



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

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

December 2008 / May 2009

PAPER II



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

CRITICAL ESSAY QUESTION

MOCK EXAMINATION
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December 2008 / May 2009
PAPER II

DIRECTIONS:

Please write your answer to the Critical Essay question in this booklet

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

Critical Essay Question: (40 marks)

DIRECTIONS:

- Use as many pages as needed to answer this Critical Essay Question
- Write only on the front, lined side of each page
- You can request additional spare pages from the invigilator if needed. Interleave these into the booklet at the appropriate place.
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In essay form, critically discuss the following statement from different points of view and provide your conclusion.

"With its scientific foundations so insecure, psychiatry is exposed to controversy on all fronts..."

- M. Shepherd, Professor of Epidemiological Psychiatry, Institute of Psychiatry

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]



**THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
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CRITICAL ANALYSIS PROBLEMS

MOCK EXAMINATION
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DIRECTIONS:

Please write your answers to the Critical Analysis problems in this booklet

CANDIDATE'S NAME:

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Critical Analysis Question 1 (20 marks)

A group of investigators decided to test the hypothesis that use of citalopram increases the risk of hyponatraemia. They identified 500 patients with newly diagnosed hyponatraemia, and 500 patients of the same age, from the same health service as the first group of patients, who did not have hyponatraemia. Among the patients with hyponatraemia, 250 reported having used citalopram. Among those without hyponatraemia, 175 reported use of citalopram.

Question 1.1 What type of study design is this? (2 marks)

score:

Question 1.2 Give reasons for your answer. (2 marks)

score:

Question 3.1 Which of the following statements is or are true? (6 marks)

- ☐ The excess risk of hyponatraemia in patients taking citalopram is 15%—that is, $(250-175)/500$
- ☐ The risk of hyponatraemia in this group of patients was 50%—that is, $500/(500+500)$
- ☐ The relative risk of hyponatraemia in patients taking citalopram was 1.43—that is $(250/500)/(175/500)$
- ☐ The odds ratio for hyponatraemia in patients taking citalopram was 1.86—that is $(250/250)/(175/325)$

score:

Question 3.2 Explain your answer. (4 marks)

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score:

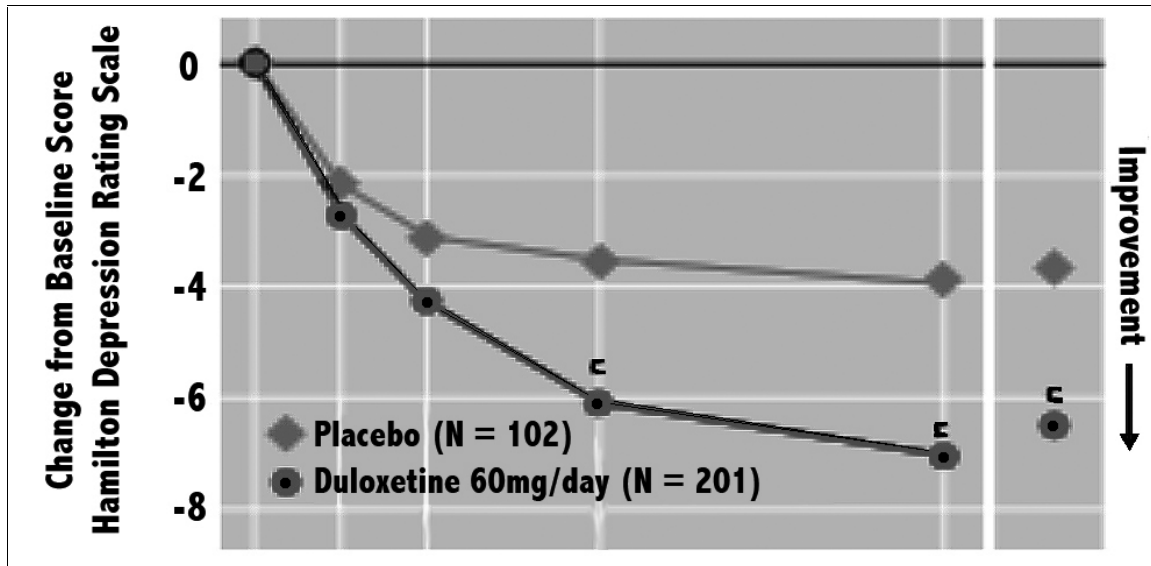
Critical Analysis Question 2 (20 marks)

A drug rep hands you this graph at a conference. He tells you that this demonstrates that the company's new drug is effective in resolving emotional symptoms of depression.

Cymbalta 60 mg/day in MDD Clinical Trials: Effect on Emotional Symptoms of Depression. Cymbalta demonstrated relief from core emotional symptoms.

* Cymbalta 60 mg/day (N=201)

* Placebo (N=102)



$P \leq .001$, Cymbalta (Duloxetine) vs placebo

Question 1.1 What does this graph show? (2 marks)

score:

[illegible]

Question 2. What is the difference between statistical and clinical significance? (3 marks)

[illegible]

15

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

16

The bar chart displays the percentage of patients achieving response and remission for two groups: Duloxetine 60 mg/day (N=201) and Placebo (N=102). The y-axis represents the 'Percent of Patients' from 0 to 50. The x-axis has two categories: 'Response' and 'Remission'. For 'Response', the Duloxetine group is at approximately 38% (labeled 'a') and the Placebo group is at approximately 19%. For 'Remission', the Duloxetine group is at approximately 28% (labeled 'b') and the Placebo group is at approximately 15%.

Outcome	Duloxetine 60 mg/day (N=201)	Placebo (N=102)
Response	~38% (a)	~19%
Remission	~28% (b)	~15%

a $p < 0.001$ versus placebo
b $p < 0.02$ versus placebo

[illegible]

17

Question 4.2 Describe in words what this means. (2 marks)

score:

Question 5. What other information would you want to know from the drug rep before prescribing this drug for your depressed patients? (5 marks)

score:



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MODIFIED ESSAY QUESTIONS

MOCK EXAMINATION
AUCKLAND / NEW ZEALAND

December 2008 / May 2009

PAPER II

DIRECTIONS:

Please write your answers to the Modified Essay Questions in this booklet

MODIFIED ESSAY QUESTION 1

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

DIRECTIONS:

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Modified Essay Question 1 (25 marks)

You work on the Consultation-Liaison service and are called urgently to see Mr Andrews, a 30 year old factory shift worker who has a long-term partner and 5 children. He has been brought to the Emergency Department with a stab wound to the abdomen which his partner says is self inflicted. It is not possible to get any useful information from Mr Andrews as he is grossly intoxicated with alcohol. He is lying on the bed but is not responding when spoken to although he does acknowledge your presence. He has been reviewed by the surgical team who say he will need to go to theatre later that day for exploration of the wound. He is not talking to the surgical team either.

Question 1 (8 marks)

Outline the main features of your initial assessment and management plan before Mr Andrews goes to surgery.

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Modified Essay Question 1 contd

Mr Andrews has been to surgery and is recovering on a surgical ward. On his third morning in hospital he becomes acutely confused and paranoid about the nurses' intentions towards him. He is also experiencing visual hallucinations. You are called urgently to the ward. Mr Andrews is standing in the corridor outside his room insisting on leaving the hospital. He is tremulous and sweaty. The surgical team tell you that there is no evidence of any infection as a cause of his confusion.

Question 2 (9 marks)

Outline your assessment of Mr Andrews at this point, the likely diagnosis and your management of this situation.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single page from a notebook or ledger. It features approximately 28 evenly spaced horizontal grey lines across its entire width. The margins are uniform on all sides, providing ample space for writing or drawing. There is no handwriting or other markings present on the page.

[illegible]

Modified Essay Question 1 contd

Mr Andrews' delirium has been treated and his abdomen is healing well. He confirms heavy alcohol use. Collateral also confirms a rather volatile relationship between Mr Andrews and his partner. Mr Andrews does tend to be impulsive but has in the past driven off in his car at high speeds or punched holes in the wall after arguments. This has been his first episode of self harm. There is no evidence of any other mental disorder such as depression or psychosis. He is very clear on several occasions that he has no ongoing suicidal intent and he regrets intensely what has happened. Mr Andrews has been surgically cleared today.

Question 3 (7 marks)

Outline the key aspects of his assessment at this point and of the management plan you will need to put in place before Mr Andrews leaves hospital.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

[illegible]

MODIFIED ESSAY QUESTION 2

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

DIRECTIONS:

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Modified Essay Question 2 (25 marks)

You have been asked to assess Nicole, a 32 year old clinical psychologist referred by her GP to the maternal mental health service where you are working. She lives with her husband, 2 year old triplets and her 6 month old baby. She experienced the onset of “panic attacks” at 20 weeks gestation during her first pregnancy with the triplets. She successfully coped with these using CBT techniques. The triplets were born 8 weeks premature and spent their first 2 months in neonatal ICU. The second pregnancy was unplanned and she experienced a recurrence of her symptoms again at 20 weeks gestation.

The baby was born at term and since his birth she has presented to her GP on numerous occasions complaining of vague physical symptoms, low mood, increasing panic and a general inability to cope.

The history provided to you by the GP's referral letter indicates that she has a supportive husband but he is away a lot “on business”. She was born locally, to migrant parents who are refugees from Cyprus. Nicole has Hirshsprung's Disease and her brother has Thalassaemia. There is no previous or family psychiatric history of note. Prior to her first pregnancy she was highly functional academically and professionally.

The GP has trialled treatments with paroxetine and citalopram, which Nicole could not tolerate as it aggravated the constipation she suffers as a result of Hirshsprung's disease. She is breast feeding her baby. Nicole looks very thin, but is otherwise neatly dressed.

When you see Nicole, she describes feeling anxious when she is away from her children and she worries about them all the time although they are physically healthy. She worries that the baby is crying but when she checks on him, he is asleep. She has never had any thoughts to harm her children. She is frustrated by her inability to multitask but describes the house as “neat as a pin”. She does not have delusions or mood elevation. She thinks she might forget to eat at times and admits to spending about 2 hours a day on a treadmill. She does not think she is overweight.

She says her husband is supportive but doesn't help much around the house. Since the baby's birth he seems to have become very busy at work. She says her mother was recently treated for breast cancer and she doesn't want to burden her with her problems. She recalls how her mother had to administer nightly injections to her brother for his thalassaemia. Nicole also tells you that when she was 12 she was sexually molested by a neighbour but did not tell her mother as she did not want to burden her. She describes her father as distant but loving. He never really adjusted to life in NZ.

Nicole tells you that she thinks she might need psychotherapy to understand where her symptoms are coming from.

Modified Essay Question 2 contd

Question 1 (12 marks)

Outline details of how you would assess Nicole to determine whether she was suitable for you to take on as a client for psychodynamic psychotherapy.

[illegible]

[illegible]

[illegible]

Modified Essay Question 2 contd

After the assessment and discussion, Nicole decides that she does want to try psychodynamic psychotherapy.

Question 2 (6 marks)

Outline the main points in your management plan for Nicole regarding the psychodynamic psychotherapy.

[illegible]

[illegible]

[illegible]

Modified Essay Question 2 contd

Although Nicole was keen to engage in psychodynamic psychotherapy she said that she should be able to help herself as she is a clinical psychologist. She attends regularly for the first 10 sessions and talks easily. You have noticed that although she describes her history very well she displays very little emotion in relating it and does not easily access her feelings. She remains distant in her relationship with you. You feel frustrated with her in spite of her apparent co-operation.

You then take 2 weeks leave and she misses the session following your return as she “forgot”. She arrives late for the subsequent session and is reticent about talking. She denies that anything is wrong.

Question 3 (7 marks)

Describe what is likely to be happening in the therapy process outlined above, and how you would manage this.

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MODIFIED ESSAY QUESTION 3

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

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Modified Essay Question 3 (25 marks)

Mr Jones is a 46 year old man referred to his local Mental Health Crisis Service by his General Practitioner for an urgent assessment after Mr Jones reported suicidal ideation to him. He lives with his wife and two teenage children. He works as a quality manager in a baby food manufacturing factory.

The GP's referral has limited information in it, other than that Mr Jones presented today in a distressed and agitated state, that he was very anxious about his job and was losing sleep over it, and that he "can't go on like this".

You are asked to see Mr Jones.

He presents to the Crisis Service offices accompanied by his wife. Mrs Jones appears upset and asks to have a word with you alone. She briefly thanks you for seeing her husband, saying that she is very worried about him. She says that the company director of the baby food factory had contacted her the previous day saying that he was not well, appeared very stressed and could not work in his current state and had suggested that she take him to see their GP. She said that her husband had always been a “shy, worrying type”, but in the last 4 to 6 weeks he had become progressively more anxious, agitated and preoccupied with problems at work. She also said that she has found the last few weeks very difficult, and mentioned she had gotten very angry with him at times.

Question 1 (12 marks)

Outline details of how you would assess Mr Green, with particular reference to aspects of the history and sources of collateral history, the mental state, and medical investigations needed in order to generate a formulation and differential diagnosis.

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Modified Essay Question 3 contd

Mr Jones describes a 6 week history of gradually worsening depressive symptoms with diurnal mood variation, marked anhedonia, initial insomnia and early morning wakening, feeling tense, and having no concentration. He says that all of these symptoms began at his work following a restructuring exercise, where he was promoted to a busier and more demanding post. He cannot stop thinking about work, and describes work issues constantly racing round in his mind. He can not relax and constantly feels tense. He now thinks that accepting the promotion was a “huge mistake” and that he is not up to the new job. He feels very guilty about letting his boss down, and thinks he must be very disappointed. He is aware that his wife has become very angry with him at times because of his fixation with work, and also feels very guilty about this. In the last week he has started to wonder if life is worth living, and whether his family would be better if he were dead. However, he describes these thoughts as fleeting, and says that he knows his family love him and would be devastated if he killed himself. He denies having considered any sort of plan to kill himself. He agrees that he might be suffering from a mental illness and is happy to consider any treatment you think might help.

Question 2 (7 marks)

Outline the main elements you would need to consider in your short and medium term management plan, taking into account all the above information.

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Modified Essay Question 3 contd

Despite treatment with antidepressants including citalopram and venlafaxine, in combination with risperidone and benzodiazepines to help with sleep and anxiety, after 12 weeks Mr Jones has not improved. He is now voicing clear mood-congruent delusions and intermittent suicidal ideas. He has been admitted as a voluntary patient to the local adult psychiatric inpatient unit. You have continued to care for him. You have had some discussions with Mr and Mrs Jones about ECT, and they think that it is worth trying, although would like some more information.

Question 3 (6 marks)

Please discuss how you would inform Mr Jones about ECT including risks, benefits, and subsequent treatment, and what information you would want to convey.

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MODIFIED ESSAY QUESTION 4

CANDIDATE'S NAME:

CANDIDATE'S SIGNATURE:

DATE:

DIRECTIONS:

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Modified Essay Question 4 (25 marks)

John is a 10 year old boy who has been referred by his school to your clinic (a local Child & Adolescent Mental Health Service). The concerns noted by the school were John's social isolation, his difficulty in making friends and poor concentration, although he does better in a small class. He is lagging behind academically, and they also note that he is poorly coordinated and clumsy. He lives with both his parents and two younger brothers. The school have previously suggested to mother that John should be assessed by Child and Adolescent Mental Health Services (CAMHS) but she has been reluctant until now.

Question 1 (10 marks)

Outline how would you go about assessing John, including any additional information or observations needed, and key points in the history and examination.

[illegible]

[illegible]

[illegible]

Modified Essay Question 4 contd

At your first appointment, you learn that there is a family history of ADHD on father's side, and there is a paternal uncle who is "odd". The family have been aware of John's difficulties since he attended kindergarten, but feel strongly that he should not be "labelled". He has always seemed different, and parents report some rocking when stressed and tiptoe walking. He was slow to walk, and still can't ride a bike or use a knife and fork. There were no language delays.

The school information suggests some significant ADHD symptoms, but also marked social communication difficulties, no friends, and John does best when he is in a structured environment with a set routine. He is about 3 years behind in his reading, and his writing is poor.

The family want to know what John's possible diagnosis is.

Question 2 (9 marks)

Outline and briefly justify your two main likely diagnoses and give two other differentials.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

[illegible]

[illegible]

Modified Essay Question 4 contd

John's parents are keen to explore interventions that may help John manage better in the classroom. They express concerns about the idea of him having methylphenidate.

Question 3 (6 marks)

Outline the main aspects that you would need to explain to John's parents about the use of this medication in ADHD.

[illegible]

[illegible]

[illegible]