



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

# **MOCK WRITTENS EXAMINATION**

**AUCKLAND / NEW ZEALAND**

**December 2007 / May 2008**

## **PAPER I**

**I hereby verify that I have completed and returned Paper I, Mock Writtens  
Examination:**

**CANDIDATE'S NAME:**

**CANDIDATE'S SIGNATURE:**

**DATE:**



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

**EXTENDED  
MATCHING  
QUESTIONS**

**MOCK EXAMINATION  
PAPER I**

**AUCKLAND / NEW ZEALAND**

**December 2007 / May 2008**

**Do not answer  
Extended Matching 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.

All questions are worth 1 mark

- A. She stumbles over her words and has difficulty producing a fluent flow of speech. She is obviously frustrated by not being able to say what she wants.
- B. His memory is intact. He cannot think of any similarities between a poem and a sculpture. Says that a bicycle and an aeroplane are the same as they "have wheels".
- C. She is unable to carry out a 3-step command and becomes confused when she tries to put on a cardigan - seems baffled by the sleeves.
- D. Speech is fluent but meaningless. He does not seem to understand what you say to him and cannot follow requests requiring non-verbal responses.
- E. He cannot tell you the name of his ring and index fingers and cannot do basic arithmetic.
- F. There are deficits in his anterograde memory, and he confabulates freely in a cheerful manner about recent events.
- G. She is fully orientated except that she gets today's date wrong by a few days. Her concentration is mildly impaired and she asks you to repeat a few questions.
- H. She cannot copy the repeating ooo+++ pattern - just produces a line of oooooooooos. Her speech is full of perseverations and she is vague and confused.
- I. There are some deficits in anterograde and retrograde memory on examination but her social skills are preserved.
- J. Unable to repeat "no ifs ands or buts" - he tries hard but produces many paraphasias. Spontaneous speech is however normal.

Which finding on cognitive testing listed above is the most likely to occur in the following diagnoses.

Please select only ONE option, but any option may be used more than once, if required.

- 1. Chronic schizophrenia
- 2. Korsakoff's syndrome
- 3. Early Alzheimer's dementia
- 4. Conduction aphasia
- 5. Moderate major depression

# Extended Matching Questions

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- A.** Covert sensitisation
- B.** Habit reversal
- C.** Implosion therapy
- D.** Saturation
- E.** Exposure and response prevention
- F.** Deceleration therapy
- G.** Intermittent reinforcement
- H.** Flooding
- I.** In vivo sensitisation
- J.** Thought-stopping
- K.** Classical conditioning
- L.** ABC analysis
- M.** Aversion therapy

**Which aspect of behavioural therapy or theory 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.**

- 6.** Joey, aged four, is put into the spare room for 4 minutes “time out” after an angry outburst.
- 7.** Sophie eats asparagus for the first time then gets sick because of the flu. She later develops an aversion to asparagus and feels sick even thinking about it.
- 8.** While Roger waits anxiously for a meeting with his boss he intermittently snaps a rubber band on his wrist.
- 9.** Susan’s therapist begins to deal with her client’s claustrophobia by asking Susan to visualise being in a series of increasingly small rooms.

# Extended Matching Questions

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**All questions are worth 1 mark**

- A.** Depersonalisation disorder
- B.** Kleptomania
- C.** Generalised Anxiety disorder
- D.** Gender identity disorder
- E.** Derealisation disorder
- F.** Post traumatic stress disorder
- G.** Agoraphobia
- H.** Conversion disorder
- I.** Dissociative identity Disorder
- J.** Premature ejaculation
- K.** Dissociative fugue
- L.** Acute stress disorder
- M.** Dyspareunia

**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.**

- 10.** Jordan has increasing periods where he feels that he is watching himself “go through the motions”, in the months leading up to his final university examinations. He is distressed by this and goes to see a counsellor at Student Health.
- 11.** Gianfranco loses control during an argument and hits his girlfriend. Afterwards he is very remorseful. He develops paraesthesiae and weakness affecting his right hand.
- 12.** Angela has intermittent episodes lasting from a few minutes to several hours, for which she has no memory. Friends tell her she sometimes behaves like a different person and insists that they call her “Andy”.
- 13.** Perminder sees Hindu extremists killing Muslims while travelling on a train in Uttar Pradesh. Six months afterwards he still has intrusive memories of the event, poor sleep, anxiety, and he avoids travelling by train.

# Extended Matching Questions

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- A. Cushings disease
- B. Graves disease
- C. Phaeochromocytoma
- D. Organophosphate toxicity
- E. Psychogenic polydipsia
- F. Renal failure
- G. Liver failure
- H. Porphyria
- I. Hypothyroidism
- J. Hyperparathyroidism
- K. SIADH
- L. Testosterone treatments
- 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.

- 14. Gary, aged 35, develops intermittent bouts of panic symptoms, sweating and headaches.
- 15. Zara is a 60 year old immigrant who was brought here by her extended family a year ago. They regard her as "backward" and she has been kept secluded away from other people. She presents after developing delusions of being poisoned, and on assessment is noted to have a puffy face, long latency in replies and cognitive deficits.
- 16. Barry, a heavily tattooed young amateur boxer, is referred after two outbursts of road rage. He has acne and mild gynaecomastia.
- 17. Andrew has chronic schizophrenia with some OCD symptoms, and lives in staffed supported accommodation. He develops a number of rituals focussed around concerns that his body is drying out, showers excessively and carries bottled water around constantly. He is seen by his GP due to complaints of nausea, loss of appetite, irritability and malaise, and investigations show that he has a low serum and urinary sodium.

# Extended Matching Questions

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

**All questions are worth 1 mark**

- A.** High risk of harm to others and high risk of suicide in the immediate/short term
- B.** High risk of harm to others in the immediate/short term
- C.** High risk of harm to others in the immediate/short term mitigated by environmental circumstances
- D.** Moderate risk of harm to others in the immediate/short term and the long term, and elevated risk of suicide in the long term
- E.** High suicide risk in the immediate/short-term and high in the long-term
- F.** Low risk of suicide in the immediate/short term but elevated risk of suicide in the long-term
- G.** High suicide risk in the immediate/short term mitigated by environmental circumstances
- H.** No elevated risk of harm to others but increased risk of suicide in the long term
- I.** High risk of harm to others in the immediate/short term mitigated by belief system
- J.** Moderate suicide risk in the immediate/short term mitigated by belief system

**For each of the following situations, select the most accurate statement of risk of harm to others and self.**

**Please select only ONE option, but any option may be used more than once, if required.**

- 18.** A 30 year old labourer accidentally falls off scaffolding and suffers a severe head injury with subsequent personality change. Five years later he has poor self-esteem, cannot work, and drinks to excess. He is preoccupied by jealous ruminations about his defacto partner, who he is convinced is being unfaithful to him, because she has joined a book club.
- 19.** A 41 year old woman develops a severe major depression after a very stressful period in her life. She has frequent suicidal ideas. However, she says that she will not act on these thoughts as "I would never hurt my kids like that".
- 20.** A 27 year old woman with a psychotic post-natal depression plans to commit suicide as she believes that she is the daughter of Satan. She decides to take her 3 month old baby with her when she suicides.
- 21.** A 19 year old youth develops schizophrenia with agitation and delusions that his parents have been replaced by "evil CIA spies". He punches his father and is acutely admitted to the secure wing of a psychiatric admission unit.

# Extended Matching Questions

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

**All questions are worth 1 mark**

- A.** Bipolar I, Bipolar II, Cyclothymia
- B.** Psychotic depression, Schizophrenia, Organic mood disorder, Organic psychosis
- C.** Drug induced psychosis, Mania, Organic mood disorder
- D.** Schizophrenia, delusional disorder, Organic psychosis
- E.** Bipolar II, Cyclothymia, Borderline personality disorder
- F.** Mania, Delusional disorder, Organic mood disorder, Organic psychosis
- G.** Drug induced psychosis, Schizophreniform disorder, Schizophrenia
- H.** Borderline personality disorder with pseudohallucinations, Psychotic depression, Schizoaffective disorder

**Which set of differential diagnoses listed above is best applied to each of the following examples.**

**Please select only ONE option, but any option may be used more than once, if required.**

- 22.** Marie is a 35 year old woman admitted claiming that she is the “daughter of God”. She has become intensely religious over the past year and has been fasting excessively. She has multiple sclerosis diagnosed 5 years ago.
- 23.** Jody has a long history of depressed moods with some suicide attempts. She was sexually abused as a child and has heard derogatory voices for many years. The voices discuss her critically and say she should kill herself. She is on flupenthixol decanoate, olanzapine, clonazepam and sodium valproate and but they seem to have little effect on her symptoms.
- 24.** Marjorie is a 58 year old woman with nihilistic delusions that her brain has a hole in it. Her affect is flat and she is calm but fixed in her ideas. She has no past psychiatric history and there seem to be no clear preceding stressors.
- 25.** Daniel is a 19 year old art student who has become acutely unwell at a music festival. He is highly aroused and markedly thought disordered, with disorganised beliefs about being controlled by aliens. His parents say that he has been isolating himself in his studio above the garage a lot more, across the past 3 months.

# Extended Matching Questions

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

All questions are worth 1 mark

- A. "Intermediate" metaboliser genotype of 2D6
- B. 5HTT gene "S" genotype
- C. Teleological reasoning
- D. "Extensive" metaboliser genotype of 2D6
- E. An ad hoc classificatory system
- F. CAG trinucleotide repeats
- G. Deductive reasoning
- H. 5HTT gene "L" genotype
- I. A theoretical system
- J. "Ultra-rapid" metaboliser genotype of 2D6
- K. Inductive reasoning
- L. A taxonomical system
- M. CTG trinucleotide repeats

Which concept as 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.

- 26. Huntingdon's disease
- 27. A good response to SSRI medication
- 28. Linnaean classification
- 29. CBT is an effective treatment for depression in adults.  
Therefore: CBT will work for this specific patient.
- 30. Increased medication adverse effects
- 31. CBT helped my series of elderly patients recover from depression.  
Therefore: CBT will help all elderly patients recover from depression.

# Extended Matching Questions

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

All questions are worth 1 mark

- A. Nigrostriatal system
- B. Hypothalamus
- C. Mamillary bodies
- D. Cerebellum
- E. Frontal cortex
- F. Temporal lobes
- G. Corpus callosum
- H. Tuberoinfundibular pathway
- I. Dominant parietal region
- J. Amygdala
- K. Temporal cortex
- L. Occipital cortex

Which brain region or system listed above is most associated with each of the following problems.

Please select only ONE option, but any option may be used more than once, if required.

32. Rage

33. Poor scores on the Stroop test

34. Bradykinesia

35. Galactorrhoea

36. Scanning speech

37. Poor scores on the PASAT test

# Extended Matching Questions

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

**All questions are worth 1 mark**

- A. Depersonalisation
- B. Pareidolia
- C. Déjà vu
- D. Visual agnosia
- E. Anosognosia
- F. Jamais vu
- G. Olfactory hallucination
- H. Finger agnosia
- I. Formication
- J. Prosopagnosia
- K. Somatic hallucination
- L. Palinopsia
- M. Macropsia
- N. Tactile hallucination
- O. Dysaesthesia
- P. Micropsia

**Which aspect of abnormal perception 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.**

- 38. Sally lies in the grass and sees faces in the clouds
- 39. Mrs Baker showers and washes her clothes continually, convinced that she has a terrible body odour
- 40. Gloria excoriates her skin, as she can feel worms crawling underneath
- 41. Fred feels intense burning when his skin is brushed lightly with cotton wool
- 42. Beryl has pseudocyesis and insists she can feel a foetus moving in her womb

# Extended Matching Questions

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

**All questions are worth 1 mark**

- A.** Only 30% of the drug is bound to plasma proteins
- B.** Elimination half-life is 4-6 days and that of its active metabolite is 4-16 days
- C.** Steady-state plasma levels are achieved in 12 weeks
- D.** Elimination half-life is 2 days
- E.** Steady-state plasma levels are achieved in 3-6 months
- F.** Elimination half-life is 50 hours
- G.** Tobacco smoking induces the drug's CYP1A2 metabolism
- H.** Elimination half-life is 12-16 hours

**Which of the pharmacokinetic properties listed above best corresponds to each of the following medications.**

**Please select only ONE option, but any option may be used more than once, if required.**

**43.** fluoxetine

**44.** olanzapine

**45.** lorazepam

**46.** venlafaxine

<b>Extended Matching Questions</b>
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**Questions 47– 50**

**All questions are worth 2 marks.  
Please select UP TO TWO responses for each question.  
More than two responses will incur a mark of zero.**

## **Extended Matching Questions:**

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

**All questions are worth 2 marks each**

**Please select UP TO TWO responses for each question.**

**More than two responses will incur a mark of zero.**

**Answers to one question may be used for subsequent questions if required.**

- A.** Seymour Kety
- B.** Steven Covey
- C.** Russell Barton
- D.** Robert Spitzer
- E.** Kay Redfield Jamison
- F.** Phillipe Pinel
- G.** Irving Goffman
- H.** Pierre Deniker
- I.** William Tuke
- J.** Eve Johnstone
- K.** Kurt Schneider

**For each of the following questions, select the TWO correct options from the list above.**

**Please select only TWO options for each question, but any option may be used more than once, if required.**

**47.** Famously humane asylum superintendants

**48.** Critics of institutionalisation

## **Extended Matching Questions:**

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

**All questions are worth 2 marks each**

**Please select UP TO TWO responses for each question.**

**More than two responses will incur a mark of zero.**

**Answers to one question may be used for subsequent questions if required.**

- A.** Sleep spindles
- B.** Hypnagogic hallucinations
- C.** Delta waves
- D.** Myoclonic jerks
- E.** Atonia
- F.** K-complexes
- G.** Sleep walking
- H.** Night terrors
- I.** Alpha waves
- J.** Dreams
- K.** Bed wetting

**For each of the following sleep stages, select the TWO options from the list above which best correspond.**

**Please select only TWO options for each question, but any option may be used more than once, if required.**

**49.** REM sleep

**50.** Stage 2 sleep



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**KEY  
FEATURE  
CASES**

**MOCK EXAMINATION**

**PAPER I**

**AUCKLAND / NEW ZEALAND**

**December 2007 / May 2008**

**INSTRUCTIONS:**

Please answer using a blue or black ball-point pen in the spaces below each question.

Where you are asked to select your answers from a list, please use the pencil provided.



**PLEASE MARK LIKE THIS ONLY:**

- Do not fold or bend
- Erase mistakes fully
- Make no stray marks
- Completely fill in the circle



## KEY FEATURE CASES

### Case 1 (6 marks)

Myrtle is a 68 year old woman who lives alone in her own home. She has recently been admitted to a public hospital psychiatric unit for older people following a fall and an ankle fracture. Myrtle has a history of Bipolar Disorder from an early age and had been relatively stable on a combination of Lithium and Quetiapine. The pain in her ankle started to keep her awake at night and she became increasingly irritable and frustrated. One week prior to admission she bought over the counter Ibuprofen for the ongoing pain but this provided her with little relief. On admission she is anxious and irritable but tired, and is noted to be mildly ataxic.

#### Question 1 (2 marks)

**Which key factor is the MOST LIKELY to have led to Myrtle's admission in this state?**  
**Give UP TO TWO answers.**

1.
2.

score:

Office use only: please mark like this ■

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Too many answers

6

Did not attempt

In the two days after Myrtle's admission her mood begins to elevate and she enters a manic phase. Her sleep becomes more disturbed, and her fluid intake is poor.

#### Question 2 (3 marks)

**Which interventions would be the MOST APPROPRIATE next steps in her management?**

**Select UP TO THREE answers from the list below.**

- ☐ Consider alternative mood-stabilising agents rather than lithium, short term
- ☐ Start Cognitive Behavioural Therapy for insomnia
- ☐ Transfer to a medical ward to monitor fluid status
- ☐ Maintain a low stimulus environment
- ☐ Modify the Quetiapine dose
- ☐ Monitor Lithium levels on a daily basis

score:

Office use only: please mark like this ■

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Too many answers

6

Did not attempt

## Key Feature Case 1 (contd)

Myrtle's mood gradually settles and after 4 weeks she is doing well. A week later on a pre-discharge blood test it is noted that her serum Lithium is 0.7 umol/L and her serum Sodium is 156 mmol/L.

### Question 3 (1 mark)

What is the MOST LIKELY cause of this and why? Give ONE answer only.

1.

score:

Office use only: please mark like this



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Too many answers

6

Did not attempt

## KEY FEATURE CASES

### Case 2 (6 marks)

Douglas is a 26 year old young man with Down's syndrome and mild to moderate intellectual disability. He has lived in a residential care home for the past two years as his parents became too elderly to care for him at home. His father died a year ago but his mother, who is his legal guardian, still visits him regularly. Douglas attends a sheltered workshop during the week, which he usually enjoys. The staff at Douglas's home have arranged for an assessment at your Community Mental Health Clinic as they are concerned that he has been behaving oddly over the past four months. They say that he has gradually become more withdrawn, is talking less and seems more preoccupied and irritable. In the last few days he has refused to go to the workshop and has mostly been sitting in his room. He has stopped watching TV which previously he enjoyed. You see Douglas at the clinic, with Shelley, a caregiver from his home who has brought him in. After assessing him and talking with Shelley and by phone with his mother, you feel that he has a major depression without psychosis. You feel that Douglas needs treatment with an SSRI.

#### Question 1 (4 marks)

**What are the MOST IMPORTANT things that you will need to determine Douglas can understand, to decide whether he is competent to consent to treatment with an SSRI? Select UP TO FOUR answers from the list below.**

- ☐ That he is likely to get worse if he refuses treatment
- ☐ When to take his SSRI medication
- ☐ The main possible side-effects of an SSRI
- ☐ The dose of his SSRI medication
- ☐ How an SSRI is likely to help him
- ☐ That he is unwell with a depression
- ☐ How an SSRI antidepressant affects the serotonergic system

score:

Office use only: please mark like this ■

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5 Too many answers

6 Did not attempt

After discussing all of these issues with Douglas, you feel that while he will agree to take medication, he is not competent to give consent to treatment at this time.

#### Question 2 (2 marks)

**Which KEY NEXT STEP would be necessary to manage Douglas's inability to legally consent to treatment?**

**Write UP TO TWO answers only.**

1.

2.

score:

Office use only: please mark like this ■

1

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5 Too many answers

6 Did not attempt

## KEY FEATURE CASES

### Case 3 (6 marks)

Mike is a 9 year old boy who is referred to your Child and Adolescent service for assessment by his GP. He moved to New Zealand from the UK two years ago. His parents are very concerned that he is getting into trouble frequently at school. Teachers complain that he never sits still, and often leaves his seat and moves around. He has difficulty finishing his work and tends to leave things unfinished as he moves on to another task. He has not made many friends, as other children complain that he is too rough and bossy.

When you meet Mike, he displays a number of symptoms of attention problems and of hyperactivity and impulsivity, during the assessment.

#### Question 1 (2 marks)

**To clarify a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD), which other KEY OVERALL CRITERIA do you need to confirm?**  
**Give UP TO TWO answers.**

1.
2.

score:

Office use only: please mark like this ■

1

2

3

4

5 Too many answers

6 Did not attempt

#### Question 2 (4 marks)

**You have confirmed the diagnosis of ADHD. Which interventions would you consider the MOST IMPORTANT at this stage?**  
**Choose UP TO FOUR from the list below.**

- ☐ Discuss a trial of methylphenidate
- ☐ Suggest individual psychotherapy to explore Mike's emotions since moving
- ☐ Encourage close liaison between home & school
- ☐ Discuss the role of behaviour management treatment
- ☐ Discuss the use of dietary supplements
- ☐ Discuss a trial of fluoxetine to improve Mike's anxiety
- ☐ Suggest that Mike and his family attend family therapy
- ☐ Discuss strategies to ensure structure whilst at school, for academic work & peer interactions

score:

Office use only: please mark like this ■

1

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5 Too many answers

6 Did not attempt

## KEY FEATURE CASES

### Case 4 (6 marks)

You work in an adult inpatient psychiatric unit. You are caring for Andre, a 55 year old man with an 8 month history of a resistant major depression. Andre has had several different antidepressant trials over the past months, augmented with various medications. He now has delusions of guilt and is suicidal. He has a history of oesophageal reflux and of hypertension controlled by medication. His current medications are lithium carbonate, risperidone, nortriptyline, metoprolol, omeprazole and clonazepam. You decide that a course of electro-convulsive therapy (ECT) is indicated.

#### Question 1 (1 mark)

You meet with Andre and his wife to provide information about ECT, as part of the consent process. Which potential adverse effect of ECT are you as a psychiatric clinician **MOST** concerned about? Give **ONE** answer only.

1.

score:

Office use only: please mark like this ■

①

②

③

④

⑤

Too many answers

⑥

Did not attempt

#### Question 2 (2 marks)

List the two medications Andre is taking which it would be **MOST IMPORTANT** to continue through the course of ECT. Give **UP TO TWO** answers.

1.
2.

score:

Office use only: please mark like this ■

①

②

③

④

⑤

Too many answers

⑥

Did not attempt

#### Question 3 (2 marks)

List the two medications Andre is taking which it would be **MOST IMPORTANT** to cease before the course of ECT. Give **UP TO TWO** answers.

1.
2.

score:

Office use only: please mark like this ■

①

②

③

④

⑤

Too many answers

⑥

Did not attempt

## Key Feature Case 4 (contd)

You start treatment with right unilateral ECT. After an initial dose titration you settle on a dose of 250mC (50% energy on Thymatron). His next six treatments result in seizures that last between 25 and 35 seconds on EEG. The EEGs show coherent seizure activity between the hemispheres and clear seizure endpoints, with post ictal suppression of between 85% and 90%. However, Andre fails to show any clear signs of improvement.

### Question 4 (1 mark)

What is the **MOST EFFECTIVE** next step. Select **ONLY ONE** answer from the list below.

- ☐ Increase the energy to 350mc (70%) for the next treatment
- ☐ Switch to bifrontal treatment and re-titrate to find seizure threshold
- ☐ Switch to bitemporal treatment and re-titrate to find seizure threshold
- ☐ Stop the course as it has been ineffective and further ECT treatment is not warranted

score:

Office use only: please mark like this ■

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Too many answers

6

Did not attempt

## KEY FEATURE CASES

### Case 5 (6 marks)

You are in a community team and have been seeing Veronique, a 48 year old woman, for psychodynamic psychotherapy for 15 months. She was your long case patient and you have continued working with her. She takes citalopram 60mg mane and lorazepam 1.5mg daily for depression and panic attacks. She is also on cardiac medications for a documented past myocardial infarction and ischaemic heart disease. Her psychiatric and cardiac presentation occurred 3 years previously following the unexpected death of her husband by myocardial infarction. Her deceased husband is idealised and she has been unable to function well since he passed away. Veronique is the fifth of 7 children from a deprived socio-economic background and her own mother died aged 49 from a myocardial infarction. In addition, Veronique was sexually abused as a young adolescent. There is no substance abuse history. She has been medically hospitalised twice for bouts of unstable angina, coinciding with your being away on leave.

#### Question 1 (2 marks)

In your psychodynamic formulation, what are the **MOST LIKELY** hypotheses accounting for Veronique's medical admissions during your leaves? Give **UP TO TWO** answers.

1.
2.

score:

Office use only: please mark like this ■

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5 Too many answers

6 Did not attempt

Following her most recent hospitalisation, Veronique has been discharged on lorazepam 4.5mg daily. When she attends her next appointment she seems confused and her words are slightly slurred. It is approximately 2 months until the termination of psychotherapy which you have planned with her as you are leaving the service.

#### Question 2 (4 marks)

What are the **MOST IMPORTANT** considerations requiring intervention at this stage? Select **UP TO FOUR** from the list below.

- ☐ Exploration of her sexual abuse issues
- ☐ Refer for medical assessment to rule out a possible cerebrovascular event
- ☐ Discuss changing the citalopram to another antidepressant
- ☐ Continue therapy to explore her new symptoms which you feel are psychologically driven
- ☐ Discuss the dose of lorazepam as a possible cause
- ☐ Discuss her response to the planned termination of therapy
- ☐ Interpret the transference to assist her to link her physical symptoms with the loss of the relationship
- ☐ Perform a physical examination to exclude an organic cause

score:

Office use only: please mark like this ■

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5 Too many answers

6 Did not attempt

## KEY FEATURE CASES

### Case 6 (6 marks)

Martin is a 37 year old man who was a promising chemistry PhD student until he developed schizophrenia at age 25. He has been severely chronically psychotic for the past 12 years, treated with the gamut of antipsychotic medications and even an ECT course, but with little benefit, although he has been very cooperative and has taken his medications religiously. He has lived at home with his parents and has been quietly deluded and thought disordered, with poor functioning. He cannot work, does not drive and spends his time filling notebooks with chemistry pseudo-formulae and deluded scribbles. Martin and his parents refused to consider clozapine due to fears about its potential side-effects, but they have finally agreed, and he is admitted for a clozapine trial. He does very well on clozapine and in 5 weeks is free of psychosis for the first time in 12 years. His parents are delighted but Martin confides to you that he feels that 12 years of his life have been stolen away and that he deeply regrets not having tried clozapine much sooner.

#### Question 1 (2 marks)

**Other than physical adverse effects, explain the MAIN RISK that you must now watch out for and manage, in Martin's case. Give ONE answer only.**

1.

score:

Office use only: please mark like this ■

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Too many answers

6

Did not attempt

You find that Martin's clozapine serum level needs to be at the top end of the effective treatment range to prevent disabling symptoms returning. The dose needed to achieve this is 600mgs daily and on this he does very well. Eight months later he has a grand mal seizure. He is investigated and the neurologist diagnoses that the clozapine has lowered his seizure threshold.

#### Question 2 (4 marks)

**Which KEY management steps and recommendations would now be important, to manage this development. Give UP TO THREE answers.**

1.
2.
3.

score:

Office use only: please mark like this ■

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Too many answers

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Did not attempt

## KEY FEATURE CASES

### Case 7 (6 marks)

You work on an inpatient detoxification ward. A local minister brings in Gavin, a 54 year old man, for management of alcohol withdrawal. The minister tells you that Gavin has been drinking a bottle of spirits every day for the last 5 years and generally lives rough around the back of the church or in a “wet hostel” down the road. The minister says that Gavin has been drinking particularly heavily over the last 3 months and over this time has eaten only occasional meals that he finds hard to keep down.

When you see him Gavin is intoxicated and unable to give you much useful history, however you are convinced he is physiologically dependent on alcohol. He also appears malnourished. You have completed his assessment, have conducted a physical examination and are charting initial medication. You prescribe a diazepam withdrawal regime.

#### Question 1 (1 mark)

**What is the NEXT MOST IMPORTANT other medication that you would now chart for Gavin, and its route of administration. Give ONE answer only.**

1.

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Office use only: please mark like this 

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Too many answers

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Did not attempt

#### Question 2 (1 mark)

**Outline the MOST IMPORTANT reason you need to to prescribe this medication. Give ONE answer only.**

1.

score:

Office use only: please mark like this 

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Too many answers

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Did not attempt

You send off a routine Full Blood Count to the laboratory, for Gavin.

#### Question 3 (1 mark)

**What is the MOST CHARACTERISTIC abnormality you would expect to see in the full blood count for someone with Gavin's history of alcohol ingestion? Give ONE answer only.**

1.

score:

Office use only: please mark like this 

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Too many answers

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Did not attempt

## Key Feature Case 7 (contd)

### Question 4 (3 marks)

Gavin sobers up after a few hours and begins to display symptoms and signs of alcohol withdrawal. The nursing staff use a generic drug and alcohol withdrawal rating scale to monitor the severity of his withdrawal symptoms.

**Which signs or symptoms are MOST TYPICALLY looked for and monitored in alcohol withdrawal.**

**Select UP TO THREE options from the list below.**

- ☐ Sweating
- ☐ Ataxia
- ☐ Diarrhoea
- ☐ Hypomania
- ☐ Tachycardia
- ☐ Hypertension
- ☐ Depressed mood
- ☐ Chills
- ☐ Altered sensation
- ☐ Hypothermia

score:

Office use only: please mark like this 

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5 Too many answers

6 Did not attempt

## KEY FEATURE CASES

### Case 8 (6 marks)

Mary, a 41 year old divorced mother of 3 surviving children, is referred to you by her lawyer to assess her competency. Mary apparently signed a contract for the sale of her house to a real estate agent six months ago, for half of the worth of a valuation done shortly afterwards.

Mary lost two children who died in a motor vehicle accident five years ago, and had an emotionally and physically abusive ex-husband. She reports longstanding, moderate neurovegetative symptoms of depression but says that her memory is usually "reasonable". She has also suffered from post-herpetic neuralgia for the past year for which her General Practitioner prescribes low dose amitriptyline and moderate doses of tramadol. She says that her mood has been worse on this medication, and that she had difficulties coping so has lived with her daughter for the past seven months.

Her lawyer claims that although she hardly ever drinks, on the day when she signed the contract she had had 4 standard drinks as it was her son's birthday, and that she has no memory of driving her car to meet the agent. Although recalling his request to sign a document, Mary has no memory of actually doing so.

#### Question 1 (1 mark)

**Taking this history at face value as being accurate, at this stage and before you have seen her, what is the MOST LIKELY CAUSE of her memory loss?**

**Give ONE answer only.**

1.

score:

Office use only: please mark like this 

①

②

③

④

⑤

Too many answers

⑥

Did not attempt

At initial examination you note that Mary has spider naevi and Dupuytren's contractures, and you can smell gin on her breath at 4pm. Brief neurological examination and bedside cognitive testing (Folstein MMSE and brief fronto-parietal testing) are normal. Mary is in general however a vague and unclear historian.

#### Question 2 (1 mark)

**What is the MOST IMPORTANT next clinical step to establish the most likely cause of her memory loss at that time.**

**Select ONLY ONE option from the following list.**

- ☐ Do a Beck Depression Inventory
- ☐ Collateral history from the real estate agent
- ☐ Take a detailed history of past physical, sexual and emotional abuse
- ☐ Brain imaging
- ☐ Collateral history from her family about her drinking
- ☐ Neuropsychological assessment

score:

Office use only: please mark like this 

①

②

③

④

⑤

Too many answers

⑥

Did not attempt

## Key Feature Case 8 (contd)

Mary also gives an account of childhood sexual abuse and gives details of her abusive marriage, which lasted 15 years. She says that her ex-husband beat her and at times put her in hospital with fractures. She also states that the real estate agent had been hounding her for years to sell the property and had befriended her. She had confided in him regarding her grief issues.

### Question 3 (4 marks)

Again taking this history at face value as being accurate, what are now the **MOST LIKELY DIFFERENTIALS** for Mary's memory loss?

Select UP TO FOUR options from the following list.

- ☐ Vulnerability personality to exploitation by men
- ☐ Psychomotor epilepsy
- ☐ The potentiation of alcohol by her medication
- ☐ Cognitive disorder due to alcohol use
- ☐ Malingering
- ☐ Her depression
- ☐ Antisocial personality disorder
- ☐ Cognitive disorder due to traumatic brain injury

score:

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Too many answers

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Did not attempt

## KEY FEATURE CASES

### Case 9 (6 marks)

You are working in a consultation-liaison service. Sue is a 43 year old mother of one child, who has been on fluoxetine for many years to treat recurrent depressive episodes. She was previously on 20mg a day but last month had her dose increased to 40mg after a very stressful marital separation.

She is now in hospital with abdominal pain and nausea, and has had analgesia with paracetamol then tramadol, plus metoclopramide. On admission, the house officer elicited a history of moderate cannabis and amphetamine use, with less frequent alcohol use. The cannabis and amphetamine abuse had become more frequent recently because of her life stressors.

On her third day in hospital, Sue suddenly deteriorates physically. She develops a fever, is sweaty and twitchy, and on examination there is marked hyperreflexia.

You make a diagnosis of serotonin syndrome.

#### Question 1 (4 marks)

Which of the following agents Sue has had are the **LEAST LIKELY** to be contributors to serotonin syndrome? From the following list, select **UP TO FOUR** options.

- ☐ Alcohol
- ☐ Tramadol
- ☐ Amphetamine
- ☐ Cannabis
- ☐ Fluoxetine
- ☐ Metoclopramide
- ☐ Paracetamol

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5 Too many answers

6 Did not attempt

#### Question 2 (2 marks)

Assuming your diagnosis is correct, what is the **MOST IMPORTANT** advice to give to the medical team in managing Sue at this point. Give **UP TO TWO** answers only.

1.

2.

score:

Office use only: please mark like this 

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5 Too many answers

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

**SHORT  
ANSWER  
QUESTIONS**

**MOCK EXAMINATION**  
AUCKLAND / NEW ZEALAND

**December 2007 / May 2008**

**PAPER I**

**INSTRUCTIONS:**

Please answer using a blue or black ball point pen  
in the spaces provided below each question.



- Do not fold or bend
- Erase mistakes fully
- Make no stray marks

## SHORT ANSWER QUESTIONS

### Short Answer 1 (5 marks)

Mr Perkins has done well on thioridazine 100 mgs daily for schizophrenia, for over 20 years, and although you express some concerns about this in the light of more recent guidelines, he is reluctant to change it. He is medically well and has had no past problems with thioridazine.

#### Question 1 (5 marks)

**What monitoring investigations are recommended in order to continue his thioridazine medication safely, and how should any abnormalities in these test results be acted on?**


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There is no question 2

## SHORT ANSWER QUESTIONS

### Short Answer 2 (6 marks)

#### Question 1 (2 marks)

List the most likely main causes for the clinical impression that delusional disorder responds poorly to antipsychotic treatment.


score:

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☐ 6 Did not attempt

#### Question 2 (4 marks)

List in note form strategies that might be used to overcome the problem of poor response, once the diagnosis of delusional disorder is made.


score:

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☐ 6 Did not attempt

### Short Answer 3 (5 marks)

### Question 1 (4 marks)

[illegible]

**Question 2 (1 mark)**

[illegible]33

## SHORT ANSWER QUESTIONS

### Short Answer 4 (4 marks)

Mavis, a 77 year old widow, presents with cognitive impairment and you diagnose a dementia. She has never used alcohol or drugs.

#### Question 1 (4 marks)

List in note form the main types of degenerative disorder dementias which you would need to consider.


score:

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☐ 6 Did not attempt

There is no Question 2

SHORT ANSWER QUESTIONS

Short Answer 5 (3 marks)

Jack is a 5 year old boy who has been emotionally deprived, being raised by a solo mother with a schizoid/paranoid personality disorder who did not engage with him at all. He has an avoidant attachment disorder but his problems were not noted until age 6 as his mother failed to enrol him in kindergarten or school before that age and moved about to avoid social services. There were no other caregivers. He was finally removed from his mother's care and placed in a foster home, however he was physically abused in the initial placement, although the second placement was stable and successful. He has been referred to the local Child Psychiatry team for treatment. He tests in the high-average range of IQ, and has some aptitude for art.

Question 1 (3 marks)

List in note form the factors in the vignette above indicative of a poor prognosis for the outcome of Jack's attachment disorder.


score:

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There is no Question 2

## SHORT ANSWER QUESTIONS

### Short Answer 6 (6 marks)

Brenda is referred to your mental health service by her GP, with a post-partum depression. She and her husband want to know why this has happened.

#### Question 1 (4 marks)

List in note form several risk factors for post-partum depression, in the mother's psychological coping, from a recent meta-analysis.


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#### Question 2 (2 marks)

List in note form several risk factors for post-partum depression in the mother's social history, from a recent meta-analysis.


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## SHORT ANSWER QUESTIONS

### Short Answer 7 (4 marks)

Paul has a longstanding phobia about dogs. He has decided to finally deal with this and is having a course of behavioural therapy with a psychologist.

#### Question 1 (2 marks)

List three overall relaxation methods that can be taught to Paul to assist him to manage his anxiety during graded exposure treatment in his therapist's office.


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#### Question 2 (2 marks)

What is an “ABC analysis” in behavioural therapy?


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## SHORT ANSWER QUESTIONS

### Short Answer 8 (5 marks)

#### Question 1 (2 marks)

List several classical schools of family therapy


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Office use only: please mark like this 

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#### Question 2 (3 marks)

List several approaches that may be helpful in therapy sessions for patients with schizophrenia and their families


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## SHORT ANSWER QUESTIONS

### Short Answer 9 (4 marks)

Beverley repeatedly visits her GP due to anxieties that she is about to have a heart attack but her investigations including several ECGs are all normal. She frequently misinterprets minor changes in heartrate and muscular aches. She can be temporarily reassured but keeps returning to the concerns. These worries have gone on for the last year.

#### Question 1 (2 marks)

List in note form the main features indicative of hypochondriasis from the vignette above.


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#### Question 2 (2 marks)

List in note form several types of individual psychotherapy that could assist Beverley.


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## SHORT ANSWER QUESTIONS

### Short Answer 10 (5 marks)

Antoine is being treated with carbamazepine for intermittent explosive outbursts. He attends a follow-up appointment and says he has not had any further outbursts but thinks he has some side-effects from the medication "on my nerves".

#### Question 1 (5 marks)

List in note form the common neurological adverse effects that can be caused by carbamazepine.


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There is no Question 2

## SHORT ANSWER QUESTIONS

### Short Answer 11 (3 marks)

#### Question 1 (2 marks)

Briefly define primary, secondary and tertiary prevention.


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#### Question 2 (1 mark)

Which types of prevention are the main focus of a community mental health team containing an Early Psychosis Intervention service?


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## SHORT ANSWER QUESTIONS

### Short Answer 12 (6 marks)

Reuben has used diazepam across the past 5 years due to having a social phobia. He finds he needs more and more to get the desired effect, as continuing on the same dose does not work any more for his anxiety. He did try to stop taking it a couple of times, but felt intensely anxious, sick, sweaty and panicky so he restarted it. A few times when he had run out he bought some sleeping tablets at the local pub, which helped him in the same way. He never meant to get “hooked” on larger and larger doses of diazepam and wants very much to stop it. He visits several GPs so as to obtain prescriptions, which takes a lot of his time.

#### Question 1 (3 marks)

List in note form the features in the vignette above which indicate tolerance and withdrawal symptoms.


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#### Question 2 (3 marks)

Name the neurotransmitter system through which diazepam has its effects on Reuben’s anxiety, and list other commonly abused substances that affect the same system..


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## SHORT ANSWER QUESTIONS

### Short Answer 13 (3 marks)

#### Question 1 (3 marks)

List several reasons why a course of ECT might be indicated in the treatment of bipolar mania.


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#### Question 2 (1 mark)

Describe your main acute treatment options if a patient with bipolar depression becomes manic during an ECT course.


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## SHORT ANSWER QUESTIONS

### Short Answer 14 (5 marks)

Kurt is troubled by problems in close relationships and has been repeatedly sacked after arguments with bosses. He decides to see a psychotherapist. After a few months of therapy, his therapist determines that Kurt has a number of immature defences.

### Question 1 (5 marks)

**List in note form the immature defences, as described by Vaillant.**

[illegible]

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## There is no Question 2

SHORT ANSWER QUESTIONS

Short Answer 15 (4 marks)

Melanie, aged 17, repeatedly cuts her arms superficially. She suffered childhood sexual abuse and lives with her mother, whose ex-partner was Melanie’s abuser.

Question 1 (4 marks)

Regarding Melanie’s thoughts and feelings, list in note form several reasons why she may cut herself.


score:

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There is no Question 2

## SHORT ANSWER QUESTIONS

### Short Answer 16 (3 marks)

#### Question 1 (1 marks)

Which other disorders affecting behaviour are most often comorbid with Tourette's syndrome?


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#### Question 2 (2 marks)

List several types of vocal tic that can commonly occur in Tourette's syndrome.


score:

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