



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

# **MODIFIED ESSAY QUESTIONS**

(from the Auckland New Zealand program)

**2015**

**PAPER I**

# **STIMULUS**

**To be used as a handout while answering questions.**

**This Stimulus must be collected by the invigilator at the end of  
the examination.**

## Modified Essay Question 1: (25 marks)

You are working as a registrar for a community-based Old Age Psychiatry team. Your team receives a referral from a general practitioner (GP) to see John, a rest home resident aged 71. The referral states:

*“Can you please review John? He was admitted to the rest home 10 days ago, so I don’t know him well. Nursing staff report that over the past week John has become increasingly paranoid, and is talking to non-existent people. When I saw John today he was irritable and paranoid. On examination his chest was clear, and his abdomen was soft and non-tender.”*

### Question 1.1 (14 marks )

**Discuss the type of information you would seek *prior* to seeing John in person. Give reasons for your answers.**

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Prior to arrival at the rest home, John had not seen medical professionals for some years. There are no recent investigations on record.

### Question 1.2 (5 marks )

**What investigations would you consider undertaking to clarify the diagnosis? Please give reasons for your answers, with specific mention of conditions you would like to rule out.**

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The blood and urine tests you order all turn out to be unremarkable. Physical observations are within normal limits. When you arrive at the rest home, nursing staff tell you that John is continuing to hallucinate. His overnight sleep has been poor. John is not in pain. Constipation noted after his arrival at the rest home was successfully treated with laxatives.

On mental state examination, John presents as mildly suspicious. He reports clearly seeing “intruders” and animals in his bedroom. There is no auditory component associated with these images. John reports feeling distressed and annoyed by these “intruders”, but doesn’t think the “intruders” or anyone else will harm him. He reports feeling “on edge”, and objectively looks anxious. He denies feeling sad, depressed or suicidal.

A Montreal Cognitive Assessment you administer scores 22/30, with marks lost for delayed recall (-4), visuospatial function (-3), and orientation (-1). His attention and concentration are good. You notice he has a bilateral hand tremor.

On physical examination there is mild cogwheeling in both upper limbs, but no other abnormality. He wears an old pair of eyeglasses.

### Question 1.3 (4 marks )

**Give your preferred diagnosis, plus the most likely differentials. Give reasons for your answers, including features both supporting and not supporting your differential diagnoses.**

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### Question 1.4 (2 marks )

**What type of psychotropic medication should be avoided in this situation? Please give reasons.**

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## **Modified Essay Question 2 (26 marks)**

Mark is a 45 year old Caucasian man, currently in a de facto relationship, working as an office administrator. He lives with his partner and her two sons, aged fifteen and eleven. His main supports are his mother and partner. He and his partner report that he has a good relationship with her children.

Mark is referred to your outpatient psychiatric clinic by his general practitioner (GP) for an assessment of "treatment resistant depression". However, while screening for substance misuse you also note that he appears to be drinking heavily.

### **Question 2.1 (9 marks)**

**Discuss areas you would focus on in your interview with Mark, in order to clarify his diagnosis.**

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Your assessment suggests that Mark has been depressed for six months but has been drinking 30 standard drinks a week for 18 months secondary to work stress. He meets criteria for alcohol abuse (DSM IV) but not for dependence (i.e. for mild substance use disorder in DSM V). After you discuss this with him, and the possible link with his depression, he asks for your advice about cutting down his drinking.

### **Question 2.2 (12 marks)**

**Outline how you would approach this request, including treatment suggestions.**

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Mark seems more enthusiastic and confident about cutting down his alcohol consumption and about the treatment suggestions around this. He has been on paroxetine 40 mg daily for two months, on which he reports no side-effects, but also no particular benefits. He has had no other treatment for depression. He asks you whether he needs additional or alternative treatment for his depression.

### **Question 2.3 (5 marks)**

**Outline your response to this question.**

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## Modified Essay Question 3: (24 marks)

Matthew is a 19 year old European man who has been admitted to hospital following an attempted hanging. He lives at home with his parents and younger sister and was found by his father hanging from a tree in the back garden around 11pm the previous night. Emergency services were called and his GCS was 3 at the scene. He is now in the intensive care unit (ICU) of the general hospital. Initially he required intubation but he is now extubated and ICU staff have contacted you to come and assess him.

### Question 3.1 (6 marks )

**Outline the most important aspects of your initial assessment of Matthew.**

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Matthew does agree to talk with you and is fully alert, but he denies any knowledge of a hanging attempt and claims that everything has been going well for him recently. He is bubbly and engaging and completely denies any intent to kill himself.

### Question 3.2 (8 marks )

**Outline how you would proceed with your assessment and management of Matthew at this point.**

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You speak with Matthew's family who inform you that Matthew had been in his first relationship for the past year. Last week, his girlfriend broke up with him and Matthew took this hard. He has been spending most of his time in his room and has been sending his girlfriend text messages, asking her to reconsider. He has not been using alcohol or other substances and he had no symptoms of depression in the past months, nor any past psychiatric history.

He works in a library but has been unable to attend work for the past week as he has been too distressed by his relationship issues. He apparently suspects his girlfriend has found a new partner. You ask about any anger towards his girlfriend or the possible new partner and explore his history of violence—he appears a low risk to others.

### Question 3.3 (6 marks)

**Outline the key points of your risk assessment at this point, regarding risk to self.**

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One week into his admission, CT head has revealed evidence of hypoxic brain injury and cognitive and functional assessment have confirmed deficits. Matthew continues to present as fatuous and unaware of the events leading to admission. The medical team have finished their assessments and are ready to discharge him although he currently requires 24 hour supervision and is not able to return home.

### Question 3.4 (4 marks)

**State your opinion regarding the best discharge destination for Matthew, and give reasons.**

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## Modified Essay Question 4: (22 marks)

You work on a Child and Family Mental Health team and are asked to see Gina, a 14 year old girl who is in a paediatric ward after being admitted two days ago from school via ambulance. She became dizzy at school and collapsed. There has been concern about how thin and sad she has become over the past three months and the school counsellor called her mother recently to say she thought she may have an eating disorder, after Gina was seen throwing out her lunches. It is reported that her mother told the counsellor that Gina had a thin build “like the rest of the family” and that she was being seen by her GP, who wasn’t worried about her.

The paediatric ward reports that she is significantly underweight (height 90<sup>th</sup> percentile, weight less than 3<sup>rd</sup> percentile), and her blood pressure, pulse and temperature have all been low but are now improved. Her white cell count is a little low, but other investigations to date—FBC, renal function, liver function and electrolytes—are all normal. She has no significant past mental health or medical history and is taking no medicines other than phosphate and vitamin supplements prescribed by the ward.

### Question 4.1 (4 marks)

**Other than eating disorder, list the main differential diagnoses you would want to explore, and give reasons why.**

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You arrange to meet Gina and her mother, with whom she lives, on the ward.

### Question 4.2 (10 marks)

**Outline the key areas of enquiry you would follow to establish Gina’s eating disorder or other mental health diagnosis and to plan her treatment.**

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You establish that Gina has Anorexia Nervosa, predominantly restricting type. The local Eating Disorders service is for adults only, so you explain that the Child and Family Mental Health service will provide Gina and her mother with follow-up.

Gina’s mother asks if Gina can have some therapy and wants her to have “medication to help her thoughts”, so that she will eat. Gina doesn’t think she needs any assistance.

### Question 4.3 (8 marks)

**Outline what you would say to Gina and her mother about effective therapy for Anorexia Nervosa, based on the available evidence.**

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## Modified Essay Question 5: (28 marks)

You are a registrar working after hours in an acute inpatient unit. A 24 year old man, Will, with a diagnosis of paranoid schizophrenia, has been admitted under your care after being arrested for manually assaulting his brother-in-law during an argument. At the time of his arrest he was found with a knife in his possession. He is due to appear in court for this assault and other charges, in seven days. Will has been under the care of your local mental health service for 6 months after moving here from another area. He is treated with oral olanzapine. Will has a prior history of assault about which you have limited information. On admission he appears drunk and refuses to engage in interview. The limited history available suggests he has not been taking his prescribed medication for some months. After 24 hours, Will is withdrawn, isolates himself from others and spends his time listening to loud music.

### Question 5.1 (10 marks )

**Outline the main aspects of assessment you would initially undertake, and the sources of your information, in order to set in place initial management.**

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Without warning or apparent reason Will throws a chair at a window in the ward and requires hands-on restraint to be removed from the main ward. He tells the staff he is sick of people reading his mind and trying to control him.

### Question 5.2 (7 marks )

**Outline your approach to the immediate management of this situation, in terms of overall categories.**

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Collateral history obtained from close family reveals that Will was expelled from high school for destroying property and lighting a fire in the science lab. Will was a keen sportsman and before being expelled represented his school at rugby/league. Will is known to have been using alcohol, cannabis and solvents from age 14 and used to steal from his parents to buy alcohol. Since first diagnosed with mental illness, Will has been poor at adhering to prescribed treatment and has evaded follow up. Will has previously had casual employment in an automotive garage and is interested in cars. He is single, has no dependents and has never had a steady girlfriend. While his mother remains interested in his welfare she is unable to provide any ongoing practical assistance. She hopes he can find a job and a nice girlfriend and settle down.

### Question 5.3 (5 marks )

**Describe the factors or elements in your comprehensive risk assessment regarding Will's risk of violence. Mention any relevant tools you might use.**

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After a period of treatment Will appears much improved. He is talking well, cooperates with interview and with discharge planning meetings and has no positive psychotic signs or symptoms. When you discuss discharge plans, Will says he wants to go stay with his friend and sleep on his couch. He remains ambivalent about treatment with oral olanzapine. Will's mother tells you she suspects the friend is a drug dealer, affiliated to a local gang.

### Question 5.4 (6 marks )

**Outline your plan for community discharge, explaining your strategies for management of Will's risk of violence.**

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## Modified Essay Question 6: (15 marks)

You work on an adult Crisis Service and are asked to meet with the son and daughter of a woman with no prior contact with mental health services, called Sophia. Sophia is a 53 year old woman who lives by herself in her own home, with her German Shepherd dog. She was divorced at age 40 and received a considerable sum in the divorce settlement. Her adult children are concerned that she has a pattern of selling her homes and moving, as she believes that the neighbours are spying on her, calling her names and threatening her. Things remain settled for a while in each new house, then she begins to believe the same thing is happening with her new neighbours. Other than buying and selling four houses, at a considerable financial loss each time, she cares for herself well day to day, and cares well for her dog. She has argued with her neighbours but has never harassed or threatened them. She does not work, other than housework. Her children tell you that she has had these ideas for at least 15 years, but they have not noticed any other unusual ideas or behaviour. Her general health is good and she has a GP. Her children say they have talked to her various neighbours and are certain that her allegations are not based in fact. They say they're worried that she's bankrupting herself, and want her assessed. They seem genuinely concerned for her and not interested in any inheritance.

### Question 6.1 (2 marks )

**State the most likely diagnosis and give your reasons, based on the information above.**

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You telephone Sophia. She says her children worry too much and refuses to have any mental health assessment or home visit. She says she is not unwell and has no need of mental health services. She says that you can talk to anyone and they will tell you she's fine, then hangs up the phone. You try to call her again, but she hangs up straight away and no-one else can persuade her to have an assessment.

### Question 6.2 (7 marks )

**What are your next steps, as the assessing clinician? Explain your reasons and mention any medico-legal and ethical issues that are relevant.**

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Six months later, Sophia is acutely admitted for the first time, after an altercation with her elderly neighbour during which she verbally threatened to "brain" him if he didn't stop persecuting her. She is placed under a compulsory treatment order, treated with second generation antipsychotic medication (orally and via depot), and discharged, after three weeks, for follow-up at the community team where you work.

Her children are relieved that she is receiving treatment and follow-up, but a month after her admission they say that she is again saying that she plans to sell her house and buy another one. They ask you if her compulsory status means that they can now stop her from selling her house and moving again.

### Question 6.3 (6 marks )

**What advice would you give them? Explain the issues involved.**

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