THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF PSYCHIATRISTS

MOCK WRITTENS EXAMINATION

AUCKLAND / NEW ZEALAND

December 2008 / May 2009

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.

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. alcohol
B. cannabis
C. tobacco
D. opiates
E. caffeine
F. cocaine
G. solvents
H. methylenedioxymethamphetamine
I. benzodiazepines
J. phencyclidine
K. benztropine
L. lysergic acid

Which substance listed above is the most likely to be implicated in the following examples.

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

1. Water intoxication **H**

2. Caput medusae **A**

3. Elevated blood Carbon Monoxide levels **C**

4. Acute agitation and aggression **J**

5. Unusual facies and mild mental retardation in children **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. Sleep terror disorder
B. Primary Hypersomnia
C. Caffeine induced sleep disorder (insomnia)
D. Cataplexy
E. Sleep disorder due to a general medical condition
F. Periodic Leg Movement Disorder
G. Insomnia related to an Axis II disorder
H. Catalepsy
I. Major Depression
J. REM Behaviour Disorder
K. Restless Legs Syndrome
L. Circadian rhythm disorder
M. Primary Insomnia

Which sleep problem 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. Jean developed initial insomnia after prolonged stress at work during a restructuring. Although she is now feeling far less stressed she continues to be unable to fall asleep for 2-3 hours after she goes to bed. **M**

7. Sharon sees herself as a "night owl" and stays up until 3am. She is tired at work the next day but manages to catch up on her sleep at the weekends. **L**

8. Jodie suffered from childhood sexual abuse and has long-term coping problems including difficulty sleeping at night. **G**

9. When startled or laughing Bill loses control of his head and neck muscles and his speech becomes slurred. He does not lose consciousness. **D**

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. Major Depression
C. Generalised Anxiety disorder
D. Dysthymia
E. Derealisation disorder
F. Post traumatic stress disorder
G. Agoraphobia
H. Conversion disorder
I. Dissociative Identity Disorder
J. Dissociative fugue
K. Acute stress disorder
L. Simple Phobia

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. Ginny is afraid of dogs and after the neighbours get a bull terrier which barks at her across the fence, she refuses to go outside and becomes housebound. **L**

11. John, a 38 year old bank clerk, complains of feeling low and perpetually tired. His sleep is poor and unrefreshng and he tends to over-eat junk food. On assessment he does not meet the criteria for a depression as such. He says that he has felt like this since adolescence and that he grew up with an abusive alcoholic father. **D**

12. A 47 year old man is admitted to a mental health unit. He is initially vague and seems dazed although he is orientated to time and place but is unable to say who he is. He is able to give some personal details on the third day and his wife, who lives in another city, says when contacted that he vanished a week ago and that she had reported him missing. He has apparently been very stressed as he faces embezzelment charges and has lost his job. **J**

13. Jack describes himself as a continual worrier. He frets about his family and about his performance at work and has a lot of anticipatory anxiety regarding a wide range of situations such as social events, the dentist and flying. He says he has broken sleep, tiredness and always feels tensed up. **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. Sandor Ferenczi
B. Erich Fromm
C. Melanie Klein
D. Otto Rank
E. Mary Ainsworth
F. Karen Horney
G. Sigmund Freud
H. Wilhelm Reich
I. Margaret Mahler
J. Alfred Adler
K. Anna Freud
L. Ernest Jones
M. Carl Jung
N. Erik Erikson
O. Michael Balint
P. Donald Winnicott
Q. Carl Rogers
R. Heinz Kohut
S. Nancy Chodorow
T. Harry Guntrip

Which historical figure listed above is best represented by each of the following items.

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

14. Person-centered therapy **Q**

15. Rapprochement **I**

16. The Paranoid-Schizoid position **C**

17. Good enough mothering **P**

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. Right temporal area
G. Brain Stem
H. Tuberoinfundibular pathway
I. Parietal cortex
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.

18. Anomia and dysgraphia **I**

19. Word blindness and movement agnosia **L**

20. Prosopagnosia and fluent aphasia **K**

21. Dysphagia and sleep anpoea **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. Verbal Fluency
B. HDRS
C. Myers-Briggs Inventory
D. Y-BOCS
E. PANSS
F. CAGE
G. Adult ADHD Questionnaire
H. Trail-making test
I. HoNOS
J. YMRS
K. GATES
L. Wisconsin Card Sort
M. Wender Utah Rating Scale
N. PASAT
O. Stroop
P. BDI

Which diagnostic instrument above 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. A facilitator plans a team planning day focussed around communication and cooperation and decides to send out a self-evaluation task beforehand to all participants. **C**

23. A 30 year old man presents saying that he has self-diagnosed Adult ADHD using a self-report scale on the internet. He is requesting a trial of methylphenidate but you suspect he may be drug-seeking. **M**

24. A 29 year old graduate student presents with obsessions about contamination and excessive handwashing and showering. **D**

25. A 53 year old woman has severe chronic side effects after years of depot antipsychotics. She is about to be trialled on medication to try to reduce her tardive dyskinesia. **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. Stevens Johnson syndrome
B. Autobiographical memory deficits
C. Myocarditis
D. Hearing loss
E. Seizures
F. Impaired glucose tolerance
G. Polyuria
H. Agranulocytosis
I. Polycystic ovarian syndrome
J. Polydipsia
K. Urinary retention
L. Psoriasis
M. Pancreatitis

Which medical adverse effect as above is most likely to be caused by each of the following treatments.

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

26. Electroconvulsive therapy **B**

27. Olanzapine **F**

28. Amitriptyline **K**

29. Sodium Valproate **I**

30. Transcranial magnetic stimulation **D**

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

Which aspect of phenomenology listed above is best demonstrated by the following examples.

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

31. An elderly woman with DLB insists that two tiny nuns are sitting on a telephone pole outside her window. Her nurse can only see two magpies there. **N**

32. After suffering a stroke, Mr Davidson is unaware that he has a hemiplegia. **E**

33. In the ED Mark finds he is floating near the ceiling looking down at himself lying on the gurney. He feels oddly calm **A**

34. Following an LSD trip Sam suffers persistent visual after-images that frighten and distress him. **L**

35. Before the seizure objects look oddly large to Jane, as though magnified. **M**

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. Somatic delusion
B. Obsession
C. Cluttering
D. Coprolalia
E. Derailment
F. Echolalia
G. Incoherence
H. Knight's move thinking
I. Delusions of reference
J. Magical thinking
K. Neologism
L. Word salad
M. Rumination
N. Palilalia
O. "Made" speech
P. Perseveration
Q. Loss of goal
R. Poverty of content of speech
S. Preoccupation
T. Tangentiality
U. Nihilistic delusion
V. Poverty of speech
W. Semantic paraphasia
X. Circumstantiality
Y. Delusion of poverty
Z. Referential ideas

Which aspect of phenomenology listed above are best demonstrated by each of the following examples.

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

36. Ben is in love and spends hours thinking about his girlfriend **S**

37. Angela is fairly sure that people are talking about her and criticising her wherever she goes. **Z**

38. Pierre has recurrent negative thoughts that he has failed at work and as a husband and father and has to take sick leave from work. **M**

39. Margaret has frequent unwanted thoughts that she has run over someone on the motorway. She has to keep driving back to check if this is so. **B**

40. Tom finds that car numberplates contain a special code that only he can decipher, which confirms his belief that the FBI are stalking him. **I**

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. lithium carbonate
B. quetiapine
C. nortriptyline
D. lamotrigine
E. olanzapine
F. amitriptyline
G. citalopram
H. risperidone
I. aripiprazole
J. clozapine
K. venlafaxine
L. sertraline
M. sodium valproate
N. fluoxetine

For each of the following statements, select the appropriate medication.

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

41. Level I evidence of efficacy in combination with lithium when used after ECT for resistant depression **C**

42. Serum levels can fluctuate with menstrual cycle in women with Bipolar disorder **A**

43. Most effective antipsychotic to improve negative symptoms of schizophrenia **J**

44. Level II evidence of efficacy in treating Bipolar II depressions **D**

45. Does not cause rebound worsening of chronic tardive dyskinesia if substituted for first generation antipsychotics **J**

46. Level II evidence as a mood stabiliser when combined with fluoxetine **E**

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. Kenneth Arrow
B. Thomas Beauchamp
C. Russell Barton
D. Robert Spitzer
E. Gregor Mendel
F. Barbara McClintock
G. Jeremy Bentham
H. James Watson
I. George Moore
J. Jim Childress
K. Linus Pauling
L. Immanuel Kant
M. Francis Crick

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. Delineated Principle Based Ethics **B J**

48. First described the structure of DNA **H M**

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. Mahler's Differentiation stage
B. Klein's Paranoid-Schizoid Position
C. Freud's Genital stage
D. Erikson's Autonomy vs Shame stage
E. Freud's Phallic stage
F. Freud's Oral stage
G. Piaget's pre-operational stage
H. Klein's Depressive Position
I. Erikson's Trust vs Mistrust stage
J. Freud's Anal stage
K. Erikson's Initiative vs Guilt stage

For each of the following examples, select the TWO options from the list above which most closely correspond.

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

49. A two week old baby cries fretfully then calms as her mother begins to breastfeed her. **F I**

50. A four year old boy enjoys playing with a toy mechanic's set. He tells visitors that he's going to fix cars like his Daddy when he grows up. He sometimes fights with his 2 year old sister, vying with her for his mother's attention. **E K**

KEY FEATURE CASES

Case 1 (6 marks)

John, a 43 year old single indigenous man, was admitted one week ago to the inpatient unit under the Mental Health Act with a relapse of a pre-existing schizophrenic illness. He had been under the care of a community team but was avoiding appointments and defaulting on treatment as he had no insight into his illness. Recently he had stayed with a friend, but he has no fixed address at present.

He appeals against being held under compulsory treatment and a legal review is arranged. At this review his compulsory treatment in hospital is argued for by his psychiatrist on the basis that the disorganisation associated with John's illness renders him seriously incapable of self care.

John argues (with the help of a lawyer) that he chooses to live a semi-itinerant lifestyle, and that although his standards are fairly basic, he is not so impaired that compulsory treatment is justified. The judge agrees, and discharges John from compulsory treatment.

Immediately after the hearing, John's distressed father and sister who attended the legal review and were very unhappy about the outcome, reveal that they are frightened because last night when they visited, John made a direct threat to kill his mother if she kept sexually assaulting him at night. They say that they were too afraid of John to tell the judge about this during the hearing.

Question 1 (3 marks)

After the hearing John is demanding that the staff open the door so he can be released from the unit. His lawyer is supporting his request.

What are the MOST URGENT steps to take at this point. Give UP TO THREE answers.

Answer:

A. Prevent John from leaving the unit
B. Reassess John especially regarding risk to others.
C. Obtain more history from his family.

Scoring Algorithm	Explanation
1 mark for preventing John from leaving. 1 mark if specific mention of need to assess risk of harm to others. 1 mark if specific mention of need to take detailed history from family is mentioned max. 3 marks scores zero if more than 3 answers are given.	The most important immediate response is to prevent John from leaving the unit until the new information about harm to others is explored by way of a further assessment, if necessary under a new committal process. The judge's decision to release John is not relevant as the information about harm to others was not known or presented. The new information needs to be clarified with a detailed family interview.

Key Feature Case 1 contd.

A staff member opens the door and John runs out before anything further is said to him.

Question 2 (1 mark)
What immediate action (if any) should you take? Select the MOST APPROPRIATE answer from the list below. Give ONE answer only.

Respect the legal decision and do nothing	No. Must act on new information.
Ask his usual community team to find him and reassess him	No. The team should be informed, but not before the Police, who will be able to locate him more quickly.
Have security guards placed at his mother's house	No. This is probably unnecessary, but his mother should not be alone, and the family should be told to contact the police and mental health services if they locate him
Inform the Police that he needs to be located	**Yes. His risk to others needs to be formally assessed by mental Health Services, and the Police will be best placed to locate him immediately.**
Discuss the situation with the Clinical Director	No. You should call the police first. They will have the best chance of locating him immediately. But because it is a messy medico-legal situation, it's a good idea to discuss with the CD as soon as immediate issues are dealt with.

Question 3 (2 marks)

Two weeks later John's family ask to see you. They want to complain about John being released at the initial legal review, which resulted in a lot of stress and trauma, particularly for his mother.

What are the MOST IMPORTANT things you need to do or say in this meeting.
Give UP TO TWO answers.

Answer:

A. Validate their concerns (also accept similar responses such as sympathise, allow the family to ventilate/express their concerns etc.)
B. Apologise for John being allowed to go AWOL
C. Discuss how to prevent similar problems arising in future (e.g. how to help the family express their fears at an earlier point)

Scoring Algorithm	Explanation
1 mark for A, B or C max. 2 marks scores zero if more than 2 answers are given.	The key tasks are to validate the family's concerns and apologise for any errors made by the mental health service. And to learn from the mistakes or problems so as to avoid them in future. Explaining the practicalities of the legal review and that the Judge had the final say may feel to the family like making excuses and is less important than the 3 answers as above.

KEY FEATURE CASE

Case 2 (6 marks)

You are on call and receive a phone call at 9pm from one of the Crisis Team nurses. They have just been rung by Sue, the manager of a local rest home. One of their residents, Alfred, who resides in their specialist dementia care unit, has punched a staff member. Sue is upset and states that the Crisis Team must remove him from the unit immediately, or she will call the police and ask them to take him into custody. Alfred was admitted to the unit 3 weeks ago from home. He has an established diagnosis of Dementia with Lewy Bodies. In the last week he has been seen by his General Practitioner, who examined him, ordered some blood tests, and sent a referral to the local mental health community assessment and treatment team for older adults.

Question 1 (3 marks)
What are the three MOST IMPORTANT things that need clarified immediately?
Give UP TO THREE answers.

Scoring:
A. Is the situation safe at the moment?
B. Have enduring power of attorney/next of kin been notified?
C. Is this a sudden change in presentation?

Scoring Algorithm	Explanation
1 mark for A, B or C Max. 3 marks If enquiring about immediate safety is not adequately conveyed in some form of words, this section scores zero. Zero if more than 3 answers given	It is essential to ensure that the behaviour has been de-escalated and that the patient, staff and other residents are not at risk of further harm. As Alfred has an established diagnosis of a dementia it is likely that there is already a proxy decision-maker identified. If so this person must be aware of the evolving situation and involved in the decisions about care. A sudden change indicates a superimposed delirium and warrants further investigation.

Alfred is brought into the Emergency Room where you are asked to assist in his assessment and management. He has been thoroughly examined and he has been found to have a urinary tract infection which will require a period of inpatient care. He is disorientated to time and place and he presents as restless with an irritable and suspicious edge.

Question 2 (3 marks)
What are the KEY ISSUES you would advise the medical team about, with respect to initial management? Select UP TO THREE answers from the list below.

To prescribe a cholinesterase inhibitor	No – though the treatment of choice in DLB, there are many issues to consider and this needs to be explored further in a non-acute context – come back to it later
Avoid psychotropic medication if possible	**Yes – likely supersensitivity**
To use the Mental Health Act as he is unable to consent	No – premature, consent of guardian/duty of care suffices
Close nursing - e.g. in a side room close to nurses station	**Yes – basic delirium management principle**
Admit him to psychogeriatric assessment ward	No – delirium should be managed in medical setting
If sedation required, use low dose antipsychotic for managing acute behavioural disturbance	No – This may be effective for an uncomplicated delirium but antipsychotics should be avoided in DLB
A meeting with family is needed to gather personal history	**Yes – crucial in non-pharmacological management of behavioural symptoms**

KEY FEATURE CASE

Case 3 (6 marks)

Mr Yee is a 79 year old man in the Emergency Department presenting with agitation and verbal aggression. He was brought to the ED from the police station where he had been arrested for assaulting a police officer. The police had received a complaint of serious sexual assault from one of the patient's neighbours and in the course of trying to interview him he had become agitated. In ED the physicians had reviewed and treated the medical problems and had noted cognitive impairment and parkinsonism. Communication is difficult because the patient only speaks Mandarin. It appears that at times Mr Yee has been responding to visual hallucinations. You have been called to assess him as he has been asking to leave the hospital and return home with his wife. On initial observation he appears highly aroused, speaking loudly and in a pressured manner in Mandarin, waving his arms around and trying to exit the room.

Question 1
What are the MOST IMPORTANT things you need to arrange or carry out in the assessment?
Give UP TO THREE answers only.

Scoring:
D. **Ensure Mandarin interpreter present**
E. **Assess whether behaviours are the result of psychotic phenomena**
F. **Assess his risk to self and others**

Scoring Algorithm	Explanation
1 mark for A, B or C Max. 3 marks Zero if more than 3 answers given	

Question 2

Mr Yee is able to be calmed and you have the opportunity to continue his assessment and management. He is still saying that he wants to leave the hospital.

Question 2 (3 marks)
What are the MOST IMPORTANT next steps you need to take in Mr Yee's management?
Select UP TO THREE answers from the list below.

Prescribe low-dose Haloperidol for his symptoms	No - risk of EPSE. Aim to keep him safe through close care at this stage
Order an urgent CT Scan	No - no indication for an *urgent* scan as *next* step with current history
Obtain collateral history from his wife	**Yes - obviously needed to clarify situation**
Liaise with the Police	**Yes - about the allegations, the arrest and his behaviour, the need to detain him in hospital and whether he will be charged**
Repeat his Mini Mental State Examination	No - not the most essential step at this point
Recommend to physicians that he remains for a further period of assessment	**Yes - complex situation and risk issues**

KEY FEATURE CASES

Case 4 (6 marks)

Jack is a 42-year-old man required by bail conditions to attend your Community Mental Health Centre for an assessment. Jack is staying with his best friend and is on bail for assaulting his wife of nine years. He tells you she has been seeing another man but "won't admit it". Jack says he has been checking his wife's undergarments on the washing line for evidence of sexual activity, but says he "can't go too close" as she has a protection order and he would be in breach of bail conditions.
Jack has no previous history of psychiatric assessment or treatment. He tells you that he feels physically fit and well. Jack runs his own waterproofing business although over the past year he has spent progressively less time at work and more time checking up on his wife. He tells you that he has set up video cameras inside his house to monitor his wife's whereabouts and actions. Jack is a regular heavy drinker and his wife thinks he may have been smoking methamphetamine with his best friend.

Question 1 (5 marks)

What are the MOST IMPORTANT factors it is necessary to consider when establishing the level of imminent risk that Jack poses to his wife?
Select UP TO FIVE options from the list below.

Presence or absence of current psychosis	**Yes**
Jack's beliefs and intentions regarding his wife	**Yes**
The details of Jack's wife's restraining order	No - not as crucial as other options on list
Whether the marital relationship was conflicted	No - not as crucial as other options on list
Presence or absence of current substance misuse	**Yes**
History of violent offending	**Yes**
The details of Jack's wife's injuries in the recent assault	No - not as crucial as other options on list
Whether Jack possesses a weapon	**Yes**

(Scores zero if more than 5 are selected)

Question 2 (1 mark)

What is the MOST LIKELY eponymous syndrome represented by the case as above?
Give ONE answer only.

Scoring:

Othello syndrome (1 mark) Scores zero if more than 1 answer given	Othello syndrome i.e. pathological jealousy NOT De Clerembault's syndrome which is erotomania.

KEY FEATURE CASES

Case 5 (6 marks)

As a psychiatrist attached to a maternal mental health service you are asked to assess a 28 year old woman living in a physically abusive defacto relationship, who is 22 weeks pregnant. She has a history of sexual abuse in childhood from her stepfather and has had a prior child removed from her care by social services at age two. She has a difficult relationship with her mother and is not currently engaged with any mental health services or receiving psychotherapy. She has a history of self harm via cutting and minor overdoses. During this pregnancy she has experienced increased dysthymic symptoms with resumption of cutting and of burning her arms with cigarettes. Her G.P. and midwife do not feel that she has a major depression but are concerned about her self-harming behaviour. She is currently on no medications except vitamins and iron.

Question 1 (2 marks)

You conduct a psychiatric assessment of this woman. What are the two key issues you consider the most essential to determine in your assessment?

1. ***suicide risk as opposed to minor self-harm.***
2. ***the degree of risk/severity of physical abuse by the partner.***

If both of these are not given in some form of words, the score is zero. It is not sufficient merely to state "risk assessment" without elaborating which aspects of risk are most important.
If more than 2 issues are listed, the score is also zero.

Question 2 (4 marks)

Which steps are the MOST IMPORTANT in developing a management plan to improve this patient's overall stability? Select UP TO FOUR options from the list below.

Avoidance of psychotropic medications in pregnancy	Not crucial
Referral for psychotherapy regarding her sexual abuse history	Inappropriate now
Engagement and developing a therapeutic relationship	**yes**
Arranging for the patient, her partner and her mother to commence family therapy	Inappropriate/less urgent
Immediate recommendation to social services that the baby be uplifted at birth	Too extreme
Preventing her from cutting and burning her arms	Not urgent
Urgently arranging for her to move into a women's refuge	Too extreme
Exploring with her a possible trial of SSRI medication	**yes**
Arranging any necessary social support that she may need to reduce her stress	**yes**
Arranging a meeting with all involved to develop a collaborative support, crisis and birth plan	**yes**

Score is one point for each identified correctly. Score zero if more than 3 are circled.

KEY FEATURE CASES

Case 6 (6 marks)

Shane is a 43 year old man with a chronic delusional disorder. When unwell he becomes extremely jealous of his defacto partner Vicki and six years ago when psychotic he attempted to strangle her. He drinks alcohol to excess, usually at weekends, and when relatively well is able to work part-time for his brother as a builder's labourer. His G.P. has a good relationship with him and is treating him for hypertension. After a three year period of stability while treated with a depot intramuscular phenothiazine, he is to be transitioned to oral risperidone over the next three months due to persistent extrapyramidal side-effects. At this point he has been an informal patient for a year and has been reasonably cooperative with follow-up, although his insight remains poor, and he continues to drink intermittently. His Relapse Prevention Management Plan is very out of date and needs revision.

Question 1 (2 marks)
What are the KEY ISSUES in the process of organising a review of Shane's Relapse Prevention Plan? Give UP TO TWO answers.

1. **that this should be done as a consensual or cooperative process <u>including Shane</u>**
2. **that the process <u>also needs to involve the other key people</u> such as Vicki, his brother/other family, and if possible his G.P., as well as MHS staff.**

1 mark for each point. Accept any synonyms and form of words, e.g. "organise a meeting with etc etc" Responses need to be about the <u>process of organisation</u>, not the Rx plan itself.

Zero if more than 2 answers given

Question 2 (4 marks)

Which items are the MOST APPROPRIATE to include in Shane's management plan? Select UP TO FOUR options from the list below.

Shane will not receive follow-up unless he abstains from alcohol	unrealistic
Vicki is to administer Shane's risperidone medication so as to ensure he is taking it	Might well place her at risk
If Vicki feels seriously at risk from Shane she is to call the police immediately	**yes**
If Vicki is concerned Shane is developing early warning signs she is to call the Crisis Team	**yes**
Shane is to be responsible for taking his own risperidone each day	**yes - may not work but needs to be in there re autonomy**
Shane's depot medication will be ceased rather than tapered off gradually	No – it self-tapers
Shane will be discharged to his G.P. at the end of the three month transition to risperidone	No – too soon, he would not be stable on new Rx by then
Shane is responsible for his actions and will face prosecution if he breaks the law	**yes – needs to be in there as a disincentive to incr. responsibility**
Shane will not receive benztropine any more now that he is starting risperidone	No – depot will be on board up to 3 mnths

KEY FEATURE CASES

Case 7 (6 marks)

Chris is a 31 year old man brought by ambulance to the Emergency Department after sitting in his car with the motor running and a hose attached to the exhaust and wedged into the driver's window. He was discovered by a passing jogger, probably soon after attaching the hose but the timing is unclear. He is distressed and at times tearful. He relates a history of low mood for three months since breaking up with his girlfriend. He usually works as a car mechanic but has taken a week's sick leave. He flats with three students but is not close to them and feels they have little in common. Chris's mother died from cancer when he was eight and he is estranged from his father, saying he was "a bastard" who emotionally and physically abused Chris and his two older sisters. His sisters live locally and he sees them occasionally.

Question 1 (2 marks)
What KEY PHYSICAL SEQUELAE of Chris's actions with the car hose would you need to discuss with the E.D. staff? Give UP TO TWO answers.

1. Carboxyhaemoglobin level (also accept level of CO toxicity or need for hyperbaric oxygen treatment etc.)
2. Whether any evidence of impaired cognition (also accept neurological sequelae)

Zero if more than 2 given

Question 2 (4 marks)
Which items below would be the LEAST IMPORTANT in assessing Chris's current level of risk to self? Select UP TO FOUR options from the list below.

Evidence of a major depression	
The absence of a suicide note	Means little
Whether he has plans for a further attempt	
Does he regret having survived	
The degree of his social isolation	
Whether he really wanted to end his life	
The lethality of any further attempt planned	
Details of his history of abuse	Not as relevant
Whether he is promising not to self-harm again	Means little
Does he feel hopeless about the future	
Evidence of borderline personality disorder	No real effect on future risk
History of self-harm and suicidal behaviour	

KEY FEATURE CASES

Case 8 (6 marks)

Brent, a 16 year old high school student, is referred to your community CAMHS service for an emergency assessment after contact with the after-hours Crisis Team. Within the last 48 hours he has become very angry towards his father, expressing delusions that his father has been unfaithful to his mother. He has a history of abusing cannabis in the past two years and has started smoking amphetamine in the past month. His parents are very concerned for him and attend the assessment. While Brent does not acknowledge that he has a mental illness he is happy to take oral medication.

Question 1 (3 marks)
Which KEY FEATURES in this case indicate a better prognosis in first episode psychosis?
Give UP TO THREE answers.

1. Acute onset only 48 hrs ago (short DUP)
2. Is prepared to take oral Rx
3. Involved, concerned parents
More than 3 answers = 0

Brent is treated with olanzapine and now no longer has any psychotic symptoms.

Question 2 (3 marks)
What are now the KEY ISSUES to address in facilitating Brent's recovery?
Give UP TO THREE answers.

1. Engagement and therapeutic relationship
2. Improve his insight so as to increase adherence (e.g. via psychoeducation)
3. Treat the substance abuse
More than 3 answers = 0 NB: management of risk is of course important but he is now psychosis-free and the Q. was about facilitating his recovery at this point. Hence risk management is not part of the answers.

KEY FEATURE CASES

Case 9 (6 marks)

Rosemary, a 47 year old woman, has a history since her early twenties of dysmenorrhoea, dysuria, pain on intercourse, back pain and headaches, nausea, several 'food allergies' and difficulty swallowing. She has been referred by her G.P. who has investigated all these complaints exhaustively but found nothing definitive to account for them. Rosemary used to work as a legal secretary but has felt too unwell to manage this for the last five years. She lives with her husband Fred who is a travelling salesman for a cleaning products company and often away. Their only son has lived in Hong Kong for the last three years and is a trainee banker. Rosemary's G.P. telephones you for advice as she is refusing referral to mental health services and he is very frustrated. He says "there's nothing further I can do for this lady. It's very clear that her problems are all in her head."

Question 1 (2 marks)

Which KEY PSYCHOSOCIAL FACTORS from the vignette above might increase Rosemary's tendancy to somatise? Give UP TO TWO answers.

1. Husband is often away (i.e. likely to be lonely)
2. Only son away overseas as well (NB: points 1. and 2. may well be given as a combined answer e.g. as "lack of support" or "loneliness")
3. Unable to work – has no meaningful occupation
Scoring – 1 for any as above to max. of 2 marks More than 2 answers = 0

Question 2 (2 marks)

Which KEY ISSUES should you include in your discussion with Rosemary's G.P. to assist his care of her? Give UP TO TWO answers.

1. Advise to see her regularly so she does not have to produce symptoms for support
2. Advise him that sympathetic listening without expression of frustration *is* helpful (i.e. to be non-judgemental)
Scoring – 1 for either as above to max. of 2 marks More than 2 answers = 0

Question 3 (2 marks)

What are the KEY MEDICAL RISKS associated with somatisation disorder? Give UP TO TWO answers.

1. Over-investigation and treatment (e.g. unnecessary surgery)
2. Genuine medical problems may be missed
Scoring – 1 for either as above to max. of 2 marks More than 2 answers = 0

SHORT ANSWER QUESTIONS

Short Answer 1 (5 marks)

Billy is a 4 year old boy whose behaviour has become disruptive, with tantruming.

Question 1 (5 marks)

List the main advice you would give to his parents about how to use "time out" effectively.

1. Identify a suitable room for 'time out' (no +ve reinforcers)
2. Explain to Billy the rules re 'time out' before implementing these, and during the process
3. Use time out for as many minutes as his age – i.e. 4 minutes at a time (accept 5 minutes max. as also OK however)
4. If he is still disruptive after the time, re-explain and put him back for another 4 min.
5. Stick to the 'time out' rules firmly – avoid intermittent reinforcement
6. Ensure all in family stick to the rules – i.e. both parents to be consistent
7. Ensure he's not deliberately precipitating 'time out' to avoid another unwanted task

SHORT ANSWER QUESTIONS

Short Answer 2 (6 marks)

You suspect that a patient referred to you for a "conversion disorder" by a GP may in fact have Gerstmann's syndrome.

Question 1 (3 marks)

List the features of Gerstmann's syndrome.

Finger agnosia
Right-left confusion
Dysgraphia/agraphia
Dyscalculia/acalculia

Question 2 (3 marks)

List any other specific tests you could do at your community clinic to check the patient's parietal function. Include aspects of the MMSE but do not include a physical examination.

Astereognosis Graphaesthesia Two- point discrimination Repetition speech task of MMSE (may be abnormal if Broca's area is involved) Drawing task of MMSE (looking for dyspraxia) or draw clockface 3-step command of MMSE Writing task in MMSE

SHORT ANSWER QUESTIONS

Short Answer 3 (5 marks)

Sarah is a 17 year old girl who has been treated for a severe major depression. She has a family history of bipolar disorder and is being brought in for an urgent assessment as her parents are worried that she may be becoming manic. They say she is not sleeping and is talking more than usual.

Question 1 (5 marks)

List in note form any other features of a manic episode you would plan to enquire about or look for when you see Sarah.

1. Overactivity / incr. goal-directed activity 2. Disinhibition 3. Risk-taking / impulsive behaviour 4. Not tired despite not sleeping / increased energy 5. Pressured speech / loud speech (not increased amount as that's in vignette) 6. Elevated mood / euphoria 7. Irritable mood 8. Agitation / excitement 9. Grandiose thinking / grandiose delusions 10. Thought disorder: Flight of ideas / disorganised thinking / clanging, punning etc. 11. Poor concentration / distractibility

SHORT ANSWER QUESTIONS

Short Answer 4 (5 marks)

Question 1 (5 marks)

List in note form the factors delineated by Hill that can indicate causation, in epidemiological studies.

1. Temporal Relationship:
Exposure always precedes the outcome.
2. Strength:
The stronger the association, the more likely it is that the relation of "A" to "B" is causal.
3. Dose-Response Relationship:
An increasing amount of exposure increases the risk. If a dose-response relationship is present, it is strong evidence for a causal relationship.
4. Consistency:
The association is consistent when results are replicated in studies in different settings using different methods.
5. Plausibility:
The association agrees with currently accepted understanding of pathological processes.
6. Consideration of Alternate Explanations:
In judging whether a reported association is causal, it is necessary to determine the extent to which researchers have taken other possible explanations into account and have effectively ruled out such alternate explanations.
7. Experiment:
The condition can be altered (prevented or ameliorated) by an appropriate experimental regimen.
8. Specificity:
This is established when a single putative cause produces a specific effect. This is considered by some to be the weakest of all the criteria.
9. Coherence
The association should be compatible with existing theory and knowledge. In other words, it is necessary to evaluate claims of causality within the context of the current state of knowledge within a given field and in related fields. But - remember about "Paradigm Shifts".

SHORT ANSWER QUESTIONS

Short Answer 5 (5 marks)

Question 1 (5 marks)

List the Neurotic defences, according to Vaillant.

1. Intellectualisation
2. Displacement
3. Repression
4. Reaction Formation
5. Regression
6. Isolation
7. Dissociation
8. Isolation
9. Rationalization
10. Undoing
11. Compensation
12. Magical thinking

SHORT ANSWER QUESTIONS

Short Answer 6 (6 marks)

Question 1 (4 marks)
List in note form the dermatological adverse effects of lithium carbonate.

1. acne
2. psoriasis
3. generalised pustular psoriasis
4. rashes (i.e. an allergic rash)
5. leg ulcers
6. Dry skin
7. Pruritis (itchy skin)
8. Angioedema
9. Folliculitis
10. Hair loss

Question 2 (2 marks)
List in note form the haematological effects of lithium carbonate.

1. Granulocytosis (raised WBC)
2. Platelets are mildly increased
3. Mild eosinophilia

SHORT ANSWER QUESTIONS

Short Answer 7 (4 marks)

Rose is a six year old girl who has been diagnosed as having Separation Anxiety at a community CAFS clinic.

Question 1 (2 marks)
List in note form the main focuses of anxiety that would contribute to a diagnosis of Separation Anxiety in Rose.

1. anxiety about any (normal) separation from main caregivers or from home
2. anxiety that main caregivers will be lost or will come to harm
3. anxiety that she will be taken from main caregivers (e.g. kidnapped, get lost)

Question 2 (2 marks)

List in note form the main behavioural manifestations that would contribute to a diagnosis of Separation Anxiety in Rose.

1. School refusal
2. Refusal to be alone anywhere (clinging to caregiver)
3. Inability/refusal to go to sleep alone or away from home

SHORT ANSWER QUESTIONS

Short Answer 8 (6 marks)

Question 1 (3 marks)

List the metaboliser types resulting from Cytochrome P450 2D6 receptor genotyping

1. Ultra rapid
2. Extensive
3. Intermediate
4. Poor

Question 2 (3 marks)

State what each type means in terms of the handling of oral risperidone medication.

1. Ultra rapid (duplicate genes – are *non-responders*)
2. Extensive (two normal alleles – *"normal" handling*)
3. Intermediate (One normal, one abnormal – *a little hypersensitive to side-eff*ects)
4. Poor (two abnormal alleles – *excessive side-effects at low dose*)

SHORT ANSWER QUESTIONS

Short Answer 9 (4 marks)

Beverley has an obsessive compulsive disorder with fears of contamination and excessive showering and handwashing. She is to commence Exposure and Response Prevention therapy.

Question 1 (4 marks)
List the main features of Exposure and Response Prevention therapy that would be used in this case.

1. Plan therapy with Beverley – set the goals and anxiety hierarchy, diary
2. Teach anxiety management techniques – relaxation, breathing, visualisation
3. Gradual exposure to OCD stimulus – graded exposure
4. Help in using the anx. Mx techniques
5. Encourage her to prevent usual compulsive responses by using other techniques, distraction etc.
6. CT approach to manage obsessional thoughts

SHORT ANSWER QUESTIONS

Short Answer 10 (5 marks)

Question 1 (1 mark)
Briefly define Type I and Type II errors

1. Type I Error Rate (Alpha) - The probability of incorrectly rejecting a true null hypothesis (a Type I error gives a false positive result) (alpha)

2. Type II Error Rate (Beta) - The probability of incorrectly accepting a false null hypothesis (a Type II error gives a false negative result) (beta)

Question 2 (4 marks)

List in note form several different types of validity which may be applicable in the design and critical analysis of studies.

1. Face
2. Construct
3. Criterion
4. Content
5. Instrument
6. Internal
7. Cross-sectional
8. Situational

SHORT ANSWER QUESTIONS

Short Answer 11 (3 marks)

Question 1 (3 marks)

List in note form the psychotherapeutic modalities which have been shown to be useful in helping people with schizophrenia

1. Cognitive Behavioural Therapy for residual Sx
2. Family therapy – esp. communication and problem-solving
3. Individual supportive therapy
4. Cognitive remediation
5. Social skills training

Not: psychoanalysis or psychodynamic/insight-oriented psychotherapy

SHORT ANSWER QUESTIONS

Short Answer 12 (6 marks)

Mr Pratchett has developed a major depression with psychotic features. He is felt to need ECT treatment which he wants as he believes that he should die and that ECT will kill him.

Question 1 (3 marks)

List in note form the types of mood-congruent delusions that may occur in a psychotic depression

1. Poverty
2. Nihistic (incl. nihilistic somatic e.g. brain rotting)
3. Guilt / sin / badness
4. Persecutory (in context)
5. Somatic / hypochondriacal

Question 2 (3 marks)
List in note form the ethical and medico-legal issues that arise in Mr Pratchett's case

1. That he lacks competence so we must act with beneficance to provide care.
2. That we must take care not to do him harm in his impaired state (non-maleficence).
3. That he is probably consenting to ECT for delusional reasons so compulsory Rx is needed.
4. That his autonomy should be preserved as far as possible despite his severe illness and need for compulsory treatment.
5. That his family should be informed and involved in the treatment process, given how unwell he is.

SHORT ANSWER QUESTIONS

Short Answer 13 (6 marks)

Question 1 (3 marks)

List several psychotropic medications which act as strong inhibitors of either the 2D6 or 1A2 P450 receptors.

1. bupropion
2. fluoxetine
3. paroxetine
4. fluvoxamine

Question 2 (3 marks)

List several antipsychotic medications which are acted on by grapefruit juice via the P450 system such that their serum levels are raised.

1. aripiprazole
2. haloperidol
3. pimozide
4. quetiapine
5. risperidone
6. ziprasidone

SHORT ANSWER QUESTIONS

Short Answer 14 (3 marks)

Question 1 (3 marks)

List in note form the factors which have been described as common to all modalities of psychotherapy and contributing to efficacy.

(1) Extratherapeutic factors [said to contribute 40% of effectiveness] (2) Relationship with therapist [said to contribute 30% of effectiveness] (3) Placebo, hope, and/or expectancy effect [said to contribute 15% of effectiveness] (4) Having a definite structure, model, and/or technique [said to contribute 15% of effectiveness]

SHORT ANSWER QUESTIONS

Short Answer 15 (3 marks)

Question 1 (3 marks)

List the four main developmental stages described by Jean Piaget.

1. Sensori-motor stage 2. Pre-operational stage 3. Concrete operational stage 4. Formal operational stage