



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

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

December 2005 / May 2006

PAPER II

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

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:



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

**CRITICAL
ESSAY
QUESTION**

**MOCK EXAMINATION
AUCKLAND / NEW ZEALAND**

**December 2005 / May 2006
PAPER II**

DIRECTIONS:

Please write your answer to the Critical Essay question in this booklet

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

Critical Essay Question: (40 marks)

DIRECTIONS:

- Use as many pages as needed to answer this Critical Essay Question
- Write only on the front, lined side of each page
- You can request additional spare pages from the invigilator if needed. Interleave these into the booklet at the appropriate place.
- Do not use the scrap paper provided to add any additional pages – always ask the invigilator for additional pages.

In essay form, critically discuss the following statement from different points of view and provide your conclusion.

“Understanding and using humour is essential in mental health work – but humour can be a two-edged sword, and its role is not taught in most training programs.”

- *Martin D. Perez, 2002*

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

[illegible]

[illegible]

[illegible]



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

**CRITICAL
ANALYSIS
PROBLEMS**

**MOCK EXAMINATION
AUCKLAND / NEW ZEALAND**

**December 2005 / May 2006
PAPER II**

DIRECTIONS:

Please write your answers to the Critical Analysis problems in this booklet

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

Critical Analysis Question 1 (20 marks)

DUP Study (excerpts)

ABSTRACT:

BACKGROUND: It is unclear what determines **Duration of Untreated Psychosis** (DUP) in schizophrenia and why long DUP predicts poor outcome.

AIMS: First, to test the hypothesis that specific patterns of symptoms and social functioning acting before treatment prolong DUP. Second, to clarify the mechanisms linking DUP with recovery after treatment.

METHOD: Two hundred and forty-eight consecutive first admissions with schizophrenia were interviewed to assess DUP, symptoms and social functioning at admission, and symptoms were re-assessed after 6-12 weeks.

RESULTS: Median DUP was 12 weeks. Long DUP was predicted by poor insight, social isolation and preserved coping skills, but not by demographic factors. Even allowing for all these variables, long DUP predicted poor outcome.

METHOD:

Sample: Patients were recruited from consecutive day-patient and in-patient admissions for first episodes of psychosis over a 26-month period, as part of a randomised, controlled psychological treatment study (the Study of Cognitive Reality Alignment Therapy in Early Schizophrenia - SOCRATES). They were aged 16-64 and admitted from Manchester, Liverpool and North Nottinghamshire.

Eligible patients met criteria for DSM-IV schizophreniform disorder, schizophrenia, schizoaffective disorder, delusional disorder and psychosis NOS. Patients were excluded if substance misuse was judged to be the major cause of the psychosis. Patients were randomised to one of three treatment conditions on top of routine care: cognitive-behavioural therapy (CBT), supportive counselling and 'no extra treatment'.

Analysis: Using SPSS 6.1 for Windows, we examined associations between DUP and demographic, symptomatic and social functioning variables at baseline using correlation measures. After initial data analysis, DUP was normalised by taking the logarithm to base 10 (\log_{10} DUP) to allow the use of parametric statistics (i.e. Pearson's r , t -tests), and these results are presented.... We performed a general factorial analysis of variance (ANOVA) with \log_{10} DUP as the dependent variable (this let us include categorical confounders like ethnicity more easily than a multiple regression).... To test the second hypothesis, about recovery after treatment, we first correlated \log_{10} DUP with change in PANSS total score over the follow-up period. Then we used baseline variables (including \log_{10} DUP and determinants of \log_{10} DUP) to predict change in PANSS as the dependent variable in an ANOVA, as for the analysis of determinants of DUP. This would reveal whether \log_{10} DUP still had a significant association with the outcome of initial treatment after correcting for confounders. We included the treatment group in the SOCRATES trial as an independent variable.

Results:

At baseline, \log_{10} DUP correlated positively with the PANSS total score ($r=0.13$, $P=0.04$): the longer the DUP the more severe the symptoms at admission. Pearson correlations with the positive symptom and general psychopathology sub-scale scores were 0.14 ($P=0.03$) and 0.15 ($P=0.02$), respectively, but with the negative sub-scale r was 0.05 ($P=0.49$).

Although DUP did not correlate significantly with SFS total score (for \log_{10} DUP $r=0.04$, NS), this masked correlations with component sub-scales in opposite directions. DUP correlated negatively with the social integration index ($r=-0.14$, $P=0.05$), and positively with the coping index ($r=0.16$, $P=0.03$); thus, long DUP was predicted by worse social integration on the one hand, but by better coping with daily activities on the other.

Poor insight, poor integration and avolition predicted longer DUP.

Shorter DUP was predicted by poor coping and the presence of preoccupation or hostility.

Better social integration predicted more improvement in PANSS score (i.e. a greater decrease in score over treatment). Surprisingly, better coping predicted less improvement. Insight, the strongest predictor of long DUP, was not significantly associated with change in the PANSS. Male gender predicted less improvement. Other demographic variables were not strongly associated with PANSS change (all $P>0.30$); nor was treatment condition ($P=0.52$).

Critical Analysis Question 1

1.1 What type of study is the DUP study?

Select any correct options from the list below (2 marks)

- ☐ Randomised controlled treatment study
- ☐ Causation study
- ☐ Critical Review
- ☐ Diagnostic instrument evaluation
- ☐ Prognostic study

score:

1.2.1 In the analysis, the authors mention the use of parametric statistical tests. What are parametric tests as opposed to non-parametric tests? (4 marks)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

score:

1.2.2 In the analysis of variance, the authors had DUP as the “dependent variable”. What does this mean and what is a dependant variable? (2 marks)

[illegible]

score:

1.2.3 The authors state that they included the treatment group as in the SOCRATES trial as an independent variable. They also state “Other demographic variables were not strongly associated with PANSS change (all $P>0.30$); nor was treatment condition ($P=0.52$).” What does this tell us about the effect of the SOCRATES treatment groups on the DUP results? (2 marks)

[illegible]

score:

Table 2 Correlation of baseline variables with duration of untreated psychosis

Variable	Correlation	<i>P</i>
PANSS lack of insight	0.35 ¹	<0.001
SFS integration	-0.23 ¹	0.004
SFS coping	0.17 ¹	0.04
PANSS poor volition	0.19 ¹	0.02
PANSS preoccupation	-0.18 ¹	0.02
PANSS hostility	-0.15 ²	0.03

I. Values of beta for independent variables in analysis of variance with log₁₀ duration of untreated psychosis as dependent variable.

2. Point biserial correlation; P7 was transformed to a binary variable for the analysis.

PANNS, Positive and Negative Syndrome Scale;
SFS, Social Functioning Scale.

1.3.1 In Table 2, poor insight, poor social integration and poor volition predicted longer DUP, and shorter DUP was predicted by poor coping and by preoccupation or hostility.

In what way might these factors be linked with the DUP? (4 marks)

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the page.

score:

Table 3 Predicted impact of duration of untreated psychosis on the amount of improvement in Positive and Negative Syndrome Scale (PANSS) score after 12 weeks of treatment

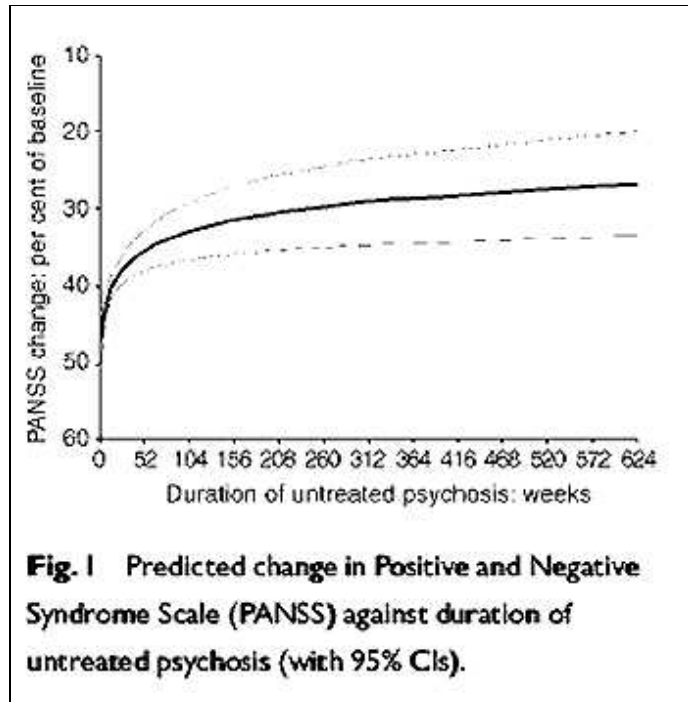
DUP ¹	Mean improvement in PANSS score ²	95% CI ³
1 month	−44%	−50 to −39
6 months	−38%	−41 to −34
1 year	−35%	−40 to −30
6 years	−29%	−40 to −18

1. DUP, duration of untreated psychosis.
2. Change in total score divided by (baseline total score - 30), since minimum score=30.
3. CI, confidence interval for the mean.

1.4.1 In Table 3, explain how sure we can be about the mean improvement in PANSS result where DUP was 6 years as compared to 6 months. (2 marks)

[illegible]This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

score:



1.5.1 From Figure 1, what are the implications for early psychosis intervention services about channelling their efforts to reduce DUP? (4 marks)

[illegible]This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

score:

Critical Analysis Question 2 (20 marks)

You are an advanced trainee working in a community team which often commences previously untreated patients with psychosis on antipsychotic medication. Most of your patients are on a voluntary basis. Medical staff on the team are confident doing clinical assessments for extrapyramidal side effects (EPSE) or using the AIMS or GATES instruments - but other team members are unable to do these assessments. You feel that the team's patients are not being adequately monitored for development of extra-pyramidal side-effects, and want to locate a screening tool that all the team's staff can use. You locate a test called the "Sentence Length Test" (SLT). Patients write the same dictated sentence before and during treatment, and micrographia changes in their handwriting affecting the overall length of the sentence they write are measured by ruler and are used to detect early development of Parkinsonian symptoms. It appears to be a simple test that requires little training and can be done in any setting. There is however only one study validating the SLT that you can locate, which compares it with a clinical evaluation of EPSE by psychiatrists, looking specifically at Parkinsonian symptoms. This study found that a 5-10% reduction in sentence length correlated to mild clinically diagnosed EPSE, and a 15-25% reduction in sentence length to moderate EPSE. Your supervisor encourages you to set up a study to assess the SLT and determine if it would in fact be a useful screening test for the team.

2.1 Your source population are to be drawn from patients followed up by your team. What inclusion or exclusion criteria might you need to consider? (4 marks)

[illegible]

[illegible]

2.2 State the two main types of reliability of the SLT which you would want to measure, and briefly describe how these would be assessed. (2 marks)

score:

- 2.5 You have results from 50 patients for your study regarding the group with mild EPSE on clinical evaluation, and have arranged them in a 2x2 table as below.

		Clinical EPSE		
		Mild EPSE	No EPSE	Totals
SLT	5-10% reduction in sentence length on antipsychotic	20	10	30
	No change in sentence length on antipsychotic	5	15	20
Totals		25	25	50

Calculate the Positive Predictive Value of your SLT test (PPV), and what does this figure actually mean? (2 marks)

Calculate the Negative Predictive Value of your SLT test (NPV), and what does this figure actually mean? (2 marks)

score:

2.6 Describe three ethical issues you would need to consider in the study. (3 marks)

[illegible]

score:

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

score:



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

**MODIFIED
ESSAY
QUESTIONS**

**MOCK EXAMINATION
AUCKLAND / NEW ZEALAND**

December 2005 / May 2006

PAPER II

DIRECTIONS:

Please write your answers to the Modified Essay Questions in this booklet

MODIFIED ESSAY QUESTION 1

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

DIRECTIONS:

- Use as many pages as needed to answer this Modified Essay Question
- Write only on the front, lined side of each page
- You can request additional spare pages from the invigilator if needed. Interleave these into the booklet at the appropriate place.
- Do not use the scrap paper provided to add any additional pages – always ask the invigilator for additional pages.

Modified Essay Question 1: (25 marks)

Jane is a 35 year old Caucasian woman, currently in a de facto relationship, unemployed and receiving welfare payments. She lives with her three children, all sons, aged fifteen, eleven and four, from two previous relationships. Her main supports are her current male partner, and an aunt. She, her partner and her case manager report that she is currently caring well for her children.

Jane has a history of drug and alcohol misuse from the age of nineteen when she was a heavy user of morphine (taken intravenously), cannabis and alcohol. She is believed to have stopped all opiates over ten years ago, but was diagnosed with hepatitis C three years ago.

Jane currently uses alcohol, cannabis and benzodiazepines, which she buys "off the streets". For the last four months she has been attending the out patient Drug and Alcohol Centre where you work, and seems motivated to change her drug use. Jane has a family history of alcohol problems: her mother is currently in recovery after years of heavy drinking and Jane has been told that her father was a "chronic alcoholic". Jane has a poor relationship with her mother, who lives in another town, and Jane has never had contact with her father who left when she was a baby. Jane' s Drug and Alcohol Centre counsellor is concerned that Jane may be depressed and asks you for a psychiatric opinion.

Question 1 (10 marks)

Indicate areas you would focus on in your assessment of Jane, in order to clarify her diagnosis.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, and the page is completely blank except for the lines themselves.

[illegible]

This image shows a full page of blank white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings present.

Modified Essay Question 1 contd.

You decide that despite some symptoms of depression, treatment should initially concentrate on her substance use and in particular alcohol. Jane has attended nine counselling sessions before the assessment with you. Her initial goal had been to reduce her alcohol use. She feels, however, that she has made little progress in cutting down her substance use, rather, whenever she tries reducing her alcohol consumption she finds herself using more benzodiazepines and vice versa.

Question 2 (6 marks)

Outline the advantages and disadvantages of using naltrexone to assist Jane in her goal of reducing her alcohol consumption.

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, text, or other markings on the page.

[illegible]

[illegible]

Modified Essay Question 1 contd.

During a follow up appointment, mainly aimed at assessing her response to naltrexone, Jane mentions that she wants to become pregnant to her current partner, in the belief that he will take their relationship more seriously if they have a child together. She asks you for your opinion on this idea.

Question 3 (9 marks)

Outline your approach to this request, and describe the clinical and risk issues that you would focus on.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

MODIFIED ESSAY QUESTION 2

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

DIRECTIONS:

- Use as many pages as needed to answer this Modified Essay Question
- Write only on the front, lined side of each page
- You can request additional spare pages from the invigilator if needed. Interleave these into the booklet at the appropriate place.
- Do not use the scrap paper provided to add any additional pages – always ask the invigilator for additional pages.

Modified Essay Question 2: (25 marks)

Thim Phu is a 27 year old Asian man who has been discharged from the local inpatient unit to an NGO accommodation provider in the area of your community mental health clinic. He is not previously known to you but there is a brief discharge summary from the unit.

He has a known diagnosis of schizophrenia, paranoid type and recently moved to the district although had been itinerant before his admission. He speaks only limited English and his family live in a different city and have been reluctant to become involved. His hospital admission was caused by some bizarre behavior when he was also intoxicated.

Thim Phu has been living in the supported NGO accommodation now for two weeks and the staff there already have concerns about him. They say he acts oddly with the other residents and is not really fitting in. They are also concerned that he is not sleeping well at night.

Question 1 (8 marks)

Discuss the information you would seek prior to seeing Thim Phu.

[illegible]

This image shows a full page of blank, lined paper. It features approximately 20 evenly spaced horizontal black lines across its entire width, providing a guide for handwriting or typing. The background is a solid off-white color. There are no margins, text, or other markings present on the page.

[illegible]

Modified Essay Question 2 contd.

You see Thim Phu at the NGO house in the company of the care provider and an interpreter. During some of the interview Thim Phu speaks in quite reasonable English, but generally he sits in a dejected and sad manner. He brightens during longer exchanges with the interpreter.

You find out that Thim Phu has stopped his oral antipsychotic medication since leaving hospital.

Question 2 (11 marks)

What factors are likely contributors to Thim Phu' s adherence to medication treatment?

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

[illegible]

Modified Essay Question 2 contd.

You decide that working with Thim Phu using an Adherence Therapy (Compliance therapy) model would be beneficial.

Question 3 (6 marks)

Outline your approach, describing the phases and principles of Adherence Therapy, and key techniques involved.

[illegible]

[illegible]

[illegible]

MODIFIED ESSAY QUESTION 3

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

DIRECTIONS:

- Use as many pages as needed to answer this Modified Essay Question
- Write only on the front, lined side of each page
- You can request additional spare pages from the invigilator if needed. Interleave these into the booklet at the appropriate place.
- Do not use the scrap paper provided to add any additional pages – always ask the invigilator for additional pages.

Modified Essay Question 3: (25 marks)

David is a single 34 year old European account executive living alone in an apartment, who presents with a seven year history of panic attacks. His first panic attacks occurred following a minor motor vehicle accident which happened while driving home from work. On that day he had been passed over for promotion for a job that he believed was rightfully his. Over the following years, the panic attacks have become increasingly frequent and are now occurring spontaneously. As a result, David has become increasingly reluctant to leave his house, and has had to cease work in the last six months. He has however been living off his investments and is not in financial difficulties. David denies any substance abuse and is physically well. He is currently between GPs, as his last GP retired and he has decided to change to a practice closer to his apartment.

Question 1 (9 marks)

Outline your management plan.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

[illegible]

Modified Essay Question 3 contd.

David describes a fear of losing control when he panics and wants to know how to avoid this. You feel that further information about panic attacks and agoraphobia and the treatment of these conditions will be useful.

Question 2 (7 marks)

What are the essential points that you will cover in psychoeducation?

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

[illegible]

Modified Essay Question 3 contd.

David responds well to psychoeducation and has been considering other treatment options while you were away on a month's leave. In the interim he has been making good progress, with a reduction in both the frequency and severity of his panic attacks and a lessening of avoidance behaviour. However, at your six week appointment with him, David admits that his brother Neil, a GP, has been prescribing lorazepam 1mg bd for him which he has been taking since first seeing you.

Question 3 (9 marks)

Discuss how you would deal with this issue, including the information that you would provide to David.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

[illegible]

MODIFIED ESSAY QUESTION 4

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

DIRECTIONS:

- Use as many pages as needed to answer this Modified Essay Question
- Write only on the front, lined side of each page
- You can request additional spare pages from the invigilator if needed. Interleave these into the booklet at the appropriate place.
- Do not use the scrap paper provided to add any additional pages – always ask the invigilator for additional pages.

Modified Essay Question 4: (25 marks)

Mr James Taylor is a 67 year old retired school teacher who is referred by his GP to your Older Person's Community Mental Health team. Mr Taylor lives with his wife Mary who is 61 yrs old and still working part time as a hairdresser. They have two adult children who live in another city and keep in touch by phone, but visit infrequently.

Mrs Taylor approached the GP for advice. She is distressed that their relationship is "falling apart" after 40 years of a happy marriage. Since his retirement Mr Taylor appears to have changed and she does not understand why. He has become irritable and no longer seems to be able to talk things through like they used to. He has become sarcastic and rude, and does not appear to care if he upsets her. He appears to have difficulty controlling his temper and on two occasions Mary has felt threatened. He often does not shave and occasionally she has noticed a body odour that he never used to have. He embarrassed her at her work Christmas party by flirting with her junior assistant and has joined a charismatic church after a lifetime of little church attendance. Last month the electricity was cut off as Mr Taylor failed to pay the bill. Mary has tried for some time to get Mr Taylor to see the GP but he has refused saying that he has never felt better and that she is the one with the problem. Mrs Taylor has tried to discuss her concerns with her children but they think she is over-reacting and that "Dad is just loosening up" after retiring.

Mr Taylor has no previous history of contact with mental health services. He has hypertension which is well controlled.

Following her visit, the GP asked Mr Taylor to attend the surgery for a check-up prior to a repeat prescription for anti-hypertensives. Mr Taylor scored 28/30 on an MMSE. During that visit the GP persuaded him to see a specialist "to see if there is anything wrong or if the two of you may need a bit of marriage guidance." Mr Taylor reluctantly agrees, "just to get everyone off my back".

Modified Essay Question 4 contd.

Question 1 (10 marks)

Please outline details of how you would assess this man, with reference to the setting-up of the interview and the key aspects of history, collateral and mental state needed in order to generate a formulation and differential diagnosis.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

[illegible]

Modified Essay Question 4 contd.

At a family meeting, one of Mr Taylor's sons says he has been reading on the internet about the cholinesterase inhibitor medications. He wonders whether his father should be on these drugs.

Question 2 (5 marks)

How would you respond to this question?

[illegible]

[illegible]

[illegible]

Modified Essay Question 4 contd.

Three months later, the GP phones you again for advice. Mrs Taylor and her son have been to see a solicitor who recommended that Mr Taylor nominates his son to hold his Enduring Power of Attorney. The GP is unsure whether Mr Taylor has the capacity to do so and wants you to carry out an assessment.

Question 3 (10 marks)

Please outline how you would complete such an assessment.

[illegible]

[illegible]

[illegible]