Exam questions – Year 5 Psychiatry

Most of the written examination questions will be drawn from the following list. Each question is tagged with a letter indicating its topic area:

The groupings are A=anxiety and somatoform disorders C=child and adolescent disorders CP=clinical practice E=eating Disorders M=mood disorders O=organic and old age disorders P=psychosis PD=personality disorders S=Substance abuse L=medico legal

- 1. Agoraphobia, Summarize, in less than 100 words the key features of the DSM-IV criteria. Words in excess of 100 will not be marked. A
- 2. Summarize, in less than 100 words, the treatments that work for Agoraphobia. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. A
- 3. Body Dysmorphic disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. A
- 4. Summarize, in less than 100 words, the treatments that work for Body Dysmorphic Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. A
- 5. Hypochondriasis, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. A
- 6. Summarize, in less than 100 words, the treatments that work for Hypochondriasis. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. A
- 7. Obsessive-Compulsive Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. A
- 8. Summarize, in less than 100 words, the treatments that work for OCD. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. A
- 9. Panic Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. A
- 10. Summarize, in less than 100 words, the treatments that work for Panic Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. A
- 11. Posttraumatic Stress Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. A
- 12. Summarize, in less than 100 words, the treatments that work for PTSD. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. A
- 13. Social Phobia, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. A
- 14. Summarize, in less than 100 words, the treatments that work for Social Phobia. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. A
- 15. Somatization Disorder. Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. A
- 16. Summarize, in less than 100 words, the treatments that work for Somatization Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. A

- 17. Each anxiety disorder is said to produce a different set of worries. Identify the main cognitions and discuss the cognitive therapy involved for the five major anxiety disorders. A
- 18. A 35-year-old woman presents with severe symptoms of anxiety, irritability and difficulty concentrating which have been present for the past six months since her involvement in a motor vehicle accident. What additional features would need to be present for a diagnosis of post-traumatic stress disorder? What are the essential components of psychological treatment for this disorder? A
- 19. Michael is 30 and for years has been afraid that electrical appliances, if not switched off, could cause a fire and harm his family or neighbours. He spends four hours a day checking that such dangerous appliances are safely switched off. Design a graded exposure and response prevention program for him. A
- 20. A 22-year-old woman has presented to the Emergency Department on multiple occasions in the past week complaining of generalised lower abdomen pain, nausea, urinary frequency, a "strange sensation" in her vagina and dizziness. She exhibits deterioration in self-care. Physical examination and physiological investigations have all been within normal limits repeatedly. She is separated, unemployed, in financial debt and distressed about her pain. Please discuss diagnostic possibilities and your management plan. A
- 21. Describe the major elements of cognitive behaviour therapy for OCD. A
- 22. In 150 words or less, write what you would say to a new patient you had decided to treat for Obsessive Compulsive Disorder A
- 23. A previously well 29-year-old woman has presented to the Emergency Department repeatedly complaining of multiple symptoms including headaches, chest pain, abdominal pain, pins and needles in her arms and legs, extreme tiredness and insomnia. She has been unable to work or perform household duties. Extensive physical investigations have all been within the normal range. Please discuss further assessment, provisional diagnosis and management. A
- 24. A 30-year-old woman accompanied by two small children attends your general medical practice and asks you for a prescription for sleeping tablets. Describe how you would respond to this request. A
- 25. You have just seen a young man with social phobia. In 100 words or less write exactly what you would say to him about the management of his disorder. A
- 26. "The most important intervention for refugees is to treat their posttraumatic stress disorder (PTSD)". Critically assess this statement. A
- 27. What are the core cognitive features of generalized anxiety disorder (GAD)? How may patients with GAD commonly present to the GP? A
- 28. You have just seen a 33-year-old woman who often attends with worries over her own health and the safety of her husband and children. She finds the worrying excessive and not easy to control. In less than 100 words write exactly what you would say to her about her condition and her probable treatment. A
- 29. You have just seen a 23-year-old woman who has rushed in to your surgery describing her third panic attack. In less that 100 words write exactly what you would say to her about her condition and her probable treatment. A
- 30. Mr P is a twenty-two-year old man who attended your rooms to discuss what he calls his "silly habits". He reports that for a number of years he has had to check and recheck electrical appliances, as well as doors and windows, before leaving home each morning and again before going to bed. At times, the checking has made him late for work and has disturbed his sleep such that he has had to get up to check everything a number of times yet again. When questioned about the reasons for this behaviour, Mr P reported that he is fearful that electrical appliances may short circuit and cause a disastrous fire or that his house may be broken into and he will lose all valuables. He recognises these concerns and the resulting checking as excessive and unreasonable but yet feels compelled to do something to alleviate the anxiety associated with the thoughts. What is the most likely diagnosis? Describe the treatment options and their implementation for Mr P's condition. A

- 31. Sally is a 24-year-old sales assistant who presents complaining of panic attacks. The panic attacks have been occurring frequently over the past six months. Because of the panic attacks Sally has been avoiding a range of activities, including busy, crowded situations like supermarkets and public transport.
 - a. What are the most likely differential diagnoses?
 - b. Using the information above, and assuming you also had the opportunity to ask Sally more questions, what features in the history would help to distinguish between your two main differential diagnoses? A
- 32. A 28-year-old woman has presented with a 15-minute episode of chest pain, dizziness and breathlessness. She has had two similar episodes in the past four months. Medical investigations performed at the hospital have excluded cardiac pathology. Discuss your approach to further assessment, possible diagnoses and management options. A
- 33. Mary is a 26-year old laboratory technician. She complains of a four-month history of frequent anxiety and panic attacks. She will not use the bus or train because she fears getting too anxious. She avoids using the lift at work and tries to avoid crowded situations. What are the two most likely differential diagnoses? What features would you look for to distinguish between these differential diagnoses? A
- 34. A 25-year-old man presents with the complaint of an extremely intrusive repetitive thought that he has AIDS. He has seen several doctors and been blood tested HIV negative on three occasions. He remains convinced he has AIDS. What is the differential diagnosis in this case and what clinical evidence for and against each of the possible diagnoses would you attempt to obtain? A
- 35. Attention Deficit/ Hyperactivity Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. C
- 36. Summarize, in less than 100 words, the treatments that work for ADHD. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. C
- 37. Conduct disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. C
- 38. Summarize, in less than 100 words, the treatments that work for Conduct Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. C
- 39. Separation Anxiety Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. C
- 40. Summarize, in less than 100 words, the treatments that work for Separation Anxiety Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. C
- 41. List the symptoms of ADHD (Attention Deficit Hyperactivity Disorder). What effects might this condition have on a child's psychological development and functioning? C
- 42. A nine-year-old boy is referred because of fire-setting and cruelty to animals. Discuss his possible diagnoses using the Multi-Axial Assessment. C
- 43. Discuss the possible presentations of Separation Anxiety Disorder in a 7-year-old child. C
- 44. Discuss the Disruptive Behaviour Disorders of childhood and possible causes of overlap between them. C
- 45. An 8-year old boy is consistently refusing to go to school. Discuss possible causes using a multi-axial framework. C
- 46. A 7-year old boy is referred because of his antisocial and isolated behaviour at school, and noncompliance at home. He has a history of 'being different', few friends, and poor attention except for spending most of his time pre-occupied with his coin collection. His father is a computer expert and his mother is a maths teacher. The parents have difficulty communicating and are contemplating a trial separation. You are about to see the parents. What are the issues? C

- 47. A 28-year-old widow from Iran visits a GP's office with her 11-year-old son who recently enrolled at the local school for the HSC. On the GP registration form, the mother writes: "he difficult, anger, no sleep, problems thinking, trouble school." As the GP seeing the two for the first time, indicate five major areas of questioning that would be important in taking the history (with an interpreter); and list, in order, the most likely psychiatric diagnoses in the son. C
- 48. An 8-year-old girl is presented in Accident and Emergency complaining of abdominal pain and palpitations. There are no physical findings. You are about to see the parents. What are the issues? C
- 49. A 9-year-old boy attends for interview with his mother. She reports that his school complains that he gets into fights at school, and is disruptive in class. Mother also reports that he is aggressive towards his 2 younger brothers. How would you approach the assessment of this child's mental health and what diagnoses would you consider likely? C
- 50. A 6- year old boy, T presents with disruptive behaviour at school, here he leaves his seat, runs out of class and hides. He often has tantrums at home. His parents are divorced and his mother has remarried. T is often looked after by his paternal grandmother while his mother works. You are about to see the parents. What are the issues? C
- **51.** A six-year-old boy, B is presented at Accident and Emergency with a cut on his arm, which his mother says was inflicted when she tried to take a scissors from him. His mother is single, and there is a five-year-old brother and two-year-old sister. B is said to be an active child who has had difficulty settling in school. You are about to see the mother. What are the issues? C
- 52. A 7-year old boy presents at A&E with abdominal pain, but no physical findings. Describe your differential diagnosis, and outline the symptoms you would enquire about to establish a diagnosis. C
- 53. A thirty year-old man consults you in General Practice. He says his son has just been diagnosed as having Attention Deficit Hyperactivity Disorder, and adds "He reminds me of me at that age and I am still like it." How are you going to assess this man? C
- 54. Describe the Pervasive Developmental Disorders, including the difference between core symptoms and the autistic spectrum disorders. C
- 55. Consider how family factors may cause an individual to develop passive-aggressive behaviours, and how might they be manifested in adolescence? C
- 56. Why is childhood abuse, trauma and neglect an important issue in the prevention of adult mental health problems? C
- 57. Your 50-year-old patient says that he is thinking of killing his wife. You decide that he is dangerous. Explain how you came to that conclusion and what you are going to do about it. CP
- 58. You have just started in your first position as a general medical practitioner in a large practice. You are told by the receptionist that you are to see a Mrs Smith who is regarded as an "impossible patient". She attends the practice at least twice each week and has been seen by every doctor in the practice over the last 10 years. Mrs Smith has complained of a whole variety of symptoms over the years but no serious medical condition has ever been diagnosed. Describe how you would assess and manage Mrs Smith's case. CP
- 59. General Practitioners should attend to 90% of all psychiatric problems in the community. Discuss the pros and cons of this claim. CP
- 60. Describe the principles of management of agitated and potentially aggressive patients in General Practice. CP
- 61. List the rationale for each step in the Structured Problem Solving technique. In what disorders has it been shown to be of value. CP
- 62. How is sexual exploitation of patients by doctors similar to the issue of childhood sexual abuse? CP

- 63. Regarding the Guardianship legislation:
 - 1. What are criteria for a Guardianship Order to be made
 - 2. Define *Person Responsible*
 - 3. What constitutes *Major Medical Treatment*
 - 4. What constitutes Special Medical Treatment CP
- 64. Discuss the assessment and management of insomnia in a general practice patient. CP
- 65. Give a definition of psychotherapy and describe broadly the general categories into which it may be divided with some of the common principles that are shared by the effective therapies. CP
- 66. You are asked to interview the following two patients on the third day of an involuntary inpatient admission. Each patient is asking you to help them leave the hospital because they have "had enough of being here". A 30-year-old female lawyer admitted with a manic episode, still obviously elevated in mood. A 28-year-old man who has psychomotor changes consistent with melancholic depression. Please make a table listing (Column 1) three important problems specific to the clinical interview for each patient, (Column 2) strategies you could use to deal with these problems. CP
- 67. There has been much recent media discussion about new government funding for mental health services. On the basis of your experience this term and your general reading, nominate two priority areas you think governments should focus on in mental health, and provide justification for your priority choices. CP
- 68. You are on your elective on a very remote Pacific island which has one small community health centre. Mass violence breaks out between two groups in a village across the mountains but peace is restored after a few weeks. The centre staff want to provide psychosocial and mental health assistance to the village but they have had no training in what to do. Knowing that you have completed a course in Psychiatry, they ask you to give them a short talk, emphasizing the 10 key principles (*without elaboration*) that should be applied in an intervention of this kind. Outline <u>briefly</u> the 10 dot points you would use in your presentation. CP
- 69. Discuss psychotherapy: what is it, what types are there, and what are the common ingredients of successful therapies? CP
- 70. An 18-year-old Aboriginal man is brought to your emergency department following an attempt to hang himself in his home. He is intoxicated and behaving aggressively towards medical staff. Describe how you would make an assessment and manage this young man. CP
- 71. If you had to conduct a psychiatric assessment of a potentially aggressive patient, how would you approach the interview? CP
- 72. What are the prerequisites for a patient to be admitted as an involuntary patient to a psychiatric admission centre? Who has to assess the patient to retain them, and when does the patient have to be reviewed by the magistrate? What are the requirements for a patient to receive involuntary treatment for a further period up to six months? CP
- 73. Media reports describe a current "crisis" in mental health services. Describe one major limitation of mental health services of which you are aware, and outline possible means of improving this. CP
- 74. A 75-year-old woman presents to the Emergency Department following an overdose of an unknown quantity of panadeine tablets. How would you assess the severity of this overdose? List the psychosocial factors that you would look for that would place this patient in a high-risk group for completed suicide. CP
- 75. Both depression and psychosis are associated with a significant risk of suicide describe the specific symptoms and signs which indicate that an individual is at increased risk. Outline some of the major socio-cultural risk factors for suicide that can occur in the apparent absence of mental illness. Discuss briefly how both mental illness and socio-cultural factors can be incorporated into suicide prevention strategies. CP

- 76. You are the RMO on duty at night in the Emergency Department of a base hospital in a rural area where the police bring a 15-year-old youth under a Section 24 (police schedule) of the Mental Health Act. The police state that they were called by a neighbour to a domestic disturbance at the home of the youth's 14 year old girlfriend where he was banging on the door, shouting and screaming abuse, demanding that she open the door and threatening to kill her. Police say he appears to them to be mentally disturbed and dangerous and request you to admit the youth involuntarily to the psychiatric unit attached to the hospital. On examination the youth is extremely angry and hostile, needing restraint by two police officers despite being handcuffed. He is tall, muscular and heavily tattooed wearing jeans without shirt or shoes. He refuses to answer your questions becoming abusive and aggressive when approached. He is ataxic, has slurred speech and smells strongly of alcohol. Police inform you that he has a long history of antisocial behaviour including violence and that they hold fears for the girlfriend's safety if he is released. Does this presentation satisfy the legal requirements in New South Wales for involuntary admission to a psychiatric hospital as: a mentally ill person? a mentally disordered person? Give reasons for your answers. CP
- 77. A GP phones a psychiatrist for some advice. He says that he has 25 year-old single male patient recently arrived from the Middle East who is complaining of headaches and severe bouts of anger that is causing a lot of trouble. List 10 questions that the psychiatrist might put to the GP to clarify the situation and indicate briefly why the questions are relevant. CP
- 78. A 23-year-old man admitted with head injury and fractured arm is becoming increasingly restless and aggressive. Discuss what measures you would take to ensure your own safety while interviewing this patient. CP
- 79. What are the possible mental health consequences of holding asylum seekers in prolonged detention? How should the medical profession respond to this issue? CP
- 80. Mental illnesses are now recognized to be amongst the most disabling and burdensome conditions in medicine. Focusing on one psychiatric illness describe the disability and burden which it produces; outline the clinical features and characteristics which may lead to that disability and burden. CP
- 81. List 5 key topics that are covered in the psychiatric history. Why is it important to make sure you have enquired about these topics? CP
- 82. Give three likely problems in interviewing each of the following cases: A 30-year-old female stockbroker with a brief hypomanic episode (seen in acute inpatient ward); A 30-year-old man with longstanding delusional ideas (seen at home); A 60-year-old man with melancholic depression (seen in outpatients); A 70-year-old woman with an acute onset of disorientation in time and place (seen in the Emergency Department). CP
- 83. Anorexia Nervosa: Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. E
- 84. Summarize, in less than 100 words, the treatments that work for Anorexia Nervosa. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. E
- 85. Bulimia Nervosa, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. E
- 86. Summarize, in less than 100 words, the treatments that work for Bulimia Nervosa. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. E
- 87. What are the important points you would wish to include in a talk to girls in Year 11 and 12 at school to improve their knowledge of eating disorders? E
- 88. The term "Bulimia nervosa" implies increased hunger due to psychological causes. Please comment about this definition in terms of your understanding of eating disorders. E
- 89. Describe how you would undertake the assessment of a 15-year-old who, unwillingly, attends your office with her mother. The mother considers that her daughter has an eating disorder. E
- 90. Outline the major commonalities and differences between anorexia nervosa and bulimia. E

- In follow-up studies of bulimia over 2 to 5 years, reported recovery rates vary from 15% 70%. Write notes to explain this wide variation. E
- 92. A 22-year-old woman complains of uncontrollable urges to binge. Discuss how you would assess and manage this situation. E
- 93. A sixteen-year-old girl presents with her mother with a recent history of weight loss and preoccupation with the size of her body. Outline how you would assess and manage her. E
- 94. Bipolar Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. M
- 95. Summarize, in less than 100 words, the treatments that work for Bipolar Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. M
- 96. Dysthymic Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. M
- 97. Summarize, in less than 100 words, the treatments that work for Dysthymic Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. M
- Major Depressive Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. M
- 99. Summarize, in less than 100 words, the treatments that work for Major Depressive Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. M
- 100. What are the indications for combining cognitive behavioural treatments with antidepressants in the treatment of depression? Please illustrate with brief clinical examples. M
- 101.A 66-year-old man presents with what appears to be a Major Depression of 4 months duration. At the time you see him, he has already been treated with sertraline for 6 weeks, at a dose of 50-100 mg/day, with no improvement. His lack of response makes you suspect that he may have an 'organic depression'. Which physical disorders are most likely to present as depression in him, and how will you investigate him? M
- 102.A Year 11 student, who has been in the top academic class, is now failing all his subjects and spending much of his time in his bedroom sleeping excessively and expressing demoralising thoughts. His surgeon father and banker mother are frustrated by his "failure". What might be going on? How would you assess and manage the situation? M
- 103. Given we can diagnose and treat depression, why does the burden persist? M
- 104. What is a mood stabiliser? Outline the principles of management and adverse effects of one of the mood stabilisers. M
- 105.A 21-year-old male University student is brought in by his parents to the Emergency Department. They are concerned as he has been increasingly preoccupied over some weeks. He made a comment tonight that he "may just give it all up". He and his fathers are keen sports shooters and have several rifles at home. Discuss your assessment, possible diagnoses and management plan. M
- 106. The parents of an 18-year-old female consult you in your general practice. They are concerned about her recent behaviour. She has been out of the house a lot, sleeping less, dressing provocatively, and talking about religious matters much more than usual. They are worried that she is taking drugs. How would you assess and manage this situation? M

- 107.A 70-year-old man is brought to you as his doctor by his wife with the complaints that he has lost interest in his usual activities, becomes irritated very easily, has gone off his food and wants to lie in bed all day. One night, he began to cry uncontrollably, but it was still very hard for her to persuade him to see the doctor. He had said that life wasn't "worth it" but had not expressed any suicidal thoughts. He has also become very slow in his movements. He has past history myocardial infarction and suffers from atrial fibrillation for which he receives digoxin. He has diabetes and hypertension which are well controlled with diet and medication respectively. What diagnostic possibilities will you consider, and how will you investigate him to establish the diagnosis? M
- 108. What factors determine which of the following treatment options you would choose for a patient with depression: i) antidepressants; ii) psychological therapies; or iii) the combination of antidepressants and psychological treatment? M
- 109. You see a cheerful man and he enlivens your busy clinic day by telling you two funny stories. He says he has never felt better. What issues does this raise? What is your duty of care? M
- 110.A woman presents saying that her husband has become quite asocial in recent months, not wanting to talk to her, being irritable and at times quite angry. He has smashed holes through the bedroom wall on a couple of occasions, and muttered something about killing himself. She wonders whether he might have a personality disorder or be depressed. How would you clarify those diagnostic possibilities? M
- 111.A 24-year-old male student presents with mild to moderate depression in the context of disappointing exam results. Describe the psychological management, and the place of antidepressants. M
- 112.A 28-year-old female architect presents with mild to moderate depression following a manic episode triggered by an accumulation of stresses. Describe the psychological management, and the place of antidepressants. M
- 113.List some reasons that might make you suspect that a patient with depression may have a secondary rather than a primary depressive disorder? What are the common causes of secondary depression? How does this depression differ clinically from primary depression? M
- 114.A 70-year-old recently widowed woman presents with agitation, weight loss, memory difficulties and concerns that she has been an inept mother and wife. Discuss what may be wrong with her and how she should be treated. M
- 115.Discuss the issues you would consider in deciding whether to treat a depressed patient with ECT. M
- 116.A 70-year-old man presents with signs and symptoms of Major Depression of abrupt onset 2 weeks after suffering a cerebral infarction in his left frontal lobe. He is a widower who lives alone in a local housing commission apartment. He is receiving medication for hypertension and widespread osteoarthritis. What are the possible biological, social and psychological determinants of this man's depression? M
- 117. The DSM classification of mood disorders includes the category 'major depression'. What is 'major depression'? Secondly, consider the usefulness of such a category as against a sub-typing model (e.g. contrasting melancholic and non-melancholic disorders). M
- 118.A 30-year-old mother of two young children sees you in general practice with a clear major depressive episode that is interfering with her capacity to look after the children and do her housework. Discuss what factors would help you decide whether to use psychological treatments, antidepressants, or both of these. M
- 119.Describe the screening tools at our disposal to aid in the early detection of depression arising in women in the perinatal period. What are the treatments (psychological and pharmacological) available for the treatment of depression at this time; please include a brief comment on the safety of antidepressants in pregnancy. M
- 120.Randomised control trials indicate that most treatments for depression (whether drugs or psychotherapies) have similar efficacy rates in regard to the treatment of 'major depression'. In the clinical management of a patient with clinical depression, how would you choose between treatment options in light of that evidence-based result? M

- 121.Define the perinatal period as it applies to the mental health setting. Why is it important to screen for depression and other mental health conditions in the perinatal period (please answer this in terms of morbidity for mother, infant & family)? What tools do we have at our disposal for screening at this time? M
- 122.A 30-year-old mother repeatedly presents to you in the two months following the birth of her first child with fatigue, anxiety about baby's weight gain and intake, panicky feelings when baby can't be settled and avoidance of her usual social network. What are the key features you will need to elicit in the history and mental state examination of this woman? What are the possible diagnoses? What are the potential confounding factors in the assessment process? M
- 123.Write notes on the psychiatric conditions in which ECT is used as a treatment, and when it is appropriate to use ECT in these conditions. M
- 124. What is the role of the GP in the management of a patient with bipolar disorder? M
- 125. The depressive disorders are frequently conceptualized as dimensional, meaning that there is one type of depression that varies in severity. Alternately, that there may be differing depressive sub-types. Consider the advantages and disadvantages to one or both models. M
- 126.GPs should give depression screening questionnaires to all patients in the waiting room. Give five advantages and five disadvantages of applying this screening approach for depression at the GP level. M
- 127. There are now a large number of different classes of antidepressants. Outline the proposed pharmacological actions and adverse effects of three of these classes. M
- 128.A 65-year-old woman presents with a major depressive episode for the first time in her life. Outline the causes of secondary depression that you will consider in her case. How are these likely to influence her management? M
- 129.A 45 year-old woman presents with a three-month history of depression. What factors would suggest a role for anti-depressant medications? Outline the advantages and disadvantages of two different classes of antidepressant medications. M
- 130.A 35-year-old businessman is brought to you by his wife as his work colleagues have been concerned that he has become increasingly irritable, demanding, talkative and is starting new schemes and investments which they consider unwise. He does not think that he needs to see you. Discuss how you would manage this clinical situation. M
- 131.Outline the difficulties involved in making a mental health evaluation in a woman post-partum. Describe the key issues that arise in the evaluation and management of such patients. M
- 132. There have been recent concerns voiced in the media that antidepressants are being over-prescribed in this country. Do you think this concern is justified? Outline the issues involved. M
- 133.Compare and contrast the epidemiology of suicide and deliberate self-harm. Discuss the factors which should be considered when addressing their prevention. M
- 134. You are acting as the psychiatry resident when a 17-year-old girl presents to the casualty department with her girlfriend. She has taken an overdose of 25 paracetamol tablets, after a fight with her boyfriend. The medical team have given her charcoal, she has vomited most of the tablets up, and her serum paracetamol levels are low. They request your involvement. Discuss how you would undertake the psychiatric management of this case. M
- 135.A patient who is usually fairly serious is laughing very loudly in the waiting room. Please note the three most likely causes for this change in behaviour in a (i) 25-year-old man and an (ii) 85-year-old woman. Then note what steps you would take in your assessment to differentiate between these causes. M
- 136.In point form, briefly outline differences in the clinical picture (including atypical presentations) and the management of major depression in older people compared to the presentation and management in younger adults. M

- 137.Summarize, in less than 100 words the key features of the DSM-IV criteria for delirium. Words in excess of 100 will not be marked. O
- 138.Summarize, in less than 100 words, the treatments that work for Delirium. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. O
- 139.Dementia of the Alzheimer's Type, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. O
- 140. Summarize, in less than 100 words, the treatments that work for Alzheimer's disease. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. O
- 141. You are asked to see an 82-year-old woman who has become more apathetic, unkempt and unable to manage the household tasks over the last few months. She has lost weight and her children are very concerned about her. Previously she was proud of her grooming, lived independently (since her husband died 12 years ago), was socially active, enjoyed annual overseas trips by herself and passed her driver's licence test at the beginning of the year. She denies being sad but says that she does not care anymore. She is reasonably orientated in date (4 items out of 5) and place (5/5) and can remember 2/3 items after two-minute delay. List your three top differential diagnoses (in descending order of probability). Outline in point form how you would decide clinically what is wrong. O
- 142. You are a GP who is asked by the sons of an 84-year-old woman to see their mother. She believes that people are trying to poison her, and that her sons are wanting to put her away so that they can have her money and her home unit. Her house is in a state of disrepair and appears squalid. She has a brief conversation with you and then refuses to talk to you further. She does not appear to realise that you are the new doctor who has taken over from her retired GP and that you are wanting to help her. She asserts her right to be left alone.
 - a. What diagnostic possibilities do you consider?
 - b. How would you proceed with her management given that she does not want to cooperate? O
- 143. You are asked to see an 80-year-old man, brought to the Emergency Department from a nursing home after sudden onset of agitation and aggressive behaviour. What are the possible explanations for this behaviour? Outline your approach to the assessment and management of this case, emphasising how you would ascertain the actual causes(s). O
- 144.Behavioural changes associated with dementia are often a form of non-verbal communication. Discuss with reference to at least two common behavioural complications of dementia. O
- 145. You are an intern in the surgical wards and you are called to see a 75-year-old man who has assaulted one of the nurses by punching her. When you arrive he is angrily yelling at the nurses from his bed and accusing them of trying to poison him. Outline your assessment and initial management of this problem. O
- 146. A sixty-year-old man is brought to the emergency department after being found wandering in a 'dazed state' on the street. He has an abrasion on his head and smells of alcohol. His mini-mental state examination score is 23/30, losing points on orientation, attention and recall. He is mildly irritable. What are the diagnostic possibilities? Outline what you would do if you were asked to assess him. O
- 147.A 70-year-old man presents for the first time with the symptoms of persecutory delusions and auditory hallucinations. He reported a history of head injury with brief loss of consciousness 10 years ago, and 5 years later had a generalized convulsion for which he was treated with Na valproate, a drug he is continuing. He has no past history of psychiatric disturbance, but he was always considered to be a suspicious person. What are the main diagnostic possibilities to consider? How will you investigate and treat him? O
- 148. In brief point form outline your comprehensive management plan for a 72-year-old taxi driver who lives with his wife. He has just had a diagnosis of Alzheimer's disease confirmed by a specialist. O
- 149. What features of institutions can contribute to behavioural and psychiatric problems in older people? O

- 150. When visiting the home of an 85-year-old woman you note that the house is smelly, vermin infested, lacking in heating and hot water and is cluttered with hoarded clothes and newspapers. Please answer in point form. O
- 151. What is the most likely diagnosis and what is your differential diagnosis? What legal steps can you take to deal with the situation? What other management strategies may be appropriate? O
- 152. Write brief notes on the assessment and management of depression in nursing homes. O
- 153.Describe how the design of nursing homes and hostels can both exacerbate and minimize confused and disturbed behaviour in dementia. O
- 154.In brief dot points, describe what is senile squalor; its differential diagnosis; and what steps you would take to assist an elderly person living in dangerously filthy conditions. O
- 155. An elderly dementing couple are being deprived of adequate food and access to the outside by their alcoholic son who is taking most of their pension money to sustain his drug addiction. A neighbour has rung you, the couple's local doctor to alert you to this. The couple is afraid to contact you because of fear of retribution by their son. How would you manage this case? O
- 156.A 70 years old man tried to 'gas' himself in his car and was discovered in an unconscious state. After three hyperbaric oxygen treatments, he was well enough for a psychiatric evaluation. What are the main issues that you will explore during this assessment? Outline the main interventions, with your reasons. O
- 157.Mrs Poulos is a 76-year-old widow who lives alone. She is in good general health but over the last 6 month, since she tripped on the footpath near her home and suffered severe bruising, she has been reluctant to leave her unit because she is worried that she might have another fall. You are her GP and the Aged Care Assessment Team has approached you because they can find no physical reason for this behaviour change and have found her to be very anxious. Describe your approach to assessing and managing this problem. O
- 158.As a GP you are asked to review Mrs Jones, a 75-year-old woman with mild Alzheimer's disease diagnosed 6 months ago. Her husband tells you she has become disinterested in activities and spends much of her day in bed. She gets irritated whenever her husband tries to get her out. He is getting very frustrated in looking after her. Outline your approach to the assessment and management of this problem. O
- 159. You are working as the night intern in a general hospital and are called to see an 85-year-old woman 24 hours after hip surgery who has been accusing a male nurse of sexually assaulting her. Describe how you would manage this situation. O
- 160.Describe the use of behaviour therapy techniques in the management of behavioural disturbances in dementia. O
- 161.We generally associate cognitive deficits occurring in clear consciousness with dementia. However, many elderly patients with psychiatric disorders, in particular depression, also present with cognitive complaints and a syndrome that resembles dementia. What are the main features that help distinguish the cognitive syndrome of depression from that of dementia? What investigations may help the differentiation? What would you do if the diagnosis remains uncertain? O
- 162.Schizophrenia, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. P
- 163. Summarize, in less than 100 words, the treatments that work for Schizophrenia. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. P
- 164. How do you assess and manage someone who presents with thoughts about suicide who has recently been discharged from hospital with a diagnosis of probable schizophrenia? P
- 165. What would you say to the family of a 16-year-old boy recently discharged home from hospital with a diagnosis of probable schizophrenia? P

- 166. What would you say to the family of a 46-year-old man recently discharged home from hospital after his 15th admission for schizophrenia? P
- 167.One approach to the phenomenology of Schizophrenia is to categorise its signs and symptoms into 'Positive' and 'Negative'. Briefly outline some positive and negative symptoms of schizophrenia. Which symptoms are more likely to respond to drug treatment? Outline some strategies for dealing with negative symptoms. P
- 168. Discuss the assessment of dangerousness (risk of harm to others) in a patient with schizophrenia. P
- 169.A man has two brothers with schizophrenia and asks about the risks to him and his children. What you say to him in light of contemporary evidence about risk factors and the pathophysiology of schizophrenia. P
- 170.A 60-year-old woman is being managed in hospital for an acute exacerbation of schizophrenia, for which she takes clozapine. She has a history of hypertension, type II diabetes and hypercholesterolaemia. On day 7 of the admission, she appears increasingly agitated, is disoriented and febrile. What are the possible reasons for the deterioration in her mental state? Outline your clinical approach to this situation. P
- 171.List the acute and delayed movement disorders produced by antipsychotic drugs. What are the main features of neuroleptic malignant syndrome? Why do atypical neuroleptics cause fewer movement disorders? P
- 172.Briefly describe specific psychosocial interventions that are used in the management of patients with schizophrenia. Outline how each method used contributes to improved functional outcomes for such patients. P
- 173.A 19-year-old girl is taken to her GP by her mother following an outburst of aggressive behaviour and accusations that her parents are 'controlling her'. What features do you need to elicit from the history and mental state examination to make a diagnosis of schizophreniform disorder/schizophrenia? How would you decide if she should be admitted to hospital? P
- 174. What are the key goals during first contact with a young person experiencing their first psychotic episode, and the aims of psychological interventions in the early phase of psychosis? P
- 175.Outline the rationale for early intervention in first-episode psychosis, and describe the key elements of best-practice assessment and management provided by specialist early intervention services for young people experiencing a first episode of psychosis. P
- 176.Outline the key advantages of newer antipsychotic medications in comparison to those first introduced in the 1950's. Describe the side effects associated with these so-called 'atypical' antipsychotics, and how these can impact on medication adherence in patients with schizophrenia. P
- 177. The mother of a 17-year-old boy presents to you concerned by changes in her son's behaviour including social withdrawal, irrational behaviour, together with cannabis use. What are the key features you need to illicit in the history to determine a diagnosis? Discuss the risk factors associated with likely diagnoses and how you would advise the mother to proceed with getting further help. P
- 178. Tardive dyskinesia (TD) is a common side effect of long-term neuroleptic use. Briefly discuss the following: its early manifestations; one popular theory about its aetiology; some measures one can take to prevent TD; and how would you intervene in someone who had schizophrenia that needs treatment but also has developed TD. P
- 179. What is the "ABC model" of cognitive behavior therapy and how can it be applied to the treatment of psychosis? P
- 180.A 19-year-old male university student is brought by police to the hospital emergency department because he was found in his underwear running between traffic on a busy road. When assessed he is aggressive, and asserting that he is on a mission from God and that he is completely safe in normally dangerous situations. When the man's parents are contacted, they report that their son has undergone a personality change during the last 9 months, and until very recently has withdrawn into his bedroom

spending his time reading the Bible and speaking to himself. Discuss the differential diagnosis and immediate management. P

- 181."The so-called atypical or 'second-generation' antipsychotics have resulted in much better outcomes for patients with schizophrenia". Briefly discuss the evidence in support of this statement. What negative consequences of treatment with atypical antipsychotics are most likely to impact on treatment adherence? P
- 182. These days we use the newer atypical neuroleptics in preference to the older drugs even though they are much more expensive. Why is this so? Why are these drugs called "atypical"? How is their mechanism of action different from the classical neuroleptics? P
- 183.Discuss the assessment and management of a 20-year-old girl with a 2-year history of social withdrawal, out of character behaviour and intermittent outbursts of aggression in a general practice patient. P
- 184. The mother of a 17-year-old boy presents to you concerned by changes in her son's behaviour including social withdrawal, irrational behaviour, together with cannabis use. What are the key features you need to illicit in the history to determine a diagnosis? Discuss the risk factors associated with likely diagnoses and how you would advise the mother to proceed with getting further help. P
- 185. The parents of a 19-year-old male consult with you in your general practice, concerned about their son's recent behaviour. He has been increasingly disorganised, is up all night, talking a lot, irritable, and becoming disinhibited with family and friends. What differential diagnoses would you be considering, and how would you approach this problem? P
- 186.Describe psychosocial interventions that improve treatment engagement and compliance in schizophrenia. P
- 187.How would you assess and manage a 16-year-old female school student who presents with a two-week history of tearfulness, feelings of confusion, preoccupation with the thought that her parents were trying to poison her and inability to study. P
- 188. Many patients with psychosis give a history of drug abuse, but it is usually difficult to attribute the causation of psychosis to the drug. Which drugs are generally recognised to cause a schizophrenia-like psychosis, and how does this differ from schizophrenia? P
- 189. Antisocial Personality disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. PD
- 190. Summarize, in less than 100 words, the treatments that work for Antisocial Personality Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. PD
- 191.Avoidant Personality Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. PD
- 192. Summarize, in less than 100 words, the treatments that work for Avoidant Personality Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. PD
- 193. What is meant by the term "harm minimisation" in the management of paedophilia? PD
- 194. When you turned 18 you were diagnosed by a psychiatrist as having an Antisocial Personality Disorder. Now, 15 years later, you are asked to address the Rotary Club on the subject of: "My Antisocial Personality Disorder: the Good News and the Bad News". Write a short speech based on your life. PD
- 195.Borderline Personality Disorder, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. PD
- 196. Summarize, in less than 100 words, the treatments that work for Borderline Personality Disorder. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. PD

- 197. Your patient says that every time she breaks up with a lover, she hurls herself into a series of unsatisfactory love affairs. Her forearms are covered with old and fresh scars which she says are self-inflicted. List five (5) questions you might want to ask her, and why you ask them. PD
- 198.Imagine you have a narcissistic personality disorder. How would you live your life and relate to other people? PD
- 199. What are some of the advantages and disadvantages of classifying Personality Disorders in a categorical way, e.g. DSM-IV? PD
- 200.A young woman describes her fiancé in ways suggesting he has a severe Explosive Personality Disorder. What features would you look for to confirm such a diagnosis? She has concerns and asks whether she should go ahead with the marriage. How would you proceed to counsel her? PD
- 201.A twenty-four-year-old woman presents to A&E following her fourth episode of deliberate self-harm in two months. She usually takes a small quantity of paracetemol tablets with some alcohol. Outline possible predisposing and precipitating factors and motivations for the deliberate self-harm. What are the key management issues here? PD
- 202. Why is Borderline Personality Disorder sometimes described as a post traumatic syndrome PD
- 203.List eight descriptors of the narcissistic and histrionic personality disorders (i.e. 8 for each). Consider why there may be over-representation of such personality styles and disorders in certain socio-cultural groups. PD
- 204.Alcohol dependence, alcohol abuse: Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. S
- 205.Summarize, in less than 100 words, the treatments that work for Alcohol abuse and dependence. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. S
- 206.Cannabis Abuse, Cannabis Dependence, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. S
- 207.Summarize, in less than 100 words, the treatments that work for Cannabis Abuse and Dependence. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. S
- 208.Nicotine Dependence, Summarize, in less than 100 words the key features of the DSM-IV criteria for. Words in excess of 100 will not be marked. S
- 209.Summarize, in less than 100 words, the treatments that work for Nicotine Dependence. Marks will be deducted if you mention any treatment not supported by replicated randomized controlled trials. S
- 210. What is the relationship of cannabis to schizophrenia? What advice would you give your patient with schizophrenia in relation to drugs of abuse? [Please give main points only in your answer] S
- 211.In point form; describe the acute physical and psychological symptoms of intoxication with a) cannabis b) amphetamines and c) heroin. S
- 212. Which are the legal authorities involved in the operation of the Mental Health Act? L
- 213. The Protected Estates Act only applies in conjunction with the Mental Health Act in specific circumstances. What are they? L
- 214. When is Guardianship appropriate? L
- 215. How do you determine whether the Mental Health Act is the appropriate course and when is the Guardianship Act the appropriate course? L

- 216. If a person under guardianship suffers a mental illness or mental disorder when is the Mental Health Act used and when is guardianship used in this circumstance? L
- 217. What is the difference between a Temporary Patient and a Continued Treatment Patient? L
- 218. How long can a patient be detained under the Mental Health Act? L
- 219. What are the requirements to administer ECT under the Mental Health Act? L
- 220. What is necessary to medically treat an involuntary patient under the Mental Health Act? L
- 221. What rights of appeal exist under the Mental Health Act at each stage? L