



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

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

December 2005 / May 2006

PAPER I

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

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 2005 / May 2006

**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. Alcoholic dementia
- B. Multi-infarct dementia
- C. Pick's disease
- D. Huntingdon's chorea
- E. Alzheimer's disease
- F. Normal pressure hydrocephalus
- G. Chronic subdural haematoma
- H. Multiple sclerosis
- I. AIDS-related dementia
- J. Lewy-body dementia
- K. Right middle cerebral infarct
- L. Left frontal meningioma
- M. Subarachnoid haemorrhage

Which diagnosis listed above is the 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 78 year old man is brought in by his wife with a history of confused episodes. He has tremor and some cogwheeling on examination and is irritated by "gnomes" who he says sit in a tree outside his bedroom window.
2. A 55 year old man is referred by his brother who reports that he has developed urinary incontinence, memory problems and a shuffling gait.
3. A 48 year old woman with a one year history of increasing nominal dysphasia develops mildly disinhibited behaviour. On testing she cannot name a pen or a watch or explain their function but her short-term memory is relatively intact.
4. A 34 year old man develops cognitive impairment and depression, together with weight loss and night sweats.

Extended Matching Questions

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All questions are worth 1 mark

- A. Summation
- B. Clarification
- C. Confrontation
- D. Interpretation
- E. Paradoxing
- F. Open-ended questioning
- G. Socratic questioning
- H. Education
- I. Humour
- J. Challenging
- K. Reinforcement
- L. Close-ended questioning
- M. Empathy
- N. Reassurance
- O. Problem-solving
- P. Reframing

Which interview technique listed above is the 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. "Across this time, did you have any experiences that you later realised were unusual?"
- 6. "I wonder if instead of viewing this pending examination as an insurmountable obstacle you could try to see it as an exciting challenge?"
- 7. "Do you think there's any possibility that this impulse to do the opposite of what your mother asks could be related to angry feelings towards her? "

Extended Matching Questions

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All questions are worth 1 mark

- A. Logical positivism
- B. Deductive reasoning
- C. The Problem of Induction
- D. Ethical relativism
- E. The concept of zero
- F. The greatest good for the greatest number
- G. The heliocentric universe
- H. Virtue ethics
- I. Teleological reasoning
- J. Materialism
- K. Categorical moral imperatives
- L. Hermeneutics
- M. Beneficence, non-maleficence, justice, autonomy
- N. Quantum theory
- O. Positivism
- P. Utilitarianism
- Q. Paradigm shifts
- R. Empirical falsifiability

Which aspect of ethical or scientific thinking listed above is the most likely to be associated with each of the following people.

Please select only ONE option, but any option may be used more than once, if required.

8. David Hume

9. Aristotle

10. Thomas Beauchamp

11. Karl Popper

12. Jim Childress

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. Major depressive episode | J. Multi-infarct dementia |
| B. Lewy-body dementia | K. Midazolam |
| C. Carbon monoxide poisoning | L. Hypochondriasis |
| D. Huntingdon's chorea | M. Acute Stress Disorder |
| E. Alzheimer's disease | N. Dissociative identity disorder |
| F. Concussion | O. Adjustment disorder |
| G. Electro-convulsive therapy | P. Pick's disease |
| H. Normal pressure hydrocephalus | Q. Brief psychotic disorder |
| I. Alcohol dependence | R. Dissociative fugue |

Which cause of memory impairment as listed above is the 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.

13. A 44 year old man is admitted to a psychiatric ward some distance from his home city, in a dazed state and unable to recall his name or personal details. When his identity is traced it is found that he has been missing from home for a week, and that he has serious marital and financial problems.
14. A 36 year old woman develops irritability, anhedonia, poor concentration and memory and excessive eating and sleeping after the break-up of a relationship.
15. A 57 year old homeless man develops nystagmus, ataxia and confusion, and later has severe anterograde amnesia.
16. A 20 year old young woman is found to have been "date raped" after leaving a party with a casual acquaintance. She has no recall of the event or her attacker.

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. Paranoid schizophrenia
- B. Delusional disorder
- C. Brief psychotic episode
- D. Autism
- E. Psychotic depression
- F. Alcohol withdrawal
- G. Body dysmorphic disorder
- H. Paranoid personality disorder
- I. Benzodiazepine withdrawal
- J. Seasonal affective disorder
- K. Catatonic schizophrenia
- L. Schizophreniform disorder
- M. Schizotypal personality disorder
- N. Adjustment disorder with depressed mood
- O. Amphetamine induced psychosis
- P. Asperger's syndrome

Which diagnosis listed above is the 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.

- 17. A 23 year old man alternates between immobility and sudden violent agitation.
- 18. A 30 year old physics graduate student becomes agitated and hits his father when his collection of bottle-tops is disturbed while the family are moving house.
- 19. A 28 year old woman suffocates her three month old baby then commits suicide using a bottle of nortriptyline tablets.
- 20. A 19 year old girl is brought to hospital after stabbing herself in the abdomen. She has a four month history of beliefs that she has been invaded by aliens, and of hearing their "transmissions" emanating from her stomach.

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. Sensory memory | J. Semantic memory |
| B. Classical conditioning | K. Parallel distributed processing |
| C. Short-term memory | L. Elaboration |
| D. Counter-conditioning | M. A chaotic system |
| E. Episodic memory | N. Shaping |
| F. Extinction | O. A strange attractor |
| G. A neural network | P. Working memory |
| H. Distributed practice | Q. A static system |
| I. Pre-operational cognitive developmental stage | R. Concrete operational cognitive developmental stage |

Which concept as listed above is the most likely to be represented in each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

21. A registrar uses systematic desensitisation with relaxation training to treat a patient's rodent phobia.
22. A woman startles and breaks out into a sweat every time she hears brakes squeal, a year after being in a bad car accident.
23. A 4 year old has a tantrum as she is sure another child got more juice than she did, when in fact the other child's glass was just taller and thinner.
24. The smell of fresh bread baking makes a man's mouth water as he passes by.
25. A girl inserts a coin into a vending machine then extracts a can of soft drink.
26. Parents use a chart to get a small boy to go to bed at a more appropriate time. If he co-operates he earns a star and 5 stars earn a trip to the beach.

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. Somatic delusion | N. Palilalia |
| B. Obsession | O. "Made" speech |
| C. Cluttering | P. Perseveration |
| D. Coprolalia | Q. Loss of goal |
| E. Derailment | R. Poverty of content of speech |
| F. Echolalia | S. Preoccupation |
| G. Referential delusion | T. Tangentiality |
| H. Knight' s move thinking | U. Nihilistic delusion |
| I. Logorrhoea | V. Poverty of speech |
| J. Magical thinking | W. Semantic paraphasia |
| K. Neologism | X. Circumstantiality |
| L. Word salad | Y. Delusion of poverty |
| M. Rumination | Z. Idea of reference |

Which aspect of speech or thought is the 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.

27. "I have to wear my lucky jacket when I watch Arsenal on TV, see, or else they might lose the match."
28. "It often feels like they're all whispering and complaining about me at work – I know you tell me they're not really, but I keep feeling that they are."
29. "I keep going over and over how badly I treated them and I feel so guilty – I can't think about anything else."
30. "I'm in love – I just can't get her out of my head."
31. "They want to kill me because I and I alone have the secret to immortality – it's just too dangerous for the government, so they've set the CIA on me."
32. "I keep getting these horrible thoughts that the baby's stopped breathing and I have to check on her all the time. I know it's stupid – she's perfectly healthy. I know that, but I can't stop the thoughts."

Extended Matching Questions

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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. sodium valproate
- N. procyclidine

Which medication listed above is the most likely to cause each of the following adverse effects.

Please select only ONE option, but any option may be used more than once, if required.

33. A young woman gains weight and develops hirsutism and menstrual changes.

34. A 55 year old man develops the “bonbon” sign.

35. A 47 year woman develops a feeling of pressure in her throat, and problems swallowing.

36. A man living in a supported hostel is rushed to hospital with a serious pneumonia of sudden onset.

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. Reactive attachment disorder
- B. Attention deficit disorder with hyperactivity
- C. Separation anxiety disorder
- D. Autism
- E. Conduct disorder
- F. Pervasive developmental disorder
- G. Expressive language disorder
- H. Hypochondriasis
- I. Rett's disorder
- J. Feeding disorder of infancy or early childhood
- K. Prader-Willi syndrome
- L. Mild mental retardation
- M. Chronic motor tic disorder
- N. Oppositional defiant disorder
- O. Selective mutism
- P. Attention deficit disorder inattentive type

Which diagnosis listed above is the 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.

- 37. A schoolboy is dreamy and disorganised, often forgetful and does not complete his homework. He is distractable and frequently loses toys, clothes and books.
- 38. A young girl stays home from school and complains of stomach aches when her mother tries to take her. She becomes distressed when her teacher tries take her from her mother and lead her into the school.
- 39. A boy raised in an orphanage in Albania appears tense and watchful. He isolates himself and is nervous if people try to talk to him.

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. Gammahydroxybutyrate intoxication
- B. Phentermine abuse
- C. Benzodiazepine overdose
- D. Methylenedioxymethamphetamine use
- E. Tobacco dependance
- F. Lysergic acid intoxication
- G. Alcohol withdrawal
- H. Cannabis abuse
- I. Benztropine overdose
- J. Solvent abuse
- K. Opiate dependance
- L. Caffeine dependance
- M. Psilocybin abuse
- N. Methamphetamine abuse

Which of the substance use disorders listed above is the 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.

- 40. A 24 year old young man presents to the ED with constricted pupils and a groin abscess.
- 41. A 45 year old medically admitted homeless man is agitated, saying he sees bats flapping about the room.
- 42. A 50 year old kindergarten teacher with a history of recurrent depression is brought to the ED in respiratory arrest.
- 43. A 52 year old waiter has a tachycardia, tremor, and macrocytosis.

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. Full blood count and differential monthly
- B. A monthly ECG
- C. Annual thyroid function tests
- D. Three-monthly HB1AC blood tests
- E. Annual liver function testing
- F. Serum lipids
- G. Full blood count and differential weekly
- H. A fasting blood glucose level
- I. Annual girth measurements
- J. Monthly serum levels of the medication
- K. Two-weekly renal function testing
- L. An annual AIMS test

Which test listed above is the most important to arrange in each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

- 44. A 35 year old woman with bipolar disorder is maintained on lithium. Her last manic relapse resolved three months ago.
- 45. A 41 year old man with schizophrenia is stable on clozapine, with good symptom control five months after commencing this.
- 46. A 24 year old man with schizophrenia who is treated with olanzapine develops thirst and polyuria.

Extended Matching Questions

Questions 47 – 50

**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. Hirsutism**
- B. Microcytosis**
- C. Torticollis**
- D. Xerostomia**
- E. Severe headache**
- F. Presbyopia**
- G. Siallorhoea**
- H. Agranulocytosis**
- I. Neck stiffness**
- J. Rhinorrhoea**
- K. Dyesthesia**
- L. Cogwheel rigidity**
- M. Loss of accommodation**
- N. Grand mal seizure**

For each of the following examples, select the TWO most likely adverse effects from the list above.

Please select only TWO options for each question, but any option may be used more than once, if required.

47. Imipramine and chlorpromazine prescribed for a psychotic depression

48. Tranylcypromine and clomipramine prescribed together in error

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. Abnormal short synacthen test
- B. Acanthocytosis
- C. Hyperglycaemia
- D. Hypokalaemia
- E. Increased urinary catecholamines
- F. Low plasma caeruloplasmin
- G. Low serum vitamin B6
- H. Raised mean cell volume
- I. Hyponatraemia
- J. Cortical atrophy and hypodensities in the basal ganglia
- K. Hypernatraemia
- L. Microcytic anaemia
- M. Hypercalcaemia

For each of the following examples, select the TWO most likely adverse effects from the list above.

Please select only TWO options for each question, but any option may be used more than once, if required.

49. A young woman presents with lethargy, weight loss, anorexia, depressed mood and some hyperpigmentation.

50. A 46-year-old woman has a four month history of headaches, anxiety, panic attacks, sweating and palpitations. Her GP reports a 6-year history of hypertension.



**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
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**KEY
FEATURE
CASES**

MOCK EXAMINATION

AUCKLAND / NEW ZEALAND

December 2005 / May 2006

INSTRUCTIONS:

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

Where you are asked to select your answers 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 circle



KEY FEATURE CASES

Case 1 (6 marks)

Frank, a 15 year old Caucasian youth, is referred following suspension from school for repeatedly sending offensive text messages to staff and students and stealing computer software from school. He complains of other students teasing and bullying him. Although he achieves very highly in academic work, he has no friends and spends hours in his bedroom playing and devising violent fantasy computer games. Frank' s elderly parents describe him as insensitive and blunt, sometimes laughing when they show distress. Attempts by his father to remove his computer led to Frank punching his father on the face, resulting in a fractured nose. His parents are distraught and uncertain what to do next.

Question 1 (2 marks)

To clarify a diagnosis of Asperger' s Disorder rather than a Conduct Disorder, which two key areas of Frank' s functioning indicative of Asperger' s Disorder would you most need to explore? Give UP TO TWO answers only.

1.	
2.	
score:	

Office use only: please mark like this ■	(1)	(2)	(3)	(4)	(5) Too many answers	(6) Did not attempt
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Question 2 (4 marks)

After you have confirmed the diagnosis, Frank has been allowed to return to school. Select UP TO FOUR interventions which would be the most useful, from the list below:

- ☐ Arrange a meeting to plan Frank' s safe return to school with supports in place for him and the staff
- ☐ Commence individual psychotherapy to address his emotional difficulties
- ☐ Invite Frank to attend a social skills training group
- ☐ Discuss a trial of low dose risperidone, to target his aggressive behaviour
- ☐ Discuss a trial of clonidine to decrease the angry outbursts
- ☐ Advise his parents and the school staff to stop Frank from accessing any computers.
- ☐ Explain to Frank' s parents that although he has Asperger' s Disorder he is still responsible for his actions, and that there should be consequences for his behaviour.
- ☐ Encourage his parents to contact the Autistic Association for support, and arrange for them to access respite care.

score:						
Office use only: please mark like this ■	(1)	(2)	(3)	(4)	(5) Too many answers	(6) Did not attempt

KEY FEATURE CASES

Case 2 (6 marks)

John, a 31 year old married accountant, is committed by the Courts to your Acute Forensic ward for a two week assessment. This follows his arrest two weeks ago, and he has been remanded to prison in the interim. He is accused of murdering his father. Your ward policy means that he will now be admitted for 1 week to a secluded High Care Area where he will receive intense 3 to 1 nursing at all times and daily consultant reviews. You have just completed the admitting history and mental state examination. John impressed as calm, albeit withdrawn, and somewhat vague. He appeared pleased to be out of prison, euthymic in mood and with no abnormal neurovegetative changes. He gave a five week history of running commentary auditory hallucinations, referential delusions and circumscribed delusions of persecution (he believes his father wanted to kill him). He has no significant previous forensic, medical or psychiatric history.

Question 1 (2 marks)

What is your most immediate clinical priority?

Give ONE answer only.

1.

score:

Office use only: please mark like this 

①

②

③

④

⑤ Too many answers

⑥ Did not attempt

Question 2 (2 marks)

At this stage, given his symptoms, age and demographics, what are the two statistically most likely differential diagnoses?

List UP TO TWO answers only.

1.
2.

score:

Office use only: please mark like this 

①

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④

⑤ Too many answers

⑥ Did not attempt

Case 2 contd.

Question 3 (2 marks)

Aside from persecutory delusions (as in the vignette), name the one form of delusion that has been the most robustly validated as being associated with increased violence to others.

Give ONE answer only.

1.

score:

Office use only: please mark like this 

1

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3

4

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Too many answers

6

Did not attempt

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KEY FEATURE CASES

Case 3 (6 marks)

Carla, who is a 26 year old married woman, is referred by her GP for assessment of depression which has not responded to treatment with Fluoxetine at adequate dose and duration. Carla describes increasing difficulties over a two year period with fluctuating low mood, along with low energy, difficulties maintaining her usual level of function in her work as a salesperson, and altered sleep and appetite. She also describes frequent episodes of what she feels is "irrational" behaviour, where she takes comments from others very personally and becomes very upset, tearful, and distraught. This is causing major problems in her work and her marital relationship.

Question 1 (1 mark)

You assess Carla and determine that according to DSM-IV criteria she has a Major Depressive Disorder, Moderate, Chronic.

**What DSM-IV sub-type of Major Depression is suggested by this presentation?
Give ONE SUB-TYPE ONLY.**

1.

score:

Office use only: please mark like this 

1

2

3

4

5 Too many answers

6 Did not attempt

Question 2 (2 marks)

**What specific symptoms will confirm the diagnosis of this sub-type of Major Depression?
List UP TO FOUR symptoms.**

1.
2.
3.
4.

score:

Office use only: please mark like this 

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4

5 Too many answers

6 Did not attempt

Case 3 (contd.)

Question 3 (3 marks)

You confirm diagnosis of this depression subtype, and decide to initiate treatment. She asks for advice regarding effective treatments for her condition given her lack of response to a medication she was told would be effective.

For which of the following interventions is there the best evidence-base of effectiveness in the treatment of this sub-type of Major Depression?

Select UP TO THREE OPTIONS from the following list:

- ☐ Fluoxetine
- ☐ Citalopram
- ☐ Paroxetine
- ☐ Nortriptyline
- ☐ Phenelzine
- ☐ Supportive counselling
- ☐ Cognitive Behavioural Therapy
- ☐ Family Therapy

score:

Office use only: please mark like this ■

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5 Too many answers

6 Did not attempt

This space is deliberately blank

KEY FEATURE CASES

Case 4 (6 marks)

Sharon is a 25 year old woman presenting to you at a Community-based Mental Health Centre (CMHC). She says she wants to kill herself. The current crisis began a month ago when her boyfriend of three years refused to marry her – leaving Sharon feeling used and rejected. She reports rapidly fluctuating moods, difficulty concentrating, poor sleep and binge-eating. She has continued to work as an Old Persons' Home aide, seeking support from co-workers whose attention brightens her mood, which improves while she is at work. Her GP prescribed fluoxetine for Sharon a year ago and she has taken 40mgs mane for 10 months, with reasonable benefit until the recent crisis, and no significant side-effects. Sharon lives alone and has thoughts of hurting herself and of killing her boyfriend. At these times she feels unloved and worthless. She cut her thigh with a razor on two occasions, feeling she was watching from a distance, numb inside and experiencing no pain. She has begun to lose control of her temper and recently slapped her boyfriend when he was visiting her.

Her parents separated when she was six due to her father's alcohol dependence. She was sexually abused by her older brother when she was ten. In adolescence, Sharon began abusing cannabis and alcohol and by age 16 she had embarked on the pattern of chaotic unstable involvements with men that characterised her adult life. She ceased substance abuse two years ago, but has taken four overdoses of various prescription drugs in the last six years. Other than GP treatment for migraines, she has no medical history, and no known allergies.

Question 1 (2 marks)

Towards the end of your assessment, Sharon tells you that she took "a few paracetamols" earlier in the day when feeling distressed.

What are the two most important steps to take at this point?

List UP TO TWO steps only.

1.	
2.	
score:	

Office use only: please mark like this 	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 Too many answers	<input type="radio"/> 6 Did not attempt
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Question 2 (4 marks)

On later CMHC follow-up, after Sharon has been medically cleared and is more stable, you develop a Crisis Management Plan with her.

What are the most important things to include in this plan?

Select UP TO FOUR OPTIONS only, from the list below.

- ☐ A plan for brief periods of Respite care at times of crisis.
- ☐ A statement that Sharon is never to be admitted for inpatient psychiatric care.
- ☐ A statement that Sharon must stop self-harming.
- ☐ A statement that if Sharon is admitted for a brief period of inpatient psychiatric care, she is still likely to be experiencing suicidal thoughts on discharge as this is usual for her.
- ☐ A statement that Sharon is responsible for keeping herself safe.
- ☐ A plan to change Sharon's fluoxetine to venlafaxine and to commence a trial of sodium valproate.
- ☐ Suggested options for self-soothing that staff can remind Sharon of at times of crisis.
- ☐ A statement that unless Sharon can keep herself safe, the CMHC will not offer follow-up.

score:						
Office use only: please mark like this 	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5 Too many answers	<input type="radio"/> 6 Did not attempt

KEY FEATURE CASES

Case 5 (6 marks)

Mr Green is a 73 year old man admitted to hospital with a fever and shortness of breath. Chest X-Ray reveals a pneumonia. When seen initially in the morning by the medical team he is described as settled though 'perhaps a little vague' about events leading to admission. Later that day he becomes agitated and angry with staff, accusing them of stealing his car. At assessment that evening he is drowsy, disorientated and appears to be responding to visual hallucinations. There is no past history of similar behavioural disturbance.

Question 1 (2 marks)

What are the key features of this story that support the DSM IV criteria for a diagnosis of delirium?

List UP TO FOUR main elements.

1.
2.
3.
4.

score:

Office use only: please mark like this 

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⑤

Too many answers

⑥

Did not attempt

Question 2 (2 marks)

In broad terms what are the three main areas of intervention in managing Mr Green' s behavioural disturbance?

Give UP TO THREE answers only.

1.
2.
3.

score:

Office use only: please mark like this 

①

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④

⑤

Too many answers

⑥

Did not attempt

Case 5 (contd.)

Question 3 (2 marks)

Apart from delirium what are the two most important potential psychiatric co-morbidities to consider in this man?

Give UP TO TWO answers only.

1.	
2.	

score:

Office use only: please mark like this 

1

2

3

4

5

Too many answers

6

Did not attempt

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KEY FEATURE CASES

Case 6 (6 marks)

You are an advanced trainee working in an early psychosis intervention team and receive a referral from a local General Practitioner (GP) regarding Peter, a 19 year old young indigenous man with no known past psychiatric or medical history. The referral states: "I saw Peter in my surgery today with his mother. He is experiencing voices telling him ' bad things' and seems quite suspicious, but his mother does not want any involvement from mental health services." You make phone contact and his mother agrees to come to your office with Peter. On arrival, she is emphatic that she will only give you half an hour, will not let you see her son by himself and will end the interview if you say anything that she does not agree with. She warns you that she will not discuss any possibility of Peter having medication or being admitted to hospital.

Question 1 (1 mark)

Apart from yourself, Peter and his mother, name one other key person who should be present at this assessment.

Give ONE answer only.

1.				
score:				

Office use only: please mark like this ■	(1)	(2)	(3)	(4)	(5) Too many answers	(6) Did not attempt
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Question 2 (2 marks)

What are the two most important issues for you to address at this assessment?

Give UP TO TWO answers only.

1.				
2.				
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Case 6 (contd.)

Peter has some psychotic symptoms but there is no evidence of acute risk to others or to himself. He is not abusing substances. Matters continue with your team seeing Peter regularly but his family continuing to refuse any treatment. On your next home visit you learn from Peter's brother Ron that Peter was found in the kitchen the previous night holding a large knife, looking distressed. He seemed unable to say what he might do with the knife. His mother feared that you might admit him to hospital and has taken him to her cousin who lives in a suburb outside your catchment area. Ron is reluctant to give you the address or phone number.

Question 3 (3 marks)

What are the three most important steps you should take next?

Select UP TO THREE answers from the list below.

- ☐ Express your concerns and advice clearly but politely to Ron and any other adults present, regarding the risks in the situation and the benefits of treatment.
- ☐ Close the case as Peter has moved outside your catchment area and there is nothing more you can do.
- ☐ Give Ron a bottle of risperidone tablets and ask him to take them to Peter and try to get him to take the medication.
- ☐ Ensure Ron and any other family present know how to access mental health services especially Crisis service and after hours help
- ☐ Make it clear to Ron that he will be responsible if Peter kills himself or someone else
- ☐ Contact the Crisis Team and the police in the area Peter has been taken to and provide information in case he presents acutely.
- ☐ Arrange a case conference with your team and the cultural support worker, to determine what action to take next
- ☐ Have Ron sign a note stating that he is refusing to give you Peter's address despite the clear risks, for medico-legal purposes.

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KEY FEATURE CASES

Case 7 (6 marks)

Caroline, a Caucasian woman aged 28, is referred to you as a Community Mental Health Team registrar. The letter from her current General Practitioner (GP) says that she has presented with multiple complaints including abdominal pain, vomiting, food intolerance, headache, poor memory, paresthesiae, breathlessness, irregular menses, severe dysmenorrhoea, aching legs, faintness, double vision and depression. Her symptoms are vague according to the GP, and vary between consultations. She has had several previous GPs and multiple previous investigations have been normal. She had worked part-time in a clerical job but her previous GP put her on welfare payments (sickness benefit) for "Chronic Fatigue Syndrome". Her GP now wonders if the diagnosis could in fact be a depression.

Caroline presents as an impeccably dressed young woman who does not look physically ill or depressed. She gives rather dramatic descriptions of her symptoms but at the same time you note a vagueness and there is a lack of amplifying detail on close questioning.

Question 1 (1 mark)

What is the most likely diagnosis?
Give ONE answer only

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Question 2 (5 marks)

What would you advise the GP about management?
Select UP TO FIVE answers from the list as below:

- ☐ Advise GP to see her on a regular basis.
- ☐ Advise GP to arrange for Caroline to have a surgical out-patient referral regarding her bowel symptoms.
- ☐ Refer Caroline for cognitive behavioural therapy.
- ☐ Advise GP to develop a treatment alliance based on respect and trust with exploration and reattribution of her symptoms.
- ☐ Advise GP to take symptoms seriously and perform physical examination to rule out pathology.
- ☐ Refer Caroline for insight-orientated psychotherapy.
- ☐ Advise GP to see her as little as possible to discourage her presenting in this way.
- ☐ Advise GP to prescribe an SSRI.
- ☐ Treat any comorbid Axis I conditions.
- ☐ Advise GP to cancel her sickness benefit welfare payments.

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KEY FEATURE CASES

Case 8 (6 marks)

You are managing Mary, a 25 year old woman with a diagnosis of Bipolar I Disorder, via a community mental health team. Her history includes an episode of psychotic depression aged 19 and two subsequent hospitalizations for mania, the last one 10 months ago. She has been stable for the past three months and is compliant with her medication now. Mary has a history of past cannabis and alcohol abuse but rarely uses this now as far as you know, and is in a stable defacto relationship.

Mary calls to say she is unexpectedly six weeks pregnant. She is happy about this and is looking forward to having the baby. She wants immediate advice about her current medication, and general information about the risks of the pregnancy. She is currently on sodium valproate 1200mg daily, risperidone 2mg nocte and clonazepam 0.5mg PRN. Your local services do not include a specialised Maternal Mental health Service or a Mother-and-Baby Admission Unit. You arrange to see her with her partner, urgently that same day.

Question 1 (3 marks)

What are the most important issues your discussion would need to cover at this meeting?
Select UP TO THREE key issues only from the list as below.

- ☐ Discuss the need for a Birth Plan for the delivery
- ☐ Check if any current drug and alcohol use and counsel to cease if so
- ☐ Advise to cease sodium valproate due to likely teratogenicity
- ☐ Discuss with her a plan to restart a mood stabilizer soon post partum
- ☐ Discuss with her the pros and cons of terminating the pregnancy
- ☐ Advise to cease her clonazepam and risperidone as well as sodium valproate
- ☐ Discuss Relapse-Prevention strategies and arrangements to monitor and follow-up closely
- ☐ Arrange for Mary to start folate to counteract sodium valproate's teratogenic effect
- ☐ Advise about the high risk of relapse post partum - up to 90%

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Question 2

Mary and her partner make a decision for her to stop all medication for the duration of the pregnancy. She becomes sleepless at 34 weeks pregnant and the baby is born at 35 weeks. Immediately after the birth she is clearly becoming elevated. She agrees to take medication but is adamant that she wants to breast feed.

Question 2 (3 marks)

What are the most urgent management issues that you need to consider at this point?
Give UP TO THREE answers only.

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KEY FEATURE CASES

Case 9 (6 marks)

Kelly is a 13 year old girl who has presented with rapid, marked weight loss across the past 6 months. She is an only child and lives with her mother, her parents having separated a year previously. There is a reasonably amicable but ambivalent relationship between her parents. Kelly had normal developmental milestones and an uneventful childhood, and prior to the last 6 months she appeared well-socialised, healthy and not concerned with her weight. She had been doing well at school and has several friends. In the last 6 months she has become increasingly preoccupied with being overweight, has markedly reduced her food intake and her mother has not been able to prevent her from excessive exercising. She is now continually preoccupied with fears of weight-gain - in the last week she has not eaten or drunk anything at all except some "sports water". On one occasion recently Kelly threatened to kill herself if her mother made her eat but later said she did not really mean this and was just "upset because Mum is trying to make me horrible and fat". Her BMI is now 13.5. Her ECG now shows a regular rate of 60/min, with some flat and inverted T waves.

Question 1 (3 marks)

List the most important reasons to admit Kelly for inpatient treatment of anorexia nervosa, from the vignette above.

Give UP TO THREE answers only.

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Question 2 (3 marks)

Kelly is assessed at the Child & Adolescent Psychiatric Unit then transferred to a medical ward for nasogastric tube feeding as she still refuses all oral intake. She develops a delirium as part of refeeding syndrome.

What other medical abnormalities most associated with refeeding syndrome is she likely to have?

Select UP TO THREE answers from the list below.

- ☐ Elevated liver enzymes
- ☐ Fever
- ☐ Hyperglycaemia
- ☐ Renal failure
- ☐ Hypokalaemia
- ☐ Hypermagnesaemia
- ☐ Dehydration
- ☐ Cardiac failure

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

**SHORT
ANSWER
QUESTIONS**

**MOCK EXAMINATION
AUCKLAND / NEW ZEALAND**

December 2005 / May 2006

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)

Gary is a 15 year old youth who has smoked cannabis daily for the last year without any obvious problems resulting. His parents ask your advice as to whether his cannabis abuse will have adverse longer-term effects on his mental and physical health if he continues it.

Question 1 (2 marks)

List in note form the possible long-term adverse health effects of regular long-term cannabis abuse.

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Question 2 (2 marks)

List in note form the possible confounding factors in longitudinal cohort research into whether cannabis abuse in adolescence can be causally linked to later development of schizophrenia.

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SHORT ANSWER QUESTIONS

Short Answer 2 (4 marks)

Damian is a 38 year old man treated by you for recurrent major depressive episodes. He has remained well on 40mg fluoxetine daily across the last year. He has started a new relationship and asks for assistance as he complains of sexual dysfunction which he has always been aware of since starting the SSRI, but which he is now more concerned about in the context of the new relationship.

Question 1 (2 marks)

List in note form the possible adverse effects of SSRIs on sexual functioning.

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Question 2 (2 marks)

List in note form possible biological interventions to reduce SSRI-induced adverse effects in patients needing to remain on SSRI medication.

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SHORT ANSWER QUESTIONS

Short Answer 3 (3 marks)

A local General Practitioner calls you about Jim, a 65 year old Caucasian man he is concerned about, who he feels may be depressed and a suicide risk.

Question 1 (3 marks)

List in note form the possible risk factors for suicide that you would want to investigate regarding Jim's social circumstances.

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SHORT ANSWER QUESTIONS

Short Answer 4 (4 marks)

A patient with Down's Syndrome living in a local residential NGO setting becomes behaviourally disturbed and unable to cope with sheltered employment any more, and is felt to be developing Alzheimer's dementia.

Question 1 (2 marks)

List in note form the main risk factors in patients with Down's Syndrome for the development of Alzheimer's dementia.

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Question 2 (2 marks)

List in note form the main pathophysiological or neurological reasons why Down's Syndrome patients have a greater risk of developing Alzheimer's dementia.

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SHORT ANSWER QUESTIONS

Short Answer 5 (4 marks)

Parvati is a 24 year old patient of yours with a bipolar disorder. She has recently become engaged to Ravi, a man who also has this diagnosis, who she met at a local support group. Parvati now wants to know the likely risk of their children having bipolar disorder.

Question 1 (2 marks)

What is the risk that a child of this couple will develop bipolar disorder?

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Question 2 (2 marks)

If Parvati's husband did not also have a diagnosis of bipolar disorder, what would the risk be that their child might develop bipolar disorder?

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SHORT ANSWER QUESTIONS

Short Answer 6 (4 marks)

You are seeing Paul, a 27 year old man, for psychodynamic psychotherapy. His main complaint is of problems sustaining relationships with girlfriends. He begins relationships well but says that after a while he tends to lose interest and end the relationship. In his past history, his mother died suddenly when he was aged 15.

The therapy had initially gone well but now at the 15th session you are becoming aware that Paul is more distant and largely wants to discuss psychological theories that he has read about in various books and on the internet.

Question 1 (2 marks)

Briefly describe how Malan's concept of the "Triangle of Conflict" is illustrated by the vignette above.

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Question 2 (2 marks)

Briefly describe how Malan's concept of the "Triangle of the Person" is illustrated by the vignette above.

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SHORT ANSWER QUESTIONS

Short Answer 7 (4 marks)

A young woman is referred for an assessment by her General Practitioner who says that he believes she has Pseudocyesis.

Question 1 (2 marks)

Briefly describe what Pseudocyesis is and what causes it?

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Question 2 (2 marks)

What other terms are used to describe this disorder?

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SHORT ANSWER QUESTIONS

Short Answer 8 (3 marks)

Question 1 (3 marks)

Describe and explain the main type of validity upon which psychiatric classification and diagnostic systems such as DSM and ICD are founded.

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SHORT ANSWER QUESTIONS

Short Answer 9 (4 marks)

Mrs Miller is a 50 year old woman who you are treating for bipolar disorder with lithium carbonate. Her condition has been harder to stabilise across the last two years, and you realise that she may now meet criteria for rapid cycling.

Question 1 (2 marks)

List the criteria used to define rapid cycling bipolar disorder.

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Question 2 (2 marks)

List in note form possible risk factors for development of rapid cycling.

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SHORT ANSWER QUESTIONS

Short Answer 10 (4 marks)

Your manager asks you whether generic counselling by relatively untrained staff would be as effective for the out-patients your CMHC sees as more specific types of psychotherapy which require greater training and experience.

Question 1 (2 marks)

List in note form the common factors found to be beneficial across a range of psychotherapies or “counselling”.

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Question 2 (2 marks)

List the diagnoses (and corresponding therapies) for which a specific type of therapy has been empirically demonstrated to be more effective than non-specific “counselling”.

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SHORT ANSWER QUESTIONS

Short Answer 11 (4 marks)

Brenda is a 35 year old woman being treated for a depressive episode with an SSRI following the break-up of a relationship and the loss of her clerical job. You decide to offer her cognitive behavioural therapy (CBT) to aid her recovery.

Question 1 (4 marks)

List in note form several techniques you could use during CBT with Brenda.

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SHORT ANSWER QUESTIONS

Short Answer 12 (4 marks)

A 73 year old widowed lady, Joan, is admitted to your Older Persons' Inpatient Unit. She is admitted wearing a broad-brimmed gardening hat, stating that this protects her head from "the Mormon thought-ray" beamed at her by people living in the flat next door to her "disguised as students". Joan has moved accommodation twice in the last 18 months due to concerns of a similar type about her neighbours, and says that they harass her by whispering obscenities through the walls, and that they are trying to make her vote Labour against her will. Her children say that this illness has developed gradually in the last three years, and that she had no past psychiatric history and has always coped well, although was somewhat eccentric. Joan is euthymic on the ward, with good self-care. Your diagnosis is of late-onset paranoid schizophrenia and there is no evidence of a dementia or other organic brain disorder.

Question 1 (1 mark)

What type of comorbid physical deficits not mentioned above could have predisposed Joan to development of this disorder?

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Question 2 (3 marks)

List in note form several features mentioned in the vignette as above which are typical of late onset schizophrenia.

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SHORT ANSWER QUESTIONS

Short Answer 13 (3 marks)

Question 1 (3 marks)

What is the relationship between the sea slug *Aplysia* and human psychological development?

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SHORT ANSWER QUESTIONS

Short Answer 14 (4 marks)

Robyn is a 26 year old woman who presents with a one year history of frequent episodes of bingeing to the point of abdominal discomfort. After the binges she feels depressed, guilty and disgusted with herself.

Question 1 (1 mark)

Describe the main difference between Binge Eating Disorder and Bulimia Nervosa

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Question 2 (1 mark)

In studies to date, have patients with Binge Eating Disorder in general responded better or worse to treatment than those with Bulimia Nervosa?

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Question 3 (2 marks)

List in note form the treatment interventions which would be most likely to assist Robyn with her Binge Eating Disorder.

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SHORT ANSWER QUESTIONS

Short Answer 15 (3 marks)

Question 1 (3 marks)

List in note form the main treatment steps in managing benzodiazepine dependence.

[illegible]

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SHORT ANSWER QUESTIONS

Short Answer 16 (4 marks)

Joe is a 26 year old unemployed man with pre-existing schizophrenia. He comes from a poor family, and his father was a violent alcoholic who physically abused Joe and his mother. After two years of remission from symptoms of schizophrenia, Joe begins to avoid his community key worker and to abuse methamphetamine with friends. After 4 weeks he develops a relapse of psychotic symptoms and ceases his usual olanzapine medication. A week later he seriously assaults a passer-by in the street using an iron bar. This man subsequently dies of head injuries. On assessment after his arrest, Joe says that he had to kill the passer-by as he “suddenly knew he was the Antichrist and would have destroyed the world”. Joe had the iron bar with him for “protection from demons”.

Question 1 (2 marks)

List in note form the two chief risk factors in the vignette above, which most caused Joe to be a serious risk to others.

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Question 2 (2 marks)

List in note form the two key issues demonstrated in the vignette, both of which would need to be present for Joe to be acquitted of murder on the grounds of “Insanity”.

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SHORT ANSWER QUESTIONS

Short Answer 17 (4 marks)

Lorraine, a 29 year old woman, begins sleepwalking during a stressful marital break-up. Her GP has treated her with zopiclone for the last two weeks but her sleep is still poor – she says she is only getting about 4-5 hours each night due to initial insomnia. She tells you that her 4 year old daughter Tina has also sleepwalked once or twice. Desperate for more sleep she has recently been taking some promethazine elixir prescribed for Tina, at bedtime.

Question 1 (4 marks)

List in note form several factors from the vignette above which are associated with increased risk of sleepwalking.

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SHORT ANSWER QUESTIONS

Short Answer 18 (4 marks)

You start Susanna, a 40 year old woman with severe chronic schizophrenia, on a clozapine titration. After four weeks she develops tachycardia at rest and an abnormal ECG, and a clozapine-induced myocarditis is diagnosed.

Question 1 (3 marks)

List in note form several disorders of the heart other than those mentioned in the vignette which can occur as adverse effects of clozapine use.

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Question 2 (1 mark)

George is another of your patients who is 60 years old and on clozapine. Was Susanna more or less likely to develop myocarditis on clozapine than George in terms of her age? Neither George or Susanna have any prior cardiac history.

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SHORT ANSWER QUESTIONS

Short Answer 19 (4 marks)

Question 1 (4 marks)

Briefly define Secondary and Tertiary Prevention and give an example of each, relating to the risk of suicide in a population.

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