



**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS**

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

DECEMBER 2004

PAPER I

**I hereby verify that I have completed and returned Paper I, NZ Mock Writtens
Examination December 2004:**

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:



**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS**

**EXTENDED
MATCHING
QUESTIONS**

MOCK EXAMINATION

AUCKLAND / NEW ZEALAND

DECEMBER 2004

**Do not answer
Extended Matching Questions
in this booklet.**

**Use the separate answer sheet
and pencil provided.**

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Munchausen syndrome
- B. Body Dysmorphic Disorder
- C. Hypochondriasis
- D. Acute Stress Disorder
- E. Depersonalization disorder
- F. Bulimia nervosa
- G. Factitious disorder With Predominantly Psychological Signs and Symptoms
- H. Amnestic Disorder Due to Head Trauma
- I. Dissociative Identity Disorder
- J. Paranoid schizophrenia
- K. Anorexia nervosa
- L. Acute Posttraumatic Stress Disorder
- M. Factitious disorder With Predominantly Physical Signs and Symptoms
- N. Delusional disorder
- O. Dissociative amnesia
- P. Somatization Disorder
- Q. Conversion Disorder
- R. Pain Disorder

Which diagnosis listed above is the **SINGLE MOST LIKELY** to be demonstrated by each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

1. A young woman aged 22 eats very little and is preoccupied with getting fat despite being quite underweight. She is unemployed and isolates herself in her room. On interview she is sure her mother is fattening her up so as to sell her as a “white slave”. She knows this from hearing “the mafia” discussing her outside the house and on the TV news.
2. A woman visits her GP many times across two years complaining of abdominal “cramps and pressure”, convinced that she has bowel cancer despite negative investigations including sigmoidoscopy. She can only be briefly reassured.
3. An American aid worker captured by militants in the Phillipines witnesses a fellow hostage being shot. Six weeks later, on sick leave after being ransomed, he feels emotionally numb, has intrusive memories of the shooting, avoids the local laundry which is owned by a Phillipine family, and suffers from insomnia and irritability.
4. A man admitted to a psychiatric ward expressing suicidal ideas gives a history of his wife and child having being killed recently by a jack-knifing lorry. He claims to have no other family or friends. After a week, ward staff discover that he has used an assumed name, and find that the details of his account vary.

Extended Matching Questions

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- A. Formication
- B. Prosopagnosia
- C. Palinopsia
- D. Simultanagnosia
- E. Autotopagnosia
- F. Dysaesthesia
- G. Derealisation
- H. Micropsia
- I. Depersonalisation
- J. Pareidolia
- K. Déjà vu
- L. Visual agnosia
- M. Anosognosia
- N. Jamais vu
- O. Finger agnosia
- P. Dysgeusia

Which aspect of abnormal perception listed above is the **SINGLE MOST LIKELY** to be demonstrated by each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

- 5. A man in a confused and disoriented state post-operatively tries to brush insects off his skin, believing that he can feel them crawling on him.
- 6. A man in a neurological ward can copy a picture of a tree but cannot tell you what the picture represents.
- 7. A woman with epilepsy finds that familiar things seem strange and as though experienced for the first time, just prior to a seizure.

Extended Matching Questions

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All questions are worth 1 mark

- A. Sandor Ferenczi
- B. Erich Fromm
- C. Melanie Klein
- D. Otto Rank
- E. Mary Ainsworth
- F. Karen Horney
- G. Sigmund Freud
- H. Wilhelm Reich
- I. Margaret Mahler
- J. Alfred Adler
- K. Anna Freud
- L. Ernest Jones
- M. Carl Jung
- N. Erik Erikson
- O. Michael Balint
- P. D. W. Winnicott
- Q. Robald Fairbairn
- R. Heinz Kohut
- S. Nancy Chodorow
- T. Harry Guntrip

Which psychoanalyst or theorist listed above is the **SINGLE MOST LIKELY** to be demonstrated by each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

- 8. Theorised that the initial two months of an infant's life were the "autistic phase".
- 9. Invented the concept of "object relations".
- 10. Researched attachment theory using the "strange situation".
- 11. Theorised that boys develop sexual identity as males by identification against their mothers' femaleness.

Extended Matching Questions

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All questions are worth 1 mark

- A. Obsessive Compulsive Disorder
- B. Creutzfeldt-Jakob Disease
- C. Rett' s Syndrome
- D. Major Depressive Disorder
- E. Infantile Autism
- F. Parkinson' s Disease
- G. Wernicke Korsakoff Syndrome
- H. Pick' s Disease
- I. Vitamin B12 deficiency
- J. Carbon Monoxide poisoning
- K. Schizophrenia
- L. Affective psychosis
- M. Lewy body dementia
- N. Alzheimer' s dementia
- O. Huntingdon's disease
- P. Binswanger' s Disease

Which condition listed above is the **SINGLE MOST LIKELY** to result in each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

12. Patchy cell loss in the globus pallidus, hippocampus and cerebral cortex

13. Atrophy of the caudate nucleus

14. Spongiform neuronal degeneration of the cortex, basal ganglia, thalamus and cerebellum

15. Depigmentation of the substantia nigra

Extended Matching Questions

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All questions are worth 1 mark

- A. Major depressive disorder
- B. Primary insomnia
- C. Dissociative fugue
- D. Conversion disorder
- E. Childhood disintegrative disorder
- F. Delirium due to general medical condition
- G. Factitious disorder
- H. Panic disorder
- I. Delusional disorder
- J. Pseudoseizures
- K. Munchausen syndrome by proxy
- L. Temporal lobe epilepsy
- M. Adjustment disorder with depressed and anxious mood
- N. Generalised anxiety disorder
- O. Borderline personality disorder
- P. Posttraumatic stress disorder

Which aspect of Consultation-Liaison psychiatry listed above is the **SINGLE MOST LIKELY** to be demonstrated by each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

- 16. A 24 year old student has been crying frequently and complains of being unable to sleep or eat since being told she has Crohn' s Disease three days ago.
- 17. A 37 year old woman in an unhappy marriage develops an inability to walk and is admitted neurologically. No abnormalities are found on physical examination or other assessments.
- 18. A 28 year old woman has frequent episodes in which she falls to the floor of the neurology ward and thrashes about with her arms and legs while screaming. She is never injured during these episodes, which occur more in visiting hours.
- 19. A 4 year old girl is admitted repeatedly for weight loss and recurrent infections, but no cause is found. Her mother is very solicitous, always stays in her daughter's room, and gets on well with the staff. The visiting liaison psychiatrist discovers that the girl's mother has a history of childhood emotional abuse and neglect.

Extended Matching Questions

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All questions are worth 1 mark

- | | |
|------------------------------|------------------------|
| A. Verbal Fluency | J. HoNOS |
| B. AIMS | K. YMRS |
| C. HDRS | L. Draw-a-Person |
| D. EAT | M. Wisconsin Card Sort |
| E. Y-BOCS | N. MADRS |
| F. PANSS | O. PASAT |
| G. CAGE | P. Stroop |
| H. Paired Associate Learning | Q. BDI |
| I. Trail-making | R. GATES |

Which test as listed above is the **SINGLE MOST LIKELY** to be useful in each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

20. A psychologist wishes to explore her client's personality and perception of self and others prior to commencing psychodynamic psychotherapy.
21. You want to monitor the response of a 41 year old inpatient with intractable, resistant mania to a trial of olanzapine added to his usual regime of sodium valproate and lithium carbonate.
22. A 33 year old woman with schizophrenia complains of stiffness in her legs, pains in her back, agitation and pacing a month after commencing risperidone.
23. A 45 year old business executive has an annual physical with his GP who notices that the patient has a raised GGT and a macrocytosis on laboratory tests. When asked if he has been drinking the patient says "No more than usual".

Extended Matching Questions

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All questions are worth 1 mark

- A. Echopraxia
- B. Perseveration
- C. Coprolalia
- D. Catatonia
- E. Verbigeration
- F. Agitation
- G. Dyspraxia
- H. Motor tic
- I. Dysgraphia
- J. Wernicke's dysphasia
- K. Gegenhalten
- L. Dyskinesia
- I. Acalculia
- J. Astasia abasia
- K. Psychomotor activation
- L. Rhinotillexomania

Which abnormality of speech or behaviour is the **SINGLE MOST LIKELY** to be demonstrated by each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

- 24. A 24 year old acutely admitted young man displays driven, erratic but purposeless bursts of movement, alternating with immobility.
- 25. A 77 year old woman in a rest home repeats words and phrases frequently during an assessment interview.
- 26. A 19 year old youth commenced on risperidone as an outpatient develops acute blephorospasm.
- 27. A 35 year old woman who ceased taking her clozapine one week previously demonstrates stereotypical, senseless repetition of words and phrases.

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. lithium carbonate
- B. quetiapine
- C. zopiclone
- D. lamotrigine
- E. olanzapine
- F. moclobemide
- G. benztropine
- H. risperidone
- I. aripiprazole
- J. clozapine
- K. clonazepam
- L. gabapentin
- M. carbamazepine
- N. procyclidine

Which medication listed above is the **SINGLE MOST LIKELY** to cause each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

28. Amenorrhoea

29. Stevens Johnson Syndrome

30. Prolongation of succinylcholine's neuromuscular blockade

31. Hypomania

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Phenomenological qualitative research
- B. Unstructured interview data collection
- C. Snowball sampling
- D. Data collection using video recordings
- E. Selection bias in qualitative research
- F. Latent level of analysis
- G. Data collection by note-taking
- H. Data collection using documentation
- I. Semi-structured interview data collection
- J. Grounded Theory
- K. Focus group data collection
- L. Constant Comparative Analysis
- M. Ethnographic qualitative research
- N. An extended case study
- O. Manifest level of analysis
- P. Highly structured interview data collection

Which aspect of qualitative research listed above is the **SINGLE MOST LIKELY** to be demonstrated by each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

- 32. A qualitative study describing and analysing organisational change in the restructuring of a community service, across a period of two years.
- 33. Originated with Glaser and Strauss' work in the 1960s on the interactions between health care professionals and dying patients.
- 34. A qualitative researcher studying a mental health service gathers up the organisation's policies, mission statements, annual reports, minutes of meetings, codes of conduct, memos and notices pinned to notice boards.
- 35. A qualitative research project looks at the experience and concept of "carers" - what does "caring" actually mean and what is it like to be a "carer"?

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Graded exposure
- B. Reinforcement-based therapy
- C. Shaping
- D. Implosion therapy
- E. Behavioural modification
- F. "ABC" analysis
- G. Operant conditioning
- H. Social skills training
- I. Classical conditioning
- J. Decelerating therapy
- K. Counterconditioning
- L. Exposure-based therapy
- M. Aversion therapy
- N. Habit reversal
- O. Imaginal exposure
- P. In vivo sensitisation

Which Behavioural Therapy term listed above is the **SINGLE MOST LIKELY** to be demonstrated in the following vignettes. Please select only **ONE** option, but any option may be used more than once, if required.

- 36. A man with a fear of heights is shown a video taken from a camera strapped to a sky diver jumping out of a plane.
- 37. A patient and therapist discuss the triggers for a bulimic binge, what happened during the bingeing and the patient's reaction afterwards.
- 38. A young woman with trichotillomania learns to rub a polished marble egg in response to impulses to twist her hair repetitively.

Extended Matching Questions

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All questions are worth 1 mark

- A. i.b.s. linkage analysis
- B. Haplotype relative risk genetic association method
- C. Ultra-rapid P450 2D6 metabolizer phenotypes
- D. chromosome 22q deletions
- E. P450 1A2 polymorphisms
- F. Intermediate P450 2D6 metabolizer phenotypes
- G. Serotonin receptor gene
- H. P450 3A4 polymorphisms
- I. Chromosome 21 linkages
- J. i.b.d. linkage analysis
- K. Genetic polymorphism affecting acetaldehyde dehydrogenase
- L. Serotonin transporter gene 5HTT

Which of the examples from genetic research listed above is the **SINGLE MOST LIKELY** to be associated with each of the following examples. Please select only **ONE** option, but any option may be used more than once, if required.

39. Implicated in the aetiology of bipolar disorder.

40. Patients with the "LL" genotype do better with SSRI therapy than those with the "SS" genotype.

41. Linked with velocardiofacial syndrome and schizophrenia.

42. Implicated in genetic vulnerability to the development of alcoholism.

Extended Matching Questions

Questions 43 – 48

**All questions are worth 2 marks.
Please select UP TO TWO responses for each question.
More than two responses will incur a mark of zero.**

Extended Matching Questions:

Do not answer EMQ questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 2 marks each

Please select UP TO TWO responses for each question.

More than two responses will incur a mark of zero.

Answers to one question may be used for subsequent questions if required.

- A. Hypothyroidism**
- B. Family history of anxiety disorder**
- C. Amphetamine abuse**
- D. Prematurity at birth**
- E. Loss of a parent before age eleven**
- F. Family history of depression**
- G. Dehydration**
- H. Opiate dependancy**
- I. Hyperthyroidism**
- J. High parental expressed emotion**
- K. Female sex**
- L. Birth by caesarian section**
- M. Cigarette smoking**
- N. Past cerebrovascular accident**

For each of the following examples, select the TWO MOST LIKELY risk factors from the list above. Any option may be used more than once, if required.

- 43.** A 69 year old patient taking risperidone is admitted acutely with rigidity, temperature of 38 degrees, confusion, and on investigation has an elevated creatinine kinase, leucocytosis and mildly elevated liver enzymes.
- 44.** A 19 year old patient living at home with family and treated with fluphenazine decanoate is readmitted for the third time with a relapse of auditory hallucinations and fears of being controlled by radio waves from Mars.

Extended Matching Questions:

Do not answer EMQ questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 2 marks each

Please select UP TO TWO responses for each question.

More than two responses will incur a mark of zero.

Answers to one question may be used for subsequent questions if required.

- | | |
|---------------------|------------------|
| A. desipramine | H. propranolol |
| B. quetiapine | I. fluoxetine |
| C. zopiclone | J. clozapine |
| D. sodium valproate | K. clonazepam |
| E. olanzapine | L. sertraline |
| F. nortriptyline | M. carbamazepine |
| G. benztropine | N. procyclidine |

For each of the following examples, select the TWO MOST LIKELY medications from the list above. Any option may be used more than once, if required.

45. A 43 year old man was treated with one drug for ten weeks. His doctor ceased it and immediately commenced the second drug. Within several hours of the initial dose the patient presented to hospital with hyperthermia, confusion, tachycardia, diaphoresis, hyperreflexia and myoclonus.
46. Concomitant prescription of folic acid may reduce the risk of foetal abnormalities if either of these drugs are given during pregnancy.

Extended Matching Questions:

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All questions are worth 2 marks each

Please select UP TO TWO responses for each question.

More than two responses will incur a mark of zero.

Answers to one question may be used for subsequent questions if required.

- | | |
|------------------------------|-----------------------|
| A. Countertransference | J. Humour |
| B. Denial | K. Resistance |
| C. Altruism | L. Repression |
| D. Anticipation | M. Transference |
| E. Parallel process | N. Reaction formation |
| F. Isolation of affect | O. Displacement |
| G. Devaluation | P. Rationalisation |
| H. Projective identification | Q. Projection |
| I. Idealisation | R. Splitting |

For each of the following examples, select the TWO MOST LIKELY descriptions of defences or psychotherapy processes from the list above. Any option may be used more than once, if required.

47. A psychiatric registrar under pressure to help her psychodynamic psychotherapy patient feels frustrated with her supervisor, as he will not give her advice about the case. At home after the supervision session, she argues with her partner about who was supposed to buy more milk.
48. A man who suffered emotional deprivation as a child develops a career in stand-up comedy, entertaining audiences with jokes about the various foster families and orphanages he has known. He donates a percentage of his earnings to charities related to children.



**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS**

**KEY
FEATURE
CASES**

MOCK EXAMINATION

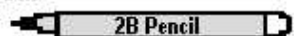
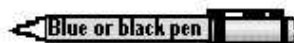
AUCKLAND / NEW ZEALAND

DECEMBER 2004

INSTRUCTIONS:

Please answer using a blue or black ball point pen
in the spaces provided below each question.

Where you are asked to select your answer from
a list, please use the pencil provided.



PLEASE MARK LIKE THIS ONLY:



- Do not fold or bend
- Erase mistakes fully
- Make no stray marks
- Completely fill in the oval

KEY FEATURE CASES

Case 1 (6 marks)

You are asked urgently to assess Linda, a 31 year old married nurse who is four weeks post partum after the birth of her first baby. She was reluctantly taken to her General Practitioner by her mother the previous day because she has been tearful, agitated, and sleeping poorly since returning home from the hospital 4 days post partum. The GP is very alarmed because she has told her husband that she has had thoughts of throwing the baby out of the window. He is requesting an assessment, and is particularly concerned about the safety of the baby.

Question 1

You assess Linda and determine that she has a major depressive episode.

List THE TWO KEY differential causes of Linda's thoughts, which would give the highest and the lowest risk to the baby. State which of these is high risk, and which is low risk. (4 marks)

1.
2.

Q.1 score:

Office use only	Please mark like this   	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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Question 2

You decide to start an antidepressant. Linda has not previously had any antidepressant treatment. She wants to continue to breast feed, and is still determined to do so after you have explained the possible risks involved.

Select THE FOUR SAFEST antidepressant options you might choose, from the list below: (2 marks)

- ☐ A. Fluoxetine
- ☐ B. Nortriptyline
- ☐ C. Citalopram
- ☐ D. Tranylcypromine
- ☐ E. Doxepin
- ☐ F. Clomipramine
- ☐ G. Paroxetine
- ☐ H. Phenelzine

Q.2 score:

Office use only	Please mark like this   	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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KEY FEATURE CASES

Case 2 (6 marks)

James is a 54 year old unmarried cleaner with no mental illness who has a history of multiple convictions for a diverse range of sexual, property and violent offences. On this occasion he is convicted of sexual offending, his victim being his 10 year old nephew who is said to be physically and emotionally traumatised by his actions.

James, who denies this offence and previous sexual offending (despite his record and the jury's verdict), has failed to complete correctionally based treatment programmes during prior sentences due to lack of application and disruptiveness.

Question 1

Your task is assess James for the court, regarding his risk of reoffending.

List a maximum of FOUR factors, from the vignette, that have been actuarially validated as signifying increased risk of future sexual offending. (4 marks)

1.
2.
3.
4.

Q.1 score:


Office use only	Please mark like this 	<table border="1"><tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>O</td><td>P</td><td>Q</td><td>R</td><td>S</td><td>T</td><td>U</td><td>V</td><td>W</td><td>X</td><td>Y</td><td>Z</td></tr></table>	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z			

Question 2

Name a maximum of ONE factor not stated in the vignette which is the most powerful predictor of future sexual offending. (2 marks)

1.

Q.2 score:

Office use only	Please mark like this 	<table border="1"><tr><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td><td>K</td><td>L</td><td>M</td><td>N</td><td>O</td><td>P</td><td>Q</td><td>R</td><td>S</td><td>T</td><td>U</td><td>V</td><td>W</td><td>X</td><td>Y</td><td>Z</td></tr></table>	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z			

KEY FEATURE CASES

Case 3 (6 marks)

Joseph, aged 39, presents for the assessment of low mood. Routine questioning reveals that he has a strong compulsion to drink alcohol, routinely drinks larger amounts of alcohol than he intended, and that he has been unable to cut down this consumption. Joseph further reports that he spends a considerable amount of time drinking and recovering from drinking, to the extent that he has had to cut back on his work hours.

Question 1

In your assessment of Joseph, what are other KEY areas to address when considering a diagnosis of alcohol dependence? List UP TO THREE. (4 marks)

1.
2.
3.

Q.1 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

Joseph asks if his drinking might have caused his depression.

What is THE KEY area in the history to explore when trying to distinguish an independent depression from a depression secondary to alcohol use? Write ONE answer only. (2 marks)

1.

Q.2 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

KEY FEATURE CASES

Case 4 (6 marks)

Ben is a 13 year old boy referred to your clinic for assessment with a four month history of school refusal and loose bowel motions. He reports that he has no friends at school and would prefer to enrol in correspondence school. He feels nervous about leaving the house and soiling himself and has three to four loose bowel motions daily. Ben remains awake for two to three hours after bedtime, thinking about frightening scenarios involving his family being hurt or killed in car or plane crashes. He describes his family as very close and supportive.


During childhood, Ben was frequently ill and absent from school with abdominal pains, which his parents attributed to food allergies. Investigations by his GP have not indicated any clear physical explanation for his previous and current abdominal symptoms. Although temperamentally shy, Ben had several close friends, with whom he has refused contact since he stopped attending school. His mother works from home, and reports that when she needs to go out briefly, Ben becomes very distressed.

Question 1

In your assessment of Ben, what are the two most likely differential diagnoses?
List UP TO TWO. (2 marks)

1.
2.

Q.1 score:

Office use only	Please mark like this   	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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Ben refuses to attend the next three appointments.

Question 2

Which two next steps would you consider the most important at this point?
Select TWO OPTIONS ONLY from the list below. (2 marks)

- ☐ A. Support Ben's enrolment with correspondence schooling
- ☐ B. Arrange for a medical review of Ben's bowel symptoms
- ☐ C. Meet with Ben's parents and sister to gain their perspectives and enlist their support
- ☐ D. Commence cognitive behavioural therapy
- ☐ E. Home visit Ben and focus on engaging with Ben
- ☐ F. Commence Ben on lorazepam to provide immediate relief for his anxiety
- ☐ G. Contact Ben's school to enquire about his progress and functioning at school
- ☐ H. Discuss the possibility of a compulsory assessment with Ben's parents

Q.2 score:

Office use only	Please mark like this   	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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Question 3

Which factors in his history suggest a positive prognosis for Ben?
List TWO FACTORS ONLY. (2 marks)

1.
2.

Q.3 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

KEY FEATURE CASES


Case 5 (6 marks)

You are asked to see a 44 year old woman on the renal ward who has been admitted after 3 weeks of non-adherence to her daily peritoneal dialysis regime. She has a long history of poor adherence to treatment for type II diabetes. She has had chronic renal failure requiring dialysis for 6 months and says now that she doesn't wish to continue her dialysis, she wishes to try "herbal remedies". You are asked to assess her competency to decline dialysis treatment.

Question 1

What are the main elements of competency that this patient would need to demonstrate?
List UP TO FOUR main elements. (4 marks)

1.	
2.	
3.	
4.	


		Q.1 score:																										
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A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z			

Question 2

After you complete your assessment, it is your opinion that she is competent. She however describes her sense of hopelessness at her medical situation.

Apart from suicidality, what is the key psychiatric issue that needs to be considered in this woman? Write ONE answer only. (2 marks)

1.	

		Q.2 score:																										
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KEY FEATURE CASES

Case 6 (6 marks)

A 23 year old Pacific Island man now living with his elderly invalid mother has recently been discharged from hospital after a brief compulsory admission for a first episode psychosis. Prior to admission he had been studying at University and in a relationship of several years with his girlfriend. He has been commenced on risperidone which has been titrated up to 2 mg daily, with some symptomatic benefit. He is not receiving compulsory treatment under the Mental Health Act.

Question 1

List several key factors which are likely to determine his adherence with medication therapy. (3 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

You arrange follow-up via regular home visits. What psychosocial interventions are important to consider in the initial visits? (3 marks)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

KEY FEATURE CASES




Case 7 (6 marks)

On starting work at a new community team, you pick up the care of Sheree, a 29 year old woman. Her file states that she has an eight-year history of schizoaffective disorder, with six past admissions. She has a history of extensive sexual and emotional abuse in childhood. Her main symptoms are persistent low mood, suicidal ideation, insomnia, cutting of the forearms, overvalued ideas of a persecutory nature which have during her admissions been of delusional intensity, and intractable derogatory auditory hallucinations. She has never had manic symptoms. She is treated with IM fluphenazine decanoate 50mgs monthly, oral olanzapine 20 mgs daily, clonazepam 0.5 mgs QID, lithium carbonate 1000 mgs nocte and fluoxetine 60 mgs mane. After reading the file, you have doubts about her diagnosis of schizoaffective disorder.

Question 1

What is the most likely alternative explanation for Sheree's longstanding symptoms, if she does not in fact have a schizoaffective disorder? (3 marks)

Q.1 score:

Office use only	Please mark like this   	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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You decide to review Sheree's diagnosis and reorganise her treatment.

Question 2

Which would be the most important next steps for you to carry out?
Select THREE OPTIONS ONLY from the list below. (3 marks)

- ☐ A. Tell her case manager about your rediagnosis and plans to alter Sheree's medication
- ☐ B. Construct a detailed record of her treatment, using timelines to record medications
- ☐ C. Chart a withdrawal regime for the clonazepam
- ☐ D. Refer Sheree for sexual abuse therapy
- ☐ E. Meet with Sheree, assess her and start to establish a therapeutic relationship
- ☐ F. Rewrite Sheree's Crisis Management plan
- ☐ G. Cease the IM fluphenazine and allow it to self-taper
- ☐ H. Arrange a case conference of all the health professionals involved in Sheree's care
- ☐ I. Present your reformulation and plan to the multidisciplinary team at the next meeting
- ☐ J. Titrate down and then cease the lithium carbonate across a 4-week period

Q.2 score:

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KEY FEATURE CASES

Case 8 (6 marks)

Suzanne, a 24 year old single woman, is picked up in town just after midnight by the police for loud and disruptive behaviour. When you speak to her she is initially suspicious and does not believe that you are a health professional. However she then starts talking rapidly about a range of topics but continues to appear tense and agitated. She angrily denies any previous history of mental disorder and keeps demanding to be able to go back and find her friends.

Question 1

In your acute assessment of her mental state, what are the most important psychiatric diagnoses to consider?

List UP TO THREE. (4 marks)

1.
2.
3.

Q.1 score:

Office use only	Please mark like this   	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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Question 2




You wish to initiate some form of management. You decide to admit her to an inpatient psychiatric unit for compulsory assessment via the Mental Health Act, with assistance from the police.

What is your IMMEDIATE management plan on arrival at the inpatient unit as regards medication options?

List UP TO TWO options. (2 marks)

1.
2.

Q.2 score:

Office use only	Please mark like this   	A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
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KEY FEATURE CASES

Case 9 (6 marks)

Alfred, aged 79, is referred to you by his general practitioner because of worsening memory and difficulties caring for himself. You have visited him at his home where he lives with his wife. His wife has noted a gradual deterioration over the previous two years, and reports that he has had a number of falls and believes that children visit him during the day. You suspect that he may have a Lewy Body dementia.

Question 1

What are other key symptoms or signs that make the diagnosis probable?

List UP TO THREE. (4 marks)

1.
2.
3.

Q.1 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

Following your assessment you think that the most likely diagnosis is a Lewy Body dementia. You decide to prescribe regular medication to try and control the behavioural disturbances identified by his wife.

Which of the following medications would you consider trialling initially?

Select UP TO TWO options from the following list. (2 marks)

- ☐ K. Rivastigmine
- ☐ L. Clozapine
- ☐ M. Lorazepam
- ☐ N. Quetiapine
- ☐ O. Risperidone
- ☐ P. Citalopram
- ☐ Q. Carbamazepine

Q.2 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z



**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS**

**SHORT
ANSWER
QUESTIONS**

MOCK EXAMINATION

AUCKLAND / NEW ZEALAND

DECEMBER 2004 PAPER I

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

INSTRUCTIONS:

Please answer using a blue or black ball point pen
in the spaces provided below each question.



- Do not fold or bend
- Erase mistakes fully
- Make no stray marks

SHORT ANSWER QUESTIONS

Short Answer 1

(4 marks)

In your outpatient clinic you assess a 77 year old ex-headmaster whose daughter is concerned that he is becoming forgetful, confused and less able to cope alone at home.

Question 1

List in note form the limitations of the Folstein Mini Mental State Examination. (2 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

List in note form specific tests of frontal lobe functioning which can be performed during an ordinary outpatient clinic psychiatric assessment. (2 marks)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 2

(4 marks)

A 34 year old man who does not abuse substances becomes infuriated whenever his wife looks at other men or talks to them. He frequently accuses her of having affairs with men in the neighbourhood, in spite of her repeated denials. On a few occasions he has become so angry that he has hit her, and refused to allow her to leave the house. The couple have seen a marriage counsellor to try to help the patient understand that his wife has not been unfaithful to him, but he continues to refuse to believe this.

Question 1

List in note form the two most likely differential diagnoses. (2 marks)

Q.1 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

List in note form the factors about this patient, as given in the vignette, which increase the level of risk to the spouse. (2 marks)

Q.2 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 3

(3 marks)

Question 1

Briefly explain what formal and informal sociological rules regarding deviance are, and give an example of a changed social construction of deviance from the DSM system. (3 marks)

(3 marks)

[illegible]

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Please note that there is no Question 2

SHORT ANSWER QUESTIONS

Short Answer 4 (4 marks)

You confer with a General Practitioner about the physical state of a mutual patient - a 22 year old woman with restrictive anorexia nervosa who you feel needs to be admitted medically due to failure to maintain a minimum weight.

Question 1

List in note form the findings on physical examination (other than low weight) which can occur with anorexia nervosa. (2 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

List in note form the biochemical abnormalities most commonly found on laboratory blood testing, with anorexia nervosa. (2 marks)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 5

(4 marks)

During an ECT treatment, you note that the patient has a tachycardia, dilated pupils, piloerection and facial flushing immediately afterwards; that the EEG showed good seizure amplitude, good seizure regularity, high hemispheric coherence and clear post-seizure suppression; and that the motor aspect of the seizure lasted 25 seconds.

Question 1

List in note form the **FOUR** key findings in the example as above for which there is the best evidence as predictors of better clinical efficacy with ECT. (4 marks)

Q.1 score:

Office use only

Please mark like this  

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Please note that there is no Question 2

SHORT ANSWER QUESTIONS

Short Answer 6

(4 marks)

Your mental health community team is responsible for the care of a youth with Prader-Willi syndrome who lives in supported accommodation.

Question 1

List in note form several psychiatric or behavioural problems other than overeating, associated with Prader-Willi syndrome. (2 marks)

Q.1 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

Briefly state the aetiology of Prader-Willi syndrome and the site of the theorised neuroanatomical lesion underlying the hyperphagia. (2 marks)

Q.2 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 7

(4 marks)

A colleague presenting a case at peer review describes a patient she has been seeing for psychotherapy as having “primitive defences”, a narcissistic personality and displaying “mirror transference”.

Question 1

List in note form the primitive defences. (2 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

What is “mirror transference” and which psychoanalytical theorist first decribed it. (2 marks)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 8 (3 marks)

A 37 year old patient known to you from treatment of two past manic episodes across the last three years presents to your clinic with symptoms of a developing major depression. He has not been on any psychotropic medications for the last ten months. He is not a suicide risk, has no psychotic symptoms and does not require admission.

Question 1

List in note form the three first line medication choices for this patient, based on evidence from at least one adequate randomised controlled trial. (3 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Please note that there is no Question 2

SHORT ANSWER QUESTIONS

Short Answer 9

(4 marks)

Lilian, a 77 year old woman who lives in her own flat and has a history of a major depression five years ago after the death of her husband, is brought to hospital by her daughter. Lilian is in an agitated, restless state and her daughter has been unable to calm her. She was found to be in this state on her daughter's return from a 2 week holiday, but had been coping reasonably well prior to the holiday. Lilian's daughter had arranged for a neighbour to keep an eye on her. The neighbour says that Lilian had been isolative and seemed rather tense, but appeared to be coping.

Question 1

List in note form the most likely differential diagnoses you would need to consider in this case.

(4 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Please note that there is no Question 2

SHORT ANSWER QUESTIONS

Short Answer 10

(4 marks)

A 30 year old man is admitted under your care with paranoid delusions, visual and auditory hallucinations, religiosity and over-inclusive thinking. He has a pre-existing diagnosis of temporal lobe epilepsy.

Question 1

List in note form the factors (specific to temporal lobe epilepsy) in such a patient which might give a higher risk of development of a schizophrenia-like psychosis. (3 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

An EEG focus in which neuroanatomical region of the temporal lobe is more associated with the development of psychosis, in temporal lobe epilepsy. (1 mark)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 11

(4 marks)

Question 1

List in note form the major limitations on accurate data gathering of national rates of deliberate self-harm and suicide. (3 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

Over what period of time after an episode of deliberate self-harm is the risk of repetition greatest. (1 mark)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 12

(4 marks)

You see a 43 year old woman with schizophrenia who is living in a rehabilitation hostel. You are concerned that she appears to have gained considerable weight, and wonder if she may have developed the metabolic syndrome.

Question 1

List in note form the five main criteria of the metabolic syndrome. (2 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

List in note form factors that may contribute to a high risk of the metabolic syndrome developing in psychiatric patients. (2 marks)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 13

(3 marks)

Question 1

List in note form at least three of the key requirements for recovery from a psychiatric disorder, from the Recovery Paradigm. (3 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Please note that there is no Question 2

SHORT ANSWER QUESTIONS

Short Answer 14

(4 marks)

You decide to embark on a course of cognitive therapy with a patient recovering from depression.

Question 1

List in note form Beck's Cognitive Triad. (1 ½ marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

List in note form five of the 11 common cognitive distortions described by Beck. (2 ½ marks)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 16 (4 marks)

Question 1

List in note form the Schneiderian first rank symptoms of schizophrenia. (3 marks)

Q.1 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

What are the prognostic implications of the presence of Schneiderian first rank symptoms in an initial episode of schizophrenia. (1 mark)

Q.2 score:

Office use only

Please mark like this 

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 17

(3 marks)

You assess an 8 year old boy at a Child and Family mental health community clinic. He has been experiencing repetitive throat-clearing and grunting tics many times a day, nearly every day across the last two years without any periods where he has been free of these. He is beginning to get into trouble at school with teachers for interrupting, and other children are teasing him for "making stupid noises". He is otherwise well and is on no medication.

Question 1

List in note form the three core DSM-IV-R diagnostic criteria common to all tic disorders. (2 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

Which DSM-IV-R subtype of tic disorder is described in the vignette as above. (1 mark)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 18

(4 marks)

Sarah is a 21 year old woman with bipolar disorder with whom you are discussing commencing sodium valproate treatment. She says that she has read on a bipolar support website that valproate can cause polycystic ovarian syndrome (PCOS). You try to reassure her that you would monitor her for this, and she asks what the chances are that she might develop it.

Question 1

List in note form the physical changes (not laboratory findings) that you would need to watch for to determine if Sarah were developing PCOS after starting sodium valproate. (2 marks)

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Question 2

In what percentage of women with bipolar disorder commenced on sodium valproate does PCOS develop, and are there any factors about Sarah that might affect her risk of developing PCOS. (2 marks)

Q.2 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

SHORT ANSWER QUESTIONS

Short Answer 19

(4 marks)

Question 1

List in note form several postulated reasons why women have twice the incidence of non-melancholic major depression when compared to men. (4 marks)

[illegible]

Q.1 score:

Office use only

Please mark like this



A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Please note that there is no Question 2