

1. Risk factor for suicide in depression are all **EXCEPT:**

a) Female

b) Male > 45

c) Child with conduct disorder

d) Family

Correct Answer - A

Female REF: Kaplan and sadock's synopsis in psychiatry 10th ed p. 529

Risk factors of suicide in depression are:

- At end(involuntal) or beginning of depression
- Mood disorders , personality disorders , psychosis , hypochondriac
- >45yrs male, unemployed, single, divorced, chronically ill, widowed, recently bereaved
- Family history

2. Dyslexia is characterized by all except

a) Mental retardation

b) Inability to interpret written language

c) Male preponderance

d) Retardation reading

Correct Answer - A

Mental retardation

Dyslexia: An imprecise term concerning a condition in which an individual with normal vision is unable to interpret written language. The condition is more common in males and is noticed in children with reading difficulty in the first grade. These individuals can see and recognize letters but are unable to spell and write words. They have no difficulty recognizing the meaning of objects and pictures. Dyslexia is unrelated to intelligence.

3. Bipolar disorder II is characterized by?

a) Hypomania plus mania

b) Depression alone

c) Mania and depression

d) Hypomania and depression

Correct Answer - D

Hypomania and depression REF: Current Diagnosis & Treatment in Psychiatry Chapter 21

Bipolar disorders can be conceptualized into three distinct entities:

1. Bipolar I disorder, consisting of episodes of mania cycling with depressive episodes
2. Bipolar II disorder, consisting of episodes of hypomania cycling with depressive episodes
3. Cyclothymic disorder, consisting of hypomania and less severe episodes of depression. Very few patients have only manic episodes.

4. A 30 year old lady do sudden onset breathlessness, anxiety, palpitation & feeling of impending doom. Physical examination is normal. What is the diagnosis

a) Panic attack

b) Anxiety disorder

c) Conversion disorder

d) Acute psychosis

Correct Answer - A

Panic attack [Ref Harrison 17/e p. 2710; Niraj Ahuja 6/e p. 96; Kaplan Saddock 10/e p. 590]

DSM-IV Criteria for a Panic Attack

- *A panic attack is a period of intense fear or discomfort, developing abruptly and peaking within 10 minutes, and requiring at least four of the following :-*
- *Chest pain or discomfort*
- *Chills or hot .fushes*
- *Derealization (feeling of unreality) or depersonalization (being detached from oneself)*
- *Fear of losing control*
- *Feeling of choking*
- *Nausea or abdominal distress*
- *Palpitations or tachycardia°*
- *Paresthesias*
- *Sensations of shortness of breath° or smothering*

- Sense of impending doom°.
- Sweating
- Trembling or shaking

5. Defense mechanism in phobia is:

a) Sublimation

b) Displacement

c) Substitution

d) Projection

Correct Answer - B
Displacement

6. Clouding of Consciousness is seen in:

a) Dementia

b) Delirium

c) Delusion

d) Hallucination

Correct Answer - B
Delirium

7. A 41 - year old married female presented with headache for the last 6 months. She had several consultations. All her investigations were found to be within normal limits. She still insists that there is something wrong in her head and seeks another consultation. The most likely diagnosis is:

a) Phobia

b) Depression

c) Hypochondriasis

d) Psychogenic headache

Correct Answer - C

The patient in question who is persistently preoccupied about her disease (headache) despite of all normal investigations and seeking another consultation is showing features of hypochondriasis.

Essential feature of hypochondriasis, is a belief of serious medical illness that persists despite reassurance and appropriate medical evaluation. These patients have a history of poor relationships with physicians because of the feeling that they have been evaluated and treated inappropriately or inadequately.

This disorder is disabling in intensity and is persistent, with waxing and waning symptomatology.

Ref: Harrison's Principles Of Internal Medicine, 18th Edition, Chapter 391.

8. Which of the following could be a component of conversion disorder?

a) Pseudoseizures

b) Derealisation

c) Depersonalisation

d) Amnesia

Correct Answer - A

Pseudoseizure can occur in conversion disorder.

Paralysis, blindness and mutism are the most common conversion disorder symptoms.

Anaesthesia and paresthesia especially of the extremities are the most common sensory symptoms.

Other sensory symptoms includes deafness, blindness and tunnel vision.

Motor symptoms associated with it are: abnormal movements, gait disturbance, weakness and paralysis.

One gait disturbance seen in this is ataxia abasia, which is a wildly ataxic, staggering gait accompanied by gross, irregular, jerky truncal movements and thrashing and waving arm movements.

Ref: Kaplan and Sadock's Concise Textbook of Clinical Psychiatry, 3rd Edition By Benjamin J. Sadock, Page 279

9. A 26-year-old man with schizophrenia and tardive dyskinesia. Which is the most appropriate pharmacotherapeutic agent?

a) Clozapine

b) Valproic acid

c) Haloperidol

d) Paroxetine

Correct Answer - A

Valproic acid is an anticonvulsant used as a mood stabilizer. It is found useful in the treatment of mania in a bipolar disorder.

It has also been valuable in the treatment of rapid cycling bipolar patients.

Paroxetine is an example of a selective serotonin reuptake inhibitor (SSRI), which is a newer form of antidepressant.

The SSRIs are being found to be as effective as the tricyclic antidepressants.

Haloperidol is an example of a neuroleptic or antipsychotic medication useful in the management of acute psychosis, as well as long-term care. ***Clozapine is a newer atypical antipsychotic medication.***

It is not associated with tardive dyskinesia as are the older neuroleptics.

This makes it a drug of choice for individuals who have developed signs of tardive dyskinesia after using other neuroleptics.

Problems with agranulocytosis prevent clozapine from being used as a "first line" neuroleptic.

Ref: Meltzer H.Y., Bobo W.V., Heckers S.H., Fatemi H.S. (2008). Chapter 16. Schizophrenia. In M.H. Ebert, P.T. Loosen, B. Nurcombe, J.F. Leckman (Eds), *CURRENT Diagnosis & Treatment: Psychiatry*, 2e.

10. The following are characteristic of autism, EXCEPT:

a) Onset after 6 years of age

b) Repetitive behavior

c) Delayed language development

d) Severe deficit in social interaction

Correct Answer - A

The onset of autistic disorder always occurs before age 3, at two peak periods.

Autistic disorders are characterized by the triad of impaired social interaction, communication and imagination. These are associated with rigid repetitive pattern of behaviour.

Ref: Essential Pediatrics By O P Ghai, 6th Edition, Page 65; Autism: A Very Short Introduction By Uta Frith, 2008, Preview.

11. Delirium is distinguished from dementia by the presence of:

a) Impaired judgment

b) Impaired memory

c) Clouding of consciousness

d) Thought disorder

Correct Answer - C

The hallmark of delirium is fluctuation in level of consciousness.

Periods of lucency may be interspersed with periods of marked unresponsiveness. Another distinguishing feature is that the onset of delirium usually occurs within hours or days, whereas the onset of dementia may be insidious throughout a period of weeks to months.

Ref: Johnston B., Yaffe K. (2008). Chapter 27. Dementia & Delirium. In M.D. Feldman, J.F. Christensen (Eds), *Behavioral Medicine: A Guide for Clinical Practice*, 3e.

12. Increased suicidal tendency is associated with:

a) Noradrenaline

b) Serotonin

c) Dopamine

d) GABA

Correct Answer - B

Low serotonin levels are associated with other correlates of suicide risk, namely the mood disorders, impulsivity, and violence.

Low serotonin levels in the brain are linked to clinical depression, suicidal tendencies, anxiety disorders, obsessive compulsive behaviours (such as bulimia), schizophrenia sleep problems, migraine, headaches, autism, drug and alcohol addiction, Alzheimer's diseases and patterns of violent behaviour.

Ref: Comprehensive Textbook of Suicidology - Page 382.

13. Which of the following subtype of Schizophrenia is associated with best prognosis?

a) Simple Schizophrenia

b) Paranoid Schizophrenia

c) Catatonic Schizophrenia

d) Hebephrenic Schizophrenia

Correct Answer - B

According to the DSM IV, Schizophrenia is classified into 5 types, paranoid, catatonic, disorganized, undifferentiated and residual.

Simple schizophrenia is included only under the ICD 10 classification.

Among the following, paranoid subtype has a more favorable prognosis.

Prognosis of catatonic is nearly as good as paranoid, undifferentiate type is associated with intermediate prognosis and hebephrenic type is associated with poor prognosis.

Ref: Current Diagnosis and Treatment : Psychiatry 2e, chapter 16.

14. According to DSM IV, Mania of Bipolar Disorder will fulfil the diagnostic criteria if the symptoms persist for what period of time in a young lady who is not hospitalised?

a) 1 week

b) 2 week

c) 3 week

d) 4 week

Correct Answer - A

A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary) is the minimum time for the diagnosis for manic illness, according to DSM-IV-TR criteria.

During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:

- Inflated self-esteem or grandiosity
- Decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
- More talkative than usual or pressure to keep talking
- Flight of ideas or subjective experience that thoughts are racing
- Distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
- Increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
- Excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

15. Akathisia is treated by A/E

a) Trihexyphenidyl

b) Diazepam

c) Haloperidol

d) Promethazine

Correct Answer - C

C i.e. Haloperidol

- Akathisia is characterised by *inner restlessness* (feeling of discomfort & agitation) and *external restlessness* (*compulsion to move extremities & fidgety movements*). It is seen in basal ganglia disorders (eg Parkinson's disease) and alongwith extrapyramidal side effects of antipsychotic drugs.

- In acute dystonia (neurolept induced), there are *linguofacial bizarre muscle spasm* (1/t grimacing, torticollis, locked jaw, chewing, puffing of cheeks) occurring *within few hours or the most 1 week* of starting or rapidly increasing the dose of neuroleptic drug. DOC is anticholinergic, antihistaminic drugs.

- Anhedonia: It means not getting interest or happiness in pleasurable stimuli & nihilism (helplessness, worthlessness hopelessness). It is a *feature of depression*.

- The development of subjective *symptoms of restlessness within 4 weeks* of initiating or increasing the dose of neuroleptic with *Pacing, Rocking, Fidgety movements & inability to sit or stand for atleast several minutes* are diagnostic of neuroleptic induced acute akathisia.

- *Haloperidol, a neurolept causes akathisia (not used in treatment)*. Treatment of akathisia (internal & external restlessness): 1. *α Blockers (drug of choice)*, 2. *Centrally acting*

(antiparkinson) anticholinergics ex. trihexyphenidyl, benztropine etc are less effective, 3. Amantidine, Cyproheptadine & Diazepam are used in resistant cases only.

16. Features of serotonin syndrome associated with SSRI & MAOIs are :

a) Tremors

b) Agitation

c) Cardiovascular collapse

d) All

Correct Answer - D
A, B, C i.e. Tremors, Agitation, Cardiovascular collapse

17. A 8 year old child after a tonsillectomy sees a bear in her room . She screams in fright. A nurse who rushes in switches on the light, finds a rug wrapped on a armchair. She pacificies the child what the child experienced was a:

a) Delusion

b) Illusion

c) Hallucination

d) None of the above

Correct Answer - B

B i.e. Illusion

1. Illusion is sensory stimulation given a *false interpretation i.e it is a false perception (misinterpretation /bizarre interpretation/misperception) of external stimuli*. Eg. misinterpreting cord for snake or rug for bear.
2. Most likely to occur *when clarity of sensory stimulation is reduced (e.g at night or eyes bandaged)*, when attention is not focused or mind is *under the sway of an emotionally determined ideational set (eg. anxious, frightened, vigilance for intruder)*, or when the *level of consciousness is reduced (as in delirium)*, or all working together. For example a frightened anxious elderly in night (or with both eyes bandaged d/ t surgery) who is vigilant for intruders is more likely to misperceive fluttering curtain as intruder or bush as a man.
3. Illusions may also occur in hysteria, depression, schizophrenia or an emotions of great force (eg abandonment or erotic yearning).

- i. Illusions may be *visual*, *auditory* (eg slamming door misinterpreted as a report of a pistol), *tactile* (eg skin sensation thought to be caused by vermin), *gustatory* (eg. position detected in taste of food), *kinesthetic* (eg flying) or *visceral* (eg. abdominal pain thought to be caused by ground glass).

18. Psychodynamic theory of mental illness is based on:

a) Unconscious internal conflict

b) Maladjusted reinforcement

c) Organic neurological problem

d) Focus on teaching patient to restrain absurd thoughts

Correct Answer - A

A i.e. Unconscious internal conflict

Psychodynamic / Psychoanalytic theory of Psychopathology

- *Unconscious intrapsychic intersystem conflict* is an all pervasive aspect of human experience and responsible for manifestations of symptomatic neurosis, perversions, sexual inhibitions and some psychosomatic & psychotic illness.
- *Mind* is organized to *maximize sense of safety and avoid unpleasure arising out of conflict* by adopting defensive strategies to manipulate experiences & ideas.
- Psychological disturbance arises developmentally; an adaptation that was rational and responsible at an earlier developmental stage leaves residues that cause maladjustment in adulthood

19. One of the important defence mechanism is :

a) Alienation

b) Confabulation

c) Repression

d) Suppression

Correct Answer - C
C i.e. Repression

20. All are mechanism of defence except:

a) Repression

b) Transference

c) Projection

d) Anticipation

Correct Answer - B
B i.e. Transference

21. A Chronic alcoholic blames the family environment as a cause of his alcoholism. This is phenomenon of

a) Projection

b) Denial

c) Rationalization

d) Sublimation

Correct Answer - C
C i.e. Rationalization

22. A 40-year old male is admitted with complaints of abdominal pain and headache. General physical examination revealed six scars on the abdomen from previous surgeries. He seems to maintain a sick role and seeks attention from the nurses. He demands multiple diagnostic tests including a liver biopsy. The treating team failed to diagnose any major physical illness in the patient. His mental status examination did not reveal any major psychopathology. One of the treating staff recognized him to have appeared in several other hospital with abdominal pain and some other vague complaints. He is most likely suffering from:

a) Schizophrenia

b) Malingering

c) Somatisation disorder

d) Factitious disorder

Correct Answer - D

D i.e. Factitious disorder

D.T.E. Facitious disorder

23. La belle indifference is seen in

a) Conversion Reaction

b) Schizophrenia

c) Mania

d) Depression

Correct Answer - A

A i.e. Conversion reaction

La belle indifference is in-appropriate attitude of calm or lack of concern about one's disability. It is seen in *conversion (dissociative) disorder* (but not specific), physical illness etc.

24. Oddities of speech, mannerism and clothing with magical thinking is seen in which type of personality disorder

a) Schizoid

b) Paranoid

c) Schizotype

d) Border line

Correct Answer - C

C i.e. Schizotype

25. Which personality disorder of DSM-IV is not classified as PD & is placed with schizophrenia in ICD

a) Schizoid

b) Paranoid

c) Narcissistic

d) Schizotype

Correct Answer - D
D i.e. Schizotype

26. A 16 year old girl was brought to the psychiatric emergency after she slashed her wrist in an attempt to commit suicide. On enquiry her father revealed that she had made several such attempts of wrist slashing in the past, mostly in response to trivial fights in her house. Further she had marked fluctuations in her mood with a pervasive pattern of unable interpersonal relationship. The most probable diagnosis is:

a) Borderline personality disorder

b) Major depression

c) Histrionic personality disorder

d) Adjustment disorder

Correct Answer - A

A i.e. Borderline Personality Disorder

Schizophrenia can easily be ruled out by *absence of disorganized speech, disorganized behaviour (or catatonia), delusions, hallucinations, & negative symptoms (ex blunt affect)* for more than 6 months & leading to social / occupational dysfunction.

27. False regarding Anorexia Nervosa :

a) Evident psychosis

b) Vigor exceeding physical ill being

c) Weight loss

d) Decreased appetite

Correct Answer - D

D. i.e. Decreased appetite.

Although all features i.e. *self perception of being fat, under weight, amenorrhoea* and binge eating may be present in anorexia nervosa.

It is binge eating that is least common (present only in 25-50% cases ; whereas other 3 features are present in 100% cases).

However, it is important to mention that binge eating (i.e. *consuming large amount of food in short period of time & a feeling that the eating is out of control*) followed by inappropriate behaviour to compensate it (i.e. *self induced vomiting, purging, diuretic use, missing insulin* etc.) is a characteristic & essential feature required for diagnosis of bulimia nervosa.

Features	Anorexia nervosa	Bulimia nervosa
Onset	Mid adolescence	Late adolescence / early adulthood
Female : Male	10 : 1	10 :1
Lifetime prevalence in women	1%	1 - 3 %
	— 5% per decade	Low
Mortality	<i>Markedly decreasedQ (& height)</i>	<i>Usually normalQ</i>

Weight

weight

Menstruation Absent²

100%Q (required for
Amenorrhea diagnosis; this criteria is met if Usually normal

(absence of menstrual period occurs only Present in 50%
at least 3 following hormone eg.
consecutive estrogen administration, or
menstrual OCP)
cycles)

Body image disturbance - There is *self perception of being too fat, with an intrusive dread of fatness*Q, which lit a self imposed *low weight threshold*. (included in both DSM - IV & ICD- 10 criteria)

There is *self perception of being too fat, with an intrusive dread of fatness*Q.
(included in ICD- 10 only)

Self evaluation is undually influenced

(over concerned) by body weight and

shape (DSM-IV)

- Despite objectively low weight, patient feels that their body as a whole, or some part of it is too fat; undue influence of body weight or shape on self evaluation; or denying or minimizing the seriousness of low weight (DSM - IV)

Method of weight control - By *drastically reducing total food intake*Q, with a

disproportionate decrease in high - carbohydrate and fatty foods, (mostly)
- Ritualistic exercising, extensive cycling, walking,
- By recurrent *inappropriate compensatory self induced purging (vomiting & laxative abuse)*Q in 80%
- *Fasting, excessive exercise, use of appetite*

<p>Peculiar behaviour about food</p>	<p>jogging, running are common</p> <ul style="list-style-type: none"> - Purging (with or without binging) is less common <p><i>Present</i> in form of</p> <ul style="list-style-type: none"> - Hiding food all over house - Carrying large amount of candies with them - Cutting meat into very small pieces & spending a great deal of time rearranging pieces on their plate. <p>Confronted with their peculiar behaviour, they often deny that it is unusual or flatly refuse to discuss it</p>	<p>suppressants and thyroxine and omission of insulin (in 20%)</p> <p><i>Absent</i></p>
<p>Hunger (Anorexia)</p>	<ul style="list-style-type: none"> - Term anorexia is a <i>misnomer because loss of appetite is usually rare</i> until late (Kaplan). However they rarely complain of hunger or fatigue. - As weight loss progresses, thoughts of food dominate mental life & idiosyncratic rules develop around eating. Evidence that <i>patients are thinking constantly about food</i> is their passion for collecting recipes, and for preparing elaborate meal for others, and be drawn to food related occupations 	<p>Irresistible <i>craving for food</i> with episodes of binge eating often followed by <i>post binge anguish</i> (depression)</p>

Subtypes

related occupations.

1. Food Restricting type (more common) : During current episode, the person is *not regularly engaged in binge- eating or purging* behaviour. These often have *obscessive compulsive traits*.

2. Binge- eating/purging type (less common) :

during current episode, the person is regularly

engaged in binge eating /purging. These are more likely to be associated with *substance abuse (alcohol, drug), impulse control disorders, (stealing) personality disorder, risk of suicide & sexual promiscuity*

1. Purging type (more common): during current episode, the person is regularly engaged in self induced purging (vomiting, & misuse of laxative, diuretics, or enemas). These are more likely to be associated with *substance abuse (alcohol, drug), impulse control disorder (stealing, shopping), antisocial behaviour, personality disorder, suicide attempts & sexual promiscuity.*

2. Non purging type (less common): during current episode, the person has used other inappropriate compensatory behaviour eg. fasting or excessive exercise.

Binge Eating (i.e eating definitely a large amount of food in short period than 25 - 50%

100%, Required for diagnosisQ

most people would eat in same period under similar circumstance; and *a sense of lack of control over eating*).

(At least *twice a week* over

period of 3 *months*).

Recurrent inappropriate compensatory behaviour eg. *self induced vomiting, purging, diuretic use* (in 80%).

Uncommon

100%, *Required for diagnosis*

(25- 50%)

Omission of insulin, fasting or excessive exercise, use of appetite suppressants & thyroid preparations (in 20%)

(At least *twice a week for 3 months*)

Features secondary to purging (vomiting & laxative abuse)

Uncommon; and present

Common

- *Enamel erosion & dental decay (caries)*

only in binge eating

- *Salivary gland & pancreatic inflammation & hypertrophy*

/purging subtype of

with increase in serum

anorexia nervosa.

amylase

- Esophageal &
gastric erosion,
bowel dysfunction
with
haustral dilation

- Electrolyte
abnormalities esp.
hypokalemic,
hypochloremic
akalosis, (d/t
vomiting)Q;
hypomagnesemia;
metabolic acidosis
(d/t laxative
abuse)

|

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- Seizures (d/t electrolyte imbalance), mild neuropathies, weakness, fatigue, cognitive disorder.

Features secondary to excessive weight loss

Present

Absent (mostly)

- Cachexia, cold intolerance, hypothermia
- Lanugo (fine baby like hair over body), edema, acrocyanosis
- Leucopenia, anemia (normocytic normochromic), thrombocytopenia, increased BUN & creatinine, and hypokalemia, hypoglycemia, hypophosphatemia, hypercholesterolaemia, *hypercarotenemia* (yellow palm skin)
- Low estrogen / testosterone /LH/ FSH/ thyroid metabolism /T3; increased cortisol
- Osteopenia, osteoporosis
- Hypotension, bradycardia, prolonged HIS bundle transmission (prolonged QT interval), small heart, cardiac arrhythmias (atrial & ventricular premature contractions).

ventricular tachycardia), & sudden death.

- Abnormal taste sensation (Zn def.)

Sexual Orientation & other disorders

- Have *poor sexual adjustment, delayed psychosocial sexual development* and a *markedly decreased interest in sex* and tend to become socially withdrawn.
- Are perfectionist & rigid.

- Most are *sexually active*
- More oftenly associated with anxiety disorders, bipolar I disorder, dissociate disorders & sexual abuse.

Prognosis

Poor

Better

28. Not a feature of paradoxical sleep is :

- a) Decreased muscle tone
- b) Rapid eye movements
- c) Brain shows increased metabolism
- d) EEG shows decreased activity

Correct Answer - D

D i.e. EEG shows decreased activity

Features	NREM	REM
Other names	Synchronised or S-sleep/ Orthodox-Sleep/ Quiet-Sleep	Desynchronised D-Sleep, A-wave/ Active-Sleep, Paradoxical sleep
EEG	- Synchronized - Theta wave' (I) - Sleep spindles & K-Complex (II) - Delta wave (III & IV)	- Low voltage Fast activity Saw tooth waves - Ponto- geniculo occipita spikes - Reappearance of alpha waves
EMG	Partial relaxation	Atonia of antigravity & intercostal muscles
Cerebral metabolism		
Brain temperature		
EOG	Slow or Quiescent eye movement	Rapid eye movements
Genital Tumescence	Infrequent	Common
Dreaming	Infrequent	Frequent

Pathology

Night terrorQ.

Night maresQ

Nocturnal eneurasisQ

NarcolepsyQ

BruxismQ

SomnambulismQ

Somniloquy

29. True about narcolepsy:

a) Sleep sudden

b) Presents in 11nd decade

c) Cataplexy

d) All

Correct Answer - D

A i.e. Sleep sudden; C i.e. Cataplexy; B i.e. Presents in 11nd decade
Narcolepsy

- It is a disorder *most commonly present with uncontrollable sleep attacks* in which patient abruptly falls asleep in inappropriate (eg while eating), embarrassing (eg during intercourse), and even dangerous (eg while driving) situations.
- Although sleep attacks have been described as *brief (eg. lasting 15-20 minutes)* and *refreshing*, this is not always true.
- The key features are?
Cataplexy (sudden, brief episodes of paralysis with loss of muscle tone) which occurs in most cases. *Sleep paralysis* (brief paralysis associated with onset of sleep or wakefulness)
Hypnagogic hallucinations (dream like experience while falling asleep but not yet asleep).
- It usually begins in *second decade (10-20 years)* i.e. adolescence & occurs equally in males and females.
- The strong genetic association with *HLA DR2*, specifically *HLA DQB1 * 602* (>85%) suggests an *autoimmune mechanism*.
- In narcolepsy (esp. with cataplexy), Hypocretins (Orexins), the hypothalamic neuropeptide transmitter, regulating sleep-wake cycle, is decreased in brain and CSF along with the decrease in number of hypocretin-positive cells in hypothalamus.

- It results from *defective REM sleep regulation*. Sleep attacks & hypnagogic hallucinations are d/t REM intrusion, whereas cataplexy and sleep paralysis is atonia without REM.
- Diagnosis is confirmed by a sleep onset REM period (on all night PSG) or a positive MSLT in the sleep laboratory.
- Treatment includes:
- *Stimulant drug eg. dexamfetamine* to decrease sleepiness & frequency of sleep attacks.
 - *Modafinil*, a non amphetamine stimulant to decrease day time sleepiness with less side effects.
 - *Clomipramine & other antidepressants* to decrease cataplexy.

30. Mini mental status is :

a) Method to investigate common psychiatric problem

b) 30 point programme to evaluate cognitive function

c) To evaluate schizophrenia

d) Instrument to measure delirium

Correct Answer - B

B i.e. 30 point programme to evaluate cognitive function

31. The following are the psychiatric sequelae after stroke in elderly

a) Depression

b) Post traumatic stress disorder

c) Both

d) None

Correct Answer - A
A i.e. Depression

32. Vascular dementia is characterized by

a) Disorientation

b) Memory deficit

c) Emotional liability

d) All

Correct Answer - D

Ans. D. All

- These all are features of dementia
- Dementia is characterized by multiple cognitive defects that include impairment in memory, without impairment in consciousnessQ.
- The cognitive functions that can be affected in dementia include general intelligence, learning & memory, language, problem solving, orientation, perception, attention & concentration, judgement & social abilities (key words : think about a very old man who is unable to learn new things, concentrate, judge & solve problems with poor personal care, general intelligence, social abilities & communication skills.)
- Vascular dementia characteristically presents with - sudden onset in early age, stepwise & patchy progression with focal neurological signs & symptomsQ & greater preservation of personality.

33. 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

34. Regarding Alzheimer's disease which is/are not true :

a) Initial loss of long term memory

b) Delayed loss of short term memory

c) Step ladder pattern

d) All

Correct Answer - D

A. i.e. Initial loss of long term memory B. i.e. Delayed loss of short term memory C. i.e. Step ladder pattern

35. The neurotransmitter that is associated with suicidal tendencies is:

a) Serotonin

b) GABA

c) Nor-epinephrine

d) Acetylcholine

Correct Answer - A
A i.e. Serotonin

36. Which of the following is not seen in mania

a) Hypersexuality

b) Hyperactivity

c) Decreased sleep

d) Clouding of consciousness

Correct Answer - D

D i.e. Clouding of consciousness

Disorientation & clouding of consciousness is seen in *organic brain syndromes (delirium)*Q.

37. The term "Dementia precox" was coined by

a) Freud

b) Bleuler

c) Kraepelin

d) Schneider

Correct Answer - C

C i.e., Kraepelin

1. Benedict Morel used term *démence précoce* (in french) for deteriorated patients whose illness began in adolescence.
2. Emil Kraepelin translated it into *dementia. Precox* i.e. dementia = deteriorated cognitive process & precox = early onset
3. Eugen Bleuler coined term *schizophrenia*
4. Kahlbaum described *catatonia*, Hacker described *hebephrenia*

38. 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

39. Grimacing and Mannerism is:

a) Simple Schizophrenia

b) Catatonic Schizophrenia

c) Hebephrenic Schizophrenia

d) Phobia

Correct Answer - B
B i.e. Catatonic schizophrenia

40. All are features of catatonia except :

a) Automatic obedience

b) Cataplexy

c) Catalepsy

d) Negativism

Correct Answer - B
B. i.e. Cataplexy

41. Schizophrenia with late onset and good prognosis

a) Simple SZP

b) Hebephrenic

c) Catatonic SZP

d) Paranoid SZP

Correct Answer - C
C i.e. Catatonic SZP

42. All of the following are true about paranoid schizophrenia except:

a) Most common type of schizophrenia

b) Onset in 3rd / 4th decade

c) Delusions of grandeur

d) Rapid deterioration of personality.

Correct Answer - D

D. i.e. Rapid deterioration of personality

43. The features of OCD are A/E

a) Irrationale thought

b) Egosyntonic

c) Resisting the idea

d) Persistence of idea

Correct Answer - B
B i.e. Egosyntonic

44. True about obsessive compulsive disorder is/are :

a) Irresistible desire to do a thing repeatedly

b) Patient is conscious about the disorder

c) Denial is the defense mechanism against O.C.D

d) All

Correct Answer - D

A i.e. Irresistible desire to do a thing repeatedly; C i.e. Denial is the defence mechanism against OCP; B i.e. Patient is conscious about the disorder

An idea intrudes into Conscious awareness repeatedly.

4'

- Recognized as one's own idea but is

Ego-alien (Foreign to one's personality) Q.

- Recognized as *irrational & absurd (insight is present)*Q.

- Patient tries to *resist against but unable to do so*Q.

Failure to resist leads to marked distress.

45. Which of the following statements differentiates the obsessional idea from delusions

- a) The idea is not a conventional belief
- b) The idea is held in spite of contrary evidence
- c) The idea is regarded as senseless by patient
- d) The idea is held on inadequate ground

Correct Answer - C

C i.e., Idea is regarded as senseless by patient

Delusion Obsession

- A *false belief* that is *firmly maintained* even though it is *contraindicated by social reality*.

- While it is true that some superstitions & religious beliefs are held despite the lack of confirmatory evidence, such culturally engendered concepts are not considered delusion.

- What is characteristic of delusion is that it is *not shared by others (not a conventional belief); rather it is an*

- An idea, emotion or impulse that *repetitively and insistently forces itself into consciousness even though it is unwelcomed*.

- The patient recognizes as one's own idea (i.e. *not being imposed from outside*) but is *ego alien (foreign to one's personality and do not make any sense)*Q.

- Attempts to suppress it but is unable.

- The most common pattern is obsession of

contamination /f/b compulsive

idiosyncratic and individual misconception or misinterpretation that is held in spite of contrary evidence and inadequate grounds.

- It is a thinking disorder of enough import to interfere with the subjects functioning, since in the area of their delusion they no longer share a consensually validated reality with other people.

contamination (i/o compulsive washing or avoidance

of object).

- Patients may literally rub the skin off their hands by excessive washing or may be unable to leave their homes because of fear of germs.

46. Post traumatic stress-disorder is associated with all except:

a) Flash back

b) Severe traumatic injury

c) Re-experiencing stressful events

d) It doesn't develop after 6 months of stress

Correct Answer - D

D i.e. It does not develop after 6 months of stress

**47. Which of the following is the drug of choice for medication-resistant schizophrenia:
*September 2009***

a) Haloperidol

b) Chlorpromazine

c) Clozapine

d) Flupentixol

Correct Answer - C

Ans. C: Clozapine

Clozapine

- It may inhibit serotonin, muscarinic, and dopamine effects.
- Revolutionized treatment of medication-resistant schizophrenia.
- Effective in 30% of patients in whom other medications have failed.
- May improve tardive dyskinesia resulting from long-term use of traditional antipsychotics.
- Major drawback of reversible agranulocytosis occurs in 1-2%
- Interactions-Epinephrine and phenytoin may decrease effects; tricyclic antidepressants, neuroleptics, CNS depressants, guanabenz, and anticholinergics may increase effects
- Contraindications-Documented hypersensitivity; WBC (less than 3500 cells per millimeter cube) before or during therapy.
- Precautions-Pregnancy, Do not abruptly stop the medication; to minimize risk of agranulocytosis.

48. Most common symptom of depression in India is:

March 2011

a) Low mood

b) Sleep disturbances

c) Vague body aches

d) Suicidal tendencies

Correct Answer - C

Ans. C: Vague body aches

Multiple physical symptoms (such as heaviness of head, vague body aches) are particularly common in the elderly depressives and depressed patients from the developing countries (such as India)

Depression:

- MC psychiatric disorder in India: Depression
- Neurotransmitter involved: Serotonin and nor-epinephrine
- MC cause of suicide: Depression
- Risk features of suicide in depression:
 - Endogenous type of depression
 - Psychotic depression
- MC type of post-purpueral psychosis: Depression
- Nihilistic ideas: Seen in depression

49. The Non-REM (NREM) sleep is commonly associated with:

March 2013 (d)

a) Frequent dreaming

b) Frequent penile erections

c) Increased blood pressure

d) Night terrors

Correct Answer - D

Ans. D i.e. Night terrors

Sleep

- Alpha waves: Eyes closed and mind wandering
- Night terrors are seen in: NREM sleep
- Sleep walking/ somnambulism is seen in: NREM sleep (stage 3/4)
- Sleep terror/pavor nocturnus:
 - Seen in NREM sleep (stage 3/4)
 - Treated by diazepam

50. Delusion is a disorder of:
September 2011

a) Stream of thought

b) Form of thought

c) Content of thought

d) Possession of thought

Correct Answer - C

Ans. C: Content of thought

In clinical examination, "thought" is assessed mainly under 2 headings of stream and form and content of thought. In Content of thought, one looks for any preoccupations such as obsessions, contents of phobias, delusions etc. Terminology in psychiatry:

- Illusion: Misinterpretation of stimuli arising from external object
- Hallucination: Perception without stimuli
- Delusion: False unshakeable belief not amenable to reasoning

Delusion:

- Disorder of thought
- Nihilistic delusion: Depression
- Delusion of grandeur: Mania
- Paranoid delusion and delusion of reference: Schizophrenia

51. 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

52. 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

53. Mature defence mechanism is ?

a) Sublimation

b) Denial

c) Projection

d) Distortion

Correct Answer - A

Ans. is 'a' i.e., Sublimation

Defence mechanism

- Narcissistic (Psychotic) :- Denial, disortion, projection.
- Immature :- Blocking, introjection, passive-aggressive behavior, acting out, hypochondriasis, regression, schizoid fantasy, somatization.
- Neurotic :- Controlling, Displacement, inhibition, externalization, intellectualization, isolation, rationalization, dissociation, reaction formation, repression, sexualization, conversion, undoing, inhibition.
- Mature :- Asceticism, suppression, altruism, sublimation, humor, anticipation.

54. Locked in state is associated with ?

a) Medulla

b) Pons

c) Midbrain

d) Spinal cord

Correct Answer - B

Ans. is 'b' i.e., Pons

- Locked in syndrome is caused by an insult to ventral pons (basis pontis).
- It is characterized by inability to speak and quadriplegia.
- There is complete paralysis of all voluntary muscles except for the eyes.
- The lesion essentially interrupts corticobulbars and corticospinal pathways.
- Somatosensory and ascending neuronal pathways responsible for arousal and wakefulness remain intact.

55. Suicide is most common in ?

a) Depression

b) Alcohol dependence

c) Dementia

d) Schizophrenia

Correct Answer - A

Ans. is 'a' i.e., Depression

Causes/Risk factors for suicide

- Psychiatric disorders : - Depression (most common), alcoholism (2nd mc), Drug/Substance dependence, Schizophrenia, Dementia.
- Physical illness : - Cancer, AIDS, Multiple sclerosis, Head trauma.
- Psychosocial factors : - Failure in love, marital difficulties, family dispute, illegitimate pregnancy.
- Biological factors : - Decrease in serotonin
- Other - Male sex, Age > 40 years, Single (Unmarried, divorced or widowed), previous suicide attempt, social isolation.

56. ECT is contraindicated in -

a) Very ill patients

b) Raised ICT

c) Heart disease

d) Pregnancy

Correct Answer - B
Ans. is 'b' i.e., Raised ICT

57. Time interval between acute and persistent psychotic disease is ?

a) 1 week

b) 2 week

c) 3 week

d) 1 months

Correct Answer - D

Ans. is `d' i.e., 1 months

- If symptoms are for less than 1 months, it is transient psychotic disorder and if there are for more than 1 months, it is persistent psychotic disorder (persistent delusional disorder).
Note:- Diagnostic criteria for delusional disorder (Persistent delusion disorder) has different durations in DSM IV and ICD-10 :-
 - .. According to DSM IV, symptoms (Non bizzare delusion) should be for > 1 months.
 - ?. According to ICD-10, Symptoms should be for > 3 months.

58. All are true about bulimia nervosa, except ?

a) Binge eating

b) Self-induced vomiting

c) Weight loss

d) Purgative abuse

Correct Answer - C

Ans. is 'c' i.e., Weight loss

Bulimia Nervosa

- Bulimia nervosa is characterized by episodes of uncontrollable excessive eating (binges) followed by vigorous weight-reducing measures like self-induced vomiting, purgative abuse, diuretics, or abuse of emetics; and less commonly severe dieting and strenuous exercise.
- Episodes of binge eating occur relatively frequently (twice a week or more) for at least 3 months.
- As in anorexia nervosa, there is extreme preoccupation with the shape and weight of the body. However, bulimia nervosa differs from anorexia nervosa : ?
- .. Patients of bulimia are slightly older than those with anorexia i.e., *Late adolescence*.
- 2. Most of the patients with bulimia nervosa have a weight within their normal weight range.
- 3. Amenorrhea is usually not present and most are sexually active, compared with anorexia nervosa patients.
- 4. Peculiar behavior about the food of anorexia nervosa is absent.
- 5. Depressive symptoms are more common ---> Post-binge anguish.
- Patient with bulimia nervosa may have dental caries/tooth decay,

Sore throat, Swollen Salivary gland (parotitis), and internal bleeding due to vomiting.

59. Which of the following is an atypical antidepressant?

a) Citalopram

b) Sertaline

c) Venlafaxine

d) Reboxetin

Correct Answer - C

Ans. is 'c' i.e., Venlafaxine

Antidepressants

A. Typical

- Tricyclic antidepressants
- .. NA + 5HT reuptake inhibitors :- Imipramine, Trimipramine, Amitriptyline, Clomipramine.
- 2. Predominantly NA reuptake inhibitors :- Desipramine, Nortriptyline, Amoxapine, Reboxetine.
- **Selective serotonin reuptake inhibitors** :- Fluoxetine, Paroxetine, Sertaline, Citalopram, Scitalopram.

B. Atypical :- Trazodone, Mianserine, Mitrazapine, Venlafaxin, Duloxetine, Tianeptine, Amineptine, Bupropion.

c. MAO inhibitors :- Tranylcypramine, Meclobemide, Clorgyline.

60. Psychosurgery is used in ?

a) Phobia

b) Generalized anxiety

c) OCD

d) Depression

Correct Answer - C
Ans. is 'c' i.e., OCD

61. Oedipus complex is related to which phase of psychosexual development ?

a) Oral

b) Anal

c) Genital

d) Phallic

Correct Answer - D
Ans. is `d' i.e., Phallic

62. All are reversible causes of dementia except ?

a) Hypothyroidism

b) Hydrocephalus

c) Meningoencephalitis

d) Alzheimer's disease

Correct Answer - D

Ans. is 'd' i.e., Alzheimer's disease

Reversible causes of dementia

- 1) Surgically treatable :- Normal pressure hydrocephalus, brain tumors (frontal lobe tumor), meningioma, subdural hematoma due to head injury, hydrocephalus.
- 2) Medically treatable :- Depression, hypothyroidism, alcohol abuse, vitamin B₁₂/folate/Niacin deficiency, any metabolic or endocrine disturbance, neurosyphilis, Hashimoto's encephalopathy, Wilson's disease, celiac disease, whipple's disease, chronic meningoencephalitis, drugs and toxin (toxic dementia).

Irreversible causes of dementia :-

- Alzheimer's disease, vascular (multi-infarct) dementia, Parkinsonism, Huntington's chorea, Lewy body dementia, Pick's disease.

63. Suspiciousness is a characteristic feature of ?

a) Paranoid personality disorder

b) Schizoid personality disorder

c) Schizotypal personality disorder

d) Anankastic personality disorder

Correct Answer - A

Ans. is 'a' i.e., Paranoid personality disorder

Paranoid personality disorder

- It is characterized by generalised mistrust and Suspiciousness about the motives and actions of others and a tendency to interpret them as malevolent. The patient believes that :-
 1. Others are exploiting or deceiving the person.
 2. Friends are untrustworthy and not loyal.
 3. The spouse/partner is unfaithful.
 4. There is hidden meaning in neutral or friendly remarks.
 5. Many patients have feeling of self-importance and think they are unusually talented

64. All are symptoms of morphine withdrawal except?

a) Mydriasis

b) Yawning

c) Lacrimation

d) Fall in BP

Correct Answer - D

Ans. is 'd' i.e., Fall in BP

Morphine withdrawal

- Manifestations of morphine withdrawal
 1. Lacrimation
 2. Anxiety & fear
 3. Mydriasis
 4. Diarrhea
 5. Palpitation
 6. Sweating
 7. Restlessness
 8. Insomnia
 9. Dehydration
 10. Rapid weight loss
 11. Yawning
 12. Gooseflash (Piloerection)
 13. Abdominal colic
 14. Rise in BP
- Delirium and convulsions are not a characteristic features (contrast barbiturates) and are seen only occasionally.
- Treatment consists of withdrawal of morphine and substitution with oral methadone followed by gradual withdrawal of methadone.

- Recently the NMDA antagonists and nitric oxide synthetase inhibitors have been

65. Hypnagogic hallucinations are seen in ?

a) Depression

b) Mania

c) Narcolepsy

d) Schizophrenia

Correct Answer - C

Ans. is 'c' i.e., Narcolepsy

Narcolepsy

- This is characterized by *excessive day time sleep, often disturbed night time sleep and disturbances in the REM sleep*. Age of onset is between 10-20 years. There is irresistible desire to sleep and bouts of sudden sleep each lasting for 10-30 minutes occurring during day time. In majority of cases narcolepsy is associated with one or more accessory symptoms :?
 1. Cataplexy :- It is the most common accessory symptom and is characterized by sudden decrease in muscle tone either, local or generalized.
 2. Hypnagogic hallucination :- Hallucination occurring just before falling asleep. When hallucination occurs just before awakening it is called hypnopompic hallucinations.
 3. Sleep paralysis (least common).

66. Ganser syndrome is a feature of ?

a) OCD

b) Conversion disorder

c) Dissociative disorder

d) Schizoid personality disorder

Correct Answer - C

Ans. is 'c' i.e., Dissociative disorder

Dissociative disorder

- The essential feature of the dissociative disorder is a disruption in the usually integrated functions of consciousness, memory, identity or perception of the environment. Dissociative disorder are :-
 1. Dissociative (psychogenic) amnesia :- It is the most common type of dissociative disorder. Dissociative amnesia is characterized by retrograde amnesia (inability to retrieve stored memories and events leading up to onset of amnesia) and absence of antegrade amnesia (inability to form new long term memories).
 2. Dissociative fugue :- A dissociative fugue may be present when a person impulsively wanders or travels away from home and upon arrival in the new location is unable to remember his/her past (i.e., amnesia for early life). There is loss of personal identity and the person assumes a new identity. There is absence of awareness of amnesia during fugue episode, i.e., Patient denies any memory loss during fugue state. On recovery there is amnesia for fugue episodes and recovery of memory of earlier life (i.e., before the episode of fugue).
 3. Dissociative identity disorder (multiple personality disorder) :- More than one personality appears to possess the individuals, Showing their characteristic behavior. At any instance behavior and memories

of one personality is exhibited, patient then is unaware of the other's existence.

- i. Depersonalization disorder : - Feeling of detachment from self is referred to as depersonalization. Individuals with this disorder will report feeling as if they are living in a dream or watching themselves on movie screen i.e., feeling detached from self and as if one is an outside observer of oneself. People with this disorder feel like they are "going crazy" and they frequently become anxious and depressed
5. Dissociative disorders not otherwise specified :- These are the disorders that are characterized by dissociative response that do not meet diagnostic criteria for one of the other dissociative disorder. Important ones are :-
 - Dissociative Trance (Possession) disorders :- There is temporary exchange of person's personality by a new personality usually attributed to a spirit or divine power. Usually the person is aware of the existence of the other, i.e., possessor (unlike dissociative identity disorder).
 - Ganser's syndrome : - Also known as syndrome of approximate answers. This is characterized by giving approximate answers together with a clouding of consciousness, and frequently accompanied by hallucinations and other dissociative, somatoform or conversion symptoms.

67. Negative symptom of schizophrenia ?

a) Hallucination

b) Delusion

c) Ambivalence

d) Motor hyperactivity

Correct Answer - C

Ans. is 'c' i.e., Ambivalence

- **Symptoms of schizophrenia can be divided into :?**
 1. Positive symptoms :- Positive symptoms are psychotic symptoms not seen in normal individuals but are "actively expressed" in patient, i.e., hallucinations, delusions and bizarre motor acts. Positive symptoms are more common in acute schizophrenia. These respond well to typical antipsychotics.
 2. Negative symptoms :- Negative symptoms are normally expected behaviours, emotions (feeling), thoughts and drives that the person with schizophrenia fail to exhibit, i.e., deficit state (diminution or loss) of normal function. The prominent negative symptoms are flattening or blunting of affect, anhedonia, ambivalence (avolition) asociality (social withdrawal), alogia, apathy, paucity of thought and poverty of speech. Negative symptoms are more common in chronic schizophrenia. Negative symptoms do not respond well to typical antipsychotics Therefore patient on typical antipsychotics may show improvement of positive symptoms and persistent of negative symptoms.
- **More recently a third category has been proposed.**
 3. Disorganized symptoms :- Disorganized speech/thinking, and disorganized behavior.

68. Drug of choice for generalized anxiety ?

a) 3-blocker

b) Alprazolam

c) Buspirone

d) Phenytoin

Correct Answer - B

Ans. is 'b' i.e., Alprazolam

Treatment of generalized anxiety

- *Benzodiazepines are the drug of choice.* Drugs in this group are diazepam, Lorazepam, Alprazolam, Oxazepam, chlordiazepoxide.
- Other drugs used are buspirone; TCA (amprtiptyline, imipramine, clomipramine, desipramine); SSRIs (Fluoxetine, Sertaline, Paroxetine, Citalopram); SNRIs (Venlafaxine), 13-blockers.
- Anticonvulsants with GABAergic properties may also be effective against anxiety, e.g., Gabapentin, Oxcarbazepine, Tiagabine, pregabalin, and Valproate (divalporex).

69. Not true about somnambulism among the following is?

a) Sleep walking.

b) Patient consciousness is preserved.

c) Disorder of sleep arousal.

d) Low level motor skill/function is present

Correct Answer - D

Ans:D. Low level motor skill/function is present.

70. A 13 years old boy often argue with parent and teachers. However he is not physical aggressive and there is no history of drug abuse, theft, lying or bullying. Most likely diagnosis is-

a) Conduct disorder

b) Oppositional defiant disorder

c) Autism

d) Pervasive developmental disorder

Correct Answer - B

Ans: B. Oppositional defiant disorder

(Ref: Kaplan & saddock's th/e p. 11391)

- This boy is showing a pattern of defiance of authority (arguing with parents and teachers).
- There are no features of conduct disorder (drug abuse, theft' lying).
- Thus, the diagnosis is oppositional defiant disorder.

71. A 13 years old boys is often aggressive, arguing with parent and teachers. He has history of frequent lying and stealing money at home. He always runs away from class to play. The diagnosis is-

a) Conduct disorder

b) Oppositional defiant disorder

c) Autism

d) Pervasive developmental disorder

Correct Answer - A

Ans: A. Conduct disorder

(Ref: Kaplan & Saddock's th/e p. 1139).

- Conduct disorder is characterized by a persistent and significant pattern of conduct in which the basic rights of others are violated or rules of society are not followed.
- The onset occurs much before 18 years of age, usually even before puberty.

The characteristic clinical features include: -

1. Frequent lying
2. Stealing or robbery
3. Physical violence like rape, fire setting, assault, use of weapons, fighting and aggressiveness.
4. Running away from home and school → Therefore, backward in studies.

72. Aversion therapy is used in treatment of ?

a) Paraphilias

b) Tribaldism

c) Cunnilingus

d) Nymphomania

Correct Answer - A

Ans. is'a'i.e., Paraphilias

(Ref: Nirai Ahuia 6h/e p. 2281

- Aversion therapy is used for the treatment of conditions which are pleasant but undesirable (e.g., alcoholism, trichotillomania, drug abuse and smoking).
- The underlying principle is the pairing of the pleasant stimulus (e.g., alcohol) with an unpleasant response (e.g., brief electric stimulus).
- Although aversion therapy can potentially eliminate almost any unwanted behavior, two of the most common applications of this treatment approach over the years are rehabilitation programs for sex offenders and drug and alcohol addiction treatment.

73. When a person I asked about his blood sugar level, he answers like "Diabetics have sweet urine... urine and feces are excreta" Before finally telling his blood sugar. It is an example of?

a) Tangentiality

b) Circumstantiality

c) Flight of ideas

d) Loosening of association

Correct Answer - B

Ans. is 'b' i.e., Circumstantiality

(Reli Fish's clinical psychopathology 3'd/ed)

- In the given example, patient's goal is to tell the blood sugar level. But the patient does -not reach his goal directly; rather he gives irrelevant details and digressions.
- It is an example of circumstantiality.

74. A girl falls in love with a film star & believes that he also loves her. It is best exemplified by?

a) Persecutory delusion

b) Grandiose delusion

c) Erotomania

d) Nymphomania

Correct Answer - C

Ans. is'c'i.e., Erotomania

- Erotomania (Delusions of love): - False belief that another person is in love with one (commoner in woman).

75. A person thinks that others are implanting a machine on his head. It is an example of?

a) Bizarre delusions

b) Non bizarre delusions

c) Hallucinations

d) Illusion

Correct Answer - A

Ans. is'a.i.e., Bizarre delusion

Ref: Niraj Ahuja 6h/e p. 59)

- A bizarre delusion is a delusion that is very strange and completely implausible (impractical for the person's culture); for example a bizarre delusion would be that aliens have removed the affected person's brain.
- Bizarre delusions are characteristic of schizophrenia.

76. A person is very impatient, competitive and works like a perfectionist. He/she can be best described as ?

a) Type A personality

b) Type B personality

c) Type C personality

d) Type D personality

Correct Answer - A

Ans. is 'a' i.e., Type A personality

[Ref: Essential of clinical psychiatry 4h/e p. 889]

Type A personality:

- Impatient, time-conscious, highly competitive, ambitious, hostile, and aggressive.
- They have difficulty in relaxing and are concerned about their status.
- Type A individuals are often highly achieving workaholics, who do multitask, drive themselves with deadlines and are unhappy about the smallest of delay.
- Expressed in three major symptoms : -
 - .. Time urgency and impatience (Time pressure)
 - }. Free floating hostility
 - }. Competitiveness

77. Most common perceptual disturbance in delirium is?

a) Illusion

b) Decreased perceptions per unit of time

c) Visual Hallucination

d) Auditory hallucination

Correct Answer - B

Ans. is'b'i.e., Decreased perceptions per unit of time

lRef: Neurology in Clinical Practice: Principles of diagnosis and management 4h/e p. 301

- The most common perceptual disturbance is decreased perceptions per unit of time."

78. Which is true about age and sex distribution of Schizophrenia?

a) Most common age is >50 years

b) Early onset is a good prognostic factor

c) Male sex is a poor prognostic factor

d) Males are prone for the disease

Correct Answer - C

Ans. is 'c' i.e., Male sex is a poor prognostic factor

(Ref: Kaplan Sadock Synopsis 11/e p.480)

- The schizophrenia starts in late adolescent and early adult (15-25 years).
- Men and women have an equal lifetime risk for schizophrenia.
- However' schizophrenia tends to strike women 3-4 years later than men.
- Most men develop schizophrenia between 15 and 25 years of age.
- For women the period of maximum onset is between 15 and 30 with a smaller peak between 45 and 50 (after menopause).

79. Cataplexy is characterized by?

a) Hypnopompic hallucinations

b) Nocturnal penile tumescence

c) Decreased muscle tone

d) Somnambulism

Correct Answer - C

Ans. is'c'i.e., Decreased muscle tone

[Ref Namboodiri 3'd/e p. 3601

- Cataplexy is the most common accessory symptom of Narcolepsy and is characterized by sudden decrease in muscle tone, either local or generalized.

80. True about psychoactive drugs is?

a) Can cause sexual dysfunction

b) Used in OCD

c) Used in psychotic disorders and Used in drug withdrawal

d) All of these

Correct Answer - D

Ans: D. All of these

- All the above mentioned options are true about Psychotropic drugs
- A psychoactive drug or psychotropic substance is a chemical substance that acts primarily upon the central nervous system where it alters brain function, resulting in temporary changes in perception, mood, consciousness and behaviour.
- In addition , several psychoactive substances are currently employed to treat various addictions. These include acamprosate or naltrexone in the treatment of alcoholism, or methadone or buprenorphine maintenance therapy in the case of opioid addiction.

81. Steroid can be used in the treatment of -

a) ADHD

b) Autism

c) OCD

d) All of the above

Correct Answer - B

Ans. is'b'i.e., Autism

- The exact mechanism of steroid response in epilepsy and ASD (autistic spectrum disorders) is still not fully understood.
- There is belief that anti-inflammatory effects are mechanism of steroid action in these conditions! - Autism and its Medical Management
- Also autism has known to be associated with lymphoproliferative disorders k/a ALPS (Autism secondary to lymphoproliferative syndrome).
- Steroids have a role to play in this disorder because of anti-inflammatory property.

82. Most common hallucination in delirium are ?

a) Auditory

b) Visual

c) Olfactory

d) Tactile

Correct Answer - B

Ans. is 'b' i.e., Visual

(Ref: Niraj Ahuja &/e p. 2Q, Essential of clinical psychiatry 4h/e p. 319)

- Visual hallucinations are most common in delirium.
- Auditory hallucinations are common in schizophrenia.

83. Depression is associated with which of the following neurological condition ?

a) Cerebro-vascular disorder

b) Multiple sclerosis

c) Epilepsy

d) None of the above

Correct Answer - A

Ans. is 'a' i.e. Cerebro-vascular disorder

[Ref: Oxford Textbook of Stroke and Cerebrovascular Disease p. 2461]

important causes of depression

- General medical/neurological/endocrine disorders: - Cerebrovascular disorders, CNS infection, Parkinson's disease, Dementia (Alzheimer's disease), Hyperthyroidism, Hypothyroidism, Cushing's disease or Addison's disease, Hypopituitarism, Acromegaly, Hyperparathyroidism, Hypoparathyroidism, Postpartum period, Menses related disorders, Cancer, Tuberculosis

84. A 24 year girl named Heena is often flamboyantly dressed and goes out on dates frequently. Although she changed boyfriend almost monthly, but she used to plan her marriage and future with each of them with equal enthusiasm and optimism.

She would often make stories to seek attention. She would feel uncomfortable at big parties leave them midway.

Heena made promises to other people that were impossible to keep but seemed to be aimed at winning their approval; when she broke the promise, she usually made up a story designed to elicit sympathy and compassion. Diagnosis is ?

a) Borderline personality disorder

b) Histrionic personality disorder

c) Dependent personality disorder

d) Antisocial personality disorder

Correct Answer - B

Ans. is 'b' i.e Histrionic personality disorder

- Points indicating towards diagnosis of Histrionic personality disorder are
- She is often flamboyantly dressed and makes stories - to impress others and seek attention.
- She changes boyfriend almost every month but still remains enthusiastic means about each of them indicates that- she is emotionally labile.
- Leaves big parties midway - she is not comfortable where she is not the centre of attention. Makes false promises to win approval.

85. What is produced by the supersensitivity of Dopamine receptors ?

a) Dyskinesia

b) Hyperphagia

c) Hyperpathia

d) Hypomania

Correct Answer - A

Ans. is 'a' i.e., Dyskinesia

(Ref: Pathophysiology, pharmacology and biochemistry of dyskinesia p. 195)

- Increased neostriatal dopamine receptor density and dopaminergic supersensitivity in the neuroendocrine system are associated with the development of tardive dyskinesia.

86. Following are the major symptoms of obsessive compulsive disorders ?

a) Contamination

b) Pathological doubts

c) Intrusive thoughts

d) All the above

Correct Answer - D

Ans. is'd'i.e., All the above

[RI Kaplan & Saddock's |tr/e p. 605)

OCD has four major symptom patterns :-

Contamination : -

- Contamination is the most common pattern of an obsession followed by washing (washer)

Pathological doubts : -

- Doubts is the second most common pattern of an obsession, followed by a compulsive checking (checkers).

Intrusive thoughts (Pure obsessions) : -

- In this third most common pattern, there are intrusive obsessional thoughts without a compulsion.
- Such obsessions are usually r4re titious thoughts of a sexual or aggressive act that is reprehensible to the patient.

Symmetry: -

- This is the fourth most common pattern in which there is an obsession for symmetry or precision, which can lead to compulsion of slowness.
- Patients can literally take hours to shave their faces or to eat a meal.

87. Fear of strangers -

a) Algophobia

b) Xenophobia

c) Mysophobia

d) Thanatophobia

Correct Answer - B

Ans. is'b'i.e., Xenophobia

- Fear of strangers is xenophobia

88. Sexual perversion in which one has desire to see other person/wife having sex with others ?

a) Sadism

b) Exhibitionism

c) Voyeurism

d) Fetishism

Correct Answer - C

Ans is 'c' i.e. Voyeurism

[|Ref Niraj Ahuja @ /e p. 133, 134]

- Watching sexual activity of other people or the body parts of members of opposite sex is k/a Voyeurism

89. Di-acetyl morphine is -

a) Bhang

b) Ganja

c) Heroin

d) Hashih

Correct Answer - C

Ans. is 'c' i.e. Heroin

[Ref: Kaplan's synopsis of Psychiatry IFh/e p. 446, K.D.T. 6h/e p. 457]

- Di-acetyl morphine is the chemical name of heroin.
- Heroin (smack) is the most commonly abused opioid.

90. Hypomania is differentiated from mania when -

- a) Clinical symptoms are less
- b) Clinical symptoms are present for fewer days
- c) When symptoms cause social impairment
- d) All of the above

Correct Answer - B

Ans. is 'b' i.e. Clinical symptoms are present for fewer days

[Ref Kaplan & Sadock's Lfr/e p. 535]

- If the symptoms occur for 4 days. and do not cause impairment of social/occupational functioning. and psychotic features are absent. then the diagnosis is hypomania.

91. Drugs which cause both physical and psychological dependence are ?

a) Opioids

b) Alcohol

c) Nicotine

d) All the above

Correct Answer - D

Ans. is'd' i.e., All the above

[Ref Niraj Ahuja 6'h/e p. 37; Essential of clinical psychiatry 4'h/e p. 247)

92. Opioid dependence produces ?

a) Physical dependence

b) Psychological dependence

c) Both a and b

d) None of the above

Correct Answer - C

Ans. is'c'i.e., Both a and b

93. Which of the following neurotransmitters are decreased in alzheimers disease?

a) Acetylcholine

b) Norepinephrine

c) Corticotropin

d) All the above

Correct Answer - D

Ans. is 'd' i.e., All the above

- Ref - Niraj Ahuja &/e p. 25; Dementia by Brown and Hilhn like p. 60]
- **Neurotransmitters in Alzheimer's disease:**
- Acetylcholine has a major role in memory functions and deficiency in cholinergic functioning is associated with memory disturbances particularly short term memory.
- In Alzheimer's disease there loss of cells in the nucleus basalis of meyer net results in marked reduction in choline acetyltransferase (CHAT), an enzyme involved in the synthesis of acetylcholine + Decreased Acetylcholine.

94. Kleine Levin syndrome which of the following is not true ?

a) Hyper somnia

b) Hyposexuality

c) Spontaneous resolution

d) Also called sleeping beauty syndrome

Correct Answer - B

Ans. is'b'i.e., Hyposexuality

Ref: NORD guide to rare disorders p.544

Klelne-Levin syndrome (KLS):

- It is also known as "Sleeping Beauty syndrome".
- it is a rare sleep disorder characterized by persistent episodic hypersomnia and
- cognitive or mood changes.
- Many patients also experience hyperphagia, hypersexuality and other symptoms.

95. Typical change in problem behavior shows how many stages ?

a) 2

b) 3

c) 4

d) 5

Correct Answer - D

Ans. is'd'i.e., 5

Ref: www.uri.edu.com

Five stages of change for problem behaviour

- Precontemplation :- Individuals .are unaware of their problem.
- Contemplation :- Individuals :ue aware about problem and seriously thinking about overcoming it but have not yet made a
- commitment. Person is weighing benefits and costs of behaviour, proposed change.
- Preparation :- Individuals are intending to take action and have unsuccessfully taken action in the past year.
- Action:- Individuals modify their behaviour, experiences and environment to overcome their problem.
- Maintenance:- Individuals work to prevent relapse.

96. Effects of long term Levodopa therapy are

a) Facial tics

b) Nightmares

c) End of dose effect

d) All the above

Correct Answer - D

Ans. is'd'i.e., All the above

[Rel KDT //e p. a29

Adverse effects after prolonged use of levodopa are :-

- Abnormal movements : Facial tics, grimacing, choreoathetosis.
- Behavioral effects : Anxiety, nightmares, depression, mania, hallucination, true psychosis.
- Fluctuation in motor performance : wearing off and on-off effect.

97. Differentiating feature for dementia and delirium is -

a) Apraxia

b) Loss of memory

c) Impaired consciousness

d) None

Correct Answer - C

Ans. is 'c' i.e., Impaired consciousness

98. Fregoli's Syndrome is?

a) Delusion of Doubles

b) Delusion of persecution

c) Delusion of twins

d) Delusion of parasites

Correct Answer - A

Ans. is'a'i.e., Delusion of Doubles

[Ref.: Kaplan 6 Saddock IF/e Chap. 14

- The Fregoli delusion, or the delusion of doubles, is a rare disorder in which a person holds a delusional belief that different people are in fact a single person who changes appearance or is in disguise.

99. An antiepileptic drug was found successful for treatment of tonic hind limb extension (THLE). It can be used in?

a) Absent seizures

b) General tonic clonic seizure

c) Myoclonic seizure

d) Status epilepticus

Correct Answer - B

Ans. is 'b' i.e., General tonic clonic seizure

Ref; Neuropharmacology Methods in Epilepsy Research edited

- by Steven L. Peterson, Timothy E. Alhertson p. 91
- By far the most frequently used endpoint in the quantification of tonic clonic convulsion is tonic hindlimb extension (THLE).
- Other methods for quantifying tonic clonic seizures are typically used only when THLE can not be reliably induced.

100. A child with schizophrenia was on medications. Suddenly he developed neck stiffness & spasm. What is most probable cause?

a) Conversion disorder

b) Acute dystonia

c) Akathisia

d) Tardive dyskinesia

Correct Answer - B

Ans. is'b'i.e., Acute dystonia

[Ref: Kaplan & sadock's p 992

101. Phototherapy was first used for :

a) Dementia

b) Mental retardation

c) Agoraphobia

d) Seasonal Mood disorder

Correct Answer - D

Ans. is 'd' i.e., Seasonal Mood disorder

Ref.: Kaplan 6 Sadock's e p. 557

- Phototherapy was first used for seasonal mood disorder (seasonal depression).