



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

MOCK WRITTENS EXAMINATION

(from the Auckland New Zealand program)

December 2009 / May 2010

PAPER I

MODEL ANSWERS

Note that these Mock Writtens papers are produced by local psychiatrists with no connection to the Examination Committee and are not vetted, test driven and perfected by committee in the way that the real papers are. The main point is not to get fixated about whether the question writers were “right” and you were “wrong” in the model answers, but to practice the marathon of doing 2 full 3-hour papers and practising the technique of the various question types. If you disagree with the factual detail of an answer, research the issue and decide for yourself.

Extended Matching Questions

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

Each question is worth 1 mark.

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

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. Three weeks after a near-fatal car accident in which his leg was broken, a young man still suffers from nightmares and intrusive memories of the crash. **D**
2. A 40 y.o. woman is convinced that she is infested with parasites which crawl just underneath her skin, which is covered in scratches and raw lesions. **J**
3. A plump young woman admits to bingeing on cereals or ice-cream when feeling low. The only consequence afterwards is a worsening of her mood. **F**
4. A 35 y.o. man presents to the Emergency Department with abdominal pain. There is evidence of several prior surgeries with scarring on his abdomen. **M**
5. A 27 y.o. man assaults his dentist after the dentist refuses any further appointments to grind down his right upper molars for complaints of malocclusion. **J**

Extended Matching Questions

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Each question is worth 1 mark.

- A. alcohol
- B. cannabis
- C. tobacco
- D. opiates
- E. caffeine
- F. cocaine
- G. solvents
- H. methamphetamine
- I. benzodiazepines
- J. methylenedioxymethamphetamine
- K. benztropine
- L. lysergic acid
- M. phencyclidine
- N. ketamine
- O. psilocybin

Which of the substances listed above, if abused, is the **MOST** likely to be the physical cause of each of the following presentations.

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

- 6. Shane presents to the Emergency Department in a paranoid state, with open sores on his face from scratching. **H**
- 7. Four days after admission, Joseph becomes disoriented and is terrified that there is a tiger lurking underneath his bed waiting to attack him. **A**
- 8. Muriel, a retired freelance journalist, develops emphysema. **C**
- 9. Sandra, a 55 y.o. schoolteacher suffering from depression, is brought to the Emergency Department unconscious and barely breathing. **I**

Extended Matching Questions

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

Each question is worth 1 mark.

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

Which symptom 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.**

- 10. A girl lies on her back in the grass, seeing faces in the clouds passing overhead. **J**
- 11. A man in a neurological ward can copy a picture of a clockface but cannot say what the picture represents. **L**
- 12. A shopkeeper loses her ability to make change and to write clearly, and cannot say whether you are holding up your thumb or index finger. **O**
- 13. A man has frequent trance-like states in which objects around him seem very distant and far away. **H**
- 14. An elderly woman in a confused and disoriented post-operative state tries to brush insects off her skin, saying that she can feel them crawling on her. **C**
- 15. a man experiences intense burning pain when his leg is touched with cotton wool. **F**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Vascular dementia
- B. Carbon monoxide poisoning
- C. Rett's syndrome
- D. Asperger's syndrome
- E. Infantile autism
- F. Parkinson's disease
- G. Wernicke's encephalopathy
- H. Pick's disease
- I. Vitamin B12 deficiency
- J. Creutzfeldt-Jakob disease
- K. Lewy body dementia
- L. Alzheimer's dementia
- M. Juvenile onset Huntingdon's disease
- N. Binswanger's disease

Which condition 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.

16. Seizures, rigidity, jerky involuntary movements **M**

17. Lateral gaze paralysis, ataxia and confusion **G**

18. Loss of anterograde memory **B**

19. Drooling and micrographia **F**

Extended Matching Questions

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

Each question is worth 1 mark.

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

Which diagnosis listed above is the **MOST** likely to be demonstrated by each of the following Consultation-Liaison presentations.

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

- 20. Marilyn is referred from neurology as her EEGs have been negative. She describes frequent episodes during which she enters a trance-like state and during which noises become loud, objects seem too close and her vision gets a yellowish tinge. **L**
- 21. Jodie, a Year 12 student, has been crying and complains of being unable to sleep or eat for a few days since failing to qualify for the national diving team. **M**
- 22. Barbara is referred from the ENT clinic as she has suddenly become unable to speak. On assessment she seems calm and euthymic, although her husband demands angrily that she be cured. It appears that prior to her speech problem they were having a lot of arguments. **D**
- 23. A young woman on a medical ward has taken a serious overdose. She tells you that the Charge Nurse is “a bitch” and wants to discharge her, but that her consultant and main daytime nurse want her to stay until she is no longer suicidal. **P**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Benztropine 2 mgs orally
- B. Nortriptyline and lithium carbonate
- C. Maintenance electroconvulsive therapy
- D. Risperidone Consta
- E. Olanzapine short-acting injection
- F. Tranylcypromine
- G. Nortriptyline
- H. Lithium carbonate
- I. Citalopram
- J. Mirtazepine
- K. Benztropine injection 2 mgs intravenously
- L. Cognitive behavioural therapy and fluoxetine
- M. Midazolam
- N. Venlafaxine
- O. Lamotrigine
- P. Benztropine injection 2 mgs intramuscularly
- Q. Diazepam
- R. Olanzapine oral wafers

Which treatment option listed above is the **MOST** appropriate or evidence-based choice in each of the following examples.

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

- 24. Jim, aged 37, is recovering from a resistant melancholic depression which required ECT before responding. He now needs an ongoing outpatient treatment regime. **B**
- 25. Ming, a 19 y.o. Chinese student admitted with schizophrenia, develops a severe and painful torticollis the weekend after commencing risperidone. **K**
- 26. Thelma has a history of persistent lowered mood with two past episodes of major depression. She recently recovered from a hypomanic episode and is now becoming dysthymic again. **O**
- 27. Mario is brought to hospital by the police acutely aroused and struggling violently, with grandiose delusions and pressured speech, shouting about being Jesus. **E**
- 28. Sophia presents with longstanding social phobia, having become almost house-bound and very reliant on her husband. **F**
- 29. Henry, aged 79, develops muscle twitching while still unconscious after his ECT treatment – reapplication of the EEG shows this to be a tardive seizure. **M**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Sensory Memory
- B. Short-Term Memory
- C. Procedural Memory
- D. Schemata
- E. Semantic Memory
- F. Propositions
- G. Visual Memory
- H. Episodic memory
- I. Programmes
- J. Facial Memory
- K. Imagery
- L. Verbal Memory
- M. Paradigms
- N. Phonological loop
- O. Autobiographical memory

Select the **MOST** likely aspect of memory as listed above, which is demonstrated by each of the following examples:

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

30. After her head injury, Jo, a grad student, still understands mathematical theory. **E**
31. Matt can recall three objects at five minutes. **B**
32. Tim has not ridden a bicycle for many years but after a wobbly start, he manages quite well. **C**
33. John remembers a phone number by muttering it to himself while searching for a pen and paper. **N**
34. A sparkler firework on New Year's Eve makes lines of light when swung about. **A**
35. George can recall the capital cities of several countries. **E**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Intellectualisation
- B. Flight into health
- C. Negative transference
- D. Idealisation and devaluation
- E. Regression
- F. Positive transference
- G. Manic defence
- H. Rationalisation
- I. Repression
- J. Reaction formation
- K. Countertransference
- L. Sublimation

Which psychological process listed above is BEST demonstrated by each of the following examples.

Please select only ONE option, BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.

36. Miriam has romantic daydreams about her new therapist and brings him an apple as a present, saying jokingly, “Not that I *want* to keep the doctor away!” **F**
37. Mark tells his psychotherapist that he has started seeing a naturopath every week who is “extremely understanding and helpful – and very practical.” **D**
38. Annabel writes to her therapist: “Sorry I can’t make it to the last ten sessions, but I’m feeling fine now so I don’t need any more therapy.” **B**
39. Raj goes home after therapy with a needy new patient feeling irritable and as though he is suffocating. **K**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Panic disorder without agoraphobia
- B. Social phobia
- C. Generalised anxiety disorder
- D. Acute stress disorder
- E. Panic disorder with agoraphobia
- F. Specific phobia
- G. Post-traumatic stress disorder
- H. Obsessive compulsive disorder
- I. Separation anxiety disorder
- J. Substance-induced anxiety disorder

Which anxiety disorder listed above is BEST demonstrated by each of the following examples.

Please select only ONE option, BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.

40. Helen, aged 15, is very shy and is unable to manage a presentation to her class on a project. At home she is happy and settled. She avoids interactions with schoolmates by isolating herself in the library during breaks. **B**
41. Alofa, aged 14, survives a tsunami but even three months afterwards he still has bad dreams with broken sleep, and is tense and irritable. **G**
42. Sharlene, aged 7, becomes reluctant to be away from her mother or to go to school, after her parents' divorce. **I**
43. Chris, aged 10, becomes nervous and tense, with initial insomnia, after commencing treatment for ADHD. **J**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Commence antipsychotic medication
- B. Get a full blood count
- C. Order an ECG
- D. Give parenteral thiamine
- E. Get a medication serum level
- F. Commence Mental Health Act process so as to detain
- G. Arrange an urgent family meeting
- H. Give oral thiamine
- I. Educate and reassure
- J. Arrange family therapy
- K. Order an EEG
- L. Cease the medication
- M. Commence an SSRI
- N. Refer to a neurologist
- O. Commence CBT

For each of the following presentations, select the **MOST** important next step in the management plan.

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

44. Abby, a 22 y.o., presents with a 4 month history of panic attacks which started after she got a new job as a secretary. She has no idea what is happening to her and expresses the fear that she is "going mad". **I**
45. Damian develops an eosinophilia and ECG abnormalities while being titrated onto clozapine. **L**
46. Bruce, a 55 year old bartender, develops delirium tremens after being hospitalised for a fractured tibia. **D**
47. Mohinder, aged 19, is admitted acutely from a night shelter with symptoms suggestive of schizophrenia. He apparently left home two months ago and had been living rough. He is calm and amenable to admission but is very thought disordered. **G**
48. Judy has a grand mal seizure during treatment with nortriptyline and fluoxetine. **L**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. AIMS
- B. HDRS
- C. EAT
- D. Y-BOCS
- E. PANSS
- F. CAGE
- G. Verbal fluency
- H. HoNOS
- I. YMRS
- J. Thematic Apperception Test (TAT)
- K. Wisconsin Card Sort
- L. MADRS
- M. BDI
- N. GATES

Which test listed above **BEST** fits the description below.

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

- 49. A test used prior to psychotherapy that aims to identify unconscious issues **J**
- 50. An outcome assessment for mental health service users **H**
- 51. A detailed assessment of extrapyramidal side-effects **N**
- 52. A projective test used by psychologists **J**
- 53. A test that quantifies manic symptoms **I**
- 54. A test that assesses a patient's ability to set-shift **K**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Cluttering
- B. Clanging
- C. Palilalia
- D. Derailment
- E. Semantic paraphasia
- F. Knight's move thinking
- G. Logorrhoea
- H. Perseveration
- I. Neologism
- J. Word salad
- K. Phonemic paraphasia
- L. Tangentiality
- M. Echolalia

Which aspect of phenomenology listed above are BEST demonstrated by each of the following examples.

Please select only ONE option, BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.

55. "Hey doc, rock, me old cock, how's it going?" **B**

56. [registrar]: "Hello James, how are you today"
[patient]: "...today..."
[registrar]: "James? Are you able to talk to me?"
[patient]: "...talk to me..." **M**

57.  **H**

58. [patient]: "He went through that window."
[registrar]: "Do you mean he went through that door, Mrs Watson?"
[patient]: "Yes, that's what I said." **E**

59. "And, as in uffish thought he stood," **I**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Implosion therapy
- B. "ABC" analysis
- C. Social skills training
- D. Shaping
- E. Decelerating therapy
- F. Use of interoceptive cues
- G. Activity scheduling
- H. Aversion therapy
- I. Flooding
- J. Imaginal exposure
- K. In vivo desensitisation
- L. Habit reversal

Which Behavioural Therapy term listed above is the **BEST** demonstrated by the following examples.

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

- 60. Shawn is only three so he is put into time out in the spare room for just three minutes. **E**
- 61. In the final phase of therapy after several months, Margie's therapist goes with her to the supermarket, encouraging her all the while to use controlled breathing so as to relax about the trolleys being contaminated. **K**
- 62. Ginnie earns a trip to the beach at the weekend after earning 5 gold stars for going to bed without a fuss, most nights across the previous week. **D**
- 63. The practice of giving patients with alcoholism liquor to which an emetic had been added is now frowned on, and was never very effective. **H**
- 64. A psychologist asks her client to envisage waiting in the lounge to board an aeroplane, then helps her to manage the resulting anxiety with muscle relaxation. **J**
- 65. After discussion, Ron and his therapist clarify that it was being teased about his height that triggered the rage, and that after he'd hit the guy in the pub he'd felt sick to his stomach and coped by taking the overdose. **B**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Deductive reasoning
- B. Autonomy
- C. Ethical relativism
- D. Justice
- E. Teleological reasoning
- F. A categorical moral imperative
- G. A paradigm shift
- H. Beneficence
- I. Inductive reasoning
- J. Utilitarianism
- K. Practical wisdom
- L. Hermeneutics
- M. Compassion
- N. Empirical falsifiability

Which aspect of ethical or scientific thinking listed above is BEST demonstrated by each of the following examples.

Please select only ONE option, BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.

66. The heliocentric solar system has now become “common knowledge” **G**

67. “If it can’t be tested, it’s voodoo, not science.” **N**

68. The importance of confidentiality in treating patients. **B**

69. Rationing of mental health service resources. **J**

70. Equal access to mental health services for people of all ethnicities. **D**

71. “The end justifies the means” **J**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Sleep terror disorder
- B. Primary Hypersomnia
- C. Caffeine induced sleep disorder (insomnia)
- D. Catalepsy
- E. Sleep disorder due to a general medical condition
- F. Periodic Leg Movement Disorder
- G. Insomnia related to an Axis II disorder
- H. Cataplexy
- I. Narcolepsy
- J. Sleep apnoea
- K. REM Behaviour Disorder
- L. Restless Legs Syndrome
- M. Sleepwalking disorder
- N. Primary Insomnia

Which sleep problem listed above is **BEST** demonstrated by each of the following examples.

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

72. Gary is unable to drive due to unpredictable intermittent bouts during which he suffers a complete loss of muscle tone, causing him to collapse. **H**
73. Rangi has type II diabetes and is considerably overweight. He keeps his wife awake with his snoring and he is tired and unrefreshed during the day. **J**
74. Brendan has never slept well that he can recall. He suffers chronic dysthymia and avoids close relationships, after a childhood marred by abuse and neglect. **G**
75. Mandy, aged 3, sometimes wakes about 11pm, screaming and seeming distressed and not able to be comforted. She does not recall these episodes the next day. **A**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Cushings disease
- B. Graves disease
- C. Pheochromocytoma
- D. Organophosphate toxicity
- E. Adverse reaction to steroid therapy
- F. Renal failure
- G. Liver failure
- H. Porphyria
- I. Hypothyroidism
- J. Hyperparathyroidism
- K. SIADH
- L. Psychogenic polydipsia
- M. Wilson's disease

Which condition listed above is BEST represented by each of the following examples.

Please select only ONE option, BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.

76. A 64 y.o. man with a 45 year history of Bipolar Disorder develops lethargy, thirst, polyuria and nausea. His medication is altered but his moods are much harder to stabilise. **F**
77. A woman with schizophrenia develops polydipsia. Her serum sodium concentration is low. **L**
78. A man with schizophrenia develops headache, nausea and vomiting. His urine sodium concentration is greater than 20 mEq/L. **K**
79. A young woman dies in hospital several weeks after a serious paracetamol overdose. **G**

Extended Matching Questions

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

Each question is worth 1 mark.

1. Short term anxiety provoking psychotherapy
2. Marital therapy
3. Psychoanalysis
4. Exposure and response prevention
5. Family therapy
6. Longer-term psychodynamic psychotherapy
7. Specifically tailored group CBT
8. DBT
9. Adherence therapy
10. Expressive therapy
11. IPT
12. Individual CBT

Which therapy listed above **MOST** closely relates to each of the following examples.

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

80. Good evidence base for its efficacy in patients with bulimia **G**

81. Patients need to have a clearly defined problem and excellent ego-strength **A**

82. Teaches Emotional Regulation and Distress Tolerance as core skills **H**

83. Psychodrama and Art therapy are examples **J**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Post-traumatic stress disorder
- B. Cyclothymia
- C. Normal grief
- D. Psychotic depression
- E. Intermittent explosive disorder
- F. Atypical major depression
- G. Anankastic personality disorder
- H. Cotard's syndrome
- I. Borderline personality disorder
- J. Double depression
- K. Dysphoric mania
- L. Melancholic depression
- M. Obsessive compulsive disorder

Which diagnosis listed above is BEST demonstrated by each of the following examples.

Please select only ONE option, BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.

84. A stockbroker does well financially due to his chronically hypomanic state, but intermittently suffers bouts of dysthymia during which he isolates himself. **B**
85. A 32 y.o. man is admitted in a pressured and highly irritable state and ward staff feel that he has an antisocial personality disorder. A week after starting lithium he becomes settled and pleasant. **K**
86. A 41 y.o. man is pedantic and meticulous. He is excessively controlling at work where he is a factory supervisor and is rigid and stubborn. He has apparently always been this way. **G**
87. A 55 y.o. woman refuses medication, calmly stating that it is pointless as her brain has rotted. She eats and sleeps well however, and attends ward activity groups. **H**
88. A middle-aged woman is very irritable and bursts into tears at work, accusing her workmates of picking on her. She then takes sick leave and spends a lot of time in bed or eating junk food. She is usually sociable and a good worker but has not coped well since her dog was run over four months ago. **F**

Extended Matching Questions

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

Each question is worth 1 mark.

- A. Fresh commercial yoghurt
- B. 50mgs vitamin C
- C. Miso soup
- D. A daily cup of coffee
- E. Fresh cream cheese
- F. Broad beans (packaged frozen type)
- G. Daily hamburger and chips for dinner
- H. A chocolate truffle
- I. Half a can of commercial lager
- J. A glass of grapefruit juice to wash down medication
- K. Furosemide
- L. 2.5 mgs haloperidol

Which substance listed above if ingested is **MOST** likely to cause adverse effects in combination with each of the following examples.

Please select only **ONE** option, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

89. Lithium Carbonate treatment **K**

90. Tranylcypromine treatment **C**

91. Diazepam treatment **J**

92. Clozapine treatment **G**

Extended Matching Questions

Questions 93 to 100

**THE FOLLOWING QUESTIONS ARE WORTH TWO MARKS EACH.
ONE MARK FOR EACH CORRECT ANSWER.**

Do not answer questions in this booklet.

Use the separate answer sheet and pencil provided.

Extended Matching Questions:

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

Each question is worth 2 marks. One mark for each correct answer.

- A. Full blood count
- B. Urea and electrolytes
- C. Electrocardiogram
- D. Chest X-Ray
- E. HB21C
- F. Free thyroxine index and TSH
- G. Temperature
- H. Weight
- I. Fasting serum glucose
- J. Serum creatinine
- K. Lateral neck X-Ray
- L. AIMS or GATES assessment
- M. Girth (waist) measurement
- N. Serum creatinine kinase

For each of the following examples, select the TWO most appropriate investigations from the list above.

Please select TWO options for each question, BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.

93. A 52 y.o. woman with longstanding bipolar disorder, treated with lithium, develops difficulty swallowing. **F K**
94. A 33 y.o. man treated with risperidone develops muscle rigidity, hypertension and a tachycardia. **G N**

Extended Matching Questions:

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

Each question is worth 2 marks. One mark for each correct answer.

- A. SSRI antidepressant
- B. Cognitive behavioural therapy
- C. Clomipramine
- D. Psychodynamic psychotherapy
- E. Oral risperidone
- F. Group CBT with peers
- G. Clozapine
- H. Tranylcypromine
- I. Group therapy with peers
- J. Venlafaxine
- K. Exposure and response prevention
- L. Family therapy
- M. Risperidone Consta

For each of the following examples, select the **TWO** most appropriate treatment options from the list above, to be used concurrently.

Please select **TWO** options for each question, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

95. Rosalie works as a kindergarten teacher and is aged 27. She shares an apartment with friends and has been referred with bulimia nervosa and depressive symptoms.
A F

96. Andrew is a 39 y.o. married accountant with obsessive compulsive disorder. He has not responded to high-dose SSRI or SNRI therapy. **C K**

Extended Matching Questions:

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

Each question is worth 2 marks. One mark for each correct answer.

- A. Motivational interviewing
- B. Arrange a neurological consultation
- C. Genetic counselling
- D. Family psychoeducation
- E. Supportive psychotherapy
- F. Electroencephalogram
- G. Visual testing
- H. ADL assessment by an Occupational Therapist
- I. Amniocentesis
- J. Driving assessment by an Occupational Therapist
- K. Adherence therapy
- L. Neuroimaging
- M. Genetic testing

For each of the following examples, select the **TWO** most appropriate next interventions from the list above.

Please select **TWO** options for each question, **BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.**

97. After a 61 year old man is newly diagnosed with Huntingdon's disease, his 40 year old daughter asks what her chances are of developing the condition. **B C**
98. Marvin, a 25 y.o. man with a schizoaffective disorder, has been hospitalised in a rehabilitation unit and is now wanting to get his own rental accommodation. He sometimes forgets medication doses. **H K**

Extended Matching Questions:

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

Each question is worth 2 marks. One mark for each correct answer.

- A. Schizophrenia, paranoid type
- B. Manic episode with mood-congruent psychotic features
- C. Delusional disorder, somatic type
- D. Schizophrenia, catatonic type
- E. Schizoaffective disorder
- F. Brief psychotic disorder
- G. Substance-induced psychotic disorder
- H. Delusional disorder, persecutory type
- I. Psychosis due to a General Medical Condition
- J. Schizophreniform disorder
- K. Shared psychotic disorder
- L. Schizophrenia, residual type
- M. Major depression with mood-congruent psychotic features

For each of the following examples, select the TWO most correct differential diagnoses from the list above.

Please select TWO options for each question, BUT ANY OPTION MAY BE USED MORE THAN ONCE, IF REQUIRED.

99. Abdul, aged 27, is a devout Muslim. He is convinced that secret policemen are watching and following him, despite there being no evidence of this. He says that he can hear them talking about him sometimes when he lifts up the telephone receiver. These problems have been building up across the past year. **A H**

100. Rhonda, aged 32, has a 20 year history of grand mal seizures, generally quite well controlled on medication. Across the past eight months she has become very religious and convinced that "the Holy Ghost" is literally inside her. She says that she can see an aura around herself that proves this. She often hears the voices of "angels and demons", discussing her actions, and believes that the demons plan to try to kill her via a car accident. She sleeps and eats well, however. **A I**

SHORT ANSWER QUESTIONS

Short Answer 1 (5 marks)

Richard was physically and emotionally abused as a young child. He is now aged 37.

Question 1.1 (5 marks)

List in note form the Eriksonian developmental stages which he may up to now have had difficulties traversing.

- A. Trust vs. Mistrust
- B. Autonomy vs. Shame & Doubt
- C. Initiative vs. Guilt
- D. Industry vs. Inferiority
- E. Identity vs. Role Confusion
- F. Intimacy vs. Isolation
- G. Generativity vs. Stagnation

Scoring:

- 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
- 5 marks for any 6 correct answers
- Up to a max. of 5 marks

Short Answer 2 (6 marks)

You assess a 65 y.o. man admitted medically for renal failure, who may be depressed.

Question 2.1 (3 marks)

List in note form the symptoms of major depression which will be more discriminatory in making a diagnosis, given his chronic medical illness

- A. Anhedonia / loss of interest or pleasure
- B. Depressed mood / sadness
- C. Tearfulness
- D. Hopelessness
- E. Guilt
- F. Suicidal thinking
- (i.e. *not* the vegetative symptoms)

Scoring:

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

Question 2.2 (3 marks)

You diagnose a depression. List in note form the principles to follow in starting treatment.

- A. Engage patient – inform him and try to instill hope
 - B. Close liaison with medical team
 - C. Liaise with patient's family if possible
 - D. Careful titration
 - E. Use an antidepressant to minimize drug interactions (like citalopram)
 - F. Lower treatment dose overall
 - G. Monitor carefully for adverse effects / close follow-up
- (psychological interventions not listed as initial treatment likely to be via medication, in hospital)

Scoring:

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

Short Answer 3 (5 marks)

Alice is a 33 y.o. solo mother with bipolar disorder, admitted for treatment of a manic relapse. Alice has a 6 y.o. daughter Melanie, who usually lives with her.

Question 3.1 (5 marks)

List in note form the factors or interventions that could increase Melanie's resilience against developing psychological problems as an adult.

- A. Minimisation of Alice's periods of illness (maximising her wellness)
- B. Provision of support for Alice as needed – social, financial, psychological
- C. Availability of other key caregivers (e.g. grandparents)
- D. A positive relationship with Alice when well / good attachment, etc.
- E. Melanie's genetic make-up re reduced vulnerability to bipolar/mood disorder
- F. Melanie's genetic make-up re her temperament stability
- G. Good social integration (e.g. good school adjustment)
- H. Age-appropriate explanations/information about Alice's condition
- I. Therapy for Melanie if needed (e.g. play therapy)
- J. Lack of other comorbidities in Melanie such as later substance abuse

Scoring:

- 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
- 5 marks for any 6 correct answers
- Up to a max. of 5 marks

Short Answer 4 (5 marks)

A 45 y.o. wife and mother, well-off and previously apparently high functioning, is caught shoplifting an expensive silk scarf.

Question 4.1 (5 marks)

List in note form possible reasons or diagnoses that could account for her unusual behaviour.

- A. Acting out to express emotional/psychological distress (e.g. cry for help)
- B. Stressful life event(s) or environmental factors causing distress
- C. Substance abuse (alcohol, benzodiazepines, amphetamines)
- D. An organic disorder affecting frontal functioning and judgement or causing confusion
- E. Mood disorder causing disturbed behaviour
- F. Psychosis causing disturbed behaviour
- G. Gambling disorder with debts
- H. Underlying dysfunctional personality traits with current decompensation
- I. Previously undetected kleptomania
- J. Deliberate shoplifting

Scoring:

- 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
- 5 marks for any 6 correct answers
- Up to a max. of 5 marks

Short Answer 5 (5 marks)

Albert, a 50 y.o. man, is referred for assessment of possible pathological gambling.

Question 5.1 (5 marks)

List in note form the maladaptive behaviours that you will need to look for in assessing Albert, so as to make this diagnosis.

- A. Preoccupation - frequent thoughts about gambling
- B. Tolerance – does he need larger or more frequent wagers for the same "rush"
- C. Withdrawal - restlessness / irritability if he attempts to cease or reduce gambling
- D. Escape – does he gamble to improve his mood or escape problems
- E. Chasing losses - does he try to win back gambling losses with more gambling
- F. Lying – does he try to hide extent of his gambling by lying to family, friends, therapists etc.
- G. Loss of control – has he tried but failed, to reduce his gambling.
- H. Illegal acts – has he broken the law to get gambling money or recover gambling losses
- I. Risking social losses – does he gamble despite risking to a relationship, job etc.
- J. Bailout – does he ask family, friends, etc. for financial help as a result of gambling

Scoring:

- 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
- 5 marks for any 6 correct answers
- Up to a max. of 5 marks

Short Answer 6 (6 marks)

You assess a 41 y.o. man who worries continually that he is having a heart attack. You think he may have hypochondriasis.

Question 6.1 (4 marks)

List the differentials that you would need to consider and rule out.

- A. Generalized Anxiety Disorder
- B. Obsessive-Compulsive Disorder
- C. Panic Disorder
- D. Major Depressive Episode
- E. Another Somatoform Disorder
- F. Delusional disorder with somatic features
- G. Actual General Medical Condition – such as angina
- H. Rule out Factitious disorder or Malingering

Scoring:

- 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

Question 6.2 (2 marks)

List the ways in which hypochondriasis differs from a delusional disorder with somatic features.

- A. In hypochondriasis, the fears are not held to delusional intensity (are not entirely fixed/do not have the features of delusional thinking)
- B. In hypochondriasis, symptoms must have been present for 6 months (only 1 month required for delusional disorder)
- C. Psychosocial functioning may not be impaired in delusional disorder, whereas in hypochondriasis there must be significant distress or functional impairment.
- D. There may be hallucinations (closely related to the delusions) in delusional disorder

Scoring:

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

Short Answer 7 (4 marks)

Rose, a 52 y.o. woman, presents with a severe depression. She says that she feels as though she is in “a black hole” and not merely unhappy, and she is clearly worse in the mornings.

Question 7.1 (2 marks)

List in note form the other key features of melancholia that you would look for.

- A. Significant anorexia or weight loss
- B. Psychomotor agitation or retardation
- C. Early morning wakening

Scoring:

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

Question 7.2 (2 marks)

List several validated Depression Rating instruments that you could use to assess Rose's severity of depression and follow her recovery.

- A. Hamilton Depression Rating Scale / HDRS
- B. Beck Depression Inventory / BDI
- C. Montgomery-Åsberg Depression Rating Scale / MADRS
- D. Hospital Anxiety and Depression Scale / HADS
- E. Zung Depression Scale / Zung or ZDS

Scoring:

1 mark for any 2 correct answers

2 marks for any 3 correct answers

Up to a max. of 2 marks

Short Answer 8 (6 marks)

Question 8.1 (3 marks)

List several main types of qualitative research studies.

- A. Phenomenological studies
- B. Ethnographic studies
- C. Grounded theory
- D. Case studies

Scoring:

1 mark for any 2 correct answers

2 marks for any 3 correct answers

3 mark for any 4 correct answers

Up to a max. of 3 marks

Question 8.2 (3 marks)

List several methods of data collection in qualitative research.

- A. Semi-structured interviewing
- B. Unstructured interviewing
- C. Document / photo analysis
- D. Video /audio recording
- E. Focus groups
- F. Observation

Scoring:

1 mark for any 2 correct answers

2 marks for any 3 correct answers

3 mark for any 4 correct answers

Up to a max. of 3 marks

Short Answer 9 (4 marks)

Beverley has a bipolar disorder and is euthymic and doing well as an out-patient. She wants to commence psychodynamic psychotherapy with a private psychologist.

Question 9.1 (4 marks)

List the main things you would want to set in place to minimise the risk of a relapse being precipitated by therapy.

- A. Ensure she has a sensible Relapse Prevention Plan in place/review EWS/review risks of psychotherapy
- B. Close liaison with her therapist
- C. Ensure Beverley is on effective mood-stabilising medication/treatment
- D. Ideally, ensure that the therapist has knowledge of bipolar disorder and can recognise EWS
- E. Ensure there is Crisis team back-up for after hours support if needed
- F. Monitor Beverley's coping regularly as an out-patient

Scoring:

- 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

Short Answer 10 (5 marks)

Question 10.1 (2 marks)

Define Primary, Secondary and Tertiary prevention.

- A. Primary prevention avoids the development of a disease.
- B. Secondary prevention is aimed at early disease detection and treatment, to prevent worsening of the disease.
- C. Tertiary prevention reduces the negative impact of an already established disease by restoring function and reducing complications.

Scoring:

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

Question 10.2 (3 marks)

List several factors that may delay the presentation of immigrants with mental health problems to mental health services.

- A. Language barriers
- B. Lack of cultural liaison workers
- C. Mutual lack of understanding by immigrants and mental health services
- D. Mistrust / anxiety / fear (esp. if asylum seekers / illegal status / overstayers – may be traumatised, abused etc.)
- E. Lack of financial resources
- F. Stigma / cultural barriers
- G. Inadequate services failing to meet the needs of minorities / immigrants unaware that services exist

Scoring:

- 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 11 (3 marks)

Katie, who lives in a stable defacto relationship, has a schizoaffective disorder and is treated via a community mental health team. She is 20 weeks pregnant.

Question 11.1 (3 marks)

List in note form the key people other than Katie and her partner Dave, who would need to be involved in her Birth Plan.

- A. Her midwife
- B. Her obstetrician
- C. Her general practitioner
- D. Her community mental health team (key worker, psychiatrist etc.)
- E. Ideally, a specialised Maternal Mental Health staff member (or C-L team staff)
- F. Other key family such as her mother

Scoring:

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

Short Answer 12 (6 marks)

A prominent psychiatrist is in the news, charged with having a sexual relationship with one of his psychotherapy patients.

Question 12.1 (3 marks)

List in note form the various harmful results of such a boundary breach.

- A. Psychological harm to the patient (an abuse, may be traumatised)
- B. Patient may be acutely at risk if distressed (e.g suicidal)
- C. Psychotherapy with usual therapist cannot continue – new therapist needed (but patient may now mistrust therapists)
- D. Public perception of the profession is tarnished
- E. Stigma against psychiatrists, psychiatric patients, psychotherapy is worsened
- F. Other patients/families may avoid seeking psychiatric help or therapy
- G. Likely the end of the psychiatrist's career / loss of professional membership or status

Scoring:

- 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 4 marks

Question 12.2 (3 marks)

List in note form factors specific to the psychiatrist which could cause him to be vulnerable to acting in this manner.

- A. A substance-abuse problem
- B. Life events rendering him unhappy, grieving, isolated or depressed
- C. Mania or hypomania
- D. An organic disorder causing reduced judgement
- E. Countertransference issues stemming from his early life
- F. A personality disorder (e.g narcissistic PD)
- G. Lack of supervision or peer review (isolated practitioner)

Scoring:

- 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 4 marks

Short Answer 13 (6 marks)

Question 13.1 (4 marks)

List the brain structures or areas which, if damaged, lead to anterograde amnesia.

- A. Mamillary bodies
- B. Medial temporal lobe
- C. Hippocampus
- D. Basal forebrain
- E. Fornix
- F. Dentate gyrus
- G. Cortices surrounding the hippocampus (e.g Entorhinal, Parahippocampal etc.)

Scoring:

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

Question 13.2 (2 marks)

List several diseases or insults to the brain other than the dementias which can cause damage to the areas as above and lead to anterograde amnesia.

- A. Wernicke-Korsakoff syndrome / alcohol dependence with thiamine deficiency
 - B. Traumatic brain injury
 - C. Carbon monoxide poisoning
 - D. Cerebrovascular abnormality or disease, e.g stroke, malformation
 - E. Tumour or other space-occupying lesion
 - F. Cerebral infection/inflammation such as encephalopathy
- (NB: *not* ECT as although it causes transient anterograde amnesia, there is no evidence of permanent damage.)

Scoring:

- 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 14 (3 marks)

Question 14.1 (3 marks)

List in note form several ways in which humour can be beneficial to an individual.

- A. As a mature defence / a coping mechanism
- B. To bond with others / to increase social ties
- C. Laughter boosts the immune system (lymphocytes)
- D. Laughter improves other aspects of health – asthma, pain management etc.
- E. For pleasure, enjoyment and relaxation (endorphin release)
- F. To safely express anger

Scoring:

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

Short Answer 15 (3 marks)

Question 15.1 (3 marks)

List several medical conditions affecting the brain or head which require special care if a course of Electroconvulsive Therapy is undertaken, but which are not absolute contraindications.

- A. Cerebral tumour without raised ICP
- B. Epilepsy
- C. Cerebrovascular disease – infarct or haemorrhage
- D. Cerebral aneurysm
- E. Cerebrovascular malformation
- F. Dementia
- G. Skull defect – a hole or plate
- H. Retinal detachment
- I. Non-acute glaucoma

Scoring:

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

(NB: Conditions requiring extra care were wanted, not relative or absolute contraindications)