

1. Healthy thinking includes all except -

a) >Continuity

b) >Constancy

c) >Organization

d) >Clarity

Correct Answer - D

Clarity Ref: *Fish's Clinical Psychopathology: Signs and Symptoms in Psychiatry* By Patricia R. Casey,
Brendan Kelly 3/e p47 Courtesy: Dr Shahid Saache
([shahidsaache\(admail.com\)](mailto:shahidsaache@admail.com))

Schneider suggested there were three features of healthy thinking:
Constancy: this is characteristic of a completed thought that does not change in content unless and until it is superseded by another consciously-derived thought

Organisation: the contents of thought are related to each other in consciousness and do not blend with each other, but are separated in an organised way.

Continuity: there is a continuity of the sense continuum, so that even the most heterogenous subsidiary thoughts, sudden ideas or observations that emerge are arranged in order in the whole content of consciousness

2. Reflex hallucination is a morbid variety of:

a) Kinesthesia

b) Parasthesia

c) Hyperesthesia

d) Synaesthesia

Correct Answer - D

Reflex hallucination is a morbid variety of synaesthesia. Synaesthesia is the experience of a stimulus in one sensory modality producing sensory experience in another. For example music provoking onset of a visual hallucination.

Types of hallucinations:

- Auditory: It may be experienced as noises, music or voices.
- Visual
- Olfactory and gustatory
- Tactile or haptic : It may be experienced as sensation of being touched, pricked or strangled.
- Autoscopical: It is the experience of seeing ones own body projected into external space usually in front of oneself for short periods.
- Reflex hallucination

Ref: Shorter Oxford Textbook of Psychiatry By Philip Cowen, page 7.

3. Formication and delusion of persecution occurs together in abuse with:

a) Cocaine

b) Amphetamine

c) Cannabis

d) LSD

Correct Answer - A

In cocaine psychosis formication occur along with delusion of persecution and is known as cocaine bug.

Formication refers to the sensation of small animals crawling over the body.

Cocaine is a natural stimulant derived from the leaves of coca plant.

In the brain it increase the level of neurotransmitters like norepinephrine and dopamine.

Regular use of cocaine can damage the brain circuit and produces a feeling of pleasure.

Regular use of cocaine can result in arrhythmias, stroke caused by spasm of blood vessels and respiratory arrest.

Ref: Psychology: Concepts and Applications By Jeffrey S. Nevid page 165. Fish's clinical psychopathology [electronic resource]: signs and symptoms in psychiatry 3rd edn, By Frank James Fish,page 25

4. Which of the following is the characteristic feature of Bipolar disorder II?

a) Hypomania plus mania

b) Depression alone

c) Mania and depression

d) Hypomania and depression

Correct Answer - D

Bipolar disorder is a chronic mood disorder characterized by the presence of mania (bipolar I disorder) or **hypomania and depression (bipolar II disorder)**. Manic episodes are distinct periods of abnormally and persistent moods that can be euphoric, expansive, or irritable.

Ref: Textbook of Family Medicine: Expert Consult - Online and Print By Robert E Rakel, M.D., David Rakel, 2011, Page 1064.

5. Cognitive model of depression was given by:

a) Beck

b) Skinner

c) Cerletti

d) Freud

Correct Answer - A

The cognitive model of depression evolved from systematic clinical observation and experimental testing by Beck. The cognitive model postulates three specific concepts to explain the psychological substrate of depression

- The cognitive triad
- Schemas
- Cognitive errors

Ref: Cognitive Therapy of Depression edited by Aaron T. Beck.

6. Best therapy suited to teach daily life skill to a mentally challenged child-

a) CBT (Cognitive Behaviour Therapy)

b) Contingency

c) Cognitive reconstruction

d) Self instruction

Correct Answer - B
B. i.e. Contingency

7. Apraxia is a disorder of:

a) Cerebellum

b) Sensory system

c) Motor system

d) Initiating and planning movement

Correct Answer - D

D. i.e. Initiating & planning movements

It presents near the midline encroaching upon the medial surface of the hemisphere and is the continuation of the pre-central and post-central gyri.

The boundary of paracentral lobule needs to be elaborated, as it is the cortical (highest) center of micturition and defecation.

The paracentral lobule controls the motor and sensory innervations of the contralateral lower limb and perineal region. So injury in this area can cause limb muscle weakness.

8. Counter transference is:

a) Type of defence mechanism

b) Psychic connection between patient & disease with transfer of psychic energy from body parts to brain

c) Implies doctor's feelings towards patient

d) Patient's feelings towards doctor during psychotherapy

Correct Answer - C

C i.e. Implies doctor's feelings towards patient

Transference implies patient's feelings towards clinician (therapist) during psychotherapy, whereas counter transference implies clinician's feelings towards the patient.

9. Type D personality are recently found to be at risk of developing:

a) Coronary artery disease

b) Depression

c) Schizophrenia

d) Mania

Correct Answer - A

A i.e. Coronary artery disease

- Type A personality (behavior pattern) includes *competitiveness, time urgency, and hostility*.

- Type D (distressed) personality is *not only a risk factor for development of ischemic heart disease, it also leads to worse prognosis following a myocardial infarction*.

Type - A Personality

- It is originally characterized by *competitiveness, time urgency, hostility and anger* (last two components are pathogenic). *Ambitiousness, aggressiveness, competitiveness, impatience, muscle tenseness, alertness, rapid and emphatic vocal style, irritation, and cynicism* are other features.

- Are *hard working workaholics* who deny emotional or physical vulnerability. Their self esteem is dependent on achievement i.e. they are impatient, achievement oriented people.

- These individuals show a *greater physiological reactivity* (eg B P, heart rate) and are more likely to *get engaged in unhealthy habits* eg, drinking alcohol, smoking. And if these individuals smoke they *inhale smoke for a longer time*. Associated with *significantly high risk of coronary heart disease*.

Type B Personality

It includes *carefree, easy going, relaxed individuals*

Type D Personality

- It includes people with *distressed personality* who suffer from *high degree of emotional distress (negative emotions/affectivity)* but they *consciously suppress their feelings (=social inhibition)*.

Type D personality is both a *prognostic and risk factor for IHDQ*. These persons have worse prognosis after MI with an - 4 times increased risk of sudden cardiac death, recurrent MI & mortality.

- These persons have an impaired/poor quality of life and are *more likely to experience anxiety & depression (mood swings)Q*.

* Risk factor for cardiac disease include *major depressive disorder, type D personality and type A personalityQ* (esp anger & hostility)

10. In Alzheimer's disease (AD) which of the following is not seen:

a) Aphasia

b) Acalculia

c) Agnosia

d) Apraxia

Correct Answer - C

Ans. None > C. Agnosia *tRej. Kaplan ana' Jaadock s Synopsis of Psychiatry 10/c pi-t?*

Aphasia, Apraxia, Acalculia and Agnosia may all be seen in Alzheimer's Dementia. Agnosia in Alzheimer's disease usually presents late in the disease and is not included in the ICD-10 Diagnostic criteria for dementia in Alzheimer's disease with early onset and hence may be selected as the single best answer by exclusion

11. False regarding Alzheimer's disease (AD) is:

- a) Number of senile neural plaques correlates (increases) with age
- b) Presence of tau protein suggest neurodegeneration
- c) Number of neurofibrillary tangles is associated with the severity of dementia
- d) Extracellular inclusions (lesions) can occur in the absence of intracellular inclusions to make

Correct Answer - D

D i.e. Extracellular inclusions (lesions) can occur in the absence of intracellular inclusions to make pathological diagnosis of AD
Characteristic cognitive impairments in Alzheimer's disease *include amnesia, aphasia, agnosia, and apraxia (the 4 As)*. These four impairments are also included in DSM-IV TR diagnostic criteria of Alzheimer's disease. However, there appears no cognitive functions that are truly preserved in AD. *Visuo-spatial difficulties* commonly occur in the middle stages of the disorder and may result in *topographical disorientation, wandering and becoming lost. Difficulties with calculation (acalculia), attention and cognitive planning all occur.*

- For neuropathological diagnosis of AD, h/o dementia, extracellular neuritic senile (amyloid) plaques and intracellular NFTs all are required. *Number of senile plaque increases with age, number of NFTs correlates with severity of dementia and presence of tau (r) protein suggest neurodegeneration.*

It is the most common cause of dementia. It causes gradually progressive cortical (parieto-temporal) dementia beginning with memory impairment and spreading to language and visuospatial

deficits over a prolonged courseQ.

12. A 50 year old male presents with a 3 year history of irritability, low mood, lack of interest in Surroundings and general dissatisfaction with everything. There is no significant disruption in his sleep or appetite. He is likely to be suffering from:

a) Major depression

b) No psychiatric disorder

c) Dysthymia

d) Chronic fatigue syndrome

Correct Answer - C

C i.e. Dysthymia

Long standing atleast for 2 years (1 year in children & adolescents) of low grade subthreshold depressive symptoms (not severe enough to be called major depression) exclusive of indicators of severity (such as suicidality and psychomotor disturbance and featuring symptoms more than signs (i.e. more subjective than objective) indicate diagnosis of dysthymic disorder. Absence of psychomotor agitation or retardation and uncharacteristic (very very rare) presence of marked disturbances in libido & appetite differentiate it from major depression in which these features are relatively more common.

Dysthymia (Meaning bad mood/ill humored) Disorder

Clinical Picture

- Long standing insidious onset sub threshold depression of fluctuating or persistent nature dating back to late childhood or the

teens, preceding any major depressive episodes by years, even decades. A return to low grade depressive pattern is the rule following recovery from superimposed major depressive episodes, if any, hence the name double depression.

- *Low grade chronic depressive profile marked by fluctuating complaint consisting of gloominess, pessimism, lethargy (low drive), self doubt, lack of joie de vivre (i.e. low enjoyment of life), yet endowed with self critical attitudes & suffering for others.*
- *Typically work hard (back bone of society), devoting their lives to jobs that require dependability & great attention to detail, but do not enjoy their work. At their best, they invest what ever energy they have in work, leaving none for leisure or social activities.*
- *They are satisfied with nothing, complain of everything and brood about their usefulness of existence. Their entire existence is a burden for them.*
- *Often complain of having been depressed since birth. They view themselves as belonging to an aristocracy of suffering. These hyperbolic descriptions of suffering in absence of more objective signs of depression label them characterological depression.*
- *Both ICD-10 & DSM-IV stipulate a 2 year duration of low grade depressive symptoms (not severe enough to be called major depression) exclusive of such indicators of severity as suicidality and psychomotor disturbance*
- *Differs from major depression in that symptoms tend to outnumber signs (more subjective than objective depression)Q. So marked disturbances in libido and appetite are uncharacteristic, and psychomotor agitation or retardation is not observedQ.*
- *Other differential diagnosis, **chronic fatigue syndrome** present with disabling fatigue & typically deny depressive symptoms; patients with **fibromyalgia** complain of pain; by contrast typical dysthymic patient cannot stop relating to physician their titany of depressive symptoms. Polysomnography may differentiate fibromyalgia from dysthymia*

13. Somatic passivity is a feature of :

a) Paranoid schizophrenia

b) Hypochondriasis

c) Depression

d) Body dysmorphic disorder

Correct Answer - A
A i.e. Paranoid schizophrenia

14. Panic attack is associated with a disturbance in all of the following neurotransmitters except:

a) Serotonin

b) GABA

c) Glutamate

d) Dopamine, CCK, pentagastrin

Correct Answer - C

C i.e. Glutamate

Panic disorder is associated with noradrenaline (norepinephrine), cholecystokinin (CCK)- pentagastrin /tetrapeptide (administration or agonism of both); GABA (antagonism) and serotonin (decrease). Glutamate studies are either equivocal or in preclinical phase d/t fear of convulsions.

Neurochemical Aspects of Panic Disorder

Panicogenic Agents

*Intravenous sodium lactate or inhalation of 5-35% CO₂ can induce panic attacks in persons with panic disorder while sparing those without such a history - these substances are k/a **panicogenic**. Other examples of panicogenic agents include *caffeine, cholecystokinin 4, noradrenergic agents yohimbine & isoproterenol, GABA antagonist such as flumezanil, reverse benzodiazepine agonists such as /3-carbolines* (because benzodiazepine agonists eg alprazolam, clonazepam treat panic disorders, so drugs reversing their actions precipitate panic attack).*

Serotonin

Gorman's neuroanatomical hypothesis states that both panic attack

in humans & **conditioned fear responses** in animals are similar in autonomic arousal, fear evoked by specific cues (i.e. contextual fear) and avoidance of these cues. Both are mediated by fear network consisting of amygdala & its afferent & efferent projections particularly its connections with hippocampus, medial prefrontal

γ-Amino Butyric Acid

GABA system is certainly involved in panic disorder as evidenced by

- 1) *Benzodiazepine agonist* such as *alprazolam*, & *clonazepam* **are effective** in *treatment* of panic disorder.
- 2) *Reverse benzodiazepine agonist* such as *fl-carbolines* cause *panic attacks*.
- 3) *GABA antagonist* **such as flumazenil** **have increased panicogenic** effects.

Cholecystokinin (CCK)

- **Cholecystokinin (CCK)** is a neuropeptide derived from 112 amino acid precursor compound which acts via CCK-A (CCK-1) and CCK-B (CCK-2) receptors. CCK-8 (octapeptide) is most abundant, does not cross BBB (so induce anxiety only after intracranial administration) and acts on both receptors **CCK4 (tetrapeptide)** is anxiogenic and a primary agonist of CCK-B receptors. Both CCK-4 and **CCK-5 (pentagastrin)** are panicogenic and effects could be blocked by CCK antagonist or **treatment with GABA agonist such as vigabatrin** or

cortex, hypothalamus & brain stem. *SSRIs desensitize the fear network*. SSRIs increase serotonergic transmission in brain. *Serotonergic neurons originate in brain stem raphe & project throughout CNS and some of these projections have inhibitory influences. For example the greater the activity in the raphe.*

- 1) The greater the inhibition of noradrenergic neuron in locus ceruleus (resulting in reduction in CVS symptoms such as tachycardia).
- 2) Greater the *inhibition in periaqueductal gray region* (resulting in reduction in avoidance behavior).
- 3) Increased serotonergic activity also reduces hypothalamic release of *corticotropin releasing factor*, thereby resulting in a reduction of cortisol and reduction in activity of locus ceruleus thereby 1/t reduction in fear.
- 4) SSRIs may also directly inhibit activity of lateral nucleus of amygdala

amygdala.

Noradrenaline

Noradrenaline (norepinephrine) agents yohimbine & isoproterenol stimulate panic attacks suggesting a possible *subsensitivity of presynaptic α_2 inhibitory adrenoceptors*. Both increase firing rate of locus ceruleus (brain alarm system). Most effective medications in treatment of panic disorder in fact decrease locus ceruleus firing rate & most panicogenic stimuli increase the locus ceruleus firing rate.

tiagabine. However, clinical trials of C1-988, a CCK-B antagonist have failed to abate (treat) anxiety symptoms induced by CCK-4 or MCPP.

Patients with panic disorder have lower CSF levels of CCK than healthy controls, although it is unclear whether it is d/t higher CCK turnover or greater receptor sensitivity.

CCK has its highest levels in *the cerebral cortex, hippocampus, amygdala, caudate & putamen*, with intermediate levels in *thalamus & hypothalamus*. It is also present in *gastrointestinal tract*. CCK receptors are found in greatest density in the cortex, hypothalamus, substantia nigra & PAG.

Glutamate

Glutamate is the primary excitatory neurotransmitter of CNS & precursor of GABA. It consists of 2 families of receptors: Metabotropic (mGluR) & ionotropic receptors. Several preclinical (animal) studies have shown anxiolytic properties of group 2 & group 3 m-Glu- receptor agonist. However, human studies have failed to give a result distinct from placebo or were discontinued d/t findings of convulsions in animal studies of compound. This is understandable risk, given that glutamate enhancing drugs have neuro excitatory properties and glutamate inhibitors are used as anti convulsants. Similarly MGlu-5 and mGluR7 antagonists and AMPA/kainate receptor blockers have shown antianxiety properties in animals.

15. A 14-years-old boy is not able to get good grades on 9th standard exam. But he is very sharp and intelligent. Best test to diagnose his problem:

a) Child behavior checklist

b) Bhatia's battery

c) Specific learning disability test

d) Child behavior battery

Correct Answer - C

Ans. c. Specific learning disability test

- In the given question, as the child is sharp and intelligent but getting the poor grades, so this picture is very much suggestive of "specific" learning disability disorder which is best diagnosed by Specific learning disability test.

Specific Learning Disorder

- Specific learning disorder refers to a child or adolescents deficit in acquiring expected skill in reading, writing, speaking, use of reasoning, listening or mathematics compared to other children of same age and intellectg.
- The test used for this disorder is c.alled specific learning disability test^Q.

16. A middle aged man complains of lack of sleep during the night time. To know the duration of the time he is truly asleep or awake can v.,...)scert--,,d by which of the following?

a) Barograph

b) Kymograph

c) Actigraphy

d) Plethysmography

Correct Answer - C

Ans.c Actigraphy

- Sleep Actigraphs are useful for determining sleep patterns and circadian rhythms.
- Actigraphy**
- Actigraphy is a non-invasive method of monitoring human rest/activity cycles^Q
 - A small actigraph unit, also called an actimetry sensor, is worn by a patient to measure gross motor activity.
 - Motor activity often under test is that of the wrist, measured by an actigraph in a wrist-watch-like package.
 - The unit continually records the movements it undergoes.
 - The data can be later read to a computer and analysed offline
- Actigraphy**
- Sleep Actigraphs**
- Useful for determining sleep patterns and circadian rhythms^{° °} Used to clinically evaluate insomnia,

- circadian rhythm, sleep disorders°, excessive
- sleepiness and restless legs syndrome.
- It is also used in assessing the effectiveness of pharmacologic, behavioural, treatments for such disorders

Activity Actigraphs

- Useful for determining the amount of activity and possibly the number of calories burned by the wearer.

Movement Actigraphs

- Used to determine problems with gait and other physical impairments

17. Male started alcohol .20 years, presently taking 3 quarters daily over 3i, ears, now complains that he gets the kick in 1 quarter, diagnosis is:

a) Withdrawal

b) Mellanby phenomenon

c) Reverse tolerance

d) Cross tolerance

Correct Answer - C
Ans. c. Reverse tolerance

18. Child not eating vegetables. His mother starts giving a chocolate each time he finishes vegetables in the diet. The condition is

a) Operant conditioning

b) Classical conditioning

c) Social training

d) Negative reinforcement

Correct Answer - A

Ans. a. Operant conditioning

Behaviour Therapy		
Types	Based on	Used in
Systemic desensitization	Reciprocal inhibition ^o	Treatment of choice for: • Phobias ^o • OCD ^o
Aversion therapy	Pairing of pleasant stimulus with an unpleasant response. Ex. Pairing alcohol with electric shock	• Drug abuse ^o • Sexual deviations ^o
Flooding	Direct exposure to phobia but escape not possible	• Phobias ^o
Operant conditioning for increasing behaviour	• Positive reinforcement ^o • Negative reinforcement ^o • Modeling ^o	• For augmenting an adaptive behavior ^o
Operant conditioning for decreasing behaviour	• Time out ^o • Punishment ^o • Satiation ^o (Negative practice procedure)	• For demoting maladaptive behavior ^o

19. A female treatment for depression took a massive dose of amitriptyline for suicide. Which of the following is wrong regarding management for her

a) Gastric lavage was done

b) Sodium bicarbonate was administered to treat acidosis

c) Atropine sulphate was administered as an antidote

d) Diazepam was injected to control seizures.

Correct Answer - C

Ans. c. Atropine sulphate was administered as an antidote

- Tricyclic antidepressants (amitriptyline) cause anticholinergic effects such as dry skin, ileus, urinary retention etc., administration of atropine would further worsen these symptoms. Atropine is better avoided in poisoning or overdose of cyclic antidepressants

Poisoning/Overdose of Cyclic Antidepressants

Mechanism of Action:

- Inhibition of neurotransmitter uptake leading to cholinergic and alpha-adrenergic blockade
- Direct myocardial depressant effect

Systemic Symptoms

- CNS Symptoms^Q
- Depression of mental state^Q
- Coma, Delirium^Q
- Altered sensorium^Q
- Generalized brief and self-limited convulsions^Q
- Myoclonus, Nystagmus^Q

- Dysarthria, Ataxia^Q

CVS Symptoms

- Sinus tachycardia^Q
- Conduction delays^Q
- Ventricular arrhythmias^Q
- Negative inotropic action^Q
- Hypotension^Q

Parasympathetic

- Dry skin and mucosa^Q
- Deus^Q
- Urinary retention^Q
- Mydriasis^Q
- Hypothermia^Q

20. Most reliable test for spinal tuberculosis

a) Raised ESR

b) PPD skin test

c) CT guided biopsy

d) MRI

Correct Answer - C
Ans. c. CT guided biopsy

21. Amifostine is a:

a) Radiosensitizer

b) Radioprotector

c) Radiomodifier

d) Radiomimetic

Correct Answer - B

Ans. b. Radioprotector

Radiotherapy

Radiosensitiser

Radiation
Protectors

Oxygen^Q(most effective
radiosensitiser)

Amifostine^Q

Metronidazole^Q,
misonidazole, tinidazole

IL-1^Q

5-FU^Q(non-hypoxic cell
sensitizer)

GM-CSF^Q

Hydroxyurea^Q(non-
hypoxic cell sensitizer)

BUDR and IUDR^Q (non-
hypoxic cell sensitizer)

Cisplatin^Q paclitaxel,
gemcitabine

Mitomycin^Q, topotecan,
vinorelbine

Dactinom (Actinomycin
D)^Q

- hypoxic cells are resistant to radiotherapy`.
- Augmentation of oxygen is the basis of radiosensitization.

22. The diagnostic feature that differentiates PTSD from other disorders that occur following a stressful incident is:

a) Episodic occurrence of symptoms

b) Severe anxiety and autonomic arousal

c) Re-experiencing and avoidance of trauma

d) Nightmares about the event

Correct Answer - C

Ans. c. Re-experiencing and avoidance of trauma

23. Which of the following is not a disorder of form of thought?

a) Derailment

b) Tangentiality

c) Thought block

d) Loosening of association

Correct Answer - C
Ans. c. Thought block

24. Which of the following antipsychotics is available in a depot injection?

a) Fluphenazine

b) Ziprasidone

c) Trifluoperazine

d) Aripiprazone

Correct Answer - A

Ans. a. Fluphenazine

Fluphenazine decanoate can be given as a depot i.m. injection every 2-4 weeks.

"Long acting intramuscular (IM) depot preparations of antipsychotics include fluphenazine decanoate, fluphenazine enanthate, flupenthixol decanoate, haloperidol decanoate, olanzapine pamoate, pipotiazine palmitate, resperidone consta and zuclopenthixol decanoate."

Long Acting Intramuscular (IM) Depot Preparations of Antipsychotics

Fluphenazine Haloperidol Resperidone
decanoate decanoate consta

Fluphenazine Olanzapine Zuclopenthixol
enantate pamoate decanoate

Flupenthixol Pipotiazine
decanoate palmitate

25. Which of the following is the most effective treatment modality for Post-Traumatic Stress Disorder (PTSD)?

a) Cognitive behavioral therapy

b) Eye movement desensitization and reprocessing

c) Hypnosis

d) Rational and emotive therapy

Correct Answer - A

Ans. a. Cognitive behavioral therapy

Post Traumatic Stress Disorder (PTSD)

- It is an intense, prolonged and sometimes protracted or delayed response to exceptionally intense stressful eventse.

Etiology:

- Events involving actual or threatened serious injury or death of the person or other
- Natural disasters, man made calamities and serious physical assault or rape

Predisposing Factors for PTSD

Female gender^Q Previous history of neuroticism trauma

Lower intelligence and mood and anxiety disorder^Q
lack of support^Q disorder^Q

Neurobiological Factors:

- Monoamine neurotransmitters and HPA axis mediate defensive response to stressful events
- Small hippocampus leads to dysfunctional and inadequate memory

processing while increased noradrenergic activity of amygdala, increases arousal and facilitates automatic recall and encoding of traumatic events.

Clinical Presentation:

- May begin very soon after stressors or after an interval of days (usually), months (occasionally) or rarely more than 6 months.
- Symptoms must be present for at least 1 month, until then it is called acute stress disorder.
- Must leads to significant distress or impaired social functioning.
- Flash backs, nightmares and intrusive images collectively known, as painful re-experiencing symptoms along with avoidance, emotional numbing and fairly constant hyper arousal are most characteristic feature.

Treatment:

- Structured psychotherapy is more effective than drug treatments.
- Counseling is TOC for short term PTSDQ
- Cognitive behaviour therapy is TOC for severe long standing PTSDQ
- Drug treatment: Antidepressants and benzodiazepines (in low doses for short periods) are useful in treatment, if anxiety and/or depression are important components of the clinical picture.

Rational and
Emotive
Therapy

It is a specialized type of CBT, proved to be useful for PTSD.

Eye
movement
desensitization
and
reprocessing
(EMDR)

Relatively new treatment, found to reduce the symptoms of PTSD.

EMDR involves making side-to-side eye movements, usually by following the movement of therapist's finger, while recalling the traumatic

26. Which of the following is not seen in autism?

a) 2/3rd patients are mentally retarded

b) Poor eye contact

c) Language is impaired

d) Abnormal dermatoglyphics

Correct Answer - D

Ans. d. Abnormal dermatoglyphics

Clinical criteria for the diagnosis of autism are based on the DSM-IV TR and ICD10 specifications.

A diagnosis of autism is based on symptoms in three areas: difficulties in reciprocal social interaction, difficulties in communication, and the presence of restricted and repetitive behaviors or interests.

Children with autism often appear relatively normal in their development until the age of 18-24 months, when parents may notice delays in language, play or social interaction.

Language develops slowly or not at all.

Social interaction is very poor.

There is no eye contact or smile.

27. A child has deficient bone mineralization with low serum calcium, high serum phosphorus, with decreased urinary excretion of calcium and phosphorus and elevated levels of alkaline phosphatase. The most likely diagnosis is:

a) Nutritional rickets

b) Renal tubular rickets

c) Renal glomerular rickets

d) Celiac rickets

Correct Answer - C

Ans. c. Renal glomerular rickets

"With chronic renal failure, there is decreased activity of 1 alpha-hydroxylase in the kidney, leading to diminished production of 1,25-D. In chronic renal failure, unlike the other causes of vitamin D deficiency, patients have hyperphosphatemia as a result of decreased renal excretion. Along with inadequate calcium absorption and secondary hyperparathyroidism, the rickets may be worsened by the metabolic acidosis of chronic renal failure. In addition, failure to thrive and growth retardation may be accentuated because of the direct effect of chronic renal failure on the growth hormone axis."-Nelson 10/e p333

28. All of the following Statements are true about blackouts except:

a) The person appears confused to the onlookers

b) Remote memory is relatively intact during the blackout

c) It is a discrete episode of anterograde amnesia

d) It is associated with alcohol intoxication

Correct Answer - A

Ans. a. The person appears confused to the onlookers

In blackouts, because the other intellectual faculties are best preserved, the persons appear normal to casual observers. The person doesn't appear to be confused.

Blackouts:

- Because the other intellectual faculties are best preserved, the persons appear normal to casual observers^Q.
- The remote memory is intact^Q
- It causes anterograde amnesia^Q
- It is seen with alcohol intoxication^Q when blood alcohol levels are 200-300 mg/dL.

29. The evidence-based psychological therapy of choice for depression is.

a) Group discussion therapy

b) Counselling

c) Cognitive behaviour therapy

d) Psychological psychotherapy

Correct Answer - C

Ans. c. Cognitive behaviour therapy

The evidence-based psychological therapy of choice for depression is cognitive behaviour therapy.

"Cognitive Behavioral Therapy (CBT) developed by Aron Beck, is an extremely useful and evidence based non pharmacological intervention for depression. This therapy involves identification of the cognitive errors (thinking errors) in an individual and replacing the same with alternative thoughts, which are more adaptive and healthy in nature. It is most useful in patients suffering from mild to moderate depression."- Kaplan and Sadock 10/e pe p553

Cognitive (Behaviour) Therapy

- It was developed by Beck and Meichenbaum, for the treatment of depression°, anxiety disorder°, panic disorder°, phobias°, eating disorders°, anticipatory anxiety°, and also for teaching problem solving skills° (methods).
- It involves:
- Cognitive techniques (e.g. recognizing and correcting negative thoughts, teaching reattribution techniques, increasing objectivity in perceptives, identifying and testing maladaptive assumptions, and decentering) Behaviour techniques (activity scheduling, homework assignment, graded task assignment, behavioral rehearsal, role

playing, and diversion technique)

30. In a child of Rett syndrome, all of the following are seen except:

a) Macrocephaly

b) Mental retardation

c) Abnormal dendritic connections

d) Seizures

Correct Answer - A

Ans. a. Macrocephaly

Microcephaly, not the macrocephaly is seen in Rett syndrome.

Rett Syndrome

- Rett syndrome, originally termed as cerebroatrophic hyperammonemia
 - A neurodevelopmental disorder of the grey matter of the brain
 - Exclusively affects females
- Cause:**
- Caused by mutations in the gene MECP2 located on the X chromosome
- Clinical Features:**
- Small hands and feet
 - Deceleration of the rate of head growth (microcephaly)
 - Repetitive stereotyped hand movements, such as wringing and/or repeatedly
 - Up to 80% have seizures
 - No verbal skills
 - Delayed or absent ability to walk
 - Scoliosis, growth failure, and constipation are very common

31. A known alcoholic is brought to the emergency department by his wife. The person has not consumed alcohol for the past two days due to religious reasons. The person complained of nausea, vomiting and dizziness. On the second day, he developed seizures, that progressed to generalized tonic clonic seizures (GTCs). Which of the following would be the best medication to manage the seizures of the patients?

a) Sodium valproate

b) Phenytoin

c) Diazepam

d) Clonidine

Correct Answer - C

Ans. c. Diazepam

The seizures in this patient, is due to alcohol withdrawal. Diazepam would be best medication to manage the seizure of the patient.

'Long acting benzodiazepines such as chlordiazepoxide and diazepam or short acting such as lorazepam can be used to treat mild-moderate uncomplicated alcohol withdrawal.

'Chlordiazepoxide is preferred over diazepam for treatment of alcohol withdrawal syndrome.

Handwritten text: $\frac{1}{2} \ln \left| \frac{x+1}{x-1} \right| + C$

32. The awareness regarding the disease in psychiatric patient in mental status examination (MSE, not MMSE was given in the question) is called:

a) Insight

b) Orientation

c) Judgment

d) Rapport

Correct Answer - A

Ans. a. Insight

Insight

- Knowledge of own disease/illness in mental status examination

Insight Awareness of own
 disease/illness in mental
 status examination^Q

Orientation Component of cognition^Q

Rapport Patient's attitude^Q

Judgment Patients capacity to
 make sound decisions^Q

33. The delusion which involves replacement of a familiar person by someone else is ?

a) Capgras syndrome

b) Cotard syndrome

c) Othello syndrome

d) None

Correct Answer - A

Ans. is 'a' i.e., Capgras syndrome

- DSM is characterized by misidentification delusions of other or self. Four main syndromes are differentiated : ?
 1. Capgras syndrome (Delusion of double) : - Patient falsely sees a familiar person as a complete stranger who is importing on him as a familiar person.
 2. Fregoli syndrome (illusion de fregoli) : - The patient falsely identifies stranger as familiar person.
 3. Syndrome of subjective double : - The patients own self is perceived as being replaced by a double.
 4. Syndrome of intermetamorphosis : - A false belief that a person can transform into another person.
- These syndrome most commonly appear in schizophrenia. Other causes are Alzheimer syndrome, head injuries, and delusional disorders.

34. A known alcoholic is brought to the emergency department by his wife. The person has not consumed alcohol for the past two days due to religious reasons. The person complained of nausea, vomiting and dizziness. On the second day, he developed seizures, that progressed to generalized tonic clonic seizures (GTCs). Which of the following would be the best medication to manage the seizures of the patients?

a) Sodium valproate

b) Phenytoin

c) Diazepam

d) Clonidine

Correct Answer - C

Ans. c. Diazepam (Ref Niraj Ahuja 6th/39-40; Kaplan Synopsis 10th/396)

- Long acting benzodiazepines such as chlordiazepoxide and diazepam or short acting such as lorazepam can be used to treat mild-moderate uncomplicated alcohol withdrawal.'

35. Anticraving drug given in alcohol dependence:

a) Buprenorphine

b) Acamprosate

c) Disulfiram

d) Diazepam

Correct Answer - B

Answer- B (Acamprosate)

- Anticraving drug given in alcohol dependence is Acamprosate.
- Anticraving agents: (FAN)
- Fluoxetine
- Acamprosate
- Naltrexone

36. According to Wechsler intelligence scale scoring, average IQ of a normal child is:

a) 50

b) 75

c) 90

d) 111

Correct Answer - C

Answer- C (90)

Wechsler Intelligence Scale

	IQ Score	Range
> 130		Very superior
	120-129	Superior
	110-119	High average
90-109		Average
80-89		Low average
70-79		Borderline

37. In Piaget's theory of cognitive development 'out of sight, out of mind' and 'here and now' is seen in the stage of:

a) Sensory-motor stage

b) Preoperational stage

c) Concrete operational stage

d) Formal operational stage

Correct Answer - A

Ans. a. Sensory-motor stage (Ref: Niraj Ahuja 6th/156)

- In piaget's theory of cognitive development 'out of sight, out of mind' and 'here and now' is seen in Sensory-motor stage.

38. A study comparing the behavioral and developmental changes in a normal brain with a damaged brain is:

a) Neuropsychology

b) Neurodevelopmental psychology

c) Child psychology

d) Criminal psychology

Correct Answer - A

Ans. a. Neuropsychology

- A study comparing the behavioral and developmental changes in a normal brain with a damaged brain is Neuropsychology.
- 'Clinical neuropsychologist is the application of neuropsychological knowledge to the assessment, management, rehabilitation of the people who have suffered illness or injury (particularly to the brain), which has caused neurocognitive problems.

39. The awareness regarding the disease in psychiatric patient in mental status examination (MSE, not MSE was given in the question) is called:

a) Insight

b) Orientation

c) Judgment

d) Rapport

Correct Answer - A

Answer- A. Insight

Insight

- Knowledge of own disease/illness in mental status examination

Insight • Awareness of own disease/illness in mental status examination^Q

Orientation • Component of cognition^Q

Rapport • Patient's attitude^Q

Judgment • Patient's capacity to make sound decisions^Q

40. A woman comes to the psychiatrist with history of spending a lot of time in washing her hands. She is distressed about it but says that she cannot stop the practice and spends a lot of time on it. This has started affecting her social life as well. What is the best mode of treatment for her?

a) Cognitive behavioral therapy

b) Exposure and response prevention

c) Systematic desensitization

d) Pharmacological agents

Correct Answer - B

Ans: B. Exposure and response prevention

(Ref Kaplan and Sadock I I /e p406)

- Here the patient is suffering from OCD.

Treatment of choice for OCD:

Behaviour therapy:

- Conducted in both outpatient & inpatient settings.
- Most effective in compulsions.

Preferred & principal approach:

- Exposure & response prevention.

Other methods:

- Desensitization, thought stopping, flooding, implosion therapy, and aversive conditionin.

- Require true commitment from patient for improvement.

41. Key symptom in alcohol withdrawal syndrome is:

a) Sleep disturbance

b) Visual hallucinations

c) Tremors

d) Delirium

Correct Answer - C

Ans: C. Tremors

Key symptom - Tremor.

Withdrawal Syndromes

Substance Features

- Yawning°, Insomnia, Dysphoric mood
- Water loss from different orifices° (Lacrimation°, sweating°, diarrhea°, vomiting,
- Opioid** • Increased vitals° (BP, Pulse, RR, Temperature)°
- Pupillary dilation, piloerection°
- Hang over (MC)°
- Hallucinations° (usually auditory) and illusions°
- Insomnia°
- Tremors/Seizures (Alcoholic seizures/Rum fits): Classic sign

Delirium tremens:

- Alcohol** • Occurs within 5 days° of complete or significant abstinence° from heavy alcohol
- Recovery occurs within 7 days
- Characteristic features are clouding of consciousness°, disorientation°, hallucinations (mostly visual and

auditory)°, illusion°, autonomic disturbances°, agitation°
and insomnia°.

- Cocaine**
- Increased or decreased Sleep (hypersomnia° or insomnia) Psychomotor activity
 - Vivid unpleasant dreams°
 - Increased appetite and fatigue

42. A person with violent behavior and agitation was diagnosed to have Schizophrenia and was receiving haloperidol. Following this he developed rigidity and inability to move his eyes. Which of the following drugs should be added to his treatment intravenously for this condition?

a) Diazepam

b) Risperidone

c) Promethazine

d) Haloperidol

Correct Answer - C

Ans: C. Promethazine

(Ref: Harrison 19/e p2624, 18/e p3544; Katzung 13/e p500-501, 12/e p495).

- This case suggestive of acute muscular dystonia in schizophrenia patient.
- Due to rigidity & inability to move eyes after haloperidol use.
Treatment:
- IM anticholinergic (benztropine).
- IV/IM antihistaminic (diphenhydramine hydrochloride) - Relieves symptoms.
- Promethazine (25-50 mg IV or IM) - used less frequently but readily available.

Acute Muscular Dystonia:**Features:**

- Bizarre muscle spasms, mostly involving linguo-facial muscles- grinacing, torticollis, locked jaw.
- Occurs within few hours of single dose or at most in first week of therapy.
- More common in children below 10 years & in girls, particularly after parenteral administration.

Treatment:

- Central anticholinergic, promethazineo or hydroryzine.

43. A man comes with history of abnormal excessive blinking and grunting. He says he has no control over his symptoms, which have risen in frequency of late. This has started affecting his social life making him depressed. Which of the following medications should be used in him?

a) Risperidone

b) Imipramine

c) Carbamazepine

d) Methylphenidate

Correct Answer - A

Ans: A. Risperidone

(Ref Kaplan and Sadock 11/e p1091; Niraj Ahuja 7/e p168).

* This case **suggests motor & vocal tics associated with Tourette's disorder.**

Treatment:

* **Pharmacotherapy - treatment of choice**

- Antipsychotics (haloperidol & risperidone).

- **DOC – Haloperidol.**

Other useful drugs:

* Risperidone, Olanzapine, Aripiprazole.

* SSRIs - Fluoxetine for co-morbid obsessive-compulsive symptoms.

* Methylphenidate & Imipramine - Used in ADHD child.

* Adjunct - Behavior therapy.

44. A person with histrionic, shy, anxious avoidant personality comes under which cluster?

a) A

b) B

c) C

d) D

Correct Answer - C

Ans: C. C

- (Ref Niraj Ahuja 7/e p113)

Cluster

Disorders

Cluster A (Odd and eccentric)

- Paranoid PD
- Schizoid PD
- Schizotypal PD
- Antisocial PD
- Histrionic PD
- Narcissistic PD
- Borderline PD
- Anxious (avoidant) PD
- Dependent PD
- Anankastic (Obsessive and compulsive) PD
-

Cluster B (**Dramatic, emotional and**

Cluster C (Anxious and fearful)

45. A smoker is worried about the side effects of smoking. But he does not stop smoking thinking that he smokes less as compared to others and takes a good diet. This thinking is called as:

a) Self-exemption

b) Self-protection

c) Cognitive behaviour

d) Distortion

Correct Answer - A

Ans: A. Self-exemption

(Ref <http://iririi.nchi.nih.gov/puhnu'd/10170434>: Kaplan and Sadock 11/e p590).

Psychological barriers for successful smoking cessation:

- Self-exempting belief - Means 'it will never happen to me'.

46. Feeling of uncertainty and excessive sense of responsibility is seen in:

a) Obsessive compulsive disorder

b) Phobia

c) Personality disorder

d) Generalized anxiety disorder

Correct Answer - A

Ans: A. Obsessive compulsive disorder

(Ref Kaplan and Sadock 11/e p390; Nirai Ahuia 7/e p90)

OCD - Symptoms:

- Pathological doubts (feeling of uncertainty) & excessive sense or responsibility are both.

47. All are true regarding Fronto-temporal dementia except:

a) Stereotypic behavior

b) Insight present

c) Age less than 65 years

d) Affective symptoms

Correct Answer - B

Ans. b. Insight present (*Ref Kaplan and Sadocks 9/e p1194-1198; Harrison 19/e p2602, 18/e p3309-3311*) *Fronto-Temporal Dementia:*

- Insight is absent in Fronto-temporal dementia.
- **FTD often begins in** the 5th to 7th decades.
- Patients with FTD often show an absence of insight into their condition.
- **Common behavioral features** include apathy, disinhibition, **weight gain, food fetishes, compulsions, and emotional distance or loss of empathy.**

Fronto-Temporal Dementia

FTD often begins in the 5' to 7' decades')

More common in men

Unlike in Alzheimer's disease (AD), **behavioral symptoms predominate in the early stages of FTD°**

Family history of dementia is common°

MC autosomal dominantly inherited mutations causing FTD involve the MAPT or GRN genes, both on **chromosome 17.**

Clinical features:

Early symptoms are divided among **behavioral, language, and sometimes motor**

abnormalities, reflecting **degeneration of the anterior insular, frontal, and temporal regions, basal ganglia, and motor neurons.**

Cognitive testing typically reveals **spared memory** but **impaired planning, judgment, or language**°.

Poor business decisions and **difficulty organizing work tasks** are **common**, and speech and language deficits often emerge.

Patients with FTD often show an **absence of insight** into their condition.

Common behavioral features include **apathy, disinhibition, weight gain, food fetishes, compulsions, and emotional distance or loss of empathy.**

Diagnosis:

Distinguishing anatomic hallmark of FTD: Focal atrophy of frontal, insular, and/or temporal cortex, which can be visualized with **neuroimaging studies (MRI)**°

Microscopic findings seen across all patients with FTD include **gliosis, microvacuolation, and neuronal loss**°

48. Which of the following is not a specific somatoform disorders?.

a) Somatization disorder

b) Fibromyalgia

c) Chronic fatigue syndrome

d) Irritable bowel syndrome

Correct Answer - B

Ans--b. Fibromyalgia (Ref Harrison 19/e p2238. 18/e p122. 2849: Kaplan and Sada'ock's Synopsis of Psychiatry 10/e p276; Niraj Ahuja 7/e p104-105)

- Fibromyalgia is not a specific somatoform disorder, it has organic basis behind its pathology
- somatic like is a generic term first used in DSM III for a group of disorders characterized by physical symptoms that are not explained by organic factors (i.e. for syndromes of presumed psychological origin)."

49. A male patient of bipolar disorder with history of 5 episodes of mania and 1 episode of depression in last 8 years, under control by mood stabilizer, and manic symptoms appear as he tapered down the drugs. Which of the following intervention should be carried out to improve drug compliance?

a) Psychoeducation

b) CBT

c) Supportive psychotherapy

d) Insight-oriented psychotherapy

Correct Answer - A

Ans: A. Psychoeducation

(Ref: Abuja 7/e p67-68)

- Patient symptoms of bipolar disorder are well controlled by medication – Implies pharmacotherapy is efficient and added psychotherapy is necessary only to keep the patient compliant to the medication.
- Hence psychoeducation of the patient about adherence to strict treatment is most crucial psychotherapy modality in preventing relapse.

50. A child with pervasive developmental disorder will have all of the following except:

a) Stereotype behaviour

b) Reduced social interaction

c) Poor language skills

d) Impaired cognition

Correct Answer - D

Ans: D. Impaired cognition

(Ref. Kaplan 106-'107-7107' Viral Ahuja 71e p 16346)

- According to DSM-V, intellectual disability should be ruled out **prior to a** diagnosis of pervasive developmental defects.
- The diagnostic category pervasive developmental disorders (PDD), as opposed to specific developmental disorders (SDD) is characterized by delays in the development of multiple basic functions including socialization and communication.

51. A 23-year old young boy with schizophrenia is well maintained on risperidone for the last 2 months. He has no family history of the disease. For how long medication should be continued in this patient?

a) 5 years

b) 6 months

c) 2 years

d) 12 months

Correct Answer - C

Ans: C. 2 years

(Ref: Niraj Ahtda 7/e p67)

- Multiple randomized trials have found that maintenance of antipsychotic medication reduces the risk of relapse over a period of up to two years.

52. A young female on antidepressants presents to the emergency with altered sensorium and hypotension. ECG reveals wide QRS complexes and right axis deviation. Next best step for the management of this patient:

a) Sodium bicarbonate

b) Hemodialysis

c) Fomepizole

d) Flumazenil

Correct Answer - A

Ans: A. Sodium bicarbonate

(Ref Harrison 19/e p172)

- Typically suggest a diagnosis of tricyclic antidepressant poisoning.
- **Antidote for TCA poisoning - Sodium bicarbonate.**
- Administered IV 100 mEq (1-2 mEq/kg), and repeated every few minutes until BP improves and QRS complexes begin to narrow.
- Hemodialysis should not be used since TCAs are highly protein-bound with large volume of distribution.

53. Which of the following is not a component of cognitive triad of Beck?

a) Hopelessness

b) Worthlessness

c) Helplessness

d) Guilt

Correct Answer - D

Ans: D. Guilt

Beck's cognitive triad:

- Involves negative thoughts about the self (the self is worthless) , the world/environment (i.e. the world is unfair, helpless), and the future (the future is hopeless).
- Represents three types of negative thoughts present in depression, as proposed by Aaron Beck in 1976.
- The triad forms part of his cognitive theory of depression.

The triad involves negative thoughts about:

- The self (i.e. the self is worthless) .
- The world/environment (i.e. the world is unfair, helpless).
- The future (i.e. the future is hopeless).

54. A 30-year old pregnant woman comes to your clinic with decreased sleep, increased appetite and hyperactivity for 2 weeks. A diagnosis of mania is made. Further probing reveals four episodes of major depression in the past two years. What drug will you prescribe to this patient?

a) Haloperidol

b) Lithium

c) Promethazine

d) Clonazepam

Correct Answer - A

Ans: A. Haloperidol

Haloperidol - Only antipsychotic mentioned in the options which can be used in pregnant patients suffering from bipolar disorders.

55. Cognitive remediation is used for:

a) Cognitive restructuring

b) Memory improvement

c) Correcting cognitive distortion

d) Improving study habits

Correct Answer - A

Answer- A. Cognitive restructuring
cognitive remediation therapy (CRT), also called Cognitive
enhancement therapy, is a cognitive rehabilitation
therapy developed at King's College in London designed to improve
neurocognitive abilities such as attention, working
memory, cognitive flexibility and planning, and executive functioning
which leads to improved social functioning'

56. According to the 1CD-10 revision, for establishing a diagnosis of mania, the symptoms should persist for at least:

a) 1 week

b) 2 weeks

c) 3 weeks

d) 4 weeks

Correct Answer - A

Answer- A. 1 week

- Abnormality and persistently elevated, irritable or expansive mood for >1 weeks or need hospitalization
- >3 of these hyperactivities:
- Decreased need of sleep
- Increase in goal orientated activity (social, spiritual, sexual, religious)
- * Excessive involvement in pleasurable activities (unrestrained buying sprees, foolish business investments, donations or sexual indiscretion) that have a higher potential for painful consequences
- More talkative or pressure to keep talking
- Inflated self esteem or grandiosity
- Distractibility
- Flight of ideas or racing thoughts

57. Provision of mental health Act 2017 based WHO INCLUDE all, except:

a) Human rights

b) Communication regarding care and career

c) Screening family members

d) Social support

Correct Answer - C

Ans: C. Screening family members

WHO's Mental Health Gap Action Program (MHGAP)

It is scaling up of service for mental, neurological and substance use disorders, especially in low- and middle-income countries.

- It focuses on a limited number of conditions and includes both pharmacological and non-pharmacological first-line treatment options for depression, including interpersonal therapy (IPT).
- Problem management plus (PM+) is a scalable psychological intervention called for adults impaired by distress in communities who are exposed to adversity.
- Without prejudice to the generality of range of services under sub-section, such services shall include:
- Provision of acute mental healthcare services such as outpatient and inpatient services
- Provision of half-way homes, sheltered accommodation, supported accommodation as may be prescribed
- Provision for mental health services to support family of person with mental illness or home based rehabilitation
- Hospital and community based rehabilitation establishments and services as may be prescribed
- Provision for child mental health services and old age mental health

services

58. SPIKES protocol is used for:

a) Triage

b) Communication with patients/attendants regarding bad news

c) Writing death certificate

d) RCT

Correct Answer - B

Ans: b. Communication with patients/attendants regarding bad news

- It is for breaking bad news to patients/attendants. Six steps involved are:
 1. STEP 1: S—SETTING UP the Interview
 2. STEP 2: P—Assessing the patient's PERCEPTION
 3. STEP 3: I—Obtaining the patient's INVITATION
 4. STEP 4: K—Giving KNOWLEDGE and information to the patient
 5. STEP 5: E—Addressing the patient's EMOTIONS with EMPATHIC responses
 6. STEP 6: S—STRATEGY and SUMMARY

59. An individual with a known psychiatric disorder or on treatment and is not a minor can choose to decide the care taker and the course of treatment according to mental health act. This is called:

a) Advance directive

b) Treatment directive

c) Mental will

d) Future directive

Correct Answer - A

Ans: A. Advance directive

Advance directive Chapter-III, Section 5 of The Mental Health Care Act, 2017

Every person who is not minor, shall have right to make an advance directive in specifying any or all of the following, namely:

- The way the person wishes to be cared for and treated for a mental illness
- The way the person wishes not to be cared for and treated for a mental illness
- To appoint his nominated representative
- An Advance Directive shall be made in writing on a plain paper of milking paper with person's signature or thumb impression on it and attested by two witnesses and be:
Registered with board
- Signed by a medical practitioner certifying that the person has

capacity

- to make mental health care and treatment decisions at the time of making
- the advance directive and that the person has made the advance directive of his own free will.

60. Which of the following is the test for immediate

- a) Serial (100-7) subtraction test up to 5 steps
- b) Digit span forward up to 7 digits with 2 skips allowed
- c) Digit span backwards upto 5 digits with 2 skips allowed
- d) Serial (20-1) subtraction test up to 5 steps

Correct Answer - B

Ans. b. Digit span forward up to 7 digits with 2 skips allowed

Test for immediate memory is digit span forward up to 7 digits with 2 skips allowed.

"Digit span forward is a good test of attention, concentration, and immediate memory. The examiner gives the patient a series of numbers of increasing length, beginning with 3 or 4, at a rate of about one per second; the patient is asked to repeat them. The numbers should be random, nor following any identifiable pattern, for example, a phone number. Backward digit span, having the patient repeat a series of numbers in reverse order, is a more complex mental process that involves working memory; it requires the ability to retain, and manipulate the string of numbers. Expected performance is 7 ± 2 forward and 5 ± 1 backward. Reverse digit span should not be more than two digits less than the forward span.

Forward digit span is also a test of repetition and may be impaired in aphasic patients. Another test of attention and concentration is a three-step task. For instance, tear a piece of paper in half, then tear half of it in half then tear one half in half again, so that there are three different sizes. Give the patient an instruction such as, "Give the large piece of paper to me, put the small piece on the bed, and keep the other piece." Another multistep task might be, "Stand up,

face the door, and hold out your arms."-

61. A patient believes he is the most important person in the world than anyone so his neighbors and family is trying to harm him as they are jealous of him. His wife says otherwise and says he behaves like this recently only before he was working as a school-teacher peacefully and brought to OPD. He is suffering from:

a) Delusion of grandiosity

b) Delusion of persecution

c) Delusion of grandiosity and persecution

d) Delusion of grandiosity, persecution and reference

Correct Answer - D

Ans. d. Delusion of grandiosity, persecution and reference

The given description suggests that the patient is having delusion of grandiosity, persecution and reference.

Delusion of Exaggerated conception of one's importance, power, or grandeur identity.

- False belief of being harassed or persecuted; often found in litigious patients who have a pathological tendency to take legal action because of imagined mistreatment.

Delusion of persecution

- MC delusion.
- False belief that behavior of others refers to oneself or

that events, objects, or other people have a particular & unusual significance, usually of a negative

Delusion of nature

reference ● Derived from idea of reference, in which persons falsely feel that others are talking about them (e.g., belief that people on television or radio are talking to or about the person).

62. Polysomnography contains all of the following tests except:

a) Electroencephalography

b) Pulse oximetry

c) Electrooculography

d) Arterial pCO₂ measurement

Correct Answer - D

Ans: D. Arterial pCO₂ measurement

(Ref Kaplan & Sadock 11/e p264. 535)

Polysomnography:

- Used to assess disorders of sleep by concurrently assessing the EEG, ECG, blood oxygen saturation, respirations, body temperature, electromyogram & electro-oculogram.
- Does not use arterial pCO₂ measurement.

63. A person has been referred to you by the court. You find a discrepancy between the history and examination findings. Which of these conditions you should be aware of in this situation?

a) Malingering

b) Factitious disorder

c) Somatization syndrome

d) Dissociative fugue

Correct Answer - A

Ans: A_Malingering

- Malingering is fabricating or exaggerating the symptoms of mental or physical disorders for a variety of "secondary gain" motives, which may include financial compensation (often tied to fraud); avoiding school, work or military service; obtaining drugs; getting lighter criminal sentences; or simply to attract attention or sympathy.

64. Which of these is the correct sequence of Maslow's hierarchy of needs?

a) Safety - Physiological needs - Self-actualization - Belonging - Self-esteem

b) Physiological needs - Safety - Belonging - Self-esteem - Self-actualization

c) Safety - Self-actualization - Belonging - Physiological needs - Self-esteem

d) Self-actualization - Physiological needs - Safety - Belonging - Self-esteem

Correct Answer - B

Ans: B. Physiological needs - Safety - Belonging - Self-esteem - Self-actualization

(Ref: Kaplan 11/e p174)

According to Maslow Hierarchy of Needs, order of increasing priority:

- Physiological needs-Safety - Belonging-Self-esteem-Self-actualization.
- Goldstein & Maslow believed in self-actualization theory.
- Need to understand totality of a person.
- Maslow - Leader in humanistic psychology.
- Described a hierarchical organization of needs present in everyone.
- As the more primitive needs (hunger & thirst) are satisfied -à More advanced psychological needs (affection & self-esteem) become primary motivators.
- **Self-actualization - Highest need.**



65. A 22 years old male comes to your office with complaints of frequenting checking of doors even when they are locked. He is distressed about this fact. He is subsequently diagnosed to have an obsessive-compulsive disorder. Consider the following statements:

- 1. Repression and reaction formation are the defense mechanisms involved**
- 2. SSRIs are the drug of choice**
- 3. Risperidone may be used in SSRI resistant cases to augment the response**
- 4. Systemic desensitization is the psychotherapy of choice**

Which of the above are correct statements?

a) 1 & 2

b) 2 & 3

c) 2, 3 & 4

d) 1, 2, 3 & 4

Correct Answer - B

Ans: B. 2 & 3

- Frequent checking of door locks - Suggestive of OCD.
- **Psychological defensive mechanisms:**
- 3 major mechanisms determine the form & quality of obsessive-compulsive symptoms & character traits:
- Isolation, undoing & reaction formation.
- **Repression:**
- Primary mechanism.
- Not involved in OCD.
- **Treatment for OCD:**
- DOC - SSRI (Fluoxetine, fluvoxamine, paroxetine, sertraline, citalopram).
- Psychotherapy of choice:
- Exposure & response prevention rather than systemic desensitization.
- **Behavior Therapy:**
- Effective as pharmacotherapies in OCD.
- Treatment of choice for OCD.
- Conducted in both outpatient & inpatient settings.
- Patients must be truly committed to improvement.
- **Principal behavioral approaches:**
- Exposure & response prevention.
- **Other methods:**
- Desensitization thought stopping, flooding, implosion therapy & aversive conditioning.

66. An elderly telltale had her house destroyed in an earthquake. Following this, she presented to your office with complaints of anxiety, sadness, lack of sleep, anger, palpitations, and despair. Consider the following statements:

- a.** *The lady is suffering from an acute stress reaction*
- b.** *The defense mechanism involved is a projection*
- c.** *Drug of choice in this situation is risperidone*
- d.** *She needs a referral to a psychiatrist for psychotherapy*

• **Which of the following statements are true?**

a) a & c

b) b & d

c) a, b & c

d) a & d

Correct Answer - D

Ans: D. a & d

- DSM-IV diagnosis of Acute Stress Disorder:
3 Most important 'dissociative' symptoms':
- Requires marked symptoms of anxiety.
- Increased arousal.
- Re-experiencing of event.
- Others:**
- A sense of numbing or detachment.

- Reduced awareness of the surroundings.
- Derealization.
- Depersonalization.
- Dissociative amnesia.
- Avoidance of stimuli that arouse recollections of trauma & significant distress or impaired social functioning.

67. A 41 years old female patient comes to AIIMS emergency with complains of flurry, palpitations, profuse sweating and sense of impending doom. The following test should be done in emergency to rule out organic causes:

a) Hemoglobin

b) Blood sugar level

c) ECG

d) T3/T4/TSH

Correct Answer - C

Ans: C. ECG

(Ref: Kaplan & Sadock 11/e p376; Niraj Ahuja 7/e p90)

- Most close differential of this condition is myocardial infarction, which can be differentiated by ECG in emergency.
- Panic disorder must be differentiated from a number of medical conditions that produce similar symptomatology.
- Panic attacks are associated with a variety of endocrinological disorders, including both hypo- and hyperthyroid states, hyperparathyroidism, and pheochromocytomas.
- Episodic hypoglycemia associated with insulinomas can also produce panic-like states, as can primary neuropathological processes.
- Disorders of the cardiac and pulmonary systems, including arrhythmias, chronic obstructive pulmonary disease, and asthma, can produce autonomic symptoms and accompanying crescendo

anxiety that can be difficult to distinguish from panic disorder.

68. In psychiatry, personal history does not include:

a) Food preference

b) Academic history

c) Occupational history

d) Marital history

Correct Answer - A

Ans: A. Food preference

(Ref: Kaplan & Sadock 11/ e p189-190; Niraj Ahuja 7/e p9-10)

- Though food preference is an important part of personal history elsewhere, it is not as important as the other options in diagnosing psychiatric conditions or planning their management.
- Components of Personal and Social History: Perinatal history; Childhood history; Educational history; Puberty history; Menstrual and obstetric history; Occupational history; Sexual and Marital history

69. Which of the following are true about obsession except:

a) May be present in schizophrenia

b) Ego-dystonic

c) Persists on resistance and causes depression and anxiety

d) Disorder of content of thought

Correct Answer - D

Ans: D. Disorder of content of thought

(Ref Fish's Clinical Psychopathology/p22-24; Niraj Ahuja 7/e p95; Kaplan Synopsis 10/e p234; CDTP 2/e p106, 274, 749)

- Strictly speaking, obsessions are disorders of "possession" of thought and not "content" of thought.
- Obsessions - Defined as:**
- Recurrent and persistent thoughts, impulses, or images that are experienced, at some time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress.
 - The thoughts, impulses, or images are not simply excessive worries about real-life problems.
 - The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action.
 - The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without as in thought insertion) [Ego-Dystonic] .

70. MMSE evaluates which of the following:

a) Thought

b) Cognition

c) Insight

d) Mood and effect

Correct Answer - B

Ans: B. Cognition

(Ref Kaplan & Sadock 11/e p201, 225; Niraj Ahuja 7/e p13)

- The mini-mental state examination (MMSE) or Folstein test is a 30-point questionnaire that is used extensively in clinical and research settings to measure cognitive impairment.
- It is a screening tool for dementia. It assesses cognitive functions.
- The total score in MMSE is 30. A score <24 is suggestive of dementia.
- Provide a bedside assessment of a broad array of cognitive function, including orientation, attention, memory, construction, and language.

71. Semantic memory includes all except memory of:

a) Words

b) Rules

c) Events

d) Language

Correct Answer - C

Ans: C. Events

(Ref: Kaplan & Sadock 11/e p176-117; Niraj Ahuja 7/e p14)

- Semantic memory is one of the two types of declarative or explicit memory.
- Refers to general word knowledge that we have accumulated throughout our lives.
- This general knowledge (facts, ideas, meaning and concepts) is intertwined in experience and dependent on culture.
- Semantic memory is distinct from episodic memory, which is our memory of experiences and specific events that occur during our lives, from which we can recreate at any given point.

Types of Memory

Declarative memory Nondeclarative memory

Facts°

Events°

- Skill & habits°
- Priming°
- Simple classical conditioning°
- Non-associative learning°

72. A 40 years old male with history of fall and one episode of vomiting near an alcohol shop. He was brought to casualty and he was awake with open eyes and had retrograde amnesia. Which of the following is most likely cause?

a) Diffuse axonal injury

b) Concussion

c) Drunkenness

d) Cerebral venous thrombosis

Correct Answer - B

Ans.B

Concussion: It is the most common type of traumatic brain injury. During head trauma, the head usually moves back and forth violently and there is a mismatch between the rapid deceleration and acceleration of the skull and the brain so that the brain hits repeatedly against the skull leading to concussion injury.

Anterograde amnesia/Posttraumatic amnesia is a hallmark of concussion.

In this type of amnesia, the events following the injury cannot be recalled.

Headache, dizziness, nausea, vomiting like symptoms may present

73. A 20 years old female has thoughts of cutting her fingers, she plans and imagines doing it but never actually does it. She says that she is not having any guilt of having such thought. And also says the thoughts are distressing her and she is unable to control them. The thoughts vanish either by ending with a seizure or automatically subsides on its own. Which of the following is the cause?

a) Thought insertion

b) Obsession

c) Forced thinking

d) Thought crowding

Correct Answer - C

Answer- C. Forced thinking

Forced thinking is a rare epileptic phenomenon, usually seen in patients with frontal lobe epilepsy. It is a rare type of aura that refers to recurrent intrusive thoughts, ideas, or crowding of thoughts. The above profile fits into the criteria for epileptic forced thinking, which is a rare phenomenon seen in patients with frontal lobe epilepsy.

74. A state of mutism and akinesia where patient is aware of his surroundings and somewhat alert is best described as:

a) Delirium

b) Stupor

c) Oneiroid state

d) Twilight state

Correct Answer - B

Answer- B. Stupor

Stupor: (1) State of decreased reactivity, to stimuli and less somewhat awareness of one's surroundings; as a disturbance of consciousness, it indicates a condition of partial coma or semicoma.

(2) In psychiatry, used synonymously with mutism and does not necessarily imply a disturbance of consciousness.

75. Which of the following is a mood stabilizer with an anti-suicidal effect?

a) Lithium

b) Valproate

c) Carbamazepine

d) Lamotrigine

Correct Answer - A

Answer- A. Lithium

Lithium is a mood stabilizer with an anti-suicidal effect. Lithium is the drug of choice for bipolar disorders as it is a mood stabilizer as well as it has an anti-suicidal effect. Hence it is also used as a response-augmenting agent with antidepressants in resistant major depressants is a mood stabilizer with an anti-suicidal effect.

76. Which of the following is not an adverse effect of Escitalopram?

a) Nausea

b) Vivid dreams

c) Anorgasmia

d) Sialorrhoea

Correct Answer - D

Ans: D:Sialorrhoea

Ref: Complete review of psychiatry by Dr. Prashant Agrawal, ed., 2018, ch - 3, pg. 61

SSRIs side effects:

- Based on onset, duration and severity.
- Nausea & giddiness – Early, mild, time-limited.
- Sexual Dysfunction - All SSRIs.
- Most common adverse effect on long-term treatment.
- Anorgasmia, inhibited orgasm & decreased libido.
- Most frequent are nausea, diarrhea, anorexia vomiting, flatulence, and dyspepsia.
- Sertraline and fluvoxamine - Most intense GI symptoms.

Paroxetine:

- Pronounced weight gain in young women.
- Constipation - Anticholinergic activity.

77. A person who is shy, emotionally cold, shunning close relationships, introspective and prefers solitary activities, resides alone. There are no delusions and hallucinations. Which personality disorder is he likely to be classified into?

a) Schizoid personality disorder

b) Paranoid personality disorder

c) Emotionally unstable personality disorder

d) Antisocial personality disorder

Correct Answer - A

Ans. A: Schizoid personality disorder

Personality disorders are organized into three "clusters" in both the DSM-IVTR and DSM-5.

The "cluster A" personality disorders include:

- Schizotypal Personality Disorder
- Paranoid Personality Disorder
- Schizoid Personality Disorder

Schizoid Personality Disorder:

- 2 striking features.
- Lack of interpersonal relationships and the lack of desire to obtain such relationships.
- Presence of 'negative symptoms' in the absence of psychotic-like cognitive and perceptual distortions.

78. Which of the following is not a feature of atypical depression?

- a) TCAs are better than MAO and SSRI for treatment
- b) Variable Mood responding to positive stimulus in surroundings
- c) Increased sleep and weight gain
- d) Marked fatigue and heaviness in the body

Correct Answer - A

Ans. A : TCAs are better than MAO and SSRI for treatment

(Ref: Complete review of psychiatry by Dn Prashant Agrawal, ed-, 201g, ch - 3, pg, 60)

Symptom	Atypical
Mood reactivity	Mood reactivity present (brightens in response to positive events)
Weight appetite	Significant weight gain or increase in appetite
Sleep	Excessive sleep all through the day
Psychomotor activity	Leadens paralysis (heavy feeling in arms, legs)
Personality thinking	Interpersonal rejection sensitivity not limited to mood episodes
	Depression likely

Diurnal
variation

Depression likely
worse in evening
(not part of
diagnostic criteria)

79. Which one of the following disorders is related to sense of unreality?

a) Depersonalization disorder

b) Derealization disorder

c) Delusion

d) Phobias

Correct Answer - A

Ans. A. Depersonalization disorder

Depersonalization:

- Depersonalization is a sense of unreality or strangeness concerning the self, manifested by feeling detached from and being an outside observer of one's mental processes or body.
- A patient who experiences depersonalization may describe feeling like things "I have stepped outside of myself and am watching myself doing things".

Derealization:

- Derealization refers to feeling detached from one's environment so that the sense of the reality of the external world is lost.
- E.g, I feel as if everything is unreal and those around me are actors in a play or two dimensional cardboard figures.

80. Which of the following is not included in the grades of insight?

a) Intellectual

b) Emotional

c) Psychological

d) Judgemental

Correct Answer - D

Ans. D. Judgemental

- Neziroglu and Stevens Proposed four different levels of insights:
 - True emotional insight.
 - Intellectual insight
 - Partial internally and externally based insight
 - Denial Of Illness.
- True emotional insight Is representative of the highest level of insight possible.
- In it the patients' awareness and understanding Of their own thoughts, feelings and motives can be used to change behavior.

81. Which of the following dementia is associated with visual hallucinations?

a) Lewy body dementia

b) AIDS related Dementia

c) Huntington's disease

d) Mixed dementia

Correct Answer - A

Ans. A. Lewy body dementia –

- **Lewy body dementia**, also known as **dementia with Lewy bodies**, is the second most common type of progressive **dementia** after Alzheimer's disease dementia.
- Protein deposits, called **Lewy bodies**, develop in nerve cells in the brain regions involved in thinking, memory and movement (motor control).

82. Match the following:

Column A -

A. Hypomania

B. Cyclothemia

C. Depression

D. Mania

Column B -

1. 14 days

2. 2 years

3. 7 days

4. 4 days

a) A - 3 / B - 1 / C - 2 / D - 4

b) A - 1 / B - 3 / C - 2 / D - 4

c) A - 4 / B - 2 / C - 1 / D - 3

d) A - 2 / B - 4 / C - 3 / D - 1

Correct Answer - C

Ans. C. A - 4 / B - 2 / C - 1 / D - 3

Hypomania - 4 days

Cyclothemia - 2 years

Depression - 14 days

Mania - 7 days

83. A young girl hospitalised with anorexia nervosa is on treatment, Even after taking adequate food according to the recommended diet plan for last 1 week, there is no gain in weight, what is the next step in management:

a) Increase fluid intake

b) Observe patient for 2 hours after meal

c) Increase the do se of anxiolytics

d) Increase the caloric intake from 1500 kcal to 2000 kcal per day

Correct Answer - B

Ans. B. Observe patient for 2 hours after meal

In this condition because the food is often regurgitated after meals, the staff may be able to control vomiting by making the bathroom inaccessible for at least 2 hours after meals or by having an attendant in the bathroom to prevent the opportunity for vomiting. The hospital staff should give the patients about 500 calories over the amount required to maintain their present weight (usually 1500 to 2000 calories a day).

84. In a patient who is an alcoholic, which of the following causes delirium tremens?

a) Small consumption of alcohol

b) Gradual withdrawal from alcohol

c) Fatty liver

d) Acute infection

Correct Answer - D

Ans: D. Acute infection

The essential feature of the syndrome is delirium occurring within 1 week after a person stops drinking or reduces intake of alcohol. Physical illness (Eg: hepatitis or pancreatitis) predisposes to the syndrome.

85. Mutism and akinesia in a person who is aware of his surroundings and somewhat alert is best described as a feature of:

a) Oneroid state

b) Twilight state

c) Stupor

d) Delirium

Correct Answer - C

Ans. C. Stupor

Akinetic mutism is a feature of **Stupor**.

* In this condition, the patient is unable to initiate action and speech but appears awake and alert.

* There is severe reduction of relational function – speech and action.

* Akinetic mutism is also seen in **Schizophrenia with affective psychosis and dissociative states**.

86. Extended matching type question:

2 cases

Case 1: HIGH BP tachycardia, tremors, auditory and visual hallucinations, hepatomegaly, disoriented to time, place, person.

Case 2: Yawning, diarrhoea, diaphoresis, mydriasis, high fever 104°F, rhinorrhoea, piloerection.

- A. Alcohol**
- B. Cannabis**
- C. Cocaine**
- D. Heroin**
- E. Amphetamine**
- F. MDMA**
- G. Ketamine**
- H. LSD**

a) A, F & C

b) G, H & B

c) H, G & D

d) E, G & H

Correct Answer - D

Ans. D, E, G & H

Withdrawal symptoms of Ketamine:

- * Hallucination (both auditory & visual) - Most common.
- * Emergence delirium (Psychomimetic emergence)
- * Characteristic during awakening from anesthesia.
- * More likely if anticholinergic premedication is used.
- * Reduced by benzodiazepine.