THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

December 2008 / May 2009

PAPER II

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.

Critical Essay Question: (40 marks)

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

Reminder about marking process:
There are 5 dimensions. Each dimension scores up to 8 marks. A total of 40 marks is possible.

Marking Guide:

Dimension 1. Capacity to produce a logical argument (critical reasoning)

There is no evidence of logical argument or critical reasoning.	0	Comments: A logical structure needs to be demonstrated, rather than the writer seeming to have launched into the topic with no forethought, in a random or impulsive manner. Look for: • A reasonable opening statement that clarifies the quote's issues • There may be definitions of "psychiatry" and of "scientific foundations" • A mid-section to essay with discussion addressing: – Arguments/examples/references in support of the quote – Arguments/examples/references against the quote • Closing statement that summarises and provides the writer's overall "conclusions" Points are given for examples and references, and for the overall coherence and flow of the arguments/discussion.
Points are random or unconnected or listed **or** Assertions are unsupported or false **or** There is no conclusion	1-2	
Points in essay follow logically but there is only a weak attempt at supporting the assertions made by correct and relevant knowledge.	3-4	
The points in this essay follow logically to demonstrate the argument; **and** assertions are supported by correct and relevant knowledge.	5-6	
The candidate demonstrates a highly sophisticated level of reasoning and logical argument. (and extra points for good references)	7-8	

Dimension 2. Flexibility

The candidate restricts essay to an extremely narrow and very rigid line of argument.	0	Comments: There needs to be discussion both for and against the quote's statement. For this quote, this would entail discussions about the evidence base (scientific foundations) underpinning psychiatry, both that it exists, but also that many areas are still unclear asnd re the complexity of psychiatric/brain research. Some mention as to whether psychiatry is indeed affected by controversy (or not) is also expected. Needs (ideally) to be evaluation of the strengths and weaknesses of different examples/arguments, rather than just a series of examples or statements some of which are pretty thin and unconvincing. Top points if the arguments for and against are explained in a sophisticated manner. Ideally the quote's linking of controversy with possible lack of evidence-base needs to be challenged – may be many other reasons for controversy.
The candidate considers only one point of view.	1-2	
The candidate considers more than one point of view, but the strengths and weaknesses of the views are poorly evaluated.	3-4	
The candidate considers more than one point of view and the strengths and weaknesses of each view are well evaluated.	5-6	
The candidate demonstrates highly sophisticated ability to set out and evaluate >1 point of view	7-8	

Dimension 3. Ability to Communicate

The spelling, grammar or vocabulary renders the essay extremely difficult to understand; **or** totally unintelligible.	0	NB: Also mark down if writing's illegible or if are multiple deletions and insertions
The spelling, grammar or vocabulary significantly impedes communication.	1-2	
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates limited capacity for written expression.	3-4	
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	5-6	
The candidate displays a highly sophisticated level of written expression.	7-8	

Dimension 4. Humanity/Experience/Maturity/Judgment

The candidate demonstrates an absence of any capacity for judgment; **or** judgments are grossly unethical.	0	<u>Comments:</u> Candidate needs to have a balanced view, neither totally dismissing quote or strongly supporting it unthinkingly. Some sophistication around the whole issue of "controversy" and its causes in psychiatry is hoped-for – e.g. psychological and sociological factors. Ethical issues may arise for example in terms of stigma and the effect of controversies on patients and workers in the field. Also on possible difficulties getting research funding due to this, so as to clarify the "scientific foundartions". Hope for some mention that psychiatry has earned a degree of controversy due to ethical breaches in the past and currently – misuse by political regimes, for example, and boundary violations.
Judgments are naïve; **or** superficial; **or** extremely poorly thought through; **or** unethical.	1-2	
The candidate demonstrates some reasoned judgment, maturity of thinking, clinical experience and displays some awareness of the ethical issues raised by the quote.	3-4	
The candidate shows good capacity for reasoned judgment, mature thinking, clinical experience, awareness of ethical issues raised by the quote.	5-6	
The candidate demonstrates a highly sophisticated level of judgment, maturity, experience **or** ethical awareness.	7-8	

Dimension 5. Breadth - ability to set psychiatry in a broader context.

Candidate shows no awareness of the broader scientific, social, cultural or historical context.	0	<u>Comments:</u> Discussion of linked issues in several contexts is needed. Examples are: References to the differences between other medical specialties and psychiatry re research and evidence-base. Comparisons of psychiatry with other life sciences and fields such as psychology and sociology where qualitative research more common. etc. There should be references to the past history of psychiatry re controversies and the development of research and an evidence-based approach. May be mention of the complexities of different cultural viewpoints causing controversy.
There is a very limited understanding of the scientific, social, cultural or historical context of psychiatry or mental illness.	1-2	
The candidate demonstrates an ability to understand psychiatry or mental illness in only one of the following contexts: broader scientific, socio-cultural, historical context. The candidate demonstrates an ability to understand psychiatry or mental illness in two or more of the following contexts: broader scientific, socio-cultural, historical context.	3-4 5-6	
Highly sophisticated scope, demonstrating a superior understanding of the broader context of psychiatry or mental illness.	7-8	

Reminder of actual CEQ Dimensional Scoring:

Dimension 1. Capacity to produce a logical argument and critical reasoning	
There is no evidence of logical argument or critical reasoning.	0
Points are random or unconnected or listed; **or** assertions are unsupported or false; **or** there is no conclusion.	1 2
The points in this essay follow logically but there is only a weak attempt at supporting the assertions made by correct and relevant knowledge.	3 4
The points in this essay follow logically to demonstrate the argument; **and** assertions are supported by correct and relevant knowledge.	5 6
The candidate demonstrates a highly sophisticated level of reasoning and logical argument.	7 8

Dimension 2. Flexibility	
The candidate restricts him or herself to an extremely narrow and very rigid line of argument.	0
The candidate considers only one point of view.	1 2
The candidate considers more than one point of view, but the strengths and weaknesses of the views are poorly evaluated.	3 4
The candidate considers more than one point of view and the strengths and weaknesses of each view are well evaluated.	5 6
The candidate demonstrates a highly sophisticated capacity to set out and evaluate more than one point of view.	7 8

Dimension 3. Ability to communicate	
The spelling, grammar or vocabulary renders the essay extremely difficult to understand; **or** totally unintelligible.	0
The spelling, grammar or vocabulary significantly impedes communication.	1 2
The spelling, grammar and vocabulary are acceptable but the candidate demonstrates poor capacity for written expression.	3 4
The spelling, grammar and vocabulary are acceptable and the candidate demonstrates good capacity for written expression.	5 6
The candidate displays a highly sophisticated level of written expression.	7 8

Dimension 4. Judgment, experience and maturity, ethical awareness	
The candidate demonstrates an absence of any capacity for judgment; **or** judgments are grossly unethical.	0
Judgments are naive; **or** superficial; **or** extremely poorly thought through; **or** unethical.	1 2
The candidate demonstrates some reasoned judgment or maturity of thinking or clinical experience or awareness of the ethical issues raised by the quote.	3 4
The candidate shows good capacity for reasoned judgment, mature thinking, clinical experience, awareness of ethical issues raised by the quote.	5 6
The candidate demonstrates a highly sophisticated level of judgment, maturity, experience **or** ethical awareness.	7 8

Dimension 5. Breadth: ability to set psychiatry in a broader context	
The candidate shows no awareness whatever of the broader scientific, social, cultural or historical context.	0
There is a very limited understanding of the scientific, social, cultural or historical context of psychiatry or mental illness.	1 2
The candidate demonstrates an ability to understand psychiatry or mental illness in a broader scientific or socio-cultural or historical context.	3 4
The candidate demonstrates an ability to understand psychiatry or mental illness in two or more of the following contexts: broader scientific, socio-cultural, historical context.	5 6
Highly sophisticated scope, demonstrating a superior understanding of the broader context of psychiatry or mental illness.	7 8

Critical Analysis Question 1 (20 marks)

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

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

Case control study

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

Patients are selected on the basis of their outcomes. (A cohort study would have collected people on citalopram and compared them to people not on citalopram).

Question 1.3 What are the possible biases in this study? (2 marks)

Main problem with case control studies is recall bias – those who developed hyponatreamia may have been more likely to recall that they had been prescribed citalopram (this is the “search for meaning” phenomenon).

Question 2. Draw a 2x2 table to describe this study (4 marks)

		Outcome	
		Hyponatreamia	No hyponatreamia
Exposure	Citalopram	250	175
	No citalopram	250	325
		500	500

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

a) The excess risk of hyponatreamia in patients taking citalopram is 15%—that is, (250-175)/500

b) The risk of hyponatreamia in this group of patients was 50%—that is, 500/(500+500)

c) The relative risk of hyponatreamia in patients taking citalopram was 1.43—that is (250/500)/(175/500)

d) The odds ratio for hyponatreamia in patients taking citalopram was 1.86—that is (250/250)/(175/325)

The correct answer is d).

Question 3.2 Explain your answer. (4 marks)

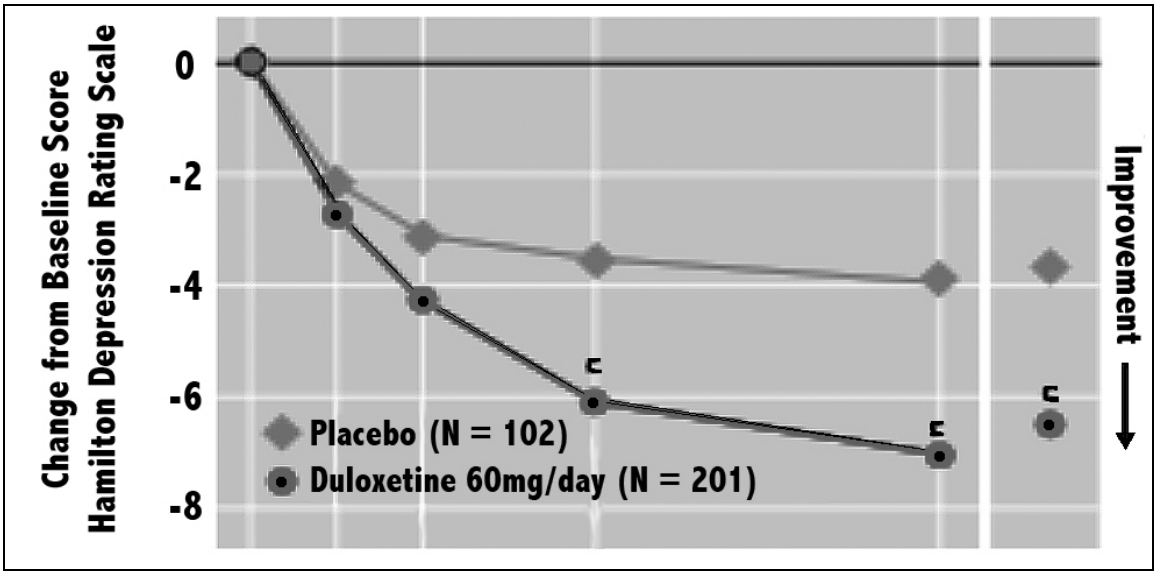
In a case control study incidence and absolute risks, including differences in absolute risk, cannot be calculated because cases and controls are selected by the researcher. Odds and odds ratios are used to express associations in case control studies. In carefully designed case control studies the odds ratio is the most accurate estimate of relative risk. For this to apply requires either rare outcomes or incidence based recruitment of cases and controls.

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≤.001, Cymbalta (Duloxetine) vs placebo

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

That over an unspecified period of time the mean change from baseline score on the Hamilton Depression Rating Scale was greater in the duloxetine group compared to the placebo group by about two points. Note that this is mean *change* in scores not mean scores – the advantage of this approach is that everyone acts as their own control.

Question 1.2. About 12% of patients in both arms of the trial dropped out because of lack of efficacy or adverse events. Describe two common ways in which this problem of missing data can accounted for when writing the results from this trial. (2 marks)

1. Last observation carried forward.
2. Mixed linear modelling – uses the data you do you have to predict the outcome of incomplete data. Fast becoming the modern standard – needs powerful computing.

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

Statistical significance assesses the role of chance in the association between an exposure and an outcome. The standard is $p<0.05$ which tells you that there is a less than 1:20 chance of that association happening by chance.

Clinical significance indicates a difference that would be meaningful to patients.

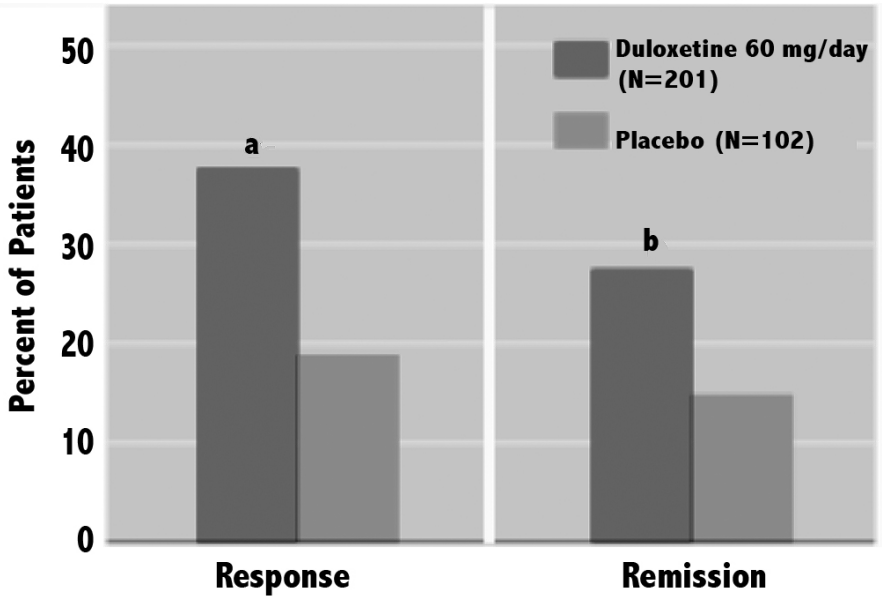
Question 2.1. Comment on statistical and clinical significance in the drug reps study. (2 marks)

A difference of two points in the change on the Hamilton Depression Rating Scale is of debatable clinical significance. The note on the graph indicates this difference is of statistical significance – confidence intervals around the changes would also be helpful. Note that the larger the study the more likely that any difference will be statistically significant.

Question 3. What questions would you ask the drug rep to assess the relevance of this study to your patients? (2 marks)

Who were the patients in the study?
Were they so different from your patients that you could not apply the results?

Figure 5: Hamilton Depression Rating Scale Response and Remission Rates at Endpoint Among Patients With Depression Randomly Assigned to Duloxetine versus Placebo



[a] p<0.001 versus placebo
[b] p<0.02 versus placebo

Question 4.1. Calculate the approximate NNT for remission for duloxetine based on the above graph. (2 marks)

Proportion of duloxetine patients in remission about 28%; proportion of placebo patients in remission about 15%. Difference is about 13% so NNT is reciprocal of this so would be about 8.

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

This means you would have to treat 8 patients for x weeks to get one extra person in remission compared to placebo. (Important to put the time period in here).

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

STEPS (mnemonic)

Safety
Tolerability
Effectiveness
Price
Simplicity (of dosing)

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.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
	Assessment of Safety		
A.	Clarify the history using collateral e.g. from his partner	**1**	
B.	In gathering collateral, be aware of the possibility that the stab wound was actually inflicted by someone else	**1**	
C.	Get a drug and alcohol history (collateral at this point)	**1**	
D.	Assume high risk of further self harm until you are adequately able to interview Mr Andrews	**1**	
	Management of Immediate Safety		
E.	A constant watch / constant nursing / special nurse (or similar)	**1**	
	Competence Issues		
F.	Need to consider the issue of Mr Andrew's competence to consent to surgery	**1**	
G.	In his intoxicated state he will not be competent	**1**	
H.	Need to discuss this with surgical team	**1**	
I.	Need to consider medico-legal issues and local hospital policy regarding non-competent patients in a medically urgent situation	**1**	
		Up to a maximum of 8 marks in total TOTAL:	

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.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	Assess Mr Andrews' mental state as far as is possible given his confusion. Check for other psychotic features and his cognitive state - his degree of confusion and disorientation, his attention and concentration, etc.	**2**	
B.	Clarify the diagnosis by checking nursing recordings, laboratory results, physical examination findings, etc. (looking for signs of alcohol use especially)	**2**	
C.	Clarify the recent history - get information from the nurses caring for him recently regarding his coping and the recent change	**1**	
D.	Diagnosis is likely to be delirium, alcohol withdrawal delirium being the strongest possibility (delirium tremens)	**1**	
E.	Ensure he is treated for alcohol withdrawal - e.g. diazepam withdrawal regime	**1**	
F.	Ensure effects of alcohol dependence are treated - parenteral thiamine (No mark for oral thiamine or if administration route not specified)	**1**	
G.	Ensure he is managed as for any delirium - e.g. low stimulus environment, special/constant nursing, supportive cares, appropriate fluids etc.	**2**	
H.	He should not allow to leave. Use appropriate medico-legal interventions to detain him (details will vary slightly across NZ & Australia)	**1**	
		Up to a maximum of 9 marks in total TOTAL:	

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 (8 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.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
	Assessment		
A.	Repeat a detailed risk assessment	**1**	
B.	Ensure a full psychiatric, family and personal history has been taken from Mr Andrews, clarifying any aspects that were unable to be covered when he was more unwell	**1**	
C.	Do a careful mental state assessment, especially cognitive testing e.g. re memory	**1**	
D.	Check his physical state and medical history with the surgical team and from his medical records (e.g. check re any ongoing problems like cirrhosis)	**1**	
	Management Plan		
E.	Decide on discharge destination - will he go home to partner or does he need alternative accommodation? Probably meet with partner and Mr Andrews	**1**	
F.	Refer to Drug and Alcohol services for follow-up if this service is not already involved. If they are, liaise with them re follow-up	**1**	
G.	Discuss safety of children with Mr Andrews and partner and conside need for Child Welfare services to be involved / or, liaise with social worker to ensure this is considered and assessed	**1**	
H.	Discuss need for relationship counselling with Mr Andrews and partner - refer if they agree (or see if A&D service can offer this)	**1**	
I.	Arrange Crisis Team/after hours support re any future suicidality/self-harm	**1**	
J.	Medico-legal - discharge from any legal restraints detaining him in hospital when he was intoxicated or delirious	**1**	
		Up to a maximum of 8 marks in total TOTAL:	

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.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	Need to clarify "*Why now?"* – esp. in terms of whether this is an acute crisis that may resolve with no need for longer-term therapy.	**1**	
B.	Need to see if it is possible to *establish Rapport and Therapeutic Alliance.* NB: ideally mention need to be aware of own issues in taking her on as a client, e.g. possible identification as she is a psychologist.	**1**	
C.	Ensure that you have taken a *Comprehensive History* (pregnancy and perinatal coping, personal history, substance use, social situation etc.) to ensure that she is well enough to cope with therapy.	**2**	
D.	Ensure that you have carried out a detailed *Mental State Examination* – especially to rule out any psychotic phenomena, esp. with respect to children, and significant mood symptoms – also to ensure that she is well enough to cope with therapy.	**2**	
E.	*Careful Risk assessment needed* – infanticide, suicide, homicide, care of children.	**2**	
F.	Need to obtain *Collateral* from husband so as to be sure about the history and risk assessment.	**1**	
G.	*Ego-strength assessment* – impulsivity, level of defences re usual coping methods, possible risks from therapy, etc.	**1**	
H.	*Psychological mindedness* – highly likely as she's a psychologist but still should be mentioned.	**1**	
I.	*Ability to relate*		
J.	*Motivation* – is she likely to persist with therapy?	**1**	
K.	*Suitability of Psychodynamic model for her* – need to assess this in comparison to other models, e.g. CBT used in the past – why no lasting benefit from this? etc.	**1**	
L.	Assess possible *Barriers to therapy* – practical, re her defences, etc.	**1**	
		Up to a maximum of 12 marks in total TOTAL:	

Modified Essay Question 2 contd.

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

Question 2 (6 marks)
Please outline the main points in your management plan for Nicole regarding the psychodynamic psychotherapy.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	Arrangements for *Symptom Management* and follow-up – need to cover who in the team would provide this if trainee is the therapist. Medication, psychiatric reviews, etc.	**2**	
B.	*Risk Management* – Crisis and after hours cover, involve husband as support, etc.	**2**	
C.	*Practical arrangements* – e.g. timing and venue of sessions	**1**	
D.	*Liaison with GP* – about therapy and overall management plan	**1**	
E.	*Education and Information* – she's a psychologist but this still needs to be covered to some degree. e.g. likely length of therapy or next planned review point, that trainee will have supervision, etc.	**1**	
		Up to a maximum of 6 marks in total TOTAL:	

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 2 (7 marks)
Describe what is likely to be happening in the therapy process outlined above, and how you would manage this.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	*Transference issues* Must be discussion of her transference reaction to trainee as therapist – that she expects carers not always to be able to meet her needs and feels angry about this and reluctant to engage fully. That she feels a burden to carers	**2**	
B.	*Must be discussion of her Defences -* Dissociation of affect/isolation of affect Denial of dependency needs/obsessionality (need to remain in control, difficulty accepting help) Passive-aggressive expression of anger	**2**	
C.	*Must be discussion about the missed sessions -* Acting out of transference - that she has developed some attachment to therapist so feels angry and rejected by therapist's taking leave and expresses this in a passive-aggressive manner by not talking.	**3**	
D.	*Management of the therapy process –* Careful/gentle interpretation of the underlying feelings of rejection and anger about the therapist's leave. Discuss own countertransference frustration in supervision, and manage this appropriately.	**2**	
		Up to a maximum of 7 marks in total **TOTAL:**	

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.

Modified Essay Question 3 contd.

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.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	Need to establish *rapport*, so make sure to also see him alone without wife	**1**	
B.	Get *collateral* from Mrs Jones and consider liaising with employer (with permission)	**1**	
C.	Obtain *presenting history*: triggers, depressive symptoms, anxiety symptoms, psychotic symptoms, impact of illness on current job etc.	**2**	
D.	*Past psychiatric history*: similar episodes in the past, past anxiety symptoms, any past suicidality	**2**	
E.	*Substance use*: alcohol, any illicit substances	**1**	
F.	*Personal history*: relationship with wife, what has happened in the relationship in last few weeks prior to and as illness emerged, financial impact of being off work, employment history, history with current employer and current situation regarding his job	**3**	
G.	*Premorbid personality*: what did his wife mean by shy? Possible avoidant traits or social phobia?	**1**	
H.	*Mental State Examination*: esp. re mood, possible psychotic symptoms	**1**	
I.	*Risk assessment*: particular reference to assessment of risk to self	**1**	
J.	*Medical History:* check past medical history	**1**	
K.	*Physical Assessment:* arrange a physical via GP if not yet carried out	**1**	
L.	*Investigations:* screening bloods (esp. full blood count, liver and renal fn, electrolytes, Thyroid fn)	**1**	
		Up to a maximum of 12 marks in total TOTAL:	

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.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	*Risk:* Discuss where to treat - admit or as an outpatient? And how each of these might be managed e.g. very close community follow up, possible need for M.H.Act if risks high and refusing admission, etc. Mention need for very frequent reviews esp. in short-term. Mention supervision of his medications in short-term.	**3**	
B.	*Liaison*: with GP, with Crisis services if to be an OP, etc.	**1**	
C.	*Pharmacological management:* Antidepressant - mention likely options re overall class Anxiolytic to help in the short term Hypnotic Consider use of an antipsychotic if beliefs around work are mood congruent delusions.	**3**	
D.	*Psychological:* Medium-term management to address depressive symptoms. CBT to manage anxiety and sleep. Consider sessions with wife to help modify their interactions with respect to his illness and the detrimental effects it might be having. Consider involving employer in CBT plan when looking at returning to work, e.g. a graded return.	**1**	
E.	*Social:* Support for wife, inform and involve her in treatment plan and risk concerns, possible financial support through a welfare benefit if needed.	**1**	
		Up to a maximum of 7 marks in total **TOTAL:**	

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.

SCORING KEY

Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	*Talk to Mr Jones with his wife present* ideally - for support and to help him remember the information.	**1**	
B.	*Use other means to provide information* than just talking - his concentration and memory will be poor - i.e written information, perhaps a video.	**1**	
C.	*Explain the Risks:* anaesthetic, delirium/cognitive problems during course, retrograde autobiographical memory loss.	**1**	
D.	*Explain the Benefits:* response rates of 50-70% in treatment-resistant depression, rapid improvement	**1**	
E.	*Inform about practicalities: e.g.* Medication changes during ECT Logistics - where given, timing, need to be NBM pre ECT, anaesthetic etc.	**1**	
F.	*Post ECT Treatment:* high relapse rates, need antidepressant to continue but not one that has been ineffective, evidence suggests best choice is nortriptyline with lithium augmentation	**2**	
	Up to a maximum of 6 marks in total **TOTAL:**		

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 2 younger brothers. The school have previously suggested to mother that John should be assessed by 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.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	Assess John *with his family* – preferably all family members, but at least one parent should be present.	**1**	
B.	John should also be seen *individually*.	**1**	
C.	A detailed *developmental history* should be taken from John's parents - from pregnancy to current, and covering infancy, attachment, anxiety etc.	**1**	
D.	Specific enquiry is needed about *attention deficit and hyperactivity*, including age of onset of these difficulties	**1**	
E.	Specific enquiry is needed covering *Autistic Spectrum Disorder* (ASD) e.g. language, play, social interaction, stereotyped behaviour or restricted interests	**1**	
F.	Enquire about any *family history* of learning difficulties, ADHD or ASD	**2**	
G.	*Exclude any organic causes* for his presentation, including problems with hearing, genetic disorders, medical history etc. Consider basic blood tests (TFTs,LFTs,FBC,U&Es), also consider Fragile X. Will need physical examination, possibly paediatric referral.	**2**	
H.	*Liaison with school* is essential to establish how long they have noticed these difficulties and whether John had any interventions/extra help with his learning, or specialist input. More information could be requested e.g. Conner's forms or past reports. Need to ascertain likelihood of intellectual disability.	**2**	
I.	Useful to arrange that John be *observed at school*, particularly looking at social interactions, attention & behaviour.	**1**	
J.	*Explore why the family have been reluctant to seek help* before.	**1**	
		Up to a maximum of 10 marks in total TOTAL:	

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 main two likely diagnoses and give two other differentials.

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	*Autistic Spectrum Disorder / Aspergers Disorder / PDD* Key features are persistence of symptoms affecting the domains of communication and social interaction. Also - restricted interests, stereotyped behaviours, impairment in social/occupational functioning. No delay in language for Aspergers rather than autism.	**3**	
B.	*ADHD* – onset before age 7, inattention, hyperactivity, impulsivity, present in more than 1 setting, clear evidence of impairment in social, academic or occupational functioning, present for at least 6 months	**3**	
C.	Differentials: Developmental Coordination Disorder / dyspraxia	**1**	
D.	Differentials: Specific Learning Disorder / dyslexia / Reading Disorder	**1**	
E.	Differentials: Mental retardation	**1**	
F.	Differentials: A Communication Disorder	**1**	
G.	Differentials: Mood disorder e.g. depreesion	**1**	
		Up to a maximum of 9 marks in total **TOTAL:**	

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 medication in ADHD?

SCORING KEY
Use whole marks only, not ½ marks. Allot marks according to how adequately the issues are covered.

		worth	mark
A.	Methylphenidate has been used for decades, is extensively researched, and no clear evidence of long term adverse effects	**1**	
B.	Research shows stimulant medication is indicated as first line treatment of moderate ADHD (e.g. NIMH studies, NICE guidelines)	**1**	
C.	Medication helps with concentration, attention, and gives an opportunity for learning	**1**	
D.	Often useful in conjunction with classroom strategies	**1**	
E.	May cause reduction in appetite	**1**	
F.	May cause insomnia	**1**	
G.	Height and weight are monitored regularly	**1**	
H.	Can be used just during school time with drug holidays	**1**	
I.	Lowest possible effective dose is used, and is adjusted individually	**1**	
		Up to a maximum of 6 marks in total TOTAL:	