



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

# **MOCK WRITTENS EXAMINATION**

**AUCKLAND / NEW ZEALAND**

**December 2006 / May 2007**

**PAPER II**



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

**CRITICAL  
ESSAY  
QUESTION**

**MOCK EXAMINATION**  
AUCKLAND / NEW ZEALAND

**December 2006 / May 2007  
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
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**In essay form, critically discuss the following statement from different points of view and provide your conclusion.**

*"The DSM, a largely political piece of work, ...can be seen as a reflection of the "voters" values, biases, social status, privilege and power and as an agent of injustice rather than an empirically supported professional tool used in service of healing."*

Dr O. Zur, July 2006 <http://www.drzur.com/dsmcritique.html>

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# CRITICAL ANALYSIS PROBLEMS

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## Critical Analysis Question 1 (20 marks)

### Detection of Alzheimer's disease and dementia in the preclinical phase: population based cohort study

Katie Palmer, PhD student, Lars Bäckman, professor, Bengt Winblad, Professor, Laura Fratiglioni, professor. Aging Research Center, Division of Geriatric Epidemiology and Medicine, Neurotec, Karolinska Institute, and Stockholm Gerontology Research Center, Box 6401, 11382, Stockholm, Sweden

British Medical Journal 2003;326:245

#### Abstract

##### OBJECTIVES

To evaluate a simple three step procedure to identify people in the general population who are in the preclinical phase of Alzheimer's disease and dementia.

DESIGN Three year population based cohort study.

SETTING Kungsholmen cohort, Stockholm, Sweden.

PARTICIPANTS 1435 people aged 75-95 years without dementia.

ASSESSMENTS Single question asking about memory complaints, assessment by mini-mental state examination, and neuropsychological testing.

MAIN OUTCOME MEASURE Alzheimer's disease and dementia at three year follow up.

##### RESULTS

None of the three instruments was sufficiently predictive of Alzheimer's disease and dementia when administered separately. After participants had been screened for memory complaints and global cognitive impairment, specific tests of word recall and verbal fluency had positive predictive values for dementia of 85-100% (95% confidence intervals range from 62% to 100%). However, only 18% of future dementia cases were identified in the preclinical phase by this three step procedure. Memory complaints were the most sensitive indicator of Alzheimer's disease and dementia in the whole population, but only half the future dementia cases reported memory problems three years before diagnosis.

##### CONCLUSION

This three step procedure, which simulates what might occur in clinical practice, has a high positive predictive value for dementia, although only a small number of future cases can be identified.

#### Method (excerpt)

We assessed memory complaints with a single direct question: "Do you currently have any problems with your memory?" Global cognitive impairment with no dementia was defined as scoring one standard deviation below the age and education specific mean on the mini-mental state examination, an easy to administer test of global cognitive functioning.

Three domains of cognitive functioning were assessed in neurological testing: episodic memory, verbal fluency, and visuospatial skill. Impairment was defined as scoring one standard deviation below the age and education specific means on the following tests:

Recall, episodic memory - A composite score of four significantly correlated ( $r=0.54-0.59$ ,  $P<0.01$ ) word recall tasks were used: free recall of rapidly and slowly presented random words, and free and cued recall of organisable words.

Verbal fluency - Participants were asked to produce as many grocery items as possible during 60 seconds. Scores were based on the number of grocery items produced.

Visuospatial skill - A composite score of three significantly correlated ( $r=0.24-0.40$ ,  $P<0.01$ ) tests was used to assess visuospatial skill: block design, clock setting, and clock reading.

**Table 4.**

Positive and negative predictive values of memory complaints, global cognitive impairment with no dementia, and impairment on domain specific cognitive tests for Alzheimer' s disease and dementia\* at three year follow up with three step screening.

	Step 1: Tests in the general population		Step 2: Testing only people with memory complaints		Step 3: Testing only people with both memory complaints and cognitive impairment	
	Positive predictive value (95% CI)	Negative predictive value (95% CI)	Positive predictive value (95% CI)	Negative predictive value (95% CI)	Positive predictive value (95% CI)	Negative predictive value (95% CI)
Memory complaint	0.25 (0.21 to 0.29)	0.88 (0.86 to 0.90)	—	—	—	—
Global cognitive impairment with no dementia	0.35 (0.28 to 0.42)	0.87 (0.85 to 0.89)	0.45 (0.34 to 0.57)	0.80 (0.75 to 0.84)	—	—
Domain specific cognitive impairment:						
Episodic/recall impairment	0.37 (0.23 to 0.51)	0.87 (0.83 to 0.91)	0.41 (0.22 to 0.60)	0.80 (0.71 to 0.88)	0.75 (0.51 to 0.99)	0.73 (0.56 to 0.89)
Verbal fluency impairment	0.34 (0.21 to 0.46)	0.88 (0.84 to 0.91)	0.44 (0.25 to 0.64)	0.82 (0.74 to 0.90)	0.85 (0.62 to 1)	0.65 (0.47 to 0.82)
Visuospatial impairment	0.33 (0.20 to 0.45)	0.87 (0.83 to 0.91)	0.33 (0.15 to 0.50)	0.79 (0.70 to 0.87)	0.24 (0.01 to 0.47)	0.49 (0.29 to 0.68)

\* Progression to dementia versus remaining alive or dying without dementia.

### Critical Analysis Question 1 (20 marks)

### QUESTION 1.1

**What is a population based cohort study? (2 marks)**

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score:

### QUESTION 1.2

**What is the major advantage and disadvantage of evaluating a 3 step procedure for diagnosis?  
(2 marks)**

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score:

### QUESTION 1.3

**Give three advantages and three disadvantages of using the authors' definition of "global cognitive impairment with no dementia" (6 marks)**

[illegible]

score:
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### QUESTION 1.4

**Give an advantage and a disadvantage of the study's three year follow-up period. (2 marks)**

[illegible]

score:

### QUESTION 1.5

**In Table 4, what do positive and negative predictive values mean? (4 marks)**

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score:
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### QUESTION 1.6.2

**What happens to their chances if they then score one standard deviation below the age and education specific mean on the MMSE? (2 marks)**

[illegible]

score:

## Critical Analysis Question 2 (20 marks)

As an advanced trainee, exploring which treatments might best protect your patients with bipolar disorder from serious sequelae, you discover the following article:

### Lithium in the Prevention of Suicidal Behavior and All-Cause Mortality in Patients With Mood Disorders: (title truncated)

Andrea Cipriani, M.D., Heather Pretty, M.L.I.S., Keith Hawton, D.Sc. and John R. Geddes, M.D.  
Am J Psychiatry 162:1805-1819, October 2005

#### Abstract (excerpt)

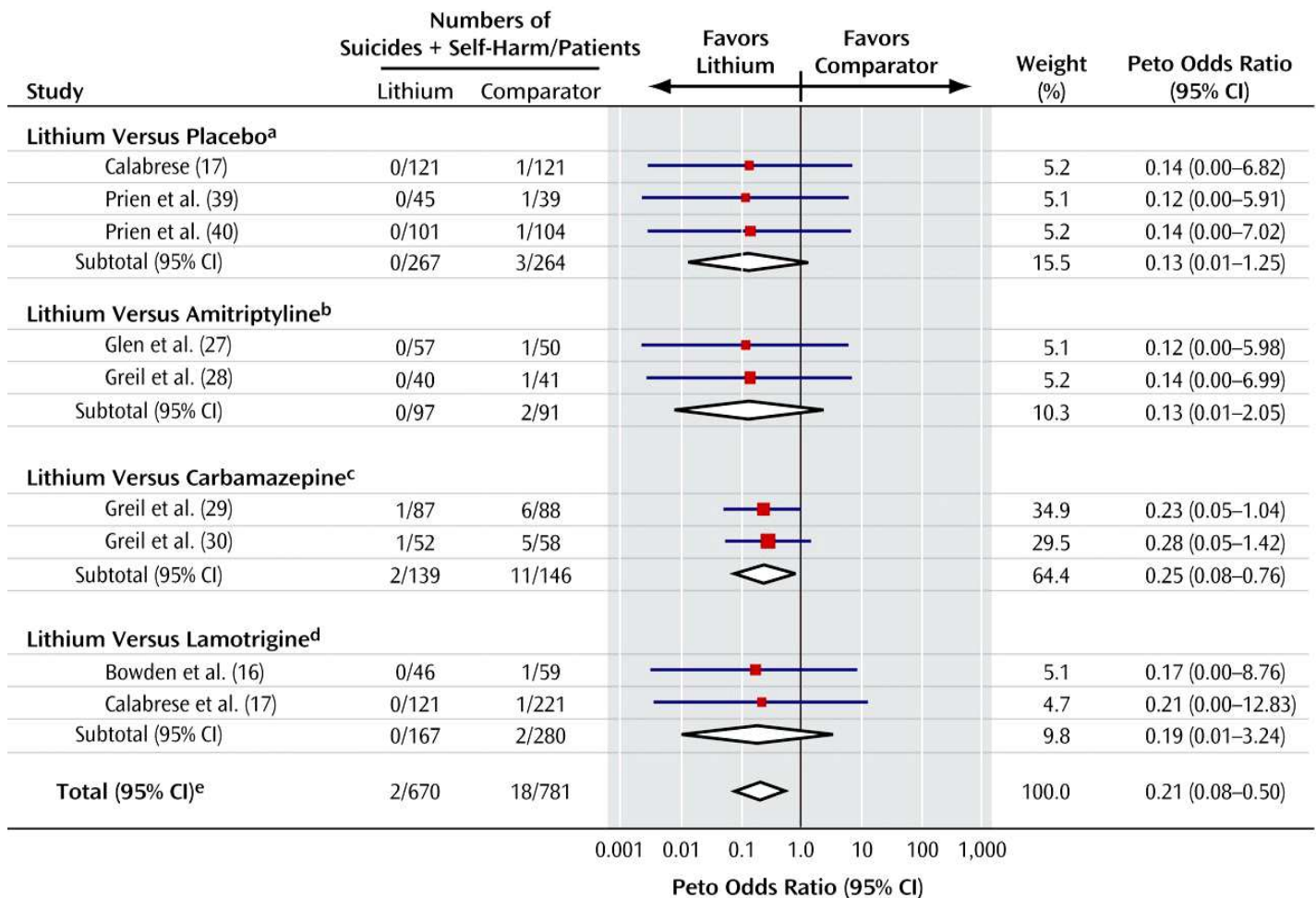
OBJECTIVE: Observational studies suggest that long-term lithium treatment has a strong antisuicidal effect in mood disorders, but it is uncertain whether this association is a genuine therapeutic effect or is due to confounding factors in nonrandomized studies.

#### Results (excerpt)

##### Suicide and Deliberate Self-Harm

The diagram below shows a Forest Plot (dot and blob) diagram.  
Examine the figure and answer the following questions.

#### Forest Plot of Suicides Plus Deliberate Self-Harm in Randomized Trials Comparing Lithium With Placebo or Active Comparators in mood disorders



### Critical Analysis Question 2 (20 marks)

## QUESTION 2.1

### QUESTION 2.1.1

**What sort of studies produce this type of diagram? (2 marks)**

[illegible]

score:

### QUESTION 2.1.2

**What are the key characteristics of this type of study? (2 marks)**

[illegible]

score:

## QUESTION 2.2

**What is the total number of patients included in this analysis? (2 marks)**

[illegible]

score:

### QUESTION 2.3

### QUESTION 2.3.1

**What does the odds ratio mean and how is calculated? (4 marks)**

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score:

**QUESTION 2.3.2**  
**Draw a 2 by 2 table for the Total illustrating how you would calculate the odds ratio.**  
**(6 marks)**

score:

### QUESTION 2.4

**What conclusions can you draw from this table?**  
**(4 marks)**

[illegible]

score:



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**PAPER II**

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## MODIFIED ESSAY QUESTION 1

**CANDIDATE'S NAME:**

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**DATE:**

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### Modified Essay Question 1: (25 marks)

Mark is a 38 year old man with depression who is referred to your service, a local community mental health centre, by his General Practitioner (GP) for further assessment and treatment.

The referral letter advises that Mark has been depressed for the past two years, however this has become worse in recent months and the GP feels he is at moderate risk.

The referral letter states that Mark is feeling "really down", is anxious and unable to sleep (despite using 5 x 7.5mg zopiclone the previous night) and that he is at a turning point. Mark is prescribed venlafaxine 375mg mane and zopiclone 22.5mg nocte.

The GP also mentions that Mark is the charge nurse of a medical ward at the local hospital and that there is conflict between Mark's wife and their thirteen year old son after their son was suspended from school due to assaulting a fellow student.

### Question 1 (8 marks)

**Please outline the potential risk factors for depression that you will be looking for in your assessment of Mark.**

[illegible]

[illegible]

[illegible]

### Modified Essay Question 1 contd.

During your assessment you confirm the diagnosis of a major depressive episode. Mark gives a two year history of depressive symptoms with symptoms becoming more severe in the previous three months. Symptoms include lowered mood, amotivation, anergia, loss of confidence, impaired memory, insomnia, anorexia and weight loss, and suicidal ideation with no intent. No psychotic symptoms are present.

Mark reports that there have been large periods of time where he has felt grudgingly flat, dull and blue. His wife describes Mark as having low self-esteem and being chronically unhappy, and as always lacking confidence, despite being competent.

Mark has had little contact with mental health professionals prior to seeing you (apart from seeing a psychiatrist on one past occasion who prescribed venlafaxine), despite having experienced symptoms over the past two years. His GP has treated him with a variety of medications over the past two years including paroxetine, citalopram, moclobemide and nortriptyline. He has been treated with venlafaxine for the past four weeks.

Mark is physically well - blood tests, ECG, and CT brain scan have been unremarkable. He is a non-smoker, and denies using alcohol or illicit drugs.

### Question 2 (10 marks)

**Discuss the interventions you would consider to manage his resistant depression. Include further options if your first strategies are unsuccessful.**

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### Modified Essay Question 1 contd.

During your assessment, it becomes clear that Mark is struggling to cope at work. He has a good work record and there have been no complaints about his performance. He sees his work environment as increasingly demanding and his manager as exceedingly unsupportive. Mark has taken four weeks of leave because of "stress" but is now feeling pressured to return to work because other senior staff on the ward are away.

Mark reports that his ability to concentrate is diminished and that he needs longer to think through decisions, thus finding it difficult to cope during emergencies. He is normally a conscientious worker, and is concerned about his memory problems, so ensures that any medications administered are checked by his colleagues. His manager is not aware that he suffers from depression and he is reluctant to discuss it with her as he fears that she will not keep this information confidential.

You advise Mark to take further leave but he refuses and says that he thinks he can cope and that his manager will refuse any further leave as they are short-staffed. He says that he has to return to work the following day.

**Question 3 (6 marks)**

**Describe how you would manage this situation.**

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[illegible]

## MODIFIED ESSAY QUESTION 2

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**CANDIDATE'S SIGNATURE:**

**DATE:**

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### Modified Essay Question 2: (25 marks)

Damien is a 32 year old man who has been referred from the inpatient unit to your Community Mental Health Centre. He has a diagnosis of paranoid schizophrenia.

The brief referral letter from his inpatient psychiatrist requests that you follow him in the community, as a compulsory patient under the mental health act. The letter tells you that Damien has been admitted for four months, and is now stabilized on intramuscular depot risperidone. He was admitted to the inpatient unit after he assaulted a resident at his NGO-run hostel, and during the hospitalisation he also assaulted the psychiatric registrar who had admitted him. He is now to be discharged to your area as he wants to live near to his parents.

### Question 1 (8 marks)

**Discuss the information you would seek prior to seeing Damien.**

[illegible]

[illegible]

[illegible]

### Modified Essay Question 2 contd.

After a detailed initial assessment of Damien you conclude that he has obvious ongoing psychotic symptoms including persecutory delusions, and that he is withdrawn from others including staff and his parents.

### Question 2 (13 marks)

**What current and historical clinical parameters would you need to consider so as to assess Damien's risk of violent behaviour in future?**

[illegible]

[illegible]

[illegible]



### Modified Essay Question 2 contd.

You are aware that Damien has a history of heavy cannabis use. He tells you that he wants to live on his brother's farm in the rural outskirts of your district, so that he can grow organic crops for the local market. He has no prior experience of horticulture, but has recidivist convictions for possession of cannabis, with 20 plants having been found in the backyard of his rented flat at one time. Damien says that he plans to get a "Start-Up Grant" from the local Employment Office so as to fund this organic farming venture. He says that he wants to be near his family, who although they deny having been previously victimized, are clearly frightened of him. In addition, there is a split in your community team with disagreement as to Damien's management and considerable concern about his level of risk, poor response to treatment and whether he was really fit for discharge.

### Question 3 (6 marks)

**Which factors in this situation could possibly lead to Damien reoffending violently?**

This image shows a full page of white paper with horizontal blue or grey ruling lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

[illegible]

[illegible]

## MODIFIED ESSAY QUESTION 3

**CANDIDATE'S NAME:**

**CANDIDATE'S SIGNATURE:**

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### Modified Essay Question 3: (25 marks)

Sally is a 15 year old indigenous girl who presented to the Emergency Department following an overdose of 30 Paracetamol tablets. She was brought to hospital by her aunt immediately after disclosure of the overdose. She has been seen by the medical team and wants to go home immediately. You are asked to review her as they have concerns about her being discharged without being psychiatrically assessed.

Sally's parents are away visiting relatives in another part of the country and she has been staying with her aunt for the last 10 days. Her aunt reports that the family did not take Sally with them as she "wasn't interested" in the trip and had become very irritable when pressed to go with them.

Sally has no previous psychiatric history and her aunt described her as being a “happy, easy-going kid” until a few weeks ago. Her attendance at school has been more erratic recently and her aunt is not sure how Sally is progressing academically or socially.

### Question 1 (9 marks)

**Outline how you would proceed with your assessment.**

[illegible]

[illegible]

[illegible]

**Modified Essay Question 3 contd.**

After your assessment you decide that Sally is suffering from a Major Depressive Episode of moderate severity. Sally and her family quickly agree that this seems accurate. They then ask you to explain what it means and what could be done to help her.

Sally and her family also ask about using traditional healing as well as “Western” options.

### Question 2 (9 marks)

**Outline how you would proceed, following this request.**

[illegible]



[illegible]

[illegible]

### Modified Essay Question 3 contd.

Sally quickly responds to treatment with medication but her family feel that she ‘just isn’t back to being herself’. They ask about increasing the medication but Sally isn’t keen to do this. She says she feels much better and finds she is ‘enjoying life a lot’ and feels ‘\$ uper’. She believes her family don’t want her to get better because they have been able to treat her ‘like a baby’ while she was unwell and don’t want her to ‘grow up’.

### Question 3 (7 marks)

**Discuss how you would deal with this development.**

[illegible]

[illegible]

[illegible]

## MODIFIED ESSAY QUESTION 4

**CANDIDATE'S NAME:**

**CANDIDATE'S SIGNATURE:**

**DATE:**

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#### **Modified Essay Question 4: (25 marks)**

Mr Green is a 62 year old retired boat builder who was brought into the Emergency Department via ambulance following a fall in which he severely bruised his arm. He lives with his wife, who is also retired, in a semi-rural area, and they have three adult children, two of whom live in a nearby city and visit them most weeks.

Mr Green seemed somewhat confused to the ambulance officers, and gave them a vague account of being persecuted by his neighbours and of trying to peer over their fence when he fell. He also complained that his wife did not understand him.

Mrs Green was in tears, saying that she had been very worried about her husband and that she thought there was something wrong with him, but she was reluctant to say more in his presence. She said that he had refused to see their General Practitioner, had been arguing with their neighbours and that she had been staying with their daughter for the past few days before coming home today.

Mr Green has a history of hypertension for which he is on treatment, and was seen in the Emergency Department two months earlier, suffering from an "anxiety attack" after he became stranded on a mudbank while fishing in a dinghy with his son. His wife also mentioned that he had had a "breakdown" in his late teens before she knew him, but said that he had had no mental health problems since that time.

As the Liaison Psychiatry registrar, you are asked to assess Mr Green.

### Modified Essay Question 4 contd.

### Question 1 (12 marks)

**Outline details of how you would assess Mr Green, with particular reference to the key aspects of history and sources of collateral history, the mental state, and medical investigations needed in order to generate a formulation and a differential diagnosis.**

[illegible]



[illegible]

[illegible]

### Modified Essay Question 4 contd.

Mr Green is dismissive of his wife's concerns, but describes vague persecutory delusions about being watched by his neighbours and says that he thinks his wife is involved in some way. He describes possible auditory hallucinations of people talking outside the house, consistent with these beliefs. He scores 27/30 on MMSE with reasonable, though quite concrete, frontal lobe testing responses. He gives a history of having been admitted for a month with a probable depression aged 17, for which he received follow-up and an unknown medication for a short time.

The Emergency Department registrar tells you that Mr Green has been "medically cleared" as his arm is just bruised, and wants to know what you would like to do with him. His wife approaches you and says that she doesn't feel able to care for him because of his "strange behaviour" over the last few weeks. With some prompting, she admits that she is also very worried about Mr Green returning home as she worries that he might become aggressive towards her. "He looks at me as though I'm evil sometimes", she says.

**Question 2 (6 marks)**

**Please outline the essential elements you would need to consider in your management plan, taking into account the above facts.**

[illegible]

[illegible]

[illegible]

### Modified Essay Question 4 contd.

Mr Green is transferred to a medical ward for further investigation of his altered mental state. He is on the ward for 2 weeks, where staff notice that he periodically gets lost, and has persecutory ideation. A CT head scan shows diffuse white matter ischemic changes but no recent CVA.

Mr Green signed an Enduring Power of Attorney (EPOA) two years previously, giving his wife the role of making decisions around his care and welfare should he become incompetent to do so. The multidisciplinary team and his family have concerns about his ability to safely return home, but Mr Green is adamant that he wants to do so. You are asked to assess his competence regarding this issue.

### Question 3 (7 marks)

**Outline how you would complete such an assessment.**

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 no margins, text, or other markings on the paper.

[illegible]

[illegible]