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| Mock MCQ Paper 2017 (Produced by the New Zealand Training Programmes)   |  |  | | --- | --- | | Candidate’s name: | Date: |   The real MCQ paper is these days done via a computer interface at special testing venues. This Mock Paper cannot replicate those conditions, but is still a useful exercise in managing the size of the task, the timing, and individual question types.  We suggest that candidates replicate actual exam conditions as far as possible, according to the rules in the [Exams section of the 2012 Regulations](https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/RPP-EXAMINATIONS.aspx) (see: Written Examination policy esp. pages 7-12), and that they use the [MCQ Information](https://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Exam-Centre/MCQ-Exam-Information-V3-0.aspx), [tutorial MCQ exam](http://www.pearsonvue.com/ranzcp/tutorial.asp), [and tutorial model answers](http://www.ranzcp.org/Files/PreFellowship/2012-Fellowship-Program/Practice-Exam-Answers.aspx) provided by the College to familiarise themselves with the MCQ electronic interface.  This version of the MCQ can be completed electronically, on a computer using Word to fill in the correct answers in each answer box. Remember to hit control-S to save your completed paper intermittently, and at the very end of the exam save the file. If you'll be doing this at a centralised venue, bring a flash-drive to save the completed mock exam and take it home to mark.  The model answers will be here, after 13th January 2017: <http://www.psychtraining.org/Mock-exams.html> (no cheating beforehand!). This exam is only written *once* a year, so if you're not sitting until August, save it to do in the lead-up then, and don't look at the answers earlier.  You are allowed 3 hours and 10 minutes total time to complete the paper. All of that is exam-time – there is no 'reading time'.  *– REMEMBER TO HIT SAVE OR CONTROL-S REGULARLY TO SAVE YOUR ANSWERS ! –* | |
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| MCQ Mock Exam |
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| Extended Matching Questions (EMQ)  You are about to commence the EMQ component of the Mock Exam.   * The Question Instructions are on the left panel of each page. * The Questions and Answer Options are on the right hand panel. * Please read Question Instructions, Questions and options CAREFULLY before answering. * There may be a series of Questions that could share the same list of answer options.   To answer a Question, left-click on the checkbox beside your preferred option, to select it. e.g.    To change your answer, click the checkbox again to de-select it, and click another one.  To 'flag' a question and review it later add an ! to the 'Flag box' at top right. Then search for all the !s when you want to review any questions you were unsure about, by hitting control-F to bring up the navigation field, then type ! in that field.  Skip past any !s in the explanatory pages, and review the rest. To refresh the search, put your cursor on the Navigation search box (which will highlight the contents) and left-click. When you've finished a question and no longer want to review it, delete the ! from the "Flag box" on the Question page.  Example of a 'flagged' question |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 1 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.1 A patient who is said to have a poor capacity to verbally describe their own subjective emotional experiences is said to have:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Abulia | |  |  | Affective blunting | |  |  | Alexithymia | |  |  | Apathy | |  |  | Avolition | |  |  | Melancholia | |  |  | Parathymia | |  |  | Witzelsucht | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 2 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.2 An eight year old who hits peers repeatedly, and urinates in the corner of the classroom when angry.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Autistic Spectrum Disorder | |  |  | Conduct Disorder | |  |  | Enuresis | |  |  | Gender Identity Disorder | |  |  | Intellectual Disability | |  |  | Major Depressive Disorder | |  |  | Oppositional Defiant Disorder | |  |  | Reactive Attachment Disorder | |  |  | Rett’s Disorder | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 3 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.3 A 54 year old woman, diagnosed recently with metastatic breast cancer, is brought to hospital by ambulance after her husband finds her unconscious at home. Upon arrival, she is unresponsive, her breathing is slow and shallow, and her pupils are constricted.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol poisoning | |  |  | Alcohol withdrawal | |  |  | Benzodiazepine overdose | |  |  | Cannabis abuse | |  |  | Grand mal seizure | |  |  | Opioid overdose | |  |  | Raised intracranial pressure | |  |  | Stroke | |  |  | Subarachnoid haemorrhage | |  |  | Temporal lobe epilepsy | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 4 |
| For the following question, please select the MOST ACCURATE option. |  | Q.4 Wernicke’s dysphasia is an example of the following type of Dysphasia?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Conduction Dysphasia | |  |  | Developmental Dysphasia | |  |  | Nominal Dysphasia | |  |  | Primary Motor Dysphasia | |  |  | Primary Sensory Dysphasia | |  |  | Subcortical Auditory Dysphasia | |  |  | Subcortical Dysphasia | |  |  | Subcortical Motor Dysphasia | |  |  | Subcortical Sensory Dysphasia | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 5 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.5 Which of the following figures in psychiatry introduced the term Schizophrenia in 1908?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Donald Winnicott | |  |  | Emil Kraeplin | |  |  | Erving Goffman | |  |  | Eugene Bleuler | |  |  | Karl Menninger | |  |  | Karl Popper | |  |  | Paul Janssen | |  |  | Phillipe Pinel | |  |  | Thomas Szaz | |  |  | Ugo Cerletti | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 6 |
| For the following patient, please select the MOST APPROPRIATE intervention. |  | Q.6 A 14-year-old high school student Sandy is brought for assessment by her parents, who describe conflict at home between Sandy and the rest of the family. Her parents are divided on how to approach the situation. Sandy has a 6 month history of restricting eating, resulting in weight loss. Currently her BMI is on the third percentile for age.  Which psychological treatment would you recommend?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Adolescent Mentalization-Based Integrative Treatment (AMBIT) | |  |  | Cognitive Behavioral Therapy (CBT) | |  |  | Cognitive behavioral therapy enhanced version for eating disorders (CBT-E) | |  |  | Family Based Therapy | |  |  | Family Connections | |  |  | Interpersonal Therapy (IPT) | |  |  | Parent Child Interaction Therapy (PCIT) | |  |  | Parent Management Training | |  |  | Strategic Family Therapy | |  |  | Systemic Family Therapy | |  |  | Tough Love | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 7 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.7 In DSM-5, the diagnosis of a Persistent Depressive Disorder (previously known as dysthymia) requires the presence of depressive symptoms on most days for a period of at least:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | 6 months | |  |  | 12 months | |  |  | 18 months | |  |  | 24 months | |  |  | 30 months | |  |  | 36 months | |  |  | 48 months | |  |  | 60 months | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 8 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.8 What is the most likely diagnosis for a 82 year old man on no medication presenting with a ten year history of emerging but fluctuating cognitive decline which is accompanied by both extrapyramidal features including parkinsonism, and psychosis including visual hallucinations of a large bull coming through his room.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alzheimer’s Dementia | |  |  | Huntington’s disease | |  |  | Lewy body Dementia | |  |  | Motor neurone disease | |  |  | Multi-infarct Dementia | |  |  | Parkinson’s disease | |  |  | Pick’s Disease | |  |  | Progressive supranuclear palsy | |  |  | Wernicke’s encephalopathy | |  |  | Wilson’s disease | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 9 |
| For the following patient, please select the MOST LIKELY disorder. |  | Q.9 Which condition is characterised by the triad of ophthalmoplegia, ataxia, and confusion?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Delirium tremens | |  |  | Guillain-Barré syndrome | |  |  | Hepatic encephalopathy | |  |  | Huntington’s disease | |  |  | Marchiafava-Bignami disease | |  |  | Motor neurone disease | |  |  | Parkinson’s disease | |  |  | Progressive supranuclear palsy | |  |  | Wernicke’s encephalopathy | |  |  | Wilson’s disease | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 10 |
| For the following patient, please select the MOST APPROPRIATE intervention. |  | Q.10 Steven is a 10 year old who was born a female called Sarah, and who has insisted on being called Steven and presented as male from preschool. There are no comorbid disorders. The family have been seen previously and are comfortable with his gender identification but are concerned about his likely distress regarding the onset of puberty.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Aripiprazole | |  |  | Dialectic Behavioural Therapy | |  |  | Escitalopram | |  |  | Maudsley Family Therapy | |  |  | No follow up from MHS | |  |  | Referral to endocrinologist for GNRH agonist | |  |  | Referral to endocrinologist for GNRH agonist and secondary sex hormones | |  |  | Structural Family Therapy | |  |  | Supportive Psychotherapy | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 11 |
| For the following patient, please select the MOST APPROPRIATE intervention to improve the parents’ wellbeing. |  | Q.11 A 22 year old woman has a three year history of alcohol abuse, a series of turbulent sexual relationships, and recurrent self harm with three serious recent overdoses requiring admission to the high dependency unit. Her parents are feeling stressed and burnt-out.    Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Cognitive behavioral therapy (CBT) | |  |  | Family based therapy | |  |  | Family connections | |  |  | Interpersonal therapy (IPT) | |  |  | Marital therapy | |  |  | Mentalization-based treatment (MBT) | |  |  | Parent child interaction therapy (PCIT) | |  |  | Reflective Family therapy | |  |  | Strategic Family therapy | |  |  | Systemic family therapy | |  |  | Tough love | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 12 |
| For the following adverse effect, please choose the MOST APPROPRIATE rating scale. |  | Q.12 Assessment of tardive dyskinesia in a patient on antipsychotic medication.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | AIMS | |  |  | BPRS | |  |  | GAF | |  |  | HAMD | |  |  | MADRS | |  |  | PANSS | |  |  | SANS | |  |  | SAPS | |  |  | SCID | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 13 |
| From the following options, please choose the MOST APPROPRIATE answer. |  | Q.13 Which of the following is NOT a common clinical feature of rapid SSRI discontinuation.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Anxiety | |  |  | Crying spells | |  |  | Electric shock-like sensations | |  |  | Hypersomnolence | |  |  | Lethargy | |  |  | Nausea | |  |  | Paraesthesiae | |  |  | Tremor | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 14 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.14 A 19 year old male presents with social withdrawal, loss of employment and difficulty maintaining his hygiene over the last 6 months. This is accompanied by unusual spiritual beliefs.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Delusional Disorder | |  |  | Drug-induced psychosis | |  |  | Major Depressive Disorder with Psychosis | |  |  | Manic episode with Psychosis | |  |  | Pre-psychotic stage | |  |  | Psychosis secondary to a General Medical Condition | |  |  | Schizoaffective Disorder | |  |  | Schizophrenia | |  |  | Schizophreniform Disorder | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 15 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.15 A 76 year old woman presents with cognitive impairment that has progressed after initially seeking medical attention for a presumed Transient Ischaemic Episode. Parkinsonian features are evident although they seem to have appeared abruptly and do not seem progressive at this stage. Her regular medication includes enalapril and simvastatin.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alzheimer’s Dementia | |  |  | Binswanger’s disease | |  |  | Huntington’s disease | |  |  | Lewy body Dementia | |  |  | Motor neurone disease | |  |  | Multi-infarct Dementia | |  |  | Parkinson’s disease | |  |  | Pick’s Disease | |  |  | Progressive supranuclear palsy | |  |  | Wernicke’s encephalopathy | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 16 |
| For the following question, please choose the MOST APPROPRIATE answer. |  | Q.16 Which psychological therapy for substance use disorders most focuses on 'expressing empathy, developing discrepancy, avoiding argument, supporting self-efficacy and rolling with resistance.'  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcoholics Anonymous 12 Step Recovery Programme | |  |  | Cognitive Analytic Therapy | |  |  | Cognitive Behaviour Therapy | |  |  | Contingency Management | |  |  | Dialectical Behaviour Therapy | |  |  | Eye Movement Desensitisation and Reprocessing (EMDR) | |  |  | Interpersonal Therapy | |  |  | Motivational Interviewing | |  |  | Person-Centred Therapy | |  |  | Psychodynamic Psychotherapy | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 17 |
| For the following scenario, please select the MOST APPROPRIATE intervention. |  | Q.17 Adrian is a 3 year old boy referred by his kindergarten due to concerns about his negative interactions with other children, who he frequently calls 'dumb' and 'useless'. In the assessment his mother repeatedly comments negatively on his play.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Atomoxetine | |  |  | Dyadic therapy such as 'Watch Wait Wonder' | |  |  | Lithium | |  |  | Maudsley Family Therapy | |  |  | Methylphenidate SR | |  |  | Parent Training e.g. Triple P | |  |  | Play Therapy with child | |  |  | Psychodynamic Psychotherapy for the mother | |  |  | Systemic Family Therapy | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 18 |
| For the following question, please choose the MOST ACCURATE answer. |  | Q.18 Which EEG feature is seen in the EEG of a normal awake adult who is not moving?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alpha rhythm | |  |  | Beta activity | |  |  | Delta activity | |  |  | High voltage complex elements | |  |  | K complexes | |  |  | Lambda waves | |  |  | Spike discharges | |  |  | Wave and spike pattern | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 19 |
| For the following patient, please choose the MOST APPROPRIATE adjustment to his pharmacological treatment. |  | Q.19 A 14-year-old with attention deficit hyperactivity disorder (ADHD), has responded well to stimulant medication for the last 5 years. At the most recent review his complaint is that despite taking the last stimulant dose at midday, he has difficulty falling asleep and difficulty waking in the morning, so that he is often late for school and feels tired during the day.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Add an additional stimulant dose later in the day | |  |  | Low dose amitriptyline (in addition to existing stimulant dose) | |  |  | Low dose quetiapine (in addition to existing stimulant dose) | |  |  | Melatonin (in addition to existing stimulant dose) | |  |  | Sertraline (in addition to existing stimulant dose) | |  |  | Stop stimulant and switch to atomoxetine | |  |  | Stop stimulant and switch to extended-release clonidine | |  |  | Temazepam (in addition to existing stimulant dose) | |  |  | Venlafaxine (in addition to existing stimulant dose) | |  |  | Zopiclone (in addition to the existing stimulant dose) | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 20 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.20 Who was the neurologist who first used ECT to treat Schizophrenia?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Donald Winnicott | |  |  | Emil Kraeplin | |  |  | Erving Goffman | |  |  | Eugene Bleuler | |  |  | Karl Menninger | |  |  | Karl Popper | |  |  | Paul Janssen | |  |  | Phillipe Pinel | |  |  | Thomas Szaz | |  |  | Ugo Cerletti | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 21 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.21 Which of the following medications is least likely to lead to lithium toxicity in a patient on established lithium therapy?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Captopril | |  |  | Cilazapril | |  |  | Diclofenac | |  |  | Enalopril | |  |  | Furosemide | |  |  | Ibuprofen | |  |  | Quinapril | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 22 |
| For the following patient, please select the MOST APPROPRIATE medication. |  | Q.22 A 44 year old man with a long history of alcohol dependence wishes to discuss medication to help manage cravings. He is drinking alcohol heavily at present and does not want to stop. Instead, he would like to be able to reduce his consumption of alcohol. There is a past history of delirium tremens and of alcohol withdrawal seizures.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Buprenorphine | |  |  | Bupropion | |  |  | Chlordiazepoxide | |  |  | Chlormethiazole | |  |  | Diazepam | |  |  | Disulfiram | |  |  | Fluoxetine | |  |  | Haloperidol | |  |  | Methadone | |  |  | Naltrexone | |  |  | Nicotine Patches | |  |  | Quetiapine | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 23 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.23 A 12 year old boy presents to the Emergency Department (ED) describing a “goblin attack” and creatures coming out of the wall. The mental health nurse in the ED reports that his mother is well known to local alcohol and drug services. His mother says he was fine yesterday.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol dependence | |  |  | Autistic Spectrum Disorder | |  |  | Bipolar Disorder Prodrome | |  |  | Conduct Disorder | |  |  | Fetishism | |  |  | Major Depressive Episode | |  |  | Munchausen’s by proxy | |  |  | No diagnosis | |  |  | Parasomnia | |  |  | Psychotic disorder NOS | |  |  | Synthetic cannabinoid misuse | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 24 |
| For the following situation, please choose the MOST APPROPRIATE rating scale. |  | Q.24 A clinician wants to monitor overall symptoms in a patient with schizophrenia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | AIMS | |  |  | BPRS | |  |  | GAF | |  |  | HAMD | |  |  | MADRS | |  |  | PANSS | |  |  | SANS | |  |  | SAPS | |  |  | SCID | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 25 |
| For the following situation, please select the MOST SPECIFIC bedside test. |  | Q.25 Measuring attention in a delirious patient.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Draw a clockface | |  |  | Name of the Prime Minister | |  |  | Naming 4 legged animals | |  |  | Naming objects | |  |  | Orientation to person, place and time | |  |  | Recite the months of the year backwards | |  |  | Remembering 3 words | |  |  | Serial 7s | |  |  | Similarities | |  |  | Spell “WORLD” backwards | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 26 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.26 STAR\*D was one of the most influential studies of pharmacotherapy for depression. In Stage 1 of this study, what percentage of depressed patients achieved *remission* after 14 weeks of treatment with citalopram (mean dose 41.8mg/d).  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | 7% | |  |  | 14% | |  |  | 21% | |  |  | 28% | |  |  | 35% | |  |  | 42% | |  |  | 49% | |  |  | 56% | |  |  | 63% | |  |  | 70% | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 27 |
| For the following patient, which rating scale would be MOST HELPFUL to assist with diagnostic clarification? |  | Q.27 You are asked to assess 12 year old John, who has restricted food group intake; he eats only rice, potatoes, chips and tomato sauce. When presented with other foods, he reports having tummy pains, breathing fast, worries that he won’t manage, and typically he vomits. The problem first began at age 4, after his father left to live overseas. His mother doesn’t like to see her son upset but is worried that he isn’t eating properly.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Beck Anxiety Inventory (BAI) | |  |  | Beck Youth Inventory (BYI- 2) | |  |  | Depression Anxiety Stress Scale (DASS) | |  |  | Eating Disorder Attitudes Test ( EAT- 26) | |  |  | Eating Disorder Examination Questionnaire (EDE-Q) | |  |  | Multidimensional Anxiety Scale for Children (MASC 2) | |  |  | Revised Conners’ Teacher and Parent Rating Scale (CPRS-R) | |  |  | The Strengths and Difficulties Questionnaire (SDQ) | |  |  | The Brief Psychiatric Rating Scale for Children (BPRS-C) | |  |  | The Child Behavior Checklist (CBCL) | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 28 |
| Which stage of change is BEST CHARACTERISED by the patient saying the following: |  | Q.28 “I want to know how to give up.”  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Action Stage | |  |  | Contemplative Stage | |  |  | Denial | |  |  | Maintenance Stage | |  |  | Pre-contemplative Stage | |  |  | Preparation Stage | |  |  | Relapse Prevention Stage | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 29 |
| For the following patient, please select the MOST APPROPRIATE intervention. |  | Q.29 David is a 17 year old boy with a two year history of cutting more than once a week to deal with his emptiness. He has had trials of sertraline and fluoxetine with little effect. He has made three attempts to overdose in the context of losses of friendships. He now wonders if he would be more comfortable as a female.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Aripiprazole | |  |  | Dialectic Behavioural Therapy | |  |  | Escitalopram | |  |  | Maudsley Family Therapy | |  |  | No follow up from MHS | |  |  | Referral to endocrinologist for GNRH agonist | |  |  | Referral to endocrinologist for GNRH agonist and secondary sex hormones | |  |  | Structural Family Therapy | |  |  | Supportive Psychotherapy | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 30 |
| For the following patient, please select the MOST APPROPRIATE diagnosis. |  | Q.30 A 38 year old woman presents with a 3 month history of low mood, increased anxiety, poor sleep and weight loss, accompanied by the belief that she caused a recent natural disaster.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Delusional Disorder | |  |  | Drug-induced psychosis | |  |  | Major Depressive Disorder with atypical features | |  |  | Major Depressive Disorder with mood congruent psychotic features | |  |  | Major Depressive Disorder with mood incongruent psychotic features | |  |  | Mixed episode with Psychosis | |  |  | Psychosis secondary to a General Medical Condition | |  |  | Schizoaffective Disorder | |  |  | Schizophrenia | |  |  | Schizophreniform Disorder | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 31 |
| For the following patient, please select the MOST APPROPRIATE diagnosis. |  | Q.31 The patient talks in a slow, sparse style that is hesitant, with disturbed rhythm and inflection.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Conduction Dysphasia | |  |  | Developmental Dysphasia | |  |  | Nominal Dysphasia | |  |  | Primary Motor Dysphasia | |  |  | Primary Sensory Dysphasia | |  |  | Subcortical Auditory Dysphasia | |  |  | Subcortical Dysphasia | |  |  | Subcortical Motor Dysphasia | |  |  | Subcortical Sensory Dysphasia | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 32 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.32 In switching a patient from tranylcypromine to fluoxetine, the correct advice would be:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Cautiously cross taper with fluoxetine 10mg/day | |  |  | Cautiously cross taper with fluoxetine 20mg/day | |  |  | Taper and stop, then start fluoxetine at 10mg/day | |  |  | Taper and stop, then start fluoxetine at 20mg/day | |  |  | Taper and stop, then wait 2 weeks before starting fluoxetine | |  |  | Taper and stop, then wait 5-6 weeks before starting fluoxetine | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 33 |
| For the following patient, please select the MOST APPROPRIATE psychological treatment. |  | Q.33 Sarah, a 28 year old woman, presents with mildly depressed mood with anxiety, in the context of ongoing conflict with her husband who works long hours and has said he can't attend a joint appointment. Eight months ago Sarah had a third trimester stillbirth. She says her husband would like them to try again for a baby at some stage, but she doesn't feel she could face another pregnancy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acceptance and commitment therapy (ACT) | |  |  | Cognitive analytic therapy (CAT) | |  |  | Cognitive behavioral therapy (CBT) | |  |  | Interpersonal therapy (IPT) | |  |  | Marital therapy | |  |  | Mentalization-based treatment (MBT) | |  |  | Mindfulness training | |  |  | Psychodynamic psychotherapy | |  |  | Rapid eye movement desensitisation (EMDR) | |  |  | Rational emotive behavior therapy (REBT) | |  |  | Relaxation training | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 34 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.34 A 21 year old man admitted to the acute psychiatric unit with a psychotic relapse develops lethargy and fatigue, sleeping for much of the day. He has increased appetite and complains of unpleasant dreams.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol poisoning | |  |  | Alcohol Withdrawal | |  |  | Benzodiazepine overdose | |  |  | Cannabis abuse | |  |  | Grand mal seizures | |  |  | Opioid withdrawal | |  |  | Raised intracranial pressure | |  |  | Stimulant withdrawal | |  |  | Temporal lobe epilepsy | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 35 |
| For the following clinical scenario, please select the MOST APPROPRIATE intervention. |  | Q.35 Mary is a 9 year old girl who refuses to go to bed before 10pm, and often attends school with body odour as she will not shower at home. When told to do so by her teacher, she will shower on the school premises.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Atomoxetine | |  |  | Dyadic therapy such as 'Watch Wait Wonder' | |  |  | Lithium | |  |  | Maudsley Family Therapy | |  |  | Methylphenidate SR | |  |  | Parent Training e.g. Triple P | |  |  | Play Therapy with child | |  |  | Psychodynamic Psychotherapy for the mother | |  |  | Systemic Family Therapy | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 36 |
| For the following description, please select the MOST APPROPRIATE phenomenological term. |  | Q.36 A 54 year old man reports seeing his hand move in front of him without his own effort.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Auditory Hallucinations | |  |  | Clanging | |  |  | Command Hallucinations | |  |  | Delusions of Control | |  |  | Delusions of Persecution | |  |  | Delusions of Reference | |  |  | Derailment | |  |  | Neologisms | |  |  | Somatic Hallucinations | |  |  | Tactile Hallucinations | |  |  | Tangentiality | |  |  | Thought Blocking | |  |  | Thought Disorder | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 37 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.37 Which of the following is a focussed test of frontal lobe function?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Boston Naming Test | |  |  | Clifton Assessment Schedule | |  |  | Draw a Person test | |  |  | Mini-Mental State Examination | |  |  | National Adult Reading Test | |  |  | Raven’s Progressive Matrices | |  |  | Rorschach Test | |  |  | Trail Making Test | |  |  | Wechsler Adult Intelligence Scale | |  |  | Wechsler Memory Scale | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 38 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.38 Which complementary therapy has NOT been shown to be helpful in the treatment of depression, either alone or as an adjunct to antidepressant medication?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Eicosapentaenoic acid | |  |  | L-Methylfolate | |  |  | Multivitamins | |  |  | N-acetyl-cysteine | |  |  | S-adenosyl-methionine | |  |  | St John’s Wort | |  |  | Zinc | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 39 |
| For the following patient, please select the MOST APPROPRIATE psychosocial intervention. |  | Q.39 Following a traumatic birth, a mother of a healthy 9 month old baby is anxious that she is ‘doing everything wrong’ and that she is ‘not a good mother’. She reports not enjoying the baby or having loving feelings as she'd expected she would.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Circle of Security | |  |  | Cognitive behavioral therapy (CBT) | |  |  | Family based therapy | |  |  | Family connections | |  |  | Interpersonal therapy (IPT) | |  |  | Mentalization-based treatment (MBT) | |  |  | Parent behavioral management training | |  |  | Parent child interaction therapy (PCIT) | |  |  | Strategic family therapy | |  |  | Systemic family therapy | |  |  | Watch Wait and Wonder | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 40 |
| For the following clinical situation, please select the MOST APPROPRIATE rating scale. |  | Q.40 Assessment of lifetime symptoms of Alcohol Dependence with a focus on late-stage symptoms.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Addiction Research Foundation Clinical Institute Withdrawal Assessment – Alcohol (CIWS-Ar) | |  |  | Alcohol Dependence Scale | |  |  | Alcohol Use Disorders Identification Test (Audit) | |  |  | CAGE questionnaire | |  |  | Hamilton Depression Rating Scale (HAMD-17) | |  |  | Michigan Alcoholism Screening Test (MAST) | |  |  | Paddington Alcohol Test | |  |  | Severity of Alcohol Dependence Questionnaire (SADQ-C) | |  |  | Severity of Dependence Scale (SDS) | |  |  | Severity of Opiate Dependence Questionnaire (SADQ) | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 41 |
| For the following patient, please select the MOST LIKELY answer. |  | Q.41 A 15 year old boy uses his iPad in his room during the evening at home and won’t come out to the family area. He attends school, where he's getting good grades and has a circle of friends, and he says his mood is good.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Attention Deficit Disorder | |  |  | Autistic Spectrum Disorder | |  |  | Bipolar Disorder Prodrome | |  |  | Conduct Disorder | |  |  | Major Depressive Episode | |  |  | No diagnosis | |  |  | Obsessive Compulsive Disorder | |  |  | Oppositional Defiant Disorder | |  |  | Parasomnia | |  |  | Psychotic Disorder NOS | |  |  | Synthetic Cannabinoid Misuse | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 42 |
| For the following description, please select the MOST APPROPRIATE type of movement disorder. |  | Q.42 Sustained involuntary spasm of the skeletal muscles.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute Dystonia | |  |  | Akathisia | |  |  | Chronic Dystonia | |  |  | Medication Induced Tremor | |  |  | Neuroleptic Malignant Syndrome | |  |  | Oculogyric Crises | |  |  | Pseudo-parkinsonism | |  |  | Restless Leg Syndrome | |  |  | Tardive Dyskinesia | |  |  | Torticollis | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 43 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.43 The main issue relevant to the outcome of mental disorders which is assessed by the Camberwell Family Interview (Vaughn and Leff, 1976).  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Expressed emotion | |  |  | Global functioning | |  |  | Medication adherence | |  |  | Mental Health literacy | |  |  | Problem solving skills | |  |  | Psychological mindedness | |  |  | Relapse prevention techniques | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 44 |
| For the following situation in a therapy session, please select the therapist response which would be MOST LIKELY to facilitate mentalizing. |  | Q.44 The client becomes visibly anxious after a comment by the therapist.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | “Did you notice how this is a good example of what we were talking about last session?“ | |  |  | “Do you think maybe you're feeling anxious to avoid deep-seated guilty feelings?" | |  |  | “How do you usually cope when you're feeling distressed – What works for you?” | |  |  | “I'm wondering what you are feeling right now?” | |  |  | “I think you may have misunderstood what I was trying to say.” | |  |  | “I’m sorry that you’re upset.” | |  |  | “It’s not surprising that you'd feel anxious and upset.” | |  |  | "Can you remember a time in your childhood when you felt in a similar way?" | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 45 |
| For the following description, please select the MOST APPROPRIATE diagnosis. |  | Q.45 A condition characterised by formication and visual hallucinations.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Delirium tremens | |  |  | Guillain-Barré syndrome | |  |  | Hepatic encephalopathy | |  |  | Huntington’s disease | |  |  | Marchiafava-Bignami disease | |  |  | Motor neurone disease | |  |  | Parkinson’s disease | |  |  | Progressive supranuclear palsy | |  |  | Wernicke’s encephalopathy | |  |  | Wilson’s disease | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 46 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.46 A 16 year old youth with a limited vocabulary is arrested for setting a fire alarm off in a department store, allowing a group of teens to shoplift during the evacuation. He reports his “new friends” asked him to do it to join their gang, and appears unaware that they planned the theft.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Autistic Spectrum Disorder | |  |  | Conduct Disorder | |  |  | Enuresis | |  |  | Gender Identity Disorder | |  |  | Intellectual Disability | |  |  | Major Depressive Disorder | |  |  | Oppositional Defiant Disorder | |  |  | Reactive Attachment Disorder | |  |  | Rett’s Disorder | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 47 |
| For the following patient, please select the MOST APPROPRIATE treatment. |  | Q.47 Mrs Davidson, who has a known diagnosis of bipolar disorder, believes her brain has rotted and is refusing to eat or drink.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Clozapine | |  |  | Electroconvulsive therapy | |  |  | Fluoxetine | |  |  | Imipramine | |  |  | Intramuscular Haloperidol | |  |  | Intramuscular Lorazepam | |  |  | Lithium Carbonate | |  |  | Olanzapine wafers | |  |  | Quetiapine | |  |  | Risperidone oral solution | |  |  | Sodium Valproate | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 48 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.48 70 year old woman is admitted after a fall, in a confused state. She was commenced on an SSRI two months earlier, for depression. Investigations show her to have low serum sodium and normal urine osmolality.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Benign hydrocephalus | |  |  | Cerebrovascular malformation | |  |  | Cryptococcal meningitis | |  |  | Hyperparathyroidism | |  |  | Hypothyroidism | |  |  | Inappropriate ADH syndrome | |  |  | Neuroleptic malignant syndrome | |  |  | Neuropsychiatric systemic lupus erythematosus (SLE) | |  |  | Neurosyphilis | |  |  | Normal pressure hydrocephalus | |  |  | Water intoxication | |  |  | Wernicke’s encephalopathy | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 49 |
| For the following patient group, which of the listed psychotropics should be MOST AVOIDED. |  | Q.49 Women of childbearing age.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Quetiapine | |  |  | Sodium valproate | |  |  | Venlafaxine | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 50 |
| For the following description, please select the MOST APPROPRIATE phenomenological term. |  | Q.50 While being interviewed, a 22 year old woman stops for several seconds mid-sentence.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Auditory Hallucinations | |  |  | Clanging | |  |  | Command Hallucinations | |  |  | Delusions of Control | |  |  | Delusions of Persecution | |  |  | Delusions of Reference | |  |  | Derailment | |  |  | Neologisms | |  |  | Somatic Hallucinations | |  |  | Tactile Hallucinations | |  |  | Tangentiality | |  |  | Thought Blocking | |  |  | Thought Disorder | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 51 |
| For the following statement please select the LEAST ACCURATE answer listed. |  | Q.51 Regarding the classification of personality and personality disorders:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | A categorical approach allows binary decision making, which is useful to guide treatment | |  |  | A categorical system does not allow for the weighing of criteria that differ in their diagnostic importance | |  |  | A dimensional system encourages representation of individuality because of its comprehensive nature | |  |  | A dimensional system is a better way of measuring more subtle aspects of personality | |  |  | A dimensional system permits detailed description of specific components of psychopathology that facilitate treatment planning | |  |  | A dimensional system permits graded description of psychopathology | |  |  | In a categorical system the categories and criteria are not empirically based and are often inconsistent with findings from cluster and factor analyses | |  |  | In a categorical system there is excessive comorbidity with Axis I and Axis II diagnoses | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 52 |
| For the following patient, please select the state of addiction that BEST FITS the clinical situation described. |  | Q.52 A 45 year woman spends her afternoons and evenings at home drinking. She sleeps late nursing her hangover and after an eye-opener in the morning she spends the morning begging or scrounging for money to buy alcohol.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Abstinence | |  |  | Abstinence in a controlled setting | |  |  | Abstinence in sustained remission | |  |  | Abuse | |  |  | Lapse | |  |  | Mild Substance Use Disorder | |  |  | Relapse | |  |  | Salience | |  |  | Severe Substance Use Disorder | |  |  | Tolerance | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 53 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.53 A 7 year old who has been in several foster homes tries to sit on the interviewer's knee and cuddle him at the first assessment.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Autistic Spectrum Disorder | |  |  | Conduct Disorder | |  |  | Enuresis | |  |  | Gender Identity Disorder | |  |  | Intellectual Disability | |  |  | Major Depressive Disorder | |  |  | Oppositional Defiant Disorder | |  |  | Reactive Attachment Disorder | |  |  | Rett’s Disorder | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 54 |
| For the following question, please select the MOST ACCURATE option. |  | Q.54 Atypical antipsychotics with demonstrated efficacy when used as the only medication (monotherapy) for bipolar depression.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Olanzapine, Quetiapine | |  |  | Olanzapine, Ziprasidone | |  |  | Quetiapine, Risperidone | |  |  | Quetiapine, Ziprasidone | |  |  | Risperidone, Olanzapine | |  |  | Risperidone, Ziprasidone | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 55 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.55 Which of the following figures in psychiatry first synthesized haloperidol?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Donald Winnicott | |  |  | Emil Kraeplin | |  |  | Erving Goffman | |  |  | Eugene Bleuler | |  |  | Karl Menninger | |  |  | Paul Charpentier | |  |  | Paul Janssen | |  |  | Phillipe Pinel | |  |  | Pierre Deniker | |  |  | Ugo Cerletti | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 56 |
| For the following diagnosis, please select the LEAST ACCURATE answer. |  | Q.56 Symptoms of Paranoid Personality Disorder as described by the DSM V:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Suspicions that others are using, lying to, or harming them, without enough evidence for this | |  |  | Doubts about the loyalty and trustworthiness of others | |  |  | Emotionally cold and distant, tending to remain isolated from others | |  |  | Holding grudges | |  |  | Interpretation of benign remarks as derogatory or threatening | |  |  | Jealousy and suspiciousness, without due cause, that intimate partners are being unfaithful | |  |  | Retaliation in belief that their reputation or character are being assailed by others | |  |  | Secretiveness because of concerns that their confidence will be betrayed | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 57 |
| For the following patient, please select the MOST LIKELY cause of memory disturbance. |  | Q.57 The car accident happened at 5 pm, but although Bill recalls waking up in hospital the next morning, the day of the accident is still a complete blank.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Anterograde amnesia | |  |  | Dissociation | |  |  | Dissociative identity disorder | |  |  | Factitious amnesia | |  |  | Fugue state | |  |  | Psychogenic amnesia | |  |  | Retrograde amnesia | |  |  | Transient global amnesia | |  |  | Transient ischaemic attack | | | |
|  | | | Scroll down for Next ⇨ | |

|  |  |  |  |  |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 58 |
| For the following description, please select the MOST APPROPRIATE phenomenological term. |  | Q.58 The family of a 21 year old man contact mental health services, saying that they can't make sense of what he's saying.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Auditory Hallucinations | |  |  | Clanging | |  |  | Command Hallucinations | |  |  | Delusions of Control | |  |  | Delusions of Persecution | |  |  | Delusions of Reference | |  |  | Loss of Goal | |  |  | Neologisms | |  |  | Somatic Hallucinations | |  |  | Tactile Hallucinations | |  |  | Tangentiality | |  |  | Thought Blocking | |  |  | Thought Disorder | | | |
|  | | | Scroll down for Next ⇨ | |

|  |  |  |  |  |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 59 |
| For the following patient, please select the MOST APPROPRIATE intervention. |  | Q.59 Andrea is a 14 year girl who started profound food restriction 2 months after her first menstrual period. She has lost 10 kg over the last five months and has not had a period in the last five months. She is underweight but not currently physically compromised. She says that she doesn't want to have any more periods or breast development.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Aripiprazole | |  |  | Dialectic Behavioural Therapy | |  |  | Escitalopram | |  |  | Maudsley Family Therapy | |  |  | No follow up from MHS | |  |  | Referral to endocrinologist for GNRH agonist | |  |  | Referral to endocrinologist for GNRH agonist and secondary sex hormones | |  |  | Structural Family Therapy | |  |  | Supportive Psychotherapy | | | |
|  | | | Scroll down for Next ⇨ | |

|  |  |  |  |  |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 60 |
| For the following patient, please select the MOST APPROPRIATE psychological intervention. |  | Q.60 A 20-year-old university student is afraid that he may embarrass himself in public by losing control of his bladder. This began 3 months ago when he noticed a urine spot on his jeans after going to the toilet. He has been increasingly avoiding other people and spending much of his time alone playing computer games in his room.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acceptance and commitment therapy (ACT) | |  |  | Cognitive analytic therapy (CAT) | |  |  | Cognitive behavior therapy (CBT) | |  |  | Cognitive behavior therapy with exposure response prevention (CBT & ERP) | |  |  | Exposure response prevention (ERP) | |  |  | Interpersonal therapy (IPT) | |  |  | Life style modification & relaxation training | |  |  | Mentalization-based treatment (MBT) | |  |  | Mindfulness based stress reduction | |  |  | Psychodynamic psychotherapy | |  |  | Rapid eye movement desensitisation (EMDR) | |  |  | Rational emotive behavior therapy (REBT) | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 61 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.61 A previously healthy 78 year old man, recovering in hospital after undergoing a total hip replacement a day earlier, becomes confused and agitated at night. He believes he has been wrongfully imprisoned and complains of seeing spiders on the walls and on the floor.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol poisoning | |  |  | Alcohol withdrawal | |  |  | Benzodiazepine overdose | |  |  | Cannabis abuse | |  |  | Grand mal seizure | |  |  | Opioid overdose | |  |  | Raised intracranial pressure | |  |  | Stimulant withdrawal | |  |  | Stroke | |  |  | Subarachnoid haemorrhage | |  |  | Temporal lobe epilepsy | | | |
|  | | | Scroll down for Next ⇨ | |

|  |  |  |  |  |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 62 |
| From the following list, please choose the MOST APPROPRIATE rating scale. |  | Q.62 Measuring positive and negative symptoms of schizophrenia in a research setting.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | AIMS | |  |  | BPRS | |  |  | GAF | |  |  | HAMD | |  |  | MADRS | |  |  | PANSS | |  |  | SANS | |  |  | SAPS | |  |  | SCID | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 63 |
| For the following question, please select the MOST ACCURATE answer from the list below. |  | Q.63 Who is generally credited with the development of Interpersonal Therapy (IPT) as a psychotherapy for depression?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Aaron Beck | |  |  | Albert Ellis | |  |  | Ellen Frank | |  |  | Gerald Klerman | |  |  | Habib Davanloo | |  |  | John Gunderson | |  |  | Otto Kernberg | |  |  | Peter Sifneos | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 64 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.64 Zara is a 60 year old Eastern European immigrant who was brought here by her extended family a year ago. They regard her as “backward” and she has been kept secluded from other people. She presents after developing delusions of being poisoned, and on assessment is noted to have a puffy face, long latency in replies and cognitive deficits.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Cushings disease | |  |  | Graves disease | |  |  | Hyperparathyroidism | |  |  | Hypothyroidism | |  |  | Liver failure | |  |  | Organophosphate toxicity | |  |  | Phaeochromocytoma | |  |  | Porphyria | |  |  | Psychogenic polydipsia | |  |  | Renal failure | |  |  | SIADH | |  |  | Wilson’s disease | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 65 |
| For the following patient, please select the MOST APPROPRIATE intervention. |  | Q.65 A 35 year old smoker seeks help to manage the cravings of nicotine withdrawal. He has a history of epilepsy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Buprenorphine | |  |  | Bupropion | |  |  | Chlordiazepoxide | |  |  | Chlormethiazole | |  |  | Diazepam | |  |  | Disulfiram | |  |  | Fluoxetine | |  |  | Haloperidol | |  |  | Methadone | |  |  | Naltrexone | |  |  | Nicotine patches | |  |  | Quetiapine | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 66 |
| For the following patient, please select the individual(s) MOST ASSOCIATED with the development of the psychological treatment of choice. |  | Q.66 A 42-year-old builder complains of irritability, anxiety and sleep difficulties in the context of chronic lower back pain following an injury.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Aaron Beck | |  |  | Albert Ellis | |  |  | Bateman and Fonagy | |  |  | [Gerald Klerman](https://en.wikipedia.org/wiki/Gerald_Klerman) and Myrna Weissman | |  |  | Heinz Kohut | |  |  | J[on Kabat-Zinn](https://en.wikipedia.org/wiki/Jon_Kabat-Zinn) | |  |  | Louise Hay | |  |  | Philip Barnard and [John Teasdale](https://en.wikipedia.org/wiki/John_D._Teasdale) | |  |  | Sigmund Freud | |  |  | [Steven C. Hayes](https://en.wikipedia.org/wiki/Steven_C._Hayes) and Robert Zettle | |  |  | [Zindel Segal](https://en.wikipedia.org/wiki/Zindel_Segal) and [Mark Williams](https://en.wikipedia.org/wiki/J._Mark_G._Williams) | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 67 |
| For the following patient, please select the MOST APPROPRIATE intervention. |  | Q.67 Matthew is a 7 year old boy referred by his foster family with whom he has been living for six months. Despite the family committing to his long term care and appearing a warm match, they report that he is still withdrawn and appears sad.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Atomoxetine | |  |  | Dyadic therapy such as 'Watch Wait Wonder' | |  |  | Lithium | |  |  | Maudsley Family Therapy | |  |  | Methylphenidate SR | |  |  | Parent Training e.g. Triple P | |  |  | Play Therapy with child | |  |  | Psychodynamic Psychotherapy for the mother | |  |  | Systemic Family Therapy | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 68 |
| Which stage of change is BEST CHARACTERISED by the patient saying the following: |  | Q.68 “I don’t like spending money on drugs but I really enjoy the highs I get”  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Action Stage | |  |  | Contemplative Stage | |  |  | Denial | |  |  | Maintenance Stage | |  |  | Pre-contemplative Stage | |  |  | Preparation Stage | |  |  | Relapse Prevention Stage | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 69 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.69 A 52 year old man presents with a 6 month history of believing his wife is having an affair.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Delusional Disorder | |  |  | Drug-induced psychosis | |  |  | Major Depressive Disorder with Psychosis | |  |  | Manic episode with Psychosis | |  |  | Pre-psychotic Stage | |  |  | Psychosis secondary to a General Medical Condition | |  |  | Schizoaffective Disorder | |  |  | Schizophrenia | |  |  | Schizophreniform Disorder | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 70 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.70 The majority of acetylcholinergic neurons in the brain arise from which anatomical structure?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Basal nucleus (of Meynert) | |  |  | Nucleus accumbens | |  |  | Pedunculopontine tegmental nucleus | |  |  | Substantia nigra pars compacta | |  |  | Substantia nigra pars reticulata | |  |  | Subthalamic nucleus | |  |  | Ventral tegmental nucleus | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 71 |
| For the following drug, please select the MOST ACCURATE mode of action when it is used in the treatment of substance abuse disorders. |  | Q.71 Naloxone.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Agonist-Antagonist | |  |  | Full Agonist | |  |  | Inverse Agonist | |  |  | Neutral Antagonist | |  |  | Norepinephrine-dopamine reuptake inhibitor | |  |  | Partial Agonist | |  |  | Partial Antagonist | |  |  | Selective Serotonin re-uptake inhibitor | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 72 |
| For the following patient, please select the MOST APPROPRIATE psychological assessment instrument to inform her treatment. |  | Q.72 Melanie, a 20 year old woman, recently lost rights to unsupervised access to her 2 year old when she became abusive and threatening to her ex-partner while they were in court to determine custody arrangements. She reported feeling increasingly wound up by his descriptions of her self-cutting and claimed that she ‘finally lost it’ when he made mocking gestures behind the judge's back to indicate that she was crazy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Beck Anxiety Inventory (BAI) | |  |  | Beck Depression Inventory (BDI-2) | |  |  | Big Five Personality Questionnaire | |  |  | Depression, Anxiety, Stress Scale (DASS) | |  |  | HCR-20 Version 3 risk assessment tool | |  |  | Minnesota Multiphasic Personality Inventory (MMPI) | |  |  | Psychopathy Checklist (PCL-R) | |  |  | Repeated Episodes of Self-Harm scale | |  |  | Symptom Checklist-90-Revised (SCL-90-R) | |  |  | The Brief Psychiatric Rating Scale (BPRS) | |  |  | The Structured Clinical Interview for the DSM 4 (SCID-II) | |  |  | Violence Risk Scale (VRS) | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 73 |
| For the following statement, please select the LEAST ACCURATE answer from the list below. |  | Q.73 The following are recommendations from the RANZCP Guidelines regarding the use of ECT to treat schizophrenia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | The prescription of an index course of ECT for the treatment of  schizophrenia may be considered in combination with antipsychotic medication when a rapid clinical response is an urgent priority. | |  |  | The addition of ECT may be considered in people with treatment-resistant schizophrenia who have an inadequate response to clozapine. | |  |  | Prolonged courses of ECT without measured improvement are not recommended for people with schizophrenia because most research suggests that response occurs within 12 treatments. | |  |  | For a minority of individuals, longer courses may be required if progressive improvement occurs with each treatment. | |  |  | Right unilateral electrode placements are not recommended in the treatment of schizophrenia, having been shown to be ineffective. | |  |  | An objective rating scale should be used to assess baseline symptom severity, response during the ECT course and outcome at completion of a course of ECT. | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 74 |
| For the following diagnosis, please select the MOST LIKELY inherited risk factor. |  | Q.74 Huntingdon’s disease.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | 5HTT gene "L" genotype | |  |  | 5HTT gene "S" genotype | |  |  | Alleles on chromosomes 11q, 3q, 18q, and 6p | |  |  | X-linked recessive genetic transmission | |  |  | CAG trinucleotide repeats | |  |  | CTG trinucleotide repeats | |  |  | Expression of the neuregulin-1 gene | |  |  | "Extensive" metaboliser genotype of 2D6 | |  |  | Genetic transmission via the sex chromosomes | |  |  | "Intermediate" metaboliser genotype of 2D6 | |  |  | "met" variant of the COMT (catecho-o-methytransferase) gene | |  |  | "Ultra-rapid" metaboliser genotype of 2D6 | |  |  | "val" variant of the COMT (catecho-o-methytransferase) gene | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 75 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.75 A 14 year old girl has become extremely irritable over the last six months and refuses to speak to her mother or do any chores. She attends school intermittently and was stood down for swearing at a teacher last week. Her mother reports she seems to be having trouble sleeping and has lost five kilos.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Autistic Spectrum Disorder | |  |  | Conduct Disorder | |  |  | Enuresis | |  |  | Gender Identity Disorder | |  |  | Intellectual Disability | |  |  | Major Depressive Disorder | |  |  | Oppositional defiant disorder | |  |  | Reactive attachment Disorder | |  |  | Rett’s Disorder | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 76 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.76 The principal mechanism of action of bupropion is thought to be that it:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Inhibits dopamine reuptake | |  |  | Inhibits GABA reuptake | |  |  | Inhibits noradrenalin reuptake | |  |  | Inhibits reuptake of noradrenalin and dopamine | |  |  | Inhibits reuptake of noradrenalin and GABA | |  |  | Inhibits reuptake of serotonin and dopamine | |  |  | Inhibits reuptake of serotonin and GABA | |  |  | Inhibits reuptake of serotonin and noradrenalin | |  |  | Inhibits serotonin reuptake | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 77 |
| For the following set of symptoms, please select the MOST LIKELY movement disorder they indicate. |  | Q.77 Grimacing and the bon-bon sign.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute Dystonia | |  |  | Akathisia | |  |  | Chronic Dystonia | |  |  | Medication Induced Tremor | |  |  | Neuroleptic Malignant Syndrome | |  |  | Oculogyric Crises | |  |  | Pseudo-parkinsonism | |  |  | Tardive Dyskinesia | |  |  | Torticollis | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 78 |
| For the following patient, please select the MOST APPROPRIATE and evidenced-based pharmacological next step. |  | Q.78 A 25 year old woman with borderline personality disorder describes no improvement in her symptoms across 6 months of treatment with fluoxetine 40 mg/day. Her symptoms include interpersonal sensitivity, anxiety, and anger outbursts.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Augment fluoxetine with aripiprazole 15–30 mg/ day as tolerated | |  |  | Augment fluoxetine with lamotrigine increasing to 100–200 mg as tolerated | |  |  | Augment fluoxetine with lithium to a therapeutic level | |  |  | Augment fluoxetine with mirtazapine 15–45 mg as tolerated | |  |  | Increase fluoxetine to 60 mg/day | |  |  | Switch to lamotrigine increasing to 100–200 mg as tolerated | |  |  | Switch to quetiapine at mood stabilising doses of between 350 mg to 600 mg/day | |  |  | Switch to sodium valproate to achieve therapeutic levels | |  |  | Switch to venlafaxine increasing to 300 mg/day | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 79 |
| For the following description of a rating scale, please select the MOST APPROPRIATE choice as to its developer and namesake. |  | Q.79 This rating scale for depression is clinician rated and usually features 17 items, but may have up to 24 items, each rated 0 – 4 or 0 – 2.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Andreasen | |  |  | Beck | |  |  | Hamilton | |  |  | Montgomery-Åsberg | |  |  | Raskin | |  |  | Wing | |  |  | Zung | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 80 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.80 Which psychotropic has been used to increase the white cell count in patients who have developed neutropenia while taking clozapine?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Gabapentin | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Phenytoin | |  |  | Topiramate | |  |  | Valproate | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 81 |
| For the following patient, please select the MOST APPROPRIATE next treatment adjustment. |  | Q.81 A 36 year old woman with fibromyalgia, generalised anxiety disorder (GAD) and depression is currently taking several psychotropic medications, including alprazolam, duloxetine, pregabalin, and hydrocodone/acetaminophen. She has residual pain, anxiety and mood symptoms. Your purpose is to simplify her medication regime to medications with the best evidence for efficacy for her disorders.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Discontinue all medication as she remains symptomatic despite polypharmacy | |  |  | Discontinue duloxetine as it can cause abdominal pain | |  |  | Discontinue duloxetine as it has the least evidence of efficacy and is apparently ineffective in treating symptoms | |  |  | Discontinue either duloxetine or pregabalin as their interaction can increase anxiety | |  |  | Discontinue Hydrocodone/acetaminophen as it has the least evidence of efficacy | |  |  | Discontinue hydrocodone/acetaminophen as it may worsen depressive symptoms | |  |  | Discontinue pregabalin as it is not approved for use in GAD and is more specifically targeted at neuropathic pain | |  |  | Gradually discontinue alprazolam as it is best suited for short term use and has the potential for dependency | |  |  | Leave medications unchanged as she would probably be worse without them | |  |  | Switch from duloxetine to venlafaxine | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 82 |
| For the following sample of a patient's speech, please select the MOST APPROPRIATE phenomenological term. |  | Q.82 "He was vorpling in and out. They do that, so as to throw you off the scent. They vorple."  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Clanging | |  |  | Delusions of Control | |  |  | Delusions of Persecution | |  |  | Delusions of Reference | |  |  | Derailment | |  |  | Knight's move thinking | |  |  | Neologism | |  |  | Tangentiality | |  |  | Thought Insertion | |  |  | Verbigeration | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 83 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.83 A 17 year old boy is seen for forensic evaluation having been charged with selling synthetic cannabinoids at school. He shows no concern for the adolescents that became unwell using them. He has previously been accused of rape and assault of peers, but not charged.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol dependence | |  |  | Autistic Spectrum Disorder | |  |  | Bipolar Disorder Prodrome | |  |  | Conduct Disorder | |  |  | Fetishism | |  |  | Major Depressive Episode | |  |  | Munchausen’s by proxy | |  |  | No diagnosis | |  |  | Parasomnias | |  |  | Psychotic disorder NOS | |  |  | Synthetic cannabinoid misuse | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 84 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.84 A 78 year old retired GP develops progressive difficulty in walking, with a slow, broad-based gait and some falls. After ten years of this he also develops incontinence and mild cognitive impairment.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Benign hydrocephalus | |  |  | Cerebrovascular malformation | |  |  | Cryptococcal meningitis | |  |  | Hyperparathyroidism | |  |  | Hypothyroidism | |  |  | Inappropriate ADH syndrome | |  |  | Neuroleptic malignant syndrome | |  |  | Neuropsychiatric systemic lupus erythematosus (SLE) | |  |  | Neurosyphilis | |  |  | Normal pressure hydrocephalus | |  |  | Water intoxication | |  |  | Wernicke’s encephalopathy | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 85 |
| For the following patient, please select the answer listed below which is MOST LIKELY to be responsible for his medical deterioration. |  | Q.85 A 23 year old male with a known history of borderline personality disorder is brought to the Emergency Department with lacerations to his wrists. While having these sutured, he develops a cardiac arrhythmia, becomes drowsy and suffers a seizure.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute blood loss | |  |  | Diazepam overdose | |  |  | Dothiepin overdose | |  |  | Epilepsy | |  |  | Hypokalaemia | |  |  | Hyponatraemia | |  |  | Paracetamol overdose | |  |  | Pseudo-seizures | |  |  | Quetiapine overdose | |  |  | Venlafaxine overdose | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 86 |
| For the following description, please select the MOST APPROPRIATE phenomenological term. |  | Q.86 A 23 year old woman presents with a five day history of not eating due to believing that she is being poisoned.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bizarre delusions | |  |  | Cotard delusions | |  |  | Delusions of Control | |  |  | Delusions of Persecution | |  |  | Hypochondriacal delusions | |  |  | Induced delusions | |  |  | Magical thinking | |  |  | Nihilistic delusions | |  |  | Obsessional thinking | |  |  | Pseudologia fantastica | |  |  | Somatic delusions | |  |  | Systematised delusions | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 87 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.87 Which combination of ECT parameters listed below have been shown NOT to be effective in the treatment of depression?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bifrontal standard pulse width | |  |  | Bifrontal ultra brief pulse width | |  |  | Bitemporal standard pulse width | |  |  | Bitemporal ultra brief pulse width | |  |  | RUL standard pulse width | |  |  | RUL ultra brief pulse width | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 88 |
| For the following description, please select the MOST APPROPRIATE treatment. |  | Q.88 Treatment to switch to when a patient with psychosis has developed tardive dyskinesia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amisulpride | |  |  | Aripiprazole | |  |  | Benztropine | |  |  | Clonazepam | |  |  | Clozapine | |  |  | Electroconvulsive therapy | |  |  | Haloperidol | |  |  | Olanzapine | |  |  | Quetiapine | |  |  | Risperidone | |  |  | Ziprasidone | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 89 |
| For the following clinical situation, please select the MOST APPROPRIATE rating scale. |  | Q.89 Alcohol related symptoms experienced within the previous year.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Addiction Research Foundation Clinical Institute Withdrawal | |  |  | Assessment – Alcohol (CIWS-Ar) | |  |  | Alcohol Dependence Scale | |  |  | Alcohol Use Disorders Identification Test (Audit) | |  |  | CAGE questionnaire | |  |  | Hamilton Depression Rating Scale (HAMD-17) | |  |  | Michigan Alcoholism Screening Test (MAST) | |  |  | Paddington Alcohol Test | |  |  | Severity of Alcohol Dependence Questionnaire (SADQ-C) | |  |  | Severity of Dependence Scale (SDS) | |  |  | Severity of Opiate Dependence Questionnaire (SADQ) | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 90 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.90 Which of the following is a simple test for estimating pre-morbid IQ?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Boston Naming Test | |  |  | Clifton Assessment Schedule | |  |  | Cognitive Estimates Test | |  |  | Mini-Mental State Examination | |  |  | National Adult Reading Test | |  |  | Raven’s Progressive Matrices | |  |  | Trail Making Test | |  |  | Wechsler Adult Intelligence Scale | |  |  | Wechsler Memory Scale | |  |  | Wisconsin Sorting Card Test | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 91 |
| For the following patient, please select the MOST LIKELY cause of memory disturbance. |  | Q.91 Malcolm, aged 77, knows he had a course of electroconvulsive therapy a month ago but can't recall where he had the actual treatments.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alzheimer's dementia | |  |  | Anterograde amnesia | |  |  | Dissociation | |  |  | Factitious amnesia | |  |  | Fugue state | |  |  | Psychogenic amnesia | |  |  | Retrograde amnesia | |  |  | Transient global amnesia | |  |  | Transient ischaemic attack | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 92 |
| For the following patient, please select the MOST APPROPRIATE and evidence-based psychological intervention. |  | Q.92 A 6 year old boy Paul was referred because despite being quite able he is performing badly at school. He doesn’t sit still, isn’t completing his work and is distracting the rest of the class. He has been getting into fights and has been stood down from school recently after punching another pupil. Paul reports not liking school because the teacher and other students are ‘mean’ to him. His parents say he is a handful at home. They feel frustrated and are not sure what to do about his behavior.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Circle of security | |  |  | Cognitive Behavioral Therapy (CBT) | |  |  | Family Based Therapy | |  |  | Family connections | |  |  | Interpersonal Therapy (IPT) | |  |  | Parent behavioral management training | |  |  | Parent (PCIT) | |  |  | Systemic Family Therapy | |  |  | Toolbox parenting | |  |  | Tough love | |  |  | Watch, Wait and Wonder | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 93 |
| For the following patient, please select the MOST APPROPRIATE psycho-social intervention. |  | Q.93 A 48-year-old architect who has suffered five episodes of moderately severe major depression is concerned to prevent further relapse. He continues to take antidepressants and has had three previous courses of CBT.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acceptance and Commitment Therapy (ACT) | |  |  | Cognitive Analytic Therapy (CAT) | |  |  | Cognitive Behavior Therapy (CBT) | |  |  | Interpersonal Therapy (IPT) | |  |  | Lifestyle modification | |  |  | Mentalization-based treatment (MBT) | |  |  | Mindfulness-based stress reduction | |  |  | Mindfulness Based Cognitive Therapy (MBCT) | |  |  | Psychodynamic psychotherapy | |  |  | Rapid Eye Movement Desensitisation (EMDR) | |  |  | Rational Emotive Behavior Therapy (REBT) | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 94 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.94 Which clinical feature is more likely to be seen in a patient with bipolar depression than in someone with unipolar depression?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Early age of onset | |  |  | Fewer previous episodes | |  |  | Gradual onset of depression | |  |  | Longer duration of depressive episodes | |  |  | Reduced sleep | |  |  | Somatic complaints | |  |  | Weight loss | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 95 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.95 The initial plasma half-life of which of the following psychotropics reduces substantially with chronic dosing?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Aripiprazole | |  |  | Carbamazepine | |  |  | Gabapentin | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Olanzapine | |  |  | Quetiapine | |  |  | Sodium Valproate | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 96 |
| For the following set of symptoms, please select the MOST LIKELY movement disorder they characterise. |  | Q.96 Fever, diaphoresis, rigidity, confusion and fluctuating consciousness.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute Dystonia | |  |  | Akathisia | |  |  | Chronic Dystonia | |  |  | Medication Induced Tremor | |  |  | Neuroleptic Malignant Syndrome | |  |  | Oculogyric Crises | |  |  | Pseudo-parkinsonism | |  |  | Restless Leg Syndrome | |  |  | Tardive Dyskinesia | |  |  | Torticollis | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 97 |
| Which stage of change is BEST CHARACTERISED by the patient saying the following: |  | Q.97 "I've been clean for six months now, but I'm worried this class reunion coming up's going to trigger me – old coke buddies, y'know."  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Action Stage | |  |  | Contemplative Stage | |  |  | Denial | |  |  | Maintenance Stage | |  |  | Pre-contemplative Stage | |  |  | Preparation Stage | |  |  | Relapse Prevention Stage | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 98 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.98 Margery, aged 33, suffered a serious head injury 10 years ago in a car accident. Her parents, with whom she lives, are concerned that her ideas are increasingly bizarre and that she has become preoccupied with obscure religious texts over the past year. Margery tells you she believes demons harass her at night and that she battles them in her sleep, as she sometimes wakes to find she's fallen out of bed. She says she often senses “a spectral presence” hovering at her shoulder, and hears it speak to her. Her mother confirms that she has indeed fallen out of bed during the night on a few occasions.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Cluster A personality disorder | |  |  | Brief psychotic disorder | |  |  | Schizophreniform disorder | |  |  | Depression with psychotic features | |  |  | Schizophrenia | |  |  | Delusional disorder | |  |  | Psychosis due to general medical condition | |  |  | Schizoaffective disorder | |  |  | Drug-induced psychosis | |  |  | Mania with psychotic features | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 99 |
| For the following patient, please select the MOST APPROPRIATE answer from the list below. |  | Q.99 A 15 year old girl is referred with poor school attendance due to concern that others are ‘judging’ her after she was teased by her class-mates. She has always been shy and a bit of a loner. She describes being worried about talking to new people or groups in case she says something silly.  Which intervention would NOT be an appropriate choice as a component of her treatment?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Citalopram | |  |  | Cognitive Behavior Therapy | |  |  | Family Therapy | |  |  | Fluoxetine | |  |  | Group Therapy | |  |  | Interpersonal Therapy | |  |  | Mentalization-Based Treatment (MBT) | |  |  | Mindfulness training | |  |  | Relaxation training | |  |  | Sertraline | |  |  | Venlafaxine | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 100 |
| For the following statement, please select the LEAST ACCURATE answer listed below. |  | Q.100 Antisocial personality disorder in adulthood is associated with:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | A genotype which confers high levels of neurotransmitter-metabolizing enzyme Monoamine Oxidase-A (MAO-A) | |  |  | A sex ratio for lifetime prevalence of 2.4 males to 1 female | |  |  | Being subject to abuse or neglect during childhood | |  |  | Family history of antisocial disorder, personality disorder or substance misuse | |  |  | Gang participation | |  |  | Homicidal and suicidal behaviors | |  |  | Low socioeconomic status | |  |  | Premature death | |  |  | Substance abuse in adolescence | |  |  | Symptoms of attention-deficit hyperactivity disorder (ADHD) persisting into late adolescence | |  |  | Watching excessive amounts of television during childhood | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 101 |
| For the following description, please select the MOST APPROPRIATE treatment. |  | Q.101 Treating pseudo-parkinsonism side effects in a patient on antipsychotic medication.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amisulpride | |  |  | Aripiprazole | |  |  | Benztropine | |  |  | Clozapine | |  |  | Electroconvulsive therapy | |  |  | Haloperidol | |  |  | Lorazepam | |  |  | Olanzapine | |  |  | Quetiapine | |  |  | Risperidone | |  |  | Ziprasidone | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 102 |
| For the following patient, please select the MOST APPROPRIATE answer. |  | Q.102 You are advising a 28 year old woman with an established diagnosis of Bipolar I disorder. She is on no medication and is planning to get pregnant. Assuming she remains off medication, the risk of a recurrence of her disorder in the first month post-partum is approximately:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | 10% | |  |  | 25% | |  |  | 33% | |  |  | 50% | |  |  | 66% | |  |  | 75% | |  |  | 90% | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 103 |
| For the following patient, please select the state of addiction that BEST FITS the clinical situation described. |  | Q.103 A 21 year old man uses methamphetamine on regular basis. He presents via the police after being arrested for disorderly behaviour. His drug use has damaged his relationship with his family and he is failing his university course and has stopped playing social sport because he's absent so much. He has attempted to cut down unsuccessfully several times, but noted it was making him depressed and anxious.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Abstinence | |  |  | Abstinence in a controlled setting | |  |  | Abstinence in sustained remission | |  |  | Abuse | |  |  | Craving | |  |  | Lapse | |  |  | Mild Substance Use Disorder | |  |  | Relapse | |  |  | Salience | |  |  | Severe Substance Use Disorder | |  |  | Tolerance | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 104 |
| For the following patient, please select the MOST APPROPRIATE answer from the list below. |  | **Q.104 A 14 year old youth, Jon, living with his parents, is arrested for fondling several girls in school and for breaking into his teacher's home and cutting the crotch out of her panties. Other problems include association with behaviourally disturbed peers, truancy and parental conflict. His father is authoritarian, drinks heavily and often becomes verbally abusive when intoxicated. Jon's strengths include intelligence, relatively strong interpersonal skills and absence of prior problem behaviours. Multisystemic treatment would include all of the following EXCEPT for:**  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Attending a residential treatment centre | |  |  | Disengagement from behaviourally disturbedpeers and engagement with well-socialised peers | |  |  | Family therapy to improve family relationships | |  |  | Jon engaging in individual therapy to reduce denial and cognitive distortion, and to increase empathy for the victims and address his own victimisation | |  |  | Jon obtaining part-time employment | |  |  | Marital therapy | |  |  | Monitoring and implementing contingencies to encourage Jon’s school attendance and performance | |  |  | Sex education | |  |  | Treatment of the father’s substance dependence/abuse. | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 105 |
| For the following clinical situation, please select the MOST LIKELY inherited genetic variant. |  | Q.105 A good response to SSRI medication.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | 5HTT gene "L" genotype | |  |  | 5HTT gene "S" genotype | |  |  | Alleles on chromosomes 11q, 3q, 18q, and 6p | |  |  | X-linked recessive genetic transmission | |  |  | CAG trinucleotide repeats | |  |  | CTG trinucleotide repeats | |  |  | Expression of the neuregulin-1 gene | |  |  | Extensive" metaboliser genotype of 2D6 | |  |  | Genetic transmission via the sex chromosomes | |  |  | "Intermediate" metaboliser genotype of 2D6 | |  |  | "met" variant of the COMT (catecho-o-methytransferase) gene | |  |  | Ultra-rapid" metaboliser genotype of 2D6 | |  |  | "val" variant of the COMT (catecho-o-methytransferase) gene | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 106 |
| For the following psychological therapy, please select the LEAST ACCURATE statement from the list below. |  | Q.106 Regarding Dialectical Behavioral Therapy (DBT) for treatment of borderline personality disorder:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | DBT uses a hierarchy of treatment targets to help the therapist determine the order in which problems should be addressed. The treatment targets in order of priority are: life-threatening behaviours, therapy-interfering behaviors, quality of life interfering behaviors, and skills acquisition | |  |  | DBT was initially developed by Marsha Linehan for treatment of chronically suicidal women | |  |  | Post traumatic stress disorder, if present, is treated in the first stage of therapy | |  |  | The four DBT skills modules include two sets of acceptance-oriented skills (mindfulness and distress tolerance) and two sets of change-oriented skills (emotional regulation and interpersonal effectiveness) | |  |  | Most publications on DBT relate to stage one of treatment | |  |  | The primary dialectic (synthesis of opposites) within DBT is between the strategies of acceptance and change | |  |  | There are four components of DBT including the skills training group, individual DBT therapy, telephone skills coaching and the DBT therapist consultation team | |  |  | There are four stages of treatment with stage one focussing on the patient gaining behavioral control | |  |  | There is a sound evidence base supporting DBT leading to reduction of deliberate self-harm in people with borderline personality disorder | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 107 |
| For the following patient, please select the MOST APPROPRIATE assessment tool. |  | Q.107 A 6 year old boy Paul was referred because despite being quite able he is performing badly at school. He doesn’t sit still, isn’t completing his work and is distracting the rest of the class. He has been getting into fights and has been stood down from school recently after punching another pupil. Paul reports not liking school because the teacher and other students are ‘mean’ to him. His parents say he is a handful at home. They feel frustrated and are not sure what to do about his behavior.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Beck Anxiety Inventory (BAI) | |  |  | Beck Youth Inventory (BYI- 2) | |  |  | Brown Attention-Deficit Disorder Symptom Assessment Scale (BADDS) | |  |  | Depression Anxiety Stress Scale (DASS) | |  |  | Multidimensional Anxiety Scale for Children (MASC 2) | |  |  | Revised Conners’ rating scale (CPRS-R) | |  |  | Strengths and Difficulties Questionnaire | |  |  | The Brief Psychiatric Rating Scale For Children (BPRS-C) | |  |  | The Child Behavior Checklist (CBCL) | |  |  | The Conduct Disorder Scale (CDS) | |  |  | The Strengths and Difficulties Questionnaire (SDQ) | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 108 |
| For the following description, please select the MOST APPROPRIATE psychological therapy for substance use from the list below. |  | Q.108 Focused and goal-directed exploration of a client's ambivalence, so as to elicit behavioural change.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcoholics Anonymous 12 Step Recovery Programme | |  |  | Cognitive Analytic Therapy | |  |  | Cognitive Behaviour Therapy | |  |  | Contingency Management | |  |  | Dialectical Behaviour Therapy | |  |  | Eye Movement Desensitisation and Reprocessing (EMDR) | |  |  | Interpersonal Therapy | |  |  | Motivational Interviewing | |  |  | Person-Centred Therapy | |  |  | Psychodynamic Psychotherapy | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 109 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.109 A 39 year old known gang associate who was admitted prior to the weekend with psychosis, presents with a normal mental state on Monday, three days after admission.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Delusional Disorder | |  |  | Drug-induced psychosis | |  |  | Major Depressive Disorder with Psychosis | |  |  | Manic episode with Psychosis | |  |  | Pre-psychotic Stage | |  |  | Psychosis secondary to a General Medical Condition | |  |  | Schizoaffective Disorder | |  |  | Schizophrenia | |  |  | Schizophreniform Disorder | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 110 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.110 Which of the following psychotropics would be most likely to exacerbate a patient’s psoriasis?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Aripiprazole | |  |  | Carbamazepine | |  |  | Gabapentin | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Olanzapine | |  |  | Quetiapine | |  |  | Sodium Valproate | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 111 |
| For the following patient, please select the MOST ACCURATE treatment-related statement from the list below. |  | Q.111 Joanne, a 21 year old lawyer in her first professional year, has a diagnosis of bulimia nervosa with bingeing and purging most evenings. Assessment also reveals that a year ago she was started on methylphenidate for ADHD.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Methylphenidate is likely to be increasing Joanne's anxiety and she would be better treated with high dose SSRI to reduce anxiety and bingeing | |  |  | Methylphenidate may assist with the symptoms of ADHD and also reduce severity of bingeing by improving impulse control | |  |  | Methylphenidate should be continued because it will lessen Joanne’s anxiety about her shape and weight | |  |  | Methylphenidate should be continued because the appetite suppressant action is likely to increase Joanne’s control thus reduce bingeing | |  |  | Methylphenidate should be stopped because bingeing indicates poor impulse control and abuse of the medication is a concern | |  |  | Methylphenidate should be stopped because it is unlikely that Joanne suffers from ADHD, given the diagnosis was first made at age 20 and she is a successful professional | |  |  | Methylphenidate should be stopped because the appetite suppressant effect is likely to worsen food restriction thus contribute to evening bingeing | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 112 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.112 A 45-year-old man from Lagos presents with personality changes, memory loss and poor judgment. He is HIV positive and his pupils fail to accommodate properly.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Benign hydrocephalus | |  |  | Cerebrovascular malformation | |  |  | Cryptococcal meningitis | |  |  | Hyperparathyroidism | |  |  | Hypothyroidism | |  |  | Inappropriate ADH syndrome | |  |  | Neuroleptic malignant syndrome | |  |  | Neuropsychiatric systemic lupus erythematosus (SLE) | |  |  | Neurosyphilis | |  |  | Normal pressure hydrocephalus | |  |  | Water intoxication | |  |  | Wernicke’s encephalopathy | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 113 |
| For the following drug, please select the MOST ACCURATE mode of action when it is used in the treatment of substance abuse disorders. |  | Q.113 Bupropion.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Agonist-Antagonist | |  |  | Full Agonist | |  |  | Inverse Agonist | |  |  | Norepinephrine-dopamine reuptake inhibitor | |  |  | Neutral Antagonist | |  |  | Partial Agonist | |  |  | Partial Antagonist | |  |  | Selective Serotonin re-uptake inhibitor | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 114 |
| For the following sample of a patient's speech, please select the MOST APPROPRIATE phenomenological term. |  | Q.114 "I'm pretty sure my husband's cheating on me – for several months, now. I can't stop thinking about it. I've been considering hiring a private detective."  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bizarre delusions | |  |  | Cotard delusions | |  |  | Delusions of Control | |  |  | Delusions of Reference | |  |  | Ideas of Reference | |  |  | Nihilistic delusions | |  |  | Obsessional ideas | |  |  | Persecutory delusions | |  |  | Thought insertion | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 115 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.115 A 16 year old girl has gradually withdrawn from her family over the last three months and has needed prompting to shower and dress. Her family referred her today after seeing a disorganised Facebook post saying that she thought people were impregnating her tampons with illicit drugs.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol dependence | |  |  | Autistic Spectrum Disorder | |  |  | Bipolar Disorder Prodrome | |  |  | Conduct Disorder | |  |  | Fetishism | |  |  | Major Depressive Episode | |  |  | Munchausen’s by proxy | |  |  | No diagnosis | |  |  | Parasomnias | |  |  | Psychotic disorder NOS | |  |  | Synthetic cannabinoid misuse | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 116 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.116 Amyotrophic lateral sclerosis is better known as:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Duchenne’s Muscular Dystrophy | |  |  | Familial periodic paralysis | |  |  | Friedrich’s Ataxia | |  |  | Motor Neuron Disease | |  |  | Multiple Sclerosis | |  |  | Myasthenia Gravis | |  |  | Neurofibromatosis | |  |  | Schilder’s disease | |  |  | Tuberous sclerosis | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 117 |
| For the following patient, please select the property or properties of citalopram MOST LIKELY to be responsible for his sexual side effects and the discontinuation effects. |  | Q.117 A 35 year old man stops citalopram because of sexual dysfunction. He then develops akathisia and dizziness.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Inhibition of CYP450 3A4 | |  |  | Anticholinergic actions | |  |  | Inhibition of Nitric Oxide Synthase (NOS) | |  |  | Anticholinergic actions and inhibition of CYP450 3A4 | |  |  | Inhibition of CYP450 3A4 and inhibition of Nitric Oxide Synthase (NOS) | |  |  | Inhibition of Nitric Oxide Synthase (NOS) and Anticholinergic actions | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 118 |
| For the following sample of a patient's speech, please select the MOST APPROPRIATE phenomenological term. |  | Q.118 "They call me blue-eyes, true-eyes, gotta be new eyes – get it? I'm Mr Big, I'm the man with the plan, Stan."  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Clanging | |  |  | Delusions of Control | |  |  | Delusions of Persecution | |  |  | Derailment | |  |  | Fluent aphasia | |  |  | Knight's move thinking | |  |  | Neologisms | |  |  | Perseveration | |  |  | Thought Insertion | |  |  | Verbigeration | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 119 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.119 Andrew has chronic schizophrenia with some OCD symptoms, and lives in staffed supported accommodation. He develops a number of rituals focussed on beliefs that his body is drying out, showers excessively and carries bottled water around constantly. He is seen by his GP for complaints of nausea, loss of appetite, irritability and malaise. Investigations show a low serum and urinary sodium.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Cushings disease | |  |  | Graves disease | |  |  | Hyperparathyroidism | |  |  | Hypothyroidism | |  |  | Liver failure | |  |  | Organophosphate toxicity | |  |  | Phaeochromocytoma | |  |  | Porphyria | |  |  | Psychogenic polydipsia | |  |  | Renal failure | |  |  | SIADH | |  |  | Wilson’s disease | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 120 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.120 Researchers such as Akiskal have proposed a bipolar spectrum classification of bipolar disorders as an alternative to the DSM classification. According to this bipolar spectrum classification, a patient who has a switch into mania on antidepressant therapy would be classified as:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bipolar I | |  |  | Bipolar II | |  |  | Bipolar III | |  |  | Bipolar IV | |  |  | Bipolar V | |  |  | Bipolar VI | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 121 |
| For the following clinical situation, please select the MOST APPROPRIATE rating scale. |  | Q.121 Assessing how well a patient is doing in various areas of their life.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | AIMS | |  |  | BPRS | |  |  | GAF | |  |  | HAMD | |  |  | MADRS | |  |  | PANSS | |  |  | SANS | |  |  | SAPS | |  |  | SCID | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 122 |
| For the following patient, please select the MOST APPROPRIATE medication. |  | Q.122 A 24 year old man with an intravenous habit uses moderate doses of opioids and seeks help stopping his IV use. He has a co-morbid history of depression and of suicide attempts by overdosing.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Buprenorphine | |  |  | Bupropion | |  |  | Chlordiazepoxide | |  |  | Chlormethiazole | |  |  | Diazepam | |  |  | Disulfiram | |  |  | Fluoxetine | |  |  | Haloperidol | |  |  | Methadone | |  |  | Naltrexone | |  |  | Nicotine Patches | |  |  | Quetiapine | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 123 |
| For the following patient, please select the MOST APPROPRIATE psychological treatment. |  | Q.123 You are asked to assess a 12 year old John, who has restricted food group intake; he eats only rice, potatoes, chips and tomato sauce. When presented with other foods, he reports having tummy pains, breathing fast, worries that he won’t manage, and typically he vomits. The problem first began at age 4, after his father left to live overseas. His mother doesn’t like to see her son upset but is worried that he isn’t eating properly.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Adolescent Mentalization-Based Integrative Treatment (AMBIT) | |  |  | Circle of Security | |  |  | Cognitive Behavioral Therapy (CBT) | |  |  | Cognitive behavioral therapy enhanced version for eating disorders (CBT-E) | |  |  | Family Based Therapy | |  |  | Family Connections | |  |  | Interpersonal Therapy (IPT) | |  |  | Parent Child Interaction Therapy (PCIT) | |  |  | Parent Management Training | |  |  | Strategic Family therapy | |  |  | Systemic family therapy | |  |  | Tough love | |  |  | Watch Wait and Wonder | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 124 |
| For the following forensic population, please select the MOST ACCURATE corresponding statement from the list below. |  | Q.124 Regarding sex offenders in custody:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Conviction histories of sex offenders are an approximate reflection of their offending behavior | |  |  | Imprisoned sex offenders tend to also have a number of prior convictions for other types of offending | |  |  | Rates of re-imprisonment are higher amongst older sex offenders as compared to those less than 25 years of age | |  |  | Sex offenders are usually referred to a sex offenders' programme at the beginning of their sentence | |  |  | Sex offenders with finite sentences are potentially liable for strict supervision conditions up to 10 years or more beyond their final release date | |  |  | Sex offenders who deny offending are rarely released into the community | |  |  | The proportion of inmates convicted of sexual offences against adults is roughly equivalent to those convicted of sexual offences against children | |  |  | Treatment programmes for sex offenders are considered safe places to disclose deviant sexual behavior | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 125 |
| For the following clinical situation, please select the MOST APPROPRIATE rating scale. |  | Q.125 Quick identification of alcohol-related problems amongst those attending Accident and Emergency departments.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Addiction Research Foundation Clinical Institute Withdrawal | |  |  | Assessment – Alcohol (CIWS-Ar) | |  |  | Alcohol Dependence Scale | |  |  | Alcohol Use Disorders Identification Test (Audit) | |  |  | CAGE questionnaire | |  |  | Hamilton Depression Rating Scale (HAMD-17) | |  |  | Michigan Alcoholism Screening Test (MAST) | |  |  | Paddington Alcohol Test | |  |  | Severity of Alcohol Dependence Questionnaire (SADQ-C) | |  |  | Severity of Dependence Scale (SDS) | |  |  | Severity of Opiate Dependence Questionnaire (SADQ) | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 126 |
| For the following patient, please select the MOST LIKELY cause of memory disturbance. |  | Q.126 Joseph, aged 41, finds himself wandering around an unfamiliar railway station in another town, two days after his wife tells him she has always felt like a man inside, and intends to have a sex-change.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Anterograde amnesia | |  |  | Dissociation | |  |  | Dissociative identity disorder | |  |  | Factitious amnesia | |  |  | Fugue state | |  |  | Psychogenic amnesia | |  |  | Retrograde amnesia | |  |  | Transient global amnesia | |  |  | Transsexualism | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 127 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.127 A 42 year old woman describes burning down her father’s house to rid it of evil spirits. On mental state examination, she is poorly kempt and is thought disordered.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Delusional Disorder | |  |  | Drug-induced psychosis | |  |  | Major Depressive Disorder with Psychosis | |  |  | Manic episode with Psychosis | |  |  | Pre-psychotic Stage | |  |  | Psychosis secondary to a General Medical Condition | |  |  | Schizoaffective Disorder | |  |  | Schizophrenia | |  |  | Schizophreniform Disorder | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 128 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.128 Which of the following foods should not be consumed by a patient taking tranylcypromine?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Anchovies | |  |  | Coca-Cola | |  |  | Cottage cheese | |  |  | Nutella | |  |  | Peanut butter | |  |  | Pickled onions | |  |  | Soy sauce | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 129 |
| For the following description, please select the MOST APPROPRIATE treatment. |  | Q.129 Antipsychotic treatment with virtually no sexual side effects.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amisulpride | |  |  | Aripiprazole | |  |  | Benztropine | |  |  | Clozapine | |  |  | Electroconvulsive therapy | |  |  | Haloperidol | |  |  | Lorazepam | |  |  | Olanzapine | |  |  | Quetiapine | |  |  | Risperidone | |  |  | Ziprasidone | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 130 |
| For the following symptoms, please select the MOST ACCURATE answer from the list below. |  | **Q.130** **Unwanted, intrusive thoughts and images:**  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Are a concern, as thinking about something increases the probability of the corresponding behavior or event | |  |  | Are abnormal experiences which can be harmful | |  |  | Are indistinguishable in content between people with Obsessive Compulsive Disorder and the ‘normal’ population | |  |  | Are rare in the general population | |  |  | Are significant because they are recurrently present | |  |  | Are unnecessary for thinking creatively and problem-solving | |  |  | Can be suppressed in the long term | |  |  | Do not differ in the meaning that people with Obsessive Compulsive Disorder attach to their occurrence and content, compared to the ‘normal’ population | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 131 |
| For the following drug, please select the MOST ACCURATE mode of action when it is used in the treatment of substance abuse disorders. |  | Q.131 Methadone.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Agonist-Antagonist | |  |  | Full Agonist | |  |  | Inverse Agonist | |  |  | Neutral Antagonist | |  |  | Norepinephrine-dopamine reuptake inhibitor | |  |  | Partial Agonist | |  |  | Partial Antagonist | |  |  | Selective Serotonin re-uptake inhibitor | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 132 |
| For the following patient, please select the MOST APPROPRIATE syndrome describing her condition. |  | Q.132 A woman has a delusional belief that that she has lost her internal organs and that she is dead.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Capgras syndrome | |  |  | Cotard syndrome | |  |  | De Clerambault syndrome | |  |  | Ekbom syndrome | |  |  | Fregoli syndrome | |  |  | Ganser syndrome | |  |  | Othello syndrome | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 133 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.133 A 42-year-old man with a past history of trips to Bangkok is erratic in taking his antiretroviral therapy. He presents with sudden onset of headache, confusion and prominent hallucinations.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Benign hydrocephalus | |  |  | Cerebrovascular malformation | |  |  | Cryptococcal meningitis | |  |  | Hyperparathyroidism | |  |  | Hypothyroidism | |  |  | Inappropriate ADH syndrome | |  |  | Neuroleptic malignant syndrome | |  |  | Neuropsychiatric systemic lupus erythematosus (SLE) | |  |  | Neurosyphilis | |  |  | Normal pressure hydrocephalus | |  |  | Water intoxication | |  |  | Wernicke’s encephalopathy | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 134 |
| For the following set of symptoms, please select the MOST LIKELY cause from the list below. |  | Q.134 A 28 year old man is treated with 10mg risperidone daily. He has several episodes where his gaze becomes fixed upwards during a disturbance on the acute inpatient unit involving other patients. Nursing staff feel he is "attention-seeking".  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute Dystonias | |  |  | Akathisia | |  |  | Chronic Dystonia | |  |  | Dissociative disorder | |  |  | Malingering | |  |  | Munchausen syndrome | |  |  | Oculogyric Crises | |  |  | Pseudo-parkinsonism | |  |  | Tardive Dyskinesia | |  |  | Torticollis | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 135 |
| For the following question, please select the MOST ACCURATE answer. |  | Q.135 Which of the following clinical features indicates that a patient will be more likely to respond to the augmentation of an antidepressant with lithium.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Absence of comorbid ADHD | |  |  | Early morning wakening | |  |  | Initial insomnia | |  |  | Older age of onset | |  |  | Somatic complaints | |  |  | Three or more depressive episodes | |  |  | Weight loss | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 136 |
| For the following patient, please select the individual(s) listed below who are MOST CLOSELY associated with the development of the psychological treatment of choice. |  | Q.136 Melanie, a 20 year old woman, recently lost rights to unsupervised access to her 2 year old when she became abusive and threatening to her ex-partner, while they were in court to determine custody arrangements. She reported feeling increasingly wound up with his descriptions of her self-cutting. She claimed that she ‘finally lost it’ when he made mocking gestures behind the judge's back to indicate that she was crazy. Melanie misses her baby desperately and has become increasingly suicidal.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Aaron Beck | |  |  | Albert Ellis | |  |  | Bateman and Fonagy | |  |  | [Gerald Klerman](https://en.wikipedia.org/wiki/Gerald_Klerman) and Myrna Weissman | |  |  | Heinz Kohut | |  |  | J[on Kabat-Zinn](https://en.wikipedia.org/wiki/Jon_Kabat-Zinn) | |  |  | Otto Kernberg | |  |  | Philip Barnard and [John Teasdale](https://en.wikipedia.org/wiki/John_D._Teasdale) | |  |  | Sigmund Freud | |  |  | [Steven Hayes](https://en.wikipedia.org/wiki/Steven_C._Hayes) and Robert Zettle | |  |  | [Zindel Segal](https://en.wikipedia.org/wiki/Zindel_Segal) and [Mark Williams](https://en.wikipedia.org/wiki/J._Mark_G._Williams) | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 137 |
| For the following patient, please select the MOST RECOMMENDED first line pharmacotherapy. |  | Q.137 A patient presents with symptoms of marked psychomotor slowing, mutism, waxy flexibility and unusual posturing. You are able to exclude a physical cause for the presentation.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amantadine | |  |  | Aripiprazole | |  |  | Clozapine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Olanzapine | |  |  | Sodium Valproate | |  |  | Venlafaxine | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 138 |
| For the following description, please select the MOST APPROPRIATE treatment. |  | Q.138 An augmenting agent to lower prolactin in those with symptomatic antipsychotic-induced hyperprolactinemia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amisulpride | |  |  | Aripiprazole | |  |  | Benztropine | |  |  | Clozapine | |  |  | Electroconvulsive therapy | |  |  | Haloperidol | |  |  | Lorazepam | |  |  | Olanzapine | |  |  | Quetiapine | |  |  | Risperidone | |  |  | Ziprasidone | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 139 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.139 A 50 year old man presents with gradually emerging cognitive impairment. More prominent is the presence of gait disturbance, dysarthria and a pseudobulbar palsy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alzheimer’s Dementia | |  |  | Binswanger’s disease | |  |  | Huntington’s disease | |  |  | Lewy body Dementia | |  |  | Motor neurone disease | |  |  | Multi-infarct Dementia | |  |  | Parkinson’s disease | |  |  | Pick’s Disease | |  |  | Progressive supranuclear palsy | |  |  | Wernicke’s encephalopathy | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 140 |
| For the following patient, please select the state of addiction that BEST FITS the clinical situation described. |  | Q.140 A 53 year old man with a history of heavy alcohol use is able to return to work after a year and a half of sobriety even though he still desires to drink.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Abstinence | |  |  | Abstinence in a controlled setting | |  |  | Abstinence in sustained remission | |  |  | Abuse | |  |  | Craving | |  |  | Lapse | |  |  | Mild Substance Use Disorder | |  |  | Relapse | |  |  | Salience | |  |  | Severe Substance Use Disorder | |  |  | Tolerance | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam |
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| Critical Analysis Problems (CAP)  You are about to commence the CAP component of the Mock Exam.  Abstract excerpts, tables and figures are in the left hand panel. They are repeated as needed for question pages relating to that segment of information and this replaces the past use of a Stimulus handout. (In the real exam all this information is made available via data, excerpts and pop-ups in the left-hand panel).     * The Questions and Answer Options and instructions are on the right hand panel. * Please read Question Instructions, Questions and options CAREFULLY before answering. * There may be a series of Questions that could share the same list of answer options.   To 'flag' a question and review it later add an ! to the 'Flag box' at top right. Then search for all the !s when you want to review any questions you were unsure about, by hitting control-F to bring up the navigation field, then type ! in that field.  Skip past any !s in the explanatory pages, and review the rest. To refresh the search, put your cursor on the Navigation search box (which will highlight the contents) and left-click. When you've finished a question and no longer want to review it, delete the ! from the "Flag box" on the Question page.  Example of a 'flagged' question |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.1 |
| CAP Question 1 (20 marks)  B vitamins to enhance treatment response to antidepressants in middle-aged and older adults: results from the B-VITAGE randomised, double-blind, placebo-controlled trial.  *Osvaldo P. Almeida, Andrew H. Ford, Varsha Hirani, Vash Singh, Frank M. vanBockxmeer, Kieran McCaul and Leon Flicker BJPsych (2014) 205, 450-457.*  *Abstract*  *Background*: Depression is common and the efficacy of antidepressants is suboptimal. High plasma homocysteine has been consistently associated with depression, and treatment with certain B vitamins demonstrably reduces its concentration.  *Aims*: To determine whether vitamins B6, B12 and folic acid enhance response to antidepressant treatment over 52 weeks.  *Method*: Randomised, double-blind, placebo-controlled trial of citalopram (20–40 g) together with 0.5mg of vitamin B12, 2mg of folic acid and 25mg of vitamin B6 for 52 weeks (Australian and New Zealand Clinical Trials Registry:12609000256279). Participants were community-dwelling adults aged 50 years or over with DSM-IV-TR major depression. We measured severity of symptoms with the Montgomery–Åsberg Depression Rating Scale (MADRS). The primary outcome was remission of the depressive episode after 12, 26 and 52 weeks. Secondary outcomes included reduction of MADRS scores over time and relapse of major depression after recovery by week 12.  *Results*: In total, 153 people were randomised (76 placebo, 77 vitamins). Remission of symptoms was achieved by 78.1 and 79.4% of participants treated with placebo and vitamins by week 12 (P = 0.840), by 76.5 and 85.3% at week 26 and 75.8 and 85.5% at week 52 (effect of intervention over 52 weeks: odds ratio (OR) = 2.49, 95% CI 1.12–5.51). Group differences in MADRS scores over time were not significant (P = 0.739). The risk of subsequent relapse among those who had achieved remission of symptoms at week 12 was lower in the vitamins than placebo group (OR = 0.33, 95% CI 0.12–0.94).  *Conclusions*: B vitamins did not increase the 12-week efficacy of antidepressant treatment, but enhanced and sustained antidepressant response over 1 year. Replication of these findings would mandate that treatment guidelines adopt the adjunctive use of B vitamins as a safe and inexpensive strategy to manage major depression in middle-aged and older adults. |  | Having regard to the adjoining abstract and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.1 Select the option that best describes this research. (1 mark)   |  |  |  | | --- | --- | --- | |  |  | Case control observational study | |  |  | Cohort observational study | |  |  | Cross sectional observational study | |  |  | Randomized intervention study | |  |  | Predictive trial | |  |  | Retrospective cohort study | |  |  | Two-arm parallel group pragmatic trial | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.2 |
| CAP Question 1  *(this column content same as Q 1.1)*  B vitamins to enhance treatment response to antidepressants in middle-aged and older adults: results from the B-VITAGE randomised, double-blind, placebo-controlled trial.  *Osvaldo P. Almeida, Andrew H. Ford, Varsha Hirani, Vash Singh, Frank M. vanBockxmeer, Kieran McCaul and Leon Flicker*  *Abstract*  *Background*: Depression is common and the efficacy of antidepressants is suboptimal. High plasma homocysteine has been consistently associated with depression, and treatment with certain B vitamins demonstrably reduces its concentration.  *Aims*: To determine whether vitamins B6, B12 and folic acid enhance response to antidepressant treatment over 52 weeks.  *Method*: Randomised, double-blind, placebo-controlled trial of citalopram (20–40 g) together with 0.5mg of vitamin B12, 2mg of folic acid and 25mg of vitamin B6 for 52 weeks (Australian and New Zealand Clinical Trials Registry:12609000256279). Participants were community-dwelling adults aged 50 years or over with DSM-IV-TR major depression. We measured severity of symptoms with the Montgomery-Åsberg Depression Rating Scale (MADRS). The primary outcome was remission of the depressive episode after 12, 26 and 52 weeks. Secondary outcomes included reduction of MADRS scores over time and relapse of major depression after recovery by week 12.  *Results*: In total, 153 people were randomised (76 placebo, 77 vitamins). Remission of symptoms was achieved by 78.1 and 79.4% of participants treated with placebo and vitamins by week 12 (P = 0.840), by 76.5 and 85.3% at week 26 and 75.8 and 85.5% at week 52 (effect of intervention over 52 weeks: odds ratio (OR) = 2.49, 95% CI 1.12–5.51). Group differences in MADRS scores over time were not significant (P = 0.739). The risk of subsequent relapse among those who had achieved remission of symptoms at week 12 was lower in the vitamins than placebo group (OR = 0.33, 95% CI 0.12–0.94).  *Conclusions*: B vitamins did not increase the 12-week efficacy of antidepressant treatment, but enhanced and sustained antidepressant response over 1 year. Replication of these findings would mandate that treatment guidelines adopt the adjunctive use of B vitamins as a safe and inexpensive strategy to manage major depression in middle-aged and older adults. |  | Having regard to the adjoining abstract and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.2 Which option below describes the MAIN advantage of this type of study. (1 mark)   |  |  |  | | --- | --- | --- | |  |  | Ability to assess the effect of a treatment intervention. | |  |  | Quick and easy. | |  |  | No loss of subjects during follow up. | |  |  | No risk of poor randomisation. | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.3 |
| CAP Question 1  *(this column content same as Q 1.1)*  B vitamins to enhance treatment response to antidepressants in middle-aged and older adults: results from the B-VITAGE randomised, double-blind, placebo-controlled trial.  *Osvaldo P. Almeida, Andrew H. Ford, Varsha Hirani, Vash Singh, Frank M. vanBockxmeer, Kieran McCaul and Leon Flicker*  *Abstract*  *Background*: Depression is common and the efficacy of antidepressants is suboptimal. High plasma homocysteine has been consistently associated with depression, and treatment with certain B vitamins demonstrably reduces its concentration.  *Aims*: To determine whether vitamins B6, B12 and folic acid enhance response to antidepressant treatment over 52 weeks.  *Method*: Randomised, double-blind, placebo-controlled trial of citalopram (20–40 g) together with 0.5mg of vitamin B12, 2mg of folic acid and 25mg of vitamin B6 for 52 weeks (Australian and New Zealand Clinical Trials Registry:12609000256279). Participants were community-dwelling adults aged 50 years or over with DSM-IV-TR major depression. We measured severity of symptoms with the Montgomery-Åsberg Depression Rating Scale (MADRS). The primary outcome was remission of the depressive episode after 12, 26 and 52 weeks. Secondary outcomes included reduction of MADRS scores over time and relapse of major depression after recovery by week 12.  *Results*: In total, 153 people were randomised (76 placebo, 77 vitamins). Remission of symptoms was achieved by 78.1 and 79.4% of participants treated with placebo and vitamins by week 12 (P = 0.840), by 76.5 and 85.3% at week 26 and 75.8 and 85.5% at week 52 (effect of intervention over 52 weeks: odds ratio (OR) = 2.49, 95% CI 1.12–5.51). Group differences in MADRS scores over time were not significant (P = 0.739). The risk of subsequent relapse among those who had achieved remission of symptoms at week 12 was lower in the vitamins than placebo group (OR = 0.33, 95% CI 0.12–0.94).  *Conclusions*: B vitamins did not increase the 12-week efficacy of antidepressant treatment, but enhanced and sustained antidepressant response over 1 year. Replication of these findings would mandate that treatment guidelines adopt the adjunctive use of B vitamins as a safe and inexpensive strategy to manage major depression in middle-aged and older adults. |  | Having regard to the adjoining abstract and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.3 Which option below BEST correlates to this statement: (2 marks)  The aim of this study was to explore how treatment of depression in older adults:   |  |  |  | | --- | --- | --- | |  |  | Might be possible by use of B vitamins alone. | |  |  | Might be successful with citalopram. | |  |  | Is more difficult in those with B vitamin deficiencies. | |  |  | May be augmented by B vitamins in conjunction with citalopram. | |  |  | Relates to diet. | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.4 |
| CAP Question 1  *Methodology – Participants*  *Eligibility criteria included:*   1. Age 50 years or over, 2. Major Depressive Episode in the context of a Major Depressive Disorder (single episode or recurrent) according to DSM-IV-TR criteria; 3. A Montgomery-Åsberg Depression Rating Scale (MADRS)score >20; 4. Fluency in written and spoken English; 5. Alcohol Use Disorders Identification Test (AUDIT) <15; 6. Mini-Mental State Examination (MMSE) score >24; 7. Negative clinical history for stroke or neurodegenerative diseases (such as Parkinson’s Disease); 8. Negative clinical history of allergic reactions to citalopram or escitalopram; 9. Negative clinical history of life-threatening illness likely to compromise 1-year survival (such as metastatic cancer); 10. No evidence of prominent psychotic symptoms or suicidal intent; 11. Negative clinical history for schizophrenia, schizoaffective disorder or bipolar disorder; and 12. Not undergoing electroconvulsive therapy or using antidepressants at the baseline assessment.   Participants were community-dwelling adults living in the Perth metropolitan region. We used the electoral roll (voting is compulsory in Australia) to send information about the study and a brief screening questionnaire that included the Patient Health Questionnaire (PHQ-9). Thirty-five participants were referred by local general practitioners (GPs).  *Methodology – Trial design*  B-VITAGE was a 1-year parallel, randomised, double-blind, controlled trial of citalopram and adjunctive treatment with vitamins B6, B12 and folate or placebo. The allocation ratio was 1:1. Three weeks after the trial commenced, the lower age limit of participants was decreased from 60 to 50 years to facilitate recruitment and increase the generalisability of findings. The Human Ethics Committee of the Royal Perth Hospital approved the study protocol and all participants provided written informed consent. |  | Having regard to the adjoining Methodology excerpt and your other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.4 Select the option below that BEST correlates to this statement:  (2 marks)  Subjects could be included if they:     |  |  |  | | --- | --- | --- | |  |  | Lived alone in any part of Australia and were on the electoral roll | |  |  | Lived in any institutional facility in Perth, Australia, and were aged over 50. | |  |  | Were aged over 50, community dwelling, and willing to travel to Perth to be in the study. | |  |  | Were of school age, had a major depressive episode and were residing in the greater Perth area. | |  |  | Were aged over 50, community dwelling in Perth, Australia, and had a current Major Depressive Episode (MDE). | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.5 |
| CAP Question 1  *(this column content same as Q 1.4)*  *Methodology – Participants*  *Eligibility criteria included:*   1. Age 50 years or over, 2. Major Depressive Episode in the context of a Major Depressive Disorder (single episode or recurrent) according to DSM-IV-TR criteria; 3. A Montgomery-Åsberg Depression Rating Scale (MADRS)score >20; 4. Fluency in written and spoken English; 5. Alcohol Use Disorders Identification Test (AUDIT) <15; 6. Mini-Mental State Examination (MMSE) score >24; 7. Negative clinical history for stroke or neurodegenerative diseases (such as Parkinson’s Disease); 8. Negative clinical history of allergic reactions to citalopram or escitalopram; 9. Negative clinical history of life-threatening illness likely to compromise 1-year survival (such as metastatic cancer); 10. No evidence of prominent psychotic symptoms or suicidal intent; 11. Negative clinical history for schizophrenia, schizoaffective disorder or bipolar disorder; and 12. Not undergoing electroconvulsive therapy or using antidepressants at the baseline assessment.   Participants were community-dwelling adults living in the Perth metropolitan region. We used the electoral roll (voting is compulsory in Australia) to send information about the study and a brief screening questionnaire that included the Patient Health Questionnaire (PHQ-9). Thirty-five participants were referred by local general practitioners (GPs).  *Methodology – Trial design*  B-VITAGE was a 1-year parallel, randomised, double-blind, controlled trial of citalopram and adjunctive treatment with vitamins B6, B12 and folate or placebo. The allocation ratio was 1:1. Three weeks after the trial commenced, the lower age limit of participants was decreased from 60 to 50 years to facilitate recruitment and increase the generalisability of findings. The Human Ethics Committee of the Royal Perth Hospital approved the study protocol and all participants provided written informed consent. |  | Having regard to the adjoining Methodology excerpt and your other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.5 Select the option below that BEST correlates to this statement:  (1 mark)  The change to the lower age of participants after the study started:     |  |  |  | | --- | --- | --- | |  |  | Completely destroyed the utility of this study. | |  |  | Was much like a lottery system. | |  |  | Was a pragmatic response to difficulty recruiting, to allow power calculations to be met. | |  |  | Was likely influenced by the company making Citalopram. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.6 |
| CAP Question 1  *Methodology – Sample size*  We based our sample size calculations on published data from a trial that used folic acid together with fluoxetine for treatment of adults aged 18 years and older with depression. They reported that 64.7% of participants treated with fluoxetine and folic acid were free of symptoms after 10 weeks compared with 48.3% of those who had been treated with fluoxetine and placebo. We calculated that a study with 310 participants (155 in each treatment arm) would have 80% power to declare such a difference between the groups as significant (a: 5%, two-tailed). We estimated that 15% of participants would have been lost by the end of week 12, and another 10% by week 52, resulting in a target sample of 388 people (194 per group). We screened 2150 people, interviewed 478 and randomised 153 (Fig. 1). The addition of two panels of data at 26 and 52 weeks was expected to circumvent the possible loss of power caused by the lower than planned number of participants recruited. |  | Having regard to the adjoining Methodology excerpt and your other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.6 Select the BEST option: (1 mark)  As regards Power, this study was, in the end:   |  |  |  | | --- | --- | --- | |  |  | Correctly powered | |  |  | Under powered | |  |  | Over powered | | | |
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| CAP Question 1  *(this column content same as Q 1.6)*  *Methodology – Sample size*  We based our sample size calculations on published data from a trial that used folic acid together with fluoxetine for treatment of adults aged 18 years and older with depression. They reported that 64.7% of participants treated with fluoxetine and folic acid were free of symptoms after 10 weeks compared with 48.3% of those who had been treated with fluoxetine and placebo. We calculated that a study with 310 participants (155 in each treatment arm) would have 80% power to declare such a difference between the groups as significant (a: 5%, two-tailed). We estimated that 15% of participants would have been lost by the end of week 12, and another 10% by week 52, resulting in a target sample of 388 people (194 per group). We screened 2150 people, interviewed 478 and randomised 153 (Fig. 1). The addition of two panels of data at 26 and 52 weeks was expected to circumvent the possible loss of power caused by the lower than planned number of participants recruited. |  | Having regard to the adjoining abstract and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.7 Regarding power calculations in general, which statement below is the MOST accurate: (1 mark)   |  |  |  | | --- | --- | --- | |  |  | Being over powered is good, as it means your study will be considered more definitive. | |  |  | It is does not matter if your study is under-powered, only whether you get a statistically significant result. | |  |  | Larger studies are always best. You should always get as many participants as your funding allows. | |  |  | Over powered studies have a high probability of finding a statistically significant result, but that result may be of little clinical relevance. | |  |  | Studies with more treatment arms will need a lower number of participants to be correctly powered. | | | |
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| CAP Question 1  *Fig. 1* |  | Having regard to the adjoining Fig.1 and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.8 Which option below is the MOST ACCURATE for the following statement: (2 marks)  At randomisation:   |  |  |  | | --- | --- | --- | |  |  | 76 patients got no possibly active treatment. | |  |  | 76 patients got antidepressant and folate; 77 patients got B12 and antidepressant. | |  |  | 76 patients got placebo; 77 patients got vitamins and citalopram. | |  |  | 76 patients got placebo and citalopram;  77 patients got B12, B6, folic acid and citalopram. | |  |  | Insufficient information is provided as to what was given to the various trial arms to determine this. | | | |
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| CAP Question 1 | | |
| Having regard to Table 2 above, and your other knowledge, please answer the following question. Select ONLY ONE checkbox per page.  Q.1.9 Which option below is the MOST ACCURATE: (2 marks)   |  |  |  |  | | --- | --- | --- | --- | |  |  | Unadjusted analyses show that at the week 52 point, the vitamins treatment group had a statistically significant benefit over those receiving placebo. | | |  |  | Those on placebo were more likely to have a >50% reduction in their MADRS score at week 12 but that result was not statistically significant. | |  |  | The numerator for the relapse after week 12 section is lower than for the other sections due to patients lost to follow up. | |  |  | The vitamins treatment group showed possible benefit within the first twelve weeks of treatment. | | | |
|  | Scroll down for Next ⇨ | |

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| CAP Question 1 *(same table as previous Q)* | | | | | |
| Having regard to Table 2 above, and your other knowledge, please answer the following question. Select ONLY ONE checkbox per page.  Q.1.10 Which option below is the MOST ACCURATE: (2 marks)   |  |  |  | | --- | --- | --- | |  |  | Of those patients who were considered to have a remission of symptoms in the first 12 weeks, those receiving vitamins were statistically significantly less likely to relapse by the 52 point week than those on placebo. | |  |  | When relapse occurred, it was usually between the 26 and 52 week point, regardless of treatment. | |  |  | Most improvement in the MADRS occurred between week 8 and week 12 for the group getting vitamins. | |  |  | There was a mistake in calculating the odds ratios (OR) for relapse after week 12, as clearly if 5/57 on vitamins relapsed, and 10/57 on placebo relapsed, then the rate of relapse on vitamins is 50% that of placebo, so the OR should be 0.5. | | | | | | |
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| MCQ Mock Exam | | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.11 | |
| CAP Question 1  *Fig. 2* |  | Having regard to the adjoining Fig.2 and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.11 Which option below is the BEST answer: (2 marks)  This graph shows that in terms of reducing the MADRS score for depression:     |  |  |  | | --- | --- | --- | |  |  | Vitamins show a statistically significant advantage over placebo at the 12 week mark. | |  |  | Vitamins show a statistically significant advantage over placebo at the 26 week mark. | |  |  | There is no point at which either placebo or vitamins show a statistically significant superiority. | |  |  | Vitamins show an advantage at the 26 and 52 week point over placebo. | | | | |
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| CAP Question 1  Abstract excerpt:  *Conclusions*  B vitamins did not increase the 12-week efficacy of antidepressant treatment, but enhanced and sustained antidepressant response over 1 year. Replication of these findings would mandate that treatment guidelines adopt the adjunctive use of B vitamins as a safe and inexpensive strategy to manage major depression in middle-aged and older adults. |  | Having regard to the adjoining abstract excerpt, other excerpts from this paper already provided, and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.12 Which option below is MOST accurate: (2 marks)  This conclusion is:   |  |  |  | | --- | --- | --- | |  |  | A fair summary of the information in the paper and B vitamins should routinely be prescribed to older adults with depression | |  |  | Untrue as B vitamins have significant risks in elderly patients that they have failed to mention | |  |  | An overstatement of their findings. This is a one-off study with fewer participants that their power calculations suggested they needed. It is too early to state that replication of the findings would mandate vitamins in treatment guidelines. | |  |  | An incomprehensible conclusion. If B vitamins did not increase the 12 week efficacy of antidepressant treatment, it is hard to understand why you would add them to treatment if another study had the same negative finding. | | | |
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| CAP Question 1 |  | Having regard to excerpts from this paper provided, and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.13 Which option below is the BEST answer. (1 mark)  In general, editors of journals should:   |  |  |  | | --- | --- | --- | |  |  | Be trusted to have ensured all conclusions in a journal as esteemed as the Lancet or the British Journal of Psychiatry are correct. | |  |  | Print only positive findings, so that we do not need to waste precious time reading negative studies which add little to the literature. | |  |  | Aggressively vet the wording of abstracts in particular, as authors are often keen to get their findings established as being of great clinical significance, whether they are or not. | |  |  | Preferentially publish papers submitted by professors of psychiatry, as they are more likely to have written a high quality paper than those not of professorial standard. | | | |
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| MCQ Mock Exam | | | | |
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| CAP Question 2 (20 marks)  Personal Recovery in Personality Disorder: Systematic Review and Meta-Synthesis of Qualitative Methods Studies  *Andrew Shepherd, Caroline Sanders, Michael Doyle and Jenny Shaw International Journal of Social Psychiatry 2016, Vol. 62(1) 41–50*  Abstract excerpt  *Background and aims:* Support of personal recovery represents the aim for many modern mental health services. There is a lack of conceptual clarity around the application of the term however and this is particularly problematic with regard to the personality disorder diagnoses. This study sought to review the existing qualitative methods literature in relation to the experience of personal recovery in personality disorder.  *Methods:* A systematic literature search was conducted. Identified studies were incorporated through meta-synthesis in order to develop higher order descriptive themes representative of the individual experience described within included studies.  *Results:* Three studies were identified and incorporated into the meta-synthesis. Three novel higher order themes were developed: Safety and containment as a prerequisite to recovery, social networks and autonomy in the recovery process and identity construction as a process of change.  *Conclusion:* Personal recovery in personality disorder is revealed as a complex process reflecting both personal and social experiences or desires. These findings have important implications for clinical practice – emphasising the need to work closely with individuals and to develop an understanding of both their social experience and networks. Further research, taking greater account of social context in the recovery process, is necessary. |  | Having regard to the adjoining abstract excerpt and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.1 Select the BEST answer from the list below. (1 mark)  A systematic review is best described as exploring all:     |  |  |  | | --- | --- | --- | |  |  | Available literature on a specific topic. | |  |  | Available research studies on a specific topic. | |  |  | Current clinical guidelines. | |  |  | Validation studies. | | | |
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| CAP Question 2  Abstract excerpt *(same as for previous Q 2.1)*  *Background and aims:* Support of personal recovery represents the aim for many modern mental health services. There is a lack of conceptual clarity around the application of the term however and this is particularly problematic with regard to the personality disorder diagnoses. This study sought to review the existing qualitative methods literature in relation to the experience of personal recovery in personality disorder.  *Methods:* A systematic literature search was conducted. Identified studies were incorporated through meta-synthesis in order to develop higher order descriptive themes representative of the individual experience described within included studies.  *Results:* Three studies were identified and incorporated into the meta-synthesis. Three novel higher order themes were developed: Safety and containment as a prerequisite to recovery, social networks and autonomy in the recovery process and identity construction as a process of change.  *Conclusion:* Personal recovery in personality disorder is revealed as a complex process reflecting both personal and social experiences or desires. These findings have important implications for clinical practice – emphasising the need to work closely with individuals and to develop an understanding of both their social experience and networks. Further research, taking greater account of social context in the recovery process, is necessary. |  | Having regard to the adjoining abstract excerpt and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.2 Select the BEST answer from the list below. (2 marks)  The aim of this study was to explore:   |  |  |  | | --- | --- | --- | |  |  | How a service can understand recovery from a personality disorder. | |  |  | How individuals experience recovery from a personality disorder. | |  |  | Living with a personality disorder. | |  |  | Personal recovery from a mental illness. | |  |  | Recovery from a personality disorder. | | | |
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| CAP Question 2  Abstract excerpt *(same as for previous Q 2.1)*  *Background and aims:* Support of personal recovery represents the aim for many modern mental health services. There is a lack of conceptual clarity around the application of the term however and this is particularly problematic with regard to the personality disorder diagnoses. This study sought to review the existing qualitative methods literature in relation to the experience of personal recovery in personality disorder.  *Methods:* A systematic literature search was conducted. Identified studies were incorporated through meta-synthesis in order to develop higher order descriptive themes representative of the individual experience described within included studies.  *Results:* Three studies were identified and incorporated into the meta-synthesis. Three novel higher order themes were developed: Safety and containment as a prerequisite to recovery, social networks and autonomy in the recovery process and identity construction as a process of change.  *Conclusion:* Personal recovery in personality disorder is revealed as a complex process reflecting both personal and social experiences or desires. These findings have important implications for clinical practice – emphasising the need to work closely with individuals and to develop an understanding of both their social experience and networks. Further research, taking greater account of social context in the recovery process, is necessary. |  | Having regard to the adjoining abstract excerpt and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.3 Select the BEST answer from the list below. (1 mark)  A systematic review differs from a literature review in that eligibility criteria are developed based on:     |  |  |  | | --- | --- | --- | |  |  | Interventions and comparisons relevant to the question being explored. | |  |  | Population and outcome of interest, and interventions. | |  |  | Population and outcomes of interest, interventions and comparisons. | |  |  | Population, outcomes of interest and comparisons. | | | |
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| CAP Question 2  Abstract excerpt *(same as for previous Q 2.1)*  *Background and aims:* Support of personal recovery represents the aim for many modern mental health services. There is a lack of conceptual clarity around the application of the term however and this is particularly problematic with regard to the personality disorder diagnoses. This study sought to review the existing qualitative methods literature in relation to the experience of personal recovery in personality disorder.  *Methods:* A systematic literature search was conducted. Identified studies were incorporated through meta-synthesis in order to develop higher order descriptive themes representative of the individual experience described within included studies.  *Results:* Three studies were identified and incorporated into the meta-synthesis. Three novel higher order themes were developed: Safety and containment as a prerequisite to recovery, social networks and autonomy in the recovery process and identity construction as a process of change.  *Conclusion:* Personal recovery in personality disorder is revealed as a complex process reflecting both personal and social experiences or desires. These findings have important implications for clinical practice – emphasising the need to work closely with individuals and to develop an understanding of both their social experience and networks. Further research, taking greater account of social context in the recovery process, is necessary. |  | Having regard to the adjoining abstract excerpt and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.4 Select the BEST answer from the list below. (1 mark)  A systematic review of qualitative studies can be undertaken by a:   |  |  |  | | --- | --- | --- | |  |  | Meta-analysis. | |  |  | Meta-synthesis. | |  |  | Statistical test for heterogeneity. | |  |  | Statistical test for homogeneity. | | | |
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| CAP Question 2  *Excerpt from Background and Methodology:*  For the purposes of this review, the term ‘personality disorder’ is used in place of any specific diagnostic term.  *Systematic search strategy*  An electronic search strategy was adopted in order to identify studies meeting the following inclusion criteria:   1. English language publication 2. Peer reviewed publication with online access to full text 3. Qualitative methods approach with transparent representation of service user experience.   *Exclusion criteria included the following:*   1. Purely clinical definition of recovery (e.g. change in symptom rating scale) 2. No presentation of service user experience (e.g. no access to primary source material through quotation) 3. Literature relating solely to recovery in substance use disorder.   Fig. 1 The search process |  | Having regard to the adjoining excerpt, Figure 1, the abstract and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.5 Select the BEST answer from the list below. (1 mark)  Qualitative data reports would NOT include:     |  |  |  | | --- | --- | --- | |  |  | Analysis by synthesis. | |  |  | Discourse analysis. | |  |  | Interpretive phenomenological analysis (IPA). | |  |  | Thematic analysis. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | | | | CAP 2.6 |
| CAP Question 2  *Excerpt from Background and Methodology: (same as for previous Q 2.5)*  For the purposes of this review, the term ‘personality disorder’ is used in place of any specific diagnostic term.  *Systematic search strategy*  An electronic search strategy was adopted in order to identify studies meeting the following inclusion criteria:   1. English language publication 2. Peer reviewed publication with online access to full text 3. Qualitative methods approach with transparent representation of service user experience.   *Exclusion criteria included the following:*   1. Purely clinical definition of recovery (e.g. change in symptom rating scale) 2. No presentation of service user experience (e.g. no access to primary source material through quotation) 3. Literature relating solely to recovery in substance use disorder.   Fig. 1 The search process | | |  | Having regard to the adjoining excerpt, Figure 1, the abstract and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.6 Select the BEST answer from the list below. (2 marks)  Studies could be included in the above review if the research article:     |  |  |  | | --- | --- | --- | |  |  | Was about how a significant other felt about the individual’s recovery. | |  |  | Was about individuals with personality traits. | |  |  | Was about recovery from methamphetamine dependence in antisocial personality disorder. | |  |  | Explored recovery measured only by a self-report Likert-type scale. | |  |  | Was able to be accessed on-line. | | | | |
|  | | | | | Scroll down for Next ⇨ | | |
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| MCQ Mock Exam | | | | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | | | | CAP 2.8 |
| CAP Question 2  *Excerpt from Methodology:*  The synthesis process was conducted over five stages with the first two authors, A.S. and C.S., conducting the first three stages and all authors being involved in the remaining analysis stages:   1. ***Reading:***  studies were initially read and then separated in order that results and discussion sections of reports could be incorporated into the analysis process. 2. ***Study relationship:***  reading of identified reports allowed the initial identification and comparison of related material and themes. 3. ***Study translation:***  a descriptive coding method was adopted in order to allow translation of the included studies. First- and second-order themes were developed according to the tradition of Schutz (1962). First-order themes represented original participant understanding, in the form of quotations, while second-order themes represented original author interpretation of findings. Descriptive codes were applied in order to capture understanding of these themes. Codes were used across all studies in order to complete the translation process. Summary tables of coding first- and second-order themes were developed. |  | Having regard to the adjoining excerpt and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q. 2.8 Select the answer from the list below which BEST describes the process set out in the excerpt: (2 marks)     |  |  |  | | --- | --- | --- | |  |  | Critical interpretation. | |  |  | Expressive synthesis. | |  |  | Meta-study. | |  |  | Meta-synthesis. | |  |  | Synthesis. | |  |  | Translational synthesis. | | | | | | |
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| MCQ Mock Exam | | | | |
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| CAP Question 2  *Table 3* |  | Having regard to the adjoining Table 3 and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.9 Select the BEST answer from the list below. (3 marks)  With regard to interpreting statements about Safety and Containment:   |  |  |  | | --- | --- | --- | |  |  | This may be delivered through networks, environments or relationships. | |  |  | This may mean individuals can adapt to moving between environments. | |  |  | This may only be delivered though social networks or environment. | |  |  | This may not be essential as a prerequisite for recovery | |  |  | The use of medication may be a moderating factor. | | | |
|  | | | Scroll down for Next ⇨ | |

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| MCQ Mock Exam | | | | |
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| CAP Question 2  *Table 3 (same as for previous Q 2.9)* |  | Having regard to the adjoining Table 3 and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.10 Select the BEST answer from the list below. (3 marks)   With regard to interpreting the first order quotes:   |  |  |  | | --- | --- | --- | |  |  | Participants in the study by Katsakou et al wanted to get over their divorce. | |  |  | Participants in the study by Katsakou et al described difficulty with differences in their priorities. | |  |  | Stigma in relation to the experience of mental distress is unlikely to be significant. | |  |  | Social Network support is unlikely to play a key role in recovery. | |  |  | Social network support in mental illness tends to be greater than for physical illness. | | | |
|  | | | Scroll down for Next ⇨ | |

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| CAP Question 2 |  | Having regard to the abstract, other excerpts and figures provided above and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.11 Select the BEST answer from the list below. (2 marks)  Which of the following is a limitation to this study?     |  |  |  | | --- | --- | --- | |  |  | Lack of coherence of the research. | |  |  | Lack of description of the synthesis process. | |  |  | Too many identified themes. | |  |  | The included studies were not rigorously sound. | |  |  | Too many articles had to be excluded from the analysis. | | | |
|  | | | Scroll down for Next ⇨ | |

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| That's the end of the Mock Exam.  If you have time, you can go back and review questions either by scrolling through the Word document in the usual way, or by using the flagging system as below.  You may have 'flagged' a question for later review by adding an ! to the 'Flag box' at top right.  You can now search for all the !s so as to review any questions you were unsure about, by hitting control-F to bring up the navigation field, then typing ! in that field. Skip past any !s in the explanatory pages, and review the rest. To refresh the search, put your cursor on the Navigation search box (which will highlight the contents) and left-click. When you've finished a question and no longer want to review it, delete the ! from the "Flag box" on the Question page. |
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