THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

December 2007 / May 2008

PAPER I

MODEL ANSWERS

Note that these Mock Writtens papers are produced by local psychiatrists with no connection to the Examination Committee and are not vetted, test driven and perfected by committee in the way that the real papers are. The main point is not to get fixated about whether the question writers were "right" and you were "wrong" in the model answers, but to practice the marathon of doing 2 full 3-hour papers and practising the technique of the various question types. If you disagree with the factual detail of an answer, research the issue and decide for yourself. However, if you locate a clear typo feel free to email felicity@iprohome.co.nz so that it can be corrected.

Markers in other Programs: please feel able to adjust these slightly according to the responses given, if needed. Suggest an initial scan of papers, then adjusting the scoring guide if needed, before applying the slightly revised scoring guide to all papers marked.

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. 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. 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. 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. 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. E. He cannot tell you the name of his ring and index fingers and cannot do basic arithmetic.

F. F. There are deficits in his anterograde memory, and he confabulates freely in a cheerful manner about recent events.

G. 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. H. She cannot copy the repeating ooo+++ pattern - just produces a line of ooooooooos. Her speech is full of perseverations and she is vague and confused.

I. I. There are some deficits in anterograde and retrograde memory on examination but her social skills are preserved.

J. 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 **B**

2. Korsakoff's syndrome **F**

3. Early Alzheimer's dementia **I**

4. Conduction aphasia **J**

5. Moderate major depression **G**

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. 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. **F**

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. **K**

8. While Roger waits anxiously for a meeting with his boss he intermittently snaps a rubber band on his wrist. **J**

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. **A**

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 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. **A**

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. **H**

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". **I**

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. **F**

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. 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. **C**

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. **I**

16. Barry, a heavily tattooed young amateur boxer, is referred after two outbursts of road rage. He has acne and mild gynaecomastia. **L**

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. **E**

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. **D**

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". **J**

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. **A**

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. **C**

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. **F**

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. **H**

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. **B**

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. **G**

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 **F**

27. A good response to SSRI medication **H**

28. Linnaean classification **L**

29. CBT is an effective treatment for depression in adults.
Therefore: CBT will work for this specific patient. **G**

30. Increased medication adverse effects **A**

31. CBT helped my series of elderly patients recover from depression.
Therefore: CBT will help all elderly patients recover from depression. **K**

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 **J**

33. Poor scores on the Stroop test **E**

34. Bradykinesia **A**

35. Galactorrhoea **H**

36. Scanning speech **D**

37. Poor scores on the PASAT test **E**

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 **B**

39. Mrs Baker showers and washes her clothes continually, convinced that she has a terrible body odour **G**

40. Gloria excoriates her skin, as she can feel worms crawling underneath **N**

41. Fred feels intense burning when his skin is brushed lightly with cotton wool **O**

42. Beryl has pseudocyesis and insists she can feel a foetus moving in her womb **K**

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 **B**

44. olanzapine **G**

45. lorazepam **H**

46. venlafaxine **A**

Extended Matching Questions

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 **F I**

48. Critics of institutionalisation **C G**

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 **E J**

50. Stage 2 sleep **A F**

KFCs

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.

A. Ibuprofen elevating serum lithium levels (or Ipruprofen/Li interaction) causing Lithium toxicity
B. Lithium toxicity
C. Interaction between Lithium and Ibuprofen (but no details as to what sort of interaction or the result)

Scoring	Explanation for markers
A = 2 marks B = 1 mark C = 1 mark To max. of 2 marks. More than 2 answers = 0	Also accept NSAID instead of Ibuprofen. Accept Brufen but note in feedback that they should avoid trade names. Candidates: note the early signs of lithium toxicity in vignette's final sentence.

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	**Correct** - better to avoid lithium short term and try an alternative like valproate, until toxicity's fully settled
Start Cognitive Behavioural Therapy for insomnia	**No** - inappropriate as sleep's poor due to mood
Transfer to a medical ward to monitor fluid status	**No** - not needed yet, good nursing should manage this
Maintain a low stimulus environment	**Correct** - basic treatment for manic states
Modify the Quetiapine dose	**Correct** - she will need more temporarily
Monitor Lithium levels on a daily basis	**No** - safer to cease this - you might repeat Li level once to check it's dropped but daily levels would be excessive

Scoring key:	1 mark for each correct to a max. of 3 Scores zero if more than 3 answers selected

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.

A: Lithium causing Diabetes Insipidus.
(Also accept 'Nephrogenic Diabetes Insipidus' or explanations about impaired response of the kidney to ADH)

Scoring	Explanation for markers
A = 1 More than 1 answer = 0	Just "Diabetes Insipidus" or just "Lithium" or "Lithium side-effect" etc. gets no mark as no explanation is given. Just "Lithium causing hypernatraemia" is not an adequate explanation - must be some note of kidneys, DI, ADH effect etc.

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	**Correct** - in basic overall terms
When to take his SSRI medication	**No** - staff will supervise
The main possible side-effects of an SSRI	**Correct** - in basic overall terms
The dose of his SSRI medication	**No** - staff will supervise
How an SSRI is likely to help him	**Correct** - in basic overall terms
That he is unwell with a depression	**Correct** - in basic overall terms
How SSRI medication works on the serotonin system	**No** - too technical and not essential

Scoring key: 1 mark for each correct to a max. of 4 Scores zero if more than 4 answers selected

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.

A. Obtain his mother's informed consent to commence treatment

Scoring key	Explanation for markers
A = 2 marks More than 2 answers given = 0	Mother is his legal guardian so she can consent on his behalf. For the full 2 marks, they must say that his mother can give consent and also that this needs to be *informed* consent - i.e. that the consent process needs to be done properly with his mother. Use of the Mental Health Act is not needed as mother has a guardianship order, so putting "use Mental Health Act" does not get the marks.

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.

Scoring Key

A. Some symptoms of ADHD were present before the age of 7
B. He has impaired functioning from symptoms in more than one setting (e.g. school and home).
C. The core problems have been present for more than 6 months.

Scoring	Explanation for Markers
A = 1, B= 1, C= 1 1 mark for one correct answer, 2 marks for 2 correct answers. Max. of 2 marks. (no ½ marks) Scores zero if more than 2 answers given.	A: In answering, they can either sum it up as "symptoms of ADHD" or they may refer specifically to Sx of inattention/hyperactivity/impulsivity. Mentioning the history of these various types of Sx pre age 7 only counts as one answer

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	**YES**
Suggest individual psychotherapy to explore Mike's emotions since moving	No – no evidence to suggest this is effective
Encourage close liaison between home & school	**YES** – this is vital to ensure consistent approach, multimodal treatment
Discuss the role of behaviour management treatment	**YES** – most effective if combined with medication
Discuss the use of dietary supplements	No – may be effective for some, but little evidence
Discuss a trial of fluoxetine to improve Mike's anxiety	No – need to manage ADHD first, no evidence of anxiety symptoms
Suggest that Mike and his family attend family therapy	No – no evidence of efficacy
Discuss strategies to ensure structure whilst at school, for academic work & peer interactions	**YES**

Scoring key:
1 mark for each correct to a max. of 4
More than 4 answers = 0

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.

Scoring	Explanation for markers
A. Retrograde memory loss (1 mark) More than 1 answer given = 0	MUST state retrograde memory (*not* anterograde or short-term) memory. Also accept past autobiographical or episodic memory loss. Just "memory loss" or "long-term memory loss" is too imprecise so scores nil, as is "cognitive problems" etc.

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.

Scoring	Explanation for markers
A. Omeprazole B. Metoprolol More than 2 answers given = 0	Omeprazole - needed to prevent reflux and aspiration during anaesthesia Metoprolol - needed to manage hypertension during ECT

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.

Scoring	Explanation for markers
C. Clonazepam D. Lithium More than 2 answers given = 0	Clonazepam reduces the efficacy of treatment Lithium - increased risk of a post ECT delirium (Concerns about lithium during ECT are somewhat greater than those regarding tricyclics. References: *RANZCP ECT Guidelines*, R Abrams *Electroconvulsive Therapy*)

You start treatment with right unilateral ECT. After an initial dose tritration 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	**No** - he is already having effective seizures according to the EEG parameters, so this is unlikely to help
Switch to bifrontal treatment and re-titrate to find seizure threshold	**No** - he's been resistant to unilateral ECT and you now need the most effective placement as his risks continue.
Switch to bitemporal treatment and re-titrate to find seizure threshold	**Correct** - most effective known placement so worth trying
Stop the course as it has been ineffective and further ECT treatment is not warranted	**No** - the most effective ECT placement options have not been exhausted but medication Rx options have been

Scoring key:
1 mark for the correct answer More than 1 answer = 0

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.

A. Feelings due to perceived abandonment causing medical symptoms
B. Dependency on therapist (or regression or enmeshment)

Scoring	Explanation for markers
2 marks if well covered 1 mark if partially grasped (max 2 marks) zero if more than 2 overall hypotheses are given	A. Also accept Somatisation or Conversion. Some explanation of the expression of feelings via medical symptoms is wanted. B. Some form of words to convey her dependency - e.g. symbiotic relationship, enmeshed relationship, fears of abandonment, regression related to sick role, care-eliciting behaviour, etc. Also accept "dependent personality/traits". Just "transference" with no explanation is insufficient

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	No - not an immediate priority
Refer for medical assessment to rule out a possible cerebrovascular event	**Yes** - history of ischaemic heart disease which has been unstable
Discuss changing the citalopram to another antidepressant	No - not an urgent priority. Will take time to take effect and potentially destabilise
Continue therapy to explore her new symptoms which you feel are psychologically driven	No - could be organic requiring immediate intervention
Discuss the dose of lorazepam as a possible cause	**Yes** - dose has recently escalated on the medical ward
Discuss her response to the planned termination of therapy	Yes - her distress may be increasing her symptoms
Interpret the transference to assist her to link her physical symptoms with the loss of the relationship	No - not an immediate priority
Perform a physical examination to exclude an organic cause	**Yes** - medical urgency overrides the considerations of therapy

Scoring key: 1 mark for each correct to a max. of 3 More than 3 answers = 0

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 scribblings. 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.

A. Suicide risk due to his return of insight
B. Post-psychotic depression with suicide risk
C. Suicidality/suicide risk/self-harm risk (no other details)

Scoring	Explanation for markers
A = 2 marks B = 2 marks C = 1 mark (max 2 marks) More than 1 answer = zero	• If the risk of suicide is not clearly stated this scores zero. • just "suicidality" with no explation is a less complete answer

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.

A. Discuss the options with Martin (and family)
B. Recommend treatment with Sodium Valproate
C. Recommend that he continues his clozapine at 600mgs daily (continue the usual effective dose)

Scoring	Explanation for markers
A = 1 mark B = 1 mark C = 1 mark A+B+C = 4 marks (max. 4 marks) More than 3 answers = zero	A - Overall concept of discussing the options with Martin (and family) in any words needs to be conveyed. Ideally mention his family/a family meeting, although this is not essential for the mark. B and C - can be stated either as recommendations or as aspects of a definite treatment plan NB: <u>If it is recommended that he reduces or ceases the clozapine this section scores zero</u> (as the risk of seizures should be able to be treated but without an effective dose of clozapine he has no life. The vignette is clear that lesser doses are not effective for him.)

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.

Scoring Algorithm	Explanation
A = 1 mark More than 1 answer = zero	A. Parenteral thiamine (or IM or IV thiamine also correct). Dose is not required. (1 mark) (accept "B1" or "Vitamin B1" instead of "thiamine") Oral thiamine = zero Administation route not specified = zero

Question 2 (1 mark)
Outline the MOST IMPORTANT reason you need to to prescribe this medication. Give ONE answer only.

Scoring Algorithm	Explanation
A = 1 mark B = 1 mark To a max. of 1 mark	A. Prophylaxis for / prevention of Wernicke's encephalopathy B. Treatment of thiamine deficiency. (Accept 'Wernicke's' or 'Korsakoff's' for 'Wernicke's encephalopathy')

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.

Scoring Algorithm	Explanation
A = 1 mark	A. Macrocytosis / macrocytes More than 1 answer = zero

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.

Y	**Sweating**
	Ataxia
	Diarrhoea
	Hypomania
Y	**Tachycardia**
Y	**Hypertension**
	Depressed mood
	Chills
	Altered sensation
	Hypothermia

Scoring key:	
1 mark for each correct to a max. of 3	More than 3 answers = 0

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.

SCORING KEY

A. The potentiation of alcohol by her medication (1 mark)

Algorithm	Explanation of this algorithm
A = 1 mark More than 1 answer = 0	Common things occur commonly • Another occult organic cause is less likely & would have to be severe • Depression as the main cause is unlikely & would have to be severe • Dissociation or other similar cause is possible but less likely

At initial examination you note that Mary has spider naevi and dupuytrens 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	N - less crucial at this point
Collateral history from the real estate agent	N - unlikely to assist and not ethical re confidentiality and medico-legal obligations
Take a detailed history of past physical, sexual and emotional abuse	N - less crucial at this point
Brain imaging	N - less crucial at this point in light of cognitive assessment already done
Collateral history from her family about her drinking	**Y - very important to clarify this via collateral**
Neuropsychological assessment	N - less crucial at this point in light of basic cognitive assessment already done

Scoring key: 1 mark for the correct answer More than 1 answer = 0

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	**Y - probable as a partial cause, given the history**
Psychomotor epilepsy	N - no evidence for this in the vignette
The potentiation of alcohol by her medication	**Y - still the most likely differential**
Cognitive disorder due to alcohol use	**Y - possible as this seems likely to be significant**
Malingering	N - see wording of the Q - you're told to to believe her account
Her depression	N - not as likely as the other options given the emerging details of history - would need to be very severe to cause memory loss
Antisocial personality disorder	N - no evidence for this from vignette and as with malingering you're told to believe her account
Cognitive disorder due to traumatic brain injury	**Y - possible as history of many assaults**

Scoring key:
1 mark for each correct to a max. of 4
More than 4 answers = 0

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 houseofficer 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	**Y - not a cause**
Tramadol	N - known possible contributor
Amphetamine	N - known possible contributor
Cannabis	**Y - not a cause**
Fluoxetine	N - known possible contributor
Metoclopramide	**Y - not a cause**
Paracetamol	**Y - not a cause**

Scoring key:
1 mark for each correct to a max. of 4
More than 4 answers = 0

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.

A. Stop all serotonergic agents
B. Stop fluoxetine (or SSRI)
C. Stop tramadol

Scoring	Explanation for markers
A = 2 marks B = 1 mark C = 1 mark A + B also correct = 2 marks A + C also correct = 2 marks More than 2 answers = zero	• The answer can be summed up as in A, or they may prefer to list the 2 drugs. • Other answers such as ensuring no other serotonergic Rx is prescribed are sensible but not correct as the most urgent step is to stop the known contributors. • Ceasing amphetamine is not correct as she is in hospital so is not still using this.

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 alhough 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?

A. ECG baseline/monitoring B. Serum potassium baseline/monitoring C. Repeat these investigations especially if dose is increased D. Patients with a QTc interval longer than 450 msec* should not receive thioridazine E. Thioridazine should be discontinued in patients with a QTc interval over 500msec (*also accept "prolonged QT interval" etc.)* F. Potassium level should be normal (for thioridazine to be continued) G. Monitoring for TD - if TD develops, change to an atypical would be needed. H. Routine monitoring via intermittent bloods for FBC and LFTs. Change of Rx may be needed if any serious adverse effects develop.	
Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers 4 marks for any 5 correct answers 5 marks for any 6 correct answers Up to a max. of 5 marks	This was intended to be a Q based on the College guideline about treatment with thioridazine (see: Publications/Other Statements #4) http://www.ranzcp.org/pdffiles/otherstatements/Thioridazine.pdf However, the question was not sufficiently clear about this focus so a couple of other aspects of routine monitoring have been added to the answer list. But remember he's been stable on this Rx for 20 years so intensive monitoring is not warranted.

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.

A. Poor compliance/adherence (poor insight) so poor response B. Prolonged period of untreated psychosis prior to treatment is common (long DUP etc.) C. May be comorbid with substance abuse (less of a key issue but is a factor with some)	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks

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.

A. Engagement / establishment of trust B. Psychoeducation / Adherence therapy C. Supervision of medication / monitor compliance / assertive follow-up D. Start medication carefully - discuss thoroughly, low dose, non-sedating type, etc. E. Depot parenteral antipsychotic F. Use Mental Health Act if risks warrant this G. Treat any comorbid substance abuse	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers 4 marks for any 5 correct answers Up to a max. of 4 marks

Short Answer 3 (5 marks)

Brett is a 17 year old youth referred after being found guilty of a sexual assault on a 16 year old girl. He lies freely about what occurred, is self-important and appears to feel no remorse. Brett's father is an alcoholic who used to beat him. There is a history of Brett truanting and bullying younger children since age 10, and he says he is easily bored and likes "thrills". He boasts about past exploits such as converting cars, theft and forging his parents' signatures on cheques.

Question 1 (4 marks)

List the features in the vignette that occur in the PCL-R psychopathy checklist.

A. Criminal versatility (various different crimes) B. Lying C. No remorse D. Boastful/self-important (grandiosity) E. Behavioural problems (bullying, truanting) before age 12 F. Stimulus seeking (alcoholic/abusive parent is not in PCL-R)	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers 4 marks for any 5 correct answers Up to a max. of 4 marks

Question 2 (1 mark)

Briefly state the relationship between antisocial personality disorder and psychopathy, as diagnostic entities.

A. Most people with ASPD do not have psychopathy B. Many people with psychopathy also fulfil criteria for ASPD C. Not all of those with psychopathy have ASPD (it's a subset of ASPD to some degree but not entirely) D. ASPD is a DSM diagnosis but Psychopathy is not	Scoring: 1 mark for any 2 correct answers Up to a max. of 1 mark

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.

A. Alzheimer's disease B. Fronto-temporal dementia C. Dementia with Lewy Bodies (accept DLB) D. Huntington's disease dementia E. Cortico-basal dementia F. Progressive Supranuclear Palsy (accept PSP) G. Parkinson's disease dementia H. Creutzfeld Jacob Disease (accept CJD) I. Vascular/multi-infarct dementia (I decided to allow this in the end although technically it's not a "degenerative disorder" type of dementia)	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers 4 marks for any 5 correct answers Up to a max. of 4 marks

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.

A. Several years before detection (prolonged deprivation) B. Mother did not engage with him at all / mother had PD (severe deprivation) C. No other ongoing caregiver to mitigate situation / unstable caregivers D. Abuse in foster care E. Avoidant type of attachment disorder - will be harder to engage with him and to help him	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 3 marks

Short Answer 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.

A. prenatal depression B. prenatal anxiety C. low self esteem D. childcare stress E. history of previous depression F. maternity blues / 'baby blues' Ref: Beck, CT Nurs Res. 2001 SepOct;50(5):275-85.	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 mark for any 4 correct answers 4 marks for any 5 correct answers Up to a max. of 4 marks

Question 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.

A. life stressors B. poor social support C. marital relationship problems Ref: Beck, CT Nurs Res. 2001 SepOct;50(5):275-85.	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks

Short Answer 7 (4 marks)

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.

A. Progressive muscular relaxation / autogenic relaxation B. Breathing techniques (deep breathing, diphragmatic breathing, paced breathing etc.) C. Guided imagery / positive visualisation / mental relaxation D. Self hypnosis (not 'meditation' or other lifestyle methods such as exercise, as impractical during the actual exposure therapy session. Cognitive therapy techniques were also off the topic.)	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks

Question 2 (2 marks)

What is an "ABC analysis" in behavioural therapy?

A. - any <u>antecedents</u> may be triggering the behaviour B. - details of the problem <u>behaviour</u> itself C. - what are the <u>consequences</u> of the behaviour that may be maintaining it	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks

Short Answer 8 (5 marks)

Question 1 (2 marks)
List several classical schools of family therapy

A. Structural B. Strategic C. Narrative (aka collaborative, conversational, reflective, constructivist) *(although less "classical" the following will also be allowed)* D. Intergenerational E. Cognitive and behavioural orientation F. Psychodynamic orientation G. Solution-focused / Problem-solving approach	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks

Question 2 (3 marks)
List several approaches that may be helpful in therapy sessions for patients with schizophrenia and their families

A. Psychoeducation B. Communication skills training / facilitating communication C. Problem-solving techniques D. Alliance and engagement E. Reducing expressed emotion (e.g. anger and guilt)	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks

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.

A. Fears of having a serious disease based on her misinterpretation of bodily symptoms B. Minimum 6 months duration C. Her worries persist despite reassurance by the GP and normal investigations	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks

Question 2 (2 marks)
List in note form several types of individual psychotherapy that could assist Beverley.

A. CBT / Behavioural therapy B. IPT / Interpersonal therapy C. Psychodynamic therapy D. Problem-solving / Solution-focussed therapy E. Supportive psychotherapy	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks

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.

A. Dizziness B. Ataxia / unsteadiness C. Drowsiness / sedation D. Cognitive slowing / reduced attention, concentration E. Fatigue F. Headache G. Diplopia (double vision) H. Accommodation problems (blurred vision)	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 mark for any 4 correct answers 4 marks for any 5 correct answers 5 marks for any 6 correct answers Up to a max. of 5 marks

Short Answer 11 (3 marks)

Question 1 (2 marks)

Briefly define primary, secondary and tertiary prevention.

A. Primary prevention avoids the development of a disease. B. Secondary prevention is aimed at early disease detection and treatment, to prevent worsening of the disease. C. Tertiary prevention reduces the negative impact of an already established disease by restoring function and reducing complications.	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks

Question 2 (1 mark)

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

A. Secondary prevention B. Tertiary prevention	Scoring: 1 mark for any 2 correct answers Up to a max. of 1 mark

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.

Tolerance A. Needs more and more for the desired effect B. Much less effect with continued use of the same dose Withdrawal C. Characteristic withdrawal symptoms if tries to stop D. Closely related drug used to manage withdrawal symptoms	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 3 marks

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.

A. GABA B. barbiturates C. alcohol D. inhaled solvents	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 3 marks

Short Answer 13 (4 marks)

Question 1 (3 marks)

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

A. Very severe (high risk) mania when fast response needed B. Resistant mania - non-responsive to other treatments and high risk C. Catatonia due to a severe manic psychosis D. Mania complicated by NMS or other severe side-effects so effective antimanic medication cannot be used *(it was necessary to be clear why ECT would be indicated rather than normal medications, and not just list normal reasons to treat mania)*	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers Up to a max. of 3 marks

Question 2 (1 mark)

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

A. Stop ECT and start mood stabiliser/antimanic medication B. Continue ECT - treat the manic state via ECT as well	Scoring: 1 mark for any 2 correct answers Up to a max. of 1 mark

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.

A. Passive aggression B. Hypochondriasis C. Fantasy / schizoid fantasy D. Projection E. Projective Identification F. Acting Out	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers 4 marks for any 5 correct answers 5 marks for any 6 correct answers Up to a max. of 5 marks

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.

A. To manage painful feelings (anger, distress, intense anxiety) B. To deal with dissociation (depersonalisaion) C. To communicate her distress D. To elicit care / attention E. To punish her mother F. To express feelings of self-hatred ("because she was sexually abused" does not really answer the actual question unless it is further elaborated as above.)	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers 3 marks for any 4 correct answers 4 marks for any 5 correct answers Up to a max. of 4 marks

Short Answer 16 (3 marks)

Question 1 (1 marks)

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

A. ADHD / attention deficit disorder B. OCD / obsessive-compulsive disorder	Scoring: 1 mark for any 2 correct answers Up to a max. of 1 mark

Question 2 (2 marks)

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

A Speech (usually explosive words or short phrases) B Coprolalia / swearing C Humming D Throat-clearing or coughing E Noises such as high-pitched noises or squeaks, grunting, etc. F Echolalia (not all that common however)	Scoring: 1 mark for any 2 correct answers 2 marks for any 3 correct answers Up to a max. of 2 marks