QUESTION

A 26 year old male believes he is extremely rich and that someone wants to kill him to take his wealth. He appears depressed and unwell. What are the clinical signs present here?

A **Delusion of grandeur and persecution** — CORRECT

B Delusion of grandeur and reference

C Delusion of nihilism

D Delusion of grandeur and nihilism

RIGHT ANSWER

OK

A. Delusion of grandeur and persecution

WHY THIS IS RIGHT

False belief of extreme wealth indicates delusion of grandeur, while fear of being harmed for wealth is delusion of persecution. Delusion of reference involves misinterpreting neutral events, and nihilism involves denial of existence.

QUESTION

A young man hears birds flapping wings and believes it is a divine sign directing him. Which psychopathological phenomenon is illustrated?

A Sudden delusional idea

B **Delusional perception** CORRECT

C Delusional memory

D Visual hallucination

OK RIGHT ANSWER

B. Delusional perception

WHY THIS IS RIGHT

In delusional perception, a normal sensory perception is given a false, delusional meaning without logical justification.
In this case:
• The patient hears birds flapping their wings (a real and normal perception).
• He interprets it as a divine sign directing him, which is a delusional meaning attached to the perception.

Therefore, the phenomenon is delusional perception.

Why other options are incorrect:
• Sudden delusional idea (autochthonous delusion): A delusion that appears suddenly without any preceding perception or reasoning.
• Delusional memory: A false memory with delusional interpretation.
• Visual hallucination: Seeing something that is not actually present; here the perception (birds flapping) is real.

QUESTION

A 30-year old male is charming with family but often fights with friends and has multiple police cases. What is the likely diagnosis?

A **Antisocial personality** CORRECT

B Narcissistic personality

C Schizotypal personality

D Paranoid personality

RIGHT ANSWER

OK

A. Antisocial personality

WHY THIS IS RIGHT

This scenario describes a 30-year-old man who appears charming with family but frequently fights with friends and has multiple police cases, suggesting a pattern of disregard for social norms and the rights of others.

Features pointing toward Antisocial Personality Disorder (ASPD) include:
• Repeated conflicts or fights
• Legal problems / criminal behavior
• Impulsivity and aggression
• Superficial charm with manipulative behavior

Why other options are incorrect:
• Narcissistic personality: Characterized by grandiosity, need for admiration, and lack of empathy, not typically repeated criminal behavior.
• Schizotypal personality: Involves eccentric behavior, odd beliefs, and social anxiety.
• Paranoid personality: Marked by pervasive distrust and suspiciousness of others.

QUESTION

A 32 year old male needs to wear female lingerie and heels to feel aroused with females. What is the likely diagnosis?

A **Transvestic fetishism** — CORRECT

B Gender Dysphoria

C Homosexual orientation

D Testicular feminization

OK

RIGHT ANSWER

A. Transvestic fetishism

WHY THIS IS RIGHT

Sexual arousal from crossdressing without gender identity disturbance is transvestic fetishism. Gender dysphoria involves discomfort with one’s sex, homosexual orientation is attraction to males, and testicular feminization is a genetic condition.

QUESTION

Consider the following statements about behavior change stages and choose the correct answer :
• Statement 1: Contemplation - A person who smokes is thinking of quitting smoking.
• Statement 2: Precontemplation - A person is considering starting morning walk considering its benefits to health.
• Statement 3: Maintenance phase - A person quit smoking one year back and has not smoked since then.
• Statement 4: Action phase - A person with obesity says he can't do anything as it runs in his family.

A **Statement 1 and 3 are correct** CORRECT

B Statement 1 and 2 are correct

C Statement 1, 2, 3 are correct

D All are correct

RIGHT ANSWER

OK **A. Statement 1 and 3 are correct**

WHY THIS IS RIGHT

The source quiz contains the placeholder “$19” here and does not include a written explanation for this item.

QUESTION

In which of the following patients would supportive psychotherapy not be preferred?

A Acute crisis

B Cognitive deficits

C Severely ill with deficient ego

D **Strong ego and high motivation** CORRECT

RIGHT ANSWER

OK

D. Strong ego and high motivation

WHY THIS IS RIGHT

Supportive psychotherapy is typically used in patients who have limited psychological resources and need stabilization rather than deep insight.
It is preferred in situations such as:
• Acute crisis (e.g., sudden stress, trauma)
• Cognitive deficits where complex insight-oriented therapy is difficult
• Severely ill patients with weak or deficient ego functioning

In contrast, patients with strong ego strength, good insight, and high motivation are better suited for insight-oriented or psychodynamic psychotherapy, which explores unconscious conflicts and deeper psychological processes.
Therefore, supportive psychotherapy would not be preferred in a patient with strong ego and high motivation.

QUESTION

Match the following:
1. Eonism
2. Frotteurism
3. Necrophilia
4. Algolagnia
a. Cross-dressing
b. Rubbing against non-consenting persons
c. Sexual gratification from corpses
d. Deriving sexual pleasure from pain

A 1a, 2c, 3b, 4d

B **1a, 2b, 3c, 4d** CORRECT

C 1d, 2a, 3b, 4c

D 1c, 2b, 3a, 4d

RIGHT ANSWER

OK **B. 1a, 2b, 3c, 4d**

WHY THIS IS RIGHT

• Eonism refers to cross-dressing, typically for sexual arousal or identity expression, and falls under transvestic fetishism.
• Frotteurism involves rubbing against non-consenting individuals, commonly in crowded public spaces, and is one of the most frequent paraphilias in adolescent males.
• Necrophilia is sexual activity with corpses, often associated with severe psychopathology and legal consequences.
• Algolagnia is deriving sexual pleasure from pain, forming the basis of sadism/masochism spectra.

QUESTION

All of the following are components of Beck’s cognitive theory of depression except:

A Dysfunctional beliefs

B Cognitive distortions

C **Introjection** CORRECT

D Automatic negative thoughts

RIGHT ANSWER

OK

C. Introjection

WHY THIS IS RIGHT

Beck’s cognitive theory of depression proposes that depression results from negative patterns of thinking. The main components include:
• Dysfunctional beliefs (negative schemas): Deep-seated negative beliefs about oneself, the world, and the future.
• Cognitive distortions: Systematic errors in thinking such as overgeneralization, catastrophizing, and selective abstraction.
• Automatic negative thoughts: Spontaneous negative thoughts that arise in response to situations.

Introjection is a concept from psychoanalytic theory (Freud), where a person internalizes attitudes or attributes of another person, often related to the explanation of melancholia.

QUESTION

A patient with schizophrenia says, “Lord Hanuman was celibate, I am celibate, so I am Lord Hanuman.” Which thought abnormality is present?

A **Autistic Thinking** CORRECT

B Verbigeration

C Neologism

D Loosening of Association

RIGHT ANSWER

OK **A. Autistic Thinking**

WHY THIS IS RIGHT

This is autistic thinking, where illogical reasoning equates two entities based on one shared property (Von Domarus law). Verbigeration is purposeless repetition, neologism is new words, and loosening of association is unrelated sentence flow.

QUESTION

Match the following types of delusions with their descriptions:
1. Grandiosity
2. Nihilism
3. Influence
4. Persecution
a) Patient believes his actions and thoughts are controlled by others
b) Patient feels neighbours plan to kill him
c) Patient believes the world is nonexistent
d) Patient thinks he is very rich

A 1a, 2b, 3c, 4d

B 1b, 2a, 3d, 4c

C **1d, 2c, 3a, 4b** CORRECT

D 1d, 2b, 3a, 4c

RIGHT ANSWER

OK **C. 1d, 2c, 3a, 4b**

WHY THIS IS RIGHT

Delusion Type	Description	Explanation
1\. Grandiosity	d) Patient thinks he is very rich	Grandiose delusion involves exaggerated beliefs about one's importance, wealth, power, or identity.
2\. Nihilism	c) Patient believes the world is nonexistent	Nihilistic delusion (seen in Cotard syndrome) involves belief that self, body, or world does not exist.
3\. Influence (Control)	a) Patient believes his actions and thoughts are controlled by others	Delusion of control where external forces are believed to control thoughts or actions.
4\. Persecution	b) Patient feels neighbours plan to kill him	Persecutory delusion involves belief that others are harming, plotting, or spying on the person.

QUESTION

A 45-year-old man is admitted to the hospital after experiencing disorientation and confusion. He describes when he looks in the mirror, he cannot see his own reflection. This phenomenon is best described as which of the following?

A **Negative autoscopy** CORRECT

B Internal autoscopy

C Extracampine hallucination

D Hypnagogic hallucination

RIGHT ANSWER

OK

A. Negative autoscopy

WHY THIS IS RIGHT

Negative autoscopy is a perceptual disturbance in which a person looks in a mirror or reflective surface and fails to see their own reflection, despite intact vision and reality testing. It is a rare form of autoscopic phenomenon and may occur in neurologic or psychiatric conditions such as epilepsy, migraine, delirium, or psychosis. Types of autoscopic phenomena:
• Negative autoscopy: inability to see one's own reflection
• Internal autoscopy: perception of seeing internal organs within one's body
• Autoscopic hallucination: seeing one's double outside the body
• Heautoscopy: seeing a double and difficulty identifying the real self

Distinguishing terms:
• Extracampine hallucination: perception outside normal sensory field (eg, seeing someone behind you)
• Hypnagogic hallucination: occurs while falling asleep

QUESTION

A 30-year-old male reports that birds communicate divine messages to him through flapping of wings. This is characteristic of:

A **Delusional perception** — CORRECT

B Sudden delusional idea

C Visual hallucination

D Delusional memory

OK RIGHT ANSWER

A. Delusional perception

WHY THIS IS RIGHT

Delusional perception occurs when a normal sensory perception is given a false, idiosyncratic, and delusional meaning without logical basis. It is considered a first-rank symptom of schizophrenia. Example:
• Seeing birds flap wings (normal perception)
• Interpreting it as divine messages meant specifically for oneself (delusional meaning)

Distinguishing related terms:
• Sudden delusional idea: delusion arises spontaneously without sensory trigger
• Visual hallucination: perception without external stimulus
• Delusional memory: false memory with delusional interpretation

QUESTION

Which of the following features is most suggestive of pseudodementia rather than true dementia?

A Consistently poor performance on cognitive testing

B Impairment of visuospatial and executive functions

C **Frequent “I don’t know” responses during memory testing** CORRECT

D Gradual and progressive memory decline

RIGHT ANSWER

OK

C. Frequent “I don’t know” responses during memory testing

WHY THIS IS RIGHT

Pseudodementia refers to cognitive impairment caused by major depressive disorder that mimics dementia but is potentially reversible with treatment of depression.
• Prominent depressive symptoms
• Sudden onset of cognitive complaints
• Patients often emphasize memory problems
• Frequent “I don’t know” answers or poor effort during testing
• Inconsistent performance on cognitive tasks
• Improvement with treatment of depression

Features favoring true dementia:
• Gradual progressive decline
• Consistently poor performance on testing
• Impaired recent memory with confabulation
• Lack of insight into deficits

QUESTION

As part of a psychiatric evaluation, you ask the patient about what he would do if he suddenly sees a house on fire. What is being assessed here?

A Social judgment

B **Test judgment** CORRECT

C Response judgment

D Pyromaniac tendency

RIGHT ANSWER

OK **B. Test judgment**

WHY THIS IS RIGHT

Test judgment refers to the ability to respond appropriately to hypothetical situations and is assessed by asking patients what they would do in imagined scenarios (eg, “What would you do if you saw a house on fire?”). It evaluates:
• Problem-solving ability
• Decision-making skills
• Insight into appropriate social behavior
• Types of judgment assessed in mental status examination:
• Test judgment: response to hypothetical situations
• Social/personal judgment: real-life decision-making and behavior
• Insight: awareness of illness and need for treatment

QUESTION

Which of the following tests recent memory?

A Asking the patient to name the months in reverse order

B **Asking the patient what they had for dinner yesterday** CORRECT

C Asking the patient to repeat a set of numbers after some time

D Asking the patient when they got married

RIGHT ANSWER

OK

B. Asking the patient what they had for dinner yesterday

WHY THIS IS RIGHT

Recent memory refers to the ability to recall events that occurred in the past few minutes to days and is commonly assessed during the mental status examination.

Examples of memory assessment:
• Immediate memory: recalling numbers or words immediately after presentation (eg, digit span)
• Recent memory: recalling events from the recent past (eg, “What did you eat yesterday?”)
• Remote memory: recalling distant past events (eg, date of marriage, childhood events)

QUESTION

A 45-year-old man is seen in the clinic for a follow-up appointment after his recent myocardial infarction. He has a history of hypertension, hyperlipidemia, and smoking. Despite previous advice to modify his lifestyle, he continues to smoke and consume a diet high in saturated fats. When discussing his lifestyle choices, he states, "I know smoking isn't great, but I've seen plenty of people live long lives even though they smoke. Plus, I only eat fast food because it's the only thing that fits into my busy schedule." Which of the following defence mechanisms is the patient primarily using?

A Denial

B Projection

C **Rationalization** CORRECT

D Intellectualisation

RIGHT ANSWER

OK

C. Rationalization

WHY THIS IS RIGHT

Rationalization is a defense mechanism in which an individual justifies unhealthy or unacceptable behaviors with seemingly logical explanations to avoid acknowledging the true reasons or consequences.

In this case, the patient minimizes the risks of smoking and poor diet by giving reasonable-sounding excuses (“others live long despite smoking,” “fast food fits my schedule”), allowing him to avoid guilt or anxiety about his behavior.

Distinguishing from other defenses:
• Denial: refusal to accept reality (eg, “Smoking does not harm me”)
• Projection: attributing one’s own feelings to others
• Intellectualization: focusing on facts and logic to avoid emotional distress

QUESTION

Six days after undergoing surgical repair of a hip fracture, a previously healthy 79-year-old woman is agitated and confused. She is unarousable during the day, but then is awake and impulsive during the night, requiring frequent reorientation. Her husband says that she usually drinks one to two glasses of wine weekly. Her only current medication is oxycodone for pain. Her vital signs are within normal limits. She is distressed and oriented to person but not to place or time. Neurologic examination shows inattentiveness but no focal deficits. Urine dipstick is normal. Which of the following is the most likely cause of her current condition?

A Frontotemporal Dementia

B Alcohol withdrawal

C Opioid intoxication

D **Delirium** CORRECT

OK RIGHT ANSWER

D. Delirium

WHY THIS IS RIGHT

Delirium is an acute disturbance in attention and awareness with fluctuating levels of consciousness, commonly occurring in hospitalized elderly patients after surgery or with medication use (eg, opioids).
• Inattention and disorientation
• Altered sleep-wake cycle (daytime somnolence, nighttime agitation - “sundowning”)
• No focal neurologic deficits

Distinguishing from other conditions:
• Dementia -> chronic, progressive cognitive decline
• Alcohol withdrawal -> tremors, autonomic instability, heavy alcohol history
• Opioid intoxication -> respiratory depression, pinpoint pupils

QUESTION

A 19-year-old woman is brought to the physician by her father because he has been worried about his daughter's strange behavior for the past 2 years. She does not have any friends, spends most of her time alone in her room, and does not feel comfortable around other people. She usually wears long cloaks and large, unusual hats. She wears her shoes to bed because she sleepwalks and claims "nargles" will try to steal them otherwise. Her father is concerned about her going to college because she was bullied in high school. At the end of last year, her father found her putting up posters around the school asking for her possessions to be returned, as the other students had been hiding them. The daughter seemed unconcerned though, saying that "it's all in good fun." On mental status examination, she seems dreamy and avoids eye contact, but doesn't appear embarrassed about being addressed. Which of the following is the most likely diagnosis?

A Social anxiety disorder

B **Schizotypal personality disorder** CORRECT

C Schizoid personality disorder

D Schizophrenia

OK RIGHT ANSWER

B. Schizotypal personality disorder

WHY THIS IS RIGHT

Schizotypal personality disorder is characterized by pervasive social and interpersonal deficits with eccentric behavior, odd beliefs, and cognitive/perceptual distortions, without persistent psychosis.
• Social isolation and discomfort with close relationships
• Magical thinking or unusual beliefs (eg, “nargles”)
• Suspiciousness or ideas of reference
• Odd speech and affect
• Lack of close friends but mild interest in relationships

Distinguishing points:
• Schizoid personality disorder: social detachment without eccentric beliefs or magical thinking
• Social anxiety disorder: fear of embarrassment with desire for relationships
• Schizophrenia: persistent hallucinations/delusions and functional decline with frank psychosis

QUESTION

A 27-year-old woman comes to the OPD due to abdominal pain. She has had intermittent "aches and cramps" in her abdomen for the past few weeks. The patient denies nausea, vomiting, or a change in appetite or bowel movements. Her stress level has been higher than normal since her boyfriend broke off their relationship a month ago. She says, "We were together for 10 years, and he abandoned me. I don't know how to go on without him." The patient starts crying when discussing how her boyfriend managed her finances and recently helped her apply for a new job. She is unsure about switching jobs now and cancelled her interviews to "avoid more confusion." She recently moved in with a friend and hopes this person can help her "sort everything out." Which of the following is the most likely explanation for the patient's behaviour?

A Acute stress disorder

B Adjustment disorder

C Somatic symptom disorder

D **Dependent personality disorder** CORRECT

RIGHT ANSWER

OK

D. Dependent personality disorder

WHY THIS IS RIGHT

Dependent personality disorder (DPD) is characterized by a pervasive and excessive need to be cared for, leading to submissive, clingy behavior and fear of separation. Patients have difficulty making everyday decisions without reassurance, feel helpless when alone, and urgently seek new relationships for support when one ends. Reliance on others for emotional and practical support (eg, finances, career). Fear of abandonment and inability to function independently.

Distinguishing from other conditions:
• Adjustment disorder -> emotional symptoms after stressor but no pervasive lifelong dependency pattern
• Acute stress disorder -> follows severe trauma with dissociation
• Somatic symptom disorder -> excessive focus on physical symptoms

QUESTION

A resident physician is finishing up her shift when she receives information that a patient was admitted 2 hours ago for worsening dyspnea. On entering the room, the resident attempts to engage in a discussion about why the patient is requesting to leave. In response, the patient pulls out his nasal cannula and breathlessly says, "You don't know anything; you're not even a real doctor!" The resident is reminded of her father, who has frequently belittled her accomplishments. She angrily informs the patient, "You can't leave and I'm ordering haloperidol to calm you down." Which of the following best explains the resident's response to the patient?

A **Countertransference** CORRECT

B Passive aggression

C Projection

D Reaction formation

RIGHT ANSWER

OK

A. Countertransference

WHY THIS IS RIGHT

Countertransference occurs when a clinician unconsciously transfers their own personal feelings, past experiences, or unresolved conflicts onto a patient, influencing their professional behavior and judgment.

In this case, the resident’s strong emotional reaction to the patient’s criticism is shaped by her past experiences of being belittled by her father. This leads to an inappropriately angry and punitive response, demonstrating countertransference.

Distinguishing from related terms:
• Transference: patient projects feelings onto clinician
• Projection: attributing one’s own feelings to others
• Reaction formation: behaving opposite to true feelings
• Passive aggression: indirect expression of hostility

QUESTION

A 76-year-old man comes to the office for follow-up of hypertension. He says, "I wouldn't be surprised if my blood pressure is up with all the stress I am under. My wife has been having an ongoing affair with our accountant I've known about this for years, and she continues to deny it. Even my children are in on it. They tell me that I'm imagining things." The patient reports that he monitors his wife closely and calls her multiple times a day to check on her whereabouts but admits that he has not found any evidence of the affair. He reports intermittent insomnia but no change in appetite. The patient occasionally forgets names and has word-finding difficulty. He continues to perform household chores and handle finances. The patient is alert and oriented, and his mood is irritable. Which of the following is the most likely diagnosis for this patient?

A Alzheimer disease

B **Delusional disorder** CORRECT

C Major depressive disorder with psychotic features

D Paranoid personality disorder

RIGHT ANSWER

OK **B. Delusional disorder**

WHY THIS IS RIGHT

Delusional disorder is characterized by the presence of one or more fixed, non-bizarre delusions lasting ≥1 month without other prominent psychotic symptoms and with relatively preserved functioning.
· Persistent, well-systematized delusion (eg, persecutory or jealous type)
· Minimal hallucinations (if present, not prominent)
· Functioning largely intact apart from behavior related to delusion
· No marked cognitive decline or disorganized behavior
Distinguishing points:
· Alzheimer disease -> progressive memory and functional decline
· Major depression with psychotic features -> mood symptoms dominate
· Paranoid personality disorder -> pervasive suspiciousness without fixed delusions

QUESTION

All of the following are disorders of thought form except:

A Tangentiality

B Derailment

C Neologism

D **Circumstantiality** CORRECT

RIGHT ANSWER

OK

D. Circumstantiality

WHY THIS IS RIGHT

Disorders of thought form refer to abnormalities in the organization and flow of thinking, typically reflected in disorganized speech. These include:
• Tangentiality: going off-topic and never returning to the point
• Derailment (loose associations): illogical shifting from one idea to another
• Neologism: creation of new, meaningless words

Circumstantiality is not a disorder of thought form; it is a pattern in which the patient gives excessive, unnecessary detail but eventually returns to the main point and answers the question. It is often seen in anxiety or obsessive personalities and does not indicate disorganized thinking.

QUESTION

A patient is brought to the OPD in a state of euphoria. He was smiling and talking softly when he came in, then he was quiet for a while. He then seemed to be excited and suddenly started to laugh for no reason. How should the psychiatrist record his mood and affect?

A Elevated mood and excited affect

B Euphoric mood and energetic affect

C Euphoric mood and restless affect

D **Elevated mood and labile affect** CORRECT

RIGHT ANSWER

OK

D. Elevated mood and labile affect

WHY THIS IS RIGHT

In mental status examination (MSE), mood refers to the patient's sustained internal emotional state (subjective), while affect refers to the observable external expression of emotion (objective), including its range, intensity, stability, and appropriateness.
Labile affect is characterized by rapid, abrupt, and exaggerated shifts in emotional expression (eg, smiling, quietness, sudden laughter) that are disproportionate or unrelated to context.

Thus:
• Elevated/euphoric mood -> sustained internal feeling of happiness or elation
• Labile affect -> quickly shifting outward emotional expression

QUESTION

A young patient with acute psychosis is admitted to the hospital. He wakes up and asks for his wife, even though she is in the same room as him. When she is pointed out, he claims that she is not his wife and that she is being impersonated by someone else. What is the most likely diagnosis?

A **Capgras syndrome** — CORRECT

B Fregoli syndrome

C Delusion of subjective doubles

D Othello syndrome

OK RIGHT ANSWER

A. Capgras syndrome

WHY THIS IS RIGHT

Capgras syndrome is a delusional misidentification syndrome in which a patient believes that a familiar person (usually a close relative or spouse) has been replaced by an identical impostor. It is most commonly associated with schizophrenia, psychotic disorders, dementia, and brain injury.

Distinguishing related syndromes:
• Fregoli syndrome: belief that different people are actually a single familiar person in disguise
• Delusion of subjective doubles: belief that one has a duplicate of oneself
• Othello syndrome: delusional jealousy about a partner's infidelity

QUESTION

A 14-year-old boy is brought to the OPD by his parents, who are worried about his reaction to their recent decision to divorce. Despite their efforts to be supportive and engage him, he has not expressed any feelings directly about the divorce. When the patient is evaluated alone, he shares that he feels his parents are angry with him, although he cannot think of any instances when they expressed any anger toward him. On examination, the patient appears sullen and reports his mood is "fine." This patient is most likely using which of the following defense mechanisms?

A Acting out

B Displacement

C Identification

D **Projection** CORRECT

OK RIGHT ANSWER

D. Projection

WHY THIS IS RIGHT

The source quiz contains the placeholder “$1a” here and does not include a written explanation for this item.

QUESTION

In which of the following conditions is the loss of recent memories more severe than remote memories?

A Anterograde amnesia

B **Retrograde amnesia** CORRECT

C Global amnesia

D Senile dementia

OK RIGHT ANSWER

B. Retrograde amnesia

WHY THIS IS RIGHT

Retrograde amnesia is characterized by loss of memories formed before the onset of brain injury or disease, with recent memories more severely affected than remote memories. This temporal gradient (Ribot law) occurs because older memories become more consolidated and widely distributed across the cortex over time, making them more resistant to damage.
In contrast:
• Anterograde amnesia -> inability to form new memories after the event (hippocampal damage)
• Global amnesia -> both anterograde and retrograde memory loss
• Senile dementia -> progressive decline affecting recent memory first but eventually involves all cognitive domains rather than isolated retrograde loss

QUESTION

A 25-year-old graduate student with a history of recurrent ear infections as a child feels anxious and sweats when she is in the examination room with her primary care physician. She recently got a roommate, a nursing student, who leaves her stethoscope on the coffee table after returning from class. The patient sweats and feels her heart start to race whenever she sees the stethoscope. This patient's response to her roommate's stethoscope is an example of which of the following phenomena?

A **Classical conditioning** CORRECT

B Negative punishment

C Negative reinforcement

D Operant conditioning

OK RIGHT ANSWER

A. Classical conditioning

WHY THIS IS RIGHT

Classical conditioning is a form of associative learning in which a neutral stimulus becomes capable of eliciting a physiologic or emotional response after being repeatedly paired with a stimulus that naturally produces that response. Classical conditioning involves automatic, involuntary responses (eg, fear, salivation, autonomic symptoms) produced by learned associations between stimuli - unlike operant conditioning, which involves voluntary behaviors shaped by reinforcement or punishment.

In this case, prior painful or anxiety-provoking medical experiences (unconditioned stimulus) produced fear/anxiety (unconditioned response). Medical objects like a stethoscope, originally neutral, became associated with those experiences. Now the stethoscope alone (conditioned stimulus) triggers anxiety, sweating, and tachycardia (conditioned response).

QUESTION

A 55-year-old man with schizophrenia has been on long-term haloperidol therapy for the past three years. He now presents with involuntary, repetitive mouth and lip movements that resemble "rabbit-like" chewing motions. He remains alert, cooperative, and psychiatrically stable. Which of the following best explains the underlying cause of this condition, and what is the most appropriate management?

A Acute dystonia: Ropinirole

B Akathisia: Propranolol

C **Tardive dyskinesia: Valbenazine** CORRECT

D Oral tremor: Amantadine

OK RIGHT ANSWER

C. Tardive dyskinesia: Valbenazine

WHY THIS IS RIGHT

The source quiz contains the placeholder "$1a" here and does not include a written explanation for this item.

QUESTION

A patient on haloperidol therapy develops high-grade fever, severe muscle rigidity, autonomic instability, and altered sensorium. Laboratory findings show markedly elevated creatine phosphokinase (CPK) levels. What is the most appropriate next step in management?

A **Stop the antipsychotic and give Dantrolene** CORRECT

B Continue the drug and give Anticholinergic

C Continue antipsychotic and conservative management with hydration

D Start benzodiazepines

OK RIGHT ANSWER

A. Stop the antipsychotic and give Dantrolene

WHY THIS IS RIGHT

The source quiz contains the placeholder “$1b” here and does not include a written explanation for this item.

QUESTION

A schizophrenia patient on haloperidol for 2 years develops orofacial dyskinesia, choreiform movements, and dystonia. What is the diagnosis and preferred treatment?

A Acute dystonia - Ropinirole

B **Tardive dyskinesia - Valbenazine** CORRECT

C Akathisia - Propranolol

D Oral tremor - Amantadine

RIGHT ANSWER

OK

B. Tardive dyskinesia - Valbenazine

WHY THIS IS RIGHT

The source quiz contains the placeholder “$1c” here and does not include a written explanation for this item.

QUESTION

A patient with schizophrenia, who did not respond to haloperidol and thioridazine, was started on drug A. After beginning treatment with drug A, the patient's psychotic symptoms improved; however, he developed sialorrhea, dyslipidemia, weight gain, and hyperglycemia. Which drug is most likely to be 'drug A'?

A Ziprasidone

B **Clozapine** CORRECT

C Risperidone

D Aripiprazole

RIGHT ANSWER

OK **B. Clozapine**

WHY THIS IS RIGHT

This patient has schizophrenia not responding to two antipsychotics (haloperidol and thioridazine). Failure to respond to two adequate trials of antipsychotics suggests treatment-resistant schizophrenia, for which clozapine is the drug of choice.
The side effects described strongly point toward clozapine:
• Sialorrhea (excessive salivation) - very characteristic adverse effect
• Weight gain - due to metabolic effects
• Dyslipidemia
• Hyperglycemia / risk of diabetes mellitus

These are part of the metabolic syndrome commonly associated with clozapine.

QUESTION

A 30-year-old man with schizophrenia is brought to the emergency department. He maintains rigid postures for long periods; resists attempt to be repositioned and does not respond to verbal commands. When the examiner places his arm in an odd position, it remains in that posture for several minutes. Which feature of catatonia is described?

A Negativism

B Catalepsy

C **Waxy flexibility** CORRECT

D Echopraxia

OK RIGHT ANSWER

C. Waxy flexibility

WHY THIS IS RIGHT

Waxy flexibility is a classic feature of catatonia in which a patient offers mild resistance to passive movement but then maintains the limb in whatever position it is placed for a prolonged period, as if molded like wax.

Key catatonic features:
• Waxy flexibility: limb remains in imposed posture
• Catalepsy: passive maintenance of a posture against gravity
• Negativism: resistance or opposite response to instructions
• Echopraxia: imitation of examiner's movements
• Mutism, stupor, posturing, and rigidity

Catatonia can occur in schizophrenia, mood disorders, or medical conditions and is treated first-line with benzodiazepines (eg, lorazepam) or electroconvulsive therapy if severe.

QUESTION

A 28-year-old obese female patient with schizophrenia is currently being treated with risperidone. She has recently developed galactorrhea. What should be the next step in her treatment?

A Switch to olanzapine

B Switch to haloperidol

C Switch to amisulpride

D **Switch to aripiprazole** CORRECT

RIGHT ANSWER

OK

D. Switch to aripiprazole

WHY THIS IS RIGHT

Risperidone commonly causes hyperprolactinemia due to dopamine D□ receptor blockade in the tuberoinfundibular pathway, leading to galactorrhea, amenorrhea, infertility, and sexual dysfunction. Management of antipsychotic-induced hyperprolactinemia:
• Switch to a prolactin-sparing antipsychotic
• Aripiprazole is preferred because it is a partial dopamine agonist and can reduce prolactin levels
• It maintains antipsychotic efficacy while reversing galactorrhea and menstrual disturbances

Why not others:
• Olanzapine -> lower prolactin than risperidone but high metabolic risk (undesirable in obesity)
• Haloperidol & amisulpride -> also increase prolactin

QUESTION

Which of the following techniques is NOT related to the principles or methods of psychoanalysis?

A Catharsis

B Parapraxis

C Hypnosis

D **Carphologia** CORRECT

OK RIGHT ANSWER

D. Carphologia

WHY THIS IS RIGHT

Psychoanalysis, developed by Freud, focuses on uncovering unconscious conflicts through techniques that explore thoughts, memories, and emotions.

Common psychoanalytic concepts/techniques:
• Catharsis: emotional release of repressed feelings
• Parapraxis (Freudian slips): errors in speech/behavior revealing unconscious thoughts
• Hypnosis: historically used to access repressed memories and unconscious material

Carphologia, however, is not related to psychoanalysis.
• It refers to purposeless picking at clothes or bed linens
• Seen in delirium or severe medical illness (eg, terminal illness, metabolic encephalopathy)

QUESTION

$1d

A Bipolar I disorder

B Brief psychotic disorder

C Major depression with psychotic features

D **Schizophrenia** CORRECT

RIGHT ANSWER

OK

D. Schizophrenia

WHY THIS IS RIGHT

Schizophrenia is a chronic psychotic disorder characterized by ≥6 months of symptoms with at least 1 month of active-phase psychosis (delusions, hallucinations, disorganized speech/behavior, or negative symptoms) causing significant functional decline.
• Positive symptoms: delusions (persecutory), hallucinations, disorganized speech/behavior
• Negative symptoms: social withdrawal, anhedonia, poor self-care, flat affect
• Cognitive impairment: disorganized thinking, poor functioning
• Functional deterioration (job loss, social isolation)

Distinguishing from other disorders:
• Brief psychotic disorder -> <1 month
• Bipolar I disorder -> mood episodes dominate
• Major depression with psychotic features -> psychosis only during depression

QUESTION

$1e

A 5-hydroxytryptamine

B **Dopamine** CORRECT

C Gamma-aminobutyric acid

D Glutamate

RIGHT ANSWER

OK

B. Dopamine

WHY THIS IS RIGHT

This patient's fever, rigidity, confusion, and autonomic instability after antipsychotic treatment are consistent with neuroleptic malignant syndrome (NMS), a life-threatening reaction caused by dopamine (D□) receptor blockade.
• Marked dopamine deficiency in the central nervous system
• Hypothalamic dopamine blockade -> hyperthermia and autonomic instability
• Nigrostriatal blockade -> severe rigidity and bradykinesia
• Altered mental status and elevated CK from muscle breakdown

Management:
• Stop antipsychotic immediately
• Supportive care (fluids, cooling)
• Dantrolene or bromocriptine if severe

QUESTION

A 32-year-old woman with bipolar disorder comes to the OPD for follow-up. The patient was diagnosed and treated for a manic episode at age 29 and has been stable on a combination of lithium and risperidone. After a staff meeting a few weeks ago, her supervisor said she was repeatedly frowning while others were presenting. Since then, the patient has been increasingly self-conscious and has started eating lunch alone at her desk. Physical examination is unremarkable except for occasional grimacing and slow inversion and tapping movements of her right foot. Lithium level is 0.9 mEq/L. Which of the following is the most appropriate next step in pharmacological management?

A Add benztropine

B Add daily propranolol

C Discontinue lithium and start valproic acid

D **Taper and discontinue risperidone** CORRECT

RIGHT ANSWER

OK

D. Taper and discontinue risperidone

WHY THIS IS RIGHT

Tardive dyskinesia (TD) is a late-onset extrapyramidal side effect of chronic antipsychotic use due to prolonged dopamine D□ receptor blockade causing receptor supersensitivity. It presents with involuntary, repetitive movements such as grimacing, lip smacking, tongue movements, or choreoathetoid limb movements.

Management:
• First step: reduce dose or discontinue the offending antipsychotic if possible
• Switch to lower-risk agents (eg, clozapine, quetiapine) if antipsychotic needed
• VMAT2 inhibitors (valbenazine, deutetrabenazine) for persistent TD

Why not other options:
• Benztropine -> treats acute dystonia/parkinsonism; may worsen TD
• Propranolol -> used for akathisia
• Lithium change not indicated (level therapeutic)

QUESTION

A 60-year-old man who recently lost his wife complains that his intestines have rotted. He believes he is to blame for his wife's death and should be imprisoned. He complains that he is constantly depressed and has lost interest in daily activities since his wife's death. What is the most likely cause?

A Normal grief reaction

B **Psychotic depression** CORRECT

C Delusional disorder

D Schizophrenia

OK RIGHT ANSWER

B. Psychotic depression

WHY THIS IS RIGHT

Major depressive disorder with psychotic features (psychotic depression) occurs when severe depressive symptoms are accompanied by mood-congruent psychotic symptoms, such as delusions of guilt, worthlessness, nihilism, or deserved punishment.

Key distinguishing points:
• Psychotic symptoms occur only during depressive episode
• Severe depression with anhedonia and functional decline
• Requires urgent treatment (antidepressant + antipsychotic or ECT)

Why not others:
• Normal grief -> sadness but no fixed psychotic delusions
• Delusional disorder -> isolated delusions without severe depression
• Schizophrenia -> chronic psychosis not limited to mood episodesv

QUESTION

A 53-year-old man is brought to the emergency department after a witnessed GTCS seizure 1 hour prior. The patient regained consciousness after 1-2 minutes. Medical history includes schizoaffective disorder with multiple hospitalizations for psychotic and mood episodes beginning at age 22. On physical examination, the patient is awake and alert. A 1-cm laceration is noted on the right side of the tongue. Serum chemistry is normal. A CT scan of the head reveals no abnormalities. Which of the following medications most likely contributed to this patient's presentation?

A Buspirone

B Carbamazepine

C Citalopram

D **Clozapine** CORRECT

OK RIGHT ANSWER

D. Clozapine

WHY THIS IS RIGHT

Clozapine lowers the seizure threshold and can cause dose-dependent seizures, particularly at higher doses or with rapid dose escalation. It is an atypical antipsychotic used for treatment-resistant schizophrenia or schizoaffective disorder but has significant adverse effects.

Major adverse effects of clozapine:
• Seizures (dose-related)
• Agranulocytosis (requires regular ANC monitoring)
• Myocarditis
• Metabolic syndrome (weight gain, diabetes)
• Sialorrhea and sedation

QUESTION

$1f

A Benztropine

B Clozapine

C Increase risperidone

D **Lorazepam** CORRECT

RIGHT ANSWER

OK

D. Lorazepam

WHY THIS IS RIGHT

Catatonia is a psychomotor syndrome seen in mood disorders (especially bipolar disorder), schizophrenia, and medical conditions. It is characterized by symptoms such as mutism, stupor, negativism, posturing, and waxy flexibility (maintaining imposed positions).

First-line treatment:
• Benzodiazepines (eg, lorazepam)
• Rapid improvement after lorazepam supports the diagnosis
• If refractory -> electroconvulsive therapy (ECT)

Why other options are incorrect:
• Increasing antipsychotics may worsen catatonia or precipitate NMS
• Benztropine treats EPS, not catatonia
• Clozapine used for treatment-resistant schizophrenia, not acute catatonia

QUESTION

A 20-year-old woman is brought to the emergency department by police at 2:30 AM after she was caught attempting to scale a fence at the Rashtrapati Bhawan. The patient appears highly agitated and paces around the examination room. She has just flown in from out of state to "meet with the president about a foolproof plan for eliminating worldwide terrorism." The patient has barely slept for the past week due to her intensive work on this plan. The evaluation has to be stopped when the patient begins banging on the door and demanding to leave. Temperature is 37 C (98.6 F), blood pressure is 148/84 mm Hg, pulse is 98/min, and respirations are 22/min. Urine drug screen is negative. Administration of which of the following medications is the most appropriate next step in management of this patient?

A Lithium

B Clozapine

C Haloperidol

D **Olanzapine** CORRECT

RIGHT ANSWER

OK

D. Olanzapine

WHY THIS IS RIGHT

An acutely agitated patient with symptoms of mania (grandiosity, decreased need for sleep, increased goal-directed activity, psychomotor agitation) requires rapid tranquilization to ensure safety. First-line treatment for acute agitation in mania or psychosis:
• Intramuscular second-generation antipsychotics (eg, olanzapine, ziprasidone)
• Provide rapid sedation and control of agitation
• Lower risk of extrapyramidal symptoms compared with typical antipsychotics

Why not others:
• Lithium: effective mood stabilizer but slow onset; not useful for acute agitation
• Clozapine: used for treatment-resistant schizophrenia; not for acute emergency sedation
• Haloperidol: effective but higher risk of EPS; atypical antipsychotics preferred initially

QUESTION

A 32-year-old woman with a history of bipolar disorder with psychotic features comes to the office for evaluation of infertility. The patient's last menstrual period was 4 months ago; her menses tend to be erratic, occurring every 30-60 days and lasting 4-8 days. Which of the following medications is most likely responsible for this patient's infertility?

A Aripiprazole

B Carbamazepine

C Quetiapine

D **Risperidone** CORRECT

OK

RIGHT ANSWER

D. Risperidone

WHY THIS IS RIGHT

Risperidone commonly causes hyperprolactinemia due to dopamine D□ receptor blockade in the tuberoinfundibular pathway, which normally inhibits prolactin release from the anterior pituitary. Increased prolactin suppresses GnRH secretion, leading to decreased LH and FSH, resulting in menstrual irregularities, anovulation, and infertility.

Clinical effects of antipsychotic-induced hyperprolactinemia:
• Amenorrhea or oligomenorrhea
• Infertility
• Galactorrhea
• Decreased libido
• Gynecomastia in men

Among antipsychotics, risperidone and typical antipsychotics have the highest risk of hyperprolactinemia, whereas aripiprazole (partial dopamine agonist) has minimal or may reduce prolactin levels.

QUESTION

While on rounds in the psychiatry ward, you observe a patient standing still near his bed. On trying to move his hand you feel a slight resistance, and the patient remained in the final position for the next half hour. What feature is observed here?

A Negativism

B Posturing

C **Waxy flexibility** CORRECT

D Echopraxia

RIGHT ANSWER

OK

C. Waxy flexibility

WHY THIS IS RIGHT

Waxy flexibility is a catatonic feature in which a patient's limbs remain in whatever position they are placed by the examiner, often with mild, uniform resistance to passive movement. Once positioned, the patient maintains that posture for a prolonged period. It is commonly seen in catatonia associated with schizophrenia, mood disorders, or medical conditions.

Distinguishing features:
• Waxy flexibility: limb stays in imposed position
• Posturing: patient voluntarily maintains bizarre or rigid posture against gravity
• Negativism: resistance or opposite response to instructions
• Echopraxia: imitation of examiner's movements

QUESTION

A 50-year-old man with type 2 diabetes was brought to the OPD by his wife after he began talking about aliens who were trying to steal his soul. He often stops talking mid-sentence and frequently scans the room for aliens. His wife reported he started expressing these ideas a few months ago, but they have become more severe and he had become isolated from his peers. Which of the following drugs should not be used in this patient?

A **Olanzapine** CORRECT

B Risperidone

C Quetiapine

D Aripriprazole

RIGHT ANSWER

OK **A. Olanzapine**

WHY THIS IS RIGHT

Second-generation (atypical) antipsychotics differ in their risk of metabolic side effects such as weight gain, insulin resistance, dyslipidemia, and worsening diabetes mellitus. Olanzapine (and clozapine) has the highest risk of:
• Significant weight gain
• Hyperglycemia
• Dyslipidemia
• Metabolic syndrome

Therefore, it should be avoided or used cautiously in patients with diabetes mellitus. Lower metabolic risk atypical antipsychotics include:
• Aripiprazole
• Ziprasidone
• Lurasidone

QUESTION

A 32-year-old man comes to the OPD due to erectile dysfunction and decreased libido for the past month. The patient has never experienced these symptoms before and finds them to be very upsetting. The patient has a history of schizophrenia and was discharged from a psychiatric hospital 3 months ago on risperidone. He has no current delusions, and his auditory hallucinations have decreased in frequency and intensity. Review of systems is negative except for a recent 3-kg (6.6-b) weight gain. Physical examination shows bilateral breast enlargement. Which of the following is the most likely mechanism responsible for this patient's decreased libido?

A Decreased dopamine activity in the mesolimbic pathway

B Decreased dopamine activity in the nigrostriatal pathway

C **Decreased dopamine activity in the tuberoinfundibular pathway** CORRECT

D Independent of dopamine decrease

RIGHT ANSWER

OK

C. Decreased dopamine activity in the tuberoinfundibular pathway

WHY THIS IS RIGHT

Antipsychotics such as risperidone block dopamine D□ receptors in the tuberoinfundibular pathway, which normally inhibits prolactin release from the anterior pituitary. Dopamine blockade removes this inhibition, causing hyperprolactinemia. Elevated prolactin leads to:
• Decreased libido
• Erectile dysfunction
• Gynecomastia
• Galactorrhea
• Infertility

Key dopamine pathways and effects of blockade:
• Mesolimbic: ↓ psychosis (therapeutic effect)
• Nigrostriatal: EPS (parkinsonism, dystonia, akathisia)
• Tuberoinfundibular: ↑ prolactin -> sexual dysfunction, gynecomastia
• Mesocortical: may worsen negative/cognitive symptoms

QUESTION

14-year-old boy is diagnosed to have Tourette syndrome. Which one of the following drugs can be used to treat this condition?

A **Aripiprazole** CORRECT

B Haloperidol

C Pimozide

D Pramipexole

RIGHT ANSWER

OK

A. Aripiprazole

WHY THIS IS RIGHT

Tourette syndrome is characterized by multiple motor and vocal tics lasting >1 year, typically beginning in childhood. Treatment is indicated when tics cause functional impairment or distress.

First-line pharmacologic treatment:
• Atypical antipsychotics (eg, aripiprazole, risperidone) are preferred due to good efficacy and fewer extrapyramidal side effects.

Other options:
• Typical antipsychotics (haloperidol, pimozide) -> effective but used less often due to higher risk of EPS and tardive dyskinesia
• Alpha-2 agonists (clonidine, guanfacine) -> useful especially with comorbid ADHD

QUESTION

A 29-year-old man comes to the physician for worsening restlessness over the past several days. Three weeks ago, he was started on trifluoperazine for the treatment of schizophrenia. He reports that, since then, he has often felt compelled to pace around his house and is unable to sit or stand still. He is switched to an alternative antipsychotic medication. Four weeks later, the patient reports improvement of his symptoms but says that he has developed increased drowsiness, blurred vision, and dry mouth. The patient was most likely switched to which of the following drugs?

A Haloperidol

B **Chlorpromazine** CORRECT

C Trimipramine

D Aripiprazole

OK RIGHT ANSWER

B. Chlorpromazine

WHY THIS IS RIGHT

High-potency first-generation antipsychotics (eg, trifluoperazine, haloperidol) commonly cause extrapyramidal symptoms (EPS) such as akathisia due to strong dopamine D□ receptor blockade. Switching to a low-potency first-generation antipsychotic (eg, chlorpromazine) reduces EPS risk but increases anticholinergic, antihistaminic, and antiadrenergic side effects.

Chlorpromazine causes:
• Sedation (H□ blockade)
• Dry mouth, blurred vision, constipation (anticholinergic effects)
• Orthostatic hypotension (α□ blockade)

Thus, improvement of akathisia with development of sedation and anticholinergic symptoms indicates a switch from a high-potency to a low-potency typical antipsychotic, most likely chlorpromazine.

QUESTION

A 33-year-old man is hospitalized after neighbors called the police to report that he has been singing loudly and playing the piano "nonstop" all day and night for the last month. The patient says his mood is "terrific," claims he is related to the President, and hears voices telling him he is going to be a famous entertainer. He has a history of 9 psychiatric hospitalizations starting at age 22 for mood and psychotic symptoms. In between hospitalizations, the patient has heard voices for several months commenting on his appearance and has believed that secret cameras have been monitoring him, but he has had no mood symptoms. Which of the following is the most likely diagnosis in this patient?

A Bipolar disorder with psychotic features

B Delusional disorder

C Major depression with psychotic features

D **Schizoaffective disorder** CORRECT

RIGHT ANSWER

OK **D. Schizoaffective disorder**

WHY THIS IS RIGHT

Schizoaffective disorder is diagnosed when a patient has symptoms of a major mood episode (mania or depression) along with psychotic symptoms and also has at least 2 weeks of psychosis without any mood symptoms during the course of illness. In this case:
• Current manic symptoms: elevated mood, decreased need for sleep, grandiosity, increased activity
• Chronic psychotic symptoms: auditory hallucinations and paranoid delusions
• History reveals months of psychosis without mood symptoms between hospitalizations
• This rules out:
• Bipolar disorder with psychotic features -> psychosis occurs only during mood episodes
• Major depression with psychotic features -> only during depressive episodes
• Delusional disorder -> non-bizarre delusions without prominent hallucinations or mood episodes

QUESTION

35-year-old man was hospitalized for a psychotic episode in which he heard voices of God and the devil and believed that his family was plotting to kill him. He improved rapidly with medication therapy and was discharged. Three weeks later, the patient comes to the emergency department due to generalized muscle stiffness and shaking of his right hand. On mental status examination, he is alert and oriented with mild paranoia but no auditory hallucinations. Which of the following is the best treatment for this patient's current symptoms?

A **Benztropine** CORRECT

B Dantrolene

C Diazepam

D Propranolol

OK

RIGHT ANSWER

A. Benztropine

WHY THIS IS RIGHT

Antipsychotic medications (especially high-potency typical antipsychotics) can cause extrapyramidal symptoms (EPS) due to dopamine D□ receptor blockade in the nigrostriatal pathway.

This patient's muscle stiffness and resting tremor developing weeks after starting treatment are consistent with drug-induced parkinsonism, a type of EPS. Treatment:
• First-line: Anticholinergic agents such as benztropine or trihexyphenidyl
• Mechanism: Restore dopamine-acetylcholine balance in the basal ganglia

QUESTION

A 30yearold female has overtalkativeness, hyperactivity, decreased sleep, excessive spending, and irritability for 2 weeks. What is the likely diagnosis?

A OCD

B **Bipolar I disorder with manic episode** CORRECT

C Bipolar II disorder with hypomania

D Cyclothymia

RIGHT ANSWER

OK

B. Bipolar I disorder with manic episode

WHY THIS IS RIGHT

The patient shows classic manic symptoms:
• Overtalkativeness (pressured speech)
• Hyperactivity / increased goal-directed activity
• Decreased need for sleep
• Excessive spending (impulsivity, risky behavior)
• Irritability
• Duration: 2 weeks

These features meet the criteria for a manic episode, which requires ≥1 week of abnormally elevated, expansive, or irritable mood with increased activity or energy.
When a manic episode occurs, the diagnosis is Bipolar I disorder.

Why other options are incorrect:
• OCD: Characterized by obsessions and compulsions, not elevated mood or hyperactivity.
• Bipolar II disorder: Involves hypomania (milder symptoms) and major depressive episodes; hypomania does not cause marked impairment.
• Cyclothymia: Chronic fluctuating subthreshold hypomanic and depressive symptoms for ≥2 years, not a full manic episode.

QUESTION

A woman, 5 days postpartum, presents with tearfulness, mood swings, and occasional insomnia. What is the likely diagnosis?

A Postpartum depression

B **Postpartum blues** CORRECT

C Postpartum psychosis

D Postpartum anxiety

OK RIGHT ANSWER

B. Postpartum blues

WHY THIS IS RIGHT

Postpartum blues occur within 3-5 days of delivery, with mood swings and tearfulness resolving spontaneously. Depression lasts beyond 2 weeks, psychosis involves hallucinations, and anxiety shows excessive worry. Thus, blues is correct.

QUESTION

A 16yearold girl has intense food cravings, consumes large amounts of food, followed by self-induced vomiting. What is the most likely diagnosis?

A Anorexia nervosa

B **Bulimia nervosa** CORRECT

C Atypical depression

D Binge eating disorder

RIGHT ANSWER

OK **B. Bulimia nervosa**

WHY THIS IS RIGHT

The case describes:
• Recurrent episodes of consuming large amounts of food (binge eating)
• Followed by self-induced vomiting

This pattern is characteristic of Bulimia nervosa, which involves binge eating followed by compensatory behaviors such as:
• Self-induced vomiting
• Laxative abuse
• Excessive exercise
• Fasting

Patients with bulimia usually have normal or near-normal body weight, unlike anorexia nervosa.

Why other options are incorrect:
• Anorexia nervosa: Characterized by severe restriction of food intake and significantly low body weight, though binge-purge subtype may occur.
• Atypical depression: Features increased appetite, hypersomnia, and mood reactivity, not binge-purge cycles.
• Binge eating disorder: Has binge eating without compensatory behaviors like vomiting.

QUESTION

A 45yearold depressed patient on sertraline, MAO inhibitor, and amitriptyline develops agitation, seizures, hyperreflexia, and tremors. Most appropriate treatment?

A **Cyproheptadine** CORRECT

B Lorazepam

C Lcarnitine

D Leucovorin

RIGHT ANSWER

OK

A. Cyproheptadine

WHY THIS IS RIGHT

This patient is taking multiple serotonergic drugs (sertraline - SSRI, MAO inhibitor, and amitriptyline - TCA) and develops:
• Agitation
• Seizures
• Hyperreflexia
• Tremors
These findings strongly suggest Serotonin Syndrome, a potentially life-threatening condition caused by excess serotonin activity.

Key features of Serotonin Syndrome
• Mental status changes: agitation, confusion
• Autonomic instability: tachycardia, hyperthermia
• Neuromuscular abnormalities: hyperreflexia, clonus, tremor

Treatment
1. Stop serotonergic drugs
2. Supportive care
3. Cyproheptadine - a serotonin (5-HT2) antagonist, considered the specific antidote

Why other options are incorrect
• Lorazepam: Can help agitation but is not the specific treatment.
• L-carnitine: Used in valproate toxicity.
• Leucovorin: Used in methotrexate toxicity.

QUESTION

Which of the following mood stabilizers causes hepatitis?

A Lithium

B **Valproate** CORRECT

C Carbamazepine

D Topiramate

RIGHT ANSWER

OK

B. Valproate

WHY THIS IS RIGHT

Valproate is well known for hepatotoxicity, requiring regular LFT monitoring. Lithium mainly affects kidneys and thyroid, carbamazepine causes blood dyscrasias, and topiramate is linked to renal stones and cognitive issues.

QUESTION

All of the following side effects are more common with carbamazepine than oxcarbazepine, except:

A Rashes

B **Hyponatremia** CORRECT

C Blood dyscrasias

D Hepatitis

OK RIGHT ANSWER

B. Hyponatremia

WHY THIS IS RIGHT

Hyponatremia is more common with oxcarbazepine due to SIADH effect. Carbamazepine more often causes rashes, blood dyscrasias, and hepatitis.

QUESTION

A pregnant female with bipolar disorder, stable on lithium, now in third trimester. What is the next step in management?

A Increase dose

B **Decrease dose** CORRECT

C Switch to valproate

D Stop the drug and proceed drug free

OK RIGHT ANSWER

B. Decrease dose

WHY THIS IS RIGHT

Lithium is commonly used as a mood stabilizer in bipolar disorder, but its management during pregnancy-especially in the third trimester-requires careful dose adjustment.
Key points:
• During pregnancy, renal clearance of lithium increases, often requiring dose adjustments earlier in pregnancy.
• However, in the third trimester and near delivery, glomerular filtration rate (GFR) may fall and fluid shifts occur, which can increase lithium levels and raise the risk of lithium toxicity in both mother and neonate.
• Therefore, the dose is usually reduced near term, and lithium levels are closely monitored.

QUESTION

Rapid cycling in bipolar disorder is characterised by all of the following features except:

A **Occurs more commonly in men** — CORRECT

B Associated with hypothyroidism

C At least four distinct episodes per year

D Antidepressants increase likelihood

RIGHT ANSWER

OK

A. Occurs more commonly in men

WHY THIS IS RIGHT

Rapid cycling in bipolar disorder is defined as ≥4 mood episodes per year, is more common in females, and is frequently associated with hypothyroidism. Antidepressants-especially SSRIs and TCAs-can precipitate or worsen rapid cycling.

QUESTION

Which new psychoactive agent results in rapid onset of action in depression management?

A Cannabinoids

B **Ketamine** CORRECT

C Bupropion

D Mephedrone

RIGHT ANSWER

OK

B. Ketamine

WHY THIS IS RIGHT

Ketamine, an NMDA antagonist, produces rapid antidepressant effects within hours to days, especially in treatment resistant depression. Cannabinoids lack evidence, bupropion acts over weeks, and mephedrone is a recreational stimulant with no clinical role.

QUESTION

Which of the following is not a diagnostic criterion for depression?

A Low energy levels

B Low mood for most of the day

C Loss of interest in pleasurable things

D **Low self-esteem and confidence** CORRECT

RIGHT ANSWER

OK

D. Low self-esteem and confidence

WHY THIS IS RIGHT

In ICD-11, the core diagnostic features of a depressive episode are:
1. Depressed mood most of the day, nearly every day
2. Loss of interest or pleasure (anhedonia)
3. Reduced energy or increased fatigability

Other additional symptoms may include:
• Reduced concentration
• Feelings of guilt or worthlessness
• Hopelessness about the future
• Low self-esteem or confidence
• Disturbed sleep
• Change in appetite
• Suicidal thoughts or behavior

QUESTION

Which of the following drugs are used in the management of acute mania?

A Lithium, Valproate

B **Lithium, Valproate, Haloperidol** CORRECT

C Lithium, Haloperidol

D Lithium, Valproate, Haloperidol, Amitriptyline

OK RIGHT ANSWER

B. Lithium, Valproate, Haloperidol

WHY THIS IS RIGHT

Acute mania is treated with mood stabilizers (lithium, valproate) and antipsychotics like haloperidol. Amitriptyline, a TCA, is avoided as it can worsen mania. Combination therapy is often needed in severe cases.

QUESTION

A 40-year-old woman with bipolar disorder is planning pregnancy. Which drug must be avoided due to risk of Neural Tube Defects?

A **Valproate** CORRECT

B Oxcarbamazepine

C Lamotrigine

D Levetiracetam

OK RIGHT ANSWER

A. Valproate

WHY THIS IS RIGHT

Valproate exposure during 1st trimester can cause:
· Neural tube defects (spina bifida)
· Craniofacial anomalies
· Cardiac defects
· Neurodevelopmental delay / ↓ IQ in child
Exam pearl :
· Most teratogenic mood stabilizer -> Valproate
· Safest mood stabilizer in pregnancy -> Lamotrigine

QUESTION

True regarding “neurotransmitters” in mood disorders are all except:

A Dopamine activity is decreased in depression and increased in mania

B Cholinergic agonists can exacerbate symptoms in depression and can reduce symptoms in mania

C Reduction in levels of GABA has been observed in plasma and CSF in cases of depression

D **Glutamate activity is decreased in depression** CORRECT

RIGHT ANSWER

OK **D. Glutamate activity is decreased in depression**

WHY THIS IS RIGHT

Mood disorders are associated with dysregulation of multiple neurotransmitters, including monoamines, GABA, acetylcholine, and glutamate.
Key neurotransmitter changes:
• Dopamine: ↓ in depression (anhedonia, low motivation), ↑ in mania (euphoria, increased activity)
• Cholinergic system: cholinergic overactivity may worsen depression; cholinergic agonists can reduce manic symptoms
• GABA: decreased levels seen in depression, contributing to anxiety and mood dysregulation
• Glutamate: increased glutamatergic activity is implicated in depression; NMDA antagonists (eg, ketamine) have rapid antidepressant effects

QUESTION

A 32-year-old woman with a history of major depressive disorder is found lying on the floor in confusion, with muscle twitching, flushing,and dilated pupils. On arrival at the ED she is found to be seizing.On CVS examination she is having an irregular heartbeat.On which of the following medications did she most likely overdose?

A **Amitriptyline** — CORRECT

B Bupropion

C Fluoxetine

D Lithium

RIGHT ANSWER

OK

A. Amitriptyline

WHY THIS IS RIGHT

Tricyclic antidepressant (TCA) overdose (eg, amitriptyline) causes a characteristic triad of anticholinergic effects, seizures, and cardiotoxicity due to sodium channel blockade.
• Anticholinergic: flushing, dilated pupils (mydriasis), confusion, dry skin
• CNS: seizures, delirium
• Cardiac: arrhythmias, QRS widening, irregular heartbeat
• Hypotension and coma in severe cases

Mechanism:
• Blockade of fast sodium channels in cardiac tissue -> conduction delay and arrhythmias
• Anticholinergic and antihistaminic effects -> delirium and autonomic symptoms
• GABA antagonism -> seizures

QUESTION

A 29-year-old woman comes to the OPD due to depression. Since breaking up with her boyfriend last month, she has been extremely sad and has difficulty getting out of bed. She describes sleeping 16 hours a day, increased appetite, a 4.5-kg weight gain, low energy, decreased concentration, and loss of interest in socializing with her friends and family. The patient had 2 similar episodes at age 23 and 27. She also describes brief periods in the past, lasting several days, when she was uncharacteristically confident and optimistic, successfully juggled 3 part-time jobs, and felt well rested and energetic despite sleeping only 3-4 hours a night. What is the likely diagnosis?

A Adjustment disorder

B Bipolar I disorder

C **Bipolar II disorder** CORRECT

D Cyclothymic disorder

RIGHT ANSWER

OK

C. Bipolar II disorder

WHY THIS IS RIGHT

Bipolar II disorder is characterized by recurrent major depressive episodes and at least one hypomanic episode, without any history of full manic episodes.
• Hypomania features:
• Elevated or irritable mood
• Increased energy and activity
• Decreased need for sleep
• Increased productivity or confidence
• Lasts ≥4 days
• No marked functional impairment or psychosis
• Does not require hospitalization

Key distinctions:
• Bipolar I disorder: at least one full manic episode (≥1 week or hospitalization)
• Cyclothymic disorder: chronic fluctuating subthreshold hypomanic and depressive symptoms for ≥2 years
• Adjustment disorder: mild depressive symptoms tied to stressor without prior recurrent episodes

QUESTION

A 29-year-old man with post-traumatic stress disorder is admitted to the hospital following an intentional opioid overdose. He is a soldier who returned from a deployment in Afghanistan 3 months ago. He is divorced and lives alone. His mother died by suicide when he was 8 years of age. He states that he intended to end his life as painlessly as possible and has also contemplated using his service firearm to end his life. He does not smoke or drink alcohol but uses medical marijuana daily. Mental status examination shows a depressed mood and constricted affect. Which of the following is the strongest risk factor for suicide in this patient?

A Male sex

B Post-traumatic stress disorder

C Family history of completed suicide

D **Attempted drug overdose** CORRECT

RIGHT ANSWER

OK **D. Attempted drug overdose**

WHY THIS IS RIGHT

The strongest predictor of future suicide is a prior suicide attempt. Patients who have previously attempted suicide have a markedly increased risk of future attempts and completed suicide, especially within the first year after the attempt. Major suicide risk factors:

Previous suicide attempt (strongest predictor)
Active suicidal ideation with plan and intent
Access to lethal means (eg, firearms)
Psychiatric disorders (eg, depression, PTSD, substance use)
· Male sex
· Family history of suicide
· Social isolation or recent stressors

QUESTION

A 45-year-old woman presents to her psychiatrist for a regular follow-up visit. She has been under treatment for major depressive disorder with Sertraline for the past three months. During the review of her symptoms, she reports experiencing some side effects from the medication. Which of the following is least likely to be associated with Sertraline?

A Nausea

B Vivid dreams

C Anorgasmia

D **Sialorrhea** CORRECT

OK

RIGHT ANSWER

D. Sialorrhea

WHY THIS IS RIGHT

Sertraline is a selective serotonin reuptake inhibitor (SSRI) commonly associated with serotonergic side effects due to increased serotonin activity in the CNS and GI tract. Common SSRI adverse effects:
• GI symptoms: nausea, diarrhea
• Sleep disturbances: insomnia or vivid dreams
• Sexual dysfunction: decreased libido, delayed ejaculation, anorgasmia
• Headache, agitation

Sialorrhea (excessive salivation) is not typical of SSRIs and is more commonly associated with:
• Clozapine (classic cause)
• Organophosphate poisoning
• Neurologic disorders (eg, Parkinson disease)

QUESTION

A 38-year-old man is evaluated for a 2-month history of depressed mood. After physical examination and laboratory workup, major depressive disorder is diagnosed and antidepressant therapy is initiated. The patients symptoms do not respond to monotherapy, so an antipsychotic medication is added. Over the course of several months, the patient's antidepressant dose is increased to the maximal therapeutic dose. At his 6-month follow-up, he has also new-onset hypertension. Which of the following medications is the most likely cause of this adverse effect?

A Aripiprazole

B Mirtazapine

C Paroxetine

D **Venlafaxine** CORRECT

OK RIGHT ANSWER

D. Venlafaxine

WHY THIS IS RIGHT

Venlafaxine, a serotonin-norepinephrine reuptake inhibitor (SNRI), can cause dose-dependent hypertension due to increased norepinephrine levels leading to sympathetic activation and vasoconstriction.

Key pharmacologic points:
• At low doses -> primarily serotonin reuptake inhibition
• At higher doses -> significant norepinephrine reuptake inhibition
• Increased norepinephrine -> ↑ heart rate and ↑ blood pressure

Clinical relevance:
• Monitor blood pressure regularly in patients taking venlafaxine
• Risk increases at higher therapeutic doses
• Consider switching antidepressants if hypertension develops

QUESTION

A 42-year-old man comes to the OPD due to persistent sadness, weight gain, and fatigue over the past 4 months. The patient is a dentist who has had difficulty waking up in the morning for clinic. He says, "I used to be really efficient, but now I always run 2 hours behind schedule." Following a divorce 3 years ago, the patient was diagnosed with major depressive disorder, which improved after a few months of treatment with paroxetine. Physical examination and laboratory evaluation are normal. After discussion of treatment options, the patient is started on sertraline. His symptoms resolve by the follow-up appointment 6 months later. Which of the following features is an indication for long-term maintenance of antidepressant therapy in this patient?

A Age of onset of initial depressive episode

B Duration of current depressive episode

C **Number of prior depressive episodes** CORRECT

D Presence of atypical depressive features

RIGHT ANSWER

OK

C. Number of prior depressive episodes

WHY THIS IS RIGHT

The number of prior major depressive episodes is the strongest predictor of recurrence and the primary indication for long-term maintenance antidepressant therapy.
• First episode: continue antidepressant for 6-12 months after remission
• Recurrent episodes (≥2 episodes): consider long-term or indefinite maintenance therapy
• ≥3 episodes or severe episodes: long-term maintenance strongly recommended

Other factors (eg, severity, suicidality, psychotic features, comorbidities) also influence decision-making, but the number of previous episodes is the most important determinant for prolonged maintenance treatment.

QUESTION

$19

A Activated charcoal

B Calcium gluconate

C Gastric lavage

D **Hemodialysis** CORRECT

RIGHT ANSWER

OK

D. Hemodialysis

WHY THIS IS RIGHT

Severe lithium toxicity is a medical emergency that requires urgent hemodialysis to rapidly remove lithium from the bloodstream. Lithium is not protein-bound and is renally excreted, making it highly dialyzable. Indications for hemodialysis in lithium toxicity:
• Serum lithium ≥2.5 mEq/L with severe symptoms
• Neurologic toxicity: confusion, seizures, coma
• Renal impairment or inability to clear lithium
• Life-threatening complications

Why other options are incorrect:
• Activated charcoal -> ineffective (lithium not adsorbed)
• Gastric lavage -> limited role and only early after ingestion

Calcium gluconate -> used for hyperkalemia, not lithium toxicity

QUESTION

52-year-old man comes to the office due to low energy and poor sleep. The patient reports feeling stressed since his divorce last year. He has dificulty sleeping through the night and awakens around 4:00 AM most mornings, earlier than he would like. At work, the patient has trouble concentrating and is becoming less productive. Although he loves his children, he no longer enjoys visiting them on the weekends and makes excuses to stay home. The patient says that food is tasteless, and his appetite has decreased significantly over the last 2 months. He has no psychotic features or suicidal ideation. This patient is most likely to have which of the following abnormalities?

A Enlarged lateral cerebral ventricles

B Increased REM sleep latency

C Increased sensitivity to lactate infusion

D **Increased serum cortisol concentration** CORRECT

RIGHT ANSWER

OK

D. Increased serum cortisol concentration

WHY THIS IS RIGHT

Major depressive disorder (MDD) is associated with hyperactivity of the hypothalamic-pituitary-adrenal (HPA) axis, leading to increased cortisol levels. Many patients with depression show elevated serum cortisol and impaired suppression on the dexamethasone suppression test.

Biologic abnormalities in MDD:
• ↑ Cortisol due to chronic stress and HPA axis dysregulation
• ↓ Slow-wave sleep and early morning awakening
• ↓ REM sleep latency (enter REM earlier) and ↑ REM density
• \\Monoamine deficiency (serotonin, norepinephrine, dopamine)

QUESTION

A 53-year-old man comes to the office due to persistent fatigue. The patient started a therapeutic dose of fluoxetine 2 months ago after being diagnosed with major depressive disorder. He says, "Since I last saw you, I still feel like I'm dragging pretty much every day and have to force myself to go to work in the mornings. I haven't even wanted to have sex with my wife. That's been going on for almost a month, and it's really bothering me." Medical history includes hypertension treated with enalapril. He had a 4-kg weight gain over the past 2 months. Blood pressure is 130/84 mm Hg and pulse is 76/min. Which of the following is the most appropriate next step in pharmacotherapy?

A Continue fluoxetine and add aripiprazole

B Continue fluoxetine and add methylphenidate

C **Discontinue fluoxetine and begin bupropion** CORRECT

D Discontinue fluoxetine and begin venlafaxine

RIGHT ANSWER

OK

C. Discontinue fluoxetine and begin bupropion

WHY THIS IS RIGHT

Selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine commonly cause sexual dysfunction (decreased libido, anorgasmia), fatigue, and weight gain. When these adverse effects are persistent and distressing, switching to an antidepressant with fewer sexual side effects is appropriate.

Bupropion (a norepinephrine-dopamine reuptake inhibitor) is preferred because it:
• Improves depressive symptoms
• Has minimal sexual side effects
• May increase energy and reduce fatigue
• Is weight neutral or may cause mild weight loss

QUESTION

28-year-old woman is brought to the emergency department by her boyfriend due to bizarre behaviour over the past week. The patient abruptly quit her job saying, "My boss was trying to sabotage me because she's jealous of my intellect. The job was beneath me anyway. The time has come for me to run for politics myself." She feels annoyed and exclaims that she needs to leave immediately so that she can organize her campaign. The patient yells at her boyfriend for bringing her to the hospital, a minute later, she hugs him and tearfully says, "I can't imagine my life without you." She rarely drinks alcohol and does not use illicit substances. Physical examination shows no abnormalities. On mental status examination, the patient is easily agitated when interrupted and jumps from one topic to another. Which of the following is the most likely diagnosis in this patient?

A **Bipolar disorder** CORRECT

B Borderline personality disorder

C Brief psychotic disorder

D Delusional disorder

OK RIGHT ANSWER

A. Bipolar disorder

WHY THIS IS RIGHT

A manic episode of bipolar disorder is characterized by a distinct period of elevated, expansive, or irritable mood with increased energy and impaired judgment lasting ≥1 week (or requiring hospitalization).

Core manic features:
• Grandiosity (eg, plans to run for politics, inflated self-esteem)
• Decreased need for sleep
• Pressured speech and flight of ideas
• Increased goal-directed activity or risky behavior
• Emotional lability and irritability
• Possible psychotic features (delusions of grandeur or persecution)

Distinguishing from other conditions:
• Borderline personality disorder -> chronic interpersonal instability, not episodic mania
• Brief psychotic disorder -> psychosis without sustained manic mood
• Delusional disorder -> fixed delusions without marked mood elevation or disorganization

QUESTION

42-year-old woman, gravida 1 para 1, comes to the office for evaluation of insomnia following the birth of her son 5 weeks ago. The patient says she wakes up each night to breastfeed him but is unable to go back to sleep. She stays up most of the night thinking, "Why did I have a child so late in life? I'm already failing as a mother." The patient has a decreased appetite and no interest in seeing friends or family members other than her mother. On mental status examination, the patient appears restless and is tearful. Which of the following is the most likely diagnosis?

A Adjustment disorder

B Postpartum blues

C Generalized anxiety disorder

D **Major depressive episode** CORRECT

OK RIGHT ANSWER

D. Major depressive episode

WHY THIS IS RIGHT

Postpartum major depressive episode is characterized by persistent depressive symptoms occurring during pregnancy or within 4-6 weeks postpartum (often up to 12 months clinically). It is more severe and longer-lasting than postpartum blues and causes significant functional impairment.
• Depressed mood, guilt, hopelessness
• Insomnia or hypersomnia
• Decreased appetite
• Anhedonia and social withdrawal
• Feelings of inadequacy as a mother

Distinguishing conditions:
• Postpartum blues: mild mood lability, tearfulness, resolves within 2 weeks
• Adjustment disorder: emotional response to stressor without full criteria for major depression
• GAD: excessive worry without prominent depressive symptoms

QUESTION

A 60-year-old man is found by his daughter to be confused at home. In the emergency department, the patient is delirious and says that he sees small animals running around in the corner of the room. He appears flushed. The patient has a brief seizure and becomes unconscious. Temperature is 37.2°C (99°F), blood pressure is 90/62 mm Hg, and pulse is 120/min. Both pupils are dilated and equally reactive to light, and his skin and mucous membranes are dry. Initial ECG shows QRS widening and QTc prolongation. He is transferred to the intensive care unit but dies despite resuscitation attempts. Which of the following pharmacological effects most likely contributed to the patient's death?

A Increased antihistamine effect

B **Sodium channel inhibition** CORRECT

C Synaptic norepinephrine accumulation

D Synaptic serotonin accumulation

RIGHT ANSWER

OK **B. Sodium channel inhibition**

WHY THIS IS RIGHT

Tricyclic antidepressant (TCA) toxicity causes life-threatening cardiotoxicity due to fast sodium channel blockade in cardiac myocytes, leading to conduction delays, arrhythmias, and possible death. Key toxic effects of TCAs:
• Anticholinergic: delirium, dry skin, mydriasis, urinary retention
• CNS: seizures, coma
• Cardiac (most fatal): sodium channel inhibition -> QRS widening, QT prolongation, ventricular arrhythmias, hypotension

Sodium channel blockade slows phase 0 depolarization in cardiac conduction tissue, producing:
• Wide QRS (>100 ms)
• Ventricular tachyarrhythmias
• Cardiovascular collapse

QUESTION

A 39-year-old woman is brought to the emergency department after her husband found her confused. The patient was unable to answer questions about why she did not go to work that day and could not remember the day of the week. She has a history of bipolar disorder and has taken the same dose of lithium for the past 10 years. Over the past week, the patient started taking several daily doses of a new medication following a dental extraction. Yesterday, she felt nauseated and vomited twice, and earlier today, she started having diarrhea. Coarse tremors are noted in the upper extremities. Deep tendon reflexes are 2+ in the bilateral extremities. A drug interaction involving which of the following medications is most likely causing this patient's symptoms?

A Acetaminophen

B **Ibuprofen** CORRECT

C Ondansetron

D Prednisone

RIGHT ANSWER

OK

B. Ibuprofen

WHY THIS IS RIGHT

Lithium toxicity can occur when medications reduce renal lithium clearance. NSAIDs (eg, ibuprofen) decrease renal prostaglandin synthesis, leading to reduced renal blood flow and increased lithium reabsorption in the proximal tubule, thereby raising serum lithium levels.

Clinical features of lithium toxicity:
• GI symptoms: nausea, vomiting, diarrhea
• Neurologic: confusion, coarse tremor, ataxia
• Severe cases: seizures, coma

Common drugs that increase lithium levels:
• NSAIDs (ibuprofen, indomethacin)
• Thiazide diuretics
• ACE inhibitors/ARBs

QUESTION

Which of the following newer antidepressants acts as a partial agonist at the 5-HT□A receptor, producing antidepressant and anxiolytic effects without significant sexual dysfunction or weight gain?

A Vortioxetine

B Buspirone

C **Gepirone** CORRECT

D Agomelatine

RIGHT ANSWER

OK

C. Gepirone

WHY THIS IS RIGHT

Gepirone is a newer antidepressant that acts as a partial agonist at 5-HT□A (serotonin) receptors, producing both antidepressant and anxiolytic effects. By selectively stimulating 5-HT□A receptors without significant effects on other neurotransmitter systems, it is associated with minimal sexual dysfunction, weight gain, and sedation compared with many traditional antidepressants.

Related drugs:
• Buspirone (also 5-HT□A partial agonist) but primarily used for anxiety rather than major depression
• Vortioxetine: Serotonin modulator and stimulator (multiple receptors)
• Agomelatine: Melatonin agonist (MT□/MT□) + 5-HT□C antagonist

QUESTION

A 25-year-old woman presents with generalized body aches, fatigue, and anxiety for the past 4 months, but her sleep is not affected due to pain. On examination, increased pain sensitivity and tender bony prominences are noted. Laboratory and radiological investigations were normal. Which of the following drugs is preferred in this patient?

A Cyclobenzaprine

B Pregabalin

C Glucocorticoids

D **Duloxetine** CORRECT

OK

RIGHT ANSWER

D. Duloxetine

WHY THIS IS RIGHT

Fibromyalgia is a chronic pain syndrome characterized by widespread musculoskeletal pain, fatigue, anxiety/depression, and increased pain sensitivity with normal laboratory and imaging findings. It results from central sensitization and altered pain processing rather than inflammation.

First-line pharmacologic treatments:
• SNRIs (eg, duloxetine, milnacipran) -> improve pain, fatigue, and mood
• Pregabalin/gabapentin -> reduce neuropathic pain and improve sleep
• TCAs or cyclobenzaprine -> may help sleep and pain

Duloxetine (SNRI) enhances serotonin and norepinephrine in descending inhibitory pain pathways, reducing central pain sensitization and addressing comorbid anxiety or depression, making it a preferred treatment in fibromyalgia.

QUESTION

A 41-year-old man is brought to the emergency department after a suicide attempt. His wife found him on the bathroom floor with an empty bottle of medication next to him. He has a history of major depressive disorder. His only medication is nortriptyline. His pulse is 127/min and blood pressure is 90/61 mm Hg. Examination shows dilated pupils and dry skin. The abdomen is distended and there is dullness on percussion in the suprapubic region. An ECG shows tachycardia and a QRS complex width of 130 ms. In addition to intravenous fluid resuscitation, which of the following is the most appropriate pharmacotherapy?

A Atropine

B Naloxone

C Glucagon

D **Sodium bicarbonate** CORRECT

RIGHT ANSWER

OK

D. Sodium bicarbonate

WHY THIS IS RIGHT

Tricyclic antidepressant (TCA) overdose (eg, nortriptyline) causes anticholinergic effects, cardiotoxicity, and CNS toxicity. Life-threatening complications include ventricular arrhythmias and QRS widening due to sodium channel blockade in cardiac tissue.

Key clinical features:
• Anticholinergic signs: dilated pupils, dry skin, urinary retention, ileus
• Hypotension and tachycardia
• ECG: QRS widening (>100 ms), arrhythmias
• Altered mental status or seizures

Treatment of choice: Intravenous sodium bicarbonate
• Narrows QRS complex
• Reverses sodium channel blockade
• Treats metabolic acidosis and improves cardiac conduction

QUESTION

A 32-year-old woman comes to the OPD for a checkup. Her husband died 5 months ago in a biking accident, which she witnessed. She has little appetite, resulting in weight loss of 3.17 kg, and tends to wake up two hours before her alarm clock rings. She avoids cycling, a hobby she shared with her husband, but continues to volunteer at a children's hospital. The patient has no nightmares or suicidal thoughts. During the visit, she tears up intermittently but smiles when sharing a memory of a vacation she took with her husband. Which of the following is the best explanation for this patient's condition?

A PTSD

B Major depressive disorder

C **Normal grief** CORRECT

D Persistent complex bereavement disorder

RIGHT ANSWER

OK

C. Normal grief

WHY THIS IS RIGHT

Normal (uncomplicated) grief is an expected emotional response to the loss of a loved one and can include sadness, tearfulness, decreased appetite, sleep disturbance, and temporary loss of interest in shared activities. However, the individual retains the ability to experience positive emotions, maintain function, and engage in meaningful activities. Symptoms gradually improve over time. No persistent suicidal ideation or pervasive hopelessness

In contrast:
• Major depressive disorder -> persistent depressed mood, anhedonia, guilt, hopelessness, impaired function
• PTSD -> intrusive memories, nightmares, hypervigilance, avoidance related to trauma
• Persistent complex bereavement disorder -> prolonged (>12 months in adults) intense grief with functional impairment

QUESTION

Abrupt stoppage of which of the following drugs causes agitation, anxiety and insomnia?

A Valproate

B Olanzapine

C Imipramine

D **Venlafaxine** CORRECT

RIGHT ANSWER

OK **D. Venlafaxine**

WHY THIS IS RIGHT

Abrupt discontinuation of venlafaxine (an SNRI) commonly causes antidepressant discontinuation syndrome, characterized by agitation, anxiety, insomnia, irritability, dizziness, and flu-like symptoms. Venlafaxine has a short half-life, making withdrawal symptoms more frequent and severe if stopped suddenly. Therefore, it should always be tapered gradually rather than abruptly discontinued. Among antidepressants, paroxetine and venlafaxine are most commonly associated with significant withdrawal symptoms due to their short half-lives.

QUESTION

A 36-year-old woman was diagnosed with bipolar disorder and has been taking lithium for the past 5 years. She is currently in remission. However, she now presented to the OPD with worsening depression, fatigue, weight loss, abdominal pain, renal colic, and bone pain. Which of the following tests would most likely reveal the underlying cause of her symptoms?

A Serum ferritin

B Serum B12

C **Serum calcium** CORRECT

D Thyroid stimulating hormone levels

OK RIGHT ANSWER

C. Serum calcium

WHY THIS IS RIGHT

Chronic lithium therapy can cause hyperparathyroidism, leading to hypercalcemia. Lithium increases the set point for calcium-sensing receptors in the parathyroid gland, resulting in excess parathyroid hormone (PTH) secretion and elevated serum calcium levels.

Hypercalcemia presents with:
• Psychiatric symptoms: depression, fatigue
• Renal: nephrolithiasis (renal colic)
• GI: abdominal pain
• Skeletal: bone pain

Therefore, serum calcium measurement is the most important initial test in a patient on long-term lithium presenting with these symptoms.

QUESTION

A man is found 100 km away from home, confused about identity and travel, after an earthquake. No head injury or substance use. What is the most likely diagnosis?

A Dissociative amnesia

B Dissociative identity disorder

C **Dissociative fugue** CORRECT

D Schizophrenia

RIGHT ANSWER

OK

C. Dissociative fugue

WHY THIS IS RIGHT

Dissociative fugue involves sudden travel, amnesia for the period, and identity confusion, often triggered by trauma. Dissociative amnesia lacks travel, DID involves multiple identities, and schizophrenia presents differently.

QUESTION

A 30yearold software engineer has sleep disturbance, low mood, and job stress for 3 months, with difficulty balancing family and work. What is the likely diagnosis?

A **Adjustment disorder** CORRECT

B Generalized anxiety disorder

C Acute stress disorder

D Posttraumatic stress disorder (PTSD)

OK RIGHT ANSWER

A. Adjustment disorder

WHY THIS IS RIGHT

The source quiz contains the placeholder “$19” here and does not include a written explanation for this item.

QUESTION

A 35yearold man is found wandering 100 km away, confused about identity, unable to recall travel, with normal medical evaluation. What is the likely diagnosis?

A Dissociative Amnesia

B **Dissociative Fugue** CORRECT

C Dissociative Identity Disorder

D Psychogenic Nonepileptic Seizure

OK RIGHT ANSWER

B. Dissociative Fugue

WHY THIS IS RIGHT

Dissociative fugue involves sudden travel, identity confusion, and amnesia. Dissociative amnesia lacks travel, DID requires multiple identities, and psychogenic seizures mimic epilepsy but don’t involve wandering.

QUESTION

Mr. K is rigid, perfectionistic, overly focused on rules and morality, submits work late due to perfectionism, and denies problems. What is the most likely personality disorder?

A **Obsessive-Compulsive Personality Disorder (OCPD)** CORRECT

B Narcissistic Personality Disorder

C Paranoid Personality Disorder

D Avoidant Personality Disorder

RIGHT ANSWER

OK

A. Obsessive-Compulsive Personality Disorder (OCPD)

WHY THIS IS RIGHT

OCPD shows maladaptive perfectionism, rigidity, and rulebound behavior with egosyntonic denial of problems. Narcissistic involves grandiosity, paranoid involves distrust, and avoidant involves fear of rejection.

QUESTION

A 30yearold patient presents 2 weeks after witnessing her father's sudden death, with nightmares, flashbacks, hypervigilance, and inability to recall the event. What is the most appropriate diagnosis?

A PostTraumatic Stress Disorder (PTSD)

B **Acute Stress Disorder** CORRECT

C Adjustment Disorder

D Generalized Anxiety Disorder

RIGHT ANSWER

OK

B. Acute Stress Disorder

WHY THIS IS RIGHT

Traumarelated symptoms lasting between 3 days and 1 month indicate Acute Stress Disorder. PTSD requires persistence beyond 1 month, adjustment disorder involves milder stress responses, and GAD is unrelated to trauma.

QUESTION

A 45-year-old female insists her face is deformed despite normal exam and demands surgery. What is the management?

A Insight-oriented behavioral therapy

B **SSRI** CORRECT

C Atypical antipsychotics

D Allow her for surgery

OK RIGHT ANSWER

B. SSRI

WHY THIS IS RIGHT

The source quiz contains the placeholder “$1a” here and does not include a written explanation for this item.

QUESTION

A 45yearold female presents with longstanding tension, stomach upset, heartburn, and diarrhea, with family history of similar symptoms. Which symptom is also likely to be present?

A **Tingling of extremities** CORRECT

B Ideas of Reference

C Hallucinations

D Neologisms

RIGHT ANSWER

OK

A. Tingling of extremities

WHY THIS IS RIGHT

This presentation suggests Generalized Anxiety Disorder, which often includes somatic symptoms like tingling due to hyperventilation. Ideas of reference, hallucinations, and neologisms are features of psychotic disorders, not anxiety. Hence tingling of extremities is most consistent.

QUESTION

A medical student presented with complaints of repeated episodes lasting approximately 30 minutes, characterized by breathlessness, palpitations, sweating, hyperventilation, and a fear of an impending heart attack. The patient has experienced these episodes 5-6 times per month over the last 6 months, and investigations did not reveal any obvious abnormalities. What is the likely diagnosis?

A **Panic Disorder** — CORRECT

B Generalized Anxiety Disorder

C Depression

D Social Phobia

RIGHT ANSWER

OK **A. Panic Disorder**

WHY THIS IS RIGHT

Panic attacks typically include palpitations, sweating, tremors, dyspnea, chest pain, dizziness, paresthesias, and fear of dying or losing control, usually peaking within minutes and resolving within about 20-30 minutes.

Why other options are incorrect:
• Generalized Anxiety Disorder (GAD): Characterized by persistent, excessive worry for ≥6 months, not sudden episodic attacks.
• Depression: Core features include low mood, anhedonia, sleep/appetite changes, not acute panic episodes.
• Social Phobia (Social Anxiety Disorder): Anxiety occurs specifically in social or performance situations, not spontaneous attacks.

QUESTION

A 26 y/o male from a rural area in India presents to the clinic with complaints of anxiety, fatigue, and weakness. He is preoccupied with the belief that he is losing semen during urination and nocturnal emissions. He is concerned that this will lead to physical weakness and impotence. Which of the following is the most likely diagnosis for this patient?

A Koro syndrome

B **Dhat syndrome** CORRECT

C Premature ejaculation

D Hypochondriasis

OK RIGHT ANSWER

B. Dhat syndrome

WHY THIS IS RIGHT

Dhat syndrome is a culture-bound syndrome commonly seen in South Asia, characterized by excessive anxiety and somatic symptoms attributed to perceived loss of semen through urine, nocturnal emissions, or masturbation.
• Preoccupation with semen loss
• Belief that semen loss leads to weakness, fatigue, impotence, or ill health
• Associated anxiety, depression, and somatic complaints
• Common in young men from South Asian cultural backgrounds
• Normal physical and laboratory findings

Distinguishing from other conditions:
• Koro syndrome: fear that genitals are retracting into the body
• Hypochondriasis (illness anxiety disorder): fear of serious illness, not specifically semen loss
• Premature ejaculation: sexual dysfunction without cultural belief about semen depletion

QUESTION

All are correct regarding good prognostic indicators in PTSD, except:

A Rapid onset of symptoms

B Short duration (<6 months)

C Strong social supports

D **Gradual onset of symptoms** CORRECT

RIGHT ANSWER

OK

D. Gradual onset of symptoms

WHY THIS IS RIGHT

Good prognostic indicators in post-traumatic stress disorder (PTSD) include factors associated with quicker recovery and better response to treatment.

Favorable prognostic factors:
• Rapid onset of symptoms after trauma
• Short duration of symptoms (<6 months)
• Strong social support system
• Absence of comorbid psychiatric illness

Poor prognostic factors:
• Gradual or delayed onset of symptoms
• Chronic symptoms (>6 months)
• Severe trauma or repeated trauma
• Comorbid depression/substance use
• Poor social support

QUESTION

A 41-year-old man has suffered from a phobia of flying on airplanes for as long as he can remember. He avoids flying when possible and worries that the plane will inevitably crash because he is on it. His mother recently passed away, so he wants to fly back home to attend the funeral. He has no history of substance abuse and would like to try something to help him cope with the upcoming flight. What is the most appropriate management at this time?

A Paroxetine

B **Lorazepam** CORRECT

C Exposure and response prevention

D CBT

OK RIGHT ANSWER

B. Lorazepam

WHY THIS IS RIGHT

For specific phobia with an imminent, unavoidable exposure (eg, upcoming flight), the most appropriate short-term treatment is a benzodiazepine such as lorazepam to provide rapid anxiolysis.
• Benzodiazepines act quickly by enhancing GABA activity
• Useful for situational anxiety when immediate relief is required
• Prescribed short term to avoid dependence and tolerance
• Long-term management of specific phobias:
• Cognitive-behavioral therapy (CBT) with gradual exposure is first-line
• SSRIs (eg, paroxetine) used for generalized or persistent anxiety, not acute situational use

QUESTION

A 32-year-old woman comes to the OPD due to "feeling anxious and down" for the past 2 weeks. The patient cries frequently and has been making mistakes in her accounting job due to poor concentration. She feels tense throughout the day and has difficulty staying asleep most nights because she is awakened by episodes of palpitations, shortness of breath, and sweating. The patient was mugged 3 weeks ago while walking home from work but is reluctant to discuss what happened. She does not use alcohol or illicit drugs and takes no medication. On mental status examination, the patient makes minimal eye contact, looks down at the floor, and wrings her hands repeatedly. Which of the following is the most likely diagnosis?

A **Acute stress disorder** CORRECT

B Generalized anxiety disorder

C Panic disorder

D Posttraumatic stress disorder

RIGHT ANSWER

OK **A. Acute stress disorder**

WHY THIS IS RIGHT

Acute stress disorder (ASD) occurs after exposure to a traumatic event and is characterized by anxiety, intrusive symptoms, avoidance, and hyperarousal lasting from 3 days to 1 month after the trauma.
• Exposure to trauma (eg, mugging, assault)
• Intrusive memories or distress
• Avoidance of reminders of trauma
• Hyperarousal (insomnia, palpitations, anxiety)
• Negative mood and impaired concentration

Time-based distinction:
• Acute stress disorder: 3 days-1 month after trauma
• Posttraumatic stress disorder (PTSD): symptoms persist >1 month

QUESTION

33-year-old woman comes to the office for management of chronic headaches. Her headaches are unchanged, although she now has shoulder and neck pain as well. The patient has been under a lot of stress lately and describes difficulty falling asleep, poor concentration, fatigue, and feeling overwhelmed Although she has always been a "worrier," she reports worsening anxiety and irritability since she started a new job 8 months ago. The patient also finds herself making mental lists of all the things she must do the next day rather than concentrating on her work. By the time she gets home, she feels exhausted and often snaps at her children and husband. Which of the following is the most likely diagnosis?

A Acute stress disorder

B Panic disorder

C **Generalized anxiety disorder** CORRECT

D Obsessive-compulsive disorder

OK RIGHT ANSWER

C. Generalized anxiety disorder

WHY THIS IS RIGHT

Generalized anxiety disorder (GAD) is characterized by excessive, persistent worry about multiple aspects of daily life occurring more days than not for ≥6 months, accompanied by physical and cognitive symptoms.
• Restlessness or feeling “on edge”
• Fatigue
• Poor concentration
• Irritability
• Muscle tension (eg, neck/shoulder pain, headaches)
• Sleep disturbance

Distinguishing from other disorders:
• Panic disorder -> episodic panic attacks
• OCD -> intrusive obsessions and compulsions
• Acute stress disorder -> follows trauma and lasts <1 month

QUESTION

A 26-year-old woman comes to the OPD due to recent weight gain. She has eaten more than usual over the last 5 months, has gained 3.2 kg, and feels guilty and depressed about it. Further questioning reveals that she consumes a large pizza and two large bags of chips in one sitting several times a week. Afterward, the patient feels ashamed about being unable to control her intake and fasts to make up for it. She is very distressed about being unable to lose weight despite exercising 2-3 hours a day. BMI is 23.7 kg/m². Despite being told that her BMI is normal, the patient insists that she is overweight. Which of the following is the most likely diagnosis?

A Anorexia nervosa

B Binge-eating disorder

C Body dysmorphic disorder

D **Bulimia nervosa** CORRECT

RIGHT ANSWER

OK **D. Bulimia nervosa**

WHY THIS IS RIGHT

Bulimia nervosa is characterized by recurrent binge-eating episodes with a sense of loss of control followed by compensatory behaviors (eg, fasting, vomiting, excessive exercise, laxatives) to prevent weight gain. Patients are typically normal weight or overweight and have excessive concern about body shape and weight. Occurs ≥1 time/week for ≥3 months. Usually normal BMI.

Distinguishing points:
• Anorexia nervosa: low body weight + intense fear of weight gain
• Binge-eating disorder: binge eating without compensatory behaviors
• Body dysmorphic disorder: preoccupation with perceived physical defect not limited to weight

QUESTION

A 32-year-old woman comes to the OPD due to overwhelming anxiety and stress. The patient is an accountant and has been under increasing job-related pressure for the past 6 weeks due to an upcoming tax deadline. She says, "The worst part is that I get really nervous all of a sudden and then feel shaky, dizzy, and nauseated and start to sweat. It happened while I spoke to my boss a few weeks ago, and I had to excuse myself." The patient is especially worried about having an episode during a work meeting, although she notes that her symptoms have also occurred while she was relaxing at home. She says, "I've stopped going out with my friends because I never know when I'm going to feel this way." Blood pressure is 120/70 mm Hg, pulse is 72/min, and respirations are 18/min. Which of the following is the most likely diagnosis?

A Acute stress disorder

B Adjustment disorder with anxious mood

C Generalized anxiety disorder

D **Panic disorder** CORRECT

OK RIGHT ANSWER

D. Panic disorder

WHY THIS IS RIGHT

Panic disorder is characterized by recurrent, unexpected panic attacks accompanied by persistent concern about having additional attacks or maladaptive behavioral changes (eg, avoidance of situations due to fear of attacks).

Panic attack features:
• Sudden onset of intense fear or discomfort
• Palpitations, sweating, tremor
• Dizziness, nausea
• Shortness of breath
• Occur “out of the blue” (not limited to specific triggers)

Distinguishing from other conditions:
• GAD: chronic, diffuse worry most days for ≥6 months (not episodic panic)
• Adjustment disorder: emotional response within 3 months of stressor without recurrent panic attacks
• Acute stress disorder: follows severe trauma with dissociation and re-experiencing

QUESTION

A 21-year-old female college student with a history of anxiety is brought to the physician for evaluation of fatigue for the past 6 months. Over the past year, she has had extreme fluctuations in her weight and has become more distant from her friends. She admits to binge eating and induced vomiting. Examination shows poor dentition. This patient is most likely to have which of the follow in serum laboratory profiles?

A pH-7.41, HCO3- 16, Anion gap-23, K-3.5

B **pH-7.49, HCO3- 34, Anion gap-9, K-3.0** CORRECT

C pH-7.31, HCO3- 23, Anion gap-12, K-4.7

D pH-7.48, HCO3- 23, Anion gap-8, K-4.9

OK RIGHT ANSWER

B. pH-7.49, HCO3- 34, Anion gap-9, K-3.0

WHY THIS IS RIGHT

Bulimia nervosa with recurrent self-induced vomiting causes metabolic alkalosis and hypokalemia due to loss of gastric hydrochloric acid and potassium.
• Vomiting -> loss of H□ and Cl□ -> metabolic alkalosis (↑ pH, ↑ HCO□□)
• Volume depletion -> activation of RAAS -> increased renal K□ and H□ loss
• Results in hypokalemia and maintenance of alkalosis
• Anion gap remains normal

Associated clinical findings:
• Dental enamel erosion
• Parotid enlargement
• Calluses on knuckles (Russell sign)
• Weight fluctuations

QUESTION

A 40-year-old woman comes to the OPD due to worsening anxiety and insomnia over the past 3 months. She says, "I'm really worried that something is wrong with me. I was never a particularly anxious person, but now I feel anxious all the time. Sometimes I feel panicky for no reason; my heart races and I break out in a sweat. The only benefit is that I have lost 5 pounds (2.3 kg) without even trying." Blood pressure is 130/90 mm Hg and pulse is 112/min. On physical examination, the patient is restless and has warm, moist skin and mild hand tremor bilaterally. Mental status examination is notable for a frightened stare, anxious mood, and rapid speech. Which of the following is the most likely diagnosis?

A Alcohol withdrawal

B **Anxiety caused by a medical condition** CORRECT

C Generalized anxiety disorder

D Panic disorder

RIGHT ANSWER

OK **B. Anxiety caused by a medical condition**

WHY THIS IS RIGHT

New-onset anxiety symptoms accompanied by autonomic hyperactivity and systemic signs (eg, weight loss, tachycardia, tremor, warm moist skin) should raise suspicion for an underlying medical condition, most commonly hyperthyroidism, rather than a primary psychiatric disorder. Anxiety due to a medical condition is suggested by:
• Onset in patients without prior psychiatric history
• Prominent physical findings (tachycardia, tremor, weight loss)
• Persistent anxiety with sympathetic overactivity
• Signs of endocrine or metabolic disease

Before diagnosing primary anxiety disorders (GAD, panic disorder), clinicians must rule out medical causes such as hyperthyroidism, substance use, medication effects, or withdrawal.

QUESTION

SCOFF QUESTIONS includes all of the following except?

A Do you make yourself Sick because you feel uncomfortably full?

B Do you worry you have lost Control over how much you eat?

C **Is your weight classified as Obese?** CORRECT

D Do you believe yourself to be Fat when others say you are too thin?

RIGHT ANSWER

OK

C. Is your weight classified as Obese?

WHY THIS IS RIGHT

The SCOFF questionnaire is a brief screening tool used to identify possible eating disorders such as anorexia nervosa and bulimia nervosa.

SCOFF components:
• S: Do you make yourself Sick because you feel uncomfortably full?
• C: Do you worry you have lost Control over how much you eat?
• O: Have you recently lost more than One stone (≈6.5 kg) in 3 months?
• F: Do you believe yourself to be Fat when others say you are too thin?
• F: Would you say Food dominates your life?

Questions about being obese are not included; the tool focuses on behaviors and distorted body image typical of eating disorders rather than obesity classification.

QUESTION

Which of the following drugs is NOT used as a first line therapy for ADHD?

A Methylphenidate: alpha agonist

B Dexmethylphenidate or Dextroamphetamine

C Atomoxetine: antidepressant

D **Serotonin and norepinephrine reuptake inhibitors** CORRECT

RIGHT ANSWER

OK

D. Serotonin and norepinephrine reuptake inhibitors

WHY THIS IS RIGHT

First-line treatment of ADHD includes stimulant medications and certain non-stimulants with proven efficacy on attention and impulse control.
• Stimulants are first line:
• Methylphenidate and its derivatives
• Amphetamines (e.g., dextroamphetamine)
• Non-stimulant first-line alternative:
• Atomoxetine (selective norepinephrine reuptake inhibitor)
• Alpha-2 agonists (guanfacine, clonidine) may be used

Why option D is incorrect:
• Serotonin and norepinephrine reuptake inhibitors (SNRIs) are not standard first-line therapy for ADHD

QUESTION

An 8yearold child presents with nocturnal bedwetting but no daytime incontinence. What is the treatment of choice?

- A **Behavior therapy** — CORRECT
- B CBT
- C Desmopressin
- D Imipramine

RIGHT ANSWER

OK **A. Behavior therapy**

WHY THIS IS RIGHT

Behavioral therapy with bed alarms is firstline for nocturnal enuresis in children >5 years. Desmopressin is the drug of choice if medication is needed, while CBT and imipramine are not firstline.

QUESTION

Persistence of ADHD in childhood increases risk of which condition in adolescence?

A Selective mutism

B **Conduct disorder** CORRECT

C Binge eating disorder

D Separation anxiety disorder

OK RIGHT ANSWER

B. Conduct disorder

WHY THIS IS RIGHT

ADHD often progresses to conduct disorder due to impulsivity and defiance. Selective mutism and separation anxiety are anxiety disorders, while binge eating is unrelated. Conduct disorder is the correct association.

QUESTION

Which of the following drugs used in ADHD is a Selective Norepinephrine Reuptake Inhibitor?

A **Reboxetine** CORRECT

B Modafinil

C Methylphenidate

D Guanfacine

OK RIGHT ANSWER

A. Reboxetine

WHY THIS IS RIGHT

Reboxetine selectively inhibits norepinephrine reuptake, enhancing attention and impulse control. Modafinil promotes wakefulness, methylphenidate blocks dopamine and norepinephrine reuptake, and guanfacine is an alpha2 agonist. Thus, reboxetine is the correct choice.

QUESTION

Which of the following is not included in making a diagnosis of autism spectrum disorder?

A Abnormalities in social communication

B Abnormalities in socialisation

C Restriction in interests and behaviour

D **Cognitive dysfunction** CORRECT

RIGHT ANSWER

OK

D. Cognitive dysfunction

WHY THIS IS RIGHT

For Autism Spectrum Disorder (ASD), the diagnostic criteria (ICD-11 / DSM-5 concepts) include two main domains:
1. Persistent deficits in social communication and social interaction
o Problems with social communication
o Difficulties in socialization or reciprocal interaction
2. Restricted, repetitive patterns of behaviour, interests, or activities
o Restricted interests
o Repetitive behaviours
o Need for sameness or routines
Cognitive dysfunction (intellectual impairment) is not required for the diagnosis of autism. While some individuals with ASD may have intellectual disability, many have normal or even high intelligence, so it is not a diagnostic criterion.

QUESTION

A 7-year-old child has severe anger outbursts out of proportion to the situation, occurring almost daily for 1 year. What is the most likely diagnosis?

A Oppositional defiant disorder

B Conduct disorder

C ADHD

D **Disruptive Mood Dysregulation Disorder** CORRECT

RIGHT ANSWER

OK

D. Disruptive Mood Dysregulation Disorder

WHY THIS IS RIGHT

DMDD is characterized by chronic, severe irritability and frequent temper outbursts lasting ≥1 year.

Conduct Disorder (CD)
Persistent violation of societal norms or rights of others
Oppositional Defiant Disorder (ODD)
Defiant, argumentative, and vindictive behavior toward authority figures >6months
Disruptive Mood Dysregulation Disorder (DMDD)
• After 6yrs, Before 10yrs
• Severe irritability + frequent temper outbursts
• Between outbursts: mood is persistently irritable/ angry

Intermittent Explosive Disorder
• After 6yrs
• Sudden recurrent episodes of outbursts, out of proportion to provocation, provide relief, followed by remorse.

Between outbursts: mood is normal

QUESTION

A 4 year old boy is brought to the clinic because his parents have noticed a significant regression in his abilities over the past year. He previously spoke in full sentences, engaged in social play, and was potty trained but has now lost these skills. He exhibits behaviours resembling those seen in autism. Which of the following conditions is the most likely diagnosis?

A Asperger's Syndrome

B **Heller's Syndrome** CORRECT

C Tourette Syndrome

D Rett Syndrome

OK RIGHT ANSWER

B. Heller's Syndrome

WHY THIS IS RIGHT

Heller syndrome (Childhood disintegrative disorder) is a rare neurodevelopmental disorder characterized by normal development for at least the first 2 years of life followed by marked regression in multiple developmental domains.
• Onset typically between 2-10 years
• Loss of previously acquired skills: Language and communication, social skills, Bladder/bowel control and Motor skills
• Emergence of autistic-like behaviors after regression
• Severe and global deterioration compared to autism

Distinguishing from other conditions:
• Autism spectrum disorder: symptoms present early without normal initial development and major regression
• Asperger syndrome: no language delay or major regression
• Rett syndrome: regression in girls with hand-wringing stereotypies and decelerated head growth
• Tourette syndrome: motor and vocal tics without global developmental regression

QUESTION

An adolescent whose chronological age was 18 years, mental age was corresponding to 12 years ; According to Binet formula for I.Q calculation, he should be classified as (as per DSM-5 grading):

A Mild mental retarded

B Moderate mental retarded

C Borderline intelligence

D **Dull normal intelligence** CORRECT

RIGHT ANSWER

OK

D. Dull normal intelligence

WHY THIS IS RIGHT

Intelligence quotient (IQ) using the Binet formula is calculated as:
IQ = (Mental age / Chronological age) × 100

In this case:
IQ = (12 / 18) × 100 = ≈67

Traditional classification (older IQ-based terms):
• 50-69: Mild intellectual disability
• 70-84: Borderline intelligence
• 85-114: Average intelligence

However, DSM-5 no longer classifies intellectual disability based solely on IQ. Diagnosis requires:
• Deficits in intellectual functioning
• Deficits in adaptive functioning
• Onset during developmental period

If adaptive functioning is adequate and the individual can function independently, an IQ around this range may be categorized as dull normal/borderline range rather than intellectual disability.

QUESTION

A 5-year-old boy is brought to the OPD by his parents for a well-child visit. His mother says, "My son is doing very well. He is able to read at a first-grade level and knows his name and address. He loves to sing, dance, and play house with his older sisters. I think you should know that my son is playing with his sister's dolls and doesn't seem to like cars or trucks like most other boys. Is that normal?" Which of the following is the most appropriate response to the father's concerns?

A **"I hear your concern; let me reassure you that many boys play with dolls as a normal part of exploring the world."** CORRECT

B "I understand your concern; it may help to have him play with male friends and spend more time with you.

C "It is helpful that you brought this up. Your son may have gender dysphoria and need additional support and assessment."

D "There is no need to worry; children don't fully develop gender identity until adolescence."

RIGHT ANSWER

OK **A. "I hear your concern; let me reassure you that many boys play with dolls as a normal part of exploring the world."**

WHY THIS IS RIGHT

Gender-nonconforming play behaviors (eg, boys playing with dolls, preferring traditionally feminine toys or activities) are common and developmentally normal in early childhood and do not necessarily indicate gender dysphoria or future sexual orientation.
• Preschool and early school-age children often explore different roles and toys
• Gender identity typically begins forming by age 3 but continues to develop over time
• Cross-gender play alone is not pathologic and does not require intervention
• Reassurance and supportive parenting are appropriate

When to evaluate further:
• Persistent, insistent distress about assigned gender
• Significant impairment or distress
• Strong desire to be another gender lasting over time

QUESTION

A 10-year-old boy is brought to the pediatric clinic due to unusual classroom behavior for the past year, which has worsened over the last few weeks. Although the patient is generally quiet, he intermittently disrupts the class with sniffling, repetitive throat clearing, and grunting sounds. His teacher states that the boy distracts other students and that his focus in class is poor. The behaviors worsen when he is tired, stressed, or excited. The patient's parents are also concerned because he has only a few friends and his classmates make fun of him. Medical history is significant for recurrent otitis media as a toddler, atopic dermatitis, and an influenza infection 9 months ago. Physical examination shows frequent eye blinking and shoulder shrugging but is otherwise normal. Which of the following is the most likely diagnosis?

A Attention-deficit hyperactivity disorder

B Stereotypic movement disorder

C Sydenham chorea

D **Tourette syndrome** CORRECT

RIGHT ANSWER

OK

D. Tourette syndrome

WHY THIS IS RIGHT

Tourette syndrome is a neurodevelopmental disorder characterized by multiple motor tics and at least one vocal tic lasting for >1 year, with onset before age 18. Tics often worsen with stress, excitement, or fatigue and may improve with distraction or concentration.
• Motor tics: eye blinking, shoulder shrugging, facial grimacing
• Vocal tics: throat clearing, sniffing, grunting
• Fluctuating severity
• Often associated with ADHD or OCD
• Social difficulties due to peer reactions

Distinguishing from other conditions:
• ADHD -> inattention/hyperactivity without repetitive tics
• Stereotypic movement disorder -> rhythmic movements without vocal tics
• Sydenham chorea -> irregular dance-like movements after streptococcal infection, not repetitive stereotyped tics

QUESTION

A 15-year-old boy is brought to the office by his parents due to concern about his development. The patient has had a long-standing interest in fashion and a preference for having girls as friends, and his parents noticed that he recently bought women's underwear and shoes and went out to meet friends wearing makeup. They worry that he is being bullied since moving to a new high school last year. When interviewed privately the patient says, "I have always wanted to be a girl." He is distressed that his voice is deepening and that he is developing facial and pubic hair, which he shaves regularly. Which of the following is the most likely explanation of this patient's behavior?

A Bisexuality

B Body dysmorphic disorder

C Fetishistic disorder

D **Gender dysphoria** CORRECT

RIGHT ANSWER

OK

D. Gender dysphoria

WHY THIS IS RIGHT

Gender dysphoria is characterized by marked incongruence between one’s experienced/expressed gender and assigned sex at birth, accompanied by significant emotional distress or social impairment. It often becomes more pronounced during puberty when secondary sexual characteristics develop.
• Persistent desire to be another gender
• Distress about developing primary/secondary sexual characteristics
• Preference for clothing/roles of identified gender
• Not explained by sexual orientation or paraphilia

Distinguishing from other options:
• Bisexuality -> sexual attraction to both sexes, not distress about gender identity
• Body dysmorphic disorder -> preoccupation with perceived physical flaw
• Fetishistic disorder -> sexual arousal from objects/clothing without gender identity incongruence

QUESTION

A 3-year-old boy is brought to the OPD by his parents due to behavioral difficulties. His mother says, "He is physically healthy and affectionate but has become more defiant and often resists our instructions about getting ready for bed. He plays roughly with his 6-year-old brother and sometimes throws tantrums when he has to share his toys or put them away." His preschool teacher describes him as an "active child" who sometimes talks out loud to classmates while the teacher is speaking. He is easily distracted and often gets up to walk around the classroom. The patient is able to draw circles, speak 3-word sentences, walk up the stairs with alternating feet, and use the toilet, but he cannot wipe himself. His parents express concern about his inability to fully dress himself and about his bed-wetting, which occurs approximately twice a week. Which of the following is the most likely explanation for the child's behavior?

A Attention-deficit hyperactivity disorder

B Conduct disorder

C Disruptive mood dysregulation disorder

D **Normal development** CORRECT

OK RIGHT ANSWER

D. Normal development

WHY THIS IS RIGHT

Many behaviors that resemble inattention, defiance, or hyperactivity in toddlers and preschool children are part of normal development. Diagnosis of psychiatric disorders requires symptoms that are developmentally inappropriate, persistent, and causing significant functional impairment across settings.

At age 3 years, normal behaviors include:
• Short attention span and distractibility
• Tantrums and oppositional behavior
• Difficulty sharing toys
• High activity level
• Not fully independent in dressing or hygiene
• Occasional bed-wetting (enuresis normal up to age 5)
• Speaks 3-word sentences
• Draws simple shapes (circle)
• Climbs stairs with alternating feet

QUESTION

A 10-year-old boy is brought to the OPD due to poor grades and behavioral problems. Although the patient is very intelligent, his parents report that he struggles at school and has received failing grades because he is easily distracted, makes careless mistakes, and often loses his homework. His teacher has called several times to report that he repeatedly disrupts the class by getting out of his seat and by blurting out answers when he is not called on. Treatment options are discussed with the parents. They would like to try medication but prefer a nonstimulant option. Which of the following is the most appropriate pharmacotherapy for this patient?

A Alprazolam

B Amitriptyline

C Aripiprazole

D **Atomoxetine** CORRECT

RIGHT ANSWER

OK **D. Atomoxetine**

WHY THIS IS RIGHT

Attention-deficit/hyperactivity disorder (ADHD) is characterized by inattention, hyperactivity, and impulsivity causing functional impairment in school or social settings. Although stimulants (methylphenidate, amphetamines) are first-line therapy, nonstimulant medications are preferred when stimulants are not desired, contraindicated, or poorly tolerated. Atomoxetine is a selective norepinephrine reuptake inhibitor (NRI) and is the most appropriate nonstimulant pharmacotherapy for ADHD.
• Improves attention and reduces hyperactivity/impulsivity
• Not a controlled substance
• Useful when there is concern about stimulant misuse, tics, or parental preference

Other nonstimulant options:
• Alpha-2 agonists (guanfacine, clonidine)

QUESTION

A 27-year-old man is brought to a family therapist by his wife following a violent outburst in which he nearly injured her. They were having what seemed like a minor argument over a miscommunication about her being late when he suddenly flew into a rage, started shouting, and threw several plates against the wall. His wife is now threatening to leave him because similar episodes keep happening despite his promise to control his anger. The patient is remorseful and says, "I have been getting into trouble because of my temper since high school. Once I get angry, I feel out of control and it's impossible to stop." He drinks beer and uses cannabis to relax approximately 2-3 times a month. Which of the following is the most likely diagnosis in this patient?

A Antisocial personality disorder

B Borderline personality disorder

C Disruptive mood dysregulation disorder

D **Intermittent explosive disorder** CORRECT

RIGHT ANSWER

OK

D. Intermittent explosive disorder

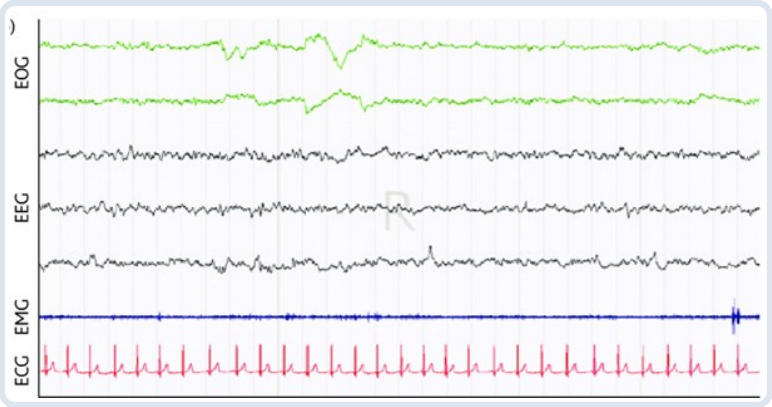
WHY THIS IS RIGHT

Intermittent explosive disorder (IED) is characterized by recurrent, impulsive, and disproportionate aggressive outbursts (verbal or physical) that are not premeditated and are out of proportion to the triggering stressor. Patients often describe feeling unable to control their anger during episodes and may feel remorseful afterward. Baseline mood between episodes is relatively normal. Symptoms present since adolescence or early adulthood.

Distinguishing points:
• Antisocial personality disorder: persistent disregard for others' rights, lack of remorse
• Borderline personality disorder: instability in relationships, self-image, self-harm, fear of abandonment
• Disruptive mood dysregulation disorder: chronic irritability in children (<18 years)

QUESTION

Identify the stage of sleep based on the EEG shown below:



A NREM1

B NREM2

C NREM3

D **REM** CORRECT

OK RIGHT ANSWER

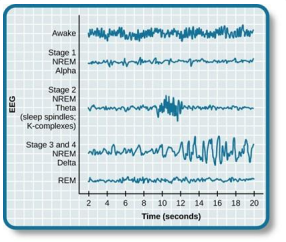
D. REM

WHY THIS IS RIGHT

REM EEG = low-voltage, high-frequency “awake-like” pattern + rapid eye movements + muscle atonia
Awake (Beta waves)
↓
NREM1 -> Theta waves
↓
NREM2 -> Sleep spindles + K complexes
↓
NREM3 -> Delta waves (deep sleep)
↓
REM -> Low voltage, high frequency (dreaming)

Stage	EEG Pattern	Key Features
NREM1	Theta	Light sleep
NREM2	Spindles + K complexes	Most time spent
NREM3	Delta (slow, high amp)	Deep sleep
REM	Low voltage, high freq	Dreaming, paradoxical

• REM = paradoxical sleep
• EEG = low amplitude + high frequency
• Associated with:
• Dreams
• Muscle atonia
• Rapid eye movements



QUESTION

A patient is asked to close his eyes and then reopen them. Which of the following EEG waves would show a decrease upon eye opening?

A **Alpha wave** — CORRECT

B Theta wave

C Beta wave

D Delta Wave

OK RIGHT ANSWER

A. Alpha wave

WHY THIS IS RIGHT

The brain shifts from a resting, idle rhythm to an alert, processing mode.
• Eyes closed -> brain is in relaxed wakefulness
• Eyes open -> visual cortex gets activated
-> Alpha rhythm gets suppressed

This phenomenon is called: “Alpha Block” (Berger’s phenomenon)
Alpha waves (8-13 Hz) are seen in the awake, relaxed state with eyes closed, maximal over occipital regions.
Eyes Closed
↓
Relaxed Wakefulness
↓
Alpha Waves (8-13 Hz, Occipital)
↓ (Eye Opening)
Visual Cortex Activation
↓
Alpha Suppression ("Alpha Block")
↓
Beta Waves (Alert state)

Wave	Frequency	State	Eye Opening Effect
Alpha	8-13 Hz	Relaxed, eyes closed	↓ Decreases (alpha block)
Beta	\>13 Hz	Alert, active	↑ Increases
Theta	4-7 Hz	Drowsy	No major change
Delta	<4 Hz	Deep sleep	No change

QUESTION

A husband and wife presented to the outpatient department with complaints of the husband's premature ejaculation, which is leading to frequent conflicts between them. Which of the following non-pharmacological techniques is most appropriate for treatment?

A **Squeeze Technique** CORRECT

B Sensate Focus Technique

C Exposure and Response Prevention

D Cognitive Behavioral Therapy

OK RIGHT ANSWER

A. Squeeze Technique

WHY THIS IS RIGHT

Premature ejaculation (PE) is commonly managed with behavioral (non-pharmacological) techniques, especially when relationship distress is present.
The squeeze technique, developed by Masters and Johnson, is a classic behavioral therapy for PE.

How it works:
• During sexual stimulation, when the man feels he is about to ejaculate,
• The partner squeezes the penis just below the glans (corona) for a few seconds.
• This reduces arousal and delays ejaculation.
• The process is repeated multiple times during intercourse to improve ejaculatory control.

Why other options are incorrect:
• Sensate focus technique: Used mainly for performance anxiety and erectile dysfunction, focusing on non-demand sensual touching.
• Exposure and Response Prevention: Used in Obsessive-Compulsive Disorder (OCD).
• Cognitive Behavioral Therapy (CBT): Helpful for psychological issues but not the primary behavioral technique for PE.

QUESTION

A 12-year-old girl is brought to the OPD by her mother due to unusual nighttime behavior. The mother reports that once or twice a month over the past year she has found her daughter walking around the house between the hours of midnight and 2 AM. The mother says, "Although her eyes are open, she appears to be in a daze and doesn't respond to me. I guide her back to bed and she goes back to sleep, but I worry that she could get hurt or fall down the stairs if I'm not there." The girl has no recollection of the events. Which of the following EEG patterns is characteristic of the sleep stage associated with this behavior?

A Alpha waves

B Beta waves

C **Delta waves** CORRECT

D K complexes

RIGHT ANSWER

OK

C. Delta waves

WHY THIS IS RIGHT

episode afterward. It is More common in children and adolescents.

Sleep stage EEG patterns:
• N1: theta waves
• N2: sleep spindles and K-complexes
• N3 (deep sleep): delta waves (slow-wave sleep)
• REM sleep: beta-like waves, dreaming

QUESTION

22-year-old man comes to the OPD due to irregular sleep for the past 3 months. The patient says, "Med school has become more stressful, and I have been feeling more fatigued since my girlfriend broke off our relationship last month." He is often sleepy during the day and sometimes falls asleep unintentionally during classes. The patient goes to bed at 1 AM and awakens at 9 AM. After classes, he avoids socializing and frequently returns straight to his dorm room to nap. The patient also describes "weird things happening as I fall asleep, like hearing whispering voices and seeing colorful animals." He describes another unusual experience last week when he suddenly felt weak in his face and knees following an upsetting phone call with his ex-girlfriend. Which of the following is best treatment for the patient?

A **Modafinil** CORRECT

B Ropinirole

C Lorazepam

D Fluoxetine

OK RIGHT ANSWER

A. Modafinil

WHY THIS IS RIGHT

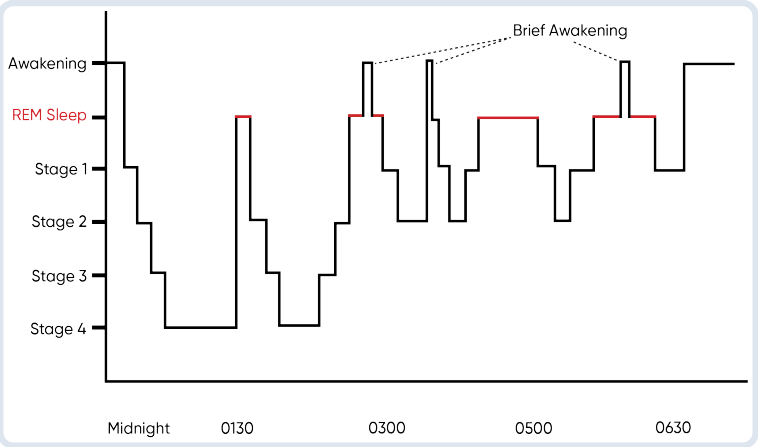
Narcolepsy is characterized by excessive daytime sleepiness with features such as cataplexy, hypnagogic hallucinations, and sleep paralysis due to loss of orexin (hypocretin) neurons in the hypothalamus.
• Excessive daytime sleepiness and sudden sleep attacks
• Cataplexy: sudden loss of muscle tone triggered by strong emotions
• Hypnagogic/hypnopompic hallucinations (vivid dreamlike experiences when falling asleep or waking)
• Sleep paralysis

First-line treatment for excessive daytime sleepiness:
• Modafinil (wakefulness-promoting agent)

Other treatments:
• Sodium oxybate or SSRIs/SNRIs -> for cataplexy
• Scheduled naps and sleep hygiene

QUESTION

What does the given image represent?



A **Hypnogram** — CORRECT

B Electroencephalogram

C Polysomnogram

D Epworth sleep assessment

RIGHT ANSWER

OK **A. Hypnogram**

WHY THIS IS RIGHT

A hypnogram is a graphical representation of sleep architecture that shows the cyclical pattern of sleep stages (NREM stages N1, N2, N3 and REM sleep) across the night. It illustrates normal sleep progression from light sleep to deep sleep followed by REM sleep in cycles of approximately 90 minutes. Helps evaluate sleep disorders like insomnia, narcolepsy, sleep apnea, and parasomnias by analyzing sleep stage distribution and fragmentation.

B. Electroencephalogram (EEG)
• EEG shows brain wave patterns (alpha, beta, theta, delta waves) as electrical tracings.
• It does not show sleep stages across time in a staged graph format.

C. Polysomnogram
Polysomnography is a comprehensive sleep study that records multiple parameters:
• EEG (brain activity)
• EOG (eye movements)
• EMG (muscle activity)
• ECG, airflow, oxygen saturation

D. Epworth Sleepiness Scale
• A questionnaire used to assess daytime sleepiness.
• It is not a graphical sleep-stage diagram.

QUESTION

A patient presents to the emergency with signs of opioid overdose. What is the treatment of choice?

A **Naloxone** CORRECT

B Naltrexone

C Fomepizole

D Flumazenil

RIGHT ANSWER

OK **A. Naloxone**

WHY THIS IS RIGHT

Naloxone is an opioid antagonist that rapidly reverses respiratory depression in opioid overdose. Naltrexone is for longterm dependence, fomepizole treats methanol poisoning, and flumazenil reverses benzodiazepines.

QUESTION

A patient overdosed on TCAs, presenting with altered sensorium, hypotension, and wide QRS complexes on ECG. What is the next best step in treatment?

A DC Cardioversion

B Start antiarrhythmic drug

C **NAHCO** CORRECT

D None of the above

OK RIGHT ANSWER

C. NAHCO

WHY THIS IS RIGHT

TCA toxicity causes sodium channel blockade leading to wide QRS complexes. Intravenous sodium bicarbonate is the treatment of choice. Cardioversion and antiarrhythmics are less effective and risky. Hence sodium bicarbonate is correct.

QUESTION

A patient presents with respiratory depression suspected due to opioid overdose. What should be the next step in management?

A **Naloxone** CORRECT

B Naltrexone

C Buprenorphine

D Methadone

RIGHT ANSWER

OK **A. Naloxone**

WHY THIS IS RIGHT

The source quiz contains the placeholder “$19” here and does not include a written explanation for this item.

QUESTION

A 17 year old girl has raised BP, tachycardia, diaphoresis, and mydriasis after consuming a substance. Likely substance?

A **Cocaine** — CORRECT

B Morphine

C Heroin

D Chlordiazepoxide

RIGHT ANSWER

OK **A. Cocaine**

WHY THIS IS RIGHT

The patient shows signs of sympathetic overactivity, which include:
• Raised blood pressure (hypertension)
• Tachycardia
• Diaphoresis (excessive sweating)
• Mydriasis (pupil dilation)

These findings are characteristic of stimulant intoxication, particularly cocaine.

Mechanism:
Cocaine blocks the reuptake of catecholamines (dopamine, norepinephrine, and serotonin) at synapses, leading to increased sympathetic activity.

Why other options are incorrect:
• Morphine and Heroin (opioids): cause miosis (pinpoint pupils), respiratory depression, and sedation.
• Chlordiazepoxide (benzodiazepine): causes CNS depression, sedation, and decreased autonomic activity rather than sympathetic stimulation.

QUESTION

Which drug prevents withdrawal symptoms in a patient with alcohol history admitted after accident?

A **Lorazepam** CORRECT

B Fomepizole

C Naltrexone

D Buspirone

RIGHT ANSWER

OK **A. Lorazepam**

WHY THIS IS RIGHT

In a patient with chronic alcohol use who is hospitalized (e.g., after an accident), the main concern is alcohol withdrawal syndrome, which can lead to:
• Tremors
• Agitation
• Seizures
• Delirium tremens

Benzodiazepines are the drug of choice for preventing and treating alcohol withdrawal.
Lorazepam is commonly used because:
• It is effective for withdrawal symptoms
• It has no active metabolites
• It is safer in patients with liver disease, which is common in alcoholics

Why other options are incorrect:
• Fomepizole: Used for methanol or ethylene glycol poisoning.
• Naltrexone: Used for maintenance therapy to reduce alcohol craving, not for acute withdrawal.
• Buspirone: Used for generalized anxiety disorder, not alcohol withdrawal.

QUESTION

A young girl has daytime episodes of loss of consciousness only in front of family, recalls conversations, no tongue bite or incontinence. Preferred treatment?

A Treat with aversive therapy

B **Treat with behavioral therapy** CORRECT

C Valproate

D Ketogenic diet

RIGHT ANSWER

OK **B. Treat with behavioral therapy**

WHY THIS IS RIGHT

These are pseudoseizures seen in conversion disorder, best managed with behavioral therapy. Valproate and ketogenic diet treat epilepsy, while aversive therapy is unethical.

QUESTION

A chronic alcoholic, unconscious after binge drinking, has normal CT and glucose of 49 mg/dL. What treatment should be initiated?

A **IM Thiamine followed by Dextrose** CORRECT

B Normal saline

C 5% dextrose

D 20% dextrose

RIGHT ANSWER

OK **A. IM Thiamine followed by Dextrose**

WHY THIS IS RIGHT

In a chronic alcoholic who is unconscious with hypoglycemia (glucose 49 mg/dL), the immediate concern is Wernicke's encephalopathy due to thiamine (Vitamin B1) deficiency.
Alcoholics often have severe thiamine deficiency. If glucose is given before thiamine, it can precipitate or worsen Wernicke's encephalopathy because glucose metabolism increases the demand for thiamine.
Therefore, the correct management sequence is:
1. Administer thiamine (IM/IV) first
2. Then give dextrose to correct hypoglycemia

QUESTION

Which of the following drugs is used in Opioid Substitution Therapy?

A Clonidine

B Naltrexone

C **Buprenorphine** CORRECT

D Naloxone

OK RIGHT ANSWER

C. Buprenorphine

WHY THIS IS RIGHT

Opioid substitution therapy uses safer opioids like buprenorphine or methadone to reduce harm and prevent relapse. Clonidine only manages withdrawal, naltrexone blocks opioid effects, and naloxone reverses overdose. Hence buprenorphine is correct.

QUESTION

A patient started on Amitryptiline was found unconscious. Which of the following doesn't suggest TCA toxicity?

A Arrhythmia

B Confusion

C **Hypothermia** CORRECT

D Pupillary dilatation

RIGHT ANSWER

OK

C. Hypothermia

WHY THIS IS RIGHT

Tricyclic antidepressant (TCA) toxicity (e.g., with amitriptyline) commonly produces anticholinergic and cardiotoxic effects. Typical features include:
• Arrhythmias due to sodium channel blockade (major cause of mortality)
• Confusion or delirium from central anticholinergic effects
• Pupillary dilatation (mydriasis) as part of the anticholinergic syndrome
• Tachycardia, dry mouth, urinary retention, seizures, and coma

Hypothermia is not a typical feature of TCA toxicity. Instead, patients may show hyperthermia due to anticholinergic effects.

QUESTION

Mental Health Gap Action (mhGAP) Program does not include:

A Mental illness in children

B Schizophrenia and other psychotic disorders

C **OCD** CORRECT

D Depression

RIGHT ANSWER

OK

C. OCD

WHY THIS IS RIGHT

mhGAP covers child mental illness, epilepsy, suicide, schizophrenia, depression, alcohol, drugs, and dementia. OCD is not included.

QUESTION

Which of the following are features of Korsakoff syndrome?
A. Confabulation
B. Amnesia
C. Peripheral neuropathy
D. Ophthalmoplegia

A 1, 2

B **1, 2, 3** CORRECT

C 1, 2, 3, 4

D 1, 2, 4

OK RIGHT ANSWER

B. 1, 2, 3

WHY THIS IS RIGHT

Korsakoff syndrome presents with amnesia, confabulation, and peripheral neuropathy. Ophthalmoplegia is part of Wernicke's encephalopathy, not Korsakoff.

QUESTION

Match the following:

A) Delirium Tremens	1) Varenicline
B) Opioid Overdose	2) Acamprosate
C) Alcohol Dependence	3) Oxazepam
D) Smoking Cessation	4) Naloxone

A A-1, B-3, C-2, D-4

B A-2, B-1, C-4, D-3

C **A-3, B-4, C-2, D-1** CORRECT

D A-3, B-4, C-1, D-2

OK RIGHT ANSWER

C. A-3, B-4, C-2, D-1

WHY THIS IS RIGHT

Delirium tremens is treated with benzodiazepines like oxazepam, opioid overdose with naloxone, alcohol dependence maintenance with acamprosate, and smoking cessation with varenicline. Flumazenil is not used here.

Condition	Treatment
Delirium Tremens	Benzodiazepines + Thiamine
Opioid Overdose	Naloxone
Alcohol Dependence maintenance	Acamprosate
Smoking Cessation	Varenicline

QUESTION

Which of the following statements is incorrect?

A **Alcohol in low dose causes brain stimulation and in higher doses causes brain suppression** CORRECT

B Cannabis use can result in repetitive behaviours

C Opioids are very effective analgesics

D Volatile inhalational agents are mostly toxic to humans

RIGHT ANSWER

OK **A. Alcohol in low dose causes brain stimulation and in higher doses causes brain suppression**

WHY THIS IS RIGHT

Option	Statement	Correct / Incorrect	Explanation
A	Alcohol in low dose causes brain stimulation and in higher doses causes brain suppression	Incorrect	Alcohol is primarily a CNS depressant at all doses. Early “stimulation” occurs due to disinhibition of cortical inhibitory centers, not true stimulation.
B	Cannabis use can result in repetitive behaviours	Correct	Cannabis may cause stereotyped or repetitive behaviours and altered perception.
C	Opioids are very effective analgesics	Correct	Opioids act on μ-opioid receptors and are among the most potent analgesics.
D	Volatile inhalational agents are mostly toxic to humans	Correct	Many inhalants (glue, petrol, solvents) cause CNS depression, organ toxicity, and sudden sniffing death.

QUESTION

All of the following statements are correct except:

A Opioid withdrawal is rarely fatal

B Buprenorphine can be used for opioid withdrawal

C **Flumazenil is used for longterm management of alcohol dependence** CORRECT

D Cannabis withdrawal has minimal physical symptoms

RIGHT ANSWER

OK **C. Flumazenil is used for longterm management of alcohol dependence**

WHY THIS IS RIGHT

- Opioid withdrawal: rarely fatal (unlike alcohol or benzodiazepine withdrawal).
- Opioid dependence treatment: Methadone, Buprenorphine, Naltrexone.
- Alcohol dependence long-term drugs: Disulfiram, Naltrexone, Acamprosate.
- Flumazenil: antidote for benzodiazepine overdose.

QUESTION

A female presents with sudden visual loss after an RTA. Ophthalmological and neurological exams are normal, and she is unconcerned about the loss. What is the diagnosis?

A Somatization disorder

B **Conversion disorder** CORRECT

C Malingering

D Factitious disorder

OK RIGHT ANSWER

B. Conversion disorder

WHY THIS IS RIGHT

Conversion disorder presents with neurological symptoms without organic cause, often after stress or trauma, with la belle indifférence (lack of concern). Malingering and factitious involve intentional symptom production, somatization is multiple physical complaints.

QUESTION

A 26-year-old woman presents to the psychiatry OPD with persistent fear that she has a serious neurological illness. She reports having intermittent headaches for the last 8 months. Multiple neurological examinations and neuroimaging studies have been normal. Despite repeated reassurance by doctors, she remains convinced that something has been missed and frequently seeks further investigations. She has no focal neurological deficits and her daily functioning is otherwise preserved. What is the most likely diagnosis?

A Somatic symptom disorder

B Depersonalization-derealization disorder

C Functional neurological symptom disorder

D **Illness anxiety disorder** CORRECT

RIGHT ANSWER

OK

D. Illness anxiety disorder

WHY THIS IS RIGHT

Illness anxiety disorder is characterized by a persistent fear or belief of having a serious medical illness despite minimal or no physical symptoms and repeatedly normal medical evaluations for ≥6 months. Patients remain preoccupied with health concerns and frequently seek reassurance or additional testing. Daily functioning usually preserved
Distinguishing from related disorders:
• Somatic symptom disorder: prominent, distressing physical symptoms with excessive focus
• Functional neurological (conversion) disorder: neurologic symptoms inconsistent with medical disease
• Depersonalization/derealization: altered sense of self or surroundings

QUESTION

All of the following statements regarding Electroconvulsive Therapy (ECT) are True, except:

A. After ECT, CSF levels of Brain-Derived Neurotrophic Factor (BDNF) increase

B. **Anterograde amnesia resolves in 1-2 days** — CORRECT

C. Retrograde amnesia may take 6-9 months to resolve

D. For a seizure to be considered therapeutically effective, it should last for at least 25 seconds

RIGHT ANSWER

OK

B. Anterograde amnesia resolves in 1-2 days

WHY THIS IS RIGHT

Electroconvulsive therapy (ECT) is an effective treatment for severe depression, psychosis, catatonia, and treatment-resistant mood disorders. It produces controlled generalized seizures under anesthesia. Key facts about ECT:
• BDNF levels increase after ECT, contributing to neuroplasticity and antidepressant effects
• A therapeutic seizure typically should last ≥20-25 seconds (motor) or longer on EEG
• Retrograde amnesia (loss of past memories) may persist for months (often 6-9 months) but usually improves
• Anterograde amnesia (difficulty forming new memories) typically resolves within weeks, not in 1-2 days

QUESTION

A man attends three sessions per week with his psychiatrist. During each session, he begins to talk, saying whatever comes to his mind. Occasionally, the patient relates dreams that he remembers from the previous night. The psychiatrist remains silent for the majority of the session, asking only about details to clarify what the patient says. This is an example of which of the following types of therapy?

A Behavioral therapy

B Interpersonal psychotherapy

C **Psychoanalysis** CORRECT

D Supportive psychotherapy

OK RIGHT ANSWER

C. Psychoanalysis

WHY THIS IS RIGHT

Psychoanalysis is a psychodynamic therapy that aims to uncover unconscious conflicts and repressed emotions through techniques such as free association, dream analysis, and interpretation of transference.
• Frequent sessions (often several times per week)
• Patient encouraged to say whatever comes to mind (free association)
• Discussion of dreams and unconscious thoughts
• Therapist remains mostly neutral and interpretive
• Focus on early life experiences and unconscious conflicts

Distinguishing from other therapies:
• Behavioral therapy -> focuses on modifying behaviors using conditioning techniques
• Interpersonal psychotherapy -> focuses on current relationships and social functioning
• Supportive psychotherapy -> reassurance and coping support without deep unconscious exploration

QUESTION

The Clinical Guidelines of the Tobacco De-Addiction Programme in India recommend the 5-A strategy for tobacco cessation counseling. All of the following are included under the 5-A strategy except:

A Ask

B **Acknowledge** CORRECT

C Assist

D Arrange

RIGHT ANSWER

OK

B. Acknowledge

WHY THIS IS RIGHT

The 5-A strategy recommended in tobacco cessation programs (including India's Tobacco De-Addiction Programme) is a structured counseling approach used to help patients quit tobacco.

The 5 A's include:

1. Ask - Identify and document tobacco use at every visit
2. Advise - Strongly urge all tobacco users to quit
3. Assess - Determine willingness to make a quit attempt
4. Assist - Provide counseling, pharmacotherapy, and support
5. Arrange - Schedule follow-up and ongoing support

"Acknowledge" is not part of the 5-A model. The approach focuses on systematically identifying tobacco use, motivating cessation, providing help, and arranging follow-up to improve quit rates.

QUESTION

A patient with phobia of public speaking watches recorded sessions of individuals successfully delivering speeches without anxiety before attempting it himself. Which behavior therapy technique is illustrated?

A Flooding

B Systematic desensitization

C **Modelling** CORRECT

D Response prevention

RIGHT ANSWER

OK

C. Modelling

WHY THIS IS RIGHT

Modeling (observational learning) is a behavioral therapy technique in which a patient learns adaptive behaviors by observing others successfully perform the feared activity without negative consequences. It helps reduce anxiety by demonstrating appropriate coping and performance strategies. In phobias (eg, fear of public speaking), watching others confidently perform the feared task can:
• Reduce anticipatory anxiety
• Increase self-efficacy
• Encourage gradual imitation of the behavior

Distinguishing from other techniques:
• Flooding: direct, intense exposure to feared stimulus without gradual buildup
• Systematic desensitization: gradual exposure paired with relaxation training
• Response prevention: blocking compulsive behavior after exposure (used in OCD)

QUESTION

A 40-year-old woman is brought to the emergency department by her roommate due to significant left leg weakness. The symptom began 3 days ago after her father had a heart attack. There is no personal or family history of neurological disease; surgical history includes liposuction of the thighs and varicose vein removal. Temperature is 36.7 C (98.1 F), blood pressure is 123/81 mm Hg, pulse is 62/min, and respirations are 14/min. Physical examination reveals symmetric 2+ deep tendon reflexes as well as normal muscle bulk and tone bilaterally in the upper and lower extremities. Which of the following is the most likely diagnosis?

A Body dysmorphic disorder

B **Conversion disorder** CORRECT

C Factitious disorder

D Illness anxiety disorder

RIGHT ANSWER

OK

B. Conversion disorder

WHY THIS IS RIGHT

Conversion disorder (functional neurological symptom disorder) is characterized by neurologic symptoms incompatible with known medical or neurologic conditions, often occurring after psychological stress or trauma.
• Sudden onset of motor or sensory deficits (eg, paralysis, weakness, blindness, seizures)
• Symptoms inconsistent with neuroanatomy or exam findings
• Not intentionally produced (distinguishes from factitious disorder/malingering)
• Normal reflexes, tone, and investigations despite reported deficit

Distinguishing points:
• Factitious disorder -> intentional symptom production to assume sick role
• Illness anxiety disorder -> fear of illness without neurologic deficits
• Body dysmorphic disorder -> preoccupation with perceived physical flaw

QUESTION

A 34-year-old woman comes to the OPD with her husband due to behavioral changes over the past 6 weeks. The husband says, "She's not an angry person, but ever since she was in a car accident, little things seem to set her off. She yells and honks at people for not using their turn signals and gets upset when we have to wait for a table at restaurants." The patient describes difficulty sleeping due to thoughts "swirling" in her head and feeling panicked every time she wakes up. Which of the following is the best next step in management of this patient?

A Begin buspirone

B Provide reassurance and prescribe short-term alprazolam

C **Recommend cognitive-behavioral therapy** CORRECT

D Start lithium

RIGHT ANSWER

OK

C. Recommend cognitive-behavioral therapy

WHY THIS IS RIGHT

After exposure to a traumatic event (eg, motor vehicle accident), patients with persistent anxiety, irritability, sleep disturbance, and hyperarousal benefit from trauma-focused psychotherapy, especially cognitive-behavioral therapy (CBT). CBT helps patients:
• Process trauma-related thoughts and emotions
• Reduce hyperarousal and anxiety
• Improve coping and sleep
• Prevent progression to chronic PTSD

Why not others:
• Buspirone -> for generalized anxiety, not first-line post-trauma
• Benzodiazepines (alprazolam) -> avoid due to dependence risk and interference with trauma processing
• Lithium -> for bipolar disorder, not trauma-related anxiety

QUESTION

A newly married couple has come for counseling as the male partner has had difficulty maintaining an erection until the completion of sexual activity for the past 8 months. Which phase of the normal sexual cycle does this disorder belong to?

A Desire phase

B Orgasmic phase

C **Arousal phase** CORRECT

D Resolution phase

RIGHT ANSWER

OK

C. Arousal phase

WHY THIS IS RIGHT

The human sexual response cycle consists of four phases: desire, arousal, orgasm, and resolution. Erectile dysfunction (difficulty achieving or maintaining an erection sufficient for sexual activity) is a disorder of the arousal phase.

Phases of sexual response cycle:

1. Desire phase: sexual interest or libido
2. Arousal phase: physiologic changes (erection in males, lubrication in females)
3. Orgasmic phase: climax and ejaculation
4. Resolution phase: return to baseline and refractory period

QUESTION

What is the maximum period of voluntary self-admission under the Mental Healthcare Act 2017?

A 48 hours

B 7 days

C **30 days** CORRECT

D 90 days

OK RIGHT ANSWER

C. 30 days

WHY THIS IS RIGHT

Under the [Mental Healthcare Act 2017](), a person with mental illness can seek voluntary (independent) admission to a mental health establishment if they have decision-making capacity and request treatment.

Maximum duration of voluntary admission:
• Up to 30 days initially
• The patient can request discharge at any time
• If continued admission is required beyond 30 days and the patient lacks capacity or refuses discharge, the case must be reviewed under supported admission provisions with appropriate legal safeguards.

QUESTION

A patient presents to the emergency with signs of opioid overdose. What is the treatment of choice?

A **Naloxone** CORRECT

B Naltrexone

C Fomepizole

D Flumazenil

RIGHT ANSWER

OK **A. Naloxone**

WHY THIS IS RIGHT

Naloxone is an opioid antagonist that rapidly reverses respiratory depression in opioid overdose. Naltrexone is for longterm dependence, fomepizole treats methanol poisoning, and flumazenil reverses benzodiazepines.

QUESTION

A patient overdosed on TCAs, presenting with altered sensorium, hypotension, and wide QRS complexes on ECG. What is the next best step in treatment?

A DC Cardioversion

B Start antiarrhythmic drug

C **NAHCO** CORRECT

D None of the above

OK RIGHT ANSWER

C. NAHCO

WHY THIS IS RIGHT

TCA toxicity causes sodium channel blockade leading to wide QRS complexes. Intravenous sodium bicarbonate is the treatment of choice. Cardioversion and antiarrhythmics are less effective and risky. Hence sodium bicarbonate is correct.

QUESTION

A patient presents with respiratory depression suspected due to opioid overdose. What should be the next step in management?

A **Naloxone** — CORRECT

B Naltrexone

C Buprenorphine

D Methadone

RIGHT ANSWER

OK **A. Naloxone**

WHY THIS IS RIGHT

The source quiz contains the placeholder “$19” here and does not include a written explanation for this item.

QUESTION

A 17 year old girl has raised BP, tachycardia, diaphoresis, and mydriasis after consuming a substance. Likely substance?

- A **Cocaine** — CORRECT
- B Morphine
- C Heroin
- D Chlordiazepoxide

RIGHT ANSWER

OK **A. Cocaine**

WHY THIS IS RIGHT

The patient shows signs of sympathetic overactivity, which include:
• Raised blood pressure (hypertension)
• Tachycardia
• Diaphoresis (excessive sweating)
• Mydriasis (pupil dilation)

These findings are characteristic of stimulant intoxication, particularly cocaine.

Mechanism:
Cocaine blocks the reuptake of catecholamines (dopamine, norepinephrine, and serotonin) at synapses, leading to increased sympathetic activity.

Why other options are incorrect:
• Morphine and Heroin (opioids): cause miosis (pinpoint pupils), respiratory depression, and sedation.
• Chlordiazepoxide (benzodiazepine): causes CNS depression, sedation, and decreased autonomic activity rather than sympathetic stimulation.

QUESTION

Which drug prevents withdrawal symptoms in a patient with alcohol history admitted after accident?

A **Lorazepam** CORRECT

B Fomepizole

C Naltrexone

D Buspirone

RIGHT ANSWER

OK **A. Lorazepam**

WHY THIS IS RIGHT

In a patient with chronic alcohol use who is hospitalized (e.g., after an accident), the main concern is alcohol withdrawal syndrome, which can lead to:
• Tremors
• Agitation
• Seizures
• Delirium tremens

Benzodiazepines are the drug of choice for preventing and treating alcohol withdrawal.
Lorazepam is commonly used because:
• It is effective for withdrawal symptoms
• It has no active metabolites
• It is safer in patients with liver disease, which is common in alcoholics

Why other options are incorrect:
• Fomepizole: Used for methanol or ethylene glycol poisoning.
• Naltrexone: Used for maintenance therapy to reduce alcohol craving, not for acute withdrawal.
• Buspirone: Used for generalized anxiety disorder, not alcohol withdrawal.

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A young girl has daytime episodes of loss of consciousness only in front of family, recalls conversations, no tongue bite or incontinence. Preferred treatment?

A Treat with aversive therapy

B **Treat with behavioral therapy** CORRECT

C Valproate

D Ketogenic diet

RIGHT ANSWER

OK **B. Treat with behavioral therapy**

WHY THIS IS RIGHT

These are pseudoseizures seen in conversion disorder, best managed with behavioral therapy. Valproate and ketogenic diet treat epilepsy, while aversive therapy is unethical.

QUESTION

A chronic alcoholic, unconscious after binge drinking, has normal CT and glucose of 49 mg/dL. What treatment should be initiated?

A **IM Thiamine followed by Dextrose** CORRECT

B Normal saline

C 5% dextrose

D 20% dextrose

RIGHT ANSWER

OK **A. IM Thiamine followed by Dextrose**

WHY THIS IS RIGHT

In a chronic alcoholic who is unconscious with hypoglycemia (glucose 49 mg/dL), the immediate concern is Wernicke's encephalopathy due to thiamine (Vitamin B1) deficiency.
Alcoholics often have severe thiamine deficiency. If glucose is given before thiamine, it can precipitate or worsen Wernicke's encephalopathy because glucose metabolism increases the demand for thiamine.
Therefore, the correct management sequence is:
1. Administer thiamine (IM/IV) first
2. Then give dextrose to correct hypoglycemia

QUESTION

Which of the following drugs is used in Opioid Substitution Therapy?

A Clonidine

B Naltrexone

C **Buprenorphine** CORRECT

D Naloxone

OK RIGHT ANSWER

C. Buprenorphine

WHY THIS IS RIGHT

Opioid substitution therapy uses safer opioids like buprenorphine or methadone to reduce harm and prevent relapse. Clonidine only manages withdrawal, naltrexone blocks opioid effects, and naloxone reverses overdose. Hence buprenorphine is correct.

QUESTION

A patient started on Amitryptiline was found unconscious. Which of the following doesn't suggest TCA toxicity?

A Arrhythmia

B Confusion

C **Hypothermia** CORRECT

D Pupillary dilatation

RIGHT ANSWER

OK

C. Hypothermia

WHY THIS IS RIGHT

Tricyclic antidepressant (TCA) toxicity (e.g., with amitriptyline) commonly produces anticholinergic and cardiotoxic effects. Typical features include:
• Arrhythmias due to sodium channel blockade (major cause of mortality)
• Confusion or delirium from central anticholinergic effects
• Pupillary dilatation (mydriasis) as part of the anticholinergic syndrome
• Tachycardia, dry mouth, urinary retention, seizures, and coma

Hypothermia is not a typical feature of TCA toxicity. Instead, patients may show hyperthermia due to anticholinergic effects.

QUESTION

Mental Health Gap Action (mhGAP) Program does not include:

A Mental illness in children

B Schizophrenia and other psychotic disorders

C **OCD** CORRECT

D Depression

RIGHT ANSWER

OK

C. OCD

WHY THIS IS RIGHT

mhGAP covers child mental illness, epilepsy, suicide, schizophrenia, depression, alcohol, drugs, and dementia. OCD is not included.

QUESTION

Which of the following are features of Korsakoff syndrome?
A. Confabulation
B. Amnesia
C. Peripheral neuropathy
D. Ophthalmoplegia

A 1, 2

B **1, 2, 3** CORRECT

C 1, 2, 3, 4

D 1, 2, 4

OK RIGHT ANSWER

B. 1, 2, 3

WHY THIS IS RIGHT

Korsakoff syndrome presents with amnesia, confabulation, and peripheral neuropathy. Ophthalmoplegia is part of Wernicke's encephalopathy, not Korsakoff.

QUESTION

Match the following:

A) Delirium Tremens	1) Varenicline
B) Opioid Overdose	2) Acamprosate
C) Alcohol Dependence	3) Oxazepam
D) Smoking Cessation	4) Naloxone

A A-1, B-3, C-2, D-4

B A-2, B-1, C-4, D-3

C **A-3, B-4, C-2, D-1** CORRECT

D A-3, B-4, C-1, D-2

OK RIGHT ANSWER

C. A-3, B-4, C-2, D-1

WHY THIS IS RIGHT

Delirium tremens is treated with benzodiazepines like oxazepam, opioid overdose with naloxone, alcohol dependence maintenance with acamprosate, and smoking cessation with varenicline. Flumazenil is not used here.

Condition	Treatment
Delirium Tremens	Benzodiazepines + Thiamine
Opioid Overdose	Naloxone
Alcohol Dependence maintenance	Acamprosate
Smoking Cessation	Varenicline

QUESTION

Which of the following statements is incorrect?

A **Alcohol in low dose causes brain stimulation and in higher doses causes brain suppression** CORRECT

B Cannabis use can result in repetitive behaviours

C Opioids are very effective analgesics

D Volatile inhalational agents are mostly toxic to humans

RIGHT ANSWER

OK **A. Alcohol in low dose causes brain stimulation and in higher doses causes brain suppression**

WHY THIS IS RIGHT

Option	Statement	Correct / Incorrect	Explanation
A	Alcohol in low dose causes brain stimulation and in higher doses causes brain suppression	Incorrect	Alcohol is primarily a CNS depressant at all doses. Early “stimulation” occurs due to disinhibition of cortical inhibitory centers, not true stimulation.
B	Cannabis use can result in repetitive behaviours	Correct	Cannabis may cause stereotyped or repetitive behaviours and altered perception.
C	Opioids are very effective analgesics	Correct	Opioids act on μ-opioid receptors and are among the most potent analgesics.
D	Volatile inhalational agents are mostly toxic to humans	Correct	Many inhalants (glue, petrol, solvents) cause CNS depression, organ toxicity, and sudden sniffing death.

QUESTION

All of the following statements are correct except:

A Opioid withdrawal is rarely fatal

B Buprenorphine can be used for opioid withdrawal

C **Flumazenil is used for longterm management of alcohol dependence** CORRECT

D Cannabis withdrawal has minimal physical symptoms

RIGHT ANSWER

OK **C. Flumazenil is used for longterm management of alcohol dependence**

WHY THIS IS RIGHT

- Opioid withdrawal: rarely fatal (unlike alcohol or benzodiazepine withdrawal).
- Opioid dependence treatment: Methadone, Buprenorphine, Naltrexone.
- Alcohol dependence long-term drugs: Disulfiram, Naltrexone, Acamprosate.
- Flumazenil: antidote for benzodiazepine overdose.

QUESTION

A female presents with sudden visual loss after an RTA. Ophthalmological and neurological exams are normal, and she is unconcerned about the loss. What is the diagnosis?

A Somatization disorder

B **Conversion disorder** CORRECT

C Malingering

D Factitious disorder

RIGHT ANSWER

OK

B. Conversion disorder

WHY THIS IS RIGHT

Conversion disorder presents with neurological symptoms without organic cause, often after stress or trauma, with la belle indifférence (lack of concern). Malingering and factitious involve intentional symptom production, somatization is multiple physical complaints.

QUESTION

A 26 year old male believes he is extremely rich and that someone wants to kill him to take his wealth. He appears depressed and unwell. What are the clinical signs present here?

A **Delusion of grandeur and persecution** CORRECT

B Delusion of grandeur and reference

C Delusion of nihilism

D Delusion of grandeur and nihilism

RIGHT ANSWER

OK

A. Delusion of grandeur and persecution

WHY THIS IS RIGHT

False belief of extreme wealth indicates delusion of grandeur, while fear of being harmed for wealth is delusion of persecution. Delusion of reference involves misinterpreting neutral events, and nihilism involves denial of existence.

QUESTION

A young man hears birds flapping wings and believes it is a divine sign directing him. Which psychopathological phenomenon is illustrated?

A Sudden delusional idea

B **Delusional perception** CORRECT

C Delusional memory

D Visual hallucination

OK RIGHT ANSWER

B. Delusional perception

WHY THIS IS RIGHT

In delusional perception, a normal sensory perception is given a false, delusional meaning without logical justification.
In this case:
• The patient hears birds flapping their wings (a real and normal perception).
• He interprets it as a divine sign directing him, which is a delusional meaning attached to the perception.

Therefore, the phenomenon is delusional perception.

Why other options are incorrect:
• Sudden delusional idea (autochthonous delusion): A delusion that appears suddenly without any preceding perception or reasoning.
• Delusional memory: A false memory with delusional interpretation.
• Visual hallucination: Seeing something that is not actually present; here the perception (birds flapping) is real.

QUESTION

A 30-year old male is charming with family but often fights with friends and has multiple police cases. What is the likely diagnosis?

A **Antisocial personality** CORRECT

B Narcissistic personality

C Schizotypal personality

D Paranoid personality

RIGHT ANSWER

OK **A. Antisocial personality**

WHY THIS IS RIGHT

This scenario describes a 30-year-old man who appears charming with family but frequently fights with friends and has multiple police cases, suggesting a pattern of disregard for social norms and the rights of others.

Features pointing toward Antisocial Personality Disorder (ASPD) include:
• Repeated conflicts or fights
• Legal problems / criminal behavior
• Impulsivity and aggression
• Superficial charm with manipulative behavior

Why other options are incorrect:
• Narcissistic personality: Characterized by grandiosity, need for admiration, and lack of empathy, not typically repeated criminal behavior.
• Schizotypal personality: Involves eccentric behavior, odd beliefs, and social anxiety.
• Paranoid personality: Marked by pervasive distrust and suspiciousness of others.

QUESTION

A 32 year old male needs to wear female lingerie and heels to feel aroused with females. What is the likely diagnosis?

A **Transvestic fetishism** CORRECT

B Gender Dysphoria

C Homosexual orientation

D Testicular feminization

RIGHT ANSWER

OK

A. Transvestic fetishism

WHY THIS IS RIGHT

Sexual arousal from crossdressing without gender identity disturbance is transvestic fetishism. Gender dysphoria involves discomfort with one's sex, homosexual orientation is attraction to males, and testicular feminization is a genetic condition.

QUESTION

Consider the following statements about behavior change stages and choose the correct answer :
• Statement 1: Contemplation - A person who smokes is thinking of quitting smoking.
• Statement 2: Precontemplation - A person is considering starting morning walk considering its benefits to health.
• Statement 3: Maintenance phase - A person quit smoking one year back and has not smoked since then.
• Statement 4: Action phase - A person with obesity says he can't do anything as it runs in his family.

A **Statement 1 and 3 are correct** CORRECT

B Statement 1 and 2 are correct

C Statement 1, 2, 3 are correct

D All are correct

RIGHT ANSWER

OK **A. Statement 1 and 3 are correct**

WHY THIS IS RIGHT

The source quiz contains the placeholder “$1a” here and does not include a written explanation for this item.

QUESTION

In which of the following patients would supportive psychotherapy not be preferred?

A Acute crisis

B Cognitive deficits

C Severely ill with deficient ego

D **Strong ego and high motivation** CORRECT

RIGHT ANSWER

OK

D. Strong ego and high motivation

WHY THIS IS RIGHT

Supportive psychotherapy is typically used in patients who have limited psychological resources and need stabilization rather than deep insight.
It is preferred in situations such as:
• Acute crisis (e.g., sudden stress, trauma)
• Cognitive deficits where complex insight-oriented therapy is difficult
• Severely ill patients with weak or deficient ego functioning

In contrast, patients with strong ego strength, good insight, and high motivation are better suited for insight-oriented or psychodynamic psychotherapy, which explores unconscious conflicts and deeper psychological processes.
Therefore, supportive psychotherapy would not be preferred in a patient with strong ego and high motivation.

QUESTION

Match the following:
1. Eonism
2. Frotteurism
3. Necrophilia
4. Algolagnia
a. Cross-dressing
b. Rubbing against non-consenting persons
c. Sexual gratification from corpses
d. Deriving sexual pleasure from pain

A 1a, 2c, 3b, 4d

B **1a, 2b, 3c, 4d** CORRECT

C 1d, 2a, 3b, 4c

D 1c, 2b, 3a, 4d

OK RIGHT ANSWER

B. 1a, 2b, 3c, 4d

WHY THIS IS RIGHT

• Eonism refers to cross-dressing, typically for sexual arousal or identity expression, and falls under transvestic fetishism.
• Frotteurism involves rubbing against non-consenting individuals, commonly in crowded public spaces, and is one of the most frequent paraphilias in adolescent males.
• Necrophilia is sexual activity with corpses, often associated with severe psychopathology and legal consequences.
• Algolagnia is deriving sexual pleasure from pain, forming the basis of sadism/masochism spectra.

QUESTION

All of the following are components of Beck’s cognitive theory of depression except:

A Dysfunctional beliefs

B Cognitive distortions

C **Introjection** CORRECT

D Automatic negative thoughts

RIGHT ANSWER

OK

C. Introjection

WHY THIS IS RIGHT

Beck’s cognitive theory of depression proposes that depression results from negative patterns of thinking. The main components include:
• Dysfunctional beliefs (negative schemas): Deep-seated negative beliefs about oneself, the world, and the future.
• Cognitive distortions: Systematic errors in thinking such as overgeneralization, catastrophizing, and selective abstraction.
• Automatic negative thoughts: Spontaneous negative thoughts that arise in response to situations.

Introjection is a concept from psychoanalytic theory (Freud), where a person internalizes attitudes or attributes of another person, often related to the explanation of melancholia.

QUESTION

A patient with schizophrenia says, “Lord Hanuman was celibate, I am celibate, so I am Lord Hanuman.” Which thought abnormality is present?

A **Autistic Thinking** — CORRECT

B Verbigeration

C Neologism

D Loosening of Association

RIGHT ANSWER

OK **A. Autistic Thinking**

WHY THIS IS RIGHT

This is autistic thinking, where illogical reasoning equates two entities based on one shared property (Von Domarus law). Verbigeration is purposeless repetition, neologism is new words, and loosening of association is unrelated sentence flow.

QUESTION

Match the following types of delusions with their descriptions:
1. Grandiosity
2. Nihilism
3. Influence
4. Persecution
a) Patient believes his actions and thoughts are controlled by others
b) Patient feels neighbours plan to kill him
c) Patient believes the world is nonexistent
d) Patient thinks he is very rich

A 1a, 2b, 3c, 4d

B 1b, 2a, 3d, 4c

C **1d, 2c, 3a, 4b** CORRECT

D 1d, 2b, 3a, 4c

OK RIGHT ANSWER

C. 1d, 2c, 3a, 4b

WHY THIS IS RIGHT

Delusion Type	Description	Explanation
1\. Grandiosity	d) Patient thinks he is very rich	Grandiose delusion involves exaggerated beliefs about one's importance, wealth, power, or identity.
2\. Nihilism	c) Patient believes the world is nonexistent	Nihilistic delusion (seen in Cotard syndrome) involves belief that self, body, or world does not exist.
3\. Influence (Control)	a) Patient believes his actions and thoughts are controlled by others	Delusion of control where external forces are believed to control thoughts or actions.
4\. Persecution	b) Patient feels neighbours plan to kill him	Persecutory delusion involves belief that others are harming, plotting, or spying on the person.

QUESTION

A 55-year-old man with schizophrenia has been on long-term haloperidol therapy for the past three years. He now presents with involuntary, repetitive mouth and lip movements that resemble "rabbit-like" chewing motions. He remains alert, cooperative, and psychiatrically stable. Which of the following best explains the underlying cause of this condition, and what is the most appropriate management?

A Acute dystonia: Ropinirole

B Akathisia: Propranolol

C **Tardive dyskinesia: Valbenazine** CORRECT

D Oral tremor: Amantadine

OK RIGHT ANSWER

C. Tardive dyskinesia: Valbenazine

WHY THIS IS RIGHT

The source quiz contains the placeholder "$1b" here and does not include a written explanation for this item.

QUESTION

A patient on haloperidol therapy develops high-grade fever, severe muscle rigidity, autonomic instability, and altered sensorium. Laboratory findings show markedly elevated creatine phosphokinase (CPK) levels. What is the most appropriate next step in management?

A **Stop the antipsychotic and give Dantrolene** CORRECT

B Continue the drug and give Anticholinergic

C Continue antipsychotic and conservative management with hydration

D Start benzodiazepines

OK RIGHT ANSWER

A. Stop the antipsychotic and give Dantrolene

WHY THIS IS RIGHT

The source quiz contains the placeholder “$1c” here and does not include a written explanation for this item.

QUESTION

A schizophrenia patient on haloperidol for 2 years develops orofacial dyskinesia, choreiform movements, and dystonia. What is the diagnosis and preferred treatment?

A. Acute dystonia - Ropinirole

B. **Tardive dyskinesia - Valbenazine** — CORRECT

C. Akathisia - Propranolol

D. Oral tremor - Amantadine

RIGHT ANSWER

OK

B. Tardive dyskinesia - Valbenazine

WHY THIS IS RIGHT

The source quiz contains the placeholder “$1d” here and does not include a written explanation for this item.

QUESTION

A patient with schizophrenia, who did not respond to haloperidol and thioridazine, was started on drug A. After beginning treatment with drug A, the patient's psychotic symptoms improved; however, he developed sialorrhea, dyslipidemia, weight gain, and hyperglycemia. Which drug is most likely to be 'drug A'?

A Ziprasidone

B **Clozapine** CORRECT

C Risperidone

D Aripiprazole

OK RIGHT ANSWER

B. Clozapine

WHY THIS IS RIGHT

This patient has schizophrenia not responding to two antipsychotics (haloperidol and thioridazine). Failure to respond to two adequate trials of antipsychotics suggests treatment-resistant schizophrenia, for which clozapine is the drug of choice.
The side effects described strongly point toward clozapine:
• Sialorrhea (excessive salivation) - very characteristic adverse effect
• Weight gain - due to metabolic effects
• Dyslipidemia
• Hyperglycemia / risk of diabetes mellitus

These are part of the metabolic syndrome commonly associated with clozapine.

QUESTION

A 30yearold female has overtalkativeness, hyperactivity, decreased sleep, excessive spending, and irritability for 2 weeks. What is the likely diagnosis?

A OCD

B **Bipolar I disorder with manic episode** CORRECT

C Bipolar II disorder with hypomania

D Cyclothymia

RIGHT ANSWER

OK **B. Bipolar I disorder with manic episode**

WHY THIS IS RIGHT

The patient shows classic manic symptoms:
• Overtalkativeness (pressured speech)
• Hyperactivity / increased goal-directed activity
• Decreased need for sleep
• Excessive spending (impulsivity, risky behavior)
• Irritability
• Duration: 2 weeks

These features meet the criteria for a manic episode, which requires ≥1 week of abnormally elevated, expansive, or irritable mood with increased activity or energy.
When a manic episode occurs, the diagnosis is Bipolar I disorder.

Why other options are incorrect:
• OCD: Characterized by obsessions and compulsions, not elevated mood or hyperactivity.
• Bipolar II disorder: Involves hypomania (milder symptoms) and major depressive episodes; hypomania does not cause marked impairment.
• Cyclothymia: Chronic fluctuating subthreshold hypomanic and depressive symptoms for ≥2 years, not a full manic episode.

QUESTION

A woman, 5 days postpartum, presents with tearfulness, mood swings, and occasional insomnia. What is the likely diagnosis?

A Postpartum depression

B **Postpartum blues** CORRECT

C Postpartum psychosis

D Postpartum anxiety

RIGHT ANSWER

OK

B. Postpartum blues

WHY THIS IS RIGHT

Postpartum blues occur within 3-5 days of delivery, with mood swings and tearfulness resolving spontaneously. Depression lasts beyond 2 weeks, psychosis involves hallucinations, and anxiety shows excessive worry. Thus, blues is correct.

QUESTION

A 16yearold girl has intense food cravings, consumes large amounts of food, followed by self-induced vomiting. What is the most likely diagnosis?

A Anorexia nervosa

B **Bulimia nervosa** CORRECT

C Atypical depression

D Binge eating disorder

OK RIGHT ANSWER

B. Bulimia nervosa

WHY THIS IS RIGHT

The case describes:
• Recurrent episodes of consuming large amounts of food (binge eating)
• Followed by self-induced vomiting

This pattern is characteristic of Bulimia nervosa, which involves binge eating followed by compensatory behaviors such as:
• Self-induced vomiting
• Laxative abuse
• Excessive exercise
• Fasting

Patients with bulimia usually have normal or near-normal body weight, unlike anorexia nervosa.

Why other options are incorrect:
• Anorexia nervosa: Characterized by severe restriction of food intake and significantly low body weight, though binge-purge subtype may occur.
• Atypical depression: Features increased appetite, hypersomnia, and mood reactivity, not binge-purge cycles.
• Binge eating disorder: Has binge eating without compensatory behaviors like vomiting.

QUESTION

A 45yearold depressed patient on sertraline, MAO inhibitor, and amitriptyline develops agitation, seizures, hyperreflexia, and tremors. Most appropriate treatment?

A **Cyproheptadine** — CORRECT

B Lorazepam

C Lcarnitine

D Leucovorin

RIGHT ANSWER

OK

A. Cyproheptadine

WHY THIS IS RIGHT

This patient is taking multiple serotonergic drugs (sertraline - SSRI, MAO inhibitor, and amitriptyline - TCA) and develops:
• Agitation
• Seizures
• Hyperreflexia
• Tremors
These findings strongly suggest Serotonin Syndrome, a potentially life-threatening condition caused by excess serotonin activity.

Key features of Serotonin Syndrome
• Mental status changes: agitation, confusion
• Autonomic instability: tachycardia, hyperthermia
• Neuromuscular abnormalities: hyperreflexia, clonus, tremor

Treatment
1. Stop serotonergic drugs
2. Supportive care
3. Cyproheptadine - a serotonin (5-HT2) antagonist, considered the specific antidote

Why other options are incorrect
• Lorazepam: Can help agitation but is not the specific treatment.
• L-carnitine: Used in valproate toxicity.
• Leucovorin: Used in methotrexate toxicity.

QUESTION

Which of the following mood stabilizers causes hepatitis?

A Lithium

B **Valproate** CORRECT

C Carbamazepine

D Topiramate

OK RIGHT ANSWER

B. Valproate

WHY THIS IS RIGHT

Valproate is well known for hepatotoxicity, requiring regular LFT monitoring. Lithium mainly affects kidneys and thyroid, carbamazepine causes blood dyscrasias, and topiramate is linked to renal stones and cognitive issues.

QUESTION

All of the following side effects are more common with carbamazepine than oxcarbazepine, except:

A Rashes

B **Hyponatremia** CORRECT

C Blood dyscrasias

D Hepatitis

OK RIGHT ANSWER

B. Hyponatremia

WHY THIS IS RIGHT

Hyponatremia is more common with oxcarbazepine due to SIADH effect. Carbamazepine more often causes rashes, blood dyscrasias, and hepatitis.

QUESTION

A pregnant female with bipolar disorder, stable on lithium, now in third trimester. What is the next step in management?

A Increase dose

B **Decrease dose** CORRECT

C Switch to valproate

D Stop the drug and proceed drug free

OK RIGHT ANSWER

B. Decrease dose

WHY THIS IS RIGHT

Lithium is commonly used as a mood stabilizer in bipolar disorder, but its management during pregnancy-especially in the third trimester-requires careful dose adjustment.
Key points:
• During pregnancy, renal clearance of lithium increases, often requiring dose adjustments earlier in pregnancy.
• However, in the third trimester and near delivery, glomerular filtration rate (GFR) may fall and fluid shifts occur, which can increase lithium levels and raise the risk of lithium toxicity in both mother and neonate.
• Therefore, the dose is usually reduced near term, and lithium levels are closely monitored.

QUESTION

Rapid cycling in bipolar disorder is characterised by all of the following features except:

A **Occurs more commonly in men** CORRECT

B Associated with hypothyroidism

C At least four distinct episodes per year

D Antidepressants increase likelihood

RIGHT ANSWER

OK **A. Occurs more commonly in men**

WHY THIS IS RIGHT

Rapid cycling in bipolar disorder is defined as ≥4 mood episodes per year, is more common in females, and is frequently associated with hypothyroidism. Antidepressants-especially SSRIs and TCAs-can precipitate or worsen rapid cycling.

QUESTION

Which new psychoactive agent results in rapid onset of action in depression management?

A Cannabinoids

B **Ketamine** CORRECT

C Bupropion

D Mephedrone

RIGHT ANSWER

OK **B. Ketamine**

WHY THIS IS RIGHT

Ketamine, an NMDA antagonist, produces rapid antidepressant effects within hours to days, especially in treatment resistant depression. Cannabinoids lack evidence, bupropion acts over weeks, and mephedrone is a recreational stimulant with no clinical role.

QUESTION

Which of the following is not a diagnostic criterion for depression?

A Low energy levels

B Low mood for most of the day

C Loss of interest in pleasurable things

D **Low self-esteem and confidence** CORRECT

RIGHT ANSWER

OK

D. Low self-esteem and confidence

WHY THIS IS RIGHT

In ICD-11, the core diagnostic features of a depressive episode are:
1. Depressed mood most of the day, nearly every day
2. Loss of interest or pleasure (anhedonia)
3. Reduced energy or increased fatigability

Other additional symptoms may include:
• Reduced concentration
• Feelings of guilt or worthlessness
• Hopelessness about the future
• Low self-esteem or confidence
• Disturbed sleep
• Change in appetite
• Suicidal thoughts or behavior

QUESTION

Which of the following drugs are used in the management of acute mania?

A Lithium, Valproate

B **Lithium, Valproate, Haloperidol** CORRECT

C Lithium, Haloperidol

D Lithium, Valproate, Haloperidol, Amitriptyline

RIGHT ANSWER

OK **B. Lithium, Valproate, Haloperidol**

WHY THIS IS RIGHT

Acute mania is treated with mood stabilizers (lithium, valproate) and antipsychotics like haloperidol. Amitriptyline, a TCA, is avoided as it can worsen mania. Combination therapy is often needed in severe cases.

QUESTION

A 40-year-old woman with bipolar disorder is planning pregnancy. Which drug must be avoided due to risk of Neural Tube Defects?

A **Valproate** CORRECT

B Oxcarbamazepine

C Lamotrigine

D Levetiracetam

RIGHT ANSWER

OK **A. Valproate**

WHY THIS IS RIGHT

Valproate exposure during 1st trimester can cause:
· Neural tube defects (spina bifida)
· Craniofacial anomalies
· Cardiac defects
· Neurodevelopmental delay / ↓ IQ in child
Exam pearl :
· Most teratogenic mood stabilizer -> Valproate
· Safest mood stabilizer in pregnancy -> Lamotrigine

QUESTION

A man is found 100 km away from home, confused about identity and travel, after an earthquake. No head injury or substance use. What is the most likely diagnosis?

A Dissociative amnesia

B Dissociative identity disorder

C **Dissociative fugue** CORRECT

D Schizophrenia

RIGHT ANSWER

OK **C. Dissociative fugue**

WHY THIS IS RIGHT

Dissociative fugue involves sudden travel, amnesia for the period, and identity confusion, often triggered by trauma. Dissociative amnesia lacks travel, DID involves multiple identities, and schizophrenia presents differently.

QUESTION

A 30yearold software engineer has sleep disturbance, low mood, and job stress for 3 months, with difficulty balancing family and work. What is the likely diagnosis?

A **Adjustment disorder** CORRECT

B Generalized anxiety disorder

C Acute stress disorder

D Posttraumatic stress disorder (PTSD)

RIGHT ANSWER

OK **A. Adjustment disorder**

WHY THIS IS RIGHT

The source quiz contains the placeholder “$1e” here and does not include a written explanation for this item.

QUESTION

A 35yearold man is found wandering 100 km away, confused about identity, unable to recall travel, with normal medical evaluation. What is the likely diagnosis?

A Dissociative Amnesia

B **Dissociative Fugue** CORRECT

C Dissociative Identity Disorder

D Psychogenic Nonepileptic Seizure

OK RIGHT ANSWER

B. Dissociative Fugue

WHY THIS IS RIGHT

Dissociative fugue involves sudden travel, identity confusion, and amnesia. Dissociative amnesia lacks travel, DID requires multiple identities, and psychogenic seizures mimic epilepsy but don’t involve wandering.

QUESTION

Mr. K is rigid, perfectionistic, overly focused on rules and morality, submits work late due to perfectionism, and denies problems. What is the most likely personality disorder?

A **Obsessive-Compulsive Personality Disorder (OCPD)** CORRECT

B Narcissistic Personality Disorder

C Paranoid Personality Disorder

D Avoidant Personality Disorder

RIGHT ANSWER

OK **A. Obsessive-Compulsive Personality Disorder (OCPD)**

WHY THIS IS RIGHT

OCPD shows maladaptive perfectionism, rigidity, and rulebound behavior with egosyntonic denial of problems. Narcissistic involves grandiosity, paranoid involves distrust, and avoidant involves fear of rejection.

QUESTION

A 30yearold patient presents 2 weeks after witnessing her father's sudden death, with nightmares, flashbacks, hypervigilance, and inability to recall the event. What is the most appropriate diagnosis?

A PostTraumatic Stress Disorder (PTSD)

B **Acute Stress Disorder** CORRECT

C Adjustment Disorder

D Generalized Anxiety Disorder

RIGHT ANSWER

OK

B. Acute Stress Disorder

WHY THIS IS RIGHT

Traumarelated symptoms lasting between 3 days and 1 month indicate Acute Stress Disorder. PTSD requires persistence beyond 1 month, adjustment disorder involves milder stress responses, and GAD is unrelated to trauma.

QUESTION

A 45-year-old female insists her face is deformed despite normal exam and demands surgery. What is the management?

A Insight-oriented behavioral therapy

B **SSRI** CORRECT

C Atypical antipsychotics

D Allow her for surgery

OK RIGHT ANSWER

B. SSRI

WHY THIS IS RIGHT

The source quiz contains the placeholder “$1f” here and does not include a written explanation for this item.

QUESTION

A 45yearold female presents with longstanding tension, stomach upset, heartburn, and diarrhea, with family history of similar symptoms. Which symptom is also likely to be present?

A **Tingling of extremities** CORRECT

B Ideas of Reference

C Hallucinations

D Neologisms

RIGHT ANSWER

OK

A. Tingling of extremities

WHY THIS IS RIGHT

This presentation suggests Generalized Anxiety Disorder, which often includes somatic symptoms like tingling due to hyperventilation. Ideas of reference, hallucinations, and neologisms are features of psychotic disorders, not anxiety. Hence tingling of extremities is most consistent.

QUESTION

A medical student presented with complaints of repeated episodes lasting approximately 30 minutes, characterized by breathlessness, palpitations, sweating, hyperventilation, and a fear of an impending heart attack. The patient has experienced these episodes 5-6 times per month over the last 6 months, and investigations did not reveal any obvious abnormalities. What is the likely diagnosis?

A **Panic Disorder** CORRECT

B Generalized Anxiety Disorder

C Depression

D Social Phobia

RIGHT ANSWER

OK **A. Panic Disorder**

WHY THIS IS RIGHT

Panic attacks typically include palpitations, sweating, tremors, dyspnea, chest pain, dizziness, paresthesias, and fear of dying or losing control, usually peaking within minutes and resolving within about 20-30 minutes.

Why other options are incorrect:
• Generalized Anxiety Disorder (GAD): Characterized by persistent, excessive worry for ≥6 months, not sudden episodic attacks.
• Depression: Core features include low mood, anhedonia, sleep/appetite changes, not acute panic episodes.
• Social Phobia (Social Anxiety Disorder): Anxiety occurs specifically in social or performance situations, not spontaneous attacks.

QUESTION

Which of the following drugs is NOT used as a first line therapy for ADHD?

A Methylphenidate: alpha agonist

B Dexmethylphenidate or Dextroamphetamine

C Atomoxetine: antidepressant

D **Serotonin and norepinephrine reuptake inhibitors** CORRECT

RIGHT ANSWER

OK

D. Serotonin and norepinephrine reuptake inhibitors

WHY THIS IS RIGHT

First-line treatment of ADHD includes stimulant medications and certain non-stimulants with proven efficacy on attention and impulse control.
• Stimulants are first line:
• Methylphenidate and its derivatives
• Amphetamines (e.g., dextroamphetamine)
• Non-stimulant first-line alternative:
• Atomoxetine (selective norepinephrine reuptake inhibitor)
• Alpha-2 agonists (guanfacine, clonidine) may be used

Why option D is incorrect:
• Serotonin and norepinephrine reuptake inhibitors (SNRIs) are not standard first-line therapy for ADHD

QUESTION

An 8yearold child presents with nocturnal bedwetting but no daytime incontinence. What is the treatment of choice?

A **Behavior therapy** CORRECT

B CBT

C Desmopressin

D Imipramine

OK RIGHT ANSWER

A. Behavior therapy

WHY THIS IS RIGHT

Behavioral therapy with bed alarms is firstline for nocturnal enuresis in children >5 years. Desmopressin is the drug of choice if medication is needed, while CBT and imipramine are not firstline.

QUESTION

Persistence of ADHD in childhood increases risk of which condition in adolescence?

A Selective mutism

B **Conduct disorder** CORRECT

C Binge eating disorder

D Separation anxiety disorder

OK RIGHT ANSWER

B. Conduct disorder

WHY THIS IS RIGHT

ADHD often progresses to conduct disorder due to impulsivity and defiance. Selective mutism and separation anxiety are anxiety disorders, while binge eating is unrelated. Conduct disorder is the correct association.

QUESTION

Which of the following drugs used in ADHD is a Selective Norepinephrine Reuptake Inhibitor?

A **Reboxetine** CORRECT

B Modafinil

C Methylphenidate

D Guanfacine

OK RIGHT ANSWER

A. Reboxetine

WHY THIS IS RIGHT

Reboxetine selectively inhibits norepinephrine reuptake, enhancing attention and impulse control. Modafinil promotes wakefulness, methylphenidate blocks dopamine and norepinephrine reuptake, and guanfacine is an alpha2 agonist. Thus, reboxetine is the correct choice.

QUESTION

Which of the following is not included in making a diagnosis of autism spectrum disorder?

A Abnormalities in social communication

B Abnormalities in socialisation

C Restriction in interests and behaviour

D **Cognitive dysfunction** CORRECT

RIGHT ANSWER

OK

D. Cognitive dysfunction

WHY THIS IS RIGHT

For Autism Spectrum Disorder (ASD), the diagnostic criteria (ICD-11 / DSM-5 concepts) include two main domains:
1. Persistent deficits in social communication and social interaction
o Problems with social communication
o Difficulties in socialization or reciprocal interaction
2. Restricted, repetitive patterns of behaviour, interests, or activities
o Restricted interests
o Repetitive behaviours
o Need for sameness or routines
Cognitive dysfunction (intellectual impairment) is not required for the diagnosis of autism. While some individuals with ASD may have intellectual disability, many have normal or even high intelligence, so it is not a diagnostic criterion.

QUESTION

A 7-year-old child has severe anger outbursts out of proportion to the situation, occurring almost daily for 1 year. What is the most likely diagnosis?

A Oppositional defiant disorder

B Conduct disorder

C ADHD

D **Disruptive Mood Dysregulation Disorder** CORRECT

RIGHT ANSWER

OK

D. Disruptive Mood Dysregulation Disorder

WHY THIS IS RIGHT

DMDD is characterized by chronic, severe irritability and frequent temper outbursts lasting ≥1 year.

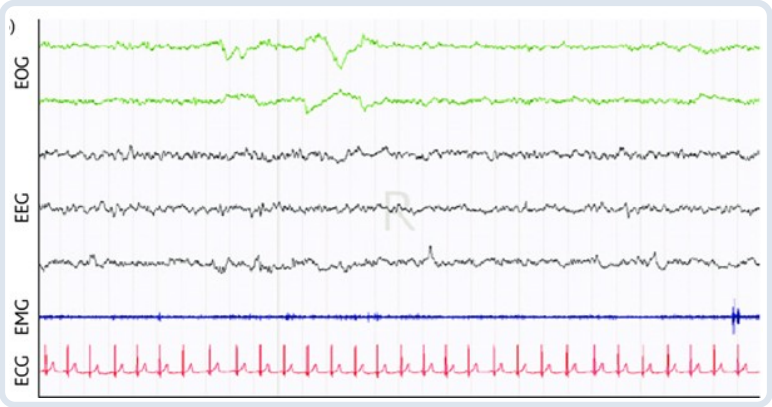
Conduct Disorder (CD)
Persistent violation of societal norms or rights of others
Oppositional Defiant Disorder (ODD)
Defiant, argumentative, and vindictive behavior toward authority figures >6months
Disruptive Mood Dysregulation Disorder (DMDD)
• After 6yrs, Before 10yrs
• Severe irritability + frequent temper outbursts
• Between outbursts: mood is persistently irritable/ angry

Intermittent Explosive Disorder
• After 6yrs
• Sudden recurrent episodes of outbursts, out of proportion to provocation, provide relief, followed by remorse.

Between outbursts: mood is normal

QUESTION

Identify the stage of sleep based on the EEG shown below:



A NREM1

B NREM2

C NREM3

D **REM** CORRECT

RIGHT ANSWER

OK

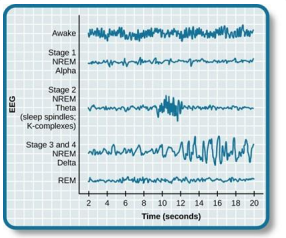
D. REM

WHY THIS IS RIGHT

REM EEG = low-voltage, high-frequency “awake-like” pattern + rapid eye movements + muscle atonia
Awake (Beta waves)
↓
NREM1 -> Theta waves
↓
NREM2 -> Sleep spindles + K complexes
↓
NREM3 -> Delta waves (deep sleep)
↓
REM -> Low voltage, high frequency (dreaming)

Stage	EEG Pattern	Key Features
NREM1	Theta	Light sleep
NREM2	Spindles + K complexes	Most time spent
NREM3	Delta (slow, high amp)	Deep sleep
REM	Low voltage, high freq	Dreaming, paradoxical

• REM = paradoxical sleep
• EEG = low amplitude + high frequency
• Associated with:
• Dreams
• Muscle atonia
• Rapid eye movements



QUESTION

A patient is asked to close his eyes and then reopen them. Which of the following EEG waves would show a decrease upon eye opening?

A **Alpha wave** — CORRECT

B Theta wave

C Beta wave

D Delta Wave

RIGHT ANSWER

OK **A. Alpha wave**

WHY THIS IS RIGHT

The brain shifts from a resting, idle rhythm to an alert, processing mode.
• Eyes closed -> brain is in relaxed wakefulness
• Eyes open -> visual cortex gets activated
-> Alpha rhythm gets suppressed

This phenomenon is called: “Alpha Block” (Berger’s phenomenon)
Alpha waves (8-13 Hz) are seen in the awake, relaxed state with eyes closed, maximal over occipital regions.
Eyes Closed
↓
Relaxed Wakefulness
↓
Alpha Waves (8-13 Hz, Occipital)
↓ (Eye Opening)
Visual Cortex Activation
↓
Alpha Suppression ("Alpha Block")
↓
Beta Waves (Alert state)

Wave	Frequency	State	Eye Opening Effect
Alpha	8-13 Hz	Relaxed, eyes closed	↓ Decreases (alpha block)
Beta	\>13 Hz	Alert, active	↑ Increases
Theta	4-7 Hz	Drowsy	No major change
Delta	<4 Hz	Deep sleep	No change

QUESTION

A husband and wife presented to the outpatient department with complaints of the husband's premature ejaculation, which is leading to frequent conflicts between them. Which of the following non-pharmacological techniques is most appropriate for treatment?

A **Squeeze Technique** CORRECT

B Sensate Focus Technique

C Exposure and Response Prevention

D Cognitive Behavioral Therapy

RIGHT ANSWER

OK

A. Squeeze Technique

WHY THIS IS RIGHT

Premature ejaculation (PE) is commonly managed with behavioral (non-pharmacological) techniques, especially when relationship distress is present.
The squeeze technique, developed by Masters and Johnson, is a classic behavioral therapy for PE.

How it works:
• During sexual stimulation, when the man feels he is about to ejaculate,
• The partner squeezes the penis just below the glans (corona) for a few seconds.
• This reduces arousal and delays ejaculation.
• The process is repeated multiple times during intercourse to improve ejaculatory control.

Why other options are incorrect:
• Sensate focus technique: Used mainly for performance anxiety and erectile dysfunction, focusing on non-demand sensual touching.
• Exposure and Response Prevention: Used in Obsessive-Compulsive Disorder (OCD).
• Cognitive Behavioral Therapy (CBT): Helpful for psychological issues but not the primary behavioral technique for PE.