



✓ Sure shot 5.0 + PYQ Emgs subject

KBMD

↓  
main → videos extra

↓ FAST videos.

# PSYCHIATRY INICET PYQ 1.0

Medsynapse by Dr. Nikita



Yawning, diarrhea, diaphoresis, mydriasis, high fever (104°F), rhinorrhea, piloerection are seen in withdrawal of

opioid → exam hall  
lacrimation

- a) Alcohol
- b) Cannabis
- c) Cocaine
- d) Heroin (opioid)



MEDSYNAPSE  
Where Concepts Meet Mnemonics



# Key symptom in alcohol withdrawal syndrome is:

DT → cin 72hrs  
48-72hrs  
↓

Delirium

• automic

DOC → BZDs

a) Sleep disturbance

b) Visual hallucinations

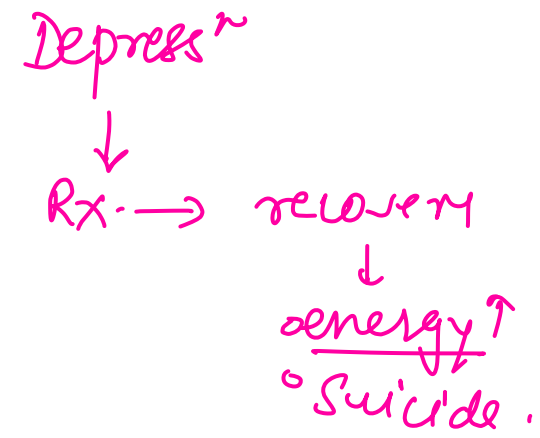
~~c) Tremors~~ → earliest

d) Delirium



# Paradoxical suicide refers to: (2019)

- a. Suicide during recovery of illness
- b. b. Accidental suicide
- c. c. Suicide on low dose of drug
- d. d. Failed attempt to suicide



paradoxical aciduria → CHPS -  
metab alkalosis



# All of the following are true about grades of insight except:

↓  
5/6  
↓  
MSE ✓

3 → Blame others

o 10fs → Psychotic (+)

- a. Grade I — complete denial of illness ✓
- b. Grade II — slight awareness of being sick and needing help but denying it at the same time ✓
- ~~c.~~ Grade III — awareness of being sick, due to something unknown in self → (+)
- d. Grade VI — true emotional insight ✓

5 - intellect  
6 - emotional

MEDSYNAPSE  
Where Concepts Meet Mnemonics

# GRADES OF INSIGHT

6



1. Grade 1: Complete denial of illness.
2. Grade 2: Slight awareness of being sick and needing help, but denying it at the same time.
3. Grade 3: Awareness of being sick, but it is attributed to external or physical factors.
4. Grade 4: Awareness of being sick, due to something unknown in self.
5. Grade 5: **Intellectual insight**—awareness of being ill and that the symptoms are due to own particular irrational feelings/thoughts but do not apply this knowledge to the current/future experiences.
6. Grade 6: **True emotional insight**—awareness of being ill and taking appropriate steps to bring about necessary changes in future behavior.



# Grades of insight

5

1. Complete denial of illness
2. Slight awareness of being sick and needing help but denying it at the same time
3. Awareness of being sick but blaming it on others, on external factors, on medical or unknown organic factors *4x → ~~unot self xxx~~*
4. ~~Intellectual~~ insight: Admission of illness and recognition that symptoms or failures in social adjustment are due to irrational feelings or disturbances, without applying that knowledge to future experiences
5. ~~True~~ emotional insight: Emotional awareness of the motives and feelings within, of the underlying meaning of symptoms; *ere Concepts Meet Mnemonics*



# Which of the following is a sign of Lewy body dementia?

• Lexi → Visual  
•  $\alpha$  synuclein

- a. Cerebral ataxia
- ~~b. Visual hallucination~~ ✓
- c. Urinary incontinence
- d. Choreiform movements

• personality disinhibition → FTD

• NPH → A i D  
↓  
ataxia incontinence dementia

• myoclonus → Prion dis.  
CJD.



# Which of these is **not** a part of **catatonia**?

- a. Akathisia →  
• antipsychotics → Rx →  $\beta$ ⊖ → propranolol  
• Restlessness
- b. b. Ambivalence .
- c. c. Ambitendency .
- d. d. Akinesia ✓ →



Cataton<sup>ia</sup> has <sup>x cataplexy</sup> not responding even if awake  
stupor, catalepsy, waxy flexibility, mutism, negativism,  
posturing, mannerisms, stereotypy, agitation not influenced  
by external stimuli, grimacing, echolalia, and echopraxia.

repeat language      repeat- practical activity

<sup>sudden drop</sup> Cataplexy is one of the main symptoms of narcolepsy <sup>cataplexy</sup> as opposed to catalepsy, which can be seen in patients with schizophrenia. Catalepsy is a phenomenon during which a person maintains certain postures, sometimes awkward or unusual, for prolonged periods.



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** → I will not be affected.
- b. Self-protection
- c. Cognitive behaviour
- d. Distortion

MEDSYNAPSE  
Where Concepts Meet Mnemonics



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?



MED. SYMPTOMSE  
Where Concepts Meet Mnemonics

→ acute dystonia (earliest) EPS → antipsychotics → face, eye, neck

a. Diazepam

b. Resperidone

✓ c. Promethazine

→ antihistaminic / antichol

d. Haloperidol

\* Tardive dyskinesia → valbenazine



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

- a. Hopelessness → Depress<sup>n</sup> for future
- b. Worthlessness ✓ self
- c. Helplessness ✓ self
- d. Guilt → past

less

major depressive  
↓  
2 weeks.

Dysthymia  
di years → 2 yrs

MEDSYNAPSE  
Where Concepts Meet Mnemonics



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:

• TCA toxicity → No atropine  
∴ anticholin  
• TCA → also anticholin

- a. Sodium bicarbonate** iv → ~~heart~~ heart stability  
↑ protein binding
- b. Hemodialysis** → xx
- c. Fomepizole** → methanol
- d. Flumazenil** → diazepam



# MMSE evaluates which of the following:

mini mental.

↳ cogniti<sup>n</sup> →

→ dementia

a. Thought

**b. b. Cognition**

c. c. Insight →

MSE

d. d. Mood and effect

mini →

concise  
cogniti<sup>n</sup>





**Semantic memory includes all except memory of:**

(sem → scholar)

- a. Words ✓
- b. Rules ✓
- c. Events →
- d. Language ✓



episodic

① Declarative / Explicit → awareness

① Episodic → event

② Semantic → facts / lang.

implied consent

② Non declarative / Implicit → (implied)

Procedural

↳ explicit → implicit eg. driving profession.  
- out awareness

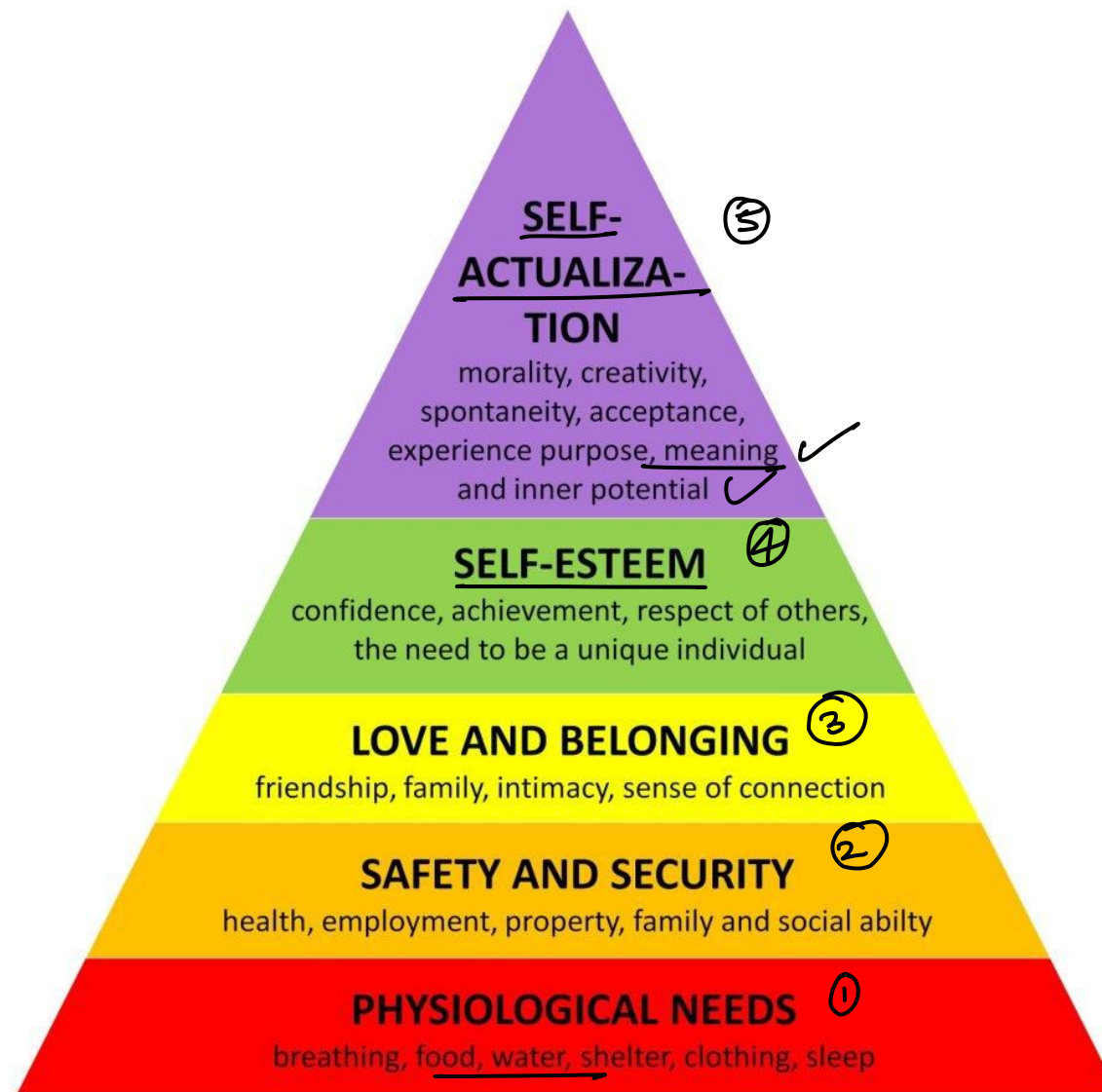
Where Concepts Meet Mnemonics





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

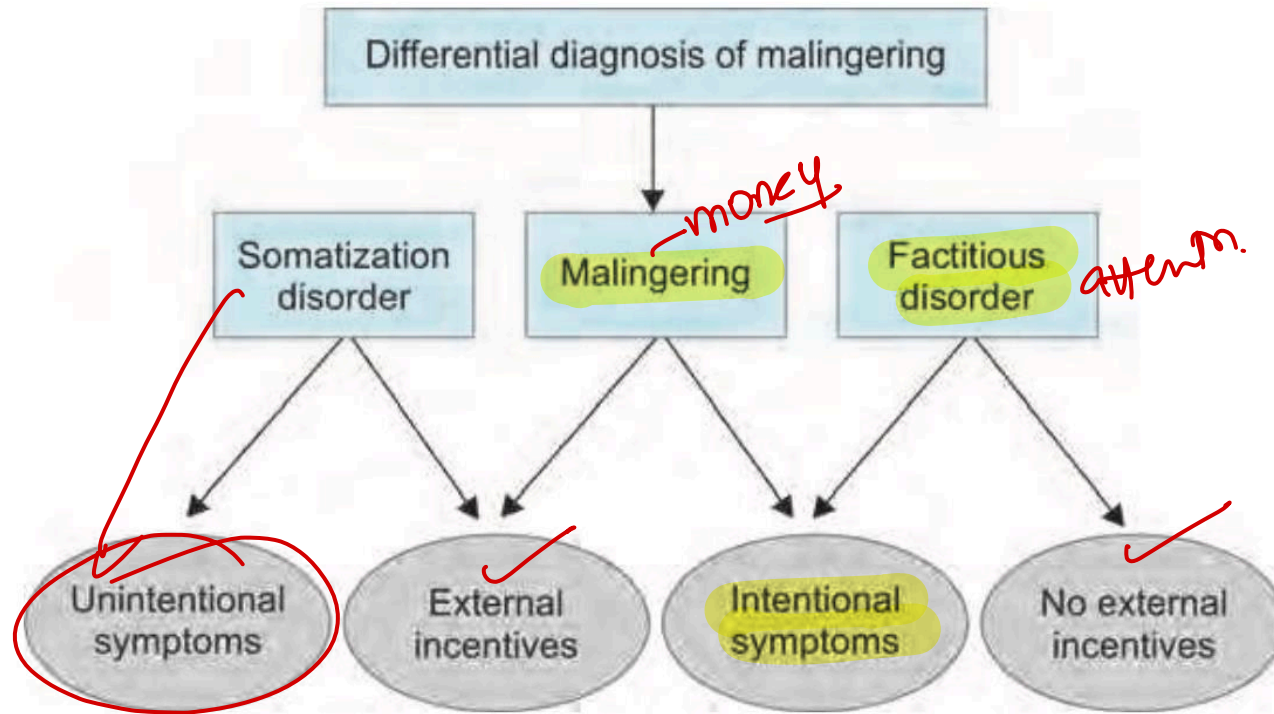
- MEDSYNAPSE  
Where Concepts Meet Mnemonics
- a. ~~✓~~ Safety - **Physiological needs** - Self-actualization - Belonging - Self-esteem
  - b. ~~✓~~ 1 **Physiological needs** - 2 **Safety** - 3 **Belonging** - 4 **Self-esteem** - 5 **Self-actualization**
  - c. ~~✓~~ Safety - Self-actualization - Belonging - Physiological needs - Self-esteem
  - d. ~~✓~~ Self-actualization - Physiological needs - Safety - Belonging - Self-esteem





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 → for money → ext gain → legal → compensation ext gain making
- b. Factitious disorder → attention internal → professional patients
- c. Somatization syndrome → unintentional
- d. Dissociative fugue



SE  
onics



Polysomnography contains all of the following tests except:

OSA

. EEG ✓  
. EOG ✓  
. ECG ✓  
. EMG  
+ SpO<sub>2</sub>. + rep. temp.

a. Electroencephalography

b. Pulse oximetry ✓

c. Electrooculography

~~d. Arterial pCO<sub>2</sub> measurement~~ → arterial

MEDSYPARSE  
Concepts Meet Mnemonics



It typically consists of simultaneous recording of electroencephalography, electrooculography, electromyography, electrocardiogram (ECG), right and left anterior tibialis EMG, oxygen saturation, as well as oronasal airflow; and thoracic and abdominal movement and body position via infrared video monitoring



Polysomnography is used to assess disorders of sleep by concurrently assessing the EEG, ECG, blood oxygen saturation, respirations, body temperature, electromyogram, and electro-oculogram,