THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

December 2005 / May 2006

PAPER I

MODEL ANSWERS

(Note that the Writtens Sub-Committee samples of recent past questions and scoring guides came out in January 2006, after this Mocks paper was written. Where possible, the SAQ scoring has been adapted into the "proper" model, but not all questions lent themselves to this so it was not possible to do this in all cases. Future Mocks papers will be structured in the "correct" model.)

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. **J**

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. **F**

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. **C**

4. A 34 year old man develops cognitive impairment and depression, together with weight loss and night sweats. **I**

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. 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?" **F**

6. "I wonder if instead of viewing this pending examination as an insurmountable obstacle you could try to see it as an exciting challenge?" **P**

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? " **D**

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. 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 **C**

9. Aristotle **H**

10. Thomas Beauchamp **M**

11. Karl Popper **R**

12. Jim Childress M

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. **R**

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. **A**

15. A 57 year old homeless man develops nystagmus, ataxia and confusion, and later has severe anterograde amnesia. **I**

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. **K**

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. **K**

18. A 30 year old physics graduate student becomes agitated and hits his father when his collection of bottletops is disturbed while the family are moving house. **P**

19. A 28 year old woman suffocates her three month old baby then commits suicide using a bottle of nortriptyline tablets. **E**

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. **L**

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. **D**

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. **B**

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. **I**

24. The smell of fresh bread baking makes a man's mouth water as he passes by. **B**

25. A girl inserts a coin into a vending machine then extracts a can of soft drink. **Q**

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. **N**

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." **J**

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." **Z**

29. "I keep going over and over how badly I treated them and I feel so guilty – I can't think about anything else." **M**

30. "I'm in love – I just can't get her out of my head." **S**

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." **G**

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." **B**

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. sodium valproate
N. procyclidine

Which medication listed above is the 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.

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

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

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

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

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 distractible and frequently loses toys, clothes and books. **P**

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. **C**

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. **A**

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 dependence
F. Lysergic acid intoxication
G. Alcohol withdrawal
H. Cannabis abuse
I. Benztropine overdose
J. Solvent abuse
K. Opiate dependence
L. Caffeine dependence
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. **K**

41. A 45 year old medically admitted homeless man is agitated, saying he sees bats flapping about the room. **G**

42. A 50 year old kindergarten teacher with a history of recurrent depression is brought to the ED in respiratory arrest. **C**

43. A 52 year old waiter has a tachycardia, tremor, and macrocytosis. **G**

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. **J**

45. A 41 year old man with schizophrenia is stable on clozapine, with good symptom control five months after commencing this. **A**

46. A 24 year old man with schizophrenia who is treated with olanzapine develops thirst and polyuria. **H**

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. Sialorrhoea
H. Agranulocytosis
I. Neck stiffness
J. Rhinorrhoea
K. Dysthesia
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 **D M**

48. Tranylcypromine and clomipramine prescribed together in error **E I**

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. **A I**

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. **C E**

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

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 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)

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 TWO answers only.

Scoring:

A. Quality of social interactions (or social relationships/reciprocity/development etc.)
B. Presence of patterns of repetitive restricted behaviours, interests or activities.

Scoring Algorithm	Explanation
A or B = 1 mark each (max. 2 marks)	A. Candidates need to convey overall problems with social interactions rather than giving just one limited example such as "poor eye contact". Markers need to use judgement as to whether they have adequately conveyed the concept.

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	**Yes**
Commence individual psychotherapy to address his emotional difficulties	No - not thought to be effective
Invite Frank to attend a social skills training group	No - would probably be too disruptive right now given his harassment of others
Discuss a trial of low dose risperidone, to target his aggressive behaviour	**Yes - studies in youth and children with autism support the use of risperidone for aggression**
Discuss a trial of clonidine to decrease the angry outbursts	No - trial of risperidone is preferable, no evidence for clonidine in this population
Advise his parents and the school staff to stop Frank from accessing any computers.	No - would probably escalate the violence, preferable to monitor and limit his use
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.	**Yes - the violence may worsen if he does not experience consequences**
Encourage his parents to contact the Autistic Association for support, and arrange for them to access respite care.	**Yes - this would be supportive to the parents**

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

SCORING KEY
A. arrange for prompt physical examination (2 marks)
B. arrange urine drug testing: (1 mark)
C. instruct the nurses to observe closely and document any psychotic symptoms (1 mark)

Algorithm	Explanation of this algorithm
A = 2 marks B = 1 mark C = 1 mark More than 1 answer = 0 marks.	A. Physical and medical safety is the top priority given the fact that he is a new presentation with short-lived unsubstantiated symptoms, presents as ' vague' , comes from prison where anything may have happened to him (e.g he may have been assaulted and have intracranial bleed). B. Excluding drug-related pathology requires immediate urine sample - other methods of detection (collateral, further Hx) could wait til the next day. C. Immediate psychiatric safety is less of a concern given that he has a mandatory week in HCA with 3:1 nursing and daily consultant psychiatric reviews as per the vignette, however it does become a major issue in the medium to longer term .

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.

SCORING KEY
A. Schizophreniform disorder
B. Drug Induced psychosis
C. Psychotic disorder secondary to general medical condition.

Algorithm	Explanation of this algorithm
A + B = 2 marks A alone (plus 1 other incorrect option) = 1 mark B alone (plus 1 other incorrect option) = 1 mark C alone (plus 1 other incorrect option) = 1 mark A + C = 1 mark B + C = 1 mark More than 2 answers = 0 marks.	A. Auditory hallucinations and referential delusions suggest broader Symptoms thus Schizophreniform disorder is more likely than delusional disorder (which is rarer that Schizophreniform disorder anyway). B. Absent in the vignette is any info on drug use, but this set of symptoms does raise the possibility of a Drug Induced Psychosis as the main differential and it must always be excluded. C. Drug Induced Psychosis will be more common than Psychosis Secondary to a GMC. Other incorrect options - although there should be an index of suspicion for Malingering, it is in practice a rare diagnosis. there is no evidence at all of Personality Disorder from the vignette and indeed clear hints of premorbid high level of function (married accountant). No data suggesting Mania or Depression and the word 'euthymic' is used.

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.

SCORING KEY
A. Passivity phenomena
B. Threat control override symptoms or delusions
C. Delusional jealousy / jealous delusions / pathological jealousy
D. Misidentification syndrome delusions / Capgras syndrome or delusions
E. Grandiose delusions

Algorithm	Explanation of this algorithm
A = 2 marks B = 2 marks C = 1 mark D = 1 mark E = 1 mark To a max. of 2 marks total More than 1 answer = 0 marks.	A and B. Passivity phenomena and Threat Control Override symptoms are the same thing or rather TCO Sx are a subset of passivity phenomena. If both are mentioned this counts as just one answer. e.g. • passivity Symptoms / threat control override = 2 marks OR • passivity Sx = 2 marks OR • threat control override" = 2 marks C, D and E are less associated, especially E is the least closely associated, but they do score 1 mark if given, as are partially accurate. "Persecutory Sx" is incorrect as defined by the question and "Paranoid Sx" is too vague – both score zero. "Homicidal delusions" and similar variations ("murderous delusions" etc.) are not a proper phenomenological category so are also incorrect. 'Erotomanic delusions' is incorrect.

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.

SCORING KEY

A. Atypical Depression

Scoring Algorithm	Explanation of this algorithm
A = 1 mark	Word “atypical” must be used in some form (e.g., atypical sub-type, atypical depression etc.)

Question 2 (2 marks)

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

SCORING KEY

A. Heightened interpersonal sensitivity
(heightened sensitivity, interpersonal sensitivity, interpersonal reactivity and similar are acceptable)
B. Weighed-down feeling or “leaden paralysis” of limbs
C. Increased eating and/or weight
D. Increased sleeping or hypersomnia

Scoring Algorithm	Explanation of this algorithm
A = 1 mark B, C or D = ½ mark each (to a max. of 2 marks in total.) If answer to Question A is incorrect (Atypical Depression not identified) – this section scores zero marks. If more than 4 options are given there is no penalty, but the maximum score is 2 marks.	Concept of "interpersonal sensitivity" is particularly important to diagnose atypical depression. Ability to identify atypical depression sub-type is important, as response to most usual antidepressants is poor, so optimal management requires ability to correctly make this distinction

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	No - SSRI other than Paroxetine/Escitalopram are no more effective than placebo in atypical depression
Citalopram	No - SSRI other than Paroxetine/Escitalopram are no more effective than placebo in atypical depression
Paroxetine	**Correct - NNT for Paroxetine 7 = weak but clear effect**
Nortriptyline	No - TCA are ineffective in Atypical Depression
Phenelzine	**Correct - NNT for Phenelzine 3 = strong effect**
Supportive counselling	No - supportive counselling is ineffective
Cognitive Behavioural Therapy	**Correct - NNT for CBT 3 = strong effect**
Family Therapy	No - there is no research on Family Therapy's effectiveness in atypical depression

1 mark per correct option.
Zero marks if more than three selected.

Marker's note - one aim of this question was to assess candidates' ability to diagnose and recognise features of atypical depression, and to test their knowledge of treatments shown by research to be more effective for this. The Q could have been better-constructed, probably, as it turned out that candidates could gain points for guessing correct treatments, despite not grasping the issue re atypical depression in questions 1 and 2.

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 characterized 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.

Scoring:

A. Call an ambulance to get Sharon to the ED for an urgent assessment

B. While awaiting ambulance, take as much history as possible about the overdose e.g. timing, no. of pills.

Scoring Algorithm	Explanation
1 mark for A or B (max. of 2 marks) If option A. is not adequately conveyed in some form of words, this section scores zero.	• You have no way of knowing what she has in fact taken or exactly when – she needs an urgent ED assessment and s. paracetamol level to be safe. • Safer to transport via ambulance in case she becomes medically compromised en route. • Do not accept options such as 'tell Sharon to go to ED', 'take Sharon to ED myself' or 'get Crisis team to drive her to ED' (not as safe as ambulance taking her.) • Need to get as much Hx as possible, immediately, in case she becomes drowsy / loses consciousness. • Remember she is treated for migraines so may have taken more than just paracetamols, e.g. a codeine-based drug.

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.	**Yes - Sensible and usual option.**
A statement that Sharon is never to be admitted for inpatient psychiatric care.	No - Impractical and could be dangerous if situation worsened
A statement that Sharon must stop self-harming.	No - Unrealistic - she needs time to develop healthier coping methods
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.	**Yes - Realistic and helps prevent too-long admissions.**
A statement that Sharon is responsible for keeping herself safe.	**Yes - Useful to state even if hard for her.**
A plan to change Sharon's fluoxetine to venlafaxine & to commence a trial of sodium valproate.	No - No good reason to alter fluoxetine, and poor practice to alter 2 meds at once.
Suggested options for self-soothing that staff can remind Sharon of at times of crisis.	**Yes - Useful for staff consistency of approach in crises.**
A statement that unless Sharon can keep herself safe, the CMHC will not offer follow-up.	No - Unethical. Plan must allow for her being chronically somewhat unsafe

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?
Give UP TO FOUR answers only.

Scoring:

A. Disturbance of consciousness – i.e. his drowsiness
B. Disturbance of cognition – i.e. his disorientation,
C. Perceptual abnormalities – i.e. his hallucinations (esp. visual)
D. State is of recent onset and fluctuates
E. Presence of underlying cause – i.e. his pneumonia

Scoring Algorithm	Explanation
Any 4 of the above correct = 2 marks Any 3 of the above correct = 1 mark Less than 3 points correct, no marks	Features of delirium are basic and important – trainees should be able to readily identify and state these.

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.

Scoring:

A. Treat the underlying cause
B. Environmental management (accept cluster of descriptions of such interventions e.g. 'reorientation/1:1 care/low lights/quiet environment' etc.)
C. Psychopharmacology (accept similar concepts e.g. 'low-dose risperidone/haloperidol', etc.)

Scoring Algorithm	Explanation
Any 3 of the above correct = 2 marks Any 2 of the above correct = 1 marks Less than 2 points correct, no marks	Management of delirium is also basic and important – trainees should be able to readily state this.

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.

Scoring:

A. Alcohol dependence (also accept benzodiazepine/substance dependence/withdrawal or delirium tremens)
B. Dementia (do not accept "organicity or "organic brain disorder" – too vague)

Scoring Algorithm	Explanation
1 point for each of the above Max. 2 marks	

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.

Scoring:
A. Cultural advisor / Cultural support worker (or similar form of words) = 1 mark

Question 2 (2 marks)

What are the two most important issues for you to address at this assessment?
Give UP TO TWO answers only.

Scoring:
A. Risk assessment – esp. risk to others and to self.
B. Engagement and building some rapport/trust if possible (or similar form of words).

Scoring Algorithm	Explanation
A = 1 mark B = 1 mark 2 marks total	There are many issues that could be covered but time is short and it is most imperative to assess the risks so that the immediate management plan can be decided.

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.	**Yes – need to keep telling family about the risks so as to inform them properly**
Close the case as Peter has moved outside your catchment area and there is nothing more you can do.	No – situation is unresolved and high-risk and discharging him unethical at this point.
Give Ron a bottle of risperidone tablets and ask him to take them to Peter and try to get him to take the medication.	No – unlikely that he will do so and unwise to try to start medication when Peter cannot be reviewed in case he reacts aggressively or develops EPSE etc.
Ensure Ron and any other family present know how to access mental health services especially Crisis service and after hours help	**Yes – you must continue to ensure they can get help urgently if needed**
Make it clear to Ron that he will be responsible if Peter kills himself or someone else	No – you need to convey the risks more carefully and avoid directly antagonising family
Contact the Crisis Team and the police in the area Peter has been taken to and provide information in case he presents acutely.	**Yes – important to inform them in case he presents acutely**
Arrange a case conference with your team and the cultural support worker, to determine what action to take next	No – situation is more urgent than that so the other options are more important
Have Ron sign a note stating that he is refusing to give you Peter's address despite the clear risks, for medico-legal purposes.	No – you need to avoid antagonising the family and such a note is of no greater use than accurate clinical notes, medico-legally.

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, paraesthesiae, 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 sickness benefit welfare payments 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

SCORING KEY
A. Somatisation disorder (1 mark.) (No other options gain any marks)

Question 2 (5 marks)

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

A.	**Advise GP to see her on a regular basis**	**Yes – so that she does not have to present symptoms to get medical attention**
B.	Advise GP to arrange for Caroline to have a surgical out-patient referral regarding her bowel symptoms	No – best not to risk her having unnecessary and possibly harmful interventions
C.	**Refer Caroline for cognitive behavioural therapy**	**Yes - if she can be persuaded**
D.	**Advise GP to develop a treatment alliance based on respect and trust with exploration and reattribution of her symptoms**	**Yes – important overall management advice**
E.	**Advise GP to take symptoms seriously and perform physical examination to rule out pathology.**	**Yes – important not to actually miss real illness**
F.	Refer Caroline for insight-orientated psychotherapy	No – inappropriate and likely to destabilise her
G.	Advise GP to see her as little as possible to discourage her presenting in this way	No – will worsen her coping and she'll just change GPs
H.	Advise GP to prescribe an SSRI	No – no clear indication for this. Depression not confirmed and there is not good evidence for SSRIs in somatisation disorder.
I.	**Treat any comorbid Axis I conditions**	**Yes – can help engagement and general coping**
J.	Advise GP to cancel her sickness benefit welfare payments.	No – she needs time to learn to cope differently and this will damage relationship with GP – she will just change GPs.

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 key issues your discussion would need to cover at this consultation?
Select UP TO THREE key issues only from the list as below.

Need for a Birth Plan for the delivery	No - can be dealt with at later consultation
Check if any current drug and alcohol use and counsel to cease if so	**Yes – urgently needs to be checked and advice to cease it/help offered to manage this**
Advice to cease sodium valproate due to likely teratogenicity	**Yes – urgently needs to be discussed and altered**
Discussion about plan to restart a mood stabilizer soon post partum	No - can be dealt with at later consultation
Discuss with her the pros and cons of terminating the pregnancy	No – inappropriate as she clearly wants the pregnancy, and the risks can be managed.
Advice to cease her clonazepam and risperidone as well as sodium valproate	No – clonazepam only needs ceasing pre-delivery. Risperidone risk-benefit issue not that clear-cut. And issue can wait til next meeting.
Arrange for Mary to start folate to counteract Sodium Valproate's teratogenic effect	**Yes – a good idea even though she's ceasing Na valproate**
Advice re high risk relapse post partum up to 90%	No - Important but can be deferred a little

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.

Scoring:
A. Ensure that she sleeps / hypnotic Rx / meds for sleep, etc.
B. Commence antimanic treatment / treat elevated mood / mood stabiliser / antipsychotic
C. Ensure that whatever medication is used is safe with breast feeding

Scoring Algorithm	Explanation
1 mark for A or B or C (max. of 3 marks) If option C. is not adequately conveyed in some form of words, this section scores zero.	A. Use a hypnotic safe for breast feeding women – ideally short-acting so NOT clonazepam or diazepam (needs sleep or will become more elevated) B. e.g. a mood stabiliser and/or antipsychotic - NOT lithium – no marks for this section if this suggested C. Especially as baby is premature She is not clearly seriously manic yet so options such as "use the mental health act" or "admit her to psychiatric ward" etc. are a bit premature.

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 OPTIONS only.

Scoring:
A. Rapid, severe weight loss
B. BMI less than 14
C. Cardiac abnormalities / ECG changes
D. Refusal to eat at all in last week

Scoring Algorithm	Explanation
1 mark each for A or B or C or D (max. of 3 marks)	A. Rapid, severe, "acute" weight loss causes greater risk of medical complications B. BMI less than 14 is a reason to admit C. Cardiac changes need inpatient assessment & monitoring – e.g. may be K^+ changes D. Refusal to eat renders O.P. care impossible – likely to be dehydrated & increasingly medically compromised • Uncontrolled exercising is a concern but not as important a reason for admission as issues A-D • Does not appear clearly suicidal – self-harm threat not serious • Severe anorexic cognitions are a concern but not as strong a reason as A-D

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	No – only in end-stage starvation
Fever	No – hypothermia if anything, with anorexia
Hyperglycaemia	**Yes – glucose intolerance can occur** Metabolic transformation from catabolism to anabolism (protein synthesis and new cells). Insulin acts to take glucose and phosphate into cells. New cells utilise large amounts of K, Mg and vitamins.
Renal failure	No – only in end-stage condition, not initially
Hypokalaemia	**Yes – as above**
Hypermagnesaemia	No - Mg tends to be low, as above
Dehydration	No - tends to be fluid overload in fact

Cardiac failure	**Yes, can occur with fluid overload esp. if pre-existing cardiac abnormalities**

THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

SHORT ANSWER QUESTIONS

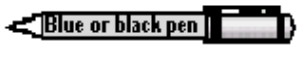
MOCK EXAMINATION
AUCKLAND / NEW ZEALAND

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.

A. Similar effects to cigarette smoking – CORD, possibly increased risk respiratory neoplasia
B. Amotivational syndrome
C. Possible risk of reduced fertility / testicular atrophy
D. Learning/scholastic impairment may occur
E. Possible increased risk of precipitation of schizophrenia or other psychosis
F. Possible increased risk of depression

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

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.

A. *Poludrug abuse common*: Adolescents abusing cannabis often go on to abuse other drugs such as amphetamines and cocaine – unclear which drug mainly responsible for later increased rates schizophrenia.
B. *Accuracy of diagnosis of schizophrenia* – e.g. possible misdiagnosis of cannabis-induced psychosis as schizophrenia in some studies.
C. *Use of self-report methods* regarding extent of cannabis abuse in subjects.
D. *Possible failure to screen out subjects developing schizophrenia at start* of cohort – i.e. drug use could be due to schizophrenia not vice versa.

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

NB: other features e.g. social class or family history not accepted as statistical analyses will remove their effects from the analysis re cannabis use covariance with later schizophrenia.

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.

A. Anorgasmia or delayed orgasm
B. Reduced libido
C. Ejaculatory dysfunction – esp. retarded / delayed ejaculation
D. Erectile dysfunction
E. Reduced lubrication (in women)

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

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.

A. *Reduce the dose* if possible
B. *Advice re timing* of sexual activity or change dosage time (sexual activity to occur at the low point of S. level esp. for a short-acting SSRI)
C. Brief *drug holidays* (short-acting SSRIs)
D. Try an *alternative SSRI* (possibly escitalopram or bupropion)
E. Add an *adjunctive medication* (mainly DA agonists) – e.g. stimulants, yohimbine, cyproheptadine, amantadine, possibly buspirone
F. Adjunctive sildenafil citrate *(viagra) or similar*
G. Advice to use a *lubricant* (for women)

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

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.

A. *Social isolation* – more risk if he is socially isolated/suffered social losses
B. *Marital* status – higher risk if separated, divorced or bereaved or significant marital stress/loss
C. *Employment* status – loss of employment or recent retirement could increase risk
D. *Financial* stressors – poverty, debt
E. *Accommodation* stressors - lack of adequate housing, loss of accommodation

1 mark for any 2 correct answers
2 marks for any 3 correct answers
3 marks for any 4 correct answers
Up to a max. of 3 marks

Many put non-'social' risk factors like medical illness – read the actual question!

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.

A. Age – occurs after about age 40
B. Trisomy 21 form of Down's Syndrome
C. Female gender esp. if menopause relatively early ($\leq$ age 46)

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

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.

A. Increased production of amyloid beta-42 (1 mark)
B. Smaller cognitive reserve (brain size, neuronal capacity, etc.) (1 mark)

- Loss of neurones/ cerebral atrophy etc. are not accepted as are too nonspecific

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?

50-75% risk 2 marks for anything in range 50-75%

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?

15-30% risk 2 marks for anything in range 15-30%

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.

Intolerable feelings of grief and anger cause anxiety so result in the use of defences. In Paul's case, defences are of distancing and intellectualisation, leading to him withdrawing from close relationships, and to resistance in therapy. (1 mark) Triangle is: Feelings – Anxiety – Defences. (1 mark)

Question 2 (2 marks)

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

Unresolved grief and anger about loss of mother causes underlying anxiety and hence causes him to withdraw in close relationships with women as a defence against this. He is doing the same in the therapy – after initial rapport, he is withdrawing and using defences to avoid closeness. (1 mark) Triangle is: Parent – Girlfriends – Therapist. (1 mark)

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?

A. *Patient develops psychologically-induced physical symptoms of pregnancy even though not actually pregnant*
B. Felt to be *caused by the patient's intense wish to be pregnant*
C. *May occur after the loss of a baby, with denial of that loss*

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

(Also occurs in animals. In many ways a true "psychosomatic" disorder.)

Question 2 (2 marks)

What other terms are used to describe this disorder?

A. Phantom pregnancy or False pregnancy or Pseudopregnancy (these are too similar to get separate marks)
B. Simpson's syndrome
C. Couvade syndrome (subset of pseudocyesis when a husband develops the syndrome – e.g. a pregnant woman's male partner develops some of the signs of pregnancy either "sympathetically" or possibly in unconscious competition.)
D. Somatoform disorder (±NOS) (although not actually synonymous, allowed as is the equivalent DSM diagnosis).
E. Conversion disorder (although not actually synonymous, allowed as is the commonest underlying diagnosis – although not quite in DSM-IV terms which calls it "Somatoform disorder NOS").

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

Not –Delusions of pregnancy - these may occur (rarely) due to a psychotic illness such as delusional disorder or schizophrenia, but the terms are not synonymous.
Not – genuine organic illness causing hormonal changes like pregnancy – assume this has been investigated and screened out, to make Diagnosis.

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.

A. Descriptive validity
B. Means how well the classification system describes clinical syndromes
C. Depends on accuracy of tightness of criteria, lack of overlap of symptoms and comorbidity
D. It describes what we see without reference to aetiology or the theoretical basis of the conditions

2 marks for A
1 additional mark for any additional correct points made
Up to a max. of 3 marks

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.

A. Four or more discrete episodes of mood disorder within 12 months.
B. Episodes are demarcated by switch to opposite pole OR
C. Episodes are demarcated by 2 months intervening period of remission

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks (allot marks for each if these points are given together as one point)

Question 2 (2 marks)

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

A. Hypothyroidism
B. Antidepressant use
C. Bipolar II diagnosis
D. Female gender
E. Comorbid organicity (e.g. multiple sclerosis, mental retardation, head injury history)

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

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 generic "counselling".

A. Good therapeutic relationship
B. Opportunity for catharsis and ventilation
C. Fostering of insight/learning new ways to cope
D. Placebo or hope factor (patient's expectation that it will help)
E. Patient's motivation
F. Therapist's charisma and belief in the model/system they are using
G. Therapist's sanctioned "healer" role
H. Therapist's ability to empathise with and validate the patient
I. Explanatory model (provision of an explanation for problems)
J. Structure of therapy – the ritual, regularity, "frame" or "holding" aspect of it

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

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".

A. Panic disorder and GAD (CBT)
B. Phobic disorders (Exposure therapy – systematic desensitisation)
C. OCD (Exposure and response prevention)

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

(The evidence for CBT or IPT being clearly more useful in depression than generic "counselling" is a lot more equivocal. Remember that many of the RCTs on the efficacy of CBT or IPT compare their efficacy with antidepressants, rather than with other psychotherapies.

The UK Dept of Health Guideline **'Treatment Choice in Psychological Therapies and Counselling'** says:
'***Depressive disorders may be treated effectively with psychological therapy, with best evidence for cognitive behaviour therapy and interpersonal therapy, and some evidence for a number of other structured therapies, including short-term psychodynamic therapy.*** This recommendation reflects a large body of research, considered in eight high quality reviews and two Cochrane reviews. Psychological therapy has been shown effective in the treatment of depression in general adult and older adult populations, including inpatient care and depression after childbirth. The best evidence is for cognitive behaviour therapy and interpersonal therapy. However, direct concurrent comparisons show few significant differences between orientations and a number of other approaches have shown some evidence of effectiveness. These include behavioural therapy, problem-solving therapy, group therapy, systemic therapy, non-directive counselling in primary care and psychodynamic interpersonal therapy.')

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.

A. Education
B. Identification of maladaptive thoughts / cognitions / beliefs / schemata – and teaching client to counteract these
C. Developing and testing hypotheses with Brenda
D. Self-monitoring / thought-monitoring
E. Problem solving
F. Graded tasks
G. Rehearsal
H. Validity testing / confrontation
I. Role-playing
J. Teaching coping skills
K. Assigning homework / Behavioural homework / Journal-keeping
L. Mood ratings
M. Activity scheduling
N. Relaxation training
O. Modelling of behaviour

1 mark for any 2 correct answers
2 marks for any 3 correct answers
3 mark for any 4 correct answers
4 marks for any 5 correct answers
Up to a max. of 4 marks

There are many similar techniques so this proved difficult to mark but easy for most candidates to score the points. In general mark generously and there may be a few other techniques which can be part of CBT that markers may feel comfortable adding in.

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?

Sensory deficits (deafness, poor vision etc.) 1 mark for any of the above

Question 2 (3 marks)

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

A. Female patient B. Onset after age 45 C. Good functioning premorbidly (although milder long-term oddness or schizoid traits common) D. Persecutory delusions (systematised) E. Bizarre delusions F. Auditory hallucinations 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 3 marks

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?

Eric Kandel's research on Aplysia
Demonstrated that *learning and memory are developed via the strength of synaptic connections*
Demonstrated that these were *laid down as the animal experiences the environment and that this involves gene expression*
Showed that *environmental experiences cause structural brain changes which underpin learning and behavioural change*

Max. of 3 marks, depending on how well this is covered.

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

In Binge Eating Disorder there is most of the time *no compensatory behaviour to avoid weight gain* (e.g. use of vomiting, laxatives, emetics, diuretics, exercise)

1 mark as above

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?

Better (1 mark)

Question 3 (2 marks)

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

A. CBT
B. Psychoeducation
C. A self-help group or program
D. Antidepressant therapy if indicated
E. If CBT ineffective, IPT or DBT may assist (these score nil unless CBT is given as well)

1 mark for any 2 correct answers
2 marks for any 3 correct answers
Up to a max. of 2 marks

Short Answer 15 (4 marks)

Question 1 (3 marks)

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

The 5 "E"s:
A. Ensure there is no valid medical indication for continued prescribing of the benzodiazepine
B. Educate the patient about possible adverse effects of benzodiazepines
C. Estimate benzodiazepine intake by using dose equivalence charts (preferably using a longer-acting benzodiazepine option in equivalent dose for the withdrawal).
D. Ease the dosage down, e.g. for long term users 10% per week over approximately 10 weeks as an outpatient (too rapid withdrawal causes non compliance due to rebound Sx).
E. Effectively treat any underlying any psychiatric condition (anxiety, depression, etc.)

1 mark for any 2 correct answers
2 marks for any 3 correct panswers
3 marks for any 4 correct answers
Up to a max. of 3 marks

The above is taken from the recent Guideline written by members of the Drug and Alcohol section to assist trainees with their Addiction cases (se Links page). However there are several other aspects which can be reasonably added in such as motivational interviewing. Mark flexibly and markers may want to expand on the possible answers. However the old chestnuts ("establish rapport", "therapeutic relationship" "engage") are too non-specific & score nil.

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.

A. Untreated acute relapse of psychotic symptoms
B. Concurrent substance abuse (especially stimulant abuse)

1 mark for each of the above = 2 marks

(no others given are as likely to markedly increase current acute risk. "Cessation of olanzapine" alone, if given, scores no marks unless linked with "causing acute worsening of psychosis".
Underlying diagnosis of schizophrenia in itself is not as important as current acute psychotic Sx.)

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".

A. That Joe had a "disease of the mind" at the time (schizophrenia with acute psychosis)
B. That his psychosis had caused him to be unable to understand that his act was morally wrong at the time. (i.e. delusions leading him to believe the man was the Antichrist such that Joe believed he was saving the world.)

1 mark for each as above = 2 marks

NB: NOT that Joe was incapable of understanding the nature and quality of his act as clearly he did know what he was doing, but his judgement was impaired.

This ought to be a reasonably trans-Tasman Q as similar legal issues apply in Australia as NZ regarding these criteria. This Q was however poorly done, despite being a pretty core forensic psycyhiatry issue. McNaughten's rules are historically important but have been adapted as above.

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.

A. Familial tendency – daughter also sleepwalks
B. Sleep deprivation
C. Stress
D. Drugs - sedative/hypnotic
E. Drugs – antihistamine (promethazine = phenergan)
F. More common in young children (due to increased slow wave sleep in young children)

1 mark for any 2 correct points made
2 marks for any 3 correct points made
3 marks for any 4 correct points made
4 marks for any 5 correct points made
Up to a max. of 4 marks

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.

A. Pericarditis
B. Pericardial effusion
C. Cardiomyopathy
D. Cardiac failure
E. Myocardial infarction
F. Mitral valve insufficiency
G. Arrhythmias due to the above conditions.

1 marks for any 2 correct answers
2 marks for any 3 correct answers
3 marks for any 4 correct answers
Up to a max. of 3 marks

Hyper- or hypotension are not accepted as are not “disorders of the heart”. ECG changes such as QT prolongation were also not felt to be clear “disorders” so were not given marks.

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.

Neither more or less likely – it’s not age-related, is an idiosyncratic reaction - 1 mark

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.

Secondary prevention – providing optimal treatment to prevent the development of chronic illness, handicap or significant morbidity/mortality (1 mark)

- e.g. effective intervention for suicidal people to prevent an actual suicide attempt or injury from such an attempt. Or, effective treatment of suicidal people, e.g. by treating depression. (1 mark)

Tertiary prevention – best management after the fact - for an established condition (1 mark)

- e.g. treatment of patients who survive suicide attempts so as to prevent further attempts, or support for those affected by a completed suicide (e.g. caregivers, schoolmates) to prevent them developing mental health problems themselves. (1 mark)

1 mark for each definition and for a reasonable example of each, up to max. 4 marks

Not: improvement of the health and social conditions for a population so as to reduce the overall risks for suicide – that's Primary Prevention.

This Q was poorly done. Almost no-one seemed to have any real idea of the difference between 1Y 2Y and 3Y Prevention. It's in the Curriculum, so study it.