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| Mock MCQ Paper 2018 (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 19th January 2018: <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 patient, please select the MOST APPRIORIATE scale to rate her movement disorder. |  | Q.1 Betty is a 53 year old woman with chronic schizophrenia. She presents with a history dating back 10 years of facial grimacing, lip smacking and tongue protruding movements.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | AIMS | |  |  | Barnes Akathisia Scale | |  |  | BPRS | |  |  | CGI | |  |  | CIDI | |  |  | DES | |  |  | SAPS | | | |
|  | | | 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 APPROPRIATE biological treatment. |  | Q.2 Benjy is an 8 year old boy with clear ADHD who has had a dramatic response to Methylphenidate. Despite optimising the dose and good behavioural techniques, his family are unable to get him to sleep at night before 2am.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Atomoxetine | |  |  | Clomipramine | |  |  | Extended release methylphenidate (Concerta) | |  |  | Fluoxetine | |  |  | Immediate release methylphenidate | |  |  | Melatonin | |  |  | Multivitamin supplementation | |  |  | Omega 3 fish oils | |  |  | Prazosin | | | |
|  | | | 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 question, please select the MOST ACCURATE answer. |  | Q.3 A child with this disorder may go on to develop Major Depressive Disorder as an adult.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bipolar Affective Disorder I | |  |  | Bipolar Affective Disorder II | |  |  | Cyclothymia | |  |  | Disruptive Mood Dysregulation Disorder | |  |  | Major Depressive Disorder | |  |  | Medication Induced Mood Disorder | |  |  | Mood disorder Due to a Medical Condition | |  |  | Persistent Depressive Disorder | |  |  | Premenstrual Dysphoric Disorder | |  |  | Substance Induced Mood Disorder | | | |
|  | | | 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 patient, please select the MOST ACCURATE “stage of change” from the model proposed by Prochaska and Diclemente. |  | Q.4 Melanie, a 44 year old woman, has become worried by her dependence on Clonazepam and wants to stop taking it. She attends an appointment with her general practitioner and asks what treatment and support is available to help her stop taking Clonazepam.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Relapse | |  |  | Precontemplation | |  |  | Contemplation | |  |  | Preparation | |  |  | Action | |  |  | Maintenance | | | |
|  | | | 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 patient, please select the MOST LIKELY diagnosis. |  | Q.5 Bob, a 51 year old man, presents with low mood, poor sleep, suicidality, lack of motivation and guilty thinking. Blood tests show an increased GGT.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bipolar Affective Disorder I | |  |  | Bipolar Affective Disorder II | |  |  | Cyclothymia | |  |  | Disruptive Mood Dysregulation Disorder | |  |  | Major Depressive Disorder | |  |  | Medication Induced Mood Disorder | |  |  | Mood disorder Due to a Medical Condition | |  |  | Persistent Depressive Disorder | |  |  | Premenstrual Dysphoric Disorder | |  |  | Substance Induced Mood Disorder | | | |
|  | | | 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 antipsychotic agent to treat his psychotic illness. |  | Q.6 Adrian is a 32 year old man with congenital QTc prolongation and schizophrenia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amisulpride | |  |  | Aripiprazole | |  |  | Haloperidol | |  |  | Olanzapine | |  |  | Quetiapine | |  |  | Risperidone | | | |
|  | | | 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 term which MOST ACCURATELY describes a technique used in the treatment of panic disorder. |  | Q.7 Breathing through a straw while blocking the nose allows a person to become accustomed to the sensation of breathlessness. This helps debunk the strongly held belief that they will suffocate if breathless.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Behavioural experiment | |  |  | Cognitive disputation | |  |  | Cognitive restructuring | |  |  | Graduated desensitisation | |  |  | Graduated exposure | |  |  | Interoceptive exposure | |  |  | Stimulus response prevention | | | |
|  | | | 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 blood test results, please select the MOST LIKELY diagnosis. |  | Q.8 Low TSH with raised T4 and raised T3.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute intermittent porphyria | |  |  | Addison’s disease | |  |  | Coeliac disease | |  |  | Graves’ disease | |  |  | Hashimoto’s thyroiditis | |  |  | Pernicious anaemia | |  |  | Phaeochromocytoma | |  |  | Systemic lupus erythematosus | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 9 |
| Please select the MOST APPROPRIATE treatment listed, to which the following statement applies. |  | Q.9 This acetylcholinesterase inhibitor can be used in the treatment of Alzheimer’s dementia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Chlormethiazole | |  |  | Clonazepam | |  |  | Galantamine | |  |  | Memantine | |  |  | Modafinil | |  |  | Omega 3 Fatty Acids | |  |  | Procyclidine | |  |  | Risperidone | | | |
|  | | | 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 Elizabeth, a 32 year old woman, presents with her first episode of depression, with symptoms including suicidal thoughts and planning.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Address substance use | |  |  | Amitriptyline | |  |  | Augmentation with Lithium | |  |  | Electroconvulsive therapy (ECT) | |  |  | Lifestyle changes | |  |  | Mirtazapine | |  |  | Moclobemide | |  |  | Psychological treatment | |  |  | Sleep Hygiene | |  |  | Selective Serotonin Reuptake Inhibitor (SSRI) | | | |
|  | | | 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 list of medications, please select the one MOST ACCURATELY described by this statement. |  | Q.11 This medication, used in the treatment of alcohol dependence, is an antagonist at μ-opioid receptors.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acamprosate | |  |  | Buprenorphine | |  |  | Chlordiazepoxide | |  |  | Chlormethiazole | |  |  | Disulfiram | |  |  | Methadone | |  |  | Naloxone | |  |  | Naltrexone | | | |
|  | | | 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 symptom, please choose the MOST APPROPRIATE associated disorder. |  | Q.12 Cataplexy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Dementia | |  |  | Dissociative identity disorder | |  |  | Epilepsy | |  |  | Mania | |  |  | Narcolepsy | |  |  | Schizophrenia | |  |  | Somatic symptom 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 13 |
| For the following patient, please choose the MOST APPROPRIATE psychological therapy. |  | Q.13 Adele is a 17 year old girl with a two year history of significant suicide attempts, low mood and poor relationships with her family and peers. She has been asked to leave school for repeatedly bringing razor blades to school and cutting herself in the bathroom, leaving bloody trails through the school.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | CBT with child and parent | |  |  | Dialectical behavioural therapy | |  |  | Individual psychodynamic psychotherapy for Adele | |  |  | Individual psychodynamic psychotherapy for her mother | |  |  | Interpersonal therapy | |  |  | Maudsley family therapy | |  |  | Systemic family therapy | |  |  | Triple P Parenting course for Adele's parents | |  |  | Watch, wait, wonder - dyadic therapy | | | |
|  | | | 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 14 |
| For the following patient, please select the MOST APPROPRIATE treatment approach at this point. |  | Q.14 Jane was first diagnosed with an eating disorder at age 18 and despite treatment in her early 20s (including two episodes of inpatient refeeding to a normal BMI) she has had ongoing symptoms for much of her life. She is now 42 and has a chronically low weight with a current BMI of 15.5.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Cognitive behavioural therapy for eating disorders, to encourage regular eating and challenge the cognitive and perceptual disturbances that characterise her eating disorder. | |  |  | Dialectical behaviour therapy targeting eating disordered behaviours such as restriction, purging and over-exercising. | |  |  | No treatment because with failed past treatments and Jane’s lengthy history any recovery is extremely unlikely, thus intervention is not warranted. | |  |  | Refeeding with an expectation that Jane gains weight to within the normal range i.e. BMI 20 – 25, as the evidence supports that this would improve her chances of recovery. | |  |  | Refeeding with an expectation that Jane would achieve a BMI outside the anorexic range but still less than healthy normal i.e. BMI in the 17.6 –19.5 range, as this has been shown to be a prerequisite for improving quality of life in people with a chronic eating disorder. | |  |  | The chronicity of Jane’s eating disorder history and failed past treatments make recovery extremely unlikely. Only emergency medical treatment is indicated, if Jane were to become medically unwell e.g. physiologically unstable, or her electrolytes were significantly abnormal. | |  |  | Treatment with a focus on maintaining weight at or around Jane’s current BMI and enhancing her quality of life. | | | |
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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 APPROPRIATE next investigation to order. |  | Q.15 Mrs Brown has bipolar affective disorder. She stopped lithium 3 weeks ago and now presents with 3 week history of worsening mood, ataxia, inability to care for herself, vomiting and incontinence of urine.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Chest X-ray | |  |  | CT head scan | |  |  | Full Blood Count | |  |  | Lipids | |  |  | Lithium level | |  |  | Liver Function Tests | |  |  | Renal Function | |  |  | Sodium Level | |  |  | Thyroid function tests | | | |
|  | | | 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 16 |
| For the following list of medications, please select the one MOST ACCURATELY described by this statement. |  | Q.16 This benzodiazepine can be used in the treatment of alcohol withdrawal.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acamprosate | |  |  | Buprenorphine | |  |  | Chlordiazepoxide | |  |  | Chlormethiazole | |  |  | Disulfiram | |  |  | Methadone | |  |  | Naloxone | |  |  | Naltrexone | | | |
|  | | | 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 17 |
| For the following assessment, please select the MOST APPROPRIATE answer. |  | Q.17 The PACE (Personal Assessment and Crisis Evaluation Clinic) criteria are used to identify individuals at high risk of:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol use disorder | |  |  | Alzheimer’s syndrome | |  |  | Metabolic syndrome | |  |  | Post Traumatic Stress Disorder | |  |  | Schizophrenia | |  |  | Suicide | |  |  | Tardive dyskinesia | | | |
|  | | | 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 18 |
| For the following patient, please choose the MOST APPROPRIATE diagnosis. |  | Q.18 A 20 year old woman is so distressed by the shape and size of her nose that she avoids leaving her home and avoids interacting with others. Despite reassurances from family and friends that there is nothing unusual about her nose, she wants to be referred to a plastic surgeon for rhinoplasty.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Body dysmorphic disorder | |  |  | Borderline personality disorder | |  |  | Conversion disorder | |  |  | Delusional disorder, somatic type | |  |  | Delusional perception | |  |  | Factitious disorder | |  |  | Malingering | |  |  | Somatic symptom 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 19 |
| For the following patient, according to the DBT hierarchy of treatment targets which behaviour or problem would it be MOST IMPORTANT to address FIRST in individual therapy sessions. |  | Q.19 Erica is a 30-year-old woman who lives alone and has a diagnosis of borderline personality disorder and alcohol use disorder. Erica recently lost her job due to a pattern of absenteeism, arriving late or in an intoxicated or hungover state.  Erica is engaged in dialectical behaviour therapy (DBT). She and the therapist have identified a pattern of behaviour whereby in the evenings Erica goes to the pub to avoid being alone. Once she begins to drink she finds she cannot stop, and once intoxicated she often ‘hooks up’ with men she meets for casual sex. Thereafter she engages in self harm – typically burning and cutting her genitals and abdomen. This behaviour pattern has intensified since she lost her job. Recently, while intoxicated, Erica has been repeatedly texting her therapist, which is burning out the therapist.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol use – drinking to excess | |  |  | Burning and cutting herself | |  |  | Going to the pub every evening | |  |  | Inadequate distress tolerance skills | |  |  | Isolated living situation | |  |  | Repeatedly texting her therapist | |  |  | Risky sexual behaviour | |  |  | Unemployment | | | |
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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 patient, please select the MOST APPROPRIATE next intervention. |  | Q.20 Alison, a 48 year old woman with a long history of bipolar affective disorder, has been in hospital for 2 weeks requiring support for basic cares and intravenous fluids due to poor oral intake. All medical investigations have been normal.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Address substance use | |  |  | Amitriptyline | |  |  | Augmentation with Lithium | |  |  | Electroconvulsive therapy (ECT) | |  |  | Lifestyle changes | |  |  | Mirtazapine | |  |  | Moclobemide | |  |  | Psychological treatment | |  |  | Sleep Hygiene | |  |  | SSRIs | | | |
|  | | | 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 |
| From the interventions described below, please select the MOST ACCURATE answer. |  | Q.21 Regarding the psychological treatment of survivors of torture:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Exposure therapy concludes with the individual attending therapy being presented with a written account of their experiences. | |  |  | Mentalization based therapy has been shown to be effective. | |  |  | Narrative exposure therapy has some limited evidence base. | |  |  | There have been many large high-quality studies on treatment. | |  |  | There is a solid evidence base for psychodynamic psychotherapy. | |  |  | There is no evidence base for CBT. | |  |  | There is strong evidence for family therapy. | | | |
|  | | | 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 ACCURATE “stage of change” from the model proposed by Prochaska and Diclemente. |  | Q.22 Robert, a 36 year old man, has just lost his job due to turning up drunk for work. This is the third time he has lost a job due to his use of alcohol. He has also been convicted on two occasions in the past for driving while under the influence of alcohol. Robert continues to drink alcohol heavily most days. He does not believe he ought to change his pattern of alcohol consumption.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Relapse | |  |  | Precontemplation | |  |  | Contemplation | |  |  | Preparation | |  |  | Action | |  |  | Maintenance | | | |
|  | | | 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 question, please select the MOST ACCURATE answer. |  | Q.23 Which of the following drugs is thought to work by interfering with the uptake of dopamine by presynaptic vesicles and dopamine storage in presynaptic vesicles, thus causing depletion of presynaptic dopamine.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amphetamine | |  |  | Clozapine | |  |  | Cocaine | |  |  | Haloperidol | |  |  | Selegiline | |  |  | Tetrabenazine | |  |  | Tranylcypromine | | | |
|  | | | 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 patient, please choose the MOST APPROPRIATE diagnosis. |  | Q.24 Maryanne is a 9 year old girl who has been losing weight due to being unwilling to eat any food that has touched another food. She has to eat only breakfast cereal for breakfast, small separate containers of food for lunch, and has each item of her dinner on a different plate with separate cutlery. She often falls asleep late as she spends two hours tidying her room at night.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Autistic spectrum disorder | |  |  | ADHD | |  |  | Nocturnal enuresis | |  |  | Dyspraxia | |  |  | Obsessive compulsive disorder | |  |  | Childhood onset schizophrenia | |  |  | Separation anxiety disorder | |  |  | Intellectual disability | |  |  | Specific Learning Disorder | | | |
|  | | | 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 patient, please choose the MOST APPROPRIATE diagnosis. |  | Q.25 Mario, a 38 year old man, presents with a 2 year history of low mood, low energy, poor appetite and feeling hopeless.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bipolar Affective Disorder I | |  |  | Bipolar Affective Disorder II | |  |  | Cyclothymia | |  |  | Disruptive Mood Dysregulation Disorder | |  |  | Major Depressive Disorder | |  |  | Medication Induced Mood Disorder | |  |  | Mood disorder Due to a Medical Condition | |  |  | Persistent Depressive Disorder | |  |  | Premenstrual Dysphoric Disorder | |  |  | Substance Induced Mood Disorder | | | |
|  | | | 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 PATIENT, please select the MOST IMPORTANT initial focus of evidence based treatment. |  | **Q.26** **Jon is a 22 year old medical student who has been bingeing and purging for 6 years. He is performing marginally in his studies and is very stressed about his final exams in 3 months. With the upcoming stress of the exams the bingeing and purging has been worse, recently occurring for several hours every evening, except for when he stayed late at the hospital or went out with friends.**  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Challenging cognitive distortions around food rules and fear of fatness. | |  |  | Devising a meal plan with Jon that has adequate calories so he will no longer feel the need to binge. | |  |  | Establishing regular eating. | |  |  | Problem solving to reduce opportunities to binge and purge. | |  |  | Serotonin reuptake inhibitors at moderate to high dose to lessen anxiety and reduce urges to binge. | |  |  | Stopping purging as this is the most distressing and is putting his health at risk. | |  |  | Stress management. including relaxation. | |  |  | Support with his medical studies including assistance with study skills and revision planning. | | | |
|  | | | 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 is the MOST APPROPRIATE diagnosis. |  | Q.27 A 22 year old man presents with insomnia, panic attacks, headaches, and weight loss. His blood pressure is high. The results of blood tests show raised levels of metanephrine and normetanephrine.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute intermittent porphyria | |  |  | Addison’s disease | |  |  | Coeliac disease | |  |  | Graves’ disease | |  |  | Hashimoto’s thyroiditis | |  |  | Pernicious anaemia | |  |  | Phaeochromocytoma | |  |  | Systemic lupus erythematosus | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 28 |
| For the following patient, which is the MOST APPROPRIATE diagnosis. |  | Q.28 A 32 year old woman is taken to hospital by ambulance after she is found lying on the street. Clinical findings include reduced level of consciousness, respiratory depression, and constricted pupils.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol withdrawal | |  |  | Benzodiazepine overdose | |  |  | Benzodiazepine withdrawal | |  |  | Cannabis intoxication | |  |  | Cocaine withdrawal | |  |  | Methamphetamine intoxication | |  |  | Opioid overdose | |  |  | Opioid withdrawal | |  |  | Quetiapine overdose | | | |
|  | | | 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 answer. |  | Q.29 Mr B is a 28 year old man recently charged with accessing child pornography who presents with a clouding of consciousness, the inability to move his left arm and auditory hallucinations. When asked “What color is an unripe avocado?” he replies, “blue”. His presentation is best described as:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bouffée délirante | |  |  | Capgras syndrome | |  |  | Cotard syndrome | |  |  | Couvade’s syndrome | |  |  | De Clerambault’s syndrome | |  |  | Delusional mood | |  |  | Fregoli syndrome | |  |  | Ganser syndrome | | | |
|  | | | 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 question, please select the MOST APPROPRIATE answer. |  | Q.30 From the list below, choose the phenomenology that best fits a nihilistic delusion.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bill has uncontrollably pressured speech | |  |  | Gina describes a voice telling her to harm herself | |  |  | Jim says: “I've got no brain” | |  |  | Joe believes he's bankrupt, despite having $400,000 in the bank | |  |  | Martin has waxy flexibility | |  |  | Mike is irritable and elevated in mood | |  |  | Roger says: “I found it in my car, a guitar near a star” | |  |  | Sam repeats phrases over and over again | |  |  | Within five minutes, Alice presents as tearful, irritable and laughing | | | |
|  | | | 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 31 |
| For the following question, please select the LEAST APPROPRIATE answer. |  | Q.31 Mentalisation based treatment is one of the evidence-based treatments for personality disorder. A key element of the treatment is the therapist taking a "mentalizing stance".  The mentalizing stance includes:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Active curiosity. | |  |  | Attention to emotions occurring in the context of the therapeutic relationship. | |  |  | Attention to understanding highly charged emotions. | |  |  | Efforts to stop and unwind misunderstandings. | |  |  | Emphasis on uncertainty and plurality of perspectives. | |  |  | Therapist disclosure of own thoughts and feelings to model mentalizing. | |  |  | Using the therapeutic relationship as vehicle for skills coaching. | | | |
|  | | | 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 description, please select the MOST APPROPRIATE disorder. |  | Q.32 This disorder is caused by severe thiamine deficiency and is characterized classically by a triad of features including confusion, ataxia, and ophthalmoplegia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Creutzfeld-Jakob disease | |  |  | Cushing’s disease | |  |  | Hepatolenticular degeneration | |  |  | Huntington’s disease | |  |  | Marchiafava-Bignami disease | |  |  | Multiple sclerosis | |  |  | Normal pressure hydrocephalus | |  |  | Parkinson’s disease | |  |  | Progressive supranuclear palsy | |  |  | 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 33 |
| For the following technique, please select the MOST APPROPRIATE treatment listed in which it is a key feature. |  | Q.33 Rolling with resistance.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcoholics Anonymous 12 step approach | |  |  | Cognitive Behaviour Therapy | |  |  | Contingency Management | |  |  | Cue Exposure | |  |  | Dialectical Behaviour Therapy | |  |  | Eye Movement Desensitisation and Reprocessing | |  |  | Motivational Interviewing | |  |  | Social Behaviour and Network Therapy | |  |  | Social Skills 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 disorder, please select the MOST IMPORTANT risk factor listed below. |  | Q.34 Schizophrenia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Being an immigrant | |  |  | Being from an ethnic minority | |  |  | Childhood developmental delay | |  |  | Family history of schizophrenia | |  |  | Maternal influenza during pregnancy | |  |  | Urban birth | |  |  | Winter birth | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE treatment intervention. |  | Q.35 Andy is a 14 year old boy with a four week history of low mood, some sleep disturbance and a reduction in his usual voracious appetite. He reports no particular stressors but has a strong family history of depression. A key feature in the assessment is his negative appraisal of himself and he has low-grade passive suicidality.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Adolescent CBT | |  |  | Desipramine | |  |  | Marital therapy for his parents | |  |  | Maudsley family therapy | |  |  | Methylphenidate | |  |  | Motivational interviewing | |  |  | Naltrexone | |  |  | Residential alcohol dependence treatment | |  |  | Risperidone | |  |  | 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 36 |
| For the following patient, please select the MOST APPROPRIATE diagnosis. |  | Q.36 Katrina, a 36 year old woman, gives a history of severe dysphoria for a week each month across the last 2 years.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bipolar Affective Disorder I | |  |  | Bipolar Affective Disorder II | |  |  | Cyclothymia | |  |  | Disruptive Mood Dysregulation Disorder | |  |  | Major Depressive Disorder | |  |  | Medication Induced Mood Disorder | |  |  | Mood disorder Due to a Medical Condition | |  |  | Persistent Depressive Disorder | |  |  | Premenstrual Dysphoric Disorder | |  |  | Substance Induced Mood 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 A 41 year old pharmacist who has recently been made redundant from his job presents with a history of disabling anxiety symptoms.  Which of the following symptoms is likely to point more towards a benzodiazepine withdrawal rather than an anxiety state?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Anxiety | |  |  | Derealisation | |  |  | Insomnia, nightmares and night sweats | |  |  | Irritability | |  |  | Restlessness and agitation | |  |  | Sensory hypersensitivity | |  |  | Urinary difficulties | | | |
|  | | | 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 statement, please select the MOST APPROPRIATE treatment listed. |  | Q.38 This glutamatergic NMDA receptor antagonist can be used in the treatment of Alzheimer’s dementia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Chlormethiazole | |  |  | Clonazepam | |  |  | Galantamine | |  |  | Memantine | |  |  | Modafinil | |  |  | Omega 3 Fatty Acids | |  |  | Procyclidine | |  |  | Risperidone | | | |
|  | | | 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 treatment. |  | Q.39 Moana has a diagnosis of Bipolar Affective Disorder I. She has had 4 admissions with mania and only one previous depressive episode.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Diazepam | |  |  | Electroconvulsive therapy (ECT) | |  |  | Fluoxetine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Risperidone | |  |  | Sodium Valproate | |  |  | Zopiclone | |  |  | Zuclopenthixol | | | |
|  | | | 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 question, please select the MOST ACCURATE answer. |  | Q.40 According to DSM-5, a diagnosis of a Schizophreniform Disorder requires the symptoms of the disorder to be present for at least:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Four days | |  |  | One week | |  |  | Two weeks | |  |  | One Month | |  |  | Three months | |  |  | Six months | |  |  | Twelve months | | | |
|  | | | 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 list of medications, please select the one MOST ACCURATELY described by this statement. |  | Q.41 This medication, used in the treatment of opioid dependence, is a weak partial agonist at μ-opioid receptors.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acamprosate | |  |  | Buprenorphine | |  |  | Chlordiazepoxide | |  |  | Chlormethiazole | |  |  | Disulfiram | |  |  | Methadone | |  |  | Naloxone | |  |  | Naltrexone | | | |
|  | | | 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 42 |
| For the following patient, please select the MOST APPROPRIATE diagnosis. |  | Q.42 A 21 year old man presents with weakness and loss of sensation affecting his right arm. He complains that he cannot move the arm or feel anything at all. Apart from loss of power, neurological examination of the arm is unremarkable and nerve conduction studies are also normal. The symptoms began after he argued with his girlfriend and she told him their relationship was over.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Body dysmorphic disorder | |  |  | Borderline personality disorder | |  |  | Conversion disorder | |  |  | Delusional disorder, somatic type | |  |  | Delusional perception | |  |  | Factitious disorder | |  |  | Malingering | |  |  | Somatic symptom 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 43 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.43 A slim 47-year-old married woman presents with a one year history of vaginal burning and discomfort during intercourse and decreased libido. Her disinclination to have sex has been causing some difficulties in her relationship. She denies depressed or anxious mood or any medical problems apart from irregular and infrequent menstruation.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Early menopause due to low body mass | |  |  | Menopause | |  |  | Partner relational problems | |  |  | Post-traumatic stress disorder related to sexual abuse | |  |  | Sexual desire disorder | |  |  | Sexual dysfunction due to a general medical condition | |  |  | Substance use sexual dysfunction | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 44 |
| Please select the medication listed below MOST LIKELY to cause this adverse effect. |  | Q.44 Sialorrhoea.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amitriptyline | |  |  | Clozapine | |  |  | Fluoxetine | |  |  | Fluphenazine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Methylphenidate | |  |  | Phenelzine | |  |  | Sodium Valproate | |  |  | 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 45 |
| For the following patient, please select the MOST APPROPRIATE treatment. |  | Q.45 Stavros is presenting with elevated mood and psychotic thinking and is currently agitated, threatening violence to others.    Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Diazepam | |  |  | Electroconvulsive therapy (ECT) | |  |  | Fluoxetine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Risperidone | |  |  | Sodium Valproate | |  |  | Zopiclone | |  |  | Zuclopenthixol | | | |
|  | | | 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 APPROPRIATE initial investigation. |  | Q.46 William is a 68 year old man with a diagnosis of delusional disorder. He was started on treatment with risperidone 2mg daily a week earlier and now presents with impaired consciousness, fever, labile blood pressure and increased muscle tone.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | CT head scan | |  |  | EEG | |  |  | MRI head scan | |  |  | Serum creatinine | |  |  | Serum creatinine kinase | |  |  | Serum potassium | |  |  | Serum sodium | | | |
|  | | | 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 diagnosis. |  | Q.47 Bethany is a 15 year old girl who has maintained one friend, Emma, from primary school. Bethany is focussed on horses, and is struggling to complete her high school homework as teachers will no longer base homework around horses. Her mother has observed that when Bethany and Emma are together, they spend hours looking at equestrian equipment magazines and never appear to discuss events at high school, or classmates.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | ADHD | |  |  | Autistic spectrum disorder | |  |  | Childhood onset schizophrenia | |  |  | Dyspraxia | |  |  | Intellectual disability | |  |  | Nocturnal enuresis | |  |  | Obsessive compulsive disorder | |  |  | Separation anxiety disorder | |  |  | Specific Learning Disorder | |  |  | Visual impairment | | | |
|  | | | 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 situation, please select the MOST APPROPRIATE assessment scale or tool from the list below. |  | Q.48 Brief interview or self-screening of behaviours related to alcohol or other substance use in adolescents.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | AIMS (Abnormal Involuntary Movement Scale) | |  |  | AUDIT (Alcohol Use Disorders Identification Test) | |  |  | AUS (Alcohol Use Scale) | |  |  | CAGE questionnaire | |  |  | CIWA Scale (Clinical Institute Withdrawal Assessment) | |  |  | CRAFFT screening acronym | |  |  | DAST (Drug Abuse Screening Test) | |  |  | SDSS (Substance Dependence Severity Scale) | |  |  | TSA Scale (Total Severity Assessment) | | | |
|  | | | 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 question, give the MOST ACCURATE answer. |  | Q.49 The Hare Psychopathy Checklist-Revised (PCL- R) assesses twenty traits. These include all of the following EXCEPT:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Affective instability | |  |  | Behavioural controls | |  |  | Charm | |  |  | Juvenile delinquency | |  |  | Need for stimulation | |  |  | Realistic long-term goals and planning | |  |  | Responsibility | |  |  | Stability of sexual relationships | | | |
|  | | | 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 |
| Please select the medication listed below MOST LIKELY to cause this adverse effect. |  | Q.50 Hyponatraemia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Clozapine | |  |  | Fluoxetine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Olanzapine | |  |  | Risperidone | |  |  | 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 51 |
| For the following patient please select the MOST APPROPRIATE phenomenology from the list below. |  | Q.51 Theresa is a 43 year old woman who complains of seeing a transparent, colorless, phantom image of herself.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Affect driven illusion | |  |  | Autoscopic hallucination | |  |  | Dysmegalopsia | |  |  | Extracampine hallucination | |  |  | Functional hallucination | |  |  | Hallucinatory palinopsia | |  |  | Hypnagogic hallucination | |  |  | Hypopompic hallucination | |  |  | Illusory palinopsia | |  |  | Peduncular hallucination | |  |  | Pinocchio illusion | | | |
|  | | | 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 |
| Please select the medication listed below MOST LIKELY to cause this adverse effect. |  | Q.52 Erythema multiforme.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amitriptyline | |  |  | Clozapine | |  |  | Fluoxetine | |  |  | Fluphenazine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Methylphenidate | |  |  | Phenelzine | |  |  | Sodium Valproate | |  |  | 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 53 |
| For the following patient, please select the MOST LIKELY diagnosis. |  | Q.53 A 40 year old man presents to a gastroenterology clinic with a three year history of fluctuating difficulties with abdominal pain, bloating, and diarrhoea. Despite extensive investigations, no organic cause for his symptoms can be found. He is not reassured by this, and suffers from intense worries that he has undiagnosed bowel cancer.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Conversion disorder | |  |  | Cotard delusion | |  |  | Couvade syndrome | |  |  | Delusional disorder, somatic type | |  |  | Formication | |  |  | Hypochondriacal disorder | |  |  | Reflex sympathetic dystrophy | |  |  | Somatic passivity | |  |  | Somatic symptom disorder | |  |  | Taijin kyofusho | | | |
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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 A 41 year old man with a long history of drug addiction presents to his general practitioner asking for a prescription for Clonazepam. He yawns frequently and complains of a 24 hour history of rhinorrhoea, diaphoresis, abdominal pain and diarrhoea.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol withdrawal | |  |  | Benzodiazepine overdose | |  |  | Benzodiazepine withdrawal | |  |  | Cannabis intoxication | |  |  | Cocaine withdrawal | |  |  | Methamphetamine intoxication | |  |  | Opioid overdose | |  |  | Opioid withdrawal | |  |  | Quetiapine overdose | | | |
|  | | | 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 APPROPRIATE answer. |  | Q.55 From the list below, choose the phenomenology that best describes logorrhoea.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bill has uncontrollably pressured speech. | |  |  | Gina describes a voice telling her to harm herself. | |  |  | Jim says: “I've got no brain”. | |  |  | Joe believes he's bankrupt, despite having $400,000 in the bank. | |  |  | Martin has waxy flexibility. | |  |  | Mike is irritable and elevated in mood. | |  |  | Roger says: “I found it in my car, a guitar near a star”. | |  |  | Sam repeats phrases over and over again. | |  |  | Within five minutes, Alice presents as tearful, irritable and laughing. | | | |
|  | | | 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 description, please select the MOST APPROPRIATE receptor from the list below. |  | Q.56 A pentameric structure, comprised of alpha, beta and (usually) gamma subunits arranged to form a central pore.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | D1 | |  |  | D2 | |  |  | GABAa | |  |  | GABAb | |  |  | Glutamate | |  |  | Glycine | |  |  | M1 | | | |
|  | | | 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 APPROPRIATE diagnosis. |  | Q.57 Toby is a pleasant 9 year old boy with a good circle of age-appropriate friends, who plays rugby well. His conversational skills at the assessment are within developmental expectations but he is only able to write about twenty words correctly, including his name and his parents' names.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | ADHD | |  |  | Autistic spectrum disorder | |  |  | Childhood onset schizophrenia | |  |  | Dyspraxia | |  |  | Intellectual disability | |  |  | Nocturnal enuresis | |  |  | Obsessive compulsive disorder | |  |  | Separation anxiety disorder | |  |  | Specific Learning Disorder | |  |  | Visual impairment | | | |
|  | | | 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 type of cognitive behavioural therapy (CBT), please select the MOST ACCURATE statement listed below. |  | Q.58 Trauma-focussed cognitive behavioural therapy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | It has a low dropout rate of less than 5%. | |  |  | It has efficacy rates of 80% within 10 weeks of starting therapy for post-traumatic stress disorder (PTSD) . | |  |  | It has less efficacy than psychological debriefing in the treatment of PTSD. | |  |  | It is demonstrably superior to eye movement desensitisation and reprocessing (EMDR) for PTSD. | |  |  | It should be offered to all sufferers of PTSD according to the NICE guidelines 2005. | | | |
|  | | | 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 description, please select the MOST APPROPRIATE disorder. |  | Q.59 Features of this disorder include ataxia, dysarthria, seizures, impairment of consciousness and extensive demyelination of the corpus callosum.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Creutzfeld-Jakob disease | |  |  | Cushing’s disease | |  |  | Hepatolenticular degeneration | |  |  | Huntington’s disease | |  |  | Marchiafava-Bignami disease | |  |  | Multiple sclerosis | |  |  | Normal pressure hydrocephalus | |  |  | Parkinson’s disease | |  |  | Progressive supranuclear palsy | |  |  | 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 60 |
| For the following patient, please select the MOST APPROPRIATE next investigation to order. |  | Q.60 A patient on clozapine presents for a six-monthly check-up.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Chest X-ray | |  |  | CT head scan | |  |  | Full Blood Count | |  |  | Lipids | |  |  | Lithium level | |  |  | Liver Function Tests | |  |  | Renal Function | |  |  | Sodium Level | |  |  | Thyroid function tests | | | |
|  | | | 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 When assessing Mark, a 38 year old man, the examiner offers his hand as if to shake hands while saying to Mark “Don’t shake my hand”. Mark responds by extending his hand as if to shake hands and then moving his hand back and forth in indecision.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Catatonia | |  |  | Delusional disorder | |  |  | Depression | |  |  | Generalised Anxiety Disorder | |  |  | Obsessive Compulsive Disorder | |  |  | Social phobia | |  |  | Specific phobia | | | |
|  | | | 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 |
| For the following patient, please select the MOST ACCURATE “stage of change” from the model proposed by Prochaska and Diclemente. |  | Q.62 Marama, a 22 year old woman, smoked her last cigarette yesterday. She is using a nicotine patch and distracting herself with a jigsaw in order to try to cope with withdrawal symptoms.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Relapse | |  |  | Precontemplation | |  |  | Contemplation | |  |  | Preparation | |  |  | Action | |  |  | Maintenance | | | |
|  | | | 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 patient, please select the MOST LIKELY cause of their behavioural change. |  | Q.63 A 68 year old man with a previous diagnosis of depression has recently been diagnosed with Parkinson’s disease. His wife complains that in the last 2 weeks he has become obsessed with sex, sending her sexually-explicit messages, masturbating and pressuring her for sex several times a day.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Disinhibition due to onset of dementia | |  |  | Parkinson’s disease | |  |  | Switch from depression to hypomania | |  |  | Treatment with Amitriptyline | |  |  | Treatment with Levo Dopa | |  |  | Treatment with Ropinirole | |  |  | Treatment with Selegiline | |  |  | Treatment with Venlafaxine | | | |
|  | | | 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 A 55 year old woman presents with depressed mood and fatigue. On physical examination, her blood pressure is low and there is hyperpigmentation of her skin.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute intermittent porphyria | |  |  | Addison’s disease | |  |  | Coeliac disease | |  |  | Graves’ disease | |  |  | Hashimoto’s thyroiditis | |  |  | Pernicious anaemia | |  |  | Phaeochromocytoma | |  |  | Systemic lupus erythematosus | | | |
|  | | | 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 LIKELY diagnosis. |  | Q.65 Kiri, a 21 year old woman, presents with irritability, poor sleep and the belief that she needs to prophecy to the world.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bipolar Affective Disorder I | |  |  | Bipolar Affective Disorder II | |  |  | Cyclothymia | |  |  | Disruptive Mood Dysregulation Disorder | |  |  | Major Depressive Disorder | |  |  | Medication Induced Mood Disorder | |  |  | Mood disorder Due to a Medical Condition | |  |  | Persistent Depressive Disorder | |  |  | Premenstrual Dysphoric Disorder | |  |  | Substance Induced Mood Disorder | | | |
|  | | | 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 question, please give the MOST ACCURATE answer. |  | Q.66 From a psychodynamic perspective people with borderline personality disorder could be considered to be developmentally arrested in:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Erickson’s intimacy versus isolation stage | |  |  | Freud's oedipal phase | |  |  | Freud's oral phase | |  |  | Kernberg’s identity diffusion | |  |  | Klein’s depressed position | |  |  | Mahler's symbiotic phase | |  |  | Winnicott’s false self | | | |
|  | | | 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 question, please give the MOST ACCURATE answer. |  | Q.67 The pyramidal cells of the cerebral cortex and hippocampus principally utilise which neurotransmitter?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acetylcholine | |  |  | Dopamine | |  |  | GABA | |  |  | Glutamate | |  |  | Glycine | |  |  | Noradrenalin | |  |  | Serotonin | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 68 |
| For the following clinical scenario, please select the MOST APPROPRIATE treatment intervention. |  | Q.68 Bevan is a 16 year old boy who has not been attending school for the last year as his mother reports he is too anxious to leave her. His father states that his wife and son have come reluctantly as truancy services require them to, and that Bevan is capable of leaving their home, but his wife likes the company. Bevan’s younger brother Steven (aged 14) is starting to refuse school in the mornings as well. His father sees Bevan as a “lost cause” but wants someone to stop the same thing happening with Steven.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | CBT with Bevan and his parents | |  |  | Dialectical behaviour therapy | |  |  | Individual psychodynamic psychotherapy for Bevan | |  |  | Individual psychodynamic psychotherapy for his father | |  |  | Interpersonal therapy | |  |  | Maudsley family therapy | |  |  | Systemic family therapy | |  |  | Triple P Parenting course for his parents | |  |  | Watch, wait, wonder - dyadic therapy | | | |
|  | | | 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 list of medications, please select the one MOST ACCURATELY described by this statement. |  | Q.69 This medication acts by inhibiting the activity of acetaldehyde dehydrogenase.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acamprosate | |  |  | Buprenorphine | |  |  | Chlordiazepoxide | |  |  | Chlormethiazole | |  |  | Disulfiram | |  |  | Methadone | |  |  | Naloxone | |  |  | Naltrexone | | | |
|  | | | 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 patient, please select the MOST APPRIORIATE intervention. |  | Q.70 Sam, a 20 year old builder, presents with low mood, poor sleep and appetite, and describes drinking 5U of alcohol per day.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Address his substance use | |  |  | Amitriptyline | |  |  | Augmentation with Lithium | |  |  | Electroconvulsive therapy (ECT) | |  |  | Lifestyle changes | |  |  | Mirtazapine | |  |  | Moclobemide | |  |  | Psychological treatment | |  |  | Sleep Hygiene | |  |  | SSRIs | | | |
|  | | | 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 question, please select the MOST ACCURATE answer. |  | Q.71 The underlying dopaminergic abnormality in schizophrenia is thought to be:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | An increase in the presynaptic synthesis and release of dopamine. | |  |  | Decreased activity in the postsynaptic adenylate cyclase second messenger system. | |  |  | Decreased activity in the postsynaptic inositol phosphate second messenger system. | |  |  | Decreased postsynaptic D2 receptors. | |  |  | Increased activity in the postsynaptic adenylate cyclase second messenger system. | |  |  | Increased activity in the postsynaptic inositol phosphate second messenger system. | |  |  | Increased postsynaptic D2 receptors. | | | |
|  | | | 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 phenomenon, please select the MOST ACCURATE statement listed below. |  | Q.72 Unwanted intrusive thoughts and images.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Are not distinguishable in content between people with obsessive compulsive disorder and the ‘normal’ population. | |  |  | Are rare in the general population. | |  |  | 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 compared with the ‘normal’ population. | |  |  | Do not differ in the meaning that people with obsessive compulsive disorder attach to their content compared with the ‘normal’ population. | | | |
|  | | | 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 clinical scenario, please select the MOST APPROPRIATE treatment from the list below. |  | Q.73 Appropriate continuation monotherapy for a patient with Bipolar Disorder Type II with predominantly depressive episodes.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Diazepam | |  |  | Electroconvulsive therapy (ECT) | |  |  | Fluoxetine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Risperidone | |  |  | Sodium Valproate | |  |  | Zopiclone | |  |  | Zuclopenthixol | | | |
|  | | | 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 person, please select the MOST APPROPRIATE recommended alcohol intake listed below. |  | Q.74 A young woman under age 20 with a probationary driver's licence, who will be driving home.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | 1 standard drink as long as she has it with a meal. | |  |  | 1 standard drink but only if beer, not spirits. | |  |  | 2 standard drinks a day and no more than 10 standard drinks a week AND at least two alcohol-free days every week. | |  |  | 2 standard drinks over 2 hours. | |  |  | 2 standard drinks over 4 hours. | |  |  | 3 standard drinks a day and no more than 15 standard drinks a week AND at least two alcohol-free days every week. | |  |  | 3 standard drinks over 2 hours. | |  |  | 3 standard drinks over 4 hours. | |  |  | 4 standard drinks on any single occasion. | |  |  | 4 standard drinks over 4 hours. | |  |  | No alcohol. | | | |
|  | | | 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 aspect of phenomenology, please select the MOST APPROPRIATE example listed below. |  | Q.75 Clang association.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bill has uncontrollably pressured speech. | |  |  | Gina describes a voice telling her to harm herself. | |  |  | Jim says: “I've got no brain.” | |  |  | Joe believes he's bankrupt, despite having $400,000 in the bank. | |  |  | Martin has waxy flexibility. | |  |  | Mike is irritable and elevated in mood. | |  |  | Roger says: “I found it in my car, a guitar near a star.” | |  |  | Sam repeats phrases over and over again. | |  |  | Within five minutes, Alice presents as tearful, irritable and laughing. | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE diagnosis. |  | Q.76 A 40 year old man has required crutches to mobilise since a soft tissue back injury one year earlier. Following an insurance claim supported by his general practitioner, he receives a large sum of money. Soon after the claim is paid he is observed by his general practitioner running down the street to catch a bus.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Body dysmorphic disorder | |  |  | Borderline personality disorder | |  |  | Chronic Pain Disorder | |  |  | Conversion disorder | |  |  | Delusional disorder, somatic type | |  |  | Factitious disorder imposed on another | |  |  | Factitious disorder imposed on self | |  |  | Malingering | |  |  | Somatic symptom disorder | | | |
|  | | | 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 symptom, please choose the MOST APPROPRIATE associated disorder. |  | Q.77 Catalepsy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Dementia | |  |  | Dissociative identity disorder | |  |  | Epilepsy | |  |  | Mania | |  |  | Narcolepsy | |  |  | Schizophrenia | |  |  | Somatic symptom disorder | | | |
|  | | | 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 answer from the list below. |  | Q.78 Barry finds it sexually exciting to dress up in silken woman’s underwear. This is an example of:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | **Cross-dressing** | |  |  | **Dual-role transvestism** | |  |  | Exhibitionism | |  |  | **Gender dysphoria** | |  |  | **Gender identity disorder** | |  |  | Histrionic personality disorder | |  |  | **Homosexuality** | |  |  | **Transvestic fetishism** | |  |  | **Voyeurism** | | | |
|  | | | 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 clinical scenario, please select the MOST APPROPRIATE treatment to commence for the patient. |  | Q.79 Leon is a 16 year old boy living in a 'care and protection' foster placement. He is diagnosed with significant learning disorder and ADHD, with clear improvements in his literacy since commencing slow release methylphenidate. His foster family give him his morning dose of methylphenidate SR but have just been called by his school to say Leon has been caught by police selling his lunchtime dose of methylphenidate SR.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Atomoxetine | |  |  | Clomipramine | |  |  | Clonidine | |  |  | Extended release methylphenidate (Concerta) | |  |  | Fluoxetine | |  |  | Immediate release methylphenidate | |  |  | Multivitamin supplementation | |  |  | Omega 3 fish oils | |  |  | Prazosin | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE next investigation. |  | **Q.80 Ava, a 70 year old woman, is taking an SSRI. She presents with decreased ability to concentrate, headache, nausea and poor balance.**  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Chest X-ray | |  |  | CT head scan | |  |  | Creatinine Kinase | |  |  | Full Blood Count | |  |  | Lipids | |  |  | Lithium level | |  |  | Liver Function Tests | |  |  | Renal Function | |  |  | Serum Glucose | |  |  | Serum Sodium | |  |  | Thyroid function tests | | | |
|  | | | 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 diagnosis. |  | Q.81 A 61 year old man admitted to hospital for a total knee replacement develops tremor, anxiety, sweating, and tachycardia on the second day after his operation. Preoperative blood tests showed raised GGT, but he denies a history of heavy drinking.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol withdrawal | |  |  | Benzodiazepine overdose | |  |  | Benzodiazepine withdrawal | |  |  | Cannabis intoxication | |  |  | Cocaine withdrawal | |  |  | Methamphetamine intoxication | |  |  | Opioid overdose | |  |  | Opioid withdrawal | |  |  | Quetiapine overdose | | | |
|  | | | 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 |
| From the following historical figures, please select the MOST ACCURATE answer. |  | Q.82 Who is generally credited with the discovery of chlorpromazine in the early 1950s?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Benedict Morel | |  |  | Egas Moniz | |  |  | Henri Laborit | |  |  | Ladislas von Meduna | |  |  | Lucio Bini | |  |  | Manfred Sakel | |  |  | Ugo Cerletti | | | |
|  | | | 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 clinical scenario, please select the MOST EFFECTIVE medication. |  | Q.83 The management of aggressive and assaultive behaviour in patients with personality disorder.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Clozapine | |  |  | Dothiepin | |  |  | Haloperidol | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Quetiapine | |  |  | Risperidone | | | |
|  | | | 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 question, please select the MOST ACCURATE answer. |  | Q.84 With regards to anxiety disorders in the elderly, which one of the following statements is CORRECT?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Agoraphobia may occur as a primary disorder in late life. | |  |  | OCD accounts for most anxiety in late life. | |  |  | Panic disorder is common. | |  |  | Post-traumatic stress accounts for most anxiety in late life. | |  |  | Symptoms of GAD are associated with a lower level of suicidality. | |  |  | The concurrence of comorbid anxiety disorder with depression is associated with a lower level of somatic symptoms. | | | |
|  | | | 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 MOST APPROPRIATE intervention. |  | Q.85 Rachael, aged 16, presents with clear depressive symptoms over two months. She is not experiencing suicidal thoughts and she is managing to attend school.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Address substance use | |  |  | Amitriptyline | |  |  | Augmentation with Lithium | |  |  | Electroconvulsive therapy (ECT) | |  |  | Lifestyle changes | |  |  | Mirtazapine | |  |  | Moclobemide | |  |  | Psychological treatment | |  |  | Sleep Hygiene | |  |  | SSRIs | | | |
|  | | | 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 technique, please select the MOST APPROPRIATE treatment listed in which it is a key feature. |  | Q.86 Making a list of all persons harmed, and becoming willing to make amends to them all.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Cue Exposure | |  |  | Alcoholics Anonymous 12 step approach | |  |  | Contingency Management | |  |  | Social Skills Training | |  |  | Cognitive Behaviour Therapy | |  |  | Eye Movement Desensitisation and Reprocessing | |  |  | Motivational Interviewing | |  |  | Dialectical Behaviour Therapy | |  |  | Social Behaviour and Network Therapy | | | |
|  | | | 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 Regarding sleep in the normal ageing process:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | A night’s sleep comprises ultradian cycles each of approximately 120 minutes in length. | |  |  | Acceleration of alpha waves is observed in the EEG. | |  |  | Decreased theta and delta activity is observed in the EEG. | |  |  | REM sleep is unaltered. | |  |  | There is a decrease in slow wave sleep. | |  |  | There is an increase in total amount of time sleeping. | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE alternative treatment to manage adverse effects. |  | Q.88 Monique is a 28 year old woman with a normal pretreatment prolactin level who has developed hyperprolactinaemia on treatment with haloperidol for schizophrenia, resulting in amenorrhoea.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Aripiprazole | |  |  | Chlorpromazine | |  |  | Quetiapine | |  |  | Olanzapine | |  |  | Risperidone | |  |  | Ziprasidone | |  |  | Amisulpride | | | |
|  | | | 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 question, please select the MOST ACCURATE answer. |  | Q.89 Which of the following is a characteristic finding in patients with personality disorder?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | A more conservative approach to treatment of Axis I disorders is indicated in people with personality disorder than in people without personality disorder. | |  |  | Longer and costlier treatment for Axis I disorders. | |  |  | Mortality from accidents and violence equal population norms. | |  |  | Mortality from suicide equals population norms. | |  |  | Symptoms of Axis I psychiatric disorders tend to be less severe. | |  |  | There are lower rates of Axis I psychiatric disorders. | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE diagnosis. |  | Q.90 Michael is a 9 year old boy whose school has referred him due to him seeming to be “in his own world”. He is not disliked by his own classmates, but prefers to play with the new entrants. His academic work is far below grade, and he has trouble organising himself to pack his school bag at the end of the day.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | ADHD | |  |  | Autistic spectrum disorder | |  |  | Childhood onset schizophrenia | |  |  | Dyspraxia | |  |  | Intellectual disability | |  |  | Nocturnal enuresis | |  |  | Obsessive compulsive disorder | |  |  | Separation anxiety disorder | |  |  | Specific Learning Disorder | |  |  | Visual impairment | | | |
|  | | | 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 adverse effect, please select the MOST LIKELY causative medication. |  | Q.91 Alopecia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Clozapine | |  |  | Fluoxetine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Olanzapine | |  |  | Risperidone | |  |  | Valproate | | | |
|  | | | 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 situation, please select the MOST APPROPRIATE assessment scale or tool from the list below. |  | Q.92 Identification of at-risk adult drinkers in the general population.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | AIMS (Abnormal Involuntary Movement Scale) | |  |  | AUDIT-C (Alcohol Use Disorders Identification Test) | |  |  | AUS (Alcohol Use Scale) | |  |  | CAGE questionnaire | |  |  | CIWA Scale (Clinical Institute Withdrawal Assessment) | |  |  | CRAFFT screening acronym | |  |  | DAST (Drug Abuse Screening Test) | |  |  | SDSS (Substance Dependence Severity Scale) | |  |  | TSA Scale (Total Severity Assessment) | | | |
|  | | | 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 clinical outcome, please select the MOST ACCURATE prognostic factor, according to Vaillant. |  | Q.93 A good prognosis for a patient with schizophrenia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Absence of a stressful precipitating event | |  |  | Absence of affective symptoms | |  |  | Absence of confusion or perplexity | |  |  | Family history of depression | |  |  | Family history of schizophrenia | |  |  | Gradual onset of illness | |  |  | Schizoid traits in premorbid personality | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE diagnosis. |  | Q.94 Ramon, aged 15, is referred to you after being found drunk in school, at lunchtime before drama class. He has stopped going out with his friends and recently refused to go out for a meal with his family.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol dependency | |  |  | Anorexia nervosa | |  |  | Generalised anxiety disorder | |  |  | Hyperventilation Syndrome | |  |  | Oppositional defiant disorder | |  |  | Panic disorder and Agoraphobia | |  |  | Social phobia | | | |
|  | | | 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 clinical scenario, please select the treatment which needs to be ceased, due to being the MOST LIKELY cause of the adverse effect. |  | Q.95 A patient on this treatment has developed irritability, poor sleep and psychomotor agitation.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Diazepam | |  |  | Electroconvulsive therapy (ECT) | |  |  | Fluoxetine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Risperidone | |  |  | Sodium Valproate | |  |  | Zopiclone | |  |  | Zuclopenthixol | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE diagnosis. |  | Q.96 A 32 year old woman is referred with a four year history of recurrent presentations to her general practitioner with a multitude of physical symptoms. These have included abdominal pain, vomiting, itchy arms and legs, dyspareunia, headaches and blurred vision. Despite extensive investigation, no organic cause for her symptoms has been found. The patient is not worried that a serious illness has been missed, but she does want treatment to resolve her symptoms.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Conversion disorder | |  |  | Cotard delusion | |  |  | Couvade syndrome | |  |  | Delusional disorder, somatic type | |  |  | Formication | |  |  | Hypochondriacal disorder | |  |  | Reflex sympathetic dystrophy | |  |  | Somatic passivity | |  |  | Somatic symptom disorder | |  |  | Taijin kyofusho | | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 97 |
| For the following technique, please select the MOST APPROPRIATE treatment listed in which it is a key feature. |  | Q.97 Incentives are withheld following use of alcohol.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcoholics Anonymous 12 step approach | |  |  | Cognitive Behaviour Therapy | |  |  | Contingency Management | |  |  | Cue Exposure | |  |  | Dialectical Behaviour Therapy | |  |  | Eye Movement Desensitisation and Reprocessing | |  |  | Motivational Interviewing | |  |  | Social Behaviour and Network Therapy | |  |  | Social Skills Training | | | |
|  | | | 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 example, please select the MOST APPROPRIATE author from the list below. |  | Q.98 The 1913 publication “General Psychopathology”.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carl Jung | |  |  | Emil Kraepelin | |  |  | Eugen Bleuler | |  |  | Karl Jaspers | |  |  | Karl Leonhard | |  |  | Kurt Schneider | |  |  | Sigmund Freud | | | |
|  | | | 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 example, please select the BEST DEMONSTRATED ethical concept from the list below. |  | Q.99 A psychiatric registrar takes care to explain the possible side effects of a proposed new treatment to her patient so that he can decide whether to try it.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Accountability | |  |  | Autonomy | |  |  | Beneficence | |  |  | Categorical Imperative | |  |  | Ethical relativism | |  |  | Justice | |  |  | Practical wisdom | |  |  | Privacy | |  |  | Utilitarianism | | | |
|  | | | 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 question, please select the MOST ACCURATE answer listed below. |  | Q.100 What is the most heritable mental disorder?  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol Dependence | |  |  | Anorexia Nervosa | |  |  | Attention-deficit hyperactivity disorder | |  |  | Autism | |  |  | Bipolar Disorder | |  |  | Bulimia Nervosa | |  |  | Major Depressive disorder | |  |  | Obsessive Compulsive disorder | |  |  | Panic disorder | |  |  | Schizophrenia | | | |
|  | | | 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 clinical scenario, please select the MOST USEFUL intervention. |  | Q.101 Eleanor is a 16 year old girl whose parents present as frustrated with their different approaches to managing her diagnosis of anorexia nervosa. Her mother thinks they should feed her as much as they can of any food she will eat, while her father thinks his wife is pandering to Eleanor, and that she should be expected to eat three meals the same as the family, or else her horse will be sold.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Adolescent CBT | |  |  | Desipramine | |  |  | Marital therapy for her parents | |  |  | Maudsley family therapy | |  |  | Methylphenidate | |  |  | Motivational interviewing | |  |  | Naltrexone | |  |  | Residential alcohol dependence treatment | |  |  | Risperidone | |  |  | Venlafaxine | | | |
|  | | | 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 adverse effect, please select the MOST LIKELY causative medication. |  | Q.102 Anorgasmia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amitriptyline | |  |  | Clozapine | |  |  | Fluoxetine | |  |  | Fluphenazine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Methylphenidate | |  |  | Phenelzine | |  |  | Sodium Valproate | |  |  | Ziprasidone | | | |
|  | | | 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 example, please select the concept listed below MOST RELEVANT to the study described. |  | Q.103 In 1972, Brown et al published a study in the British Journal of Psychiatry demonstrating that young men who had recently recovered from a first episode of schizophrenia had a higher rate of relapse if they returned to live with a relative who was critical of them than one who was more tolerant.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Adherence | |  |  | Adverse life events | |  |  | Attributional styles | |  |  | Birth order | |  |  | Duration of untreated psychosis | |  |  | Expressed emotion | |  |  | Genetic basis of schizophrenia | |  |  | Reasoning biases | |  |  | Schizophrenia spectrum disorders | |  |  | The Schizophrenogenic mother | | | |
|  | | | 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 diagnosis from the list below. |  | Q.104 A 14 year old boy is taken to hospital one evening by his parents. They are worried because his thinking is slow and he has been giggling incongruously. His eyes are red and his mouth is dry. He tells you he is “starving” and asks whether he can have something to eat.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Alcohol withdrawal | |  |  | Benzodiazepine overdose | |  |  | Barbiturate intoxication | |  |  | Benzodiazepine withdrawal | |  |  | Cannabis intoxication | |  |  | Cocaine withdrawal | |  |  | Methamphetamine intoxication | |  |  | Opioid overdose | |  |  | Opioid withdrawal | |  |  | Quetiapine overdose | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE next treatment intervention. |  | Q.105 Judith, aged 41, has been in hospital for 6 months with mania with psychosis, with little improvement despite multiple antipsychotic and mood stabiliser trials.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Diazepam | |  |  | Electroconvulsive therapy (ECT) | |  |  | Fluoxetine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Risperidone | |  |  | Sodium Valproate | |  |  | Zopiclone | |  |  | Zuclopenthixol | | | |
|  | | | 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 example, please select the LEAST ACCURATE answer from the list below. |  | Q.106 Specialist treatment for borderline personality disorder is resource intensive and not always readily available, so research has turned to more generalist treatments. Common factors across the generalist evidence-based treatments include all of the following, except:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | A strong therapeutic relationship with key clinician. | |  |  | Analysis of key events. | |  |  | Clear treatment plan and goals. | |  |  | Organizational willingness to treat people with borderline personality disorder. | |  |  | Positive attitude and willingness to work with people with borderline personality disorder. | |  |  | Skills in managing suicidality. | |  |  | Team and clinician supervision. | |  |  | Willingness to schedule sessions as required in response to crises. | | | |
|  | | | 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 diagnosis. |  | Q.107 A 56 year old man suffering from alcohol withdrawal is distressed by a sensation all over his body which feels like insects crawling under his skin.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Conversion disorder | |  |  | Cotard delusion | |  |  | Couvade syndrome | |  |  | Delusional disorder, somatic type | |  |  | Formication | |  |  | Hypochondriacal disorder | |  |  | Reflex sympathetic dystrophy | |  |  | Somatic passivity | |  |  | Somatization disorder | |  |  | Taijin kyofusho | | | |
|  | | | 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 example please select the MOST APPROPRIATE serotonin receptor subtype from the list below. |  | Q.108 A ligand-gated cation channel.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | 5-HT(1A) | |  |  | 5-HT(1B) | |  |  | 5-HT(2A) | |  |  | 5-HT(2C) | |  |  | 5-HT(3) | |  |  | 5-HT(7) | |  |  | All of the above | | | |
|  | | | 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 description, please select the MOST APPROPRIATE disorder. |  | Q.109 This demyelinating neurological disorder usually presents between the ages of 20 and 40 years. Common presenting symptoms include visual disturbance, paraesthesiae, and/or spasticity.    Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Creutzfeld-Jakob disease | |  |  | Cushing’s disease | |  |  | Hepatolenticular degeneration | |  |  | Huntington’s disease | |  |  | Marchiafava-Bignami disease | |  |  | Multiple sclerosis | |  |  | Normal pressure hydrocephalus | |  |  | Parkinson’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 110 |
| For the following patient, please select the MOST IMPORTANT next investigation to order. |  | Q.110 Andrew, treated with Lithium, presents with a two-month history of irritability, poor sleep, weight loss, heart palpitations and heat intolerance.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Chest X-ray | |  |  | CT head scan | |  |  | Full Blood Count | |  |  | Lipids | |  |  | Lithium level | |  |  | Liver Function Tests | |  |  | Renal Function | |  |  | Serum sodium level | |  |  | Thyroid function tests | | | |
|  | | | 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 person, please select the MOST APPROPRIATE recommended maximum daily alcohol intake listed below. |  | Q.111 An adult male, to reduce long term health risks.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | 1 standard drink daily but only if beer, not spirits. | |  |  | 2 standard drinks a day and no more than 10 standard drinks a week AND at least one alcohol-free day every week. | |  |  | 2 standard drinks a day and no more than 10 standard drinks a week AND at least two alcohol-free days every week. | |  |  | 2 standard drinks daily, taken with food. | |  |  | 3 standard drinks a day and no more than 10 standard drinks a week AND at least two alcohol-free days every week. | |  |  | 3 standard drinks a day and no more than 15 standard drinks a week AND at least two alcohol-free days every week. | |  |  | 4 standard drinks daily on any single occasion, if not driving. | |  |  | No alcohol. | | | |
|  | | | 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 clinical scenario, please select the MOST APPROPRIATE psychological therapy. |  | Q.112 Polly is an 8 year old girl who has been oppositional from toddlerhood. Her parents report she is unmanageable at home and refuses to go to bed or to eat anything other than white bread; she also tantrums daily. Her school reports that with a tight behavioural program they have her learning at school. Her parents have friends whose son did well on stimulants and are demanding a prescription.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | CBT with child and parents | |  |  | Dialectical behaviour therapy | |  |  | Individual psychodynamic psychotherapy for Polly | |  |  | Interpersonal therapy | |  |  | Maudsley family therapy | |  |  | Psychodynamically-oriented marital therapy for parents | |  |  | Systemic family therapy | |  |  | Triple P Parenting course for parents | |  |  | Watch, wait, wonder - dyadic therapy | | | |
|  | | | 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 example, please select the LEAST ACCURATE answer from the list below. |  | Q.113 Regarding personality disorders in the elderly population:  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | A personality disorder may be a risk factor for late-life depression in patients. | |  |  | Comorbid personality disorder is more common in patients hospitalised with depression than in those hospitalised with cognitive disorders. | |  |  | Obsessive Compulsive characteristics can become more prominent. | |  |  | Paranoid and schizoid traits can be mistaken for delusional disorder. | |  |  | Schizoid personality characteristics may become more prominent with older age. | |  |  | The prevalence of personality disorders in the over-50s at around 4 % is approximately the same as in the general population. | |  |  | There is a reduction in cluster B personality disorders | | | |
|  | | | 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 concept, please select the MOST APPROPRIATE historical figure credited with developing it. |  | Q.114 Simple Schizophrenia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Emil Kraepelin | |  |  | Eugen Bleuler | |  |  | Gabriel Langfeldt | |  |  | Hughlings Jackson | |  |  | Karl Kahlbaum | |  |  | Karl Leonhard | |  |  | Sigmund Freud | | | |
|  | | | 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 adverse effect, please select the MOST LIKELY causative medication listed below. |  | Q.115 Stevens-Johnson Syndrome.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Carbamazepine | |  |  | Clozapine | |  |  | Fluoxetine | |  |  | Lamotrigine | |  |  | Lithium | |  |  | Lorazepam | |  |  | Olanzapine | |  |  | Risperidone | |  |  | Valproate | | | |
|  | | | 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 patient, please select the MOST ACCURATE diagnosis or syndrome. |  | Q.116 An 82 year old woman admitted to hospital due to low mood and severe self-neglect believes that her bowels are missing and her other internal organs are rotting.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Cotard delusion | |  |  | Couvade syndrome | |  |  | Delusional disorder, somatic type | |  |  | Fregoli delusion | |  |  | Ganser syndrome | |  |  | Hypochondriacal disorder | |  |  | Reflex sympathetic dystrophy | |  |  | Somatic passivity | |  |  | Somatic symptom disorder | |  |  | Taijin kyofusho | | | |
|  | | | 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 addiction treatment, please select the physical complication MOST LIKELY to be associated. |  | Q.117 Methadone use.  Select ONLY ONE checkbox per page.   |  |  |  |  | | --- | --- | --- | --- | |  |  | Alopecia | | |  |  | Ascites | | |  |  | Clubbing | | |  |  | Cataracts | | |  |  | Dupytren’s Contracture | | |  |  | Enlarged parotids | | |  |  | Gum hypoplasia | | |  |  | Low volume testes | |  |  | Nystagmus | | |  |  | Spider naevi | | |  |  | Track marks | | |  |  | Wide-based gait | | | | |
|  | | | Scroll down for Next ⇨ | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 118 |
| For the following research scenario, please select the MOST APPROPRIATE psychiatric rating scale to use. |  | Q.118 A study measuring the effectiveness of a new antipsychotic therapy in schizophrenia.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | ASRS | |  |  | AUDIT | |  |  | HAM-D | |  |  | MADRAS | |  |  | PANSS | |  |  | Y-BOCS | |  |  | YMRS | | | |
|  | | | 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 A middle-aged successful company director requests therapy because "others have trouble getting on with me". While this has been the case for many years, he had not felt the need for change until the break-up of his third marriage. Since childhood, he has been driven to succeed and has achieved this quite easily, claiming that "other people are just incompetent or weak". He is not psychotic or manic but you are struck by his extreme confidence and his focus on money and power.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Antisocial personality disorder | |  |  | Borderline Personality disorder | |  |  | Histrionic personality disorder | |  |  | Narcissistic personality disorder | |  |  | No diagnosis | |  |  | Obsessive Compulsive personality disorder | |  |  | Psychopathy | |  |  | Schizoid personality disorder | |  |  | Type A personality | | | |
|  | | | 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 LEAST LIKELY answer from the list below. |  | Q.120 Candidate gene for Bipolar disorder.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | 5-HTT | |  |  | APOE4 | |  |  | BDNF | |  |  | DAT1 | |  |  | DISC1 | |  |  | NRG1 | |  |  | TPH2 | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE treatment intervention. |  | Q.121 Boris is a 17 year old boy who is binge drinking with peers on the weekend. He had been performing well at school until this year, but has been too hungover to study most weekends and his grades have dropped. He does not drink during the week.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Adolescent CBT | |  |  | Desipramine | |  |  | Marital therapy for his parents | |  |  | Maudsley family therapy | |  |  | Methylphenidate | |  |  | Motivational interviewing | |  |  | Naltrexone | |  |  | Residential alcohol dependence treatment | |  |  | Risperidone | |  |  | Venlafaxine | | | |
|  | | | 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 brain region or system, please select the LEAST ACCURATE answer below. |  | Q.122 Part of the limbic system.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amygdala | |  |  | Anterior thalamic nuclei | |  |  | Basal Nucleus of Meynert | |  |  | Cingulate gyrus | |  |  | Corpus callosum | |  |  | Fornix | |  |  | Hippocampus | |  |  | Hypothalamic nuclei | |  |  | Mammillary bodies | |  |  | Olfactory tract | |  |  | Parahippocampal gyrus | | | |
|  | | | 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 example, please select the MOST RELEVANT ethical or scientific concept listed below. |  | Q.123 The importance of confidentiality in treating patients.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Autonomy | |  |  | Beneficence | |  |  | Categorical imperative | |  |  | Compassion | |  |  | Empirical falsifiability | |  |  | Ethical relativism | |  |  | Justice | |  |  | Non-maleficence | |  |  | Paradigm shift | |  |  | Teleology | |  |  | Utilitarianism | | | |
|  | | | 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 phenomenon, please select the MOST ACCURATE associated disorder from the list below. |  | Q.124 Catalepsy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Dementia | |  |  | Dissociative identity disorder | |  |  | Ekbom's syndrome | |  |  | Mania | |  |  | Narcolepsy | |  |  | Schizophrenia | |  |  | Somatic symptom disorder | |  |  | Temporal lobe epilepsy | | | |
|  | | | 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 research scenario, please select the MOST APPROPRIATE rating scale. |  | Q.125 A study measuring the effectiveness of a new antipsychotic therapy in mania.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | ASRS | |  |  | AUDIT | |  |  | HAM-D | |  |  | MADRAS | |  |  | PANSS | |  |  | Y-BOCS | |  |  | YMRS | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 126 |
| For the following situation, please select the MOST LIKELY disorder from the list below. |  | Q.126 After his wife becomes pregnant for the second time following a distressing miscarriage, a man experiences bloating with minor weight gain, morning nausea and disturbed sleep patterns, during her pregnancy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Bouffée délirante | |  |  | Capgras syndrome | |  |  | Cotard syndrome | |  |  | Couvade’s syndrome | |  |  | De Clerambault’s syndrome | |  |  | Dhat syndrome | |  |  | Ekbom's syndrome | |  |  | Fregoli syndrome | |  |  | Ganser syndrome | |  |  | Koro | |  |  | Latah | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | EMQ 127 |
| For the following clinical example, please select the MOST LIKELY pharmacology-related reason from the list below. |  | Q.127 Marjorie's nortriptyline dose is reduced when fluoxetine is added to her therapy.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Body weight altering drug distribution area | |  |  | Cytochrome P450 1A2 induction | |  |  | Cytochrome P450 2B6 induction | |  |  | Cytochrome P450 2D6 inhibition | |  |  | Cytochrome P450 2E1 inhibition | |  |  | Delayed elimination of active metabolites | |  |  | First pass effect | |  |  | Genetic variation in enzyme systems | |  |  | Narrow therapeutic index | |  |  | Plasma protein binding | |  |  | Reduced renal clearance | | | |
|  | | | 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 example, please select the MOST ACCURATE aspect of phenomenology demonstrated. |  | Q.128 "List some vegetables, please."  “Ummm…… beans, potatoes, tomatoes, tomatoes…umm…. lemons, oranges….. melons…. Did I say beans? Yeah, beans, carrots, corn…ah…walnuts.”  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Answering past the point | |  |  | Circumstantiality | |  |  | Clanging | |  |  | Fluent aphasia | |  |  | Incoherence | |  |  | Loosened associations | |  |  | Loss of goal | |  |  | Overinclusiveness | |  |  | Semantic paraphasia | |  |  | Verbigeration | | | |
|  | | | 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 example, which aspect of qualitative research listed below is BEST DEMONSTRATED. |  | Q.129 Originated with Glaser and Strauss' work in the 1960s on the interactions between health care professionals and dying patients.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Constant Comparative Analysis | |  |  | Data collection by note-taking | |  |  | Data collection using documentation | |  |  | Data collection using video recordings | |  |  | Ethnographic qualitative research | |  |  | Focus group data collection | |  |  | Grounded Theory | |  |  | Highly structured interview data collection | |  |  | Latent level of analysis | |  |  | Phenomenological qualitative research | |  |  | Semi-structured interview data collection | | | |
|  | | | 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 example, please select the behavioural therapy term BEST DEMONSTRATED from the list below. |  | **Q.130** **A patient and therapist discuss the triggers for a bulimic binge,**  **what happened during the bingeing and the patient’s reaction afterwards.**  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | **ABC analysis** | |  |  | **Behavioural modification** | |  |  | **Classical conditioning** | |  |  | **Decelerating therapy** | |  |  | **Exposure-based therapy** | |  |  | **Imaginal exposure** | |  |  | **In vivo sensitisation** | |  |  | **Operant conditioning** | |  |  | **Reinforcement-based therapy** | |  |  | **Shaping** | | | |
|  | | | 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 example, please select the brain region or system MOST LIKELY to be involved. |  | Q.131 Poor scores on the PASAT test.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amygdala | |  |  | Cerebellum | |  |  | Corpus callosum | |  |  | Dominant parietal region | |  |  | Frontal cortex | |  |  | Hypothalamus | |  |  | Nigrostriatal system | |  |  | Occipital cortex | |  |  | Temporal cortex | |  |  | Tuberoinfundibular pathway | | | |
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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 diagnosis listed below. |  | Q.132 Jean, a real estate agent, does well financially due to her chronically hypomanic state, but intermittently suffers bouts of low mood which do not require treatment, but during which she isolates himself.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Anankastic personality disorder | |  |  | Atypical major depression | |  |  | Bipolar disorder type I | |  |  | Bipolar disorder type II | |  |  | Histrionic personality disorder | |  |  | Cyclothymia | |  |  | Dysphoric mania | |  |  | Dysthymia | |  |  | Premenstrual dysphoric disorder | |  |  | Post-traumatic stress disorder | | | |
|  | | | 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 example, please select the aspect of memory BEST DEMONSTRATED from the list below. |  | Q.133 A concert violinist suffering from dementia cannot recall his wife's name but when given a violin he still plays beautifully.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Episodic Memory | |  |  | Facial Memory | |  |  | Imagery | |  |  | Paradigms | |  |  | Procedural Memory | |  |  | Schemata | |  |  | Semantic Memory | |  |  | Sensory Memory | |  |  | Short-Term Memory | |  |  | Verbal Memory | |  |  | Visual Memory | |  |  | Working Memory | | | |
|  | | | 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 patient, please select the MOST APPROPRIATE diagnosis from the list below. |  | Q.134 Perminder has increasing periods where he feels that he is watching himself “go through the motions”, in the months leading up to his final university examinations. He is distressed by this and goes to see a doctor at Student Health.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute stress disorder | |  |  | Conversion disorder | |  |  | Depersonalisation disorder | |  |  | Derealisation disorder | |  |  | Dissociative identity disorder | |  |  | Dysthymia | |  |  | Generalised anxiety disorder | |  |  | Major depressive episode | |  |  | Malingering | |  |  | Temporal lobe epilepsy | | | |
|  | | | 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 example, please select the MOST ACCURATE aspect of phenomenology demonstrated. |  | Q.135 "How are you feeling today" asked the psychiatric registrar. "Kind of weird, you know? All slithy," her patient replied.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Answering past the point | |  |  | Echolalia | |  |  | Knight's move thinking | |  |  | Latency | |  |  | Neologism | |  |  | Referential thinking | |  |  | Tangentiality | |  |  | Thought blocking | |  |  | Thought disorder | | | |
|  | | | 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 Beverley describes herself as a continual worrier. She frets about her husband and children and about her performance at her part-time accountancy job. She has anticipatory anxiety about a wide range of situations such as social events, the dentist and flying. She says she always feels tense and tired.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Acute stress disorder | |  |  | Agoraphobia | |  |  | Conversion disorder | |  |  | Depersonalisation disorder | |  |  | Derealisation disorder | |  |  | Dissociative fugue | |  |  | Dissociative Identity Disorder | |  |  | Dysthymia | |  |  | Generalised Anxiety disorder | |  |  | Major Depression | |  |  | Simple Phobia | | | |
|  | | | 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 APPROPRIATE biological treatment. |  | Q.137 Desiree is an 11 year old girl with a strong family history of severe anxiety who presents with repetitive handwashing. After eight sessions of parent-child CBT, the psychologist asks you to consider medication options as there has been little progress.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Atomoxetine | |  |  | Clomipramine | |  |  | Extended release methylphenidate (Concerta) | |  |  | Fluoxetine | |  |  | Melatonin | |  |  | Multivitamin supplementation | |  |  | Omega 3 fish oils | |  |  | Prazosin | |  |  | 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 example, please select the MOST APPROPRIATE aspect of psychotherapy from the list below. |  | Q.138 After the third time she comes late to a session, Marcie's therapist carefully suggests to her that she might be feeling angry about his recent three weeks absence on annual leave.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Boundary violation | |  |  | Counter-transference | |  |  | Empathic failure | |  |  | Holding environment | |  |  | Mirroring | |  |  | Parallel process | |  |  | Process interpretation | |  |  | Resistance | | | |
|  | | | 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 brain region or system, please select the MOST ACCURATE answer below. |  | Q.139 Contains most of the noradrenergic neurons in the brain.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Amygdala | |  |  | Basal nucleus of Meynert | |  |  | Cerebellum | |  |  | Cingulate gyrus | |  |  | Fornix | |  |  | Hippocampus | |  |  | Locus Coeruleus | |  |  | Mammillary bodies | |  |  | Olfactory tract | |  |  | Parahippocampal gyrus | |  |  | Pituitary | | | |
|  | | | 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 example, please select the MOST RELEVANT ethical or scientific concept listed below. |  | Q.140 Prioritisation in funding those mental health services regarded as the most cost-effective.  Select ONLY ONE checkbox per page.   |  |  |  | | --- | --- | --- | |  |  | Autonomy | |  |  | Beneficence | |  |  | Categorical imperative | |  |  | Compassion | |  |  | Empirical falsifiability | |  |  | Ethical relativism | |  |  | Justice | |  |  | Non-maleficence | |  |  | Paradigm shift | |  |  | Teleology | |  |  | Utilitarianism | | | |
|  | | | 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)  Development of a potential screening measure for adolescent depression  Mona Taouk, Bettina Meiser, Dusan Hadzi-Pavlovic, Michael Dudley, and Philip B Mitchell  ANZJPsych 2017, Vol. 51(6) 624–633  Abstract  Objectives: Few adolescent-specific depression screening instruments have been developed in recent years using multimethod approaches (qualitative and quantitative), and some of those available have limitations with an adolescent audience. We describe the development of a potential measure – the Taouk Scale for Adolescent Depression.  Methods: Draft items were informed by findings from focus groups and reviews by adolescents and healthcare professionals, resulting in a provisional 97-item scale. This was administered to a nation-wide sample of 3087 secondary students. Exploratory factor analysis was used in a development subset to examine dimensionality of items and reduce their number, with the final item set evaluated in a validation subset.  Results: Four reliable factors – negative outlook, emotional distress, behavioural changes and cognitive and somatic disturbances – were obtained from the exploratory factor analysis, resulting in a 28-item instrument, which was corroborated by confirmatory factor analysis. The final scale includes a number of novel items not included in current measures, i.e., whether respondents wear more black clothing than usual, deliberately damage property, take more risks, ‘space out’ at school, and are engaged in substance abuse and/or increased sexual activity.  Conclusion: The Taouk Scale for Adolescent Depression demonstrated sound psychometric properties and may have utility for future screening and future epidemiological purposes. It appears to be a valid and reliable screening instrument for adolescent depression that includes a number of novel items. Further research is necessary to confirm its criterion validity in clinically depressed samples.  Aims of the Study – The aim of this study was to develop a contemporary adolescent-specific and psychometrically valid scale (the Taouk Scale for Adolescent Depression [TSAD]) using both qualitative and quantitative methods. A decision was made to use an age range of 12–19 years to define adolescence, so as to include 19-year-old students attending participating schools. This definition is consistent with that used by Rao and Chen (2009). It was hypothesised that factor analyses would reveal some potentially novel items within a multidimensional scale to reflect a number of domains of adolescent depression identified by the authors from a literature review, i.e., motivation/outlook, emotional, cognitive, physical/somatic, behavioural and social/ relational (Crowe et al., 2006; Kessler, 2012; Parker and Roy, 2001; Pietsch et al., 2011; Rottenberg and Gotlib, 2004; Thapar et al., 2012). It was also hypothesised that the TSAD would demonstrate strong positive correlations with other depression scales (the RADS and the Centre for Epidemiology Depression Scale [CES-D]) and exhibit only weak correlations with a divergent measure (the Child and Youth Resilience Measure [CYRM]). Finally, it was hypothesised that the TSAD would perform similarly to other depression scales with respect to gender differences in scores. |  | Having regard to the adjoining abstract and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.1 The main aim of this study was to: (1 mark)   |  |  |  | | --- | --- | --- | |  |  | Demonstrate positive correlations with existing depression scales. | |  |  | Develop a screening instrument for adolescent depression. | |  |  | Explore the gender differences in depressive symptoms. | |  |  | Perform a factor analysis of qualitative measures of depression. |   *(if text size in the adjoining excerpt is too small, click on the zoom control at lower right of the screen to enlarge the view)* | | |
|  | | | Scroll down for Next ⇨ | |
| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.2 |
| CAP Question 1 contd.  *(excerpt from Methods)*  In addition to incorporating clinical features identified from the review of published studies of adolescent depression, findings from focus groups with 24 adolescents (17 secondary school students and 7 outpatients from an adolescent mental health service) and eight health professionals with clinical expertise in adolescent depression informed the development of an initial pool of items for the TSAD. All participants were recruited via convenience sampling from the researchers’ professional networks. |  | Having regard to the adjoining excerpt, the abstract, and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.2 In developing the TSAD: (1 mark)   |  |  |  | | --- | --- | --- | |  |  | Psychiatrists volunteered through their professional networks. | |  |  | Published studies of depression were analysed. | |  |  | Participants were selected because of their accessibility and proximity to the researchers. | |  |  | The answers of 24 adolescents were compared to those of 8 health professionals. | |  |  | The focus groups explored the DSM criteria of depression only. | | | |
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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 contd.  *(content below is the same as Q 1.2)*  *(excerpt from Methods)*  In addition to incorporating clinical features identified from the review of published studies of adolescent depression, findings from focus groups with 24 adolescents (17 secondary school students and 7 outpatients from an adolescent mental health service) and eight health professionals with clinical expertise in adolescent depression informed the development of an initial pool of items for the TSAD. All participants were recruited via convenience sampling from the researchers’ professional networks. |  | Having regard to this excerpt and any other knowledge please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.3 In a focus group: (2 marks)     |  |  |  | | --- | --- | --- | |  |  | A discussion guide is prepared in advance. | |  |  | Breakout groups decide on themes. | |  |  | Closed questions generate the most data. | |  |  | Observer dependency is eliminated. | |  |  | Self-report questionnaires are used to obtain data. | |  |  | There are no limits on numbers. | | | |
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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 contd.  *(content below is the same as Q 1.2)*  *(excerpt from Methods)*  In addition to incorporating clinical features identified from the review of published studies of adolescent depression, findings from focus groups with 24 adolescents (17 secondary school students and 7 outpatients from an adolescent mental health service) and eight health professionals with clinical expertise in adolescent depression informed the development of an initial pool of items for the TSAD. All participants were recruited via convenience sampling from the researchers’ professional networks. |  | Having regard to this excerpt and any other knowledge please answer the following question.  Select ONLY ONE checkbox per page.  Q 1.4 Which of the following is NOT a limitation of the focus group  method? (1 mark)     |  |  |  | | --- | --- | --- | |  |  | It produces a large volume of data that can be difficult to analyse. | |  |  | It reveals the way social meanings are jointly constructed. | |  |  | People could talk afterwards and change their view. | |  |  | People in groups tend to agree and express socially desirable views. | |  |  | The researcher has little control over how the discussion proceeds. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.5 |
| CAP Question 1 contd.  *(four excerpts from Methods)*  At this stage, the initial item pool for the TSAD included 267 items. These items were then provided to a convenience sample of adolescents in order to obtain feedback on readability and appropriateness of items (Hogan, 2007).  Focus group and expert reviewer suggestions were then assessed by the project steering committee, which decided on which items to discard (because of poor face validity or redundancy with other items) or which items needed to be re-written.  This process resulted in a provisional 97-item scale that incorporated a number of novel items including items assessing music and clothing choice and the amount of time spent ‘online’.  The preliminary 97-item TSAD asked respondents to indicate how truly each statement in the scale applied to them generally over the prior 2 weeks, on a 5-point Likert-type scale. Symptom presence ranged from 1 = ‘never true’ to 5 = ‘very true’. |  | Having regard to these excerpts and any other knowledge please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.5 Items for the final 97-item scale were developed by: (1 mark)   |  |  |  | | --- | --- | --- | |  |  | Deciding which items to keep based on likeability. | |  |  | Discarding items that asked the same question in a different way. | |  |  | Discarding items that the adolescents did not answer. | |  |  | Including new items about cell phone use. | |  |  | Rewriting all items after feedback. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.6 |
| CAP Question 1 contd.  *(content below is the same as Q 1.5)*  *(four excerpts from Methods)*  At this stage, the initial item pool for the TSAD included 267 items. These items were then provided to a convenience sample of adolescents in order to obtain feedback on readability and appropriateness of items (Hogan, 2007).  Focus group and expert reviewer suggestions were then assessed by the project steering committee, which decided on which items to discard (because of poor face validity or redundancy with other items) or which items needed to be re-written.  This process resulted in a provisional 97-item scale that incorporated a number of novel items including items assessing music and clothing choice and the amount of time spent ‘online’.  The preliminary 97-item TSAD asked respondents to indicate how truly each statement in the scale applied to them generally over the prior 2 weeks, on a 5-point Likert-type scale. Symptom presence ranged from 1 = ‘never true’ to 5 = ‘very true’. |  | Having regard to these excerpts and any other knowledge please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.6 Face validity means that: (1 mark)   |  |  |  | | --- | --- | --- | |  |  | Care has been taken to ensure that a measure is measuring all aspects of something fully. | |  |  | Findings from the test are highly applicable to the real world. | |  |  | The content of a test looks as though it is measuring what it is supposed to. | |  |  | The measure correlates highly with other established measures of the same thing. | |  |  | The measure is based on a full and close examination of the underlying concept, along with the related theoretical approaches. | | | |
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| MCQ Mock Exam | | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.7 |
| CAP Question 1 contd.  *(content below is the same as Q 1.6)*  *(four excerpts from Methods)*  At this stage, the initial item pool for the TSAD included 267 items. These items were then provided to a convenience sample of adolescents in order to obtain feedback on readability and appropriateness of items (Hogan, 2007).  Focus group and expert reviewer suggestions were then assessed by the project steering committee, which decided on which items to discard (because of poor face validity or redundancy with other items) or which items needed to be re-written.  This process resulted in a provisional 97-item scale that incorporated a number of novel items including items assessing music and clothing choice and the amount of time spent ‘online’.  The preliminary 97-item TSAD asked respondents to indicate how truly each statement in the scale applied to them generally over the prior 2 weeks, on a 5-point Likert-type scale. Symptom presence ranged from 1 = ‘never true’ to 5 = ‘very true’. |  | Having regard to these excerpts and any other knowledge please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.7 Which of the following statements is MOST ACCURATE about  Likert-type scales: (2 marks)   |  |  |  | | --- | --- | --- | |  |  | A 5-point scale has too few points. | |  |  | They are a psychometric test but not a scaling method. | |  |  | They are a scaling method but not a psychometric test. | |  |  | They are advantageous because they restrict participant answers. | |  |  | They are neither a scaling method nor a psychometric test. | |  |  | They cannot be analysed easily. | |  |  | They measure attitudes. | |  |  | They use a universal method of collecting data. | | | |
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| MCQ Mock Exam | | | |
| Flag box: (add exclamation mark if you want to review this question later) | | | CAP 1.8 |
| CAP Question 1 contd.  Participants for main study Participants were recruited for the main study if they met the following inclusion criteria: (1) secondary school students, (2) aged 12–19 years and  (3) satisfactory English language skills.  Procedure  Institutional ethics approvals were obtained from eight relevant Human Research Ethics Committees. All research was conducted according to the World Medical Association Declaration of Helsinki. A total of 224 secondary schools across Australia were contacted by mailing an invitation letter to the school principals. |  | | |
| Having regard to the extracts and Table 1 above, please answer the following question. Select ONLY ONE checkbox per page.  Q.1.8 Which option below is the MOST ACCURATE: (2 marks)   |  |  |  |  | | --- | --- | --- | --- | |  |  | 190 schools refused to take part in the survey. | | |  |  | 224 schools took part in the survey. | |  |  | 5262 students took part in the survey. | |  |  | An 11 year old could take part in the survey provided they were at secondary school. | |  |  | Assistance was given to those who did not have good English language skills. | |  |  | Male students were under-represented. | |  |  | Participants could fill out the survey if they were of school age but not enrolled in a school. | |  |  | This sample is probably not a good representation of secondary schools within Australia. | | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.9 |
| CAP Question 1 contd.    The primary analysis of the TSAD was a series of exploratory factor analyses (EFAs), run in a development subset, with the aim of reducing the initial item pool and determining the TSAD factor structure. This was followed by a confirmatory factor analysis (CFA) in a validation subset. For the EFA, item retention or removal was based on predetermined criteria in order to establish which number of factors would provide the most interpretable solution. Cronbach’s alpha for the overall TSAD was 0.95. Values for individual domains were as follows: negative outlook = 0.86; emotional distress = 0.90; behavioural changes = 0.71; and cognitive and somatic disturbances = 0.90. Each of the subscales reached or exceeded an alpha level of 0.70, revealing high internal consistency (Tabachnick and Fidell, 2007). Table 2 summarises the results from the four-factor obliquely rotated model on the final 28-item TSAD, re-ordered by factor and loadings on other factors suppressed. |  | Having regard to this excerpt and any other knowledge please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.9 Which of the following statements is MOST ACCURATE   about a factor analysis? (2 marks)   |  |  |  | | --- | --- | --- | |  |  | A factor loading is a correlation coefficient between a variable and a factor (a cluster of variables). | |  |  | A factor loading is the correlation of a variable with a whole score. | |  |  | In extracting factors we want to account for as much variance as possible while keeping the number of factors extracted as large as possible. | |  |  | Rotation usually involves retaining high correlations and omitting low ones. | |  |  | You cannot retain factors that have an eigenvalue value of less than 1 as only factors with an eigenvalue over 1 should be kept. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.10 |
| CAP Question 1 contd.  *(content below is the same as in Q 1.9)*  The primary analysis of the TSAD was a series of exploratory factor analyses (EFAs), run in a development subset, with the aim of reducing the initial item pool and determining the TSAD factor structure. This was followed by a confirmatory factor analysis (CFA) in a validation subset. For the EFA, item retention or removal was based on predetermined criteria in order to establish which number of factors would provide the most interpretable solution. Cronbach’s alpha for the overall TSAD was 0.95. Values for individual domains were as follows: negative outlook = 0.86; emotional distress = 0.90; behavioural changes = 0.71; and cognitive and somatic disturbances = 0.90. Each of the subscales reached or exceeded an alpha level of 0.70, revealing high internal consistency (Tabachnick and Fidell, 2007). Table 2 summarises the results from the four-factor obliquely rotated model on the final 28-item TSAD, re-ordered by factor and loadings on other factors suppressed. |  | Having regard to this excerpt and any other knowledge please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.10 Cronbach’s alpha of 0.95 indicates high: (2 marks)     |  |  |  | | --- | --- | --- | |  |  | Construct validity | |  |  | Correlation | |  |  | Dimensionality | |  |  | Internal consistency | |  |  | Internal validity | |  |  | P values | |  |  | Unidimensionality | | | |
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|  |  | CAP Question 1 contd.  Having regard to Table 2, please answer the following question.  Select ONLY ONE checkbox per page.  Q.1.11 If a four factor solution is retained how much variance has   been accounted for? (2 marks)     |  |  |  | | --- | --- | --- | |  |  | 3.70% | |  |  | 48.65% | |  |  | 60.41% | |  |  | 64.11% |   *(if text size in table is too small, click on the zoom control at lower right of the screen to enlarge the view)* | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.12 |
| CAP Question 1 contd. |  | Having regard to the adjoining Table 3 and  Table 4, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.12 A factor loading of 0.87 means?   (1 mark)     |  |  |  | | --- | --- | --- | |  |  | The variable correlates well with the factor, although not perfectly. | |  |  | The variable is poorly related to the factor. | |  |  | The variable is moderately related to the factor. | |  |  | There is no relationship between that variable and the factor. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.13 |
| CAP Question 1 contd.  *(Table 4 below is the same as in Q 1.12)* |  | Having regard to the adjoining abstract excerpt and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.13 Which of the following statements is MOST ACCURATE?   (1 mark)     |  |  |  | | --- | --- | --- | |  |  | The Behavioural Changes subscale should be dropped as it has the lowest correlations. | |  |  | The Emotional Distress subscale should be dropped as it is too similar to the other subscales. | |  |  | The factors measure distinct but related components. | |  |  | The factors measure distinct but unrelated components. | |  |  | The top two factors only should be used in the scale. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.14 |
| CAP Question 1 contd.  *(Table 4 below is the same as in Q 1.12)* |  | Having regard to the adjoining abstract excerpt and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.14 Which of the following statements is MOST ACCURATE   regarding the TSAD: (1 mark)     |  |  |  | | --- | --- | --- | |  |  | Emotional distress is the dominant factor. | |  |  | Negative outlook is the dominant factor. | |  |  | The TSAD should contain RADS-2, CES-D and CYRM-28 as subscales. | |  |  | The four factor solution contains 56 items. | |  |  | The TSAD has 5 subscales. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 1.15 |
| CAP Question 1 contd. |  | Having regard to the previous abstract, excerpts and tables, and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.1.15 Which of the following statements is MOST ACCURATE about   the strengths and limitations of this study? (1 mark)     |  |  |  | | --- | --- | --- | |  |  | Self-report measures used to generate the scale assisted in self-disclosure. | |  |  | The convenience sample improved reliability. | |  |  | The predominance of females limits generalisability. | |  |  | The sample size was too small. | |  |  | The TSAD could be used to diagnose depression. | | | |
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| CAP Question 2 (20 marks)  Problem Adaptation Therapy for Older Adults With Major Depression and Cognitive Impairment – A Randomized Clinical Trial  Dimitris N. Kiosses, PhD; Lisa D. Ravdin, PhD; James J. Gross, PhD; Patrick Raue, PhD; Nabil Kotbi, MD; George S. Alexopoulos, MD (JAMA Psych January 2015 Volume 72, No. 1, p 22-30)  IMPORTANCE: Problem adaptation therapy (PATH) is a treatment for older adults with major depression, cognitive impairment (from mild cognitive deficits to moderate dementia), and disability. Antidepressants have limited efficacy in this population and psychosocial interventions are inadequately investigated.  OBJECTIVE: To test the efficacy of 12-week PATH vs supportive therapy for cognitively impaired patients (ST-CI) in reducing depression and disability in 74 older adults with major depression, cognitive impairment, and disability.  DESIGN, SETTING, AND PARTICIPANTS: A randomized clinical trial at the Weill Cornell Institute of Geriatric Psychiatry from April 1, 2006, to September 31, 2011. Interventions were administered at the participants’ homes. Participants included 74 older individuals (age >65 years) with major depression and cognitive impairment to the level of moderate dementia. They were recruited through collaborating community agencies of Weill Cornell Institute of Geriatric Psychiatry and were randomly assigned to 12 weekly sessions of PATH or ST-CI (14.8% attrition rate).  INTERVENTIONS: Home-delivered PATH vs home-delivered ST-CI. Problem adaptation therapy integrates a problem-solving approach with compensatory strategies, environmental adaptations, and caregiver participation to improve patients’ emotion regulation. Supportive therapy for cognitively impaired patients focuses on expression of affect, understanding, and empathy.  MAIN OUTCOMES AND MEASURES: Mixed-effects models for longitudinal data compared the efficacy of PATH with that of ST-CI in reducing depression (Montgomery-Asberg Depression Rating Scale) and disability (World Health Organization Disability Assessment Schedule II) during 12 weeks of treatment.  RESULTS: Participants in PATH had significantly greater reduction in depression (Cohen d, 0.60; 95% CI, 0.13-1.06; treatment × time, F1,179 = 8.03; P = .005) and disability (Cohen d, 0.67; 95% CI, 0.20-1.14; treatment × time, F1,169 = 14.86; P = .001) than ST-CI participants during the 12-week period (primary outcomes). Furthermore, PATH participants had significantly greater depression remission rates than ST-CI participants (37.84% vs 13.51%; χ2 = 5.74; P = .02; number needed to treat = 4.11) (secondary outcome).  CONCLUSIONS AND RELEVANCE: Problem adaptation therapy was more efficacious than ST-CI in reducing depression and disability. Problem adaptation therapy may provide relief to a large group of depressed and cognitively impaired older adults who have few treatment options.  Problem adaptation therapy (PATH) is a novel home-delivered psychotherapy designed to decrease depression and disability in older adults with MDD, cognitive impairment ranging from mild cognitive deficits to moderate dementia, and disability. Problem adaptation therapy aims to improve emotion regulation and reduce the negative impact of behavioral and functional limitations. The strategies of PATH are consistent with the process model of emotion regulation (Table 1), which highlights the following 5 ways to regulate emotions: situation selection, situation modification, attentional deployment, cognitive change, and response modulation. To achieve emotion regulation, PATH integrates a problem-solving approach with compensatory strategies, environmental adaptations, and caregiver participation. The home delivery aspect of PATH, its systematic use of compensatory strategies and environmental adaptations, and its focus on emotion regulation distinguish PATH from other interventions for late-life depression with cognitive impairment.  In a pilot study based on a different sample, we reported data on PATH’s feasibility and acceptability. The present study examines the efficacy of 12-week home-delivered PATH vs supportive therapy for cognitively impaired patients (ST-CI) in reducing depression and disability in 74 older adults with MDD, cognitive impairment ranging from mild deficits to moderate dementia. We hypothesized that PATH participants would have greater reduction in depression and disability (primary outcomes) than ST-CI participants during the 12-week treatment. We also compared remission rates, time to remission, and patient and caregiver treatment satisfaction between PATH and ST-CI (secondary outcomes). Finally, we explored the treatment effects in older adults with pharmacotherapy-resistant depression and examined whether baseline cognitive impairment moderated treatment outcomes (exploratory analyses). | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 2.1 |
| CAP Question 2 contd.  (excerpt from Methods)  Participants  The study was approved by the institutional review board of the Weill Cornell Medical College. Seventy-four participants (mean [SD] age = 80.90 [7.48] years; range = 66-95 years; 74.32% women) were recruited through collaborating community agencies of the Weill Cornell Institute of Geriatric Psychiatry.  Eligible participants had the following: (1) nonpsychotic, unipolar MDD DSM-IV diagnosis (SCID-R); (2) a Montgomery-Asberg Depression Rating Scale (MADRS) score of 17 or higher; (3) at least mild cognitive deficits (age-adjusted and education-adjusted scaled score of ≤7 on the Dementia Rating Scale [DRS] subscale of memory or initiation perseveration); (4) disability (at least 1 impairment in instrumental activities of daily living); and (5) limited mobility to attend weekly outpatient treatment based on a participant, caregiver, or physician’s report. Eligible participants were either not taking antidepressants, cholinesterase inhibitors, or memantine or taking a stable dosage for at least 6 weeks prior to study entry without any medical recommendation for a medication change in the next 3 months. Pharmacotherapy was uncontrolled and provided by community physicians.  Exclusion criteria included other Axis I psychiatric disorders (except comorbid anxiety disorders); acute or severe medical illness (e.g. metastatic cancer or liver failure); drugs known to cause depression; current involvement in psychotherapy; advanced dementia (i.e. a Mini-Mental State Examination [MMSE] score of <17); and aphasia, or the inability to speak English. Participants and caregivers provided written informed consent. Involvement of a caregiver was encouraged but not required. |  | Having regard to the previous page with the Abstract and Introduction excerpt, and the adjoining Methods excerpt, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.1 To be included in this study, participants needed to: (1 mark)     |  |  |  | | --- | --- | --- | |  |  | Be able to travel easily to the research clinic. | |  |  | Be aged over 70 with depression and moderately severe dementia. | |  |  | Be an inpatient in the Weill Cornell Hospital unit for those aged over 65, with unipolar depression and at least mild cognitive deficits. | |  |  | Have a caregiver able to provide written consent on their behalf. | |  |  | Not be taking antidepressants, cholinesterase inhibitors or memantine, or if taking antidepressants, cholinesterase inhibitors or memantine, to be on a stable dose for at least six weeks. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 2.2 |
| CAP Question 2 contd.  Interventions *Problem Adaptation Therapy:* Problem adaptation therapy is a home-delivered psychosocial intervention administered in 12 weekly sessions. It uses personalized strategies to regulate emotions (reduce negative and promote positive emotions) and lessen the negative impact of emotions. During the initial 2 sessions, situations or problems that trigger negative emotions or inhibit positive emotions (e.g. lack of pleasurable activities) are identified. The PATH therapist and patient devise a plan to regulate emotions and reduce negative impact by using a hands-on problem-solving approach and integrate PATH tools (environmental adaptations and compensatory strategies, such as a calendar, checklists, strategies to sustain or shift attention, and the step-by-step division of a task). When necessary, the caregiver participates in treatment such as facilitating the problem-solving process, promoting pleasurable activities, and helping the patient avoid negatively charged situations (Table 1). The most commonly reported problems in our study were memory and organizational deficits, behavioural/functional limitations, interpersonal tension, social isolation, and anhedonia.  *Supportive Therapy for Cognitively Impaired Older Adults*: Supportive therapy for cognitively impaired older adults was used as an attention control condition. Supportive therapy for cognitively impaired older adults is a home-delivered psychotherapy administered in 12 weekly sessions that focus on nonspecific therapeutic factors such as facilitating expression of affect, conveying empathy, highlighting successful experiences, and imparting optimism. To parallel the delivery of PATH, willing caregivers were invited to participate in ST-CI sessions.  Statistical Analysis  Data analyses included all eligible participants with baseline assessments following the intent-to-treat principle. We conducted univariate analyses between PATH (n = 37) and ST-CI (n = 37) on clinical and demographic variables using the Mann-Whitney Wilcoxon (continuous) and the Fisher exact tests (categorical).  *Primary Outcomes*: We performed mixed-effects models for longitudinal data to compare the efficacy of PATH and ST on depression (MADRS total score) and disability (WHODAS-II total score) during 12 weeks of treatment. The models included time-trend parameters (time and time squared), treatment group, and time by treatment interaction.  *Secondary Outcomes:* The χ2 tests and Cox proportional hazards models were used to compare full and partial remission and response rates as well as time to full and partial remission. Mixed-effects models analysis was used to compare patient and caregiver’s treatment satisfaction between treatments.  *Exploratory Analyses:* Mixed-effect models were also used to compare the course of depression between treatments in patients with pharmacotherapy-resistant depression and test moderators on treatment outcomes (depression and disability). The models for testing the moderator included a potential moderator (dementia diagnosis or DRS total at baseline), moderator by treatment interaction, and moderator by treatment by time interaction. A 2-tailed α level of .05 was used for each statistical test. All analyses were performed with SAS software version 9.2.31.  Sample Size Determination  Based on a between-treatment effect size of 0.70 for depression and disability, we predicted that with at least 36 participants per group and 13% attrition rate we would have at least 0.80 power at a .05 two-tailed significance level with an intra-class correlation coefficient of 0.40. |  | Having regard to the adjoining excerpt, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.2 In this study, supportive therapy for   cognitively impaired older adults is   being used: (1 mark)   |  |  |  | | --- | --- | --- | |  |  | After PATH to see if it shows superiority. | |  |  | As a placebo. | |  |  | As a well-recognised current treatment, which Problem Adaption Therapy needs to prove superiority to. | |  |  | As an alternative treatment, designed to have a number of the non-specific features of PATH such as time spent with subjects. | |  |  | In addition to problem adaptation therapy. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 2.3 |
| CAP Question 2 contd. *(excerpt below is same as for Q.2.2)*  Interventions *Problem Adaptation Therapy:* Problem adaptation therapy is a home-delivered psychosocial intervention administered in 12 weekly sessions. It uses personalized strategies to regulate emotions (reduce negative and promote positive emotions) and lessen the negative impact of emotions. During the initial 2 sessions, situations or problems that trigger negative emotions or inhibit positive emotions (e.g. lack of pleasurable activities) are identified. The PATH therapist and patient devise a plan to regulate emotions and reduce negative impact by using a hands-on problem-solving approach and integrate PATH tools (environmental adaptations and compensatory strategies, such as a calendar, checklists, strategies to sustain or shift attention, and the step-by-step division of a task). When necessary, the caregiver participates in treatment such as facilitating the problem-solving process, promoting pleasurable activities, and helping the patient avoid negatively charged situations (Table 1). The most commonly reported problems in our study were memory and organizational deficits, behavioural/functional limitations, interpersonal tension, social isolation, and anhedonia.  *Supportive Therapy for Cognitively Impaired Older Adults*: Supportive therapy for cognitively impaired older adults was used as an attention control condition. Supportive therapy for cognitively impaired older adults is a home-delivered psychotherapy administered in 12 weekly sessions that focus on nonspecific therapeutic factors such as facilitating expression of affect, conveying empathy, highlighting successful experiences, and imparting optimism. To parallel the delivery of PATH, willing caregivers were invited to participate in ST-CI sessions.  Statistical Analysis  Data analyses included all eligible participants with baseline assessments following the intent-to-treat principle. We conducted univariate analyses between PATH (n = 37) and ST-CI (n = 37) on clinical and demographic variables using the Mann-Whitney Wilcoxon (continuous) and the Fisher exact tests (categorical).  *Primary Outcomes*: We performed mixed-effects models for longitudinal data to compare the efficacy of PATH and ST on depression (MADRS total score) and disability (WHODAS-II total score) during 12 weeks of treatment. The models included time-trend parameters (time and time squared), treatment group, and time by treatment interaction.  *Secondary Outcomes:* The χ2 tests and Cox proportional hazards models were used to compare full and partial remission and response rates as well as time to full and partial remission. Mixed-effects models analysis was used to compare patient and caregiver’s treatment satisfaction between treatments.  *Exploratory Analyses:* Mixed-effect models were also used to compare the course of depression between treatments in patients with pharmacotherapy-resistant depression and test moderators on treatment outcomes (depression and disability). The models for testing the moderator included a potential moderator (dementia diagnosis or DRS total at baseline), moderator by treatment interaction, and moderator by treatment by time interaction. A 2-tailed α level of .05 was used for each statistical test. All analyses were performed with SAS software version 9.2.31.  Sample Size Determination  Based on a between-treatment effect size of 0.70 for depression and disability, we predicted that with at least 36 participants per group and 13% attrition rate we would have at least 0.80 power at a .05 two-tailed significance level with an intra-class correlation coefficient of 0.40. |  | Having regard to the adjoining excerpt and any other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.3 An Intention-to-treat principle is used in   this paper because: (1 mark)   |  |  |  | | --- | --- | --- | |  |  | It has a comparative treatment arm. | |  |  | It is difficult and expensive to find sufficient participants, and you shouldn’t lose numbers just because someone dropped out. | |  |  | Once people consent to a study, they should stick with it, regardless of how the treatment affects them. | |  |  | Only using results for those who remain in the study may make the results look better than they are in the real world, as often people with adverse effects or no response drop out more frequently. | |  |  | Otherwise if you have incomplete data for some but not all results, the results can end up with varying denominators which make it hard to interpret. | | | |
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| CAP Question 2 contd.  *(refer to the same excerpt as above, in Qs 2.2 and 2.3)* |  | Having regard to the excerpt above and any other knowledge please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.4 The power calculation in this study allows for a between-  treatment effect size of 0.7. which of the following statements   is correct? (2 marks)   |  |  |  | | --- | --- | --- | |  |  | The effect size is improbably high, and it is well accepted that a p<0.05 shows a more significant effect. | |  |  | The expected effect size is ambitious as an expected difference between two active interventions, and if there were failure to reach statistical significance in this study it may be because of a high expected effect size (making the study underpowered) not because of a lack of clinical utility in the intervention. | |  |  | The expected effect size is medium and is a likely underestimate of the difference of two active comparison interventions. | |  |  | The expected effect size is small-medium, and if this effect size is not reached, there is unlikely to be a clinically relevant difference between the two treatment arms. | |  |  | The investigators have chosen a relatively high expected effect size, because in comparing PATH to an active alternative rather than a waitlist control, they are likely to get a higher effect size. | | | |
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| CAP Question 2 contd.  *(excerpt from Table 2)*    *Abbreviations: DRS, Dementia Rating Scale; DRS-IP, Dementia Rating Scale–initiation/perseveration subscale;  HVLT, Hopkins Verbal Learning Test–Revised; MADRS, Montgomery-Asberg Depression Rating Scale;  MAI-IADL, Philadelphia Multiphasic Assessment Instrument–Instrumental Activities of Daily Living;  PATH, problem adaptation therapy; ST-CI, supportive therapy for cognitively impaired patients;  WHODAS-II,World Health Organization Disability Assessment Schedule–II (12 items).*  *a Mild dementia was defined by a DRS total scaled score of more than 3 and 5 or less, after adjusting for age and education (DRS-2 manual); moderate dementia was defined by a DRS total scaled score of 3 or less, after adjusting for age and education (mild dementia: mean DRS total = 118.79, range = 111-126; moderate dementia: mean DRS total = 104.10, range = 78-115).*  *b Of patients who completed the study, 90.5% had 12 therapy sessions; 6.3% had 11 sessions; and 3.2% had 10 sessions.*  *c Charlson Comorbidity Index.*  *d Composite Antidepressant Score–Revised.* |  | Having regard to the adjoining Table 2 and your other knowledge, please answer the following question:  Select ONLY ONE checkbox per page.  Q.2.5 Table 2 shows the baseline characteristics of the group. Select the MOST ACCURATE statement below, regarding these: (2 marks)   |  |  |  | | --- | --- | --- | |  |  | The investigators will be pleased that the randomisation has not by chance skewed the two groups such that there is significant difference in the characteristics of participants. x | |  |  | The percentages taking antidepressants are so similar, it seems unlikely this study was genuinely randomised, and is more likely to have been control-matched. | |  |  | The ST-CI group have a significant advantage because they have more patients on cognitive enhancers. | |  |  | This confirms the randomisation was genuinely random because the groups are fairly evenly spread demographically. | |  |  | This study is significantly non-representative of the elderly population because it has such a high percent of female participants. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 2.6 |
| CAP Question 2 contd. |  | Having regard to Figure 2 and your other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  Q.2.6 Regarding Figure 2, please select the MOST ACCURATE   statement below: (2 marks)     |  |  |  | | --- | --- | --- | |  |  | Both PATH and ST-CI show increasing improvement in scores over the 12 weeks. | |  |  | PATH shows a more positive effect on depression from week 4 as compared to ST-CI, but this is not statistically significant. | |  |  | PATH shows a reduction in Montgomery-Asberg rating scales for depression by nearly one half over 12 weeks. | |  |  | PATH shows initial significant improvement in Montgomery-Asberg depression rating scores, which are not maintained over the full 12 weeks. | |  |  | The difference between PATH and ST-CI on impacting Montgomery-Asberg depression rating scales are only statistically significant at the 12 week point. | | | |
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| CAP Question 2 contd. |  | Having regard to Figure 3 and your other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  Q.2.7 Regarding Figure 3, please select the MOST ACCURATE   statement below: (2 marks)     |  |  |  | | --- | --- | --- | |  |  | Figure 3 has a y axis that does not begin at zero to try and make the results look statistically significant when they are not. | |  |  | ST-CI does not appear to have any meaningful impact on disability as measured by the WHO Disability Assessment Scale. | |  |  | The figure shows that PATH is superior to ST-CI in reducing disability, but there is no further difference achieved beyond the 8 week point. | |  |  | The improvement in disability scores for those in the PATH group is highest in the interval week 8 to week 12. | |  |  | There is a strong, and statistically significant difference between ST-CI and PATH in reducing disability seen at week 4. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 2.8 |
| CAP Question 2 contd.  *(excerpt from Results)*  Secondary Outcomes  *Full Remission*  *(MADRS ≤ 7)*  Participants in PATH had significantly greater remission rates at week 12 than ST-CI participants (37.84% vs 13.51%; χ2 = 5.74; P = .02; number needed to treat = 4.11). The Cox proportional hazards model revealed that PATH participants were almost  3.6 times more likely to remit at any point during the 12-week treatment than ST-CI participants (χ 2 = 5.16; P = .02; hazard ratio = 3.67; 95% CI, 1.20 to 11.26).  *Partial Remission*  (MADRS ≤ 10)  Participants in PATH had significantly greater partial remission rates at week 12 than ST-CI participants (62.16% vs 29.73%; χ 2 = 7.84; P = .005; number needed to treat = 3.08). The Cox proportional hazards model revealed that PATH participants were almost 2.9 times more likely to partially remit at any point during the 12-week treatment than ST-CI participants (χ 2 = 4.02; P = .05; hazard ratio = 2.85; 95% CI, 1.03 to 7.91).  *Response*  Participants in PATH had significantly greater response rates (≥50%) than ST-CI participants (66.67% vs 32.26%; χ2 = 7.22;  P = .007).  *Treatment Satisfaction*  The mixed-effects model analysis revealed no significant differences in client satisfaction questionnaire scores at weeks 4, 8, and 12 between PATH vs ST-CI in participants or caregivers (eTable 2 in the Supplement). |  | Having regard to the adjoining excerpt and your other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  Q.2.8 For this excerpt, please select the MOST ACCURATE   statement below: (2 marks)     |  |  |  | | --- | --- | --- | |  |  | Secondary outcomes are harder to prove as the p value needs to be <0.05 for the primary outcome then significant again for the secondary outcome, thus due to the multiplicative effect they need a p value of <0.0025. | |  |  | Secondary outcomes are used when authors have been unable to find significant results in their primary outcome measures. | |  |  | Secondary outcomes may be additional analyses or subgroup analyses that the authors are able to assess with additional data they have collected, but which were not seen as the most important aspects when the study was established. | |  |  | Secondary outcomes occur only when the primary outcomes are positive. | |  |  | There is little point reading the secondary outcomes, as they are mainly in the paper to ensure the word count is met. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 2.9 |
| CAP Question 2 contd.  *(excerpt from Results – same excerpt as in Q.2.8)*  Secondary Outcomes  *Full Remission*  *(MADRS ≤ 7)*  Participants in PATH had significantly greater remission rates at week 12 than ST-CI participants (37.84% vs 13.51%; χ2 = 5.74; P = .02; number needed to treat = 4.11). The Cox proportional hazards model revealed that PATH participants were almost  3.6 times more likely to remit at any point during the 12-week treatment than ST-CI participants (χ 2 = 5.16; P = .02; hazard ratio = 3.67; 95% CI, 1.20 to 11.26).  *Partial Remission*  (MADRS ≤ 10)  Participants in PATH had significantly greater partial remission rates at week 12 than ST-CI participants (62.16% vs 29.73%; χ 2 = 7.84; P = .005; number needed to treat = 3.08). The Cox proportional hazards model revealed that PATH participants were almost 2.9 times more likely to partially remit at any point during the 12-week treatment than ST-CI participants (χ 2 = 4.02; P = .05; hazard ratio = 2.85; 95% CI, 1.03 to 7.91).  *Response*  Participants in PATH had significantly greater response rates (≥50%) than ST-CI participants (66.67% vs 32.26%; χ2 = 7.22;  P = .007).  *Treatment Satisfaction*  The mixed-effects model analysis revealed no significant differences in client satisfaction questionnaire scores at weeks 4, 8, and 12 between PATH vs ST-CI in participants or caregivers (eTable 2 in the Supplement). |  | Having regard to the adjoining excerpt and your other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  **Q.2.9** **Regarding this study the secondary outcomes show: (2 marks)**     |  |  |  | | --- | --- | --- | |  |  | Full remission and partial remission rates are both higher in the PATH group compared to ST-CI. Remission rates are additional evidence there is potentially meaningful clinical effectiveness for PATH. | |  |  | Full remission rates (MADRAS ≤ 7) are higher for the ST-CI group which suggests that whilst overall scores are better for PATH, a subgroup of ST-CI patients do very well. | |  |  | The much higher response rate for PATH compared to ST-CI is unexpected given that the remission rates are higher in PATH. | |  |  | Treatment satisfaction was similar in both groups, which suggests the effect of the treatment was mainly about how much participants liked the therapist they were assigned to. | |  |  | Treatment satisfaction was similar in both groups, which suggests satisfaction is strongly linked to clinical improvement. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 2.10 |
| CAP Question 2 contd.  *(excerpt from Discussion)*  Despite its efficacy, PATH faces dissemination challenges. In this study, PATH was delivered at the patients’ homes by trained clinicians who may not be available in agencies with limited resources. However, half of our therapists were social workers and were able to administer PATH with high fidelity. Social workers are employed by home health care organizations and their services are reimbursed by Medicare. Treatment fidelity studies of community-based social workers and studies of organizational interventions in home health care services may offer a view on PATH’s dissemination potential. Despite the cost of PATH resources, comparable home-delivered interventions for demented patients are cost-effective. |  | Having regard to the adjoining excerpt and your other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  Q.2.10 For this excerpt, please select the MOST ACCURATE   statement below: (1 mark)     |  |  |  | | --- | --- | --- | |  |  | PATH is only likely to be beneficial if delivered by social workers. | |  |  | PATH may be a cost-effective intervention if it reduces the use of other disability services, or slows admission to residential care, but that would need further study to confirm. | |  |  | The results suggest PATH should be offered to inpatients to try to get them discharged from hospital more quickly. | |  |  | The study shows that PATH is unlikely to have clinical utility in New Zealand because New Zealand does not have Medicare. | |  |  | This study suggests that whilst it has clinical utility, PATH is unlikely to be cost-effective because it is delivered in the home. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 2.11 |
| CAP Question 2 contd.  *(excerpt from Conclusions)*  Conclusions  This study demonstrates the efficacy of PATH vs ST-CI in reducing depression and disability in community-living older adults with depression, cognitive impairment, and disability. In this population at risk of adverse outcomes, antidepressants have limited efficacy and psychosocial interventions are inadequately investigated. Problem adaptation therapy was efficacious in reducing depression even in a group of older adults with pharmacotherapy-resistant depression, but this observation needs to be confirmed in an adequately powered study. Overall, PATH may provide significant relief to this underserved population and their families. |  | Having regard to the adjoining excerpt and your other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  Q.2.11 For this excerpt, please select the MOST ACCURATE   statement below: (2 marks)     |  |  |  | | --- | --- | --- | |  |  | Given that this study did not look at antidepressants in this group, it is unlikely to be of clinical utility. | |  |  | PATH is an interesting idea but is unlikely to be cost-effective so this paper lacks real-world application. | |  |  | The next step might be to repeat this study as a multi-centre trial, ideally with over 300 participants, to confirm that this was not a chance finding. | |  |  | The next step might include a study which includes cost-effectiveness assessments and/or a larger group of pharmacotherapy-resistant patients. | |  |  | This conclusion bears little relationship to the key findings of the paper, as ST-CI also offered high levels of treatment satisfaction. | | | |
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| Flag box: (add exclamation mark if you want to review this question later) | | | | CAP 2.12 |
| CAP Question 2 contd. |  | Having regard to all excerpts, Tables, and Figures, and any other knowledge, please answer the following question.  Select ONLY ONE checkbox per page.  Q.2.12 Regarding this study as a whole, please select the MOST   ACCURATE statement below: (2 marks)   |  |  |  | | --- | --- | --- | |  |  | This is a compelling paper that suggests funders worldwide should start providing PATH to as many cognitively-impaired, depressed, community-dwelling elderly people as possible. | |  |  | This is a low-quality paper and may have been published by JAMA psychiatry only to keep up a quota of non-pharmacological studies. | |  |  | This is a low-quality paper, as unfortunately studies not funded by pharmaceutical companies tend to struggle for funding. | |  |  | This is a potentially useful paper based on promising results in a population with complex difficulties. It is often hard to prove efficacy of home-based interventions beyond befriending, and this paper appears to have done so. | |  |  | This is a potentially useful paper that would have been improved if half of the participants were also randomised to receive cognitive enhancers. | | | |
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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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