



The Royal  
Australian &  
New Zealand  
College of  
Psychiatrists

# Mock MCQ Paper 2022 (Produced by the New Zealand Training Programmes)

Candidate's name:

Date:

The real MCQ paper is usually held via computer stations 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](#) (see: Written Examination policy esp. pages 7-12), and that they use the [MCQ Information](#), [tutorial MCQ exam](#), and [tutorial model answers](#) 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 your completed mock exam and take it home to mark.**

The model answers will be here: <http://www.psychtraining.org/Mock-exams.html> (no cheating beforehand!). This exam is only written *once* a year, mid-year, so if you're not sitting until February/March, save it to do before that sitting 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 ! –**

## MCQ Mock Exam

### Extended Matching Questions (EMQs)

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.**

- A. GABA receptors
- B. Alpha-adrenergic receptors
- C. Dopaminergic receptors

**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

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later) EMQ 1 !

## MCQ Mock Exam

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EMQ 1

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.1** Miri, a 14 yr old high school student, presents to the school nurse. She has a five week history of irritability, insomnia, social and school withdrawal, and difficulty concentrating.

Select **ONLY ONE** answer per page.

- A. Attention Deficit Hyperactivity Disorder - inattentive subtype
- B. Avoidant personality disorder
- C. Bipolar Disorder
- D. Major Depressive Episode
- E. Oppositional Defiant Disorder
- F. Separation anxiety disorder
- G. Social anxiety disorder

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For the following clinical scenario, please select the MOST LIKELY syndrome listed below.

Q.2 In response to the question of how many legs a three legged stool has, a 42 year old man answers, "Four".

Select ONLY ONE answer per page.

- A. Capgras
- B. Cotard
- C. Couvade
- D. De Cleramboult
- E. Diogenes
- F. Ekbom
- G. Fregoli
- H. Ganser
- I. Othello
- J. Simenon

For the following clinical syndrome, please select the **MOST ASSOCIATED** feature listed below.

**Q.3** Cannabinoid hyperemesis syndrome.

Select **ONLY ONE** answer per page.

- A. Agitation
- B. Anxiety
- C. Rapid pacing
- D. Relief of symptoms with hot showers
- E. Rhythmic jaw movements
- F. Scratching of skin
- G. Sweating
- H. Tremor

For the following patient, please select the **MOST APPROPRIATE** aspect of phenomenology demonstrated.

**Q.4** Brad, aged 23, frequently hears the voice of his aunt Betty who describes what he is wearing.

Select **ONLY ONE** answer per page.

- A. Command hallucination
- B. Delusional perception
- C. "Made" thoughts
- D. Paranoid delusion
- E. Passivity experience
- F. Referential delusion
- G. Running commentary
- H. Second person hallucination
- I. Thought insertion

For the following patient, please select the **MOST LIKELY** diagnosis.

**Q.5** Mr Barton, a 79 year old man living on a farm, is brought to your clinic by his daughter. He has a history of confused episodes, tremor, and festination, and is annoyed by the “horde of cats” which he says keep coming into the house.

Select **ONLY ONE** answer per page.

- A. Alzheimer’s disease
- B. Chronic subdural haematoma
- C. Creutzfeld-Jakob disease
- D. Frontotemporal dementia
- E. Left frontal meningioma
- F. Lewy-body dementia
- G. Multi-infarct dementia
- H. Multiple sclerosis
- I. Normal pressure hydrocephalus
- J. Parkinson’s disease
- K. Subarachnoid haemorrhage

For the following diagnosis, please select the **MOST ACCURATE** statement listed below.

**Q.6 Regarding Bipolar Disorder:**

Select **ONLY ONE** answer per page.

- A. Between 50-70% of people with bipolar disorder attempt suicide at least once in their life
- B. Mean age of onset is in the thirties
- C. Nearly half of all patients diagnosed experience a recurrence within two years
- D. The female to male gender ratio is 2:1
- E. The lifetime prevalence is 5%
- F. The ratio of manic to depressive episodes is 1:1

For the following patient, please select the **MOST APPROPRIATE** next step listed below.

**Q.7** Jenny, a 28 year old woman with schizophrenia, tells you she is pregnant.

Select **ONLY ONE** answer per page.

- A. Check her prolactin level soon after waking, ideally after food
- B. Continue depot antipsychotic medication if she is established on this and the risk of relapse is high
- C. Contact her GP to ensure that she does not receive dietary supplementation with Folic acid
- D. Inform her that antipsychotics are associated with a 5% risk of cardiovascular malformations
- E. Prescribe aripiprazole preferentially as it is a medication well-researched for use in pregnancy
- F. Prescribe lower doses of multiple psychotropic medications rather than higher dose monotherapy
- G. Repeat her pregnancy test and if it's positive, cease all psychotropic medication immediately

For the following publication, please select the MOST ACCURATE author's name listed below.

**Q.8** *On Being Sane in Insane Places*, published in *Science* in 1973, reported on pseudopatients who feigned auditory hallucinations and got themselves admitted to twelve different hospitals in the United States.

Select ONLY ONE answer per page.

- A. David Cooper
- B. David Rosenham
- C. Émile Durkheim
- D. Franco Basaglia
- E. L. Ron Hubbard
- F. R. D. Laing
- G. Thomas Szasz
- H. Timothy Leary
- I. Wilhelm Reich

For the following patient, please select the **MOST URGENT** medication which is indicated.

**Q.9** Paolo is a 55 year old homeless man with a severe alcohol use disorder. On admission to hospital with a fractured femur he presents with confusion and nystagmus.

Select **ONLY ONE** answer per page.

- A. Baclofen
- B. Chlordiapoxide
- C. Diazepam
- D. Haloperidol
- E. Parenteral thiamine
- F. Sodium valproate
- G. Vitamin B12

## 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** medication to change to, after fluoxetine.

**Q.10** Rewi, aged 25, has been prescribed fluoxetine for a major depressive episode. Two months later he reports a good response, but complains of erectile dysfunction and wishes to change medication.

Select **ONLY ONE** answer per page.

- A. Bupropion
- B. Clomipramine
- C. Escitalopram
- D. Fluoxetine
- E. Mirtazapine
- F. Nortriptyline
- G. Sildenafil
- H. Venlafaxine

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For the following clinical scenario, please select the MOST ACCURATE statement listed below.

**Q.11** Molly is a 33 year old out-patient, married and with two small children. She is followed up for recurrent post-partum depression. Molly is married to a man with achondroplasia and is unaffected by the condition herself, although her sister has achondroplasia. Molly and her husband's first two children do not have achondroplasia and they are planning a third child.

Select ONLY ONE answer per page.

- A. If their third child is affected by achondroplasia, this will most likely have been caused by a new mutation in the FGFR3 gene
- B. If their third child is unaffected by achondroplasia, this indicates that Molly's husband's achondroplasia was caused by a mutation which is not heritable
- C. If their third child is unaffected, then the probability that a fourth child would be affected is 1 in 8
- D. The fact that Molly's sister has achondroplasia increases the risk that her children could be carriers
- E. The probability that each of their children will be affected is less than 1 in 2 because Molly's husband's parents are not affected
- F. The probability that Molly's next child will be affected by achondroplasia is 1 in 2

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

EMQ 12

For the following question, please choose the MOST ACCURATE answer listed below.

Q.12 Antipsychotic medication is thought to diminish the positive symptoms of schizophrenia primarily by its blockage of the:

Select ONLY ONE answer per page.

- A. Mesocortical dopaminergic pathway
- B. Mesolimbic dopaminergic pathway
- C. Nigrostriatal dopaminergic pathway
- D. Raphe nuclei to hypothalamus serotonergic pathway
- E. Raphe nuclei to limbic cortex serotonergic pathway
- F. Raphe nuclei to prefrontal cortex serotonergic pathway
- G. Tuberoinfundibular dopaminergic pathway

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For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.13** Andy, a 35 year old man who has chronic schizophrenia and lives in a boarding house, is noted to be drinking water excessively. His serum sodium is 117 mmol/L.

Select **ONLY ONE** answer per page.

- A. Addison's Disease
- B. Cushing's Disease
- C. Graves' Disease
- D. Hypothyroidism
- E. Neurosyphillis
- F. Pheochromocytoma
- G. Psychogenic Polydipsia
- H. Renal Failure
- I. SIADH
- J. Wilson's Disease

For the following scenario, please select the **MOST LIKELY** sleep disorder demonstrated.

**Q.14** Miri, aged 3, sometimes wakes about 11pm, screaming and seeming distressed, but is unresponsive to attempts to comfort her. She falls back to sleep within 10 minutes and does not recall these episodes the next day.

Select **ONLY ONE** answer per page.

- A. Breathing-related sleep disorder
- B. Circadian rhythm sleep-wake disorder
- C. Hypersomnolence disorder
- D. Insomnia disorder
- E. Narcolepsy
- F. Nightmare disorder
- G. Non-rapid eye movement (NREM) sleep arousal disorder
- H. Rapid eye movement (REM) sleep behavior disorder
- I. Restless legs syndrome
- J. Substance/medication-induced sleep disorder

For the following patient, please select the **MOST APPROPRIATE** initial treatment from the list below.

**Q.15** Mike, aged 35, consults you complaining of fatigue which has increasingly, for the past year, made it hard for him to manage at work. He complains of chronic initial and middle insomnia, saying he struggles to fall asleep at night and wakes several times per night. He describes an uncomfortable urge to move his legs which is worse at night.

Select **ONLY ONE** answer per page.

- A. Carbidopa-levodopa taken PRN (as required)
- B. Cognitive Behavioural Therapy for insomnia (CBT-I)
- C. Education on sleep hygiene
- D. Intravenous iron therapy
- E. Melatonin
- F. Pregabalin or gabapentin
- G. Zopiclone

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.16** Bill, a 60 year old man with no psychiatric history, presents with a two-month history of low mood, isolativeness, visual hallucinations and nihilistic ruminations. Over the past month he has become almost mute, and bed-bound. Myoclonic jerks are observed, and an electroencephalogram (EEG) shows sharp wave complexes.

Select **ONLY ONE** answer per page.

- A. Alzheimer's Disease
- B. Chronic subdural haematoma
- C. Creutzfeldt-Jakob disease
- D. Frontotemporal dementia
- E. Left frontal meningioma
- F. Lewy-body dementia
- G. Multi-infarct dementia
- H. Multiple sclerosis
- I. Normal pressure hydrocephalus
- J. Parkinson's disease
- K. Subarachnoid haemorrhage

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.17** Precipitated withdrawal can occur with which of the following opioid agonists?

Select **ONLY ONE** answer per page.

- A. Buprenorphine
- B. Codeine
- C. Fentanyl
- D. Methadone
- E. Morphine sulphate
- F. Naltrexone
- G. Oxycodone

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

EMQ 18

For the following example, please choose the MOST APPROPRIATE answer listed below.

**Q.18** Which Ericksonian psychosocial stage is best demonstrated by Bruce, a young man who rebelled against his parents' expectations and dropped out of school. He now feels lost and has started using drugs:

Select ONLY ONE answer per page.

- A. Autonomy versus Shame and doubt
- B. Ego integrity versus Despair
- C. Generativity versus Stagnation
- D. Identity versus Role confusion
- E. Industry versus Inferiority
- F. Initiative versus Guilt
- G. Intimacy versus Isolation
- H. Trust vs Mistrust

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For the following example, please select the **MOST LIKELY** aspect of phenomenology listed below.

**Q.19** Katie, aged 19, wakes up in the morning and briefly sees a normal sized dog sitting on the end of her bed.

Select **ONLY ONE** answer per page.

- A. Autoscopic hallucination
- B. Complex visual hallucination
- C. Dysmegalopsia
- D. Extracampine hallucination
- E. Hypnagogic hallucination
- F. Hypnopompic hallucination
- G. Illusion
- H. Lilliputian hallucination
- I. Pareidolia
- J. Psychophysiologic hallucination
- K. Synaesthesia

For the following quote, please choose the **MOST ACCURATE** author listed below.

**Q.20** “Sexual excitability is increased and leads to hasty engagements, marriages by the newspaper, improper love-adventures, conspicuous behaviour, fondness for dress, and on the other hand to jealousy and matrimonial discord.”

Select **ONLY ONE** answer per page.

- A. Anna Freud
- B. Carl Jung
- C. Emil Kraepelin
- D. Eugen Bleuler
- E. Jean-Martin Charcot
- F. Karl Jaspers
- G. Kurt Schneider
- H. Max Scheler
- I. Nathan Kline
- J. Phillipe Pinel
- K. Sigmund Freud

For the following example, please choose the **MOST ACCURATE** statement listed below.

Q.21 Regarding ECT:

Select **ONLY ONE** answer per page.

- A. ECT is an outmoded treatment for Major Depression as it is neither safe nor effective
- B. ECT is contraindicated in patients with neuroleptic malignant syndrome
- C. ECT never leads to significant irreversible memory impairment
- D. ECT should only ever be a treatment of last resort rather than being part of a range of usual clinical interventions on the basis of patient and illness factors
- E. Maintenance treatment with medication after a course of ECT is not usually required or recommended
- F. There are no differences in the effectiveness and safety of ECT in adolescents, compared to adults
- G. Ultra-brief and Brief Unilateral ECT have little advantage over Bilateral ECT and are relatively ineffective
- H. With modern ECT machines, dose-titration is no longer needed

## MCQ Mock Exam

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EMQ 22

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.22** Which philosopher is best known for developing the theory that the mind and the body are distinct entities?

Select **ONLY ONE** answer per page.

- A. Baruch Spinoza
- B. David Hume
- C. Fredrich Neitzsche
- D. Immanuel Kant
- E. Jean-Paul Satre
- F. John Locke
- G. John Stuart Mill
- H. Rene Descartes
- I. Soren Kierkegaard
- J. Thomas Hobbes

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For the following example, please select the MOST ACCURATE answer listed below.

**Q.23** The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association introduced which of the following criteria for substance use disorders:

Select ONLY ONE answer per page.

- A. Continued use despite social problems
- B. Craving
- C. Neglecting major life roles in order to continue using
- D. Repeated efforts to stop or withdraw
- E. Salience
- F. Tolerance
- G. Withdrawal symptoms

For the following example, please choose the BEST DEMONSTRATED aspect of phenomenology from the list below.

Q.24 When asked how his CT scan earlier that day had gone, Eric, a 37 year old man, replied: "CT scan.....what a fan, man....it's in the cellar, fella....what a blast....can scan my brain and tell my past...at last...and so fast!"

Select ONLY ONE answer per page.

- A. Asyndetic speech
- B. Circumlocution
- C. Clanging
- D. Flight of ideas
- E. Loosening of associations
- F. Paraphasia
- G. Punning
- H. Rambling speech
- I. Talking past the point
- J. Word salad

## 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** investigation to clarify her diagnosis.

**Q.25** Eva, aged 72, has presented with confusion and disorientation three weeks after her GP prescribed paroxetine for depression, and six months after the death of her husband.

Select **ONLY ONE** answer per page.

- A. CT scan of the head
- B. Electrocardiogram (ECG)
- C. Electroencephalogram (EEG)
- D. Full Social History
- E. MOCA or Folstein MMSE
- F. MRI scan of the head
- G. Serum Electrolytes
- H. Serum Thyroid Function

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For the following patient, please select the **MOST APPROPRIATE** management recommendation.

**Q.26** Sarah is a 30 year old woman who has been in a stable relationship for three years. She consults you about relationship problems, explaining that for the last six months it has been painful to put anything in her vagina, even tampons. This is preventing her from having sex which is causing conflict with her partner. A recent pelvic examination by a gynaecologist was normal. She was told the pain was caused by tightening of the vaginal muscles.

Select **ONLY ONE** answer per page.

- A. Benzodiazepine treatment
- B. Couples sex therapy
- C. Hypnotherapy
- D. Individual psychodynamic psychotherapy
- E. Mindfulness-based therapy
- F. Pelvic floor physiotherapy
- G. Progressive muscle relaxation
- H. Targeted cognitive behavioural therapy

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.27** The typical age of onset for Social Anxiety Disorder is:

Select **ONLY ONE** answer per page.

- A. 0-7 years
- B. 7-12 years
- C. 13-18 years
- D. 19-25 years
- E. 25-35 years
- F. 35-45 years

For the following example, please select the **MOST ACCURATE** answer listed below.

**Q.28** Schizoid personality disorder most markedly shares which of the following clinical features with schizophrenia:

Select **ONLY ONE** answer per page.

- A. Affective blunting
- B. Aggression
- C. Alogia
- D. Amotivation
- E. Anhedonia
- F. Asociality
- G. Avolition
- H. Delusions
- I. Hallucinations
- J. Perfectionism

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.29** What is the best predictor of symptomatic remission in borderline personality disorder?

Select **ONLY ONE** answer per page.

- A. A past history of substance abuse
- B. A positive attachment relationship
- C. Being a parent
- D. Engagement in an evidenced-based form of treatment
- E. Planned and responsive crisis care
- F. Stable employment

For the following example, please select the **MOST ACCURATE** answer from the list below.

**Q.30** Evidence supports the use of disulfiram (Antabuse) to reduce likelihood of relapse in people with severe alcohol use disorder when the following is true:

Select **ONLY ONE** answer per page.

- A. Beer is the predominant beverage consumed
- B. It is used for people with mild cognitive impairment
- C. It is used in males over the age of 50
- D. It is used with motivated people
- E. It is used with people who have paid employment
- F. The doses are supervised by external supports

For the following patient, please select the **MOST LIKELY** diagnosis from the list below.

**Q.31** Raoul, aged 28, presents with insomnia, panic attacks, headaches, and weight loss. His blood pressure is high and his blood tests show raised levels of metanephrine and normetanephrine.

Select **ONLY ONE** answer per page.

- A. Addison's Disease
- B. Cushing's Disease
- C. Graves' Disease
- D. Hypothyroidism
- E. Neurosyphilis
- F. Pheochromocytoma
- G. Psychogenic Polydipsia
- H. Renal Failure
- I. SIADH
- J. Wilson's Disease

For the following example, please select the **MOST ACCURATE** answer listed below.

**Q.32** According to population surveys, what percentage of methamphetamine users develop a pattern of severe use disorder?

Select **ONLY ONE** answer per page.

- A. 5%
- B. 15%
- C. 25%
- D. 50%
- E. 65%
- F. 75%
- G. 90%

For the following patient, please select the **MOST LIKELY** diagnosis or syndrome listed below.

**Q.33** Edith, a 72 year old woman admitted to hospital due to low mood and severe self-neglect, believes that her stomach is missing and her liver is rotting.

Select **ONLY ONE** answer per page.

- A. Conversion Disorder
- B. Cotard Syndrome
- C. Couvade Syndrome
- D. Delusional Disorder, somatic type
- E. Illness Anxiety Disorder
- F. Schizophrenia
- G. Somatic Symptom Disorder
- H. Neurosyphilis

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

EMQ 34

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.34** Pauline, aged 22, has a monozygotic twin sister with diagnosed Bipolar Disorder. What is Pauline's risk of also developing Bipolar Disorder?

Select **ONLY ONE** answer per page.

- A. 5%
- B. 15%
- C. 30%
- D. 45%
- E. 60%
- F. 80%

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For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.35** Which of the following statements regarding the NIMH-CATIE study is not correct?

Select **ONLY ONE** answer per page.

- A. Almost 1500 individuals with schizophrenia were enrolled
- B. For those who did not improve with first-line treatment, clozapine was the most effective
- C. It showed that antipsychotic drugs are clearly effective
- D. It showed increased effectiveness of most second generation over first generation antipsychotics
- E. It showed no difference in tardive dyskinesia risk across the treatment groups
- F. It was not powered for non-inferiority
- G. There was a high rate of discontinuation (75%) across the 18 month study period
- H. Ziprasidone demonstrated the most favourable metabolic profile

For the following condition, please select the **MOST APPROPRIATE** first-line treatment from the list below.

**Q.36 Mild panic disorder:**

Select **ONLY ONE** answer per page.

- A. Benzodiazepine treatment
- B. Cognitive Behavioural Therapy (CBT)
- C. Combination of monoamine oxidase inhibitor (MAOI) and Cognitive Behavioural Therapy (CBT)
- D. Combination of selective serotonin reuptake inhibitor (SSRI) and Cognitive Behavioural Therapy (CBT)
- E. Monitoring the patient's response to psychoeducation and lifestyle measures
- F. Selective serotonin reuptake inhibitor (SSRI)
- G. Serotonin and noradrenaline reuptake inhibitor (SNRI)
- H. Tricyclic antidepressant

For the following drug category, please select the MOST ACCURATE example listed below.

Q.37 A classical psychedelic.

Select ONLY ONE answer per page.

- A. Cannabis
- B. Datura
- C. Gamma hydroxybutyrate (GHB)
- D. Ketamine
- E. Methamphetamine
- F. Methylenedioxymethamphetamine (MDMA)
- G. Psilocybin

For the following example, please select the **MOST ACCURATE** statement listed below.

**Q.38** Regarding the epidemiology of major depression:

Select **ONLY ONE** answer per page.

- A. The median age of first diagnosis is age 21
- B. In primary care, 3 in 10 patients present with major depression
- C. Point prevalence of major depression is highest in countries with a medium HDI (Human Development Index)
- D. The 12 month prevalence of major depression is 20%
- E. The female-to-male gender ratio in major depression is 1:2
- F. The lifetime risk of a major depressive episode is 35%

For the following patient, please select the **MOST APPROPRIATE** medication to prescribe from the list below.

**Q.39** André, aged 27, presents four months after his first manic episode with persistent low mood, difficulty focussing and functioning, fatigue, and excessive sleep. His manic episode occurred in the context of chronic pain from psoriatic arthritis which was being treated with prednisone. He has been taking aripiprazole since his manic episode.

Select **ONLY ONE** answer per page.

- A. Carbamazepine
- B. Ketamine
- C. Lamotrigine
- D. Lithium
- E. Lorazepam
- F. Pregabalin
- G. Quetiapine
- H. Venlafaxine

For the following patient, please select the **MOST LIKELY** diagnosis.

**Q.40** Chong Wei, a 30 year old man, presents with a three year history of fluctuating difficulties with abdominal pain, bloating, and diarrhoea. Despite extensive investigations, no organic cause for his symptoms has been found. He is not reassured by this, and suffers from intense worries that he has undiagnosed bowel cancer.

Select **ONLY ONE** answer per page.

- A. Body dysmorphic disorder
- B. Borderline personality disorder
- C. Conversion disorder
- D. Delusional disorder, somatic type
- E. Factitious Disorder
- F. Generalised anxiety disorder
- G. Illness anxiety disorder
- H. Malingering
- I. Somatic Symptom disorder

For the following question, please select the **MOST ACCURATE** answer from the list below.

**Q.41** Suicide rates in adults historically rise during periods of economic downturn. According to Durkheim, this is an example of which subtype of suicide?

Select **ONLY ONE** answer per page.

- A. Altruistic
- B. Anomic
- C. Disintegrative
- D. Egoistic
- E. Externalising
- F. Fatalistic
- G. Internalising

For the following example, please select the MOST ACCURATE answer listed below.

Q.42 The percentage of people with problem gambling who have a comorbid mental health disorder is:

Select ONLY ONE answer per page.

- A. 30%
- B. 50%
- C. 60%
- D. 75%
- E. 80%
- F. 90%

## 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 from the list below.

**Q.43** Tia, a 35 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** answer per page.

- A. Addison's Disease
- B. Cushing's Disease
- C. Graves' Disease
- D. Hypothyroidism
- E. Neurosyphilis
- F. Pheochromocytoma
- G. Psychogenic Polydipsia
- H. Renal Failure
- I. SIADH
- J. Wilson's Disease

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For the following example please select the **MOST ACCURATE** statement from the list below.

**Q.44** Regarding the genetic risk of developing Alzheimer's disease:

Select **ONLY ONE** answer per page.

- A. About 25% of people carry one copy of APOE $\epsilon$ 3, and 2 to 3% carry two copies of the allele
- B. Alzheimer's disease never occurs in those with the APOE $\epsilon$ 2 allele
- C. APOE $\epsilon$ 3 increases risk of developing the disease, but to a lesser extent than with APOE $\epsilon$ 4
- D. Everyone with an APOE $\epsilon$ 3 allele will develop the disease
- E. People without the APOE $\epsilon$ 4 allele never develop the disease
- F. The APOE $\epsilon$ 2 allele increases the risk of developing the disease
- G. The APOE $\epsilon$ 4 allele increases the risk of developing the disease
- H. The Presenilin 1 (PSEN1) gene on chromosome 14 is the main cause of late onset Alzheimer's disease
- I. The Presenilin 2 (PSEN2) gene on chromosome 1 is the main cause of late onset Alzheimer's disease

For the following example, please select the **MOST ACCURATE** answer listed below.

**Q.45** The association between antisocial personality disorder and witnessing violence during childhood is best explained by:

Select **ONLY ONE** answer per page.

- A. Classical conditioning
- B. Disruption of the concrete operational stage of cognitive development
- C. Disruption of the sensorimotor stage of cognitive development
- D. Learned helplessness
- E. Operant conditioning
- F. Social learning theory
- G. The collective unconscious
- H. The information processing model

For the following example, please select the **MOST ACCURATE** answer listed below.

**Q.46** A poor prognostic indicator in Schizophrenia:

Select **ONLY ONE** answer per page.

- A. Absence of relatives with schizophrenia
- B. Affective symptoms
- C. Confusion and perplexity during psychosis
- D. Little affective blunting
- E. Married
- F. Obvious precipitating stressor
- G. Older onset
- H. Premorbid schizoid traits
- I. Presence of relatives with mood disorder
- J. Sudden onset of symptoms

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.47** Jodie, aged 14, is referred as she does not speak when she is at school.

Select **ONLY ONE** answer per page.

- A. Aphasia
- B. Aphonia
- C. Avoidant Personality Disorder
- D. Generalised Anxiety Disorder
- E. Panic Disorder
- F. Selective Mutism
- G. Separation Anxiety Disorder
- H. Social Anxiety Disorder
- I. Specific Phobia

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.48** Which intervention has a good evidence base for reducing harmful stimulant use:

Select **ONLY ONE** answer per page.

- A. Acceptance and commitment therapy
- B. Antipsychotic medication
- C. Cognitive behavioural therapy
- D. Community reinforcement approach
- E. Compulsory drug treatment
- F. Contingency management
- G. Self-help interventions

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.49** Sione, a 27 year old man, is so distressed by the shape and size of his nose that he is unable to leave the house. Despite reassurances from family and friends that there is nothing unusual about his nose, he wants to be referred to a plastic surgeon for rhinoplasty.

Select **ONLY ONE** answer per page.

- A. Agoraphobia
- B. Body dysmorphic disorder
- C. Conversion disorder
- D. Delusional disorder, somatic type
- E. Factitious Disorder
- F. Illness anxiety disorder
- G. Malingering
- H. Social Anxiety Disorder
- I. Somatic symptom disorder

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.50** Kanye presents following a serious suicide attempt that occurred soon after he became convinced that his wife was having an affair with a much younger man. He berates you and your receptionist for taking an urgent phone call at the time of his appointment and then seeing him five minutes behind schedule. He tries to take control of the interview and criticises you for not knowing all the medical literature he has researched before the appointment. He actively seeks affirmation that he is well read and therefore, intelligent. He tells you that you are the worst therapist he has ever consulted. On his way out of your office, he makes a follow-up appointment for next month.

Select **ONLY ONE** answer per page.

- A. Antisocial Personality Disorder
- B. Borderline Personality Disorder
- C. Cyclothymia
- D. Delusional disorder, grandiose type
- E. Histrionic Personality Disorder
- F. Hypomania
- G. Narcissistic Personality Disorder
- H. Paranoid Personality Disorder

For the following clinical scenario please select the MOST APPROPRIATE answer listed below.

**Q.51** Joe, a 37 year old IT consultant who has a BMI of 37, is taking escitalopram 20 mg daily for a major depressive episode. His GP wants to increase the dose as his mood has deteriorated. Which of the following tests would you recommend the GP do before this prescription change?

Select ONLY ONE answer per page.

- A. Baseline ECG
- B. CRP and Troponin
- C. CT head
- D. Echocardiography
- E. Exercise ECG
- F. Lipids and HbA1C

For the following example, please select the MOST ACCURATE answer from the list below.

**Q.52** Which of the following antipsychotics is least likely to cause constipation?

Select ONLY ONE answer per page.

- A. Amisulpride
- B. Aripiprazole
- C. Clozapine
- D. Haloperidol
- E. Olanzapine
- F. Paliperidone
- G. Quetiapine
- H. Risperidone

For the following clinical scenario please select the **MOST APPROPRIATE** treatment approach listed below.

**Q.53** A young married couple consult you about sexual difficulties. After talking to them it seems clear that premature or rapid ejaculation is a significant problem. You identify that there are no underlying physiological issues. What treatment would you recommend?

Select **ONLY ONE** answer per page.

- A. Behavioural therapy such as the squeeze method or the stop-start method
- B. Couples sex therapy
- C. Fluoxetine for the husband
- D. Hypnotherapy for the husband
- E. No treatment is required as the rapid ejaculation will correct itself over time
- F. Sildenafil for the husband
- G. Testosterone replacement for the husband

For the following clinical scenario, please select the MOST LIKELY diagnosis from the list below.

**Q.54** Angela is a 60 year old woman who has delusions of being poisoned, and on assessment is noted to have a puffy face, long latency in replies, and cognitive deficits. Her family say she is “slower” than usual.

Select ONLY ONE answer per page.

- A. Addison's Disease
- B. Cushing's Disease
- C. Graves' Disease
- D. Hypothyroidism
- E. Neurosyphillis
- F. Normal pressure hydrocephalus
- G. Renal Failure
- H. Wilson's Disease

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.55** A motivational interviewing approach includes which of the following techniques?

Select **ONLY ONE** answer per page.

- A. Abreaction
- B. Confrontation
- C. Exposure
- D. Grounding
- E. Identification of cognitive bias
- F. Non-directive approach
- G. Reflective listening

For the following clinical scenario, please select the **MOST PRIORITISED** ethical principle or concept.

**Q.56** Father Daniels is a 67 year old priest with psychotic depression. He is acutely suicidal, with fixed beliefs that he has caused the end of the world as he sinned and did not adequately repent. He is placed under the Mental Health Act and treated compulsorily with ECT.

Select **ONLY ONE** answer per page.

- A. **Autonomy**
- B. **Beneficence**
- C. **Compassion**
- D. **Ethical relativism**
- E. **Justice**
- F. **Non-maleficence**
- G. **Practical wisdom**
- H. **Utilitarianism**

For the following example, please select the MOST ACCURATE statement listed below.

**Q.57** Regarding changes in the diagnostic criteria for Specific Phobias between DSM-IV and DSM-V:

Select ONLY ONE answer per page.

- A. DSM-V mentions fear of dirt linked with obsessions about contamination as an example of obsessive compulsive disorder in the section of differentials to be excluded
- B. DSM-V mentions that avoidance and distress related to the feared situation may interfere significantly with the person's academic functioning
- C. DSM-V now states that exposure to the phobic stimulus may cause panic attacks
- D. In DSM-IV the patient did not have to have insight that their fear was excessive or unreasonable
- E. The phobia type specifiers are the same in DSM-IV and DSM-V, i.e.: Animal Type, Natural Environment Type, Blood-Injection-Injury Type, Situational Type, or Other
- F. The requirement for the duration of symptoms to be least 6 months applies to everyone in DSM-IV, not just to individuals under age 18 as in DSM-V

For the following patient, please select the **MOST ACCURATE** diagnosis or syndrome listed below.

**Q.58** Anjali, a 45 year old woman, is referred with a two-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, headaches and blurred vision. Despite extensive investigations, no organic cause for her symptoms has been found. Anjali is not worried that a serious illness may have been missed, but she does want treatment to resolve her symptoms.

Select **ONLY ONE** answer per page.

- A. Conversion Disorder
- B. Cotard Syndrome
- C. Delusional Disorder, somatic type
- D. Formication
- E. Ganser Syndrome
- F. Illness Anxiety Disorder
- G. Neurosyphilis
- H. Normal Pressure Hydrocephalus
- I. Somatic Symptom Disorder

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

EMQ 59

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.59** Rachel, a 20 year old woman with a marked fear of fatness, presents with a 12 month history of dietary restriction. At least once a week she believes that she has eaten inappropriately, and that she has lost control and eaten more than she intended. She induces vomiting whenever she considers she has eaten too much, and occasionally uses laxatives. Her BMI is 17.6 and she is medically stable.

Select **ONLY ONE** answer per page.

- A. Anorexia nervosa
- B. Avoidant restrictive food intake disorder
- C. Binge eating disorder
- D. Bulimia nervosa
- E. Other specified feeding or eating disorder
- F. Unspecified feeding or eating disorder

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For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.60** Oscar, an 8 year old boy, often hits his classmates and sometimes urinates in the corner of the classroom after the teacher reprimands him.

Select **ONLY ONE** answer per page.

- A. Attention Deficit Hyperactivity Disorder
- B. Autistic Spectrum Disorder
- C. Conduct Disorder
- D. Intellectual Disability
- E. Major Depressive Disorder
- F. Oppositional Defiant Disorder
- G. Reactive Attachment Disorder
- H. Rett's Disorder

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

EMQ 61

For the following example, please select the MOST ACCURATE answer listed below.

Q.61 Methamphetamine is likely to be detected in the urine after use for up to:

Select ONLY ONE answer per page.

- A. Six hours
- B. 2-4 days
- C. 7 days
- D. 14 days
- E. 21 days
- F. 28 days

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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 LIKELY** symptom or syndrome listed below.

**Q.62** Tom, a 27 year old man with schizophrenia, reports that he is being followed by his parents who have changed their appearances.

Select **ONLY ONE** answer per page.

- A. Capgras Syndrome
- B. Cotard Syndrome
- C. DeClerambault Syndrome
- D. Déjà vu
- E. Delusional Perception
- F. Fregoli Syndrome
- G. Intermetamorphosis
- H. Jamias vu
- I. Othello Syndrome
- J. Passivity Delusion

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For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.63** Gross pathological and radiological studies of the brains of people with schizophrenia have not been associated with:

Select **ONLY ONE** answer per page.

- A. Abnormalities in gyrification patterns
- B. Decreased brain volume greater than 10%
- C. Decreased volume in the caudate nucleus
- D. Decreased volume in the medial temporal lobe
- E. Decreased volume in the superior temporal gyrus
- F. Increased lateral ventricular volume
- G. Reduced thickness in the temporal cortices
- H. Reduced thickness in the frontal and prefrontal cortices

For the following psychological theory, please select the MOST ASSOCIATED figure listed below.

**Q.64** The self is an intrapsychic structure consisting of multiple self-representations. In people with personality disorders there is difficulty integrating good and bad self-images.

Select ONLY ONE answer per page.

- A. Anna Freud
- B. Carl Jung
- C. Heinz Kohut
- D. Leo Vygotsky
- E. Melanie Klein
- F. Otto Kernberg
- G. Sigmund Freud
- H. Wilhelm Reich

For the following clinical scenario please select the **MOST ACCURATE** answer listed below.

**Q.65** Ron is unable to drive due to drowsiness and inattentiveness. He sometimes experiences sleep paralysis and has occasional, unpredictable bouts during which he experiences a complete loss of muscle tone, causing him to collapse.

Select **ONLY ONE** answer per page.

- A. Breathing-related sleep disorder
- B. Catalepsy
- C. Circadian rhythm sleep-wake disorder
- D. Hypersomnolence disorder
- E. Insomnia disorder
- F. Narcolepsy
- G. Nightmare disorder
- H. Non-rapid eye movement (NREM) sleep arousal disorder
- I. Rapid eye movement (REM) sleep behavior disorder
- J. Substance/medication-induced sleep disorder

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

EMQ 66

For the following question, please select the MOST ACCURATE answer listed below.

Q.66 Which clear, odourless substance often used as a recreational drug can be associated with a severe withdrawal syndrome:

Select ONLY ONE answer per page.

- A. Amyl nitrate
- B. Cannabis oil
- C. Gamma hydroxybutyrate (GHB)
- D. Ketamine
- E. Lysergic acid diethylamide (LSD)
- F. Methamphetamine
- G. Methylendioxyamphetamine (MDMA)
- H. Psilocybin

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For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.67** Which of the following is not a feature of hyperprolactinaemia in male patients?

Select **ONLY ONE** answer per page.

- A. Changes in vision
- B. Decreased body hair
- C. Decreased testosterone
- D. Ejaculatory dysfunction
- E. Erectile dysfunction
- F. Galactorrhea
- G. Gynaecomastia
- H. Headaches
- I. Reduced sperm count
- J. Sleep disturbance
- K. Weight gain

For the following medical scenario, please select the **MOST RELEVANT** legal principle listed below.

**Q.68** A man is unable to sue his surgeon when he develops a serious post-operative complication, as he gave consent to the operation after being fully informed about the pros and cons and that there was a 1% chance of such a complication.

Select **ONLY ONE** answer per page.

- A. Actus reus
- B. Durham rule
- C. Habeas corpus
- D. Mens rea
- E. M'Naghten rule
- F. Res gestae
- G. Res judicata
- H. Volenti non fit injuria

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

EMQ 69

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.69** Aaron, a 24 year old man, has needed crutches to mobilise since an injury one year earlier while working out at the gym. Following an insurance claim supported by his physiotherapist, he receives a large sum of money. Soon after the claim is paid he is observed by his physiotherapist running down the street to catch a bus.

Select **ONLY ONE** answer per page.

- A. Antisocial personality disorder
- B. Body dysmorphic disorder
- C. Conversion disorder
- D. Delusional disorder, somatic type
- E. Factitious Disorder
- F. Illness anxiety disorder
- G. Malingering
- H. Somatic symptom disorder

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## 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 APPROPRIATE** initial intervention listed below.

**Q.70** Raine is breast feeding her first child, who was born six weeks ago. Since the birth she has developed obsessional thoughts about smothering the baby, but has no compulsive behaviour. She has been diagnosed with obsessive-compulsive disorder.

Select **ONLY ONE** answer per page.

- A. Behavioural therapy with systematic desensitisation
- B. Cease breast feeding immediately
- C. Cognitive behavioural therapy (CBT)
- D. Cognitive behavioural therapy (CBT) plus a serotonin reuptake inhibitor (SSRI)
- E. Complete a validated rating scale such as the Yale Brown Obsessive Compulsive Scale (YBOCS)
- F. Prescribe a selective serotonin reuptake inhibitor (SSRI)
- G. Prescribe an hypnotic such as zopiclone to help her sleep
- H. Report her to the local child welfare social services

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For the following clinical scenario, please select the MOST ACCURATE answer listed below.

**Q.71** Sonia, a 28 year old married woman, is not coping well a year after witnessing the traumatic death of her five year old son in a traffic accident. She continues to be intensely distressed and struggles to care for her infant daughter and to manage household tasks. Which of the following factors would lead you to prefer a diagnosis of prolonged grief disorder rather than post-traumatic stress disorder?

Select ONLY ONE answer per page.

- A. Avoidance is not a feature of prolonged grief as opposed to post-traumatic stress disorder, but Sonia has refused to drive and has avoided leaving the house by car
- B. Post-traumatic stress disorder does not significantly impair social and occupational functioning, compared to prolonged grief disorder
- C. Sonia describes emotional numbing, which is more characteristic of post-traumatic stress disorder
- D. Sonia describes frequent ruminations about the details of the traumatic accident and flashbacks about the event, rather than mainly being preoccupied with the loss of her child
- E. Sonia has been preoccupied with memories of the circumstances of her son's death and with feelings of loss, but she has not re-experienced the accident or had any flashbacks
- F. Sonia has experienced considerable anger, which frequently occurs in grief reactions but not in post-traumatic stress disorder

For the following patient, please select the **MOST APPROPRIATE** treatment listed below.

**Q.72** Mrs Harkness, a previously physically healthy 71 year old woman, presents six months after the death of her husband with a severe agitated depression. She has poor oral intake and constant morbid thoughts of guilt and death. Which of the following treatments is the most appropriate?

Select **ONLY ONE** answer per page.

- A. Arrange urgent grief therapy
- B. Commence electroconvulsive therapy (ECT)
- C. Commence nortriptyline 75 mg nocte
- D. Commence venlafaxine, rapidly increasing to an effective dose
- E. Slowly increase a selective serotonin reuptake inhibitor (SSRI) medication, to minimise adverse effects
- F. Start a combination of a selective serotonin reuptake inhibitor (SSRI) and an atypical antipsychotic
- G. Start a combination of intramuscular low-dose haloperidol and oral fluoxetine

For the following example, please select the **MOST ACCURATE** answer listed below.

**Q.73** Which of these psychosocial interventions used in schizophrenia does not have a conclusive evidence base?

Select **ONLY ONE** answer per page.

- A. Acceptance and Commitment Therapy (ACT)
- B. Art Therapy
- C. Cognitive Behavioural Therapy for Psychosis (CBTp)
- D. Cognitive Remediation Therapy (CRT)
- E. Family support and psychoeducation
- F. Intervention programmes addressing social cognition (SoCog)
- G. Meta-Cognitive Training (MCT)
- H. Music Therapy
- I. Psychoeducation

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.74** Nitrous oxide abuse has been associated with the following physical morbidity:

Select **ONLY ONE** answer per page.

- A. Cardiac arrhythmia
- B. Cardiomyopathy
- C. Cholecystitis
- D. Hypertension
- E. Pneumonitis
- F. Subacute degeneration of the spinal cord

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.75** Which antipsychotic is excreted relatively unmetabolised in the urine?

Select **ONLY ONE** answer per page.

- A. Amisulpride
- B. Aripiprazole
- C. Clozapine
- D. Haloperidol
- E. Olanzapine
- F. Paliperidone
- G. Quetiapine
- H. Risperidone
- I. Sertindole
- J. Ziprasidone

For the following patient, please select the **MOST APPROPRIATE** aspect of phenomenology demonstrated.

**Q.76** Maggie, a 72 year old woman, performs poorly on a task of rapidly pronating and supinating one hand against the other.

Select **ONLY ONE** answer per page.

- A. Astereognosis
- B. Asynergy
- C. Athetosis
- D. Ballismus
- E. Bradykinesia
- F. Dysdiadochokinesia
- G. Dyskinesia
- H. Dysmetria
- I. Dystonia
- J. Hyperkinesia

For the following disorder, please choose the MOST APPROPRIATE example listed below.

**Q.77 Separation Anxiety Disorder.**

Select ONLY ONE answer per page.

- A. Anton, aged 11, won't leave his mother's side on the way to school in case they meet a dog
- B. Brandon, aged 8, dislikes change, has poor speech and socialisation, and resists leaving home to attend school
- C. David, aged 35, worries about the family finances, about his children, about termites, and global warming, and stops going to work as he fears something bad might happen to the house in his absence
- D. Emily, aged 24, has a persistent fear that her father will be harmed
- E. Jodie, aged 17, worries that she might get palpitations and drop dead so stays at home with her mother
- F. Marjorie, aged 43, cannot leave the house unless her husband is with her as she fears she'll have a panic attack
- G. Mr Kim, aged 30, won't leave his grandmother's side as he is sure that aliens want to abduct her
- H. Mrs Pratchett, aged 82, has arthritis and is afraid to venture far from her daughter in case she has a fall and injures herself

For the following patient, please select the **MOST APPROPRIATE** initial intervention from the list below.

**Q.78** Leila, aged 16, is referred by her GP. She became concerned about being overweight 6 months ago when her mother was diagnosed with type 2 diabetes. She has been dieting by restricting her nutritional intake and spends two hours a day at the gym. Her GP confirms that Leila has lost over 25 kg over the last 4 months. She feels cold and dizzy on standing and has fainted twice in the past week. Her BMI is 27, temperature is 36°C, postural blood pressure drop is 15 mm Hg systolic, and she has a postural tachycardia of 40 bpm.

Select **ONLY ONE** answer per page.

- A. Commence treatment with acceptance and commitment therapy
- B. Commence treatment with cognitive behavioural treatment for eating disorders (CBTe)
- C. Commence treatment with family based therapy (FBT)
- D. No treatment is required as Leila's BMI and other observations indicate that she is not at risk
- E. Organise inpatient treatment for medical stabilisation, refeeding and to establish safe eating
- F. Suggest that her GP monitors her physical state and re-refers her if her weight continues to drop

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.79** Hone, a 31 year old man, presents after an argument with his girlfriend during which he threatened to hit her and after which she ended their relationship. He complains of paralysis affecting his right arm, saying that he cannot move the arm or feel anything. Apart from loss of power and his complaints of general numbness and tingling on sensory tests, neurological examination of the arm is unremarkable.

Select **ONLY ONE** answer per page.

- A. Body dysmorphic disorder
- B. Conversion disorder
- C. Delusional disorder, somatic type
- D. Factitious Disorder
- E. Histrionic personality disorder
- F. Illness anxiety disorder
- G. Malingering
- H. Somatic symptom disorder

## 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 ACCURATE** statement about her treatment listed below.

**Q.80** Karen, aged 25, is on opioid substitution therapy, treated with methadone. She presents to the Emergency Department with acute appendicitis.

Select **ONLY ONE** answer per page.

- A. Her existing methadone prescription will be adequate for her analgesia
- B. She can have no analgesic medication but post-operative pain can be managed with hypnosis or acupuncture
- C. She can only have paracetamol analgesia due to being on methadone
- D. She is at risk of an overdose so will need lower opioid doses than most patients
- E. She will have higher opioid requirements than most patients
- F. She will need increased methadone for her analgesic requirements
- G. Surgery will need to be performed under an epidural anaesthetic
- H. Surgery will need to be performed under local anaesthetic

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For the following clinical scenario, please select the MOST ACCURATE statement listed below.

**Q.81** John, aged 42, has been suffering from a Major Depressive Episode for four months. He has a 20 year history of Bipolar Disorder. He asks you if sleep deprivation as a treatment could help him. Which of the following statements is consistent with the evidence?

Select ONLY ONE answer per page.

- A. He should not try it as it would undoubtedly provoke a relapse into mania
- B. He should not try it as the stress would trigger suicidal ideation
- C. It could be risky as it would probably worsen his depression
- D. It might lift his mood temporarily, but is unlikely to provide a sustained improvement on its own
- E. It would be unlikely to have any effect on his mood or his outcome
- F. It would only be effective if he were to discontinue his mood stabiliser

For the following clinical scenario, please select the MOST PRIORITISED ethical principle or concept.

Q.82 Bronwyn, a 33 year old woman with borderline personality disorder, is not admitted to the mental health inpatient unit despite asking for admission due to increased suicidal ideation. This is because, in the past, admissions caused her to regress and her behaviour became more chaotic.

Select ONLY ONE answer per page.

- A. Autonomy
- B. Beneficence
- C. Compassion
- D. Ethical relativism
- E. Justice
- F. Non-maleficence
- G. Practical wisdom
- H. Utilitarianism

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.83** What is the most relevant indicator that Cognitive Behavioural Therapy for insomnia (CBT-i) will be successful for a patient:

Select **ONLY ONE** answer per page.

- A. An hypnotic medication is used in combination with CBT-i
- B. Female sex
- C. Patient has no history of caffeine use
- D. Patient is over 65 years old
- E. Patient is psychologically-minded
- F. The absence of comorbid psychiatric conditions such as anxiety or depressive disorders
- G. The presence of catastrophic thoughts, inappropriate expectations and misattributions regarding sleeplessness is a prominent feature
- H. There are no reliable predictors of treatment response to CBT-i

For the following example, please select the MOST ACCURATE answer listed below.

**Q.84** Which of the following is not considered a negative symptom of Schizophrenia:

Select ONLY ONE answer per page.

- A. Affective blunting
- B. Alogia
- C. Amotivation
- D. Antisociality
- E. Apathy
- F. Inattentiveness
- G. Neglected appearance
- H. Paucity of spontaneous movement
- I. Poverty of content of speech
- J. Stereotyped speech

For the following patient, please select the individual(s) MOST ASSOCIATED with the development of the psychological treatment of choice.

**Q.85** Priscilla, a 42 year old legal secretary, complains of irritability, anxiety and sleep difficulties after a car accident in which she injured her back.

Select ONLY ONE answer per page.

- A. Aaron Beck
- B. Anna Freud
- C. Bateman and Fonagy
- D. Carl Jung
- E. Gerald Klerman and Myrna Weissman
- F. Heinz Kohut
- G. Jon Kabat-Zinn
- H. Steven C. Hayes and Robert Zettle
- I. Tom Beauchamp and James Childress
- J. Zindel Segal and Mark Williams

For the following question, please select the **MOST ACCURATE** answer from the list below.

**Q.86** Which medication is preferred for patients with significant hepatic dysfunction undergoing alcohol withdrawal:

Select **ONLY ONE** answer per page.

- A. Baclofen
- B. Carbamazepine
- C. Clonazepam
- D. Diazepam
- E. Lorazepam
- F. Midazolam
- G. Propranolol

For the following clinical scenario, please select the MOST APPROPRIATE diagnosis from the list below.

**Q.87** Sharon decides to cease penicillamine and arranges a course of acupuncture instead. Six months later she is admitted with a manic psychosis and the assessing doctor notes cognitive deficits.

Select ONLY ONE answer per page.

- A. Addison's Disease
- B. Cushing's Disease
- C. Graves' Disease
- D. Huntingdon's Chorea
- E. Neurosyphilis
- F. Sarcoidosis
- G. Systemic Lupus Erythematosus
- H. Wilson's Disease

For the following patient, please select the **MOST APPROPRIATE** urgent investigation listed below.

**Q.88** Valerie is aged 68 and has bipolar affective disorder. She stopped lithium three weeks ago and now presents with a history of sudden onset severe headache, unsteadiness, vomiting, and weakness.

Select **ONLY ONE** answer per page.

- A. Chest X-ray
- B. CT head scan
- C. Electrocardiogram
- D. Electroencephalogram
- E. Full Blood Count
- F. Lithium level
- G. Liver Function tests
- H. Renal Function tests
- I. Serum Sodium level
- J. Thyroid function tests

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.89** Elizabeth, aged 48, has for some time been convinced that she is under surveillance by the government and becomes angry with her husband when he refutes this. She continues to work in a retail clothing store but says that she can tell when a customer is a government agent spying on her because "They always smell of mothballs."

Select **ONLY ONE** answer per page.

- A. Catatonic schizophrenia
- B. Delusional disorder
- C. Erotomania
- D. Folie à deux
- E. Hebephrenic schizophrenia
- F. Paranoid personality disorder
- G. Paranoid schizophrenia
- H. Paraphrenia
- I. Schizoaffective disorder
- J. Schizoid personality disorder
- K. Schizophreniform disorder

For the following description, please select the **MOST LIKELY** diagnosis listed below.

**Q.90** This disorder often presents with loss of balance while walking with a tendency to fall backwards, and visual problems such as an inability to direct the eyes properly, blurring, or double vision. This can cause patients to spill food or to appear disinterested in others because of poor eye contact.

Select **ONLY ONE** checkbox per page.

Select **ONLY ONE** answer per page.

- A. Creutzfeldt-Jakob disease
- B. Hepatolenticular degeneration
- C. Huntington's disease
- D. Marchiafava-Bignami disease
- E. Multiple sclerosis
- F. Normal pressure hydrocephalus
- G. Parkinson's disease
- H. Progressive supranuclear palsy
- I. Wernicke's encephalopathy
- J. Wilson's disease

For the following example, please select the **MOST ACCURATE** answer listed below.

**Q.91** The pre-psychotic or prodromal stage of schizophrenia is associated with:

Select **ONLY ONE** answer per page.

- A. A short timeframe
- B. An inevitable progression to psychosis
- C. Transitional mood and anxiety disorders
- D. Limited benefits from early intervention
- E. Low rates of substance abuse
- F. Marked agitation
- G. No evidence of changes in brain structure
- H. Presence of auditory hallucinations

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.92** Which therapeutic intervention in the outpatient setting is most likely to be effective for the core symptoms of antisocial personality disorder?

Select **ONLY ONE** answer per page.

- A. Acceptance and Commitment therapy
- B. Aversion therapy
- C. Behavioural therapy based on contingencies
- D. Family therapy
- E. Low doses of second generation antipsychotic medication
- F. Psychodynamic psychotherapy
- G. Selective Serotonin Reuptake Inhibitors (SSRIs)
- H. Skills-based interventions such as problem solving, social skills and anger management
- I. There is no effective treatment for antisocial personality disorder

For the following example, please select the MOST ASSOCIATED answer listed below.

**Q.93** A key neurotransmitter implicated in the “disease model of addiction”:

Select ONLY ONE answer per page.

- A. Dopamine
- B. Endogenous cannabinoids
- C. Gamma-aminobutyric acid
- D. Histamine
- E. Noradrenaline
- F. Serotonin

For the following example, please select the **MOST ACCURATE** statement listed below.

**Q.94** Regarding psychotherapy for major depressive disorder:

Select **ONLY ONE** answer per page.

- A. Cognitive Behavioural Therapy outcomes are superior to those from Interpersonal Therapy, Behavioural Therapy, and Mentalisation Based Therapy
- B. Improvement following psychotherapy is usually only maintained for 3-6 months
- C. In outpatient settings the outcomes from psychotherapy are comparable to those from pharmacotherapy
- D. Publication bias is not an issue in psychotherapy trials compared to pharmacotherapy trials
- E. Randomised controlled trials are impossible to carry out for psychotherapy interventions
- F. Three-quarters of patients prefer pharmacotherapy rather than psychotherapy
- G. Waiting lists are the same as placebo treatment for randomised controlled trials in psychotherapy

For the following clinical scenario, please select the MOST APPROPRIATE intervention listed below.

**Q.95** You work on the Psychiatric Liaison team in a large general hospital. Your registrar consults you about a situation on one of the medical wards. A well-known local patient with borderline personality disorder has been admitted after a serious overdose and her consultant, the Professor of Medicine, says he won't discharge her until "Psychiatry sorts her out and she stops this suicidal nonsense". The medical registrar says half of the ward staff agree with the Professor but the other half insist that the patient needs immediate discharge.

Select ONLY ONE answer per page.

- A. Advise your registrar to transfer the patient to the psychiatric inpatient unit immediately
- B. Ask your registrar to do a comprehensive file review to see if the diagnosis of borderline personality is correct
- C. Suggest to your registrar that they start the patient on an SSRI antidepressant
- D. Suggest to your registrar that they meet with both groups of staff to provide information about borderline personality dynamics and the risk of prolonged admissions, and offer to have a word with the Professor yourself
- E. Sympathise with your registrar's predicament and immediately take annual leave
- F. Take over the case yourself as it's clearly too difficult for a registrar to handle with the Professor involved
- G. Tell your registrar to write a Crisis Management Plan stating that the patient is not to be readmitted under any circumstances

For the following question, please select the MOST ACCURATE answer listed below.

Q.96 What dose of drug is required to achieve around 65–80% D2 receptor occupancy in clinical practice?

Select ONLY ONE answer per page.

- A. Amisulpride orally 100 mg/day
- B. Clozapine orally 300 mg/day
- C. Haloperidol orally 10 mg/day
- D. Olanzapine orally 10 mg/day
- E. Olanzapine pamoate depot 150mg 4-weekly
- F. Paliperidone depot 25mg 2-weekly
- G. Quetiapine orally 600 mg/day
- H. Risperidone orally 6 mg/day

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.97** Which of the following statements regarding online therapy for Major Depressive Disorder is not correct?

Select **ONLY ONE** answer per page.

- A. Accessibility and anonymity are the strengths of online interventions
- B. CBT delivered online is as effective as face-to-face CBT for Major Depressive Disorder
- C. Complex presentations (eg. those with co-existing diagnoses) are challenging to treat online
- D. Online CBT is highly structured and often scripted which means that "therapist drift" is less likely to occur
- E. Online interventions have shown definite effectiveness in maintenance treatment for Major Depressive Disorder
- F. Retention in online treatments can be challenging

For the following psychological concept, please select the **MOST ASSOCIATED** historical figure listed below.

**Q.98** The ego uses unconscious defence mechanisms to keep mental conflicts that cause anxiety out of conscious awareness. Personality difficulties reflect overuse of immature defence mechanisms.

Select **ONLY ONE** answer per page.

- A. Anna Freud
- B. Carl Jung
- C. Erick Erickson
- D. Heinz Kohut
- E. L. Ron Hubbard
- F. Melanie Klein
- G. Otto Kernberg
- H. Ronald Fairbairn
- I. Sigmund Freud
- J. Wilhelm Reich

For the following example, please select the **MOST ACCURATE** statement listed below.

**Q.99** Regarding people with a diagnosis of intellectual disability:

Select **ONLY ONE** answer per page.

- A. Epilepsy is not associated with Down's syndrome
- B. In most people with intellectual disability a specific causal syndrome or disorder can be identified
- C. In those with autism, 20-40% have intellectual disability
- D. Intellectual disability is defined as people with an IQ (Intelligence Quotient) below 100
- E. People on the autistic spectrum often have obsessive and repetitive behaviours, as opposed to those with Fragile X
- F. People with Down's syndrome are overall happier and more placid, with lower rates of depression
- G. People with intellectual disability have similar rates of epilepsy to the general population
- H. There are higher rates of epilepsy in those with foetal alcohol spectrum disorder

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.100** Simon, aged 15, has gradually withdrawn from his family over the last three months and has needed prompting to shower himself and get dressed. His family referred him today after seeing a disorganised Facebook post in which he accused his parents of poisoning his school lunches with illicit drugs.

Select **ONLY ONE** answer per page.

- A. Alcohol dependence
- B. Attention Deficit Disorder, inattentive type
- C. Autistic Spectrum Disorder
- D. Bipolar Disorder Prodrome
- E. Conduct Disorder
- F. Major Depressive Episode
- G. Psychotic disorder NOS
- H. Synthetic cannabinoid abuse disorder

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.101** Which of the following psychotherapeutic modalities is a skills-based approach primarily focussed on helping patients identify, modify and overcome problematic thinking and behaviours:

Select **ONLY ONE** answer per page.

- A. Acceptance and Commitment therapy
- B. Cognitive Behavioural therapy
- C. Dialectical Behaviour Therapy
- D. Gestalt therapy
- E. Jungian Psychoanalysis
- F. Motivational Interviewing
- G. Psychodynamic Psychotherapy
- H. Supportive Psychotherapy

For the following topic, please select the **MOST ACCURATE** answer listed below.

**Q.102** The Royal Australian and New Zealand College of Psychiatrists' recommendations on management of acute relapses of psychosis that are supported by level 1 or 2 evidence include:

Select **ONLY ONE** answer per page.

- A. Adequate sequential trials of antipsychotic medications should be undertaken, of which at least one should be a second-generation antipsychotic
- B. CBT directed at the persistent symptoms of psychosis should be offered
- C. Cognitive remediation should be offered when cognitive deficits are affecting recovery and function
- D. Poor adherence with treatment plans should be considered and addressed
- E. The previous medication regimen that was most effective and well tolerated should be reinstated
- F. Treatment should include a focus on developing illness self-management skills

For the following example, please select the **MOST ASSOCIATED** historical figure listed below.

Q.103 The development of Insulin Shock Therapy:

Select **ONLY ONE** answer per page.

- A. Benedict Morel
- B. Egas Moniz
- C. Henri Laborit
- D. Ladislav von Meduna
- E. Lucio Bini
- F. Manfred Sakel
- G. Ugo Cerletti

For the following example, please select the MOST ACCURATE statement listed below.

Q.104 Regarding the incidence and course of schizophrenia:

Select ONLY ONE answer per page.

- A. It affects approximately 50 million people worldwide
- B. It is associated with a 20% reduction in life expectancy
- C. The incidence is between 4-4.5/1000 in nationally representative Australian surveys
- D. The incidence is higher in women than in men
- E. The incidence is lower in those born and raised in urban environments
- F. The incidence is lower in those of Aboriginal descent
- G. The incidence is lower in those of Māori descent
- H. The onset is earlier in females than in males

For the following intervention, please select the **MOST ACCURATE** statement listed below.

**Q.105 Regarding Repetitive Transcranial Magnetic Stimulation (rTMS):**

Select **ONLY ONE** answer per page.

- A. Anticonvulsant medications must be ceased during a course of rTMS for it to be effective
- B. Common side effects of rTMS include visual disturbances, tachycardia and transiently elevated blood pressure
- C. Obsessive-compulsive disorder does not respond to rTMS treatment
- D. Response rates are approximately 50% in studies of rTMS for patients with treatment-resistant depression
- E. rTMS cannot be used in combination with psychological therapies, due to rTMS causing anterograde memory loss
- F. rTMS is preferred in bipolar depression as it never induces manic or hypomanic episodes
- G. rTMS was developed as an alternative to Electroconvulsive Therapy because it does not cause seizures
- H. There is no evidence that rTMS has any benefit in schizophrenia

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.106** Pierre reports that he is related to the Queen of England and is owed money by her for "alien mind work". He always has this belief and his clinical file also reports several discrete episodes of mania and depression.

Select **ONLY ONE** answer per page.

- A. Bipolar Affective disorder – type I
- B. Bipolar Affective disorder – type II
- C. Delusional Disorder – grandiose type
- D. Depression with Psychosis
- E. Narcissistic Personality Disorder
- F. Paranoid Schizophrenia
- G. Schizoaffective Disorder – bipolar type
- H. Schizoaffective Disorder – unipolar type
- I. Schizotypal Personality Disorder

For the following clinical scenario, please select the MOST ACCURATE answer listed below.

**Q.107** Mack, aged 38, has a known history of antisocial personality disorder and polysubstance abuse. He was admitted under the Mental Health Act after threatening to run someone over with a car, followed by climbing onto motorway overpass railings and threatening to jump off. The police have requested a copy of the psychiatric assessment and have asked to be informed when Mack is released so that they can arrest him. Which ethical principles are most relevant in this situation?

Select ONLY ONE answer per page.

- A. Autonomy and beneficence
- B. Autonomy and justice
- C. Autonomy and non-maleficence
- D. Beneficence and non-maleficence
- E. Justice and beneficence
- F. Justice and non-maleficence

For the following example please select the **MOST ACCURATE** answer listed below.

**Q.108** The most suitable scale to assess the presence and severity of antipsychotic-induced akathisia:

Select **ONLY ONE** answer per page.

- A. AIMS
- B. BARS
- C. BPRS
- D. CGI
- E. ESRS
- F. HEN
- G. PANSS
- H. SAGS
- I. SANS

For the following example, please select the **MOST ASSOCIATED** genetic condition listed below.

**Q.109** Androgen insensitivity syndrome.

Select **ONLY ONE** answer per page.

- A. "Extensive" metaboliser genotype of 2D6
- B. "Intermediate" metaboliser genotype of 2D6
- C. "Ultra-rapid" metaboliser genotype of 2D6
- D. 5HTT gene "L" genotype
- E. 5HTT gene "S" genotype
- F. Autosomal dominant genetic transmission
- G. CAG trinucleotide repeats
- H. CTG trinucleotide repeats
- I. Expression of the neuregulin-1 gene
- J. X-linked recessive genetic transmission

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.110** Kevin, a 72 year old widower with a history of past Coronary Artery Bypass Graft surgery and intermittent claudication, is referred as his daughter has noticed problems with his short-term memory. Kevin says that he manages this by making lists. He presents as a pleasant man with a score of 73/100 for the ACE, with particularly reduced scores in the domains for memory and fluency.

Select **ONLY ONE** answer per page.

- A. Alzheimer's dementia
- B. Creutzfeldt-Jakob disease
- C. Frontotemporal (Pick's) dementia
- D. Huntingdon's disease
- E. Lewy body dementia
- F. Parkinson's disease
- G. Pseudodementia
- H. Vascular dementia
- I. Wernicke's encephalopathy

For the following example, please select the **MOST ASSOCIATED** aspect of memory listed below.

Q.111 Iconic memory:

Select **ONLY ONE** answer per page.

- A. Episodic Memory
- B. Facial Memory
- C. Long-term memory
- D. Procedural Memory
- E. Semantic Memory
- F. Sensory Memory
- G. Short-Term Memory
- H. Verbal Memory
- I. Working Memory

For the following example, please select the **MOST ACCURATE** answer listed below.

**Q.112** Marama, aged 35, becomes intensely irritable and markedly oversensitive to perceived criticism, as a result of which she is fired from her job. She sleeps "to escape" and complains of heavy, dragging tiredness but feels briefly better when visited by friends. In an argument with her husband she tries to emasculate him with a paring knife. During her subsequent psychiatric admission she fails to respond to SSRI or tricyclic medications but eventually makes a full recovery after a course of electroconvulsive therapy.

Select **ONLY ONE** answer per page.

- A. Atypical depression
- B. Bipolar disorder type I, depressed phase
- C. Bipolar disorder type II, depressed phase
- D. Borderline personality disorder
- E. Cyclothymia
- F. Delusional disorder, paranoid type
- G. Major Depressive episode
- H. Paranoid schizophrenia
- I. Psychotic depression
- J. Schizoaffective disorder

For the following question, please select the **MOST ACCURATE** answer from the list below.

**Q.113** What is a key benefit of the categorical approach for diagnosing personality disorder as opposed to the alternative dimensional model for personality disorder?

Select **ONLY ONE** answer per page.

- A. Categorical approaches reflect real-life human complexity
- B. Categorical classification can simplify professional communication, and make research easier
- C. Categorical diagnostic criteria lead to good inter-rater reliability
- D. The categorical approach has face validity as most patients clearly fall into one category or another
- E. The dimensional model does not have criteria that the personality disorder must cause inflexibility and significant impairment
- F. There is relative uniformity of features among people within the same category of personality disorder

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.114** Which of the following antipsychotic medications has the shortest elimination half-life?

Select **ONLY ONE** answer per page.

- A. Amisulpride
- B. Aripiprazole
- C. Clozapine
- D. Haloperidol
- E. Olanzapine
- F. Quetiapine
- G. Risperidone
- H. Trifluoperazine

For the following example, please select the MOST ACCURATE answer listed below.

Q.115 Doses of methadone under 60 mg daily for the treatment of opioid use disorder are associated with:

Select ONLY ONE answer per page.

- A. Greater retention in treatment
- B. Higher risk of overdose
- C. Lower rates of other illicit substance use
- D. Lower risk of overdose
- E. Reduced retention in treatment
- F. Reduced risk of contracting hepatitis

For the following example, please select the MOST ACCURATE answer listed below.

Q.116 How does the "Five-Factor Trait Model of Personality" relate to borderline personality disorder?

Select ONLY ONE answer per page.

- A. High levels of neuroticism, extroversion and psychoticism are associated with borderline personality disorder
- B. Low levels of conscientiousness, agreeableness and extroversion are predictive of borderline personality disorder
- C. The Five-Factor Trait Model has been shown to significantly predict borderline personality disorder symptoms
- D. The Five-Factor Trait Model includes extraversion, neuroticism, openness to experience, agreeableness, and conscientiousness, none of which occur in borderline personality disorder
- E. The Five-Factor Trait Model was developed by the same team who developed Dialectical Behavioural Therapy
- F. There is no relationship between the Five-Factor Trait Model and any of the personality disorders

For the following example, please select the MOST ACCURATE aspect of phenomenology demonstrated.

Q.117 Maria, a 57 year old waitress with normal vision, is walking home down a dimly-lit street late at night when she sees a shadowy figure out of the corner of her eye. When she turns towards the figure, she realises that it's a bush, rather than an attacker.

Select ONLY ONE answer per page.

- A. Affect-driven illusion
- B. Delusional perception
- C. Illusion caused by persisting sensory memory
- D. Palinopsia
- E. Pareidolic illusion
- F. Substance use-driven illusion
- G. Trompe l'oeil
- H. Visual hallucination
- I. Visual pseudo-hallucination

For the following patient, please select the **MOST APPROPRIATE** diagnosis listed below.

**Q.118** Holly, a stand-up comedian, does well in her profession as she is usually "on" – witty, entertaining, garrulous, and lively. She has never been admitted, but she occasionally suffers bouts of low mood which don't require treatment, during which she stays home and cancels any engagements.

Select **ONLY ONE** answer per page.

- A. Atypical major depression
- B. Bipolar disorder type I
- C. Bipolar disorder type II
- D. Borderline personality disorder
- E. Cyclothymia
- F. Dysphoric mania
- G. Dysthymia
- H. Histrionic personality disorder
- I. Post-traumatic stress disorder
- J. Premenstrual dysphoric disorder

For the following example, please select the **MOST ACCURATE** answer listed below.

**Q.119** The role of the hypothalamic-pituitary axis in the neurobiology of Antisocial Personality Disorder is:

Select **ONLY ONE** answer per page.

- A. A hyperactive hypothalamic-pituitary axis inhibits the release of adrenocorticotropin and cortisol, which interferes with the acquisition of fear conditioning
- B. A hyperactive hypothalamic-pituitary axis results in release of adrenocorticotropin and cortisol, which interferes with the acquisition of fear conditioning
- C. A hyperactive hypothalamic-pituitary axis results in release of adrenocorticotropin and cortisol, which interferes with learning through modelling
- D. A hypoactive hypothalamic-pituitary axis interferes with the acquisition of fear conditioning
- E. An imbalance in the tuberoinfundibular pathway results in lack of remorse, leading to psychopathy
- F. Overactivity in the mesocortical pathway results in chronic stress, with a hypoactive amygdala

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

EMQ 120

For the following clinical scenario, please select the **MOST PRIORITISED** ethical principle or concept.

**Q.120** Anna, a young woman with borderline personality disorder, has been admitted voluntarily for suicidal ideation. Her parents become angry when her psychiatrist tells them he cannot divulge details of Anna's condition and treatment unless Anna agrees to this.

Select **ONLY ONE** answer per page.

- A. **Autonomy**
- B. **Beneficence**
- C. **Compassion**
- D. **Ethical relativism**
- E. **Justice**
- F. **Non-maleficence**
- G. **Practical wisdom**
- H. **Utilitarianism**

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 LIKELY** diagnosis listed below.

**Q.121** Millie is a 14 year old girl referred for assessment. She has one longstanding friend, Sarah, from primary school. Millie is very interested in horses, and is struggling to manage her high school homework as her teachers will no longer let her base her homework around horses. Her mother says that when Sarah visits she and Millie spend ages looking at equestrian equipment magazines and that they don't talk about their classmates or events at school, or about anything except horses.

Select **ONLY ONE** answer per page.

- A. Attention Deficit Attention Disorder
- B. Autistic spectrum disorder
- C. Childhood onset schizophrenia
- D. Intellectual disability
- E. Obsessive compulsive disorder
- F. Obsessive compulsive personality disorder
- G. Social anxiety disorder
- H. Specific Learning Disorder

Scroll down for Next ⇨

For the following example, please select the MOST ACCURATE statement listed below.

Q.122 Regarding antidepressant-induced hyponatraemia in older patients:

Select ONLY ONE answer per page.

- A. Hyponatraemia does not recur if the patient is rechallenged with the same medication
- B. Hyponatraemia usually takes a month to resolve
- C. It can be caused by SSRIs and SNRIs, but not by tricyclic antidepressants
- D. It usually occurs at a specific antidepressant dose
- E. The onset is usually delayed, occurring after several weeks of treatment
- F. The prevalence is around 40%
- G. The symptoms of hyponatraemia often mimic hypomania
- H. There is a greater risk where the patient is older and female

For the following question, please select the **MOST APPROPRIATE** answer listed below.

**Q.123** Which of the following statements is false, regarding the mortality and comorbidity of people with schizophrenia:

Select **ONLY ONE** answer per page.

- A. About 85% of people with schizophrenia receive government-funded income support
- B. Early intervention has been shown to be cost effective in schizophrenia
- C. People with schizophrenia are more likely to be victims of violence
- D. People with schizophrenia face higher rates of incarceration
- E. People with schizophrenia have a standardised mortality rate 2.6 times or more higher than those without schizophrenia
- F. Schizophrenia is associated with an excess mortality from suicide
- G. Schizophrenia is associated with twice the rate of cigarette smoking
- H. The leading causes of premature death in people with schizophrenia are cardiovascular, accidental and by suicide

For the following patient, please select the **MOST APPROPRIATE** intervention listed below.

**Q.124** Anna, a 15 year old girl with Attention Deficit Hyperactivity Disorder, has responded well to stimulant medication for the last five years. At the most recent review she says that despite taking the last stimulant dose at midday, she has problems falling asleep at night and waking in the morning, so she gets into trouble for being late to school and feels tired in her classes.

Select **ONLY ONE** answer per page.

- A. Add an additional stimulant dose later in the day
- B. Low dose amitriptyline (in addition to current stimulant dose)
- C. Low dose quetiapine (in addition to current stimulant dose)
- D. Melatonin (in addition to existing stimulant dose)
- E. Sertraline (in addition to existing stimulant dose)
- F. Stop stimulant and switch to atomoxetine
- G. Stop stimulant and switch to extended-release clonidine
- H. Temazepam (in addition to existing stimulant dose)
- I. Venlafaxine (in addition to existing stimulant dose)
- J. Zopiclone (in addition to the existing stimulant dose)

For the following question, please select the MOST ACCURATE answer listed below.

Q.125 Expected metabolites of diazepam from mass spectrometry urinary drug screening include:

Select ONLY ONE answer per page.

- A. Diazepam
- B. Diazepam, clonazepam
- C. Diazepam, nordiazepam
- D. Diazepam, nordiazepam, bromazepam
- E. Diazepam, nordiazepam, lorazepam
- F. Diazepam, nordiazepam, oxazepam, temazepam

For the following example, please select the MOST ACCURATE statement listed below.

Q.126 In pre-marketing clinical trials, post-injection syndrome for olanzapine pamoate:

Select ONLY ONE answer per page.

- A. Caused permanent disability in many patients
- B. Caused predominantly cardiovascular symptoms
- C. Caused visual disturbances with frontal headaches
- D. Had a frequency of 1 in every 1400 injections
- E. Rarely occurred within 2 hours after the injection
- F. Required recovery across 7-10 days
- G. Usually required hospital care
- H. Was not associated with delirium or confusion

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.127** Mrs Jenkins, aged 72, is referred by her GP, who wonders if she might have a neurological disorder causing depression. She has increased anxiety, difficulty walking with a broad-based gait, difficulty completing routine tasks, short-term memory loss, and poor bladder control.

Select **ONLY ONE** answer per page.

- A. Alzheimer's dementia
- B. Chronic subdural haematoma
- C. Left frontal meningioma
- D. Lewy-body dementia
- E. Multi-infarct dementia
- F. Normal pressure hydrocephalus
- G. Parkinson's disease
- H. Pick's disease
- I. Right middle cerebral infarct
- J. Subarachnoid haemorrhage

For the following clinical example, please select the **MOST ACCURATE** answer listed below.

**Q.128** Alexis, aged 37, has been taking lithium for bipolar disorder for several years. Despite an adequate serum level of lithium she has developed a major depressive episode and she presents asking if she can be prescribed venlafaxine, which her friend takes for their depression. Which aspects of her history would be the least helpful in considering her request?

Select **ONLY ONE** answer per page.

- A. Her ability to accept close follow-up and engagement in treatment
- B. Her adherence in taking lithium
- C. Her history of rapid-cycling mood changes
- D. Her history of treatment-emergent mania
- E. Her substance use history
- F. The severity and consequences of past manic episodes

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.129** There is a stepwise process for assessing personality using the alternative dimensional model for personality disorder described in DSM-V, Section III. Which of the following statements best describes the initial (Criterion A) stage of personality assessment using the DSM-V dimensional model?

Select **ONLY ONE** answer per page.

- A. Impairments in personality functioning are assessed on a 5-point severity scale in the domains of identity, self-directedness, empathy, and intimacy
- B. The subject is evaluated to determine if they have one of the six personality disorder diagnoses, or the alternative "personality disorder trait-specified" diagnosis
- C. Maladaptive personality traits are assessed, and other inclusion and exclusion criteria are applied
- D. Pathological personality traits are assessed in terms of five personality trait domains – negative affectivity, detachment, antagonism, disinhibition, and psychoticism
- E. Pathological personality traits are assessed in terms of the "Big Five" personality trait domains – neuroticism, conscientiousness, psychoticism, extraversion and agreeableness

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.130** Mr Gupta, aged 76, develops a progressive condition causing drooling and micrographia.

Select **ONLY ONE** answer per page.

- A. Alzheimer's dementia
- B. Creutzfeldt-Jakob disease
- C. Frontotemporal (Pick's) dementia
- D. Huntingdon's disease
- E. Lewy body dementia
- F. Neurosyphilis
- G. Parkinson's disease
- H. Vascular dementia
- I. Wernicke's encephalopathy

For the following patient, please select the **MOST APPROPRIATE** medication from the list below.

**Q.131** Ellen, aged 18, has a history of trauma and presents with posttraumatic stress disorder and anorexia nervosa. She is engaged in appropriate individual therapy for eating disorder, but is unable to eat enough due to her high anxiety and markedly disordered cognitions around eating and weight. She and her therapist ask that a medication be prescribed to lower her anxiety, but she has a history of QTC prolongation.

Select **ONLY ONE** answer per page.

- A. Aripiprazole
- B. Haloperidol
- C. Mirtazapine
- D. Molindone
- E. Sertraline
- F. Olanzapine
- G. Quetiapine
- H. Ziprasidone

For the following example, please select the MOST ACCURATE answer listed below.

Q.132 Petyr, aged 6, was raised in an Albanian orphanage before being adopted overseas. He isolates himself and is tense and nervous if people try to talk to him or touch him, speaking little and preferring to be by himself.

Select ONLY ONE answer per page.

- A. Attention deficit disorder inattentive type
- B. Autistic spectrum disorder
- C. Avoidant personality disorder
- D. Expressive language disorder
- E. Mild mental retardation
- F. Oppositional defiant disorder
- G. Pervasive developmental disorder
- H. Reactive attachment disorder
- I. Rett's disorder
- J. Selective mutism
- K. Separation anxiety disorder
- L. Social anxiety disorder

For the following clinical scenario please select the MOST ACCURATE answer listed below.

**Q.133** Tony, a 52 year old insurance salesman, has a moderate major depressive episode. He wishes to have non-pharmacological treatment. For which of the following lifestyle changes is there evidence to support recommending it to him?

Select ONLY ONE answer per page.

- A. He should apply for extended sick leave
- B. He should continue smoking, as the stress of quitting will aggravate his depression
- C. He should eat a high carbohydrate, low protein diet
- D. He should eat a low carbohydrate, high protein diet
- E. He should join an on-line support group for depressed professionals
- F. He should take early retirement to reduce stress
- G. He should undertake a regular exercise regime
- H. He should wear amber, blue-blocking sunglasses

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.134** Anastasia, aged 13, is very shy and is unable to cope with a presentation to her class about a project, but at home she's happy and settled. She avoids interactions with her schoolmates by reading alone in the library during breaks.

Select **ONLY ONE** answer per page.

- A. Acute stress disorder
- B. Avoidant personality disorder
- C. Generalised anxiety disorder
- D. Panic disorder with agoraphobia
- E. Panic disorder without agoraphobia
- F. Posttraumatic stress disorder
- G. Separation anxiety disorder
- H. Social anxiety disorder
- I. Specific phobia
- J. Substance-induced anxiety disorder

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.135** Brian is a 10 year old boy who has been losing weight due to being unwilling to eat any food that has been in contact with another food. He will only eat dry cereal for breakfast and his mother has to prepare small, separate containers of food for his lunch. At dinner he eats each item on a different plate with separate cutlery. He often gets to sleep very late as he spends a couple of hours organising and tidying his bedroom.

Select **ONLY ONE** answer per page.

- A. ADHD
- B. Autistic spectrum disorder
- C. Childhood onset schizophrenia
- D. Dyspraxia
- E. Intellectual disability
- F. Nocturnal enuresis
- G. Obsessive compulsive disorder
- H. Separation anxiety disorder
- I. Specific Learning Disorder

For the following question, please select the **MOST ACCURATE** answer listed below.

Q.136 Which of the following endocannabinoids binds to cannabinoid receptors?

Select **ONLY ONE** answer per page.

- A. Anandamide
- B. Cannabidiol
- C. Dronabinol
- D. Nabinol
- E. Nabiximol
- F. Tetrahydrocannabinol

For the following example, please select the MOST ACCURATE answer listed below.

**Q.137** Evidenced-based practices in psychiatric rehabilitation for psychosis have not been shown to lead to the following:

Select ONLY ONE answer per page.

- A. Better control of substance use disorder
- B. Consistent rates of competitive employment
- C. Fewer hospital admissions
- D. Improved quality of life
- E. Improvement in positive symptoms
- F. Increased community involvement
- G. Less frequent relapses
- H. Less severe relapses

For the following patient, please select the **MOST LIKELY** diagnosis listed below.

**Q.138** After Todd, aged 11, starts treatment for ADHD, he develops difficulty falling asleep and becomes nervous and tense.

Select **ONLY ONE** answer per page.

- A. Acute stress disorder
- B. Adjustment disorder with anxiety and depressed mood
- C. Generalised anxiety disorder
- D. Major depressive episode
- E. Obsessive compulsive disorder
- F. Post-traumatic stress disorder
- G. Separation anxiety disorder
- H. Social anxiety disorder
- I. Specific phobia
- J. Substance-induced anxiety disorder

For the following question, please select the **MOST ACCURATE** answer listed below.

**Q.139** Which antipsychotic is the least likely to cause weight gain?

Select **ONLY ONE** answer per page.

- A. Amisulpride
- B. Aripiprazole
- C. Chlorpromazine
- D. Clozapine
- E. Haloperidol
- F. Olanzapine
- G. Paliperidone
- H. Quetiapine
- I. Risperidone
- J. Sertindole

For the following patient please select the **MOST LIKELY** disorder demonstrated.

**Q.140** Mateo has type II diabetes and is considerably overweight. He keeps his wife awake at night with his snoring and feels tired and unrefreshed during the day.

Select **ONLY ONE** answer per page.

- A. Atypical major depression
- B. Breathing-related sleep disorder
- C. Circadian rhythm sleep-wake disorders
- D. Dysthymia
- E. Hypersomnolence disorder
- F. Insomnia disorder
- G. Non-rapid eye movement (NREM) sleep arousal disorder
- H. Rapid eye movement (REM) sleep behaviour disorder
- I. Restless legs syndrome
- J. Substance/medication-induced sleep disorder

**MCQ Mock Exam****Critical Analysis Problems (CAP)**

You are about to commence the CAP component of the Mock Exam.

**Abstracts, quotes from the papers, tables, and figures are in the left hand panel. They are repeated as needed for question pages relating to that segment of information – this replaces the past use of a Stimulus handout. (In the real electronic 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 at times be a series of Questions scattered through the paper that 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

**MCQ Mock Exam**

Flag box: (add exclamation mark if you want to review this question later) CAP 1.1 !

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

CAP 1.1

**CAP Question 1 (20 marks)**

**Personality change in the Nottingham Study of Neurotic Disorder: 30-Year cohort study** – Min Yang, Helen Tyrer, Tony Johnson, Peter Tyrer. ANZJP July 2021

**Background:**

Persistence is said to be a feature of personality disorder, but there are few long-term prospective studies of the condition. A total of 200 patients with anxiety and depressive disorders involved in a randomised controlled trial initiated in 1983 had full personality status assessed at baseline. We repeated assessment of personality status on three subsequent occasions over 30 years.

**Methods:**

Personality status was recorded using methods derived from the Personality Assessment Schedule, which has algorithms for allocating Diagnostic and Statistical Manual of Mental Disorders (DSM) and the 11th International Classification of Diseases (ICD-11) categories. The category and severity of personality diagnosis were recorded at baseline in the randomised patients with DSM-III anxiety and depressive diagnoses. The same method of assessing personality status was repeated at 2, 12 and 30 years after baseline.

**Results:**

Using the ICD-11 system, 47% of patients, mainly those with no personality disturbance at baseline, retained their personality status; of the others 16.8% improved and 20.4% worsened to more severe disorder. In DSM-III diagnosed patients, those diagnosed as Cluster A and Cluster C increased in frequency (from 14% to 40%,  $p < 0.001$ , and 21.5% to 36%,  $p < 0.001$ , respectively) over follow-up, while those with Cluster B showed little change in frequency (22% to 18%,  $p = 0.197$ ).

**Conclusion:**

In this population of patients with common mental disorders, personality status showed many changes over time, inconsistent with the view that personality disorder is a persistent or stable condition. The increase in diagnoses within the Cluster A and C groups suggests personality disorder generally increases in frequency as people age.

Select **ONLY ONE** answer per page.

Regarding the adjoining abstract and your prior knowledge:

**Question 1.1 (1 mark)**

Which of the following best describes the design of this study?

- A. Case-control study
- B. Cohort study
- C. Cross-sectional study
- D. Prospective study
- E. Pseudorandomised controlled trial
- F. Randomised controlled trial
- G. Systematic review

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**CAP Question 1 (contd.)** *(same information as in previous Q)*

**Personality change in the Nottingham Study of Neurotic Disorder: 30-Year cohort study** – Min Yang, Helen Tyrer, Tony Johnson, Peter Tyrer, ANZJP July 2021

**Background:**

Persistence is said to be a feature of personality disorder, but there are few long-term prospective studies of the condition. A total of 200 patients with anxiety and depressive disorders involved in a randomised controlled trial initiated in 1983 had full personality status assessed at baseline. We repeated assessment of personality status on three subsequent occasions over 30 years.

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Using the ICD-11 system, 47% of patients, mainly those with no personality disturbance at baseline, retained their personality status; of the others 16.8% improved and 20.4% worsened to more severe disorder. In DSM-III diagnosed patients, those diagnosed as Cluster A and Cluster C increased in frequency (from 14% to 40%,  $p < 0.001$ , and 21.5% to 36%,  $p < 0.001$ , respectively) over follow-up, while those with Cluster B showed little change in frequency (22% to 18%,  $p = 0.197$ ).

**Conclusion:**

In this population of patients with common mental disorders, personality status showed many changes over time, inconsistent with the view that personality disorder is a persistent or stable condition. The increase in diagnoses within the Cluster A and C groups suggests personality disorder generally increases in frequency as people age.

Select **ONLY ONE** answer per page.

Regarding the adjoining abstract and your prior knowledge:

**Question 1.2 (1 mark)**

The study was designed to measure:

- A. **Changes in personality status in patients with anxiety and depressive disorders**
- B. **Impact of personality disorder on depressive and anxiety disorders over time**
- C. **Rates of personality disorder in patients with anxiety and depressive disorders**
- D. **The most common personality disorder diagnosis in older people with anxiety and depressive disorders**

**CAP Question 1 contd.**

(Excerpt from Methods)

The patients were recruited from psychiatric clinics in eight general practice surgeries in Nottingham between 1983 and 1987. Such clinics were widely used in the area in the 1980s. The patients were originally entered into a randomised trial carried out over 10 weeks, in which, using constrained randomisation, 210 patients were allocated to drug treatment ( $n = 84$ ) (the antidepressant, dothiepin [ $n = 28$ ], the anti-anxiety drug, diazepam [ $n = 28$ ] and placebo [ $n = 28$ ]); cognitive behaviour therapy ( $n = 84$ ); and self-help ( $n = 42$ ). The results of the trial have been described previously. Personality status had no influence on outcome over this short period.

Select **ONLY ONE** answer per page.

Regarding the adjoining excerpt, any other information provided and your prior knowledge:

**Question 1.3 (1 mark)**

Which of the following statements best reflects the study setting?

- A. Clinical setting
- B. Mix of clinical and naturalistic settings
- C. Naturalistic setting
- D. Non-clinical setting
- E. Research setting

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**CAP Question 1 contd.**

(Excerpt from Methods) *(same information as in previous Q)*

The patients were recruited from psychiatric clinics in eight general practice surgeries in Nottingham between 1983 and 1987. Such clinics were widely used in the area in the 1980s. The patients were originally entered into a randomised trial carried out over 10 weeks, in which, using constrained randomisation, 210 patients were allocated to drug treatment ( $n = 84$ ) (the antidepressant, dothiepin [ $n = 28$ ], the anti-anxiety drug, diazepam [ $n = 28$ ] and placebo [ $n = 28$ ]); cognitive behaviour therapy ( $n = 84$ ); and self-help ( $n = 42$ ). The results of the trial have been described previously. Personality status had no influence on outcome over this short period.

Select **ONLY ONE** answer per page.

Regarding the adjoining excerpt, any other information provided and your prior knowledge:

**Question 1.4 (1 mark)**

Which of the following is most likely, given the method of recruitment?

- A. Confounding
- B. Recall bias
- C. Regression towards the mean
- D. Selection bias
- E. Testing effects

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

CAP 1.5

## CAP Question 1 contd.

(Excerpt from Methods: Assessment of Personality)

Personality assessment was made at baseline by previously trained independent researchers (all psychiatrists) using the Personality Assessment Schedule (PAS) (Tyrer and Alexander, 1979; Tyrer et al., 1979). This is an interview schedule carried out by a trained observer taking about 45–60 minutes to complete and assesses 24 personality attributes, each on an 8-point scale. The scores are subsequently classified into two groups, one to assess severity and the other to assess the type of personality disturbance. The PAS is a combined categorical and dimensional scale similar to the SNAP (Clark et al., 2014).

Select ONLY ONE answer per page.

Regarding the adjoining excerpt, any other information provided and your prior knowledge:

Question 1.5 (1 mark)

Having the Personality Assessment Schedule carried out by a trained observer is an example of:

- A. Construct validity
- B. Content validity
- C. Ecological validity
- D. External validity
- E. Hawthorne effect
- F. Internal validity
- G. Observer bias

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## MCQ Mock Exam

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CAP 1.6

## CAP Question 1 contd.

(Excerpt from Results)

Of 210 participants, 165 had full measures at 2 years follow-up, 1 had died and 44 (21.0%) were lost to follow-up. At 12 years follow-up, some participants were assessed who did not have measures at 2 years (Tyrrer et al., 2004). Seventeen (8.1%) had died, 185 had clinical assessment and 15 (7.1%) did not have PAS personality measures. At 30 years follow-up, 71 (33.8%) had died, 87 had personality assessment and 54 were lost to follow-up (25.7%).

Select ONLY ONE answer per page.

Regarding the adjoining excerpt, any other information provided and your prior knowledge:

Question 1.6 (1 mark)

What type of bias is most likely to occur?

- A. Attrition bias
- B. Information bias
- C. Observation bias
- D. Response bias
- E. Sampling bias
- F. Selection bias
- G. Social desirability bias

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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. – Table 1

Table 1. PAS and DSM personality type over time and tested by repeated-measures model at patient level.

PD type	Positive cases and percentage (%) at follow-up time points					Model estimated change parameter	
	Baseline N=200	2 years N=162	12 years N=186	30 years N=89	$\chi^2$ (p) for linear trend	Linear change AOR [95% CI] <sup>a</sup>	Quadratic change Est. (SE)
PD type (PAS system): n (%)							
Sociopathic	27 (13.5)	8 (4.9)	9 (4.8)	8 (9.0)	4.50 (0.034)	0.988 [0.965, 1.012]	0.0047 (0.0017)**
Passive dependent	27 (13.5)	14 (8.6)	29 (15.6)	20 (22.5)	4.19 (0.041)	1.027 [1.008, 1.047]**	-0.0000 (0.0011)
Anankastic	21 (10.5)	13 (8.0)	27 (12.7)	17 (19.1)	5.27 (0.022)	1.028 [1.007, 1.049]**	-0.0009 (0.0011)
Schizoid	9 (4.5)	10 (6.2)	31 (16.7)	14 (15.7)	17.74 (0.000)	1.041 [1.017, 1.066]***	-0.0043 (0.0012)**
Any PD	59 (29.5)	32 (19.8)	60 (32.2)	34 (38.2)	3.16 (0.075)	1.035 [0.982, 1.092]	-0.0004 (0.0009)
PD type (DSM-III system): n (%)							
Paranoid	26 (13.0)	20 (12.3)	51 (27.4)	30 (33.7)	24.53 (0.000)		
Schizoid	6 (3.0)	6 (3.7)	30 (16.1)	13 (14.6)	23.23 (0.000)		
Schizotypal	9 (4.5)	10 (6.2)	30 (16.1)	12 (13.5)	10.20 (0.001)		
Any Cluster A	<b>28 (14.0)</b>	<b>21 (13.0)</b>	<b>60 (32.3)</b>	<b>36 (40.4)</b>	<b>36.07 (0.000)</b>	1.047 [1.027, 1.067]***	-0.0030 (0.0011)**
Histrionic	27 (13.5)	9 (5.5)	22 (11.8)	6 (6.7)	8.54 (0.003)		
Antisocial	23 (11.5)	8 (4.9)	6 (3.2)	6 (6.7)	5.85 (0.016)		
Borderline	22 (11.0)	13 (8.0)	18 (9.7)	14 (15.7)	0.70 (0.404)		
Narcissistic	13 (6.5)	2 (1.2)	11 (5.9)	6 (6.7)	0.094 (0.759)		
Any Cluster B	<b>44 (22.0)</b>	<b>25 (15.3)</b>	<b>28 (15.1)</b>	<b>16 (18.0)</b>	<b>1.67 (0.197)</b>	0.985 [0.964, 1.006]	0.0018 (0.0012)
Avoidant	21 (10.5)	12 (7.4)	45 (24.2)	27 (30.3)	26.92 (0.000)		
Dependent	21 (10.5)	13 (8.0)	16 (8.6)	12 (13.5)	0.15 (0.696)		
Obsessive-compulsive	16 (8.0)	12 (7.4)	33 (17.7)	22 (24.7)	19.78 (0.000)		
Any Cluster C	<b>43 (21.5)</b>	<b>27 (16.7)</b>	<b>63 (33.9)</b>	<b>32 (36.0)</b>	<b>12.82 (0.000)</b>	1.031 [1.012, 1.050]**	-0.0019 (0.0010)
Passive-aggressive <sup>b</sup>	15 (7.5)	4 (2.5)	7 (3.8)	10 (11.2)	0.202 (0.653)		
Any PD	79 (39.5)	48 (29.6)	87 (46.8)	45 (50.6)	5.80 (0.016)	1.055 [1.003, 1.120]*	-0.0011 (0.0009)

PD: personality disorder; PAS: Personality Assessment Schedule; DSM: *Diagnostic and Statistical Manual of Mental Disorders*; AOR: adjusted odds ratio; CI: confidence interval; SE: standard error; DSM-III: *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.).

The set of patients analysed here was all patients with details shown in the Supplementary S2.

<sup>a</sup>Adjusted for age of patients.

<sup>b</sup>Passive-aggressive personality disorder is no longer diagnosed but was an established category in DSM-III.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ .

Select ONLY ONE answer per page.

Utilising Table 1, any other information provided and your prior knowledge:

## Question 1.7 (2 marks)

With regard to baseline diagnosis of personality disorder:

- A. 6% of patients met criteria for schizoid personality disorder
- B. 13% of patients met criteria for Cluster A personality disorders
- C. All three Cluster C personality disorders were equally common
- D. Cluster B personality disorders were the most common
- E. Patients originally diagnosed with Cluster A personality disorder were the most likely to lose personality disorder status over time
- F. There were higher rates of personality disorders diagnoses with the PAS than DSM-III system

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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. Table 1 (same table as in previous Q)

Table 1. PAS and DSM personality type over time and tested by repeated-measures model at patient level.

PD type	Positive cases and percentage (%) at follow-up time points					Model estimated change parameter	
	Baseline N=200	2 years N=162	12 years N=186	30 years N=89	$\chi^2$ (p) for linear trend	Linear change AOR [95% CI] <sup>a</sup>	Quadratic change Est (SE)
PD type (PAS system): n (%)							
Sociopathic	27 (13.5)	8 (4.9)	9 (4.8)	8 (9.0)	4.50 (0.034)	0.988 [0.965, 1.012]	0.0047 (0.0017)**
Passive dependent	27 (13.5)	14 (8.6)	29 (15.6)	20 (22.5)	4.19 (0.041)	1.027 [1.008, 1.047]**	-0.0000 (0.0011)
Anankastic	21 (10.5)	13 (8.0)	27 (12.7)	17 (19.1)	5.27 (0.022)	1.028 [1.007, 1.049]**	-0.0009 (0.0011)
Schizoid	9 (4.5)	10 (6.2)	31 (16.7)	14 (15.7)	17.74 (0.000)	1.041 [1.017, 1.066]***	-0.0043 (0.0012)**
Any PD	59 (29.5)	32 (19.8)	60 (32.2)	34 (38.2)	3.16 (0.075)	1.035 [0.982, 1.092]	-0.0004 (0.0009)
PD type (DSM-III system): n (%)							
Paranoid	26 (13.0)	20 (12.3)	51 (27.4)	30 (33.7)	24.53 (0.000)		
Schizoid	6 (3.0)	6 (3.7)	30 (16.1)	13 (14.6)	23.23 (0.000)		
Schizotypal	9 (4.5)	10 (6.2)	30 (16.1)	12 (13.5)	10.20 (0.001)		
Any Cluster A	28 (14.0)	21 (13.0)	60 (32.3)	36 (40.4)	36.07 (0.000)	1.047 [1.027, 1.067]***	-0.0030 (0.0011)**
Histrionic	27 (13.5)	9 (5.5)	22 (11.8)	6 (6.7)	8.54 (0.003)		
Antisocial	23 (11.5)	8 (4.9)	6 (3.2)	6 (6.7)	5.85 (0.016)		
Borderline	22 (11.0)	13 (8.0)	18 (9.7)	14 (15.7)	0.70 (0.404)		
Narcissistic	13 (6.5)	2 (1.2)	11 (5.9)	6 (6.7)	0.094 (0.759)		
Any Cluster B	44 (22.0)	25 (15.3)	28 (15.1)	16 (18.0)	1.67 (0.197)	0.985 [0.964, 1.006]	0.0018 (0.0012)
Avoidant	21 (10.5)	12 (7.4)	45 (24.2)	27 (30.3)	26.92 (0.000)		
Dependent	21 (10.5)	13 (8.0)	16 (8.6)	12 (13.5)	0.15 (0.696)		
Obsessive-compulsive	16 (8.0)	12 (7.4)	33 (17.7)	22 (24.7)	19.78 (0.000)		
Any Cluster C	43 (21.5)	27 (16.7)	63 (33.9)	32 (36.0)	12.82 (0.000)	1.031 [1.012, 1.050]**	-0.0019 (0.0010)
Passive-aggressive <sup>b</sup>	15 (7.5)	4 (2.5)	7 (3.8)	10 (11.2)	0.202 (0.653)		
Any PD	79 (39.5)	48 (29.6)	87 (46.8)	45 (50.6)	5.80 (0.016)	1.055 [1.003, 1.120]*	-0.0011 (0.0009)

PD: personality disorder; PAS: Personality Assessment Schedule; DSM: *Diagnostic and Statistical Manual of Mental Disorders*; AOR: adjusted odds ratio; CI: confidence interval; SE: standard error; DSM-III: *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.).

The set of patients analysed here was all patients with details shown in the Supplementary S2.

<sup>a</sup>Adjusted for age of patients.

<sup>b</sup>Passive-aggressive personality disorder is no longer diagnosed but was an established category in DSM-III.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ .

Select ONLY ONE answer per page.

Utilising Table 1, any other information provided and your prior knowledge:

## Question 1.8 (2 marks)

In terms of personality status over time:

- A. All Cluster B personality disorder percentages decreased over time
- B. All personality disorder percentages became more common over time
- C. Cluster A and Cluster C personality disorder percentages increased over time
- D. Participants had the highest personality disorder percentages at the 2 year follow-up
- E. Personality structure remained stable over 30 years of follow-up

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## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later) CAP 1.9

## CAP Question 1 contd. Table 1 (same table as in previous Q)

Table 1. PAS and DSM personality type over time and tested by repeated-measures model at patient level.

PD type	Positive cases and percentage (%) at follow-up time points					Model estimated change parameter	
	Baseline N=200	2 years N=162	12 years N=186	30 years N=89	$\chi^2$ (p) for linear trend	Linear change AOR [95% CI] <sup>a</sup>	Quadratic change Est (SE)
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Passive dependent	27 (13.5)	14 (8.6)	29 (15.6)	20 (22.5)	4.19 (0.041)	1.027 [1.008, 1.047]**	-0.0000 (0.0011)
Anankastic	21 (10.5)	13 (8.0)	27 (12.7)	17 (19.1)	5.27 (0.022)	1.028 [1.007, 1.049]**	-0.0009 (0.0011)
Schizoid	9 (4.5)	10 (6.2)	31 (16.7)	14 (15.7)	17.74 (0.000)	1.041 [1.017, 1.066]***	-0.0043 (0.0012)**
Any PD	59 (29.5)	32 (19.8)	60 (32.2)	34 (38.2)	3.16 (0.075)	1.035 [0.982, 1.092]	-0.0004 (0.0009)
PD type (DSM-III system): n (%)							
Paranoid	26 (13.0)	20 (12.3)	51 (27.4)	30 (33.7)	24.53 (0.000)		
Schizoid	6 (3.0)	6 (3.7)	30 (16.1)	13 (14.6)	23.23 (0.000)		
Schizotypal	9 (4.5)	10 (6.2)	30 (16.1)	12 (13.5)	10.20 (0.001)		
Any Cluster A	28 (14.0)	21 (13.0)	60 (32.3)	36 (40.4)	36.07 (0.000)	1.047 [1.027, 1.067]***	-0.0030 (0.0011)**
Histrionic	27 (13.5)	9 (5.5)	22 (11.8)	6 (6.7)	8.54 (0.003)		
Antisocial	23 (11.5)	8 (4.9)	6 (3.2)	6 (6.7)	5.85 (0.016)		
Borderline	22 (11.0)	13 (8.0)	18 (9.7)	14 (15.7)	0.70 (0.404)		
Narcissistic	13 (6.5)	2 (1.2)	11 (5.9)	6 (6.7)	0.094 (0.759)		
Any Cluster B	44 (22.0)	25 (15.3)	28 (15.1)	16 (18.0)	1.67 (0.197)	0.985 [0.964, 1.006]	0.0018 (0.0012)
Avoidant	21 (10.5)	12 (7.4)	45 (24.2)	27 (30.3)	26.92 (0.000)		
Dependent	21 (10.5)	13 (8.0)	16 (8.6)	12 (13.5)	0.15 (0.696)		
Obsessive-compulsive	16 (8.0)	12 (7.4)	33 (17.7)	22 (24.7)	19.78 (0.000)		
Any Cluster C	43 (21.5)	27 (16.7)	63 (33.9)	32 (36.0)	12.82 (0.000)	1.031 [1.012, 1.050]**	-0.0019 (0.0010)
Passive-aggressive <sup>b</sup>	15 (7.5)	4 (2.5)	7 (3.8)	10 (11.2)	0.202 (0.653)		
Any PD	79 (39.5)	48 (29.6)	87 (46.8)	45 (50.6)	5.80 (0.016)	1.055 [1.003, 1.120]*	-0.0011 (0.0009)

PD: personality disorder; PAS: Personality Assessment Schedule; DSM: *Diagnostic and Statistical Manual of Mental Disorders*; AOR: adjusted odds ratio; CI: confidence interval; SE: standard error; DSM-III: *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.). The set of patients analysed here was all patients with details shown in the Supplementary S2.

<sup>a</sup>Adjusted for age of patients.

<sup>b</sup>Passive-aggressive personality disorder is no longer diagnosed but was an established category in DSM-III.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ .

Select ONLY ONE answer per page.

Utilising Table 1, any other information provided and your prior knowledge:

## Question 1.9 (2 marks)

In interpreting the adjusted odds ratio (AOR) for linear change in Cluster A personality disorders over time, which of the following is most correct:

- A. Cluster A personality disorders increased over time
- B. Schizoid personality disorder rates increased over time
- C. The odds ratio is close to the null value and is not clinically significant
- D. The null value is included in the 95% confidence interval
- E. Those with a Cluster A personality disorder at baseline were at higher risk of developing other personality disorders over time

Scroll down for Next ⇨

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later) CAP 1.10

## CAP Question 1 contd. Table 1 (same table as in previous Q)

Table 1. PAS and DSM personality type over time and tested by repeated-measures model at patient level.

PD type	Positive cases and percentage (%) at follow-up time points					Model estimated change parameter	
	Baseline N=200	2 years N=162	12 years N=186	30 years N=89	$\chi^2$ (p) for linear trend	Linear change AOR [95% CI] <sup>a</sup>	Quadratic change Est (SE)
PD type (PAS system): n (%)							
Sociopathic	27 (13.5)	8 (4.9)	9 (4.8)	8 (9.0)	4.50 (0.034)	0.988 [0.965, 1.012]	0.0047 (0.0017)**
Passive dependent	27 (13.5)	14 (8.6)	29 (15.6)	20 (22.5)	4.19 (0.041)	1.027 [1.008, 1.047]**	-0.0000 (0.0011)
Anankastic	21 (10.5)	13 (8.0)	27 (12.7)	17 (19.1)	5.27 (0.022)	1.028 [1.007, 1.049]**	-0.0009 (0.0011)
Schizoid	9 (4.5)	10 (6.2)	31 (16.7)	14 (15.7)	17.74 (0.000)	1.041 [1.017, 1.066]***	-0.0043 (0.0012)**
Any PD	59 (29.5)	32 (19.8)	60 (32.2)	34 (38.2)	3.16 (0.075)	1.035 [0.982, 1.092]	-0.0004 (0.0009)
PD type (DSM-III system): n (%)							
Paranoid	26 (13.0)	20 (12.3)	51 (27.4)	30 (33.7)	24.53 (0.000)		
Schizoid	6 (3.0)	6 (3.7)	30 (16.1)	13 (14.6)	23.23 (0.000)		
Schizotypal	9 (4.5)	10 (6.2)	30 (16.1)	12 (13.5)	10.20 (0.001)		
Any Cluster A	28 (14.0)	21 (13.0)	60 (32.3)	36 (40.4)	36.07 (0.000)	1.047 [1.027, 1.067]***	-0.0030 (0.0011)**
Histrionic	27 (13.5)	9 (5.5)	22 (11.8)	6 (6.7)	8.54 (0.003)		
Antisocial	23 (11.5)	8 (4.9)	6 (3.2)	6 (6.7)	5.85 (0.016)		
Borderline	22 (11.0)	13 (8.0)	18 (9.7)	14 (15.7)	0.70 (0.404)		
Narcissistic	13 (6.5)	2 (1.2)	11 (5.9)	6 (6.7)	0.094 (0.759)		
Any Cluster B	44 (22.0)	25 (15.3)	28 (15.1)	16 (18.0)	1.67 (0.197)	0.985 [0.964, 1.006]	0.0018 (0.0012)
Avoidant	21 (10.5)	12 (7.4)	45 (24.2)	27 (30.3)	26.92 (0.000)		
Dependent	21 (10.5)	13 (8.0)	16 (8.6)	12 (13.5)	0.15 (0.696)		
Obsessive-compulsive	16 (8.0)	12 (7.4)	33 (17.7)	22 (24.7)	19.78 (0.000)		
Any Cluster C	43 (21.5)	27 (16.7)	63 (33.9)	32 (36.0)	12.82 (0.000)	1.031 [1.012, 1.050]**	-0.0019 (0.0010)
Passive-aggressive <sup>b</sup>	15 (7.5)	4 (2.5)	7 (3.8)	10 (11.2)	0.202 (0.653)		
Any PD	79 (39.5)	48 (29.6)	87 (46.8)	45 (50.6)	5.80 (0.016)	1.055 [1.003, 1.120]*	-0.0011 (0.0009)

PD: personality disorder; PAS: Personality Assessment Schedule; DSM: *Diagnostic and Statistical Manual of Mental Disorders*; AOR: adjusted odds ratio; CI: confidence interval; SE: standard error; DSM-III: *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.). The set of patients analysed here was all patients with details shown in the Supplementary S2.

<sup>a</sup>Adjusted for age of patients.

<sup>b</sup>Passive-aggressive personality disorder is no longer diagnosed but was an established category in DSM-III.

\*p < 0.05, \*\*p < 0.01, \*\*\*p < 0.001.

Select ONLY ONE answer per page.

Utilising Table 1, any other information provided and your prior knowledge:

Question 1.10 (2 marks)

In interpreting the p value for the change in Cluster C personality disorder over time:

- A. 0.001% of the time, this would be a chance finding
- B. The null hypothesis cannot be rejected
- C. There is less than a 0.01 chance that errors have been made in rejecting the null hypothesis
- D. There is a 95% probability that this is a true representation of the change in Cluster C personality disorder over time

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## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

CAP 1.11

## CAP Question 1 contd. Table 4

**Table 4.** DSM Personality disturbance by personality status at baseline and changes over follow-up period using multilevel multivariate logistic models.

PD categories by severity level at baseline	Positive cases and percentage (%) at follow-up time points				Model estimated change parameter	
	Baseline	2 years	12 years	30 years	Linear change AOR [95% CI] <sup>a</sup>	Quadratic change Est (SE)
No PD: <i>n</i>	87	74	75	35		
Cluster A	0	3 (4.1)	12 (16.0)	8 (22.9)	1.172 [1.134, 1.212] <sup>***</sup>	-0.0092 (0.0015) <sup>***</sup>
Cluster B	0	7 (9.5)	8 (10.7)	6 (17.1)	1.091 [1.060, 1.123] <sup>***</sup>	-0.0052 (0.0015) <sup>**</sup>
Cluster C	0	6 (8.1)	20 (26.7)	12 (34.3)	1.186 [1.148, 1.225] <sup>***</sup>	-0.0104 (0.0015) <sup>***</sup>
Any PD	0	11 (14.9)	27 (36.0)	16 (45.7)	1.101 [1.069, 1.135] <sup>***</sup>	-0.0066 (0.0015) <sup>**</sup>
PD difficulty: <i>n</i>	40	31	39	16		
Cluster A	1 (2.5)	1 (3.2)	13 (33.3)	4 (25.0)	1.091 [1.029, 1.158] <sup>**</sup>	-0.0094 (0.0027) <sup>**</sup>
Cluster B	4 (10.0)	4 (12.9)	6 (15.4)	2 (12.5)	1.003 [0.952, 1.057]	N/A
Cluster C	8 (20.0)	3 (9.7)	15 (38.5)	7 (43.8)	1.047 [1.005, 1.092] <sup>*</sup>	-0.0028 (0.0022)
Any PD	13 (32.5)	6 (20.0)	20 (51.3)	7 (43.8)	1.024 [0.985, 1.064]	-0.0034 (0.0020)
Simple PD: <i>n</i>	51	41	47	27		
Cluster A	12 (23.5)	9 (22.0)	19 (40.4)	12 (44.4)	1.036 [1.004, 1.068] <sup>*</sup>	-0.0020 (0.0018)
Cluster B	29 (56.9)	9 (22.0)	6 (12.8)	3 (11.1)	0.925 [0.891, 0.959] <sup>***</sup>	0.0062 (0.0022) <sup>**</sup>
Cluster C	19 (37.3)	9 (22.0)	16 (34.0)	8 (29.6)	1.000 [0.970, 1.030]	-0.00015 (0.0017)
Any PD	44 (86.3)	18 (43.9)	23 (48.9)	14 (51.9)	0.965 [0.936, 0.994] <sup>*</sup>	0.0044 (0.0017) <sup>**</sup>
Complex PD: <i>n</i>	22	17	18	9		
Cluster A	15 (68.2)	7 (41.2)	13 (72.2)	8 (88.9)	1.056 [0.979, 1.138]	0.0012 (0.0034)
Cluster B	11 (50.0)	5 (29.4)	7 (38.9)	5 (55.6)	1.015 [0.964, 1.069]	0.0025 (0.0029)
Cluster C	16 (72.7)	9 (52.9)	12 (66.7)	5 (55.6)	0.987 [0.936, 1.040]	-0.0001 (0.0029)
Any PD	22 (100.0)	13 (76.5)	15 (83.3)	8 (88.9)	0.991 [0.928, 1.059]	0.0051 (0.0032)

PD: personality disorder; DSM: *Diagnostic and Statistical Manual of Mental Disorders*; AOR: adjusted odds ratio; CI: confidence interval; SE: standard error.

The set of patients analysed here for each severity level was 87, 40, 51 and 22, respectively.

<sup>a</sup>Adjusted for age of patients. N/A not estimated due to small sample size.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ .

Select ONLY ONE answer per page.

Utilising Table 4, any other information provided and your prior knowledge:

Question 1.11 (2 marks)

With regard to baseline personality disorder status:

- A. 16 patients had Cluster C personality disorder
- B. Cluster C personality disorders were the most common
- C. More patients had personality difficulty than personality disorder
- D. The majority of participants had Cluster B personality disorder
- E. There were high levels of PD comorbidity within the complex PD group

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## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

CAP 1.12

## CAP Question 1 contd. Table 4 (same table as in previous Q)

**Table 4.** DSM Personality disturbance by personality status at baseline and changes over follow-up period using multilevel multivariate logistic models.

PD categories by severity level at baseline	Positive cases and percentage (%) at follow-up time points				Model estimated change parameter	
	Baseline	2 years	12 years	30 years	Linear change AOR [95% CI] <sup>a</sup>	Quadratic change Est (SE)
No PD: <i>n</i>	87	74	75	35		
Cluster A	0	3 (4.1)	12 (16.0)	8 (22.9)	1.172 [1.134, 1.212]***	-0.0092 (0.0015)***
Cluster B	0	7 (9.5)	8 (10.7)	6 (17.1)	1.091 [1.060, 1.123]***	-0.0052 (0.0015)**
Cluster C	0	6 (8.1)	20 (26.7)	12 (34.3)	1.186 [1.148, 1.225]***	-0.0104 (0.0015)***
Any PD	0	11 (14.9)	27 (36.0)	16 (45.7)	1.101 [1.069, 1.135]***	-0.0066 (0.0015)**
PD difficulty: <i>n</i>	40	31	39	16		
Cluster A	1 (2.5)	1 (3.2)	13 (33.3)	4 (25.0)	1.091 [1.029, 1.158]**	-0.0094 (0.0027)**
Cluster B	4 (10.0)	4 (12.9)	6 (15.4)	2 (12.5)	1.003 [0.952, 1.057]	N/A
Cluster C	8 (20.0)	3 (9.7)	15 (38.5)	7 (43.8)	1.047 [1.005, 1.092]*	-0.0028 (0.0022)
Any PD	13 (32.5)	6 (20.0)	20 (51.3)	7 (43.8)	1.024 [0.985, 1.064]	-0.0034 (0.0020)
Simple PD: <i>n</i>	51	41	47	27		
Cluster A	12 (23.5)	9 (22.0)	19 (40.4)	12 (44.4)	1.036 [1.004, 1.068]*	-0.0020 (0.0018)
Cluster B	29 (56.9)	9 (22.0)	6 (12.8)	3 (11.1)	0.925 [0.891, 0.959]***	0.0062 (0.0022)**
Cluster C	19 (37.3)	9 (22.0)	16 (34.0)	8 (29.6)	1.000 [0.970, 1.030]	-0.00015 (0.0017)
Any PD	44 (86.3)	18 (43.9)	23 (48.9)	14 (51.9)	0.965 [0.936, 0.994]*	0.0044 (0.0017)**
Complex PD: <i>n</i>	22	17	18	9		
Cluster A	15 (68.2)	7 (41.2)	13 (72.2)	8 (88.9)	1.056 [0.979, 1.138]	0.0012 (0.0034)
Cluster B	11 (50.0)	5 (29.4)	7 (38.9)	5 (55.6)	1.015 [0.964, 1.069]	0.0025 (0.0029)
Cluster C	16 (72.7)	9 (52.9)	12 (66.7)	5 (55.6)	0.987 [0.936, 1.040]	-0.0001 (0.0029)
Any PD	22 (100.0)	13 (76.5)	15 (83.3)	8 (88.9)	0.991 [0.928, 1.059]	0.0051 (0.0032)

PD: personality disorder; DSM: *Diagnostic and Statistical Manual of Mental Disorders*; AOR: adjusted odds ratio; CI: confidence interval; SE: standard error.

The set of patients analysed here for each severity level was 87, 40, 51 and 22, respectively.

<sup>a</sup>Adjusted for age of patients. N/A not estimated due to small sample size.

\* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ .

Select ONLY ONE answer per page.

Utilising Table 4, any other information provided and your prior knowledge:

Question 1.12 (2 marks)

With regard to change over the follow-up period:

- A. Absence of personality disorder at baseline protected against personality disturbance over follow-up
- B. Over half of the patients with no PD at baseline developed personality disorders over follow-up
- C. Patients originally diagnosed with Cluster B personality disorders were the only ones to lose PD status over time
- D. The most significant changes over time occurred in patients who were diagnosed with complex PD at baseline
- E. The numbers are too small to make any assumptions regarding longer-term effects

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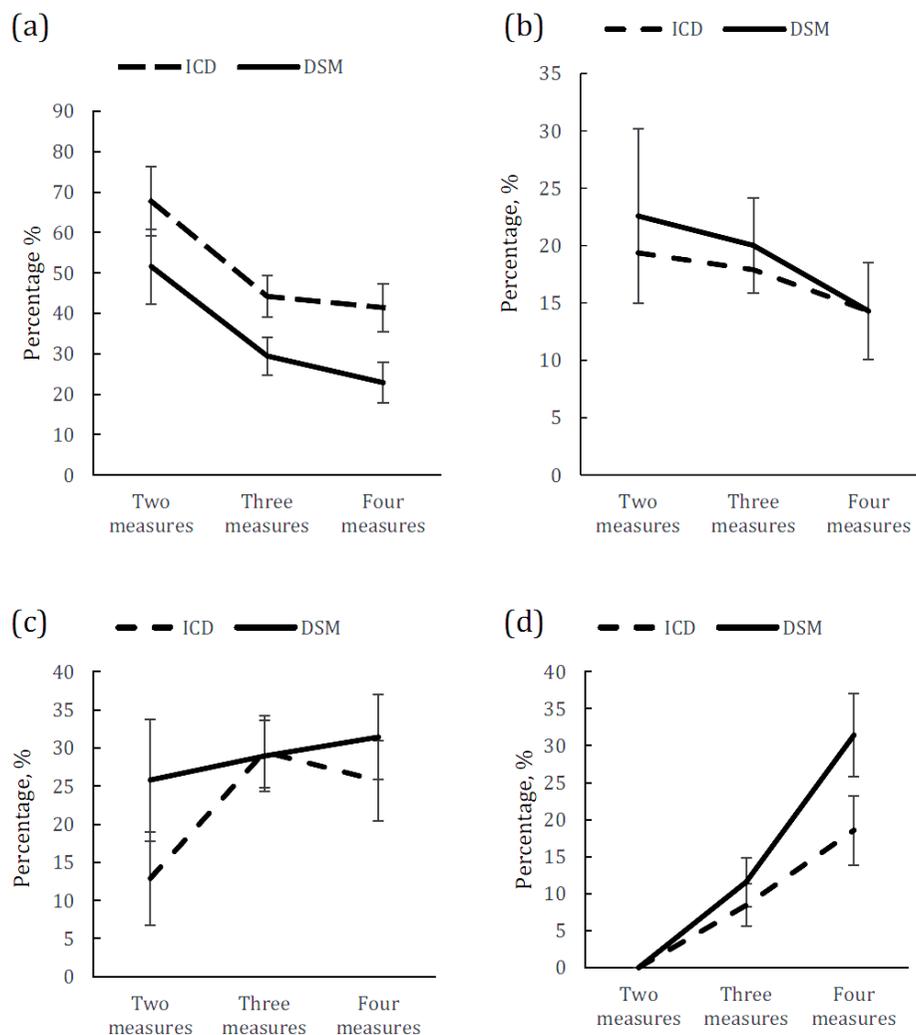
## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

CAP 1.13

## CAP Question 1 contd. Figure 1

**Figure 1.** Comparison of change status between ICD and DSM personality disorder status in percentage and standard errors by number of measures over 30-year period: (a) patients who did not change, (b) patients who improved, (c) patients who became worse and (d) patients who oscillated in severity.



Select **ONLY ONE** answer per page.

Considering Figure 1, any other information provided and your prior knowledge:

**Question 1.13 (2 marks)**

Regarding changes in the severity of personality status across follow-up:

- A. It is difficult to comment as many participants did not have enough personality assessments
- B. Most patients changed their personality status apart from those who had only two assessments
- C. Overall the distributions of change between the two diagnostic systems were not similar
- D. There was little change in the severity of personality status across follow-up

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## MCQ Mock Exam

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CAP 2.1

## CAP Question 2 (20 marks)

**Women's Substance Use and Mental Health During the COVID-19 Pandemic**

Amanda Devoto, PhD, McKenzie Himelein-Wachowiak, BA, Tingting Liu, PhD, Brenda Curtis, PhD, MsPH [Intramural Research Program, National Institute on Drug Abuse, Baltimore & Maryland, Positive Psychology Center, University of Pennsylvania, Philadelphia, Pennsylvania] Article history: Received 18 May 2021; Accepted 13 January 2022. Published by Elsevier Inc. on behalf of Jacobs Institute of Women's Health, George Washington University.

**Abstract**

**Purpose:** Women are experiencing greater unemployment and increased stress from childcare responsibilities than men during the Coronavirus disease 2019 (COVID-19) pandemic. Women with these experiences may be at particular risk for mental illness and increased substance use during the COVID-19 pandemic. The purpose of the study was to assess women's substance use, mental health, and experiences of COVID-19 pandemic impacts.

**Methods:** A national online survey was administered to adult women from September to November 2020. The survey included questionnaires assessing mental health, loneliness, intolerance for uncertainty, social support, substance use, and intimate partner violence (IPV).

**Results:** A total of 499 women responded; most were White, college educated, and in their mid-30s. Of the 20.24% who acknowledged at least one IPV problem, 29.7% stated that their IPV problems have gotten worse since the pandemic began, and 16.83% said that they have increased their drug or alcohol use to cope with their relationship problems. Anxiety, perceived daily impact of COVID-19, and lower self-efficacy were significant predictors of COVID-19 anxiety. Those with risky alcohol use had significantly higher anxiety ( $p=.028$ ) and depression ( $p=.032$ ) than those with low-risk alcohol use.

**Conclusions:** Greater anxiety about COVID-19, greater reported changes in daily life due to the pandemic, and high-risk alcohol use are related to greater mental health-related distress among women. For some, IPV has gotten worse during the pandemic and drug or alcohol use is a coping mechanism.

Select ONLY ONE answer per page.

Regarding the adjoining abstract and your prior knowledge:

**Question 2.1 (1 mark)**

Which answer below best describes this research?

- A. Case-control survey
- B. Clinician-rated survey
- C. Cross-sectional survey
- D. Database survey
- E. Prospective survey

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## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

CAP 2.2

**CAP Question 2 contd.** *(same information as in previous Q)***Women's Substance Use and Mental Health During the COVID-19 Pandemic**

Amanda Devoto, PhD, McKenzie Himelein-Wachowiak, BA, Tingting Liu, PhD, Brenda Curtis, PhD, MsPH [Intramural Research Program, National Institute on Drug Abuse, Baltimore & Maryland, Positive Psychology Center, University of Pennsylvania, Philadelphia, Pennsylvania] Article history: Received 18 May 2021; Accepted 13 January 2022. Published by Elsevier Inc. on behalf of Jacobs Institute of Women's Health, George Washington University.

**Abstract**

**Purpose:** Women are experiencing greater unemployment and increased stress from childcare responsibilities than men during the Coronavirus disease 2019 (COVID-19) pandemic. Women with these experiences may be at particular risk for mental illness and increased substance use during the COVID-19 pandemic. The purpose of the study was to assess women's substance use, mental health, and experiences of COVID-19 pandemic impacts.

**Methods:** A national online survey was administered to adult women from September to November 2020. The survey included questionnaires assessing mental health, loneliness, intolerance for uncertainty, social support, substance use, and intimate partner violence (IPV).

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**Conclusions:** Greater anxiety about COVID-19, greater reported changes in daily life due to the pandemic, and high-risk alcohol use are related to greater mental health-related distress among women. For some, IPV has gotten worse during the pandemic and drug or alcohol use is a coping mechanism.

Select ONLY ONE answer per page.

Regarding the adjoining abstract and your prior knowledge:

**Question 2.2 (1 mark)**

This study was designed to measure:

- A. The effects of having COVID-19 on mental health
- B. The effects of having COVID-19 on substance use, mental health and other experiences
- C. The impact of the COVID-19 Pandemic on substance use, mental health and other experiences
- D. Whether mental illness increased substance use in COVID-19
- E. Whether self-efficacy was impacted by COVID -19

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**CAP Question 2 contd.**

(excerpt from Methods)

A random sample of those who were potentially eligible (older than 18 and living in the United States) received an e-mail inviting them to learn more about the study and complete a screening survey to determine eligibility. The screening questionnaire for the current study included a brief description of the study and asked for initial interest in participating before asking screening questions. These questions included whether they were older than 18, if they used Facebook, and if they had a smartphone. Although the data are not described in the current study, participants were asked to share their Facebook data and meet a minimum threshold of 500 words and at least five posts to participate in the larger study. Eligible participants were then forwarded to the survey, starting with the consent form. The consent form included a description of the study and expectations for participation. Participants were considered “consented” after they read the consent form and answered that they were interested in participating in the study. Participants responded to a series of questionnaires that addressed demographics, experiences during the COVID-19 pandemic, drug use, mental health, and IPV. Only questions relating to the current study and respondents who indicated that they were women are included here.

Select **ONLY ONE** answer per page.

Regarding the adjoining excerpt, any other information provided and your prior knowledge:

**Question 2.3 (1 mark)**

To be eligible to complete the survey participants had to:

- A. be a US citizen
- B. be female
- C. have access to a phone
- D. post 2500 words monthly to Facebook
- E. register interest before they were screened

**CAP Question 2 contd.**

(excerpt from Methods)

To assess the severity of the impact of COVID-19 on daily life, the question “How much does COVID-19 (coronavirus) impact your day-to-day life” was used (Harkness Behar-Zusman, & Safren, 2020). This item was scaled from 1 (Not at all) to 5 (Extremely). Other questions were asked regarding the specific impact of COVID-19, such as experiences of financial loss.

Select **ONLY ONE** answer per page.

Regarding the adjoining excerpt, any other information provided and your prior knowledge:

**Question 2.4 (2 marks)**

**Q4. In this study, participants completed a number of measures utilising Likert scales. Likert scales are criticised because:**

- A. They are too difficult to complete
- B. They are too easy to complete
- C. They are too qualitative
- D. They have too few points on them
- E. They restrict participant answers

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

CAP 2.5

## CAP Question 2 contd.

(excerpt from Data Analysis)

Analyses were limited to respondents who identified as women. Analyses were completed using R software version 3.6.1. Descriptive statistics such as means, SDs, and percentages were used to summarize the sample. Pearson correlations with a Bonferroni correction were used to analyze relationships among mental health, self-efficacy, intolerance for uncertainty, and daily impact of COVID-19. Variables that were significantly related to COVID-19 anxiety were included in a multiple regression analysis. Backward stepwise regression was used to identify the most parsimonious model by identifying the model with the lowest Akaike information criterion. Participants were categorized as being at low (n = 303), moderate (n = 165), or severe risk (n = 31) for problematic alcohol use based on AUDIT-C scores. One-way analyses of variance were used to compare AUDIT-C severity on depression, anxiety, perceived stress, and social support.

Select **ONLY ONE** answer per page.

Regarding the adjoining excerpt, any other information provided and your prior knowledge:

## Question 2.5 (2 marks)

The Bonferroni correction:

- A. Corrects for multiple comparisons
- B. Decreases the probability of false negatives
- C. Does not assume statistical independence
- D. Is used for individual comparisons
- E. Is used to correct for type II errors

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## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later)

CAP 2.6

CAP Question 2 contd. *(same information as in previous Q)*

(excerpt from Data Analysis)

Analyses were limited to respondents who identified as women. Analyses were completed using R software version 3.6.1. Descriptive statistics such as means, SDs, and percentages were used to summarize the sample. Pearson correlations with a Bonferroni correction were used to analyze relationships among mental health, self-efficacy, intolerance for uncertainty, and daily impact of COVID-19. Variables that were significantly related to COVID-19 anxiety were included in a multiple regression analysis. Backward stepwise regression was used to identify the most parsimonious model by identifying the model with the lowest Akaike information criterion. Participants were categorized as being at low ( $n = 303$ ), moderate ( $n = 165$ ), or severe risk ( $n = 31$ ) for problematic alcohol use based on AUDIT-C scores. One-way analyses of variance were used to compare AUDIT-C severity on depression, anxiety, perceived stress, and social support.

Select **ONLY ONE** answer per page.

Regarding the adjoining excerpt, any other information provided and your prior knowledge:

## Question 2.6 (2 marks)

With respect to one-way analyses of variance:

- A. One-way analyses of variance compare the means of two or more dependent groups
- B. One-way analyses of variance compare the standard deviations of two or more independent groups
- C. One-way analyses of variance give the same answer as multiple t-tests
- D. Samples are randomly selected and are independent of one another
- E. They are post hoc analyses to determine which specific groups are significantly different from each other

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## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later) CAP 2.7

## CAP Question 2 contd.

(excerpt from Results)

We gathered 1998 responses to the screener survey. Of these, 20 indicated they were not interested, 27 did not have Facebook, 329 did not meet minimum Facebook activity requirements, and 561 completed the screening questions but did not share Facebook data. Of the 1055 people who were forwarded to the study survey, 667 people completed it, with 499 (74.81%) being women, 145 (21.74%) being men, and 23 (3.45%) being gender fluid or nonbinary.

Select **ONLY ONE** answer per page.

Regarding the adjoining excerpt, any other information provided and your prior knowledge:

**Question 2.7 (2 marks)**

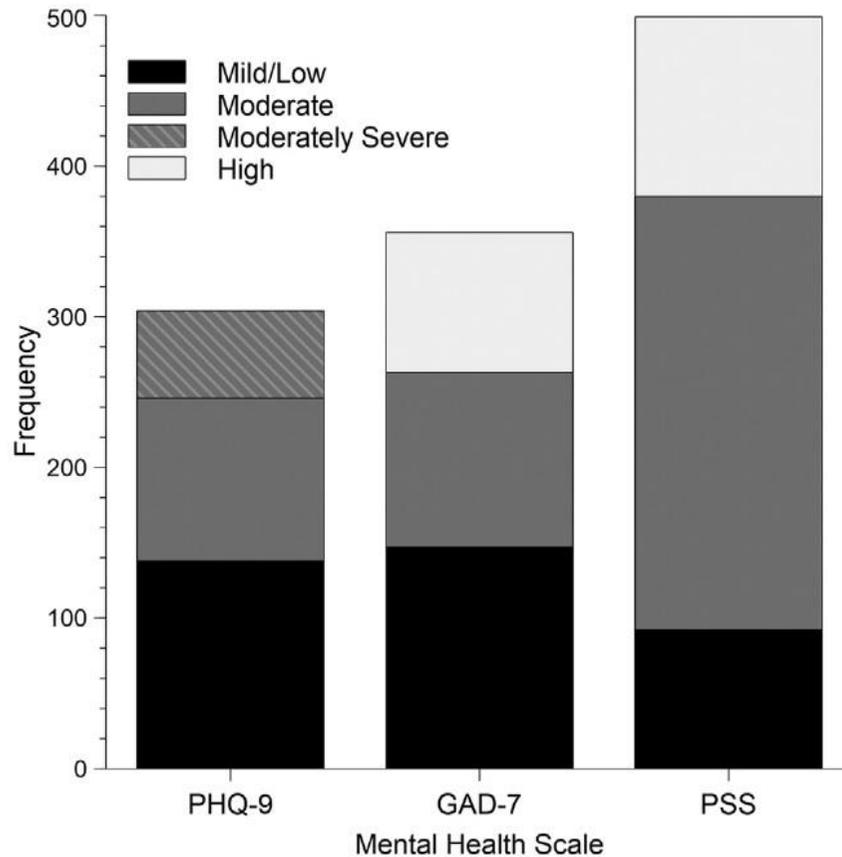
Which of the following is the most accurate conclusion that can be drawn:

- A. 6 people were unaccounted for
- B. 329 people had made less than 5 posts to Facebook
- C. 388 people submitted partially completed surveys
- D. 561 people refused to share their Facebook data
- E. 937 people were not forwarded to the study

## MCQ Mock Exam

Flag box: (add exclamation mark if you want to review this question later) CAP 2.8

## CAP Question 2 contd. Figure 1



**Figure 1.** Frequency of scores from mental health questionnaires (PHQ-9, GAD-7, PSS) within clinical severity categories. PHQ-9 is the only scale that has a *moderately severe* category.

Select **ONLY ONE** answer per page.

Regarding Figure 1, any other information provided and your prior knowledge:

Question 2.8 (2 marks)

Which of the following is the most accurate:

- A. High or moderately severe scores occurred across the scales in more than half of the participants
- B. Most participants had mild scores across scales
- C. Over half of the participants had moderate or higher scores
- D. The bars represent physical health scores
- E. The scales are unlikely to be correlated

Scroll down for Next →

## MCQ Mock Exam

## CAP Question 2 contd. Tables 2 and 3

Table 2

Pearson Correlations Between Mental Health, Daily Impact of COVID, Loneliness, Self-Efficacy, Social Support, and Intolerance for Uncertainty

	Anxiety (GAD-7)	COVID-19 Anxiety	Daily Impact of COVID	Depression (PHQ-9)	IUS-12	Loneliness	Perceived Stress	Self- Efficacy	Social Support	m	SD
Anxiety (GAD-7)	—									8.7	5.88
COVID Anxiety	.47***	—								2.18	0.73
Daily Impact of COVID	.27***	.36***	—							3.67	1.04
Depression (PHQ-9)	.77***	.36***	.17**	—						8.67	6.40
IUS-12	.56***	.35***	.21***	.47***	—					33.39	10.17
Loneliness	.45***	.27***	.21***	.55***	.38***	—				5.97	1.96
Perceived Stress	.81***	.42***	.27***	.75***	.58***	.52***	—			20.64	7.85
Self-Efficacy	-.44***	-.32***	-.08	-.53***	-.40***	-.39***	-.56***	—		3.86	0.78
Social Support	-.37***	-.17**	-.09	-.36***	-.28***	-.47***	-.43***	.44***	—	23.2	5.25

Abbreviations: COVID-19, Coronavirus disease 2019; GAD-7, Generalized Anxiety Disorder 7; PHQ-9, Patients Health Questionnaire 9; IUS-12, Intolerance for Uncertainty.

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

Table 3

Regression Results for COVID-19 Anxiety

	$\beta$	SE	$t$	$p$	95% CI	$F$	$p$	Adj. $R^2$
Overall Model						53.06	<.001	29.53%
Anxiety	.292	.049	6.01	<.001	[.282 to .302]			
Daily Impact of COVID-19	.258	.039	6.56	<.001	[.182 to .334]			
IUS-12	.007	.047	1.59	.112	[-.085 to .099]			
Self-Efficacy	-.143	.043	-3.32	<.001	[-.227 to -.059]			

Abbreviations: Adj  $R^2$ , adjusted  $R$ -squared values;  $\beta$ , standardized coefficients; CI, confidence intervals; COVID-19, Coronavirus disease 2019; SE, standard error; IUS-12, Intolerance for Uncertainty Scale.

Scroll down for Next ⇨

## CAP Question 2 contd.

See Tables 2 and 3 above

Select **ONLY ONE** answer per page.

Regarding Tables 2 and 3 above, any other information provided and your prior knowledge:

Question 2.9 (2 marks)

Select the answer below most accurately shown by the tables:

- A. Anxiety, daily impact of COVID and higher self-efficacy are predictors of COVID-specific anxiety
- B. IUS-12 is not significant in the model because the confidence interval is negative
- C. Self-efficacy and social support are correlated and positively impact one another
- D. The Adjusted R<sup>2</sup> has been adjusted for the number of predictors in the model
- E. The variance of anxiety accounted for by this model is 53

CAP Question 2 contd.

Select **ONLY ONE** answer per page.

Regarding the information already provided, and your prior knowledge:

Question 2.10 (2 marks)

Which of the following is a reasonable conclusion of this study:

- A. Screening for mental health issues in the pandemic should not be performed via Facebook
- B. Targeting self-efficacy will improve mental health in the COVID-19 pandemic
- C. The data may be generalisable to all women
- D. The difficulties identified in this study are also specific to males
- E. Women are experiencing poor mental health outcomes related to the perceived daily impact of the COVID-19 pandemic

CAP Question 2 contd.

Select **ONLY ONE** answer per page.

Regarding the information already provided, and your prior knowledge:

Question 2.11 (1 mark)

What is a limitation of this study?

- A. IPV was overrated
- B. No male comparison group
- C. Recruitment was limited by gender-based inequities
- D. The sample response rate at 63% was too low
- E. Too many of the women were low income

CAP Question 2 contd.

Select **ONLY ONE** answer per page.

Regarding the abstract, information already provided and your prior knowledge:

Question 2.12 (2 marks)

How does this study inform practice or policy during the COVID-19 pandemic?

- A. Combining health insurance with employment will be beneficial for mental health
- B. Digital screening is not beneficial
- C. Face to face screenings and assessments should be mandated
- D. Providing continued care for women who are in and out of substance use treatment may improve resilience to relapse
- E. Screening for IPV should be limited to experienced practitioners because of non-disclosure issues

## MCQ Mock Exam

That's the end of the Mock MCQ 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.