hallucinations
- C. Less than 6 months
- D. Negative symptoms are prominent
- E.

Q3) A woman developed low libido after starting an SSRI (fluoxetine) that is affecting her marriage. She still wants to take that antidepressant and like its effects. What is the next best step?

- A. Switch to or add Bupropion
- B. Give Paroxetine as it has lowest sexual dysfunction among ssri
- C. Stop all the drugs and do psychotherapy
- D. Increase the ssri dose as higher doses decrease sexual dysfunction.
- E. Decrease the ssri dose

Q4) which symptom favours the diagnosis of delirium over dementia:

- A. sudden onset with high fluctuation suggest delirium
- B. Disorientation to place person
- C. Premorbid normal cognition
- D. Visual hallucinations
- E.

Q5) the minimum number of required criteria (out of nine) for diagnosing an MDE according to DSM-5?

- A. 3
- B. 4
- C. 5
- D. 7
- E. 2

Q6) *case about man with brief psychotic disorder* Difference between brief psychotic disorder and schizophreniform:

- A. less than one month
- B. Less than 6 months

- C. Less than 1 day
- D. Less than 1 week
- E. Less than 2 weeks

Q7) The patient had mood symptoms with psychosis for 8 months, but continued to have Hallucinations for two weeks in the absence of mood disorder symptoms:

- A. schizoaffective
- B. Bipolar 1
- C. Bipolar 2
- D. schizophrenia
- E. schizophreniform

Q8) The patient in the past 2 years had many fluctuations in mood, in which there were periods of being high energy and less sleep and periods of low energy and guilt, but none reached the criteria of mania or MDD:

- A. Cyclothymic disorder
- B. Dysthymia
- C. MDD
- D. Bipolar 1
- E. Bipolar 2

Q9) hypersomnia/hyperphagia/heavy feeling in legs(laden paralysis):

- A. MDD with atypical features
- B. Melancholic Depression
- C. MDD with anxiety
- D. Seasonal depression
- E.

Q10) 70 yo presented with a history of multiple sudden deteriorations (stepwise deterioration) in cognitive function, lacunar infarcts on MRI. Most appropriate management?

- A. Aggressive treatment of hypertension and cardiovascular risk management
- B. Donepezil
- C. Antipsychotics
- D. Levodopa
- E.

Q11) 75 yo man presented with 5 year history of progressive cognitive decline. On MRI he has diffuse cortical and hippocampal atrophy, and he now has visual hallucinations. Most likely diagnosis:

- A. Alzheimer's disease
- B. Lewy body dementia
- C. Frontotemporal dementia
- D. Vascular dementia
- E. Normal pressure hydrocephalus

Q12) 65 yrs old with REM sleep behaviour disorder (had kicking while sleeping). This disease is associated with?

- A. alpha synucleinopathies like Lewy body dementia and Parkinson

- B. withdrawal from benzos causes REM sleep behaviours
- C. circadian rhythm disruption and delay in sleep onset and awakening times.
- D.
- E.

Q13) person with grandiosity, is entitled and thinks he is more special than anyone, personality disorder?

- A. Narcissistic personality disorder
- B. Borderline
- C. Histrionic
- D. Paranoid
- E. Antisocial

Q14) Cocaine functions as a:

- A. Serotonin-Norepinephrine-Dopamine Reuptake Inhibitor causing catecholamine surge (SNDRI)
- B. Inhibition of Norepinephrine uptake causing sympathomimetic excess
- C. GABA
- D.
- E.

Q15) A woman who works as a librarian has magical thinking, is eccentric. thought insertion Personality disorder?

- A. Cluster A- schizotypal
- B. Cluster A- Paranoid
- C. Cluster B - Histrionic
- D. Cluster B - Antisocial
- E. Cluster C - Avoidant

Q16) A child presented with learning difficulties, on examination appears shy with poor eye contact, is distressed when his routines are disrupted, and tested 75/100 on an IQ score and had repetitive arm movements. He has a language delay. Most likely diagnosis?

- A. ASD (autism)
- B. ADHD
- C. Intellectual disability (intellectual developmental disorder)
- D. Global Developmental Delay .
- E.

Q17) A child was brought in by her parents for having poor school outcomes, upon examination, she had difficulties reading, fluency and comprehension. She mixes up similarly looking letters and reads word by word. Most likely diagnosis?

- A. specific learning disorder with reading impairment
- B. ADHD
- C. ASD
- D. language disorder
- E. Intellectual development disability

Q18) child presented with hyperactive and impulsive symptoms, at school and home. First best step in management?

- A. methylphenidate, dose according to weight
- B. Give atomoxetine X mgs
- C. Guanfacine
- D.
- E.

Q19) 15 yo boy hurts others, lacks empathy. Most likely diagnosis and has a chance developing into what in the future?

- A. conduct disorder with antisocial PD in the future
- B. Oppositional defiant disorder
- C. Disruptive Mood Disregulation Disorder
- D. intermittent explosive disorder
- E.

Q20) A person flees the country and assumes a new identity, but doesn't remember their old identity. Diagnosis?

- A. Dissociative fugue
- B. Depersonalisation derealization
- C. Dissociative identity disorder
- D. Dissociative amnesia without fugue
- E.

Q21) 28yo lady presented after a fight with her husband, shows sudden leg paralysis, she doesn't seem to be concerned with her symptoms:

- A. Conversion disorder
- B. Malingering
- C. Factitious disorder
- D. Somatic symptom disorder
- E. Anxiety Illness Disorder

Q22) patient always thinks she has a certain disease, even after reassurance from doctors she tends to seek second opinions and has a negative medical history, she recognises that she might be overthinking it. Diagnosis?

- A. illness anxiety disorder
- B. Malingering
- C. Factitious disorder
- D. OCD
- E. Somatic symptom disorder

Q23) anorexia nervosa 'BMI = 14.5 ' hypotension ' bradycardia, family tried to make her eat but she refuses, best next management:

- A. Admission
- B. cbt and dietitian consultation
- C. Family-based therapy
- D. SSRIs
- E. outpatient-based treatment

Q24) bulimia nervosa case, best first line treatment is —>

- A. fluoxetine 60mg and Cbt for bulimia
- B. Olanzipine
- C. lisdexamphitimes
- D. fluoxetine 20mg
- E.

Q25) a case of a patient who sleeps 9 hours a day and wakes up exhausted and complains of attacks of loss of motor tone after laughing, and sleep study showed REM onset sleep attacks Dx:

- A. narcolepsy with cataplexy
- B. Kleine Levin syndrome
- C.
- D.
- E.

Q26) borderline personality disorder case dr prescribed a psychotherapy that included mindfulness and distress tolerance..., whats that psychotherapy type:

- A. DBT
- B. CBT
- C. Psychoanalysis
- D. Supportive therapy
- E. metalisation therapy

Q27) case of depressed pt where doctor suggests therapy that includes correcting faulty assumptions and negative feelings that exacerbate psychiatric symptoms as well as helping patients change behaviours that contribute to their symptoms.. -:

- A. CBT
- B. interpersonal therapy
- C.
- D.
- E.

Q28) A patient was taking haloperidol and an SSRI. Within 2 weeks, the dose of haloperidol was increased came complaining of rigidity fever and increased CPK and WBC:

- A. neuroleptic malignant syndrome
- B. Serotonin syndrome
- C. Metabolic syndrome
- D. hypertensive crisis
- E.

Q29) patient taking lithium came in with coarse tremor, ataxia, and fatigue. We took blood levels and it was 2.4 what to do:

- A. Hold lithium and give aggressive iv fluids
- B. Stop lithium and send him home
- C. Decrease the dose of lithium
- D. Switch to valproic acid and order valproic acid levels

E. Give half the lithium dose only and return in 1 week

Q30) woman on lithium with polyuria and polydipsia and mild hypernatremia and decreased urine osmolarity Dx:

- A. nephrogenic Diabetes insipidus
- B. Central DI
- C. Siadh
- D. Lithium toxicity
- E. renal tubular acidosis (RTA)

Q31) a case of a female patient that has panic attack and these attacks caused her to stay at home and fear from going to campus first line management:

- A. give ssri
- B. Lorazepam PRN and psychotherapy
- C. buspirone
- D. propranolol when she goes outside
- E.

Q32)... elderly patient and having current delirium and psychosis the family is asking for antipsychotics. He has mild parkinsons. What is the side effect that you should warn them about?

- A. Increased sensitivity to NMS worsening Parkinsonism, sedation and death
- B. Tardive dyskinesia in 6 months from taking it
- C. anticholinergic symptoms affecting cognition
- D. metabolic side effects
- E.

Q33) Severe MDD with nihilistic hallucinations, the patient believes their body is rotting inside and they are already dead, stopped eating, what's the best next step in management:

- A. give antidepressants+antipsychotics+ect
- B. Give high dose SSRI to treat both depression and psychosis
- C. Give atypical antipsychotics alone
- D. Cbt alone
- E. Mood stabilizers + Antipsychotics

Q34) severe refractory depression in a 55 year old male and he doesn't want to eat, best evidence-based medicine management?

- A. give ect (electroconvulsive)
- B. Magnetic brain stimulation
- C. antipsychotic
- D.
- E.

Q35) A patient diagnosed with social anxiety disorder first line?

- A. give sertraline and CBT
- B. propranolol
- C. alprazolam PRN and anxiety education

D. ssri and group therapy?
E.

Q36) A patient treated for opioid addiction wants a drug that does not cause physical dependence and decreases the euphoric effect if she relapses on opioids she has normal LFT and doesn't want to keep coming to the clinic:

- A. Naltrexone long-acting injectable that lasts a month
- B. buprenorphine sublingual
- C. Methadone from a licensed clinic
- D.
- E.

Q37) OCD on fluoxetine 20 mg, no improvement:

- A. Increase to max tolerable dose 80 with exposure therapy
- B. Switch to clomipramine first line
- C. wait more
- D.
- E.

Q38) Pregnancy,, the patient is taking a drug with the highest incidence of neural tube defects (1-2%) and was advised to switch to a safer drug, which switch was made:

- A. Valproate - switch to lamotrigine
- B. Quetiapine - switch to valproate
- C. Lithium- switch to valproate
- D. lamotrigine-switch to valproate
- E.

Q39) Nurse constantly washes her hands, 40 times and takes 3-4 hours of her day, most appropriate combination management?

- A. Fluoxetine, and exposure therapy
- B. benzo
- C.
- D.
- E.

Q40) Lady on MOAI ate at a restaurant, then presented with a BP 230/140. Most likely cause of her symptoms:

- A. Food from the restaurant contained Tyramine without her knowledge
- B.
- C.
- D.
- E.

Q41) a case of a veteran returning from military with signs of hypervigilance and startle and nightmares firstline:

- A. (ssri) with trauma-focused therapy
- B. alprazolam
- C.

- D.
- E.

Q42) A case of a 23 yo patient diagnosed with schizophrenia, worried about side effects. Patient presents with auditory hallucinations, abnormal behaviour, and a flat affect. What is the first line evidence-based treatment:

- A. Typical antipsychotics
- B. Atypical antipsychotics
- C. Clozapine as a first line
- D.
- E.

Q43) A patient taking clozapine had a CBC and neutrophils were 350 ,what is the next immediate step?

- A. Stop the drug immediately
- B. Give G-CSF
- C. Switch to risperidone
- D. Decrease the dose and monitor after one week
- E.

Q44) A case of a patient taking antipsychotics developed an oculogyric crisis and neck stiffness that is bothersome. Next step?

- A. Procyclidine
- B. Benzos
- C. betablockers
- D. stop the drug
- E. decrease the dose

Q45) Patient came with signs of opioid withdrawal, yawning, lacrimation and piloerection with tachycardia and agitation, first line intervention?

- A. Clonidine
- B. Methadone high dose and no monitoring
- C. buprenorphine (bupoxone) and monitor him according to COWS if he reaches the moderate stage
- D. IV lorazepam
- E. naloxone

Q46) Naltrexone in Alcohol dependence-

- A. Mu opioid receptor antagonist, so less euphoric effects of alcohol
- B. Gaba A agonist
- C. Gaba antagonist
- D. aversion to alcohol by blocking aldehyde dehydrogenase
- E.

Q47) Patient started on MAOI, you want to warn him about the risk of hypertensive crises, which of the following foods should he avoid:

- A. tyramine
- B. sucrose

- C. lactose
- D. thiamine
- E. tryptophan

Q48) A patient said he intends to kill his mother after leaving the clinic today, and has formulated a plan, and the doctor is concerned. Most appropriate action:

- A. Admit patient, call law enforcement, and warn mother
- B. Tell him it's wrong and discharge
- C. Increase the dose of medication and schedule a follow-up next week
- D. Admit without informing the mother
- E. Give an antipsychotic and let him go home

Q49) Patient intends to kill his neighbour. He has a plan and has a weapon, and Dr sees he is serious about it. Most appropriate action?

- A. contact law enforcement, admit patient, warn potential victims
- B. Switch medication and schedule follow-up
- C. Admit without informing the neighbour
- D. increase the dose of antipsychotic
- E.

Q50) Lewy body dementia, you want to give him a drug. Which lethal side effect and drug combination precaution to tell the family?

- A. Haloperidol and neuroleptic sensitive reaction
- B. Quetiapine is not good in the elderly due to hallucination
- C. Melatonin and worsening REM sleep behaviour
- D. Donepezil and decreased cognition
- E. ... due to anticholinergic sedation