

PSYCHIATRY

Questions&Answers

Q-1

A 16 year old girl was brought to Accident and Emergency with the complaint of sudden loss of consciousness. This occurred while shopping with her mother a few hours ago. The episode lasted for less than a minute followed by full recovery. There was no head injury. The mother informed the staff that her daughter had not eaten anything for the last four days because she is extremely fanatic about losing weight. She began a strict diet and exercise regimen to lose weight a few months ago. Her mother appears distressed as she has tried everything to get her daughter to eat, but to no avail. The patient herself is adamant that she is fat and that her goal is to lose weight until she is 35 kg. The patient has no past medical history of note and is not taking any regular medications. On examination, the patient was found to be sweaty and wearing a baggy dress.

Weight 49 kilograms

Height 165 centimetres

BMI 18 kg/m²

Capillary blood glucose 2.1 mmol/L

It was proposed that the patient be admitted but when the subject was broached to the patient, she began to scream and demanded to be released. What is the SINGLE best treatment option in this patient?

- A. Compulsory admission
- B. Refer for cognitive behavioural therapy
- C. Refer to psychiatrist as outpatient
- D. Seek legal advice
- E. Allow home after signing self discharge

ANSWER:

Compulsory admission

EXPLANATION:

Regardless of the BMI, if there are medical complications such as electrolyte disturbances, hypoglycaemia or bradycardia, you should admit the patient. Since this patient has a history of loss of consciousness, a low blood glucose, lacks insight and is refusing voluntary admission, admission under the Mental Health Act would be appropriate. An official assessment of her mental capacity would

need to be performed to look for an impairment or disturbance that leaves the patient unable to make a decision.

ANOREXIA NERVOSA

Anorexia nervosa is the most common cause of admissions to child and adolescent psychiatric wards. It is most commonly seen in young women in which there is marked distortion of body image, pathological desire for thinness, and self-induced weight loss by a variety of methods.

Majority of those with eating disorders are women and so in the exam you should expect a teenage female in the stem.

Features

- BMI $< 17.5 \text{ kg/m}^2$ or $< 85\%$ of that expected
- Self-induced weight loss → reduce food intake, vomiting, purging, excessive exercise.
- Intense fear of being obese
- Disturbance of weight perception
- Endocrine disorders such that cause amenorrhoea, reduced sexual interest/impotence, raised GH levels, raised cortisol, altered TFTs, abnormal insulin secretion
- Bradycardia
- Hypotension
- Fatigue
- Muscle weakness
- Intolerance to cold

Q-2

A 22 year old woman thinks she is overweight. She has a body mass index of 21.8 kg/m^2 . She often has constipation and abdominal pain. She eats uncontrollably and feels guilty resulting in a self-induced vomiting. Sometimes to compensate for her big meal, she would exercise intensively. What is the SINGLE most likely diagnosis?

- A. Anorexia nervosa
- B. Pituitary tumour
- C. Hypothyroidism
- D. Bulimia nervosa
- E. Prader Willi syndrome

ANSWER:

Bulimia nervosa

EXPLANATION:

Bulimia nervosa

Bulimia nervosa is an eating disorder characterised by repeated episodes of uncontrolled overeating (binges) followed by compensatory weight loss behaviours.

Features:

- Excessive preoccupation with body weight and shape
- Compensatory weight control mechanisms which can be:
 - Self-induced vomiting
 - Fasting
 - Intensive exercise
 - Abuse of medication such as laxatives, diuretics, thyroxine or amphetamines

Note that a person with bulimia nervosa does not necessarily need to be thin. They sometimes maintained a BMI above 17.5 kg/m².

Examination:

- Salivary glands (especially the parotid) may be swollen.
- Russell's sign may be present (calluses form on the back of the hand, caused by repeated abrasion against teeth during induction of vomiting).
- There may be erosion of dental enamel due to repeated vomiting.

Q-3

A 34 year old patient was admitted for severe depression and suicidal thoughts. He attempted to commit suicide. He has been on sertraline for the past year which he had stopped a month ago. He had been admitted in the psychiatric ward two years ago for mania. On discharge, the patient wishes to know if he can be started on a long-term medication to alleviate his symptoms. What SINGLE medication will be most useful for his disorder?

- A. Amitriptyline
- B. Lithium
- C. Diazepam
- D. Haloperidol
- E. Fluoxetine

ANSWER:

Lithium

EXPLANATION:

The patient is suffering from bipolar disorder. Long-term management requires mood stabilisers and therefore lithium is the best option.

Bipolar affective disorder (commonly known as manic depression)

Classically, periods of prolonged and profound **depression** alternate with periods of excessively elevated and irritable mood, known as **mania**.

Most people who battle with the effects of the disorder would rather live a normal life, free from the unpredictability of mood swings, which most of us take for granted.

The symptoms of mania characteristically include:

- Decreased need for sleep
- Pressured speech
- Increased libido

- Reckless behaviour without regard for consequences
- Grandiosity
- More talkative than usual

These symptoms of mania would alternate with depression

Treatment

Mood stabilizers (Lithium)- Despite problems with tolerability, lithium still remains the gold standard in the treatment of bipolar affective disorder.

Q-4

A 24 year old depressed man has neglected his personal hygiene and physical health. He denies the existence of his bowels and believes that his bowels are blocked. He also believes that his limbs are missing and that no one cares about it. What SINGLE kind of delusion is he suffering from?

- A. Nihilistic delusions
- B. Delusion of guilt
- C. Persecutory delusion
- D. Fregoli delusion
- E. Clang association

ANSWER:

Nihilistic delusions

EXPLANATION:

Nihilistic delusions → is the delusional belief that the patient has died or no longer exists or that the world has ended or is no longer real. Nothing matters any longer and continued effort is pointless. It is a feature of psychotic depressive illness. Patient may believe that he/she is dead and may ask people to bury them.

Delusion of guilt → involves feeling guilty or remorseful for no valid reason. An example would be someone that believes they were responsible for a war in another country or hurricane damage in another state. The object of delusion believes that they deserve to be punished for their sins.

Persecutory delusion → is a delusional belief that one's life is being interfered with in a harmful way. It refers to false beliefs or perceptions in which a person believes that they are being treated with malicious intent, hostility, or harassment despite significant evidence to suggest otherwise. This may occur in the context of being tormented, followed, or spied on.

Frégoli delusion → is when a person holds a delusional belief that different people are in fact a single person who changes appearance or is in disguise.

Clang association → is an abnormality of speech where the connection between words is their sound rather than their meaning. May occur during manic flight of ideas. Clang associations generally sound a bit like rhyming poetry, except that the poems don't seem to make any sense. Example, one may say

“systematic, sympathetic, quite pathetic, apologetic, paramedic, your heart is prosthetic.

Q-5

A 6 year old child is brought to the clinic by his mother. She says that his teacher complains that he is easily distracted and interrupts others when it is their turn to answer questions. His mother says that he is not able to do a particular task for a long time and cannot play quietly. He is careless and often breaks things. What is the SINGLE most likely diagnosis?

- A. Autism spectrum disorder
- B. Dyslexia
- C. Attention deficit hyperactivity disorder (ADHD)
- D. Antisocial personality disorder
- E. Oppositional defiant

ANSWER:

Attention deficit hyperactivity disorder (ADHD)

EXPLANATION:

Attention deficit hyperactivity disorder (ADHD) is characterized by the three coresymptoms of inattention, hyperactivity, and impulsiveness.

Clinical features

- Inattention: Careless with detail, fails to sustain attention, appears not to listen, fails to finish tasks, poor selforganization, loses things, forgetful, easily distracted, and avoids tasks requiring sustained attention.
- Hyperactivity: fidgets with hands or feet, leaves seat in class, runs/climbs about, cannot play quietly, ‘always on the go’.
- Impulsiveness: Talks excessively, blurts out answers, cannot await turn, interrupts others, intrudes on others.

Q-6

A 26 year old man strongly believes that every elderly man he meets is likely to be his father. Although they look different, he is sure that it is his father wearing a different disguise. What is the SINGLE most likely kind of delusion this man is suffering from?

- A. Persecutory delusion
- B. Erotomania
- C. Grandiose delusions
- D. Frégoli delusion
- E. Delusion of reference

ANSWER:

Fregoli delusion

EXPLANATION:

Frégoli delusion → is when a person holds a delusional belief that different people are in fact a single person who changes appearance or is in disguise.

Persecutory delusion → is a delusional belief that one's life is being interfered with in a harmful way. It refers to false beliefs or perceptions in which a person believes that they are being treated with malicious intent, hostility, or harassment despite significant evidence to suggest otherwise. This may occur in the context of being tormented, followed, or spied on.

Erotomania → is the delusional belief that another person, usually of higher social status, is secretly in love with them. The sufferer may also believe that the subject of their delusion secretly communicates their love through seemingly innocuous acts, or if they are a public figure through clues in the media. The object of the delusion usually has little or no contact with the sufferer.

Grandiose delusions → or delusions of grandeur is the fantastical beliefs that one is famous, omnipotent, wealthy, or otherwise very powerful. They believe that they have exceptional abilities or talents and keep praising themselves.

Delusion of reference → is the false belief that insignificant remarks, events, or objects in one's environment have personal meaning or significance. Example, someone constantly gives him or her a special message through the newspaper.

Q-7

A couple attends a marriage counselling session because of marital problems. The wife states that her husband is having affairs although she has no proof of this. The husband states that she is "insane" because she is having him followed by a private detective and she is overly preoccupied about him being unfaithful. She goes through his personal belongings almost every day to look for signs of infidelity. Her actions are putting considerable strain on their marriage. What is the SINGLE most likely syndrome she is suffering from?

- A. Frégoli delusion
- B. Cotard syndrome
- C. Capgras syndrome
- D. Ekbom syndrome
- E. Othello syndrome

ANSWER:

Othello syndrome

EXPLANATION:

Othello Syndrome → is a type of delusional jealousy, marked by suspecting a faithful partner of infidelity like cheating, adultery or having an affair. The patient may attempt monitoring his spouse or partner.

Frégoli delusion → is when a person holds a delusional belief that different people are in fact a single person who changes appearance or is in disguise.

Capgras syndrome → A type of delusional misidentification in which the patient believes that a person known to them has been replaced by a 'double' who is to all external appearances identical, but is not the 'real person'.

Cotard syndrome → is a presentation of psychotic depressive illness characterised by a combination of severely depressed mood with nihilistic delusions. The patient may state that he is already dead and should be buried. He may state that his insides have stopped working and are rotting away, or that he has stopped existing altogether.

Ekbom syndrome → Also known as restless legs syndrome. An unpleasant, often painful sensations in the legs, particularly on sleep onset. Significantly interferes with the ability to get to sleep.

Q-8

A 48 year old man attends his GP surgery. He was started on fluoxetine 8 weeks ago for depression and is now requesting to stop his medication as he feels well and does not think he is depressed any longer. What is the SINGLE most appropriate advice to give to him in regards to his treatment?

- A. Stop fluoxetine right away
- B. Continued fluoxetine for at least another 6 months
- C. Fluoxetine dose should be gradually reduced over a 4 week period
- D. Fluoxetine dose should be gradually reduced over a 1 week period
- E. Change to a different SSRI

ANSWER:

Continued fluoxetine for at least another 6 months.

EXPLANATION:

If a patient makes a good response to antidepressant therapy they should continue on treatment for at least 6 months after remission as this reduces the risk of relapse.

When stopping a SSRI the dose should be gradually reduced over a 4 week period (this is not necessary with fluoxetine as it has a long half life).

Q-9

A 29 year old male presents to Accident & Emergency with the complaint of neck stiffness. The patient's past medical history is significant for schizophrenia, diagnosed a few months ago. His notes mention that his psychiatrist had just started him on a new drug called clozapine due to his previous medication not working. He is on no other medication and denies the use of over the counter medications or illicit drugs. He smokes around five cigarettes a day but does not drink alcohol. Upon physical examination, the patient appears to be working hard to breathe. Active and passive flexion and extension of his neck is extremely difficult to achieve. The patient's face also appears red and flushed. He also appears to be confused. His vital signs are as follows:

Blood pressure 168/98 mmHg

Heart rate 114 beats per minute

Temperature 39.2 C

Oxygen saturation on room air 95%

What is the SINGLE most likely diagnosis?

- A. Bacterial meningitis
- B. Drug overdose
- C. Encephalitis
- D. Neuroleptic malignant syndrome
- E. Organophosphate poisoning

ANSWER:

Neuroleptic malignant syndrome

EXPLANATION:

This patient has neuroleptic malignant syndrome (NMS). NMS describes a rare and unusual reaction to antipsychotic drugs. The cause of NMS in this case is the patient's use of clozapine. Clozapine is a potent antipsychotic drug that is only used in patients in whom traditional antipsychotics have failed. Symptoms of NMS usually include high fevers, confusion, agitation, muscle rigidity, sweating and tachycardia. The onset of these symptoms usually occurs after a few weeks of starting the medication but the symptoms can occur at any time.

Although bacterial meningitis and encephalitis are possibilities and should still be ruled out given the patient's signs and symptoms, it is unlikely given the glaring history of antipsychotic drug use.

Organophosphate poisoning presents with pinpoint pupils, confusion and agitation and copious secretions. Occasionally, arrhythmias will be seen on ECG

Q-10

A 33 year old schizophrenic says the following. "Life is unfair, I eat air, law chair, I like fairs, fairs have foot, it must be good, in adulthood, I misunderstood". What term describes this patient's speech?

- A. Neologism
- B. Pressure of speech
- C. Broca's aphasia
- D. Wernicke's aphasia
- E. Clang association

ANSWER:

Clang association

EXPLANATION:

Clang association

Clang association is an abnormality of speech where the connection between words is their sound rather than their meaning. May occur during manic flight of ideas. Clang associations generally sound a bit like rhyming poetry, except that the poems don't seem to make any sense. Example, one may say "systematic, sympathetic, quite pathetic, apologetic, paramedic, your heart is prosthetic.

Q-11

An 18 year old male washes his hands 6 times every time he uses the toilet. On his way out of the toilet, he has to switch off the light, turn it back on and turn it off once more. What is the SINGLE most appropriate management?

- A. Psychodynamic therapy
- B. Electroconvulsive therapy (ECT)
- C. Antipsychotics
- D. Cognitive behavioural therapy (CBT)
- E. Psychotherapy

ANSWER:

Cognitive behavioural therapy (CBT)

EXPLANATION:**Obsessive-compulsive disorder (OCD)**

A common, chronic condition, often associated with marked anxiety and depression, characterized by 'obsessions'.

It is characterized by recurrent obsessions or compulsions that are recognized by the individual as unreasonable. Obsessions are anxiety-provoking, intrusive thoughts, commonly concerning contamination, doubt, guilt, aggression, and sex. Compulsions are peculiar behaviors that reduce anxiety, commonly hand-washing, organizing, checking, counting, and praying.

Management

CBT is recommended by NICE, but essentially takes a behavioural approach, including exposure and response prevention (ERP).

SSRIs (licensed): escitalopram, fluoxetine, sertraline or paroxetine should be considered first-line (no clear superiority of any one agent). Other (unlicensed) agents include citalopram

For PLAB, electroconvulsive therapy (ECT) would be the answer for treatment of OCD,

If the patient is suicidal or severely incapacitated

Q-12

A 55 year old man has a firm belief that the headlines in the newspapers are written especially for him. He believes that the authors of the newspaper articles whom he has never met are sending secret and significant messages that only he can understand. What is the SINGLE most likely type of delusion that this man is suffering from?

- A. Persecutory delusions
- B. Grandiose delusions
- C. Delusion of control
- D. Delusion of reference
- E. Nihilistic delusions

ANSWER:

Delusion of control

EXPLANATION:

Delusion of reference → is the false belief that insignificant remarks, events, or objects in one's environment have personal meaning or significance. Example, someone constantly gives him or her a special messages through the newspaper.

Persecutory delusion → is a delusional belief that one's life is being interfered with in a harmful way. It refers to false beliefs or perceptions in which a person believes that they are being treated with malicious intent, hostility, or harassment despite significant evidence to suggest otherwise. This may occur in the context of being tormented, followed, or spied on.

Grandiose delusions → or delusions of grandeur is the fantastical beliefs that one is famous, omnipotent, wealthy, or otherwise very powerful. They believe that they have exceptional abilities or talents and keep praising themselves.

Delusion of control → is the false belief that another person, group of people, or external force controls one's general thoughts, feelings, impulses, or behavior.

Nihilistic delusions → is the delusional belief that the patient has died or no longer exists or that the world has ended or is no longer real. Nothing matters any longer and continued effort is pointless. It is a feature of psychotic depressive illness. Patient may believe that he/she is dead and may ask people to bury them.

Q-13

A 38 year old woman with a history of severe depression and bipolar affective disorder presents to the Emergency Department with coarse tremors and muscular twitching. She feels nauseous and drowsy. She had vomited three times a few hours before presenting to the Emergency Department. She has brought in a bag full of the medications she would normally take with one of the medication boxes completely empty. Which is the SINGLE most likely medication responsible for her symptoms?

- A. Lithium
- B. Levothyroxine
- C. Amitriptyline
- D. Methyldopa
- E. Sodium valproate

ANSWER:

Lithium

EXPLANATION:

Lithium toxicity is a frequently asked topic. Patients would present with symptoms of tremors, nausea, vomiting followed by drowsiness, confusion and later a coma. In these cases where lithium toxicity is suspected, urea and creatinine and lithium levels should be obtained.

Note that sodium valproate is also another cause of tremors but it is seen commonly with therapeutic doses rather than an overdose. One should be very careful when choosing sodium valproate as the cause of tremors over lithium in a situation where overdose is suspected. With sodium valproate overdose, they may also present with nausea and drowsiness just like in this stem, however a coarse tremor is rarely seen.

LITHIUM TOXICITY CLINICAL FEATURES

Mild

- Nausea
- Altered taste
- Diarrhoea
- Blurred vision
- Polyuria
- Fine resting tremor

Moderate

- Increasing confusion
- Increased deep tendon reflexes
- Myoclonic twitches and jerks
- Increasing restlessness followed by stupor

Severe

- Coma
- Convulsions
- Cardiac dysrhythmias
- Cerebellar signs

Q-14

A 17 year old woman has been diagnosed with anorexia nervosa. She has mild depressive symptoms and has reduced her food intake in the last 8 months. She exercises daily and admits to inducing vomiting occasionally after a meal. Her body mass index is 16.8 kg/m². She has a blood pressure of 95/65 mmHg and a heart rate of 70 beats/minute. What is the SINGLE most appropriate management?

- A. Refer to eating disorder service**
- B. Refer to dietician**
- C. Admit to medical ward**
- D. Admit to psychiatric ward**
- E. Start antidepressants**

ANSWER:

Refer to eating disorder service

EXPLANATION:

She falls into the category of moderate anorexia. Admission to the hospital is not warranted because her blood pressure, heart rate are fine and her BMI is still above 15. Referral to an eating disorder unit or service would be the most appropriate.

No drug treatments for anorexia nervosa are validated by good randomized trials although fluoxetine prevents relapse in open trials. Nonetheless, do not pick antidepressants when it is the option for management of anorexia nervosa for this exam.

BMI <15kg/m², rapid weight loss + evidence of system failure

- requires urgent referral to eating disorder unit (EDU), medical unit (MU) or paediatric medical wards

In moderate anorexia (BMI 15–17.5, no evidence of system failure)

- routine referral can be to the local community mental health team or eating disorder unit (EDU) if available

In mild anorexia (BMI >17.5)

- focus on building a trusting relationship and encouraging use of self-help books and a food diary

Q-15

A 25 year old woman presents to the GP with low mood. She has an increased appetite and has gone up 2 dress sizes. She also complains that she feels very tired and often only gets out of bed in the afternoon despite sleeping early. What is the SINGLE most likely diagnosis?

- A. Pseudo depression
- B. Moderate depression
- C. Severe depression
- D. Dysthymia
- E. Atypical depression

ANSWER:

Atypical depression

EXPLANATION:

Atypical depression is a subtype of major depression or dysthymic disorder that involves several specific symptoms, including increased appetite or weight gain, sleepiness or excessive sleep, marked fatigue or weakness.

Atypical depressive episode

Regarded as a subtype of depressive disorder, rather than a separate entity.

Clinical features

- Mood is depressed, but remains reactive (able to enjoy certain experiences but not to 'normal' levels)
- Hypersomnia (sleeping more than 10 hours/day, at least 3 days/weeks, for at least 3 months)
- Hyperphagia (excessive eating with weight gain of over 3kg in 3 months)

- 'Lead paralysis' (feeling of heaviness in the limbs)

Epidemiology Onset usually in late teens and early twenties

Q-16

A 30 year old woman comes to clinic in tears trying to describe the constant irritability she is in when dealing with her 2 small children. She describes herself as easily startled. She is unable to concentrate for long but attributes it to poor sleep as she often gets nightmares of a house fire. Her husband died in a house fire while she was sleeping in the other room last year. What is the SINGLE most appropriate management?

- A. Reassurance
- B. Relaxation therapy
- C. Quetiapine
- D. Lofepamine
- E. Fluoxetine

ANSWER:

Fluoxetine

EXPLANATION:

This woman is suffering from post-traumatic stress disorder. Fluoxetine is an SSRI. SSRIs are used second to CBT. As CBT was not an option in this question, fluoxetine would be the next best choice.

POST-TRAUMATIC STRESS DISORDER (PTSD)

- Develops following a traumatic event

Features

- Re-experiencing:
 - o Flashbacks, nightmares
- Avoidance:
 - o Avoiding people, situations or circumstances resembling or associated with the event
- Hyperarousal
 - o Hypervigilance for threat, exaggerated startle response, sleep problems, irritability and difficulty concentrating
- Emotional numbing
 - o Lack of ability to experience feelings

Management

- Trauma-focused cognitive behavioural therapy (TF-CBT) and eye movement desensitization and reprocessing (EMDR): are first-line treatments

It is very common to have questions with a patient with clear symptoms of PTSD and the question would ask which is first line. If CBT is present, that is usually the answer.

• SSRI's would be second line. e.g. paroxetine, sertraline are licensed for PTSD. Other unlicensed possibilities include: fluoxetine, citalopram, escitalopram, and fluvoxamine.

If you find all these names of SSRI's difficult to remember. Just remember these 3 → Paroxetine, sertraline, and fluoxetine.

Q-17

A 34 year old man who is a known schizophrenic has been going through a depressive phase for the past few months since the death of his father. During discussions with his siblings and friends, he is seen laughing and smiling inappropriately while talking about his father's death. He does not seem to realise that his actions are inappropriate. What is the **SINGLE** most appropriate term that describes his symptoms?

- A. Flight of ideas
- B. Flat affect
- C. Emotional lability
- D. Incongruent affect
- E. Clang association

ANSWER:

Incongruent affect

EXPLANATION:

Incongruent affect

The term "incongruent" means out of place. Incongruent affect is sometimes seen in schizophrenia where their behaviour is out of place. Example, talking about problems in their family while laughing or laughing when your pet dies. These behaviours are seen as not consistent with the patient's current mindset. This is also seen in bipolar patients.

Q-18

A 23 year old woman has had several sudden onset episodes of palpitations, sweating, nausea and overwhelming fear. On one occasion she was woken from sleep and had the fear that she was going insane. She has no previous psychiatric medical history and is not on any medication. What is the **SINGLE** most likely diagnosis?

- A. Pheochromocytoma
- B. Panic disorder
- C. Generalized anxiety disorder
- D. Hypnophobia
- E. Acute stress disorder

ANSWER:

Panic disorder

EXPLANATION:

It is quite difficult to differentiate generalized anxiety disorder with panic disorder. People with generalized anxiety disorder feel anxious most days and often struggle to remember the last time they felt relaxed. As soon as one anxious

thought is resolved, another may appear about a different issue. Panic disorder, however, is where you have recurring and regular panic attacks, often for no apparent reason similar to this stem where she had several sudden onset episodes of panic.

Panic disorder

Panic disorder is classified as having 2 recurrent panic attacks, which are not secondary to substance misuse, medical conditions, or another psychiatric disorder. Frequency of occurrence may vary from many attacks a day to only a few a year. Usually patients have a persistent worry about having another attack or consequences of the attack.

Symptoms/signs

- Physical symptoms/signs related to autonomic arousal (e.g. tremor, tachycardia, tachypnoea, hypertension, sweating)
- Concerns of death from cardiac or respiratory problems may be a major focus, leading to patients presenting (often repeatedly) to emergency medical services.

Q-19

A 48 year old man states he is a well known professor teaching rocket science in a London University. He states that the amount of people who attend are within the thousands and they would fly in from different parts of the world to hear his lectures. He states that he owns majority of United Kingdom and in a few years people would think of him as a god. What is the SINGLE most likely disorder?

- A. Delusion**
- B. Mania**
- C. Identity disorder**
- D. Bipolar disorder**
- E. Substance abuse disorder**

ANSWER:

Delusion

EXPLANATION:

This is a difficult question and many of the choices are potentially correct however the one disorder that stands out is delusion. A delusion is a mistaken belief that is held by the person with strong conviction despite true evidence against the belief. The subtype of delusion called "grandiose delusions" is likely what this man is suffering from. This subtype of delusions are seen in manic episodes of bipolar disorder, schizophrenics and occasionally in substance abuse disorders.

The option of mania and bipolar disorder is not entirely wrong but delusion fits better as the answer.

GRANDIOSE DELUSIONS

Delusions of grandeur is a subtype of delusion involving the fantastical beliefs that one is famous, omnipotent, wealthy, or otherwise very powerful. They believe that they have exceptional abilities or talents and keep praising

themselves. This is primarily seen in patients in manic states of bipolar disorder or patients with schizophrenia. The delusions may involve supernatural or science fiction themes.

Examples include

- *A professor who thinks he would become a king or god later in life which is seen to be untrue*
- *A powerful man who is helping the prime minister which is seen to be untrue*

Q-20

A 10 year old boy with behavioural problems is taken to the clinic by his parents. During the appointment, the boy barks and shouts expletives. He is constantly blinking his eyes and unable to sit still. What is the SINGLE most likely diagnosis?

- A. Asperger syndrome
- B. Cotard syndrome
- C. Rett syndrome
- D. Ekbom syndrome
- E. Tourette's syndrome

ANSWER:

Tourette's syndrome

EXPLANATION:

This is a classic scenario for Tourette's syndrome in PLAB 1. Other clues that may appear on PLAB 1 may be the child yelling in class intermittently or shouting expletives. Most Tourette's syndromes are diagnosed at 6-8 years, maximum to the age of 13.

The other syndromes are less likely to be the answer:

Asperger syndrome → Characterized by severe persistent impairment in reciprocal social interactions, repetitive behaviour patterns, and restricted interests. IQ and language are normal or, in some cases, superior. Although tics (like the above case) can also be found in asperger syndrome, it is more specific for Tourette's syndrome. Not to mention, the question would include an impairment of social skills if the PLAB examiners wanted you to have picked Asperger syndrome.

Cotard's syndrome → is a rare mental illness in which an afflicted person holds the delusion that they are dead

Rett's syndrome → There is normal development for 2–3yrs, followed by a loss of acquired motor, language, and social skills between ages 3 and 4yrs. Stereotypies and compulsions are common.

Ekbom's syndrome → Also called restless leg syndrome. Unpleasant, often painful sensations in the legs, particularly on sleep onset

Tourette's syndrome

Presentation:

- Young (6-8 years old) mostly male
- Repetitive movements or gestures that are disruptive in the classroom or to people around the child (can be motor or vocal) → Tics
- Jerks, blinks, sniffs, nods, spitting, stuttering, irrepressible explosive obscene verbal ejaculations, grunts, and squeaks

Diagnosis:

- Clinical diagnosis

Treatment:

- Risperidone or haloperidol
- Behavioral therapy - Habit-reversal training

Q-21

A 19 year old man accuses his friend of making his right arm swing out to hit a stranger at the park. There is no evidence of this as his friend was at home at that time. What is the SINGLE most appropriate term to describe this condition?

- A. Delusion of control
- B. Persecutory delusion
- C. Grandiose delusions
- D. Delusion of reference
- E. Thought insertion

ANSWER:

Delusion of control

EXPLANATION:

Delusion of control → is the false belief that another person, group of people, or external force controls one's general thoughts, feelings, impulses, or behavior.

Persecutory delusion → is a delusional belief that one's life is being interfered with in a harmful way. It refers to false beliefs or perceptions in which a person believes that they are being treated with malicious intent, hostility, or harassment despite significant evidence to suggest otherwise. This may occur in the context of being tormented, followed, or spied on.

Grandiose delusions → or delusions of grandeur is the fantastical beliefs that one is famous, omnipotent, wealthy, or otherwise very powerful. They believe that they have exceptional abilities or talents and keep praising themselves.

Delusion of reference → is the false belief that insignificant remarks, events, or objects in one's environment have personal meaning or significance. Example, someone constantly gives him or her a special message through the newspaper.

Thought insertion → The delusional belief that thoughts are being placed in the patient's head from outside

Q-22

A 44 year old man is very depressed and miserable after wife's death 6 months ago. He sees no point in living now that his wife is not around. He feels regret and wishes he never existed. He refuses any medical help offered. His son has brought him to the emergency department. The son mentions that he cannot deal with the father's depression any longer as he has a job and family to attend to. What is **SINGLE** most appropriate next step?

- A. Voluntary admission to psychiatric ward
- B. Compulsory admission under Mental Health Act
- C. Refer to social services
- D. Alternate housing
- E. Electroconvulsive therapy

ANSWER:

Compulsory admission under Mental Health Act

EXPLANATION:

This patient is refusing any help offered thus voluntary admission to psychiatric ward is not possible. Compulsory admission under Mental Health Act is the most appropriate answer. The Mental Health Act 1983 is the law in England and Wales that allows people with a 'mental disorder' to be admitted to hospital, detained and treated without their consent – either for their own health and safety, or for the protection of other people.

Q-23

A 30 year old man who served in the army 6 months ago presents with lack of interest in enjoyable activities and feeling low. He often wakes up in the middle of the night because of nightmares of gun fire. He feels irritable and has difficulty concentrating. He tries not to watch the news as it reminds him of war. What is the **SINGLE** most appropriate initial therapy?

- A. Citalopram
- B. Lofepamine
- C. Cognitive behavioural therapy (CBT)
- D. Clonazepam
- E. Desensitization

ANSWER:

Cognitive behavioural therapy (CBT)

EXPLANATION:

This man is suffering from post-traumatic disorder

Post-traumatic disorder (PTSD) develops following a traumatic event. In this case, it was war that stimulated PTSD.

Q-24

A 14 year old girl was found by her mother collapsed on the floor at home and brought to the Emergency Department. She was found on the floor at home but regained consciousness just before the paramedics arrived. She gives a history of increasing fatigue and intolerance to cold over the past few weeks since joining the gym 2 months ago. On further questioning, her mother says that she found laxatives and diuretics in her daughter's room and is concerned about it being the cause of her collapse. She denies her weight being an issue despite having a body mass of 15 kg/m². She has a systolic blood pressure of 85 mmHg and a heart rate of 55 beats/minute. During examination, it is noted that she finds it difficult to get up from a lying position without using her hands. What is the **SINGLE** most likely reason for her symptoms?

- A. Abuse of recreational drugs
- B. Overdose of laxatives
- C. Diagnosis of anorexia nervosa
- D. Diagnosis of hyperthyroidism
- E. Diagnosis of anaemia

ANSWER:

Diagnosis of anorexia nervosa

EXPLANATION:

This girl has clinical features of anorexia nervosa. Over exercising, diuretics and laxatives over several weeks could cause a rapid weight loss which has detrimental effects to the cardiovascular system leading to syncope.

Young girls with anorexia nervosa often feel fatigue and intolerance to cold due to their low BMI. Their muscle power is decreased so they may find it more difficult to sit up without using their hands to support them.

Q-25

A 30 year old woman complains of feeling restless, muscle tension and sleep disturbance on majority of the days over the last 9 months. She worries excessively about a number of everyday events and activities and is unable to control these feelings which are impairing her ability to hold down her job. What is the **SINGLE** most likely diagnosis?

- A. Panic disorder
- B. Generalized anxiety disorder (GAD)
- C. Pheochromocytoma
- D. Acute stress reaction
- E. Social phobia

ANSWER:

Generalized anxiety disorder (GAD)

EXPLANATION:

There is a fine line between Generalised Anxiety Disorder (GAD) and Panic attacks. They both can present similarly. The major difference is panic attacks are

usually short lived (lasting no longer than 20–30min (rarely over 1 hour).
'Excessive worry' and feelings of apprehension about everyday events like in this case points toward the diagnosis of GAD.

Acute stress reaction is a transient disorder (lasting hours or days) that may occur in an individual as an immediate (within 1 hour) response to exceptional stress (e.g. natural catastrophe, major accident, serious assault, warfare, rape, fire). Symptoms tend to be mixed with an initial state of daze, followed by depression, and anxiety. As in this case, the symptoms were going on for 9 months, it is not acute stress reaction.

GENERALIZED ANXIETY DISORDER (GAD)

'Excessive worry' and feelings of apprehension about everyday events, with symptoms of muscle and psychic tension, causing significant distress and functional impairment.

Symptoms of GAD (present most days for at least 6 months)

- Restlessness
- concentration difficulties or 'mind going blank'
- irritability
- muscle tension
- sleep disturbance
- palpitations/tachycardia
- sweating
- Trembling or shaking
- breathing difficulties; choking sensation; chest pain or discomfort;
- fear of losing control, 'going crazy', passing out, dying.

Management

- Cognitive behavioural therapy or applied relaxation or drug treatment.
- NICE suggest sertraline should be considered the first-line SSRI.
 - Alternative SSRI options are escitalopram or paroxetine.

Q-26

A 64 year old man believes a female newscaster on the television is communicating directly to him when she turns a page and when she looks at the camera. What is the SINGLE most likely type of delusion that this man is suffering from?

- A. Persecutory delusions
- B. Grandiose delusions
- C. Delusion of control
- D. Delusion of reference
- E. Nihilistic delusions

ANSWER:

Delusion of reference

EXPLANATION:

Delusion of reference → is the false belief that insignificant remarks, events, or objects in one's environment have personal meaning or significance.

Example, someone constantly gives him or her a special messages through the newspaper.

Persecutory delusion → is a delusional belief that one's life is being interfered with in a harmful way. It refers to false beliefs or perceptions in which a person believes that they are being treated with malicious intent, hostility, or harassment despite significant evidence to suggest otherwise. This may occur in the context of being tormented, followed, or spied on.

Grandiose delusions → or delusions of grandeur is the fantastical beliefs that one is famous, omnipotent, wealthy, or otherwise very powerful. They believe that they have exceptional abilities or talents and keep praising themselves.

Delusion of control → is the false belief that another person, group of people, or external force controls one's general thoughts, feelings, impulses, or behavior.

Nihilistic delusions → is the delusional belief that the patient has died or no longer exists or that the world has ended or is no longer real. Nothing matters any longer and continued effort is pointless. It is a feature of psychotic depressive illness. Patient may believe that he/she is dead and may ask people to bury them.

Q-27

A 29 year old man has been severely depressed over the last 3 years now believes that he does not exist and never existed in this world. He has poor eye contact and speaks softly. He says that people around him are unable to listen and see him because he is inaudible and invisible. What SINGLE kind of delusion is he suffering from?

- A. Nihilistic delusions
- B. Delusion of guilt
- C. Persecutory delusion
- D. Fregoli delusion
- E. Clang association

ANSWER:

Nihilistic delusions

EXPLANATION:

Nihilistic delusions → is the delusional belief that the patient has died or no longer exists or that the world has ended or is no longer real. Nothing matters any longer and continued effort is pointless. It is a feature of psychotic depressive illness. Patient may believe that he/she is dead and may ask people to bury them.

Delusion of guilt → involves feeling guilty or remorseful for no valid reason. An example would be someone that believes they were responsible for a war in another country or hurricane damage in another state. The object of delusion believes that they deserve to be punished for their sins.

Persecutory delusion → is a delusional belief that one's life is being interfered with in a harmful way. It refers to false beliefs or perceptions in which a person believes that they are being treated with malicious intent, hostility, or harassment

despite significant evidence to suggest otherwise. This may occur in the context of being tormented, followed, or spied on.

Frégoli delusion → is when a person holds a delusional belief that different people are in fact a single person who changes appearance or is in disguise.

Clang association → is an abnormality of speech where the connection between words is their sound rather than their meaning. May occur during manic flight of ideas. Clang associations generally sound a bit like rhyming poetry, except that the poems don't seem to make any sense. Example, one may say "systematic, sympathetic, quite pathetic, apologetic, paramedic, your heart is prosthetic."

Q-28

A 64 year old man has recently suffered from a myocardial infarction 5 months ago. He has been having trouble sleeping and seems depressed. His regular medications include aspirin, atorvastatin and ramipril. What is the SINGLE most appropriate medication to start him on?

- A. Lofepamine
- B. Dosulepin
- C. Citalopram
- D. Amitriptyline
- E. Phenelzine

ANSWER:

Citalopram

EXPLANATION:

For majority of patients with moderate depression, selective serotonin reuptake inhibitors (SSRIs) are considered first-line

If the question gives you options of SSRIs, sertraline would be the best answer to pick as sertraline has good safety profile with patients with myocardial infarction. The other antidepressants have not been studied enough in context of myocardial infarction however citalopram has gained popularity and is also considered safe for use in patients with depression with a history of myocardial infarction.

Remember, both sertraline and citalopram are safe options for patients who have had a recent MI. If both were present as options, pick Sertraline as there is more evidence for its safe use for patients who have had recent MI.

Citalopram and fluoxetine are the preferred SSRIs if there is no relevant past medical history.

Q-29

A 38 year old man has disturbing thoughts about his house being infected by germs. He is anxious about safety and checks the locks of his doors repeatedly before going to bed. He has been washing his hands every time he touches the lock. This can be 5 to 10 times an hour. What is the SINGLE most appropriate management?

- A. Antidepressant
- B. Antipsychotic
- C. Anxiolytic
- D. Cognitive behavioural therapy
- E. Psychodynamic psychotherapy

ANSWER:

Cognitive behavioural therapy

EXPLANATION:

The diagnosis here is obsessive-compulsive disorder (OCD). Exposure and response prevention (ERP) is included in cognitive behavioural therapy (CBT) in treatment for those who present with OCD. The method is predicated on the idea that a therapeutic effect is achieved as subjects confront their fears and discontinue their escape response. In this case, the patient would be exposed to his feared stimulus, and would refuse to respond with any safety behaviors.

SSRIs are also a treatment choice for OCD. But as this is only a mild functional impairment, ERP would be a more appropriate answer. NICE CKS has very specific guidelines for obsessive-compulsive disorder (OCD)

In the initial treatment of adults with OCD, low intensity psychological treatments (including Exposure and Response Prevention (ERP)) should be offered if the patient's degree of functional impairment is mild and/or the patient expresses a preference for a low intensity approach. Low intensity treatments include brief individual or group CBT (including ERP)

Adults with OCD with mild functional impairment who are unable to engage in low intensity CBT (including ERP), or for whom low intensity treatment has proved to be inadequate, should be offered the choice of either a course of an SSRI or more intensive CBT (including ERP).

Q-30

A 33 year old woman is brought in to the Emergency Department with coarse tremors, nausea, vomiting, and abdominal pain. She is known to have bipolar affective disorder and is currently taking 600 mg of lithium carbonate twice a day. She has been feeling lethargic for the past week. She has a temperature of 38.1 C and a heart rate of 85 beats/minute. On examination, she looks drowsy with impaired concentration. Her blood results show:

**Sodium 140 mmol/L
Potassium 4.5 mmol/L
Urea 7 mmol/L
Creatinine 140 micromol/L
eGFR 60
Calcium 2.9 mmol/L**

What is the SINGLE most likely cause of her presentation?

- A. Malignant hyperthermia
- B. Neuroleptic malignant syndrome
- C. Hyperparathyroidism
- D. Hyperthyroidism
- E. Lithium toxicity

ANSWER:

Lithium toxicity

EXPLANATION:

Lithium is still used for bipolar disorder and has been proven to be a very effective treatment. In this stem, we see bloods that show hypercalcaemia. It is important to remember that lithium toxicity can cause hypercalcaemia. Medical professionals who deal with lithium monitoring are trained to look out for side effects of lithium toxicity such as severe or coarse hand shaking or tremors, blurred vision, abdominal pain with diarrhoea, slurred speaking, muscle twitching, confusion and muscle weakness. We can see some of the symptoms here in this stem.

Patients need regular blood test to monitor lithium levels every 3 months and regular liver function test and urea and electrolytes every 6 months. The dose of lithium varies. For example, lithium carbonate is normally started at doses of 450 to 675 mg twice daily and the lithium plasma concentration is checked in a week from starting. The doses are then adjusted according to the amount of serum lithium concentration. Blood tests are repeated and again the doses may be changed. This is done until serum lithium concentration is in an appropriate range.

While there are reports of lithium causing neuroleptic malignant syndrome, the symptoms of this stem do not fit as well. It is usually associated with pyrexia, rigidity and tachycardia of which only pyrexia is seen in this stem. Neuroleptic malignant syndrome is more commonly associated with antipsychotics.

Hyperparathyroidism is a much more common cause of hypercalcaemia when comparing with lithium toxicity however with calcium levels of less than 3, symptoms that are described in this stem (confusion, lethargy, nausea, vomiting, abdominal pain) are unlikely. Furthermore, hypercalcaemia does not cause coarse tremors.

Q-31

A 52 year old woman has been depressed ever since her husband died half a year ago. She was started on amitriptyline by her GP 3 months ago to help battle her depression. She now feels much better and sleeps well. She still thinks about her husband occasionally and the thoughts bring her mood down but she has drastic improvements as compared to a few months ago. She wants to know if she can stop medication. What is the SINGLE best advice to give her?

- A. Stop amitriptyline and start cognitive behavioural therapy (CBT)**
- B. Stop amitriptyline and start bereavement counselling**
- C. Stop amitriptyline and start psychoanalysis**
- D. Stop amitriptyline and review in 4 weeks**
- E. Continue amitriptyline for another 3 more months**

ANSWER:

Continue amitriptyline for another 3 more months

EXPLANATION:

Continuing therapy for at least 6 months is advised as to reduce risk of relapse even when patients are feeling “better”. Patients should be reassured that antidepressants are not addictive.

Depression is an important feature of bereavement. We note a good response with this lady as she feels better and sleeps well, but antidepressive therapy should still be continued for another 3 more months (6 months in total) to reduce risk of relapse.

Q-32

A 21 year old woman was brought to the Emergency Department by her boyfriend. She has many self inflicted superficial lacerations on her forearm. She is distressed and constantly says her boyfriend is going to end the relationship. She denies trying to end her life. What is the SINGLE most likely diagnosis?

- A. Acute psychosis
- B. Antisocial personality disorder
- C. Psychotic depression
- D. Borderline personality disorder
- E. Schizophrenia

ANSWER:

Borderline personality disorder

EXPLANATION:**Borderline Personality Disorder**

Usually characterized by mood swings, marked impulsivity, unstable relationships, and inappropriate anger. They can be very dramatic. They are usually attentionseekers and may have multiple self-inflicted scars. They may threaten to commit suicide.

Q-33

A 22 year old man finds it difficult to come out of a room without having to turn the light switch off and on 3 minutes. He has tried more than several times to go out of the room without having to do this particular compulsion however he still returns to the room feeling agitated that it was not done. He recognizes that he has a problem and is willing to see a psychiatrist. What is the SINGLE most accurate term that describes this situation?

- A. Nihilistic delusions
- B. Thought insertion
- C. Thought block
- D. Panic attack
- E. Insight

ANSWER:

Insight

EXPLANATION:

Insight

In psychology and psychiatry, insight can mean the ability to recognize one's own mental illness. This form of insight has multiple dimensions, such as recognizing the need for treatment, and recognizing consequences of one's behavior as stemming from an illness.

For example, people with obsessive compulsive disorder and various phobias tend to have relatively good insight that they have a problem and that their thoughts and/or actions are unreasonable, yet are compelled to carry out the thoughts and actions regardless.

In general, a patient with insight is a patient who knows that their symptoms represent abnormality and seeks their diagnosis and appropriate treatment.

Q-34

A 32 year old woman complains of abdominal pain, shortness of breath, palpitations, unsteadiness, and numbness of the lower limbs. These symptoms have been on going for several months. An ECG, chest x-ray, abdominal ultrasound and neurological exam has returned with normal results. What is the SINGLE most likely diagnosis?

- A. Somatization disorder
- B. Hypochondriasis
- C. Munchausen's syndrome
- D. Conversion disorder
- E. Malingering

ANSWER:

Somatization disorder

EXPLANATION:

Somatization disorder is the experience of bodily symptoms with no physical cause for them, with presumed psychological causation. All investigations would be normal.

Hypochondriasis → is the persistent belief in the presence of an underlying serious DISEASE, e.g. cancer or HIV. The patient again refuses to accept reassurance or negative test results.

Munchausen's syndrome → also known as factitious disorder. Patients intentionally falsify their symptoms and past history and fabricate signs of physical or mental disorder with the primary aim of obtaining medical attention and treatment. The diagnostic features are the intentional and conscious production of signs, falsification, or exaggeration of the history and the lack of gain beyond medical attention and treatment.

Conversion (dissociative) disorders → typically involves loss or disturbance of normal motor or sensory function which initially appears to have a neurological or other physical cause but is later attributed to a psychological cause. The patient

does not consciously feign the symptoms or seek material gain. Patients may be indifferent to their apparent disorder.

Malingering → Deliberately falsifying the symptoms of illness for a secondary gain (e.g. for compensation, to avoid military service, or to obtain an opiate prescription).

Q-35

A 38 year old man was brought to the hospital by his sister because he inflicted self harm earlier in the day. His sister says that he has been depressed for about a year since his girlfriend left him. He lost his job last month and feels that there is nothing worth living. The patient started experiencing suicidal thoughts about a month ago and two days ago he began to prepare a note for his suicide. His sister is concerned about his mental health as he had asked her to help him end his life earlier that day. She became extremely concerned after he had cut himself and convinced him to go with her to the hospital. He is seen to have multiple lacerations in both arms with multiple healed scars along the arm and forearm. During the consultation, the patient was noted to be in a state of self-neglect and had poor eye contact. He was listless with poverty of speech and his speech had a low volume. What is the SINGLE most appropriate course of action?

- A. Voluntary admission into psychiatric ward
- B. Compulsory admission in psychiatric ward
- C. Prescribe mirtazapine and refer to outpatient psychiatry
- D. Prescribe diazepam and refer to outpatient psychiatry
- E. Electroconvulsive therapy

ANSWER:

Compulsory admission in psychiatric ward

EXPLANATION:

Admission should be to a ward where close observation and monitoring are possible, whenever there is significant risk of harm to self (or others)

The patient depicted in this scenario has severe depression. He has obvious depressive symptoms with severe functional impairment (self neglect). In addition, he has begun to actively plan a suicide attempt. This is a red flag. If you have reason to believe that he will harm himself or others, you may detain him and admit him under the Mental Health Act.

Mirtazapine is an atypical antidepressant. It is not the correct answer for this scenario. You cannot just give this patient an antidepressant and send him home because he is at high risk of suicide. In addition, antidepressants take weeks to take effect and this patient needs help now.

Electroconvulsive therapy (ECT) is a very controversial mode of treatment. The only people who would be making a decision to administer electroconvulsive therapy would be specialists and consultants. Electroconvulsive therapy is generally used in cases of severe depression that are not responding to

antidepressants or other treatment. It is the absolute last step in management for depression.

General steps involved in hospital management of depression

First Admission → Investigations → Treat with medications such as SSRI → Consider serotonin and norepinephrine reuptake inhibitors (SNRIs) → Consider augmentation with lithium with cognitive behaviour therapy → If nothing works, resort to ECT

Here are some common reasons for hospital admission

- Serious risk of suicide
- Serious risk of harm to others
- Significant self-neglect
- Severe depressive symptoms
- Severe psychotic symptoms
- Lack or breakdown of social supports
- Initiation of electroconvulsive therapy
- Treatment-resistant depression (where inpatient monitoring may be helpful).

Q-36

A 64 year old man has just suffered from a myocardial infarction. Before discharge, he seems to be in a sad mood and avoids eye contact. The nurses report that he has skipped his last two meals. What is the SINGLE best treatment for this man's condition?

- A. Sertraline
- B. Risperidone
- C. Lithium
- D. Amitriptyline
- E. Diazepam

ANSWER:

Sertraline

EXPLANATION:

For majority of patients with moderate depression, selective serotonin reuptake inhibitors (SSRIs) are considered first-line

If the question gives you options of SSRIs, sertraline would be the best answer to pick as sertraline has good safety profile with patients with myocardial infarction. The other antidepressants have not been studied enough in context of myocardial infarction however citalopram has gained popularity and is also considered safe for use in patients with depression with a history of myocardial infarction

Guidelines to choosing the right antidepressant:

Selective serotonin reuptake inhibitors (SSRIs) are used as first-line antidepressants in routine care because they are as effective as tricyclic antidepressants and less likely to be discontinued because of side-effects; also because they are less toxic in overdose.

Which SSRI to prescribe?

- Guidance suggests that we choose a generic SSRI (eg, citalopram, fluoxetine, paroxetine, or sertraline) when treating an individual with antidepressants for the

first time

- Fluoxetine is the antidepressant of choice for children and young people. It is the only antidepressant licensed for this use.

In summary:

- SSRI's are first line. Remember these 4 drugs for PLAB 1:
 - o Citalopram
 - o Fluoxetine
 - o Paroxetine
 - o Sertraline
- Fluoxetine for young people

Q-37

A 62 year old man who was admitted for surgery 3 days ago suddenly becomes confused. His attention span is reduced. He is restless and physically aggressive and picks at his bed sheets. What SINGLE aspect of the patient's history recovered in his notes is most likely to aid in making the diagnosis?

- A. Chronic alcohol consumption**
- B. Previous head trauma**
- C. Psychiatric history of generalized anxiety disorder**
- D. Psychiatric history of obsessive compulsive disorder**
- E. Mild cognitive impairment**

ANSWER:

Chronic alcohol consumption

EXPLANATION:

Abstinence from alcohol in the hospital can cause delirium tremens which is noted here by his sudden confusion, restlessness and physical aggressiveness.

Delirium tremens

- Delirium tremens usually begins 24-72 hours after alcohol consumption has been reduced or stopped.
- Seen in chronic alcoholics
- The symptoms/signs differ from usual withdrawal symptoms in that there are signs of altered mental status. These can include hallucinations (auditory, visual, or olfactory), confusion, delusions, severe agitation. Seizures can also occur.

A common scenario would be a chronic alcoholic who is admitted for an operation where that patient would have to be abstinent from alcohol. A few days after being abstinent, he or she would start having symptoms of an altered mental status which include hallucinations.

Q-38

A 38 year old woman with episodes of mania followed by depression was started on medication. Improvement was seen and she no longer complains of these episodes. What is the SINGLE most likely medication that she was started on?

- A. Fluoxetine
- B. Lithium
- C. Lorazepam
- D. Haloperidol
- E. Amphetamine

ANSWER:

Lithium

EXPLANATION:

Please see Q-3

Q-39

A 62 year old retired school teacher has had a repair of strangulated femoral hernia 3 days ago. She has become agitated, aggressive and confused over the past 12 hours. She has developed auditory hallucinations. Her blood tests show:

Haemoglobin 129 g/L

Mean cell volume (MCV) 112 fL

Gamma-glutamyl transferase (GGT) 120 u/L

Alkaline phosphatase (ALP) 110 iu/L

What is the **SINGLE** most appropriate management?

- A. Vitamin B12
- B. Lorazepam
- C. Intravenous morphine
- D. Clozapine
- E. Thiamine

ANSWER:

Lorazepam

EXPLANATION:

Abstinence from alcohol in the hospital can cause delirium tremens. The chronic alcoholism is supported by high MCV and GGT here. The GGT result is more useful than the MCV result as a “red flag” to raise the suspicion that the person is drinking too much.

Symptoms fit delirium tremens. Seizures can be seen in delirium tremens. It is unlikely to be Wernicke’s encephalopathy or Korsakoff’s psychosis as in PLAB they would usually have a triad of confusion, ataxia and ophthalmoplegia.

Diazepam or chlordiazepoxide is used frequently to manage uncomplicated withdrawals however for delirium tremens the first line is Lorazepam (previously this was chlordiazepoxide).

As these patients are also thiamine deficient, they would require parenteral and/or oral thiamine eventually however the more immediate treatment here would be lorazepam which is a fast-acting benzodiazepine. If deficiency of

thiamine continues, it will cause Wernicke's encephalopathy and later on can lead to Korsakoff's syndrome.

Q-40

A 20 year old boy is brought by his parents to the emergency department. He is agitated and euphoric. The parents suspect that he has taken drugs. Examination reveals a perforated nasal septum. What is the SINGLE most likely drug that was taken?

- A. Heroin
- B. Cocaine
- C. Ecstasy/MDMA/amphetamine
- D. Alcohol
- E. Opioids

ANSWER:

Cocaine

EXPLANATION:

This is a high yield question in PLAB. The perforated nasal septum is a huge clue that the route of intake is nasally inhaled. In majority of cases, the answer when you see that term is cocaine. This along with the signs and symptoms of euphoria and agitation points towards cocaine.

Cocaine

Cocaine is an alkaloid derived from the coca plant. It is widely used as a recreational stimulant.

The main route of intake is by inhalation as it undergoes rapid 'first pass' liver metabolism.

The user forms the powder into 'lines' and inhales via rolled paper tube (classically, a high denomination bank note).

There is increased energy, increased confidence, euphoria, and diminished need for sleep, but with rapid fall-off in effects due to rapid metabolism, leading to repeated use.

The use of cocaine is associated with a wide variety of adverse effects:

Cardiovascular effects

- arrhythmias
- both tachycardia and bradycardia may occur
- hypertension

Neurological effects

- seizures
- mydriasis
- hypertonia
- hyperreflexia

Psychiatric effects

- agitation
- psychosis

Others

- effects include necrosis of nasal septum

Q-41

A 30 year old man complains of episodes of hearing music and threatening voices within a couple of hours of heavy drinking with his friends at a friend's birthday party. What is the SINGLE most likely diagnosis?

- A. Delirium tremens**
- B. Wernicke's encephalopathy**
- C. Korsakoff's psychosis**
- D. Alcohol hallucinosis**
- E. Temporal lobe dysfunction**

ANSWER:

Alcohol hallucinosis

EXPLANATION:

Alcohol hallucinosis can occur during acute intoxication or withdrawal. It usually appears 12-24 hours after alcohol has stopped. It involves auditory and visual hallucinations, most commonly accusatory or threatening voices.

The answer is unlikely to be delirium tremens because of the time frame in which he was drinking alcohol. Delirium tremens usually happens days after alcohol consumption has been stopped and he would need to be a chronic alcoholic.

Think of alcohol withdrawal symptoms as a spectrum whereby delirium tremens is the end of the spectrum where the symptoms are severe involving disorientation, tremors, diaphoresis, impaired consciousness and visual and auditory hallucinations.

Again, since there are no signs and symptoms of chronic alcohol abuse, it is unlikely to be Wernicke's encephalopathy or Korsakoff's psychosis.

ALCOHOL WITHDRAWAL SYMPTOMS:

- Symptoms typically present about eight hours after a significant fall in blood alcohol levels.
- Symptoms peak on day 2 and, by day 4 or 5, the symptoms have usually improved significantly.
- Minor withdrawal symptoms (can appear 6-12 hours after alcohol has stopped)
- Alcoholic hallucinosis (can appear 12-24 hours after alcohol has stopped).
 - This includes visual, auditory or tactile hallucinations.
- Withdrawal seizures (generalized tonic-clonic seizures can appear 24-48 hours after alcohol has stopped).
- If withdrawal symptoms continue to increase in severity it could advance to

delirium tremens which is characterised by hallucinations that are indistinguishable from reality and associated with severe confusion, disorientation and tremors.

Q-42

A 21 year old woman has had several sudden onset episodes of palpitations, sweating, nausea and overwhelming fear. On one occasion, she was woken from sleep and feared she was going insane. She has no previous psychiatric disorder. What is the SINGLE most likely diagnosis?

- A. Pheochromocytoma
- B. Panic disorder
- C. Generalized anxiety disorder
- D. Agoraphobia
- E. Acute stress disorder

ANSWER:

Panic disorder

EXPLANATION:

Please see Q-18

Q-43

An 82 year old schizophrenic man is brought to the Emergency Department in an agitated state. He is lashing out violently and throws any equipment around him at the hospital staff. He seems to be hearing voices which are causing him distress. He does not have any intravenous access. Which is a drug of choice in the management of agitation in this man?

- A. Haloperidol
- B. Diazepam
- C. Risperidone
- D. Clozapine
- E. Clonazepam

ANSWER:

Haloperidol

EXPLANATION:

In acute psychosis, the drug of choice is haloperidol. It is still considered a first line medication for rapid tranquilization.

Haloperidol is a drug of choice for the management of psychotic episodes particularly in the elderly.

Diazepam is a long acting benzodiazepine and so should not be used intramuscularly for rapid tranquilisation as it has a prolonged and erratic absorption. Besides, benzodiazepines in general are not recommended in elderly patients.

Clonazepam is a long acting benzodiazepine and can only be given orally which makes it inappropriate in this situation.

Q-44

A 22 year old woman was brought to the A&E by her friends. She presents with tremors. On examination, she was found to have a temperature of 37.4 C and her pupils dilated. She says when she closes her eyes, she can see colours. What is the SINGLE most likely drug that she has taken?

- A. Amphetamines
- B. Lysergic acid diethylamide (LSD)
- C. Cocaine
- D. Heroin
- E. Ecstasy

ANSWER:

Lysergic acid diethylamide (LSD)

EXPLANATION:

The immediate clue here is that she sees colours when she closes her eyes. These are effects of LSD. LSD can cause visual hallucinations, agitation, excitement, tachycardia and dilated pupils. You would need to admit this patient to a safe environment and provide symptomatic treatment of the agitation such as benzodiazepines. If overdose is severe enough, she may go into a coma or have respiratory arrest which needs to be treated supportively.

Q-45

A 29 year old woman has been taking selective serotonin reuptake inhibitors for the past 6 months for depression after the death of her husband 10 months ago. She feels her symptoms have improved and has decided to stop her medications. Several weeks after discontinuing her medications, she feels she has developed pancreatic cancer similarly to her late husband. What is the SINGLE most appropriate next step in management?

- A. Restart selective serotonin reuptake inhibitors
- B. Start on a tricyclic antidepressant
- C. Neuropsychiatric analysis
- D. Cognitive behavioural therapy
- E. Start antipsychotics

ANSWER:

Neuropsychiatric analysis

EXPLANATION:

This woman requires a psychiatric referral i.e. Neuropsychiatric analysis.

She is having a hypochondriacal delusion. Hypochondriasis can be defined as the persistent belief in the presence of an underlying serious DISEASE, e.g. cancer or HIV.

Examples

- A minor headache is caused by a brain tumour
- A mild rash is the start of skin cancer
- Tiredness is caused by HIV

Reassurance by a doctor will not help a hypochondriac as a hypochondriac would fear that the doctor has just not found the evidence of a serious disease yet.

Q-46

A 44 year old alcoholic was admitted for alcohol intoxication. He has been treated and he is now planned for discharge. He admits to not being able to spend a day without drinking. Which of the following statements would show that this man is still dependant on alcohol?

- A. Drinks 10 units of alcohol a week**
- B. Drunk driving**
- C. Does not feel remorse after drinking**
- D. Drinks wine to help him sleep**
- E. Drinking alcohol immediately after waking up**

ANSWER:

Drinking alcohol immediately after waking up

EXPLANATION:

This question is testing your knowledge on the AUDIT questionnaire.

There are many alcohol screening tools and questionnaires but the AUDIT questionnaire remains one of the top and a must know for the exam. The AUDIT questionnaire stands for Alcohol Use Disorders Identification Test questionnaire.

The CAGE Questions is also another questionnaire but the AUDIT questionnaire remains the more detailed of the two.

AUDIT questionnaire involves questions like:

- How often do you have a drink containing alcohol?
- How many units of alcohol do you drink on a typical day when you are drinking?
- How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?
- How often during the last year have you found that you were not able to stop drinking once you had started?
- How often during the last year have you failed to do what was normally expected from you because of drinking?
- How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?
- How often during the last year have you had a feeling of guilt or remorse after drinking?
- How often during the last year have you been unable to remember what happened the night before because you had been drinking?
- Have you or someone else been injured as a result of your drinking?
- Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

INFORMATION ON ALCOHOL

The government currently recommends the following:

- Men and women are advised not to drink more than 14 units a week on a regular basis

Fourteen units is equivalent to:

- 6 pints of average-strength beer or
- 10 small glasses of low-strength wine.

Wine

A small glass of wine (125 ml) is 1.5 units

A standard glass of wine (175 ml) is 2.1 units

A large glass of wine (250 ml) is 3 units

Beer

A pint of beer (ABV 3.6%) is 2 units

A pint of higher strength beer (ABV 5.2%) is 3 units

Spirits

Single measurement of gin, rum, vodka or tequila is 1.4 units

Q-47

A 28 year old woman complains of hearing strange voices in her bedroom as she is falling asleep in the night. She says there is no one in the room except for her. She is otherwise healthy and without mental illness. What is the SINGLE most likely diagnosis?

- A. Persecutory delusion
- B. Cotard syndrome
- C. Hypnagogic hallucinations
- D. Capgras syndrome
- E. Othello syndrome

ANSWER:

Hypnagogic hallucinations

EXPLANATION:

Hypnagogic hallucination → is a transient false perception experienced while on the verge of falling asleep (e.g. hearing a voice calling one's name which then startles you back to wakefulness to find no-one there). The same phenomenon experienced while waking up is called hypnopompic hallucination. Frequently experienced by healthy people and so not a symptom of mental illness.

Persecutory delusion → is a delusional belief that one's life is being interfered with in a harmful way. It refers to false beliefs or perceptions in which a person believes that they are being treated with malicious intent, hostility, or harassment despite significant evidence to suggest otherwise. This may occur in the context of being tormented, followed, or spied on

Cotard syndrome → is a presentation of psychotic depressive illness characterised by a combination of severely depressed mood with nihilistic delusions. The patient may state that he is already dead and should be buried. He may state that his insides have stopped working and are rotting away, or that he has stopped existing altogether.

Capgras syndrome → A type of delusional misidentification in which the patient believes that a person known to them has been replaced by a 'double' who is to all external appearances identical, but is not the 'real person'.

Othello Syndrome → is a type of delusional jealousy, marked by suspecting a faithful partner of infidelity like cheating, adultery or having an affair. The patient may attempt monitoring his spouse or partner.

Q-48

A 38 year old woman presents with palpitations and sweating for most of the day throughout the year. She feels restless and unable to sleep well. She is irritable and finds it difficult to concentrate. She has occasional chest discomfort when thinking about everyday events. She reports no triggering factor. There is no previous psychiatric illness. On examination, her blood pressure is 120/80, pulse is 85 beats/minute. What is the most likely diagnosis?

- A. Generalized Anxiety Disorder
- B. Panic attack
- C. Pheochromocytoma
- D. Atrial fibrillation
- E. Hyperthyroidism

ANSWER:

Generalized Anxiety Disorder

EXPLANATION:

There is a fine line between Generalized Anxiety Disorder (GAD) and Panic attacks. They both can present similarly. The major difference is panic attacks are usually short lived (lasting no longer

Q-49

A 35 year old man is seen by his psychiatrist for severe depression. He says that the world has ended and is no longer real. He thinks that he no longer exists in this world. He barely has eye contact with the psychiatrist. What is the SINGLE most appropriate diagnosis?

- A. Somatization disorder
- B. Hypochondriasis
- C. Conversion disorder
- D. Nihilistic delusions
- E. Capgras syndrome

ANSWER:

Nihilistic delusions

EXPLANATION:

Nihilistic delusions is the delusional belief that the patient has died or no longer exists or that the world has ended or is no longer real. Nothing matters any longer

and continued effort is pointless. It is a feature of psychotic depressive illness. Patient may believe that he/she is dead and may ask people to bury them.

Somatization disorder → The experience of bodily symptoms with no physical cause for them, with presumed psychological causation.. The patient refuses to accept reassurance or negative test results

Hypochondriasis → is the persistent belief in the presence of an underlying serious DISEASE, e.g. cancer or HIV. The patient again refuses to accept reassurance or negative test results.

Conversion (dissociative) disorders → typically involves loss or disturbance of normal motor or sensory function which initially appears to have a neurological or other physical cause but is later attributed to a psychological cause. The patient does not consciously feign the symptoms or seek material gain. Patients may be indifferent to their apparent disorder.

Capgras syndrome → A type of delusional misidentification in which the patient believes that a person known to them has been replaced by a 'double' who is to all external appearances identical, but is not the 'real person'

Q-50

A 33 year old female presents to her GP because of low moods. She has difficulty sleeping and feels tired at work. She refuses to go out with her friends and rather spends time resting on her bed. She is eating less and has lost 8 kg in the last 10 weeks. A year ago, she was productive, full of energy, optimistic, needed very little sleep and always wanted to go out. Her BMI is 27. What is the SINGLE most likely diagnosis?

- A. Hypomania
- B. Bipolar disorder
- C. Borderline personality disorder
- D. Depression
- E. Mania

ANSWER:

Bipolar disorder

EXPLANATION:

This stem portrays a good history of depression with a background of mania in the past. The symptoms of mania in this stem is very subtle and somewhat within normal limits but the real give away is when there is reduced need for sleep.

This would be a classic scenario that PLAB would give when they would like you to pick Bipolar disorder.

Q-51

A 48 year old woman who is always socially withdrawn has stopped going out of the house. It initially started when she felt distressed whenever she ate in front of strangers at work as she felt they were staring at her. This soon progressed to affect her work as she started to avoid business meetings because she fears that people will criticize her. What is the SINGLE most likely diagnosis?

- A. Agoraphobia
- B. Mixed depression and anxiety
- C. Social anxiety
- D. Obsessive compulsive disorder
- E. Generalized anxiety disorder

ANSWER:

Social anxiety

EXPLANATION:

The abnormal excessive fear of being criticized is seen in social anxiety disorder where sufferers would avoid these social events including business meetings

SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA)

Social anxiety disorder is the persistent fear and anxiety about one or more social or performance situations. It is characterized by marked fear of one or more social or performance-related situations where the person is exposed to scrutiny and in which embarrassment may occur. Social anxiety can be seen when exposed to social situations causes an anxiety reaction (may be a panic attack) that is beyond the proportion to the actual threat posed by the situation. Thus situations are either avoided or endured with great discomfort.

Features

Social anxiety is a fear of being around people and having to interact with them. Sufferers fear being watched and criticised. Typical situations that may be anxiety-provoking include:

- Meeting people (especially strangers)
- Talking in meetings
- Talking to authority figures
- Talking to authority figures
- Eating and drinking while being observed
- Going to school
- Going shopping
- Being seen in public

Physical symptoms include trembling, blushing, sweating and palpitations.

While we all (general population) have worries when in situations like these, sufferers of social anxiety disorder tend to worry excessively about them before, during and after the encounter.

There are two forms of the condition:

1. Generalised social anxiety which affects most, if not all areas of life. This is the more common type and affects around 70% of sufferers.
2. Performance social anxiety, where these feelings only occur in a few specific situations such as public speaking, eating in public or dealing with figures of authority.

Q-52

A 38 year old woman believes that a famous politician has been sending her flowers every day and is in love with her. She says that he drops hints that he loves her when he speaks publicly on television. The famous politician has had no contact with this lady. What is the **SINGLE** most likely diagnosis?

- A. Pyromania
- B. Erotomania
- C. Rejected stalker
- D. Trichotillomania
- E. Grandiosity

ANSWER:

Erotomania

EXPLANATION:

Erotomaniac stalkers have the delusional belief that another person, usually of higher social status, is secretly in love with them. The sufferer may also believe that the subject of their delusion secretly communicates their love through seemingly innocuous acts, or if they are a public figure through clues in the media. The object of the delusion usually has little or no contact with the sufferer, who often believes the object initiated the fictional relationship. Erotomaniac delusions are typically found as the primary symptom of a delusional disorder, and in schizophrenia or mania.

Definitions of other options given in this question

Pyromania → an impulse control disorder in which individuals repeatedly fail to resist impulses to deliberately start fires, in order to relieve tension or for instant gratification.

Rejected stalker → Pursues a victim in order to reverse, correct, or avenge rejection (e.g. divorce, separation, termination of relationship).

Trichotillomania → an impulse disorder characterized by the compulsive urge to pull out one's hair, leading to noticeable hair loss and balding.

Grandiosity → An exaggerated sense of one's own importance or abilities. Seen in manic illnesses.

Q-53

A 27 year old man presents with symptoms characterized by alternating mood swings associated with flight of ideas, and overactivity. Three months ago, he had low moods with lack of energy. What is the **SINGLE** most likely diagnosis?

- A. Bipolar affective disorder
- B. Dysthymia
- C. Mania
- D. Hypomania
- E. Cyclothymia

ANSWER:

Bipolar affective disorder

EXPLANATION:

It is clear that this patient is having periods of depression with other periods of mania.

Flight of ideas is thought that jumps from topic to topic. It is the subjective experience of one's thoughts being more rapid than normal. Meaningful connections between thoughts are maintained. It occurs especially in the manic phase of bipolar disorder.

Q-54

A 71 year old woman looks disheveled, unkempt and with poor eye contact. She has recently lost her husband 2 months ago. She feels hopeless and has been tearful all week. Which SINGLE option describes her condition?

- A. Anxiety
- B. Hallucinations
- C. Mania
- D. High mood
- E. Low mood

ANSWER:

Low mood

EXPLANATION:

She has symptoms of a depression.

Depressive symptoms

One of the most common referrals in liaison psychiatry is of patients with low mood.

Patients may present with low mood, tearfulness, hopelessness regarding recovery, biological depressive features (poor sleep, appetite, energy, and concentration)

Q-55

A 65 year old woman thinks she has died 3 months ago and is very distressed that nobody has buried her up till now. She hears people's voices which tell her that is evil and needs to be punished. She barely has any eye contact when speaking to the health care professionals. Her previous visits have included symptoms of feeling of guilt and personal inadequacy. What is the SINGLE most likely explanation for her symptoms?

- A. Schizophrenia
- B. Mania
- C. Psychotic depression
- D. Hysteria
- E. Toxic confusional state

ANSWER:

Psychotic depression

EXPLANATION:

Some people who have severe clinical depression will also experience hallucinations and delusional thinking, the symptoms of psychosis.

Nihilistic delusions is the delusional belief that the patient has died or no longer exists or that the world has ended or is no longer real. Nothing matters any longer and continued effort is pointless. It is a feature of psychotic depressive illness. Patient may believe that he/she is dead and may ask people to bury them.

Q-56

A 33 year old schizophrenic man hears people only when he is about to fall asleep. What is the SINGLE most likely phenomenon?

- A. Hypnopompic hallucinations
- B. Hypnagogic hallucinations
- C. Hippocampal hallucinations
- D. Delirious hallucinations
- E. Auditory hallucinations

ANSWER:

Hypnagogic hallucinations

EXPLANATION:

Hypnagogic hallucination is a transient false perception experienced while on the verge of falling asleep (e.g. hearing a voice calling one's name which then startles you back to wakefulness to find no-one there). The same phenomenon experienced while waking up is called hypnopompic hallucination. Frequently experienced by healthy people and so not a symptom of mental illness.

Q-57

A 37 year old woman was admitted for a femur fracture repair after a road traffic accident. On the fourth day post-op she becomes confused and starts picking on her bed sheets. She complains of seeing spiders all over her bed. What is the SINGLE most likely diagnosis?

- A. Delirium tremens
- B. Wernicke's encephalopathy
- C. Korsakoff's psychosis
- D. Psychotic depression
- E. Electrolyte imbalance

ANSWER:

Delirium tremens

EXPLANATION:

Withdrawal of alcohol due to hospital admission often leads to delirium tremens. This is noted here by her confusion and picking on her bed sheets. This is seen a couple of days after consumption of alcohol is stopped as seen in this question.

Wernicke's encephalopathy is unlikely as it presents with a triad of confusion, ataxia and ophthalmoplegia.

Korsakoff's psychosis is characterised by the addition of antero- and retrograde amnesia and confabulation in addition to the above classic triad of Wernicke's encephalopathy.

Psychotic depression may present with symptoms of delusions and hallucinations. But firstly, there is no history of depression here. Secondly, it is quite unlikely that the symptoms of this major depressive episode, just so happen to occur after being hospitalized. A picture of delirium tremens fits better.

Electrolyte imbalance is again a possibility but there is no additional hints pointing towards electrolyte imbalance being a cause of confusion.

Q-58

A 38 year old man keeps having intrusive thoughts about having dirt under the bed. He cannot keep himself from thinking about these thoughts. If he tries to resist, he starts having palpitations. What is the SINGLE most likely diagnosis?

- A. Adjustment disorders**
- B. Obsessive-compulsive disorder (OCD)**
- C. Schizophrenia**
- D. Panic disorder**
- E. Acute stress reaction**

ANSWER:

Obsessive-compulsive disorder (OCD)

EXPLANATION:

Please see Q-11

Q-59

A 22 year old woman is brought to the local hospital by her mother with the primary complaint of recurrent depressive episodes. Her main symptoms during her depressive episodes are low mood, anhedonia, excessive somnolence, and weight loss secondary to poor appetite. Recently however, she has become overly happy and rarely sleeps. Her mother complains that she has mixed out all her credit cards and that she stays out all night drinking and partying. Some nights, she doesn't even come home. She has had multiple sexual partners during the past week and her mother expresses a concern about contraception. The patient was also recently involved in an altercation with the police. Her grandmother passed away two days ago and the mother tearfully describes her daughter laughing loudly during her grandmother's funeral. What is the SINGLE best descriptor for this patient's behaviour?

- A. Mood congruence
- B. Mood incongruence
- C. Clang association
- D. Psychosis
- E. Hypomania

ANSWER:

Mood incongruence

EXPLANATION:

In order to answer this question appropriately, we need to figure out what is the primary cause of this patient's symptoms. This patient has bipolar disorder. Bipolar disorder is characterised by episodes of low mood alternating with episodes of high mood.

Mood incongruence is a term used to describe a psychotic feature of bipolar disorder wherein the person's belief or action does not match with his or her mood. An example would be laughing at the death of a loved one or believing that you have super powers while going through a depressive episode.

Mood congruence also describes a psychotic symptom of bipolar disorder, but, in this case, the belief or action are consistent with that person's mood. For example, feeling suicidal when a loved one dies or believing that you have super powers when going through a manic episode.

Even though mood congruence and incongruence both describe psychotic features of bipolar disorder, psychosis is not correct as the question asks for the best descriptor of the patient's behaviour. Psychosis encompasses a wide range of symptoms and a better descriptor for this patient's behaviour is mood incongruence.

Q-60

A 35 year old chronic alcoholic has been trying to stop his alcohol drinking habit. He has been going for support meetings. He wants to know if there is a medication that can help reduce his alcohol cravings. What is the SINGLE most appropriate medication?

- A. Disulfiram
- B. Acamprosate
- C. Vitamin B12
- D. Pabrinex
- E. Chlordiazepoxide

ANSWER:

Acamprosate

EXPLANATION:

Acamprosate is used in combination with psychological intervention in moderate to severe alcohol dependence. It reduces the risk of relapse by reducing the cravings of alcohol. It is started after a successfully assisted withdrawal. Other alternatives to acamprosate which are not mentioned here are naltrexone or nalmefene.

COMPARING ACAMPROSATE AND DISULFIRAM

Disulfiram

- Acts as a deterrent – Around 5 to 10 minutes after alcohol intake, patients may experience the effects of a severe hangover for a period of 30 minutes up to several hours
- It is used after 24 hours from the last alcoholic drink

Acamprosate

- Reduces cravings
- It is used after the patient has finished a planned withdrawal from alcohol

A useful mnemonic to remember is Disulfiram is a Deterrant that makes you Sick whereas a Camprosate reduces Cravings

Q-61

A 28 year old woman has episodes of perioral tingling and carpopedal spasms every time she has to give a public talk. These symptoms also happen to her before interviews, exams and after arguments. She describes these episodes as short lasting only a couple of minutes but with intense fear. What is the SINGLE most appropriate management to prevent further episodes?

- A. Diazepam
- B. Rebreath into a paper bag
- C. Cognitive behavioural therapy (CBT)
- D. Buspirone
- E. Propranolol

ANSWER:

Cognitive behavioural therapy (CBT)

EXPLANATION:

Cognitive behavioural therapy (CBT) should be used to treat panic disorders as there is really good evidence to support its use.

Benzodiazepines should not be prescribed for the treatment of individuals with panic disorder as they have poor outcome in the long term.

Rebreath into paper bags is useful in acute setting but not as prevention.

Buspirone is an anxiolytic drug and only used to manage anxiety short term.

Beta blockers are not mentioned as part of the management for panic disorders in the NICE guidelines. This is probably because beta-blockers are used to control physical symptoms and to provide symptomatic relief rather than a means to cure or to prevent panic attacks. They work well as a short term fix but they should not be considered mainstay treatment. In this question, they specifically say "to prevent further episodes". Beta blockers will not help prevent further episodes, they only help with the physical symptoms (e.g. palpitations) during the episode.

Management for panic disorder

There are really 2 options when it comes to treatment of panic disorder

Psychological treatment

- Has the best evidence for giving longest duration of effect
- Involves CBT for 1 to 2 hours a week

Medications

- SSRI (citalopram, sertraline, paroxetine, escitalopram but NOT fluoxetine)
- If SSRIs contraindicated or no response after 12 weeks then imipramine or clomipramine should be offered.
- Do NOT use benzodiazepines

The only pharmacological intervention that should be used in the long term for panic disorders is antidepressants. They have been shown to be effective in reducing the amplitude of panic, and reducing the frequency of panic attacks.

Q-62

A 28 year old business man returned from a trip to Kenya 2 years ago. He attends a sexual clinic worried that he has contracted HIV. Antibody screening test for HIV has come back negative. There were 2 similar HIV tests performed 6 months and 9 months ago which have both come back as negative. This is his 5th visit to the clinic claiming that he is HIV positive. What is the SINGLE most likely diagnosis?

- A. Somatization disorder
- B. Hypochondriasis
- C. Munchausen's syndrome
- D. Conversion disorder
- E. Malingering

ANSWER:

Hypochondriasis

EXPLANATION:

Hypochondriasis → is the persistent belief in the presence of an underlying serious DISEASE, e.g. cancer or HIV. The patient again refuses to accept reassurance or negative test results.

Somatization disorder → The experience of bodily symptoms with no physical cause for them, with presumed psychological causation.. The patient refuses to accept reassurance or negative test results

Munchausen's syndrome → also known as factitious disorder. Patients intentionally falsify their symptoms and past history and fabricate signs of physical or mental disorder with the primary aim of obtaining medical attention and treatment. The diagnostic features are the intentional and conscious production of signs, falsification, or exaggeration of the history and the lack of gain beyond medical attention and treatment.

Conversion (dissociative) disorders → typically involves loss or disturbance of normal motor or sensory function which initially appears to have a neurological or other physical cause but is later attributed to a psychological cause. The patient does not consciously feign the symptoms or seek material gain. Patients may be indifferent to their apparent disorder.

Malingering → Deliberately falsifying the symptoms of illness for a secondary gain (e.g. for compensation, to avoid military service, or to obtain an opiate prescription).

Q-63

An 18 year old girl with a body mass index of 17.8 kg/m² has bilateral parotid swelling with thickened calluses on the dorsum of her hand. What is the SINGLE most likely diagnosis?

- A. Bulimia nervosa
- B. Anorexia nervosa
- C. Crohn's disease
- D. Mumps
- E. Sarcoidosis

ANSWER:

Bulimia nervosa

EXPLANATION:

This question is not entirely specific. Usually for a bulimia nervosa question to appear, the stem would give more of a history which includes either fasting, or intensive exercise. Self-induced vomiting would be too obvious for the questionwriters to give.

Bilateral parotid swelling and thickened calluses on the knuckles from self induced vomiting may be found on examination in bulimia nervosa.

Q-64

A 33 year old man with a family history of panic disorder has palpitations, tremors, sweating and muscle tightness on 3 occasions in the last 6 weeks. His pulse rate is 85 beats/minute and his blood pressure is 120/80 mmHg. What is the SINGLE most appropriate long-term treatment for him?

- A. Diazepam
- B. Olanzapine
- C. Haloperidol
- D. Sertraline
- E. Alprazolam

ANSWER:

Sertraline

EXPLANATION:

He is suffering from panic disorder. An SSRI or cognitive behavioural therapy would be appropriate. Sertraline is an SSRI.

Q-65

A 33 year old man attends his appointment with the psychiatrist. He says that he is no longer alive. He wants his family to bury him. What is the SINGLE most appropriate diagnosis?

- A. Somatization disorder
- B. Hypochondriasis
- C. Conversion disorder
- D. Nihilistic delusions
- E. Capgras syndrome

ANSWER:

Nihilistic delusions

EXPLANATION:

Nihilistic delusions is the delusional belief that the patient has died or no longer exists or that the world has ended or is no longer real. Nothing matters any longer and continued effort is pointless. It is a feature of psychotic depressive illness. Patient may believe that he/she is dead and may ask people to bury them.

Somatization disorder → The experience of bodily symptoms with no physical cause for them, with presumed psychological causation. The patient refuses to accept reassurance or negative test results

Hypochondriasis → is the persistent belief in the presence of an underlying serious DISEASE, e.g. cancer or HIV. The patient again refuses to accept reassurance or negative test results.

Conversion (dissociative) disorders → typically involves loss or disturbance of normal motor or sensory function which initially appears to have a neurological or other physical cause but is later attributed to a psychological cause. The patient does not consciously feign the symptoms or seek material gain. Patients may be indifferent to their apparent disorder.

Capgras syndrome → A type of delusional misidentification in which the patient believes that a person known to them has been replaced by a 'double' who is to all external appearances identical, but is not the 'real person'.

Q-66

A 29 year old man has been found in the park, drunk and brought to the emergency department by ambulance. He recently lost his job and had a divorce 3 months ago. He has intense feelings of feeling worthless and being a failure. He also hears voices telling him he is worthless. What is the SINGLE most likely diagnosis?

- A. Schizoid personality disorder
- B. Borderline personality
- C. Schizophrenia
- D. Psychotic depression
- E. Hypomania

ANSWER:

Psychotic depression

EXPLANATION:

This affected individual has lost his job and had a recent divorce. Depression should be something to consider. The auditory hallucinations are signs that this man is having some form of psychosis. The most probable diagnosis here is psychotic depression. Feeling worthless are in line with the delusions of guilt which are seen in psychotic depression.

The other answers are unlikely to be correct:

Schizoid personality disorder → is a personality disorder characterized by a lack of interest in social relationships, a tendency towards a solitary lifestyle

Borderline personality disorder → Usually characterized by mood swings, marked impulsivity, unstable relationships, and inappropriate anger. They are usually attention seekers and may have multiple self-inflicted scars.

Schizophrenia → does not account for the history of the loss of job and divorce. Feelings of worthlessness are also more in line with depression rather than schizophrenia

Hypomania → describes a mild degree of mania where there is elevated mood but no significant impairment of the patient's day-to-day functioning

Q-67

A couple has just finished their detox regime and wants a drug with a pharmacological action to serve as a deterrent when they take alcohol. What is the SINGLE most appropriate medication to start?

- A. Disulfiram
- B. Acamprosate
- C. Vitamin supplement
- D. Naloxone
- E. Chlordiazepoxide

ANSWER:

Disulfiram

EXPLANATION:

Disulfiram acts as a deterrent. It reacts with alcohol and causes the patient to feel flushed, nauseous, dizzy and faint. Because of these effects, patient would stay away from alcohol. Disulfiram works so well that it can even react with alcohol found in perfumes and aerosol sprays causing similar symptoms.

Q-68

A 19 year old female is brought to the hospital by her parents. They are concerned about her weight. Her body mass index is 12.1 kg/m². She has a mildly depressed mood and has low self-esteem. She has amenorrhoea. She has reduced her food intake in the past couple of months. She has a blood pressure of 70/50 mmHg and a heart rate of 44 beats/minute. What is the SINGLE most appropriate management?

- A. Start antidepressants
- B. Family counselling
- C. Inform social service
- D. Admission to the psychiatric ward
- E. Admission to the medical ward

ANSWER:

Admission to the medical ward

EXPLANATION:

It is clear that she is suffering from anorexia nervosa. Her BMI is critically low thus medical admission is warranted to provide her with proper nutrition. A pulse rate lower than 45 beats/minute and hypotension raises great concern and is definitely a criteria for hospital admission. The most common cause of death in patients with anorexia nervosa is due to cardiac complications. This is why they are admitted to medical wards and not psychiatry wards when the condition is severe.

BMI < 15 kg/m², rapid weight loss + evidence of system failure

- requires urgent referral to eating disorder unit (EDU), medical unit (MU) or paediatric medical wards

In moderate anorexia (BMI 15–17.5, no evidence of system failure)

- routine referral can be to the local community mental health team or eating disorder unit (EDU) if available

In mild anorexia (BMI > 17.5)

- focus on building a trusting relationship and encouraging use of self-help books and a food diary

Q-69

A 25 year old woman has had several sudden onset episodes of palpitations, sweating, and fear. She notices her hands shake when they occur. These episodes occur almost everyday and sometimes can wake her from her sleep. She has no previous psychiatric disorder and is not on any medications. What is the SINGLE most likely diagnosis?

- A. Pheochromocytoma
- B. Panic disorder
- C. Generalized anxiety disorder
- D. Agoraphobia
- E. Acute stress disorder

ANSWER:

Panic disorder

EXPLANATION:

Please see Q-18

Q-70

A 32 year old woman is brought to the Emergency Department by ambulance in an agitated state. The ambulance crew gives you the handover that her neighbours had seen her roaming around the streets throwing money and shouting she is going to die. She refuses to let any health care come close to her to perform observations or to take her bloods. She is unable to answer any of your questions. At the end of every question, she laughs hysterically and repeatedly shouts that she smokes, drinks and walks amongst aliens. It is deemed that she does not have capacity to make decisions and a compulsory admission under Mental Health Act is performed. She continues to be agitated and attempts to run away from the hospital but is stopped by security. Which is the **SINGLE** most appropriate medication to administer?

- A. Chlordiazepoxide orally
- B. Lorazepam intramuscularly
- C. Diazepam intramuscularly
- D. Clozapine intramuscularly
- E. Chlorpheniramine intravenously

ANSWER:

Lorazepam intramuscularly

EXPLANATION:

This patient is suffering from acute psychosis. No matter the reason, once she is sectioned, sedation would be the next step as to calm her down for further investigations such as observations and blood test.

There are a few drugs used for rapid tranquilisation. NICE recommends using lorazepam, olanzapine or haloperidol. In this context, it is usually appropriate to administer intramuscular lorazepam 2 mg. If she continues to be agitated, she may require haloperidol intramuscularly.

The reason lorazepam is preferred over the other benzodiazepines is it is short-acting with a short half life and respiratory depression is unlikely with the prescribed doses. Diazepam on the other hand should not be used intramuscularly for rapid tranquilisation as it has prolonged and erratic absorption.

Q-71

A 22 year old man was found overdosed on heroin. He has decreased respiratory rate and has lost consciousness. What is the **SINGLE** most appropriate management?

- A. Benzodiazepines
- B. Diazepam
- C. Naloxone
- D. Methadone
- E. Disulfiram

ANSWER:

Naloxone

EXPLANATION:

Opiates overdose is treated with naloxone. It is given intravenously and repeated every 2 minutes until patient's breathing is adequate.

Q-72

A 23 year old man comes to the emergency department with a history of drug misuse. He recognizes that he has a problem and is willing to see a psychiatrist. What is the SINGLE most accurate term that describes this situation?

- A. Judgement
- B. Thought insertion
- C. Thought block
- D. Mood
- E. Insight

ANSWER:

Insight

EXPLANATION:

Please see Q-33

Q-73

A 26 year old political refugee has sought asylum in the UK. He complains of poor concentration. He keeps getting thoughts of his family whom he saw was killed in a political coup. He is unable to sleep well and feels hopeless. In the past mnth, he has had 3 brief episodes lasting a few minutes of feeling detached from his surroundings, as if he was watching the world through misty glass. He is worried that he is going mad. What is the SINGLE most likely diagnosis?

- A. Acute stress disorder
- B. Post traumatic disorder
- C. Adjustment disorder
- D. Delirium
- E. Psychosis

ANSWER:

Post traumatic stress disorder

EXPLANATION:

The phenomenon where he feels detached from surroundings as if he is an observer of oneself is called depersonalization. It is a phenomenon where subjects feel that the world has become dreamlike and vague. It is seen in individuals who have experienced a severe trauma. It can be one of the symptoms of post traumatic stress disorder (PTSD)

Q-74

A 28 year old woman presents with feeling anxious for most days throughout the past 6 months. She feels distress when thinking about money and her job. She is unable to sleep well and finds it difficult to concentrate at work. On occasion, she panics and she feels she is about to die. On examination, her blood pressure is 120/80, pulse rate is 90 beats/minute. What is the SINGLE most appropriate medication to prescribe?

- A. Selective serotonin reuptake inhibitors (SSRIs)
- B. Propranolol
- C. Monoamine Oxidase Inhibitors (MAOIs)
- D. Mood stabilizers
- E. Benzodiazepines

ANSWER:

Selective serotonin reuptake inhibitors (SSRIs)

EXPLANATION:

The patient is suffering from generalized anxiety disorder. If medications were to be prescribed, the first line would be an SSRI.

Q-75

A 30 year old woman who has been feeling low and having difficulty in concentrating since her mother passed away 2 months ago. She feels lethargic and has been crying more often lately. What is the **SINGLE** most likely diagnosis?

- A. Adjustment disorder
- B. Post traumatic disorder
- C. Panic disorder
- D. Generalized anxiety disorder
- E. Major depression

ANSWER:

Adjustment disorder

EXPLANATION:

Adjustment disorders

An adjustment disorder occurs when an individual is unable to adjust to or cope with a particular stress or a major life event. They must occur within 1 (ICD-10) or 3 months (DSM-IV) of a particular psychosocial stressor, and should not persist for longer than 6 months after the stressor (or its consequences) is removed

Q-76

A 19 year old college student has a firm and unshakable belief that he is being followed by terrorists who are plotting against him. He says they follow him wherever he goes. What is the **SINGLE** most appropriate term for his condition?

- A. Persecutory delusions
- B. Grandiose delusions
- C. Delusion of control
- D. Delusion of reference
- E. Nihilistic delusions

ANSWER:

Persecutory delusions

EXPLANATION:

Persecutory delusion → is a delusional belief that one's life is being interfered with in a harmful way. It refers to false beliefs or perceptions in which a person believes that they are being treated with malicious intent, hostility, or harassment despite significant evidence to suggest otherwise. This may occur in the context of being tormented, followed, or spied on.

Grandiose delusions → or delusions of grandeur is the fantastical beliefs that one is famous, omnipotent, wealthy, or otherwise very powerful. They believe that they have exceptional abilities or talents and keep praising themselves.

Delusion of control → is the false belief that another person, group of people, or external force controls one's general thoughts, feelings, impulses, or behavior.

Delusion of reference → is the false belief that insignificant remarks, events, or objects in one's environment have personal meaning or significance. Example, someone constantly gives him or her a special message through the newspaper.

Nihilistic delusions → is the delusional belief that the patient has died or no longer exists or that the world has ended or is no longer real. Nothing matters any longer and continued effort is pointless. It is a feature of psychotic depressive illness. Patient may believe that he/she is dead and may ask people to bury them.

Q-77

A 23 year old man feels anxious and agitated when faced with stress. He has an interview in 3 days and would like some help in relieving his symptoms for the interview. What is the SINGLE most appropriate management?

- A. Selective serotonin reuptake inhibitors
- B. Cognitive Behavioural therapy
- C. Propranolol
- D. Diazepam
- E. Rebreathe into paper bag

ANSWER:

Propranolol

EXPLANATION:

Medication usually is not used to treat phobias. However, it is sometimes prescribed to help people cope with effects of anxiety. Beta-blockers are commonly used. It would be appropriate here as it is only for short term.

Q-78

A 43 year old woman presents with low mood, and loss of libido. She feels tired all day and she attributes this to the fact that she wakes up 3 hours sooner than usual. She feels like she has been gaining weight. She also finds it difficult to concentrate for long periods of time. What is the SINGLE most likely diagnosis?

- A. Seasonal Affective Disorder
- B. Bipolar disorder
- C. Attention deficit hyperactivity disorder (ADHD)
- D. General anxiety disorder
- E. Depression

ANSWER:

Depression

EXPLANATION:

Symptoms of depression

- Present for at least 2 weeks and represent a change from normal.
- Depressed mood: present most of the day, nearly every day, with little variation
- Anhedonia: markedly diminished interest or pleasure in all, or almost all, activities most of the day
- Weight change: loss of weight when not dieting or weight gain associated with decreased or increased appetite
- Disturbed sleep: insomnia (with early morning waking 2–3 hr sooner than usual) or hypersomnia (especially in atypical depression)
- Fatigue or loss of energy.
- Reduced libido.
- Feelings of worthlessness or excessive or inappropriate guilt
- Diminished ability to think or concentrate or indecisiveness.
- Recurrent thoughts of death or suicide

Q-79

A 32 year old man thinks nurses are plotting to harm him and are stealing his ideas straight out from his mind. Sometimes he feels the nurses are able to control his body. What is the SINGLE most likely diagnosis?

- A. Schizoid personality disorder
- B. Borderline personality
- C. Schizophrenia
- D. Psychotic depression
- E. Paranoid personality disorder

ANSWER:

Schizophrenia

EXPLANATION:

The patient is suffering from schizophrenia. This can be shown by the fact that he thinks that ideas are being stolen from his mind (thought withdrawal), and that the nurses are plotting to harm him (persecutory delusion).

The feeling of nurses controlling his body are consistent with schizophrenia. It is called passive phenomena.

Schizophrenia

Features

Auditory hallucinations:

- third-person auditory hallucinations → voices are heard referring to the patient

- as 'he' or 'she', rather than 'you'
- thought echo → an auditory hallucination in which the content is the individual's current thoughts
- voices commenting on the patient's behaviour

Thought disorder:

- thought insertion → The delusional belief that thoughts are being placed in the patient's head from outside
- thought withdrawal → The delusional belief that thoughts have been 'taken out' of his/her mind
- thought broadcasting → The delusional belief that one's thoughts are accessible directly to others
- thought blocking → a sudden break in the chain of thought.

Passivity phenomena:

- bodily sensations being controlled by external influence

Delusional perceptions

- a two stage process where first a normal object is perceived then secondly there is a sudden intense delusional insight into the object's meaning for the patient e.g. 'The traffic light is green therefore I am the King'.

Q-80

A 43 year old man attends the GP clinic complaining that his arm is dead and rotten and he wants it removed. He has very poor eye contact and stares at the floor majority of the consultation. On physical examination, the arm looks normal. What is the SINGLE most appropriate diagnosis?

- A. Somatization disorder
- B. Hypochondriasis
- C. Conversion disorder
- D. Nihilistic delusions
- E. Capgras syndrome

ANSWER:

Nihilistic delusions

EXPLANATION:

Given in previous questions

Q-81

A 26 year old woman has a history of bipolar disorder for 10 years and is taking lithium for it. She has been symptom free for the past 4 years. She is now planning her pregnancy and wants to know whether she should continue to take lithium. What is the SINGLE most appropriate advice?

- A. Continue lithium at the same dose and stop when pregnancy is confirmed
- B. Continue lithium during pregnancy and stop when breast feeding
- C. Reduce lithium dosage but continue throughout pregnancy
- D. Reduce lithium gradually and stop before pregnancy is confirmed
- E. Switch to sodium valproate

ANSWER:

Reduce lithium gradually and stop before pregnancy is confirmed

EXPLANATION:

Despite problems with tolerability, lithium still remains the gold standard in the treatment of bipolar affective disorder.

Lithium is teratogen. If a woman taking lithium is planning a pregnancy, and is well and not at high risk of relapse, she should be advised to stop taking the drug because of the risk of cardiac malformations in the fetus. This should be done by gradual discontinuation before conception. Lithium should be reduced gradually over 1–3 months as abruptly stopping lithium may cause their moods to become quite unwell. Gradually stopping lithium is usually a decision that a psychiatrist would need to take after weighing the risk of damage to fetus especially in the first trimester against the risk of untreated bipolar disorder.

Key points from NICE CKS:

- Do not offer lithium to women who are planning a pregnancy or pregnant, unless antipsychotic medication has not been effective.
- If a woman taking lithium becomes pregnant, consider stopping the drug gradually over 4 weeks if she is well
- If a woman continues taking lithium during pregnancy, check plasma lithium levels every 4 weeks, then weekly from the 36th week and adjust the lithium dose to maintain plasma lithium levels at a therapeutic range

Q-82

A 16 year old boy has been performing poorly in school since moving to a new school. He lacks interest and has very little social interactions. He has very few friends and finds it difficult to express himself. He prefers solitary activities. His teachers often complained that he is seen organising his stationaries on his table while counting to twenty each time and if disrupted, he would be very upset and anxious. One of his interests is collecting toy cars. He has over 2,000 toy cars and often spends hours lining them up. What is the SINGLE most likely diagnosis?

- A. Borderline personality disorder**
- B. Dissocial personality disorder**
- C. Obsessive compulsive disorder**
- D. Autism spectrum disorder**
- E. Nonverbal learning disorder**

ANSWER:

Autism spectrum disorder

EXPLANATION:

This boy displays traits of autism. It is clear that he has difficulties in communication and forming relationships alongside having a repetitive and obsessive behaviour that brings anxiety when disturbed. Patients with autism usually present at particular times of change. The change in this stem is represented by moving to a new school.

AUTISM SPECTRUM DISORDERS

Autism spectrum disorders are a group of lifelong developmental disorders characterized by their effect on social and communication skills as well as by a restricted, stereotyped, repetitive repertoire of interests and activities. It can be recognized for the first time at any age. They usually present in more particular times of stress such as when moving to a university or after a death of a spouse.

It can be characterised by:

1. Severe difficulties in communicating and forming relationships
2. Difficulties in language
3. Repetitive and obsessive behaviour

Q-83

A 20 year old man complains his movements are being watched. He feels as though his actions are being controlled by the radio. At times he hears voices describing his actions. What is the SINGLE most likely diagnosis?

- A. Mania
- B. Schizoid personality disorder
- C. Paranoid personality disorder
- D. Schizophrenia
- E. Korsakoff psychosis

ANSWER:

Schizophrenia

EXPLANATION:

He describes his movements being controlled by the radio. This is known as passive phenomena. He also describes voices describing what he is doing. This is called thirdperson auditory hallucinations. Sometimes these voices can be heard like a running commentary. Example, the patient hears one or more voices providing a narrative of their current actions, 'he's getting up...now he's going towards the window'.

All these features are features of schizophrenia.

Q-84

A 45 year old woman has been extensively investigated for a lump she believes to be cancer. All investigations done show that the lump is unlikely to be cancer however she is not convinced and does not think the doctors are taking her seriously. She has demanded for another referral. What is the SINGLE most appropriate term that describes her condition?

- A. Munchhausen's syndrome
- B. Munchhausen's by proxy
- C. Hypochondriasis
- D. Malingering
- E. Conversion disorders

ANSWER:

Hypochondriasis

EXPLANATION:

Her obsession and persistent belief that there is an underlying serious disease is evidence of hypochondriasis. As there is actually a lump and she is not falsifying the symptoms, it is not Munchausen's syndrome or malingering.

Hypochondriasis → is the persistent belief in the presence of an underlying serious DISEASE, e.g. cancer or HIV. The patient again refuses to accept reassurance or negative test results.

Munchausen's syndrome → also known as factitious disorder. Patients intentionally falsify their symptoms and past history and fabricate signs of physical or mental disorder with the primary aim of obtaining medical attention and treatment. The diagnostic features are the intentional and conscious production of signs, falsification, or exaggeration of the history and the lack of gain beyond medical attention and treatment.

Munchausen's syndrome by proxy → manifest by a person feigning or inducing illness in a child (or others) in order to obtain medical attention. It is a form of child abuse in that it subjects the child to emotional abuse, unnecessary medical procedures, hospitalization or other treatments that are harmful to the child.

Malingering → Deliberately falsifying the symptoms of illness for a secondary gain (e.g. for compensation, to avoid military service, or to obtain an opiate prescription).

Conversion (dissociative) disorders → typically involves loss or disturbance of normal motor or sensory function which initially appears to have a neurological or other physical cause but is later attributed to a psychological cause. The patient does not consciously feign the symptoms or seek material gain. Patients may be indifferent to their apparent disorder.

Q-85

A 33 yer old woman in the psychiatric ward diagnosed with schizophrenia, complains that she is unable to think straight because the nurse is stealing her thoughts. What is the SINGLE most likely phenomenon?

- A. Thought echo
- B. Thought insertion
- C. Thought broadcasting
- D. Thought withdrawal
- E. Thought block

ANSWER:

Thought withdrawal

EXPLANATION:

This is thought withdrawal. Which is the delusional belief that thoughts have been 'taken out' of his/her mind. It is commonly associated with thought block. But the difference is that in thought block, there is a sudden break of chain of thought and no one is stealing the ideas.

Q-86

A 30 year old schizophrenic female attacks her mother believing that aliens have replaced her with an exact double. What is the SINGLE most likely condition she is suffering from?

- A. Capgras syndrome
- B. Ganser syndrome
- C. Todd's syndrome
- D. Fregoli delusio
- E. Cotard syndrome

ANSWER:

Capgras syndrome

EXPLANATION:

Capgras syndrome → A type of delusional misidentification in which the patient believes that a person known to them has been replaced by a 'double' who is to all external appearances identical, but is not the 'real person'.

Ganser syndrome → is a type of factitious disorder, a mental illness in which a person deliberately and consciously acts as if he or she has a physical or mental illness. They mimic behavior that is typical of a mental illness, such as schizophrenia. It is also sometimes called prison psychosis, because the syndrome occurs most frequently in prison inmates, where it may represent an attempt to gain leniency from prison or court officials. They produce 'approximate answers'. They may give repeated wrong answers to questions which are nonetheless 'in the right ballpark'. Example, 'what is the capital of Scotland?' Answer 'Paris'. These symptoms may occasionally be associated with organic brain illness but it is much more commonly seen as a form of malingering in those attempting to feign mental illness usually prisoners awaiting trial.

Todd's syndrome → Also known as "Alice in Wonderland Syndrome". It involves perceptual distortions of the size or shape of objects and altered body images. Patients may feel as though their body is expanding or getting smaller.

Frégoli delusion (Delusion of doubles) → is when a person holds a delusional belief that different people are in fact a single person who changes appearance or is in disguise.

Cotard syndrome → is a presentation of psychotic depressive illness characterised by a combination of severely depressed mood with nihilistic delusions. The patient may state that he is already dead and should be buried. He may state that his insides have stopped working and are rotting away, or that he has stopped existing altogether.

Q-87

A 33 year old man with a history of severe depression says his insides are rotting and nobody has bothered to bury him. He feels the world no longer exists and nothing matters. His gaze is always downwards and has barely any eye contact with anyone. What SINGLE term describes his condition?

- A. Nihilistic delusions
- B. Delusion of guilt
- C. Persecutory delusion
- D. Fregoli delusion
- E. Clang association

ANSWER:

Nihilistic delusions

EXPLANATION:

Explanation given in previous questions

Q-88

A 26 year old woman is afraid to visit the shopping centre. Crowds and public places cause her panic. She even feels distress, short of breath and develops palpitations when she boards the train to travel to see her aunt. She feels more relaxed when she goes out to public places with her husband than when alone. Her anxiety has been worsening over the past few months and she now refuses to go out because of this irrational fear. What is the SINGLE most likely diagnosis?

- A. Social phobia
- B. Claustrophobia
- C. Arachnophobia
- D. Acrophobia
- E. Agoraphobia

ANSWER:

Agoraphobia

EXPLANATION:

The answer here is agoraphobia as she has a fear of going out into the open.

Agoraphobia → Fear of open spaces

Social phobia (Social Anxiety Disorder) → persistent fear and anxiety about one or more social or performance situations

Claustrophobia → irrational fear of confined spaces

Arachnophobia → fear of spiders

Acrophobia → fear of heights

Agoraphobia

Means "fear of open spaces"

Many people assume agoraphobia is simply a fear of open spaces, but it's actually a more complex condition. Someone with agoraphobia may be scared of:

- travelling on public transport
- visiting a shopping centre
- leaving home

A clinical definition is "a fear of open spaces, especially those in which getaway may be difficult, which leads to avoidance of the situation". When people suffering from agoraphobia are in situations where escape is difficult or embarrassing such as crowds or public places, they develop a sense of intense anxiety.

Symptoms of a panic attack, such as:

- palpitations
- hyperventilating
- sweating

Some patients can manage to continue their daily lives (with difficulty), whilst some others who are severely affected and may even become incapacitated.

Q-89

A 33 year old woman has been feeling low and having difficulty in concentrating since her husband passed away 6 weeks ago. She has been crying almost everyday, and feeling hopeless. She has been withdrawing from other people and does not want to go out for dinner with her mother. What is the SINGLE most likely diagnosis?

- A. Adjustment disorder
- B. Posttraumatic stress disorder
- C. Panic disorder
- D. Generalized anxiety disorder
- E. Social phobia

ANSWER:

Adjustment disorder

EXPLANATION:

Adjustment disorders

An adjustment disorder occurs when an individual is unable to adjust to or cope with a particular stress or a major life event. They must occur within 1 (ICD-10) or 3 months (DSM-IV) of a particular psychosocial stressor, and should not persist for longer than 6 months after the stressor (or its consequences) is removed

Q-90

A 35 year old male is bitterly annoyed with everyone around him. He complains that they are putting ideas into his head. What is the SINGLE most likely phenomenon?

- A. Thought block
- B. Thought insertion
- C. Thought broadcasting
- D. Thought withdrawal
- E. Thought echo

ANSWER:

Thought insertion

EXPLANATION:

Thought insertion is the delusional belief that thoughts are being placed in the patient's head from outside. It is a first-rank symptom of schizophrenia.

Q-91

A 29 year old woman is overly paranoid that her partner is being unfaithful to her. She checks his phones, email accounts and bank statements several times a day for evidence of infidelity. She dislikes him going out as she fears that he would look at other women while he is out on his own. She does not allow any social media for fear that he may meet other women. What is the SINGLE most likely diagnosis?

- A. Fregoli delusion
- B. Cotard syndrome
- C. Capgras syndrome
- D. Ekbom syndrome
- E. Othello syndrome

ANSWER:

Othello syndrome

EXPLANATION:

Please see previous questions

Q-92

A 45 year old woman presents with complaints of abdominal pain and blood in the stool. She brings the stool sample from home but has never been able to produce a sample at the hospital. A urinalysis was done which was negative. Her blood tests are normal. This is the third time she is presenting to the hospital in the last month. On examination, multiple scars on the abdomen consistent with laparoscopies are seen. She insists on getting further investigations although no abnormalities are found. What is the SINGLE most likely diagnosis?

- A. Somatization disorder
- B. Hypochondriasis
- C. Munchausen's syndrome
- D. Conversion disorder
- E. Malingering

ANSWER:

Munchausen's syndrome

EXPLANATION:

Munchausen's syndrome would fit best. Likely she is inserting blood into her stools at home for medical attention. This can easily be done with a pin prick on the finger.

Munchausen's syndrome → also known as factitious disorder. Patients intentionally falsify their symptoms and past history and fabricate signs of physical or mental disorder with the primary aim of obtaining medical attention

and treatment. The diagnostic features are the intentional and conscious production of signs, falsification, or exaggeration of the history and the lack of gain beyond medical attention and treatment.

Hypochondriasis → is the persistent belief in the presence of an underlying serious DISEASE, e.g. cancer or HIV. The patient again refuses to accept reassurance or negative test results.

Somatization disorder → The experience of bodily symptoms with no physical cause for them, with presumed psychological causation.. The patient refuses to accept reassurance or negative test results

Conversion (dissociative) disorders → typically involves loss or disturbance of normal motor or sensory function which initially appears to have a neurological or other physical cause but is later attributed to a psychological cause. The patient does not consciously feign the symptoms or seek material gain. Patients may be indifferent to their apparent disorder.

Malingering → Deliberately falsifying the symptoms of illness for a secondary gain (e.g. for compensation, to avoid military service, or to obtain an opiate prescription).

Q-93

A 36 year old woman contacts the police to notify them that she was responsible for a recent disastrous flood which had resulted in loss of lives. What is the SINGLE most likely kind of delusions she is suffering from?

- A. Persecutory delusion
- B. Fregoli delusion
- C. Delusion of guilt
- D. Nihilistic delusions
- E. Delusion of reference

ANSWER:

Delusion of guilt

EXPLANATION:

Delusion of guilt → involves feeling guilty or remorseful for no valid reason. An example would be someone that believes they were responsible for a war in another country or hurricane damage in another state. The object of delusion believes that they deserve to be punished for their sins.

Q-94

A 22 year old woman comes to clinic with an obsessive ideation that she is overweight. Her body mass index is 17 kg/m². She is on a strict diet and does aerobic exercises 3 times a day. While taking a history, she admits to laxative abuse. On examination, she has patches of thickened calluses on the dorsal aspect of the first interphalangeal joint. What is the SINGLE most appropriate action?

- A. Refer to medical team
- B. Discharge with advice
- C. Refer to eating disorder clinic
- D. Prescribe a trial of antidepressants
- E. Advise on a food diary and review in one month

ANSWER:

Refer to eating disorder clinic

EXPLANATION:

The thickened calluses on the knuckles is from self induced vomiting which is called "Russell's sign". It may be found on examination in patients with bulimia nervosa or anorexia nervosa.

She falls into the category of moderate anorexia. Admission to the hospital is not warranted because her blood pressure, heart rate are fine and her BMI is still above 15. Referral to an eating disorder unit or service would be the most appropriate.

No drug treatments for anorexia nervosa are validated by good randomized trials although fluoxetine prevents relapse in open trials. Nonetheless, do not pick antidepressants when it is the option for management of anorexia nervosa for this exam.

BMI < 15 kg/m², rapid weight loss + evidence of system failure

- requires urgent referral to eating disorder unit (EDU), medical unit (MU) or paediatric medical wards

In moderate anorexia (BMI 15–17.5, no evidence of system failure)

- routine referral can be to the local community mental health team or eating disorder unit (EDU) if available

In mild anorexia (BMI > 17.5)

- focus on building a trusting relationship and encouraging use of self-help books and a food diary

Q-95

A 64 year old man has a firm belief that the person on the billboard outside his window is sending messages that are meant specifically for him. What is the SINGLE most likely type of delusion that this man is suffering from?

- A. Persecutory delusions
- B. Grandiose delusions
- C. Delusion of control
- D. Delusion of reference
- E. Nihilistic delusions

ANSWER:

Delusion of reference

EXPLANATION:

Discussed in previous questions

Q-96

A 33 year old woman has been feeling down for the past one year. She feels fatigue and is eating more than usual. Several times a week she would wake up during the night and would not be able to go back to sleep. Occasionally, she hears voices of her late husband who died two years ago. What is the SINGLE most likely diagnosis?

- A. Obsessive compulsive disorder
- B. Psychotic depression
- C. Grieving
- D. Severe depression
- E. Hypomania

ANSWER:

Psychotic depression

EXPLANATION:

This affected individual has lost her husband. Depression should be something to consider. The auditory hallucinations are signs that this woman is having some form of psychosis. The most probable diagnosis here is psychotic depression.

Very commonly in PLAB they would give a scenario of a person having symptoms of an atypical or typical depression plus having some form of hallucinations. In majority of the cases, the answer to that scenario would be psychotic depression.

Q-97

A 37 year old woman believes that her neighbours have been using her shower while she is away at work. She is convinced that they dry the bathroom and escape just before she goes into the bathroom. Her husband comes to share the same belief and informs the police. What is the SINGLE most appropriate term for these symptoms?

- A. Capgras syndrome
- B. Cotard syndrome
- C. Persecutory delusions
- D. Folie à deux
- E. Munchhausen's syndrome

ANSWER:

Folie à deux

EXPLANATION:

Folie à deux is the best term to describe this. It is symptoms of a delusional belief and hallucinations that are transmitted from one individual to another usually by two people in a close relationship like in this case, husband and wife.

Folie à deux → is French for “madness of two”. It is a situation where two people with a close relationship share a delusional belief. This arises as a result of a psychotic illness in one individual with development of a delusional belief, which comes to be shared by the second. The delusion resolves in the second person on separation, the first should be assessed and treated in the usual way.

Q-98

A 64 year old woman has been brought by her son for psychiatric evaluation. She says that she has stopped living with her husband because she is convinced that it is someone else posing to be him. What is the **SINGLE** most likely condition she is suffering from?

- A. Delusion of reference
- B. Delusion of guilt
- C. Cotard syndrome
- D. Delusion of persecution
- E. Capgras syndrome

ANSWER:

Capgras syndrome

EXPLANATION:

Given above

Q-99

A 55 year old man is brought to the GP surgery by his wife for a review of a growth on his forehead. His wife wants the growth removed but he refuses and says that the growth helps him think clearly. What is the **SINGLE** most appropriate next course of action?

- A. Assess his mental capacity to refuse treatment
- B. Remove the lesion
- C. Refer to A&E
- D. Perform a Mini Mental Status Examination (MMSE)
- E. Refuse surgery and review in 2 weeks

ANSWER:

Assess his mental capacity to refuse treatment

EXPLANATION:

Assessment of his mental capacity to refuse treatment would be the most appropriate next course of action. If his state of mind is fine, we can follow his instructions and leave the lesion there. But obviously, his mental state is not fine as he believes that this growth helps him think clearly.

Mini Mental Status Examination (MMSE) is to assess patients with dementia. All patients with cognitive impairment should be assessed with a Mini Mental Status Examination (MMSE) to identify the areas of cognitive impairment.

Q-100

A 56 year old chronic alcoholic man wants to attend his daughter's wedding in 2 weeks and does not want to be drinking during the wedding. He says he is determined to quit drinking alcohol but he wants extra help. What is the **SINGLE** most appropriate medication?

- A. Acamprosate
- B. Refer to clinical psychologist
- C. Vitamin B12
- D. Desipramine
- E. Refer to community mental health support group

ANSWER:

Acamprosate

EXPLANATION:

Acamprosate, in combination with counselling, may be helpful for maintaining abstinence in alcohol-dependent patients. It is useful for patients who are concerned that strong cravings will result in relapse.

Clinical psychologist and mental health support groups are wrong places to refer a chronic alcoholic.

Q-101

A 32 year old female presents to her GP with feelings of low mood. It was determined during the consult that she didn't want to attend the appointment but came because her husband insisted. She describes a 4 month period of feeling low. In addition, she describes experiencing difficulty falling asleep at night and feeling lethargic all the time. She mentions not having much of an appetite anymore. She used to spend lots of her spare time writing children's book but she says that she does not find pleasure in that anymore. She works as a financial consultant and says that her concentration at work has become impaired and that her work is suffering as a result. The GP made a diagnosis of moderate depression and started her on a four week course of fluoxetine. After four weeks, the patient returns with the same symptoms of low mood and no improvement in functional ability. What is the SINGLE next best step in management for this patient?

- A. Prescribe lithium
- B. Stop fluoxetine and prescribe mirtazepine
- C. Prescribe sodium valproate
- D. Refer for electroconvulsive therapy (ECT)
- E. Prescribe short course of diazepam

ANSWER:

Stop fluoxetine and prescribe mirtazepine

EXPLANATION:

If a patient with diagnosed depression has been taking first-line antidepressant therapy (SSRIs) at therapeutic dose for at least two to four weeks and presents with no improvement in symptoms after that period of time, there are steps that the clinician must take in order to manage the patient. These are as follows:

- Check adherence and enquire about any adverse effects of the medication
 - Side effects are often the main reason that patients do not adhere to their medications
- Increase the dose of the current medication

- Change medication
 - If one SSRI has been ineffective, try another SSRI
 - If that the second SSRI is still ineffective, try an alternative class of antidepressants

Since checking adherence, increasing the dose or changing to a different SSRI are not in the choices, the best way forward for this patient would be to switch to a different class of antidepressant

Mirtazepine is an atypical antidepressant. It is a presynaptic alpha-2 adrenoceptor antagonist which works by increasing central noradrenergic and serotonergic neurotransmission. It is licensed for use in severe depression or in cases in which selective serotonin reuptake inhibitors (SSRIs) do not work. It is not used first-line due to its many side effects. One of the side effects is it can make you feel sleepy. This can work as an advantage in this case since the patient has difficulty falling asleep.

Lithium is a mood stabiliser. It is used in the treatment of bipolar disorder.

Sodium valproate is an anti-epileptic.

Electroconvulsive therapy is a very controversial mode of treatment. It is almost never used in clinical practice and the only people who would be making a decision to administer electroconvulsive therapy would be specialists and consultants. Electroconvulsive therapy is generally used in cases of severe depression that are not responding to antidepressants or other treatment.

Diazepam is used for a variety of different reasons from anxiety to the treatment of muscle spasms. It is not licensed for the treatment of depression however it can be used for short term (less than 2 weeks) in combination with antidepressants if the patient has depression with symptoms of anxiety, agitation or insomnia. It would be appropriate to be given here as the patient does not have symptoms of anxiety.

Q-102

A 68 year old man comes into A&E confused and with nausea, confusion and a coarse tremor. As the emergency doctor is taking a history, he slowly becomes unconscious. His wife gives a history that he took an overdose of a medication but she is unsure which medication it was. Which of the following medications could account for his symptoms?

- A. Haloperidol
- B. Diazepam
- C. Fluoxetine
- D. Imipramine
- E. Lithium

ANSWER:

Lithium

EXPLANATION:

Lithium is a mood stabilising drug used in bipolar disorder. Its features include a coarse tremor (a fine tremor is seen in therapeutic doses), acute confusion and coma if severe.

Q-103

A 33 year old man tries not to go outside his house because he thinks that people will look at him and talk about him. He finds difficulty when talking with his peers in a restaurant or under social settings. He sweats and feels palpitations when speaking to strangers. He dislikes going to malls as he fears strangers may criticise his looks. He avoids these situations as they cause him distress. What is the SINGLE most likely diagnosis?

- A. Agoraphobia**
- B. Generalized anxiety disorder**
- C. Panic disorder**
- D. Adjustment disorder**
- E. Social phobia**

ANSWER:

Social phobia

EXPLANATION:

Sufferers of social phobias (social anxiety disorders) can have anxiety when going out of the house and when seen in public. When doing so, they fear of doing something embarrassing like looking incompetent, stupid or unentertaining.

The distractor here is agoraphobia. Agoraphobia is the fear of open spaces which can also be seen when sufferers go to the shopping mall. However, the trigger for this fear is more of the inability to escape the open space rather than the fear of being criticised.

Q-104

A 38 year old woman who gave birth 6 weeks ago presents to her local GP surgery with her husband. She describes 'crying all the time' and 'not bonding' with her baby. She is worried about baby's health constantly and she is unsure if is able to cope with this new change in her life. What is the SINGLE most likely diagnosis?

- A. Postpartum blues**
- B. Postnatal depression**
- C. Postpartum psychosis**
- D. Anxiety disorder**
- E. Obsessive compulsive disorder (OCD)**

ANSWER:

Postnatal depression

EXPLANATION:

Postnatal depression is seen commonly among women affecting up to 10% of women giving birth. Crying, not bonding, worrying and feeling as if she cannot cope is a typical presentation of postnatal depression

COMPARISON OF POSTPARTUM BLUES, POSTNATAL DEPRESSION, POSTPARTUM PSYCHOSIS

	Postpartum Blues	Postnatal Depression	Postpartum Psychosis
Onset	Starts two or three days after birth and lasts 1-2 days	Peaks at 3 to 4 weeks postpartum	Peaks at 2 weeks postpartum
Mother cares for baby	Yes	Yes	Thoughts of harming baby
Symptoms	Mostly crying	Symptoms of depression: Feels that she is not capable of looking after her child Feels as if she will not be a good mother Tearful, anxiety Worries about baby's health	Psychotic symptoms e.g. hears voices saying baby is evil Insomnia Disorientation Thoughts of suicide
Treatment	Reassurance and explanation	Antidepressants or CBT	In PLAB, answer would be ECT

POSTNATAL DEPRESSION

A significant depressive episode, temporally related to childbirth, within 6 months usually peaking at 3 to 4 weeks

Clinical features

- Similar to other depressive episodes
- Tearful and anxious
- Worries about her ability to cope adequately with the newborn
- Worries about the newborn
- Struggles to look after herself and the newborn.

Management

Treated like any other depressive illness

- CBT
- Antidepressants
 - *If breastfeeding, a popular choice of selective serotonin reuptake inhibitors (SSRIs) is sertraline as it has a good safety profile and is found at very low levels in breast milk.*
 - *Mnemonic: **b**REAST. **R**educe **E**xcessive **A**mounts of **S**ertraline*

Depressive episode treated in usual way with antidepressants and/or brief CBT, if severe or associated with thoughts of self-harm or harm to baby, may require hospital admission.

Q-105

A 17 year old girl who was 'fine' until her boyfriend ended their relationship. Out of anger, she took 10 tablets of paracetamol after drinking alcohol. She is brought into A&E by her mother. What is the SINGLE most appropriate next course of action?

- A. Refer to psychiatry
- B. Liver transplant
- C. Refer to GP
- D. Discharge home. No referral needed
- E. Start N-acetylcysteine

ANSWER:

Refer to psychiatry

EXPLANATION:

Referral to psychiatric team would be the most accurate option here. Acute alcohol consumption is an inhibitor of P-450 enzyme system. Since she has consumed alcohol acutely, the risk of fatal effects of paracetamol poisoning would be reduced. Not to mention that 10 tablets of paracetamol in a 17 year old is not life threatening. She does however need a psychiatric evaluation before she leaves the hospital as she was clearly trying to harm herself.

Q-106

A 36 year old woman was recently admitted to a psychiatric ward. She believes that the staff and other patients know exactly what she is thinking all the time. What is the SINGLE most likely phenomenon?

- A. Thought insertion
- B. Thought withdrawal
- C. Thought block
- D. Thought broadcasting
- E. Hallucination

ANSWER:

Thought broadcasting

EXPLANATION:

Thought broadcasting is the delusional belief that one's thoughts are accessible directly to others. It is found in schizophrenia

Q-107

A 37 year old woman who delivered 3 days ago is now concerned about her mood. She has trouble sleeping and feels generally anxious and tearful. She is unable to explain why she is crying all the time. She has no history of mental health disorders in the past. What is the SINGLE most appropriate management?

- A. Citalopram
- B. Cognitive behavioural therapy (CBT)
- C. Fluoxetine
- D. Reassurance
- E. Admit mother to mother and baby unit

ANSWER:

Reassurance

EXPLANATION:

The diagnosis here is baby-blues which is seen in around 3/4 of women after delivering. Whilst poor sleep could potentially be a sign of depression, poor sleep is expected with a new baby.

Baby Blues

Up to 75% of new mothers will experience a short-lived period of tearfulness and emotional lability starting two or three days after birth and lasting 1–2 days. This is common enough to be easily recognizable by midwifery staff and requires only reassurance and observation towards resolution.

Q-108

A 22 year old man is distressed that he hears voice of his deceased uncle telling him that he is being spied on. He feels low in mood and anxious. He has not left the house for 2 weeks and has recently started to drink increasing quantities of alcohol due to his anxiety. His speeches are interrupted with silence for a few seconds followed by topics unrelated to what was being discussed. He feels he is no longer in control of his own body and thoughts. What is the SINGLE most suitable medication to treat his symptoms?

- A. Diazepam
- B. Disulfiram
- C. Fluoxetine
- D. Lithium
- E. Olanzapine

ANSWER:

Olanzapine

EXPLANATION:

This individual is suffering from schizophrenia. The speeches that are interrupted with silence followed by an unrelated topic is called thought blocking. The feature that he is no longer in control of his own body and thoughts is called passivity phenomenon. Both of these are features of schizophrenia.

First-line treatment in newly diagnosed schizophrenia involves the use of the newer atypical antipsychotics like olanzapine or risperidone.

Benzodiazepines are only used if rapid tranquillisation is needed. This may be the choice if the scenario involved a violent, aggressive patient.

Q-109

A 24 year old man finds it difficult to come out of a room without having to turn the light switch off and on 3 times. He has tried more than several times to go out of the room without having to do this particular compulsion however he still returns to the room feeling agitated that it was not done. What is the SINGLE most appropriate management?

- A. Cognitive behavioural therapy
- B. Selective serotonin reuptake inhibitors (SSRIs)
- C. Antipsychotics
- D. MAO inhibitors
- E. Electroconvulsive therapy (ECT)

ANSWER:

Cognitive behavioural therapy

EXPLANATION:

The diagnosis here is obsessive-compulsive disorder (OCD). Exposure and response prevention (ERP) is included in cognitive behavioural therapy (CBT) in treatment for those who present with OCD. The method is predicated on the idea that a therapeutic effect is achieved as subjects confront their fears and discontinue their escape response. In this case, the patient would be exposed to his feared stimulus, and would refuse to respond with any safety behaviors.

SSRIs are also a treatment choice for OCD. But as this is only a mild functional impairment, ERP would be a more appropriate answer. NICE CKS has very specific guidelines for obsessive-compulsive disorder (OCD)

In the initial treatment of adults with OCD, low intensity psychological treatments (including Exposure and Response Prevention (ERP)) should be offered if the patient's degree of functional impairment is mild and/or the patient expresses a preference for a low intensity approach. Low intensity treatments include brief individual or group CBT (including ERP)

Adults with OCD with mild functional impairment who are unable to engage in low intensity CBT (including ERP), or for whom low intensity treatment has proved to be inadequate, should be offered the choice of either a course of an SSRI or more intensive CBT (including ERP).

Q-110

A 52 year old woman speaks rapidly without any pause and ignores interruptions. She barely even pauses to take enough breaths. What is the SINGLE best term to describe this kind of person?

- A. Flight of ideas
- B. Broca's aphasia
- C. Wernicke's aphasia
- D. Pressure of speech
- E. Verbal dysphasia

ANSWER:

Pressure of speech

EXPLANATION:

Pressure of speech

Pressure of speech is a tendency to speak rapidly and frenziedly, as if motivated by an urgency not apparent to the listener. The speech is rapid, difficult to interrupt, and, with increasing severity of illness, the connection between

sequential ideas may become increasingly hard to follow. Pressure of speech is a hallmark of mania and is often seen during manic periods in patients with bipolar disorder.

Q-111

A 33 year old man with alternating mood swings and episodes of mood elevation to depression underwent treatment and improvement was seen in his mood swings. What **SINGLE** medication is needed to be continued to prevent his alternating moods?

- A. Anxiolytics
- B. Mood stabilisers
- C. Antidepressants
- D. Antipsychotics
- E. Stimulants

ANSWER:

Mood stabilisers

EXPLANATION:

Please see Q-3

Q-112

A 24 year old man feels down and lethargic. In the last couple of months, he has stopped enjoying his hobbies which include playing the violin. He was admitted to the psychiatry ward last year following an episode of overspending, reckless behaviour and promiscuity. What is the **SINGLE** most likely diagnosis?

- A. Psychosis
- B. Cyclothymia
- C. Bipolar affective disorder
- D. Seasonal affective disorder
- E. Depression

ANSWER:

Bipolar affective disorder

EXPLANATION:

Please see Q-3

Q-113

A 57 year old man had a myocardial infarction 6 months ago. He has been having low moods since then and a diagnosis of moderate depression has been established. Which is the **SINGLE** most appropriate medication to start him on?

- A. Selective serotonin reuptake inhibitors
- B. Tricyclic antidepressants
- C. Monoamine oxidase inhibitors
- D. Benzodiazepam
- E. Mood stabilizer

ANSWER:

Selective serotonin reuptake inhibitors

EXPLANATION:

For majority of patients with moderate depression, selective serotonin reuptake inhibitors (SSRIs) are considered first-line

If this question gave you options of SSRIs, Sertraline would be the best answer to pick as sertraline has good safety profile with patients with myocardial infarction. The other antidepressants have not been studied enough in context of myocardial infarction however citalopram has gained popularity and is also considered safe for use in patients with depression with a history of myocardial infarction.

Citalopram and fluoxetine are the preferred SSRIs if there is no relevant past medical history.

Q-114

A 32 year old schizophrenic lady complains that she hears voices saying “she is evil”. What is the SINGLE most likely type of hallucinations involved?

- A. First-person auditory hallucinations
- B. Second-person auditory hallucinations
- C. Third-person auditory hallucinations
- D. Echo de la pensee
- E. Gedankenlautwerden

ANSWER:

Third-person auditory hallucinations

EXPLANATION:**Third-person auditory hallucinations**

Auditory hallucinations characteristic of schizophrenia where voices are heard referring to the patient as ‘he’ or ‘she’, rather than ‘you’. For example "She is an evil person".

Sometimes the voices are of a running commentary. Example, the patient hears one or more voices providing a narrative of their current actions, ‘he’s getting up...now he’s going towards the window’.

Q-115

A 28 year old woman comes in with her limbs paralysed after witnessing a car accident. She cannot recall what just happened. What is the SINGLE most likely diagnosis?

- A. Somatization disorder
- B. Hypochondriasis
- C. Munchausen’s syndrome
- D. Conversion disorder
- E. Malingering

ANSWER:

Conversion disorder

EXPLANATION:

Conversion (dissociative) disorders typically involves loss or disturbance of normal motor or sensory function which initially appears to have a neurological or other physical cause but is later attributed to a psychological cause. The patient does not consciously feign the symptoms or seek material gain. Memory loss, seizures, loss of speech and paralysis can occur.

Q-116

A 24 year old man finds it difficult to come out of his house without checking if he has locked the door several times. When he exits his house, he has to check it at least 3 times by pushing the door handle to confirm it is locked. He now wants help as he has been doing this for a couple of years. What is the SINGLE most appropriate management?

- A. Exposure and response prevention (ERP)**
- B. Selective serotonin reuptake inhibitors (SSRIs)**
- C. Electroconvulsive therapy (ECT)**
- D. Antipsychotics**
- E. Desensitization**

ANSWER:

Exposure and response prevention (ERP)

EXPLANATION:

The diagnosis here is obsessive-compulsive disorder (OCD). Exposure and response prevention (ERP) is included in cognitive behavioural therapy (CBT) in treatment for those who present with OCD. The method is predicated on the idea that a therapeutic effect is achieved as subjects confront their fears and discontinue their escape response. In this case, the patient would be exposed to his feared stimulus (locking the door just once and coming out of the house), and would refuse to respond with any safety behaviors (checking the door again).

SSRIs are also a treatment choice for OCD. But as this is only a mild functional impairment, ERP would be a more appropriate answer. NICE CKS has very specific guidelines for obsessive-compulsive disorder (OCD)

In the initial treatment of adults with OCD, low intensity psychological treatments (including Exposure and Response Prevention (ERP)) should be offered if the patient's degree of functional impairment is mild and/or the patient expresses a preference for a low intensity approach. Low intensity treatments include brief individual or group CBT (including ERP)

Adults with OCD with mild functional impairment who are unable to engage in low intensity CBT (including ERP), or for whom low intensity treatment has proved to be inadequate, should be offered the choice of either a course of an SSRI or more intensive CBT (including ERP).

Q-117

A 21 year old man is seen in the Psychiatry clinic with the complaint of strange body movements. His mother describes his body movements as unconventional and inappropriate. They consist of lip-smacking, protrusion of his tongue and quick, shaking movements of his hands and feet. The patient cannot control these movements. His past medical history is significant for schizophrenia, diagnosed a year ago. The patient states that he was started on medication for his schizophrenia several months ago however he does not take his medication regularly as he sometimes forgets to take it. What is the SINGLE best treatment for this patient's condition?

- A. Depot haloperidol
- B. Depot risperidone
- C. Intravenous chlorpromazine
- D. Oral clozapine
- E. Intramuscular fluphenazine

ANSWER:

Depot risperidone

EXPLANATION:

The patient has tardive dyskinesia likely caused by his treatment with antipsychotic drugs. A common side effect of long term use of antipsychotic drugs is tardive dyskinesia which is a movement disorder characterised by continuous involuntary movement of the tongue and lower face. Patients are often unaware of these movements and they are reported by family members like in this case, his mother.

Although all antipsychotics have the potential to cause movement disorders, the atypical antipsychotics (risperidone and olanzapine) are considered to be at lower risk of causing tardive dyskinesia than the other antipsychotics

Although clozapine is also an atypical antipsychotic, it is less preferable to risperidone simply because of the method of delivery. A depot injection is preferred over oral medication in this case since this patient has compliance issues.

Haloperidol is unlicensed for the use of movement disorders but it may be considered for the treatment of chorea in Huntington's disease.

Q-118

A 27 year old woman finds herself with palpitations and dizziness whenever she is in a meeting at the office. She is very self-conscious and feels that her colleagues are judging her in a harsh way in meetings. She has been asked to present in one of the meetings but she called in sick to avoid being criticised. What is the SINGLE most likely diagnosis?

- A. Agoraphobia
- B. Generalized anxiety disorder
- C. Panic disorder
- D. Depression
- E. Social phobia

ANSWER:

Social phobia

EXPLANATION:

The phrase to pick up in this question stem is the fear of “being criticized”. This is a good example of social phobia (social anxiety disorder). Sufferers avoid situations like meetings, group events and public speaking as they may bring about the possibility of embarrassment.

Q-119

A 28 year old female who delivered 6 weeks ago feels sad and has no interest to feeding the baby. She has been eating poorly and having difficulty sleeping. She feels weak throughout the day and has stopped taking the baby out of the house. She also says that the baby has evil eyes. What is the SINGLE most likely diagnosis?

- A. Postpartum blues
- B. Postpartum depression
- C. Postpartum psychosis
- D. Schizophrenia
- E. Psychotic depression

ANSWER:

Postpartum psychosis

EXPLANATION:

She has features of depression: feels sad, not eating well, difficulty sleeping, feeling weak. On top of that she has delusional ideas: no interest to feed baby, she thinks baby has evil eyes and not taking the baby out of the house. These points to postpartum psychosis.

A key feature to look out for in PLAB is the words “evil eyes”. If mother has recently delivered and thinks that her baby has evil eyes, pick the answer that has postpartum psychosis. You are most likely to be correct.

Postpartum psychosis

Usually starts with postpartum depression. Classically, they would have thoughts of harming their new born baby. She would have delusional ideas that the baby is deformed, evil or otherwise affected in some way and she has intent to kill or harm the baby

Onset usually within the first 2-3 weeks following birth

Management

- Admission to hospital (specialist mother–baby unit if possible) is usually required
- For major affective disorder there is good evidence for ECT.

Q-120

A 35 year old is agitated and euphoric. He claims to be helping the prime minister with economic policies and describes himself to be a very powerful man. He believes that he has made important discoveries regarding international policies that have great impact towards the United Kingdom. On further investigation, these statements are untrue. What is the SINGLE most likely phenomenon?

- A. Persecutory delusions
- B. Delusion of control
- C. Delusion of reference
- D. Nihilistic delusions
- E. Delusion of grandeur

ANSWER:

Delusion of grandeur

EXPLANATION:

His delusions describe a type of delusion called grandiose delusions which are usually found in patients with mania.

Q-121

A 42 year old man with a history of bipolar disorder is noted to have high serum levels of lithium and profound hypokalaemia on routine examination. He was recently diagnosed with essential hypertension and his GP had started him on an antihypertensive medication. What is the SINGLE most likely cause of the recent findings?

- A. Atenolol
- B. Captopril
- C. Ramipril
- D. Spironolactone
- E. Bendroflumethiazide

ANSWER:

Bendroflumethiazide

EXPLANATION:

The key here is to understand what medication can cause both hypokalaemia and causes lithium levels to rise.

Thiazides (e.g. bendroflumethiazide) can cause hypokalaemia. Thiazide and related diuretics can cause a rapid rise in serum lithium levels leading to toxicity. NICE recommends avoid concurrent use unless lithium levels can be closely monitored and the lithium dose adjusted as necessary. Advise patients to report lithium adverse effects (tremor, dysarthria, ataxia, confusion).

Atenolol → Is a beta blocker. There has been one study which suggests that atenolol might decrease the clearance of lithium. However, NICE guidelines state that no particular precautions are warranted. Thus being less likely the cause of lithium toxicity.

Ranitidine → is an H2 histamine receptor antagonist that works by blocking histamine. It is used in gastro oesophageal reflux disease and is not an antihypertensive

Captopril and Ramipril → are an ACEi. They would cause hyperkalaemia. Thus is no longer an option here.

Spironolactone → is a potassium sparing diuretic and causes hyperkalaemia. Thus is no longer an option here.

Q-122

A 28 year old woman witnessed a tragic road traffic accident where a young boy was killed by a lorry. On the night of the event, she was not able to sleep as she had horrid thoughts of the event. The following morning, she woke up and was not able to see. She has no previous history of medical or psychological issues. What is the SINGLE most likely diagnosis?

- A. Conversion disorder
- B. Somatization
- C. Posttraumatic stress disorder
- D. Dissociation
- E. Generalized anxiety disorder

ANSWER:

Conversion disorder

EXPLANATION:

Conversion (dissociative) disorders typically involve loss or disturbance of normal motor or sensory function which initially appears to have a neurological or other physical cause but is later attributed to a psychological cause. The patient does not consciously feign the symptoms or seek material gain. Memory loss, seizures, loss of speech and paralysis can occur.

In this case, she lost her vision. Remember that patients with conversion disorder are not feigning the signs and symptoms. Despite the lack of an organic diagnosis, the person's distress is very real and the physical symptoms the person is experiencing cannot be controlled at will. Fortunately, good prognosis can be expected and she will likely recover from her visual symptoms.

Q-123

A 30 year old woman who suffered from depression a few years ago has recently spent a substantial amount of money buying new clothes. She goes out almost every night with her friends. She would not allow any of her friends to choose the restaurant for dinner as she believes she knows the best places to eat. She sleeps less than usual and fills her days with as many activities as she can. What is the SINGLE most likely diagnosis?

- A. Mania
- B. Depression
- C. Bipolar affective disorder
- D. Borderline personality disorder
- E. Hypomania

ANSWER:

Bipolar affective disorder

EXPLANATION:

There is a history of depression and symptoms of mania. This would be a classic scenario that PLAB would give when they would like you to pick Bipolar disorder.

Q-124

A 37 year old man was recently sent to jail for breaking all the windows of a shop with his bat. When the manager tried to stop him, he hit the manager on the head. He has a history of many convictions and has been imprisoned many times. He finds it difficult to keep close relationships. He has 2 boys with his ex-wife but does not contact them. What is the SINGLE most likely diagnosis?

- A. Borderline personality disorder
- B. Schizophrenia
- C. Avoidant personality disorder
- D. Histrionic personality disorder
- E. Antisocial behaviour disorder

ANSWER:

Antisocial behaviour disorder

EXPLANATION:**Antisocial Personality disorder**

Characterized by continuous antisocial or criminal acts, inability to conform to social rules, impulsivity, disregard for the rights of others, aggressiveness, and lack of remorse. They will typically be manipulative, deceitful and reckless.

Like other types of personality disorder, antisocial personality disorder is on a spectrum, which means it can range in severity from occasional bad behaviour to repeatedly breaking the law and committing serious crimes. Psychopaths are considered to have a severe form of antisocial personality disorder

Q-125

An 18 year old boy was recently sent to juvenile detention center after he set his father's car on fire. He lacks remorse for setting the car on fire and says he would do it again if he had the chance to. He has always found it difficult to conform to social rules and has no regard for the rights of others. What is the SINGLE most likely diagnosis?

- A. Acute psychosis
- B. Antisocial personality disorder
- C. Mania
- D. Borderline personality disorder
- E. Schizophrenia

ANSWER:

Antisocial personality disorder

EXPLANATION:

Please see Q-124

Q-126

A 32 year old lady has recently become more active over the past year. She sleeps less and recently bought a house and 2 new cars. She notices that her sex drive has increased. She often starts a task but not able to finish it as she has difficulty in focusing on one task alone. What is the SINGLE most likely diagnosis?

- A. Bipolar disorder
- B. Mania
- C. Hypomania
- D. Schizophrenia
- E. Attention deficit hyperactivity disorder (ADHD)

ANSWER:

Hypomania

EXPLANATION:

The symptoms here are representative of hypomania which can be thought of as a milder form of mania. With hypomania, there is higher than normal energy levels but they do not generally lead to hospitalization whereas manic episodes usually last for a week or more and may result in hospitalization.

Usually, if the stem includes grandiose ideas, hallucinations or delusions PLUS elevated moods, then pick mania, otherwise pick hypomania.

*It is especially important to remember that hypomania does **NOT present with hallucinations or delusions**. This would often be the difference between picking mania and picking hypomania as the answer.*

Mania	Hypomania
Abnormally elevated mood	A lesser degree of mania with persistent mild elevation of mood and increased activity and energy
Hallucinations or delusions	No hallucinations or delusions
Significant impairment of the patient's day-to-day functioning	No significant impairment of the patient's day-to-day functioning

These are classic signs of mania and hypomania:

- Elevated mood
- Irritability
- Increased energy and activity → *This may be seen as increased performance at work or socially*
- Increased self-esteem
- Increased sociability and talkativeness
- Increased sex drive
- Reduced need for sleep
- Difficulty in focusing on one task alone (tasks often started, but not finished)

The presence of psychotic symptoms differentiates mania from hypomania

Psychotic symptoms

- Delusions of grandeur
- Auditory hallucinations

Remember, for the exam:

- *If you see a patient with high moods → Likely to be hypomania*
- *If you see a patient with high moods and other times depressive moods → Likely to be bipolar disorder*
- *If you see a patient with high moods and psychotic symptoms → Likely to be mania*

Q-127

A 22 year old female was brought to A&E by her friend with the complaint of nausea and flushing. They were at a birthday party and the patient had been drinking copious amounts of alcohol. The patient says that she can see spots of colour around her peripheral vision. A visual field examination and fundoscopy was performed and was determined to be normal. She has no other medical problems and takes paracetamol on occasion for headaches. During the consult, the patient complains of being excessively thirsty and she consumes approximately one litre of water. Her vitals are as follows:

Blood pressure: 138/89 mmHg

Heart rate: 122/min

Respiratory rate: 22 breaths/min

Temperature: 37.9 C

What is the SINGLE most likely drug that this patient has taken?

- A. Diphenhydramine
- B. Amiodarone
- C. Ecstasy
- D. Cocaine
- E. Amphetamine

ANSWER:

Ecstasy

EXPLANATION:

We are all very automated into picking LSD as the answer as soon as we see some form colour vision distortion in the stem but what happens when LSD is not part of the options?

This patient has likely taken Ecstasy. She has no past medical problems so diphenhydramine (an antihistamine) and amiodarone are incorrect.

Cocaine and amphetamines both present with mydriasis and, although they also present with hyperthermia and an increase in respiratory rate, they do not cause a disturbance in colour perception.

One good method of helping differentiate LSD and Ecstasy in the exam is, Ecstasy causes the patient to see floating spots of colour when their eyes are closed. This is an important differentiating factor which is useful majority of the time in the exam.

Ecstasy is an illegal recreational drug containing mainly 3,4-methylenedioxy-N-methylamphetamine (MDMA)

You can recognise a patient that has taken Ecstasy on a stem if they have the following symptoms:

- Hyperthermia
- Dehydration and extreme thirst
- Tachycardia
- Tachypnoea
- Insomnia
- Spots of colour/floating colours/flashing colours when their eyes are open
(especially when LSD is not an option given) – this is due to the heightened sense of sound and colour

Q-128

A 29 year old woman diagnosed with schizophrenia is complaining that the children playing outside her garden can hear her thoughts. She says they know exactly what she is thinking at all times of the day. What is the SINGLE most likely phenomenon

- A. Thought block
- B. Thought insertion
- C. Thought broadcasting
- D. Thought withdrawal
- E. Thought echo

ANSWER:

Thought broadcasting

EXPLANATION:

Thought broadcasting is the delusional belief that one's thoughts are accessible directly to others. It is found in schizophrenia.

Q-129

A 35 year old schizophrenic man hears voices narrating his actions like "he is going to the toilet" and "he is leaving the house". What is the SINGLE most likely type of hallucinations involved?

- A. First-person auditory hallucinations
- B. Second person auditory hallucinations
- C. Third-person auditory hallucinations
- D. Echo de la pensee
- E. Gedankenlautwerden

ANSWER:

Third-person auditory hallucinations

EXPLANATION:

Please see Q-114

Q-130

A 22 year old woman was brought to the emergency department by her boyfriend with her fist bleeding after punching a mirror. She is distressed because he wants to end the relationship. Scars of old cuts on her forearms was noticed during a physical examination. She denies trying to end her life. What is the **SINGLE** most likely diagnosis?

- A. Acute psychosis
- B. Borderline personality disorder
- C. Severe depression
- D. Schizoid personality
- E. Psychotic depression

ANSWER:

Borderline personality disorder

EXPLANATION:

Please see Q-32

Q-131

A 21 year old man was brought by his friends unconscious from a party where he was said to have drunk vodka. While he was being attended to by the doctor in the Emergency Department, he became conscious and said the green tie the attending doctor was wearing was talking to him. His friends also mention that an hour earlier he mentioned that he was seeing sounds coming out of the radio. On examination, his pupils are dilated. What substance could this patient have taken which could account for his symptoms?

- A. Cocaine
- B. Alcohol
- C. Heroin
- D. Cannabis
- E. Lysergic acid diethylamide (LSD)

ANSWER:

Lysergic acid diethylamide (LSD)

EXPLANATION:

Hallucinations like this are common with patients on Lysergic acid diethylamide (LSD).

Whenever you see a stem with odd sensations such as smelling colours or seeing sound, think LSD.

Q-132

A 20 year old woman with amenorrhoea and a body mass index of 14.8 kg/m² is still try to lose weight. She exercises excessively and induces vomiting after her meals. She feels fatigued most of the time and has little interest in social events. What is the **SINGLE** most likely diagnosis?

- A. Anorexia nervosa
- B. Bulimia nervosa
- C. Obsessive compulsive disorder
- D. Severe depression
- E. Body dysmorphic disorder

ANSWER:

Anorexia nervosa

EXPLANATION:

The above described is anorexia nervosa. A low BMI and the refusal to maintain a normal body weight for her age is key towards the diagnosis. Fatigue and loss of interest in social events are also features of anorexia nervosa.

Q-133

A 60 year old man was brought to A&E by his daughter following ingestion of a large amount of medications. His daughter says that he has been withdrawn lately and that he has been neglecting himself. The patient himself says that he is tired of life and mentions that he has not left his house in the past three weeks as he claims that his neighbours are talking about him. He also claims that his neighbours have evil thoughts toward him. The patient concedes that he needs help. What is the SINGLE most appropriate next step in management of this patient?

- A. Home visit by community psychiatry nurse
- B. Hospital admission
- C. Refer to general practitioner
- D. Urgent referral to the psychiatric outpatient clinic
- E. Discharge home with advice

ANSWER:

Hospital admission

EXPLANATION:

The most important thing to glean in this question is that this patient has conceded that he has a problem and that he needs help. This single fact would be grounds for a voluntary hospital admission. He needs a general hospital admission, voluntary or otherwise, for the very fact that he has ingested a large quantity of medications. The type of medication was not given in the stem but nonetheless, it would be dangerous to send him elsewhere.

(A) is incorrect. This patient needs proper psychiatric treatment by an entire team of medical professionals, not a single home visit. He is also suicidal, and has attempted to take his own life.

(C) is also incorrect for the above reasons.

(D) this patient has been neglecting himself and become withdrawn, and he has ingested a large amount of drugs, possibly with the intent to take his own life. Referring him to an outpatient clinic in this condition would be dangerous.

(E) Discharging home would be the worst option amongst the answers.

Q-134

A 33 year old woman has persistent fear when she has to speak publicly. She sweats and has palpitations and finds it very difficult to breathe. She is afraid of what people might think of her. She tries her best to avoid these situations. What is the SINGLE most likely diagnosis?

- A. Agoraphobia
- B. Acute stress disorder
- C. Social anxiety disorder
- D. Obsessive compulsive disorder
- E. Generalized anxiety disorder

ANSWER:

Social anxiety disorder

EXPLANATION:

One of the hallmarks of social anxiety disorder is the intense fear of public speaking. They have a fear of being criticized. Sufferers fear that they may look stupid or appear boring.

Q-135

A 33 year old man who lives with his mother, always thinks when traffic lights turn red, his mother is calling him to come home. This is followed by his actions to drive back home. What is the SINGLE most likely diagnosis?

- A. Obsessive compulsive disorder (OCD)
- B. Generalized Anxiety Disorder (GAD)
- C. Schizophrenia
- D. Bipolar disorder
- E. Cyclothymia

ANSWER:

Schizophrenia

EXPLANATION:

He thinks that the changing of traffic lights are giving him a message. These are called delusional perceptions and are a feature of schizophrenia.

Q-136

A 24 year old male on remand in prison for murder is referred by the prison doctor. He is noted to be behaving oddly in prison and complains of hallucinating. He has a previous history of IV drug abuse. On questioning, he provides repeated wrong answers to questions nonetheless, his answers are in the correct category. An example, when asked who is the prime minister of England, he answers Bill Clinton. What is the SINGLE most likely diagnosis?

- A. Capgras syndrome
- B. Cotard syndrome
- C. Ganser syndrome
- D. Somatization disorder
- E. Hypochondriasis

ANSWER:

Ganser syndrome

EXPLANATION:

Ganser syndrome → is a type of factitious disorder, a mental illness in which a person deliberately and consciously acts as if he or she has a physical or mental illness. They mimic behavior that is typical of a mental illness, such as schizophrenia. It is also sometimes called prison psychosis, because the syndrome occurs most frequently in prison inmates, where it may represent an attempt to gain leniency from prison or court officials. They produce 'approximate answers'. They may give repeated wrong answers to questions which are nonetheless 'in the right ballpark'. Example, 'what is the capital of Scotland?' Answer 'Paris'. These symptoms may occasionally be associated with organic brain illness but it is much more commonly seen as a form of malingering in those attempting to feign mental illness usually prisoners awaiting trial.

Q-137

A 28 year old schizophrenic man refuses to let his father into the house because he has the delusion that his father has been replaced by an identical looking imposter. He easily recognised other family members but would misidentify his father. What is the SINGLE most likely condition he is suffering from?

- A. Capgras syndrome
- B. Ganser syndrome
- C. Todd's syndrome
- D. Fregoli delusion
- E. Cotard syndrome

ANSWER:

Capgras syndrome

EXPLANATION:

Capgras syndrome → A type of delusional misidentification in which the patient believes that a person known to them has been replaced by a 'double' who is to all external appearances identical, but is not the 'real person'.

Q-138

A 74 year old man is depressed after his wife's death 6 months ago. He has been neglecting himself and is not eating well. He has lost 11 kg in the last 3 months. At times, he has thought about self harm but has never done it. His son found him in a very miserable state when he went to visit him last night. Unfortunately, the son is unable to care for his father due to work and other family related issues. What is the SINGLE most appropriate management?

- A. Review his mental status in 2 weeks
- B. Refer to a social worker
- C. Suggest the option of his son to moving in with his father
- D. Send patient to a care home
- E. Voluntary admission to the psychiatry ward

ANSWER:

Voluntary admission to the psychiatry ward

EXPLANATION:

The first question to ask yourself is, is this a suitable environment for a person with a depressive illness?

Obviously not, and thus he should be admitted to the psychiatry ward.

Admission should be to a ward where close observation and monitoring are possible, whenever there is significant risk of harm to self (or others)

The ward environment is often not the quiet sanctuary patients hope for and this may lead to difficult decisions in balancing the risk of self-harm against the use of compulsory admission.

Common reasons for hospital admission

- Serious risk of suicide
- Serious risk of harm to others
- Significant self-neglect
- Severe depressive symptoms
- Severe psychotic symptoms
- Lack or breakdown of social supports
- Initiation of electroconvulsive therapy
- Treatment-resistant depression (where inpatient monitoring may be helpful).

Q-139

A 29 year old teacher was run down by a drunk driver a year ago. Since then, she has been afraid to cross the road. She suffers from nightmares about that incident and gets a startled response every time she hears loud sounds. What is the SINGLE most appropriate initial management?

- A. Cognitive behavioural therapy (CBT)
- B. Diazepam
- C. Citalopram
- D. Dosulepin
- E. Sertraline

ANSWER:

Cognitive behavioural therapy (CBT)

EXPLANATION:

Please see Q-16

Q-140

A 62 year old man has uncontrollable lip smacking, puckering, repetitive chewing movements and tongue thrusting. He also has uncontrollable slow writhing movements of his fingers. He is on long-term antipsychotic medications for the past 15 years as part of the management of his schizophrenia. What is the SINGLE most likely diagnosis?

- A. Shy-Drager syndrome
- B. Parkinsonism
- C. Huntington's chorea
- D. Tardive dyskinesia
- E. Akathisia

ANSWER:

Tardive dyskinesia

EXPLANATION:

Tardive dyskinesia occurs especially in patients with long-term treatments with antipsychotic agents. The word "tardive" means delayed, and "dyskinesia" means abnormal movement. Put together "tardive dyskinesia" refers to the delay between the first use of offending medication and the onset of abnormal movements. It takes several months to years to develop the symptoms of tardive dyskinesia from the use of antipsychotics.

It is characterized by continuous involuntary movement of the tongue and lower face. The disorder can also affect the fingers, arms and legs causing either rapid, jerking movements or slow, writhing movements.

Huntington's disease usually presents at an earlier age with tremors and choreiform movements.

Parkinsonism can also be caused by antipsychotic medications however it is characterised by resting tremors, rigidity and bradykinesia. The onset of parkinsonism as an extrapyramidal side effect of antipsychotics usually occurs after 1 week of administration of the offending antipsychotic drug.

Akathisia like tardive dyskinesia and Parkinson's can be caused by the use of antipsychotic medications but the symptoms involve motor restlessness. These are restlessness of the lower limbs where the patient would have the urge to move. The word "akathisia" is derived from Greek and it means "not to sit still". Patients would be seen pacing constantly, rocking back and forth or constantly crossing and uncrossing legs. The symptoms usually occur after a month of initiating the offending antipsychotic drug.

Q-141

A 41 year old male patient was rushed to Accident & Emergency (A&E) with a Glasgow Coma Scale (GCS) of 13/15 following an incident that happened during a long haul flight. The patient was flying from Thailand to the United Kingdom when he started feeling nauseous followed by having a tremor and becoming confused. He has been taking regular ibuprofen 400 mg for his lower back pain for the past week. The patient's past medical history is significant for bipolar disorder. He has been taking lithium for the past 10 years and is well controlled on it. What is the SINGLE most appropriate test to do for this patient?

- A. Serum lithium concentration
- B. Urea and electrolytes (U&E)
- C. Thyroid function test (TFT)
- D. Liver function test (LFT)
- E. Capillary blood glucose

ANSWER:

Serum lithium concentration

EXPLANATION:

The single best test to do for this patient would be to confirm his suspicion of lithium toxicity with a serum lithium level. Lithium is mostly excreted by the kidneys, and drugs such as NSAIDs increase renal reabsorption of lithium thus increasing serum lithium levels. Chronic accumulation of lithium such as in this case would usually result in mild to moderate symptoms.

Although a full battery of tests such as a full blood count, typically blood glucose and renal function test would be done in real life, if asked for “the most APPROPRIATE test” the examiners would like you to consider lithium toxicity as a diagnosis and request a serum lithium concentration.

Lithium poisoning causes:

- *Therapeutic overdose (common)*
- *Drug interactions with either a diuretic or NSAID (common)*
- *Deliberate self-harm (less common)*

Q-142

A 25 year old female has just been diagnosed with bipolar disorder. The psychiatric team is considering commencing her on lithium carbonate treatment. Before being commenced on lithium, the patient is required to go for a variety of blood tests. A blood request form has been given to her for calcium levels and a renal function test. What is the SINGLE most appropriate test to send this patient for in addition to the ones listed?

- A. Home blood pressure monitoring**
- B. Thyroid function test (TFT)**
- C. Chest X-ray**
- D. Ultrasound kidney, ureter and bladder (KUB)**
- E. Serum lithium concentration**

ANSWER:

Thyroid function test (TFT)

EXPLANATION:

Before treatment with lithium is commenced, tests are needed to assess both kidney function and thyroid function.

The kidneys mostly excrete lithium with minimal metabolism by the liver. In addition, it can also cause long term kidney damage, so kidney monitoring is done at regular intervals.

A thyroid function test is done initially because abnormal levels of thyroid hormones can mimic or precipitate mania and depression. It is also good practice to have a baseline prior to starting lithium. Thyroid monitoring is done at regular intervals because lithium can induce hypothyroidism.

Following the initial test, anyone on lithium should have their lithium levels checked 3 monthly, and TSH and renal function checked at least 6 monthly if not more frequently.