Q1 A patient lost his job 1 week ago. Now he appears irritated with family, has low mood, and is worried about how he'll feed his family. When he goes out for a movie with friends, he's OK, but when he comes back home, his symptoms of irritability reappear. Whenever he is asked about his job, he gets more irritable. What is the most likely diagnosis?

(A) Generalized Anxiety DIsorder
(B) Mixed Anxiety Depression
(C) Adjustment disorder
(D) Moderate depressive episode

Ans: (C) Adjustment disorder

Explanation:

The criteria for diagnosing depression according to ICD-10 are as follows:

❖ Major Criteria:
  • Persistent Pervasive Low Mood
  • Anhedonia (Loss of Interest in previously pleasurable activities
  • Loss of energy
❖ Minor criteria
  • Poor sleep
  • Poor Appetite
  • Poor Concentration
  • Reduced self-esteem and self-confidence
  • Ideas of guilt
  • Pessimism
  • Suicidal Ideation

Mild Depression = 2 major + 2 minor criteria for at least 2 weeks
Moderate depression = 2 major + 3 minor criteria for at least 2 weeks
Severe Depression = 3 major + 4 minor criteria for at least 2 weeks

In the question above, the person suffers from low mood and irritability only in specific situation. Thus he does not have persistent pervasive low mood. Also, the duration of symptoms is 1 week, which does not meet the criteria for depression. Thus the patient is nor suffering from depression

Generalized anxiety disorder comprises of free-floating anxiety related to every small thing in a person's life. There is no evidence of such free-floating anxiety. The only anxiety the person suffers form is related to his job. Thus the person does not generalized anxiety disorder.

The symptoms are not pervasive, and thus the patient also does nor have mixed anxiety depression.

The answer left is Adjustment disorder.

Adjustment Disorder is a condition in which a person has subsyndromal depressive symptoms following some form of stress. As soon as these symptoms start meeting criteria for depression, irrespective of whether some stress caused them, THEN the diagnosis becomes depression.

Thus the answer is C.

Q2 Which of the following drugs is used to treat the posturing / stereotypy / waxy flexibility of schizophrenia?

(A) Clonidine

(B) Beta-blockers

(C) Haloperidol

(D) Lorazepam

Ans: (D) Lorazepam

Explanation:

❖ Paranoid:
   ● Most common.
   ● Positive symptoms (Delusions hallucinations), paranoia
   ● Good prognosis
❖ Catatonic:
   ● Motor symptoms: Waxy Flexibility, posturing, gagenhalten, mitgehen. Mitmachen, psychological pillow, stereotypy
   ● Other symptoms: Mutism, negativism, automatic obedience.
   ● Good prognosis. Responds well to ECT.
❖ Residual:
   ● Emotional blunting, social withdrawal, eccentric behavior, illogical thinking, mild loosening of association.
   ● Delusions & hallucinations not prominent
❖ Hebephrenic:
   ● Early onset (in teens) insidious onset
   ● Disorganization, mirror gazing, facetious laughter, shallow affect, hoarding
   ● Poor Prognosis
❖ Simple:
   ● Slow deterioration of personality with no specific symptoms
   ● Worst prognosis.

The above question describes catatonia.

Whatever be the origin of catatonia, the drug Lorazepam improves the symptoms within minutes. It does not treat the underlying cause, rather it is a symptomatic medication.

The Lorazepam challenge test is used to check for presence of catatonia. A 1-2 mg iv dose of Lorazepam is given as a test to see if symptoms improve. If they do, this is diagnostic of catatonia.
Thus the answer is D

Q3 Which factors indicate a good prognosis in schizophrenia
 (A) Negative features
 (B) Late onset
 (C) Associated with depression
 (D) Insidious onset

Ans: (B) Late onset

Alternate version:
Which factors indicate a good prognosis in schizophrenia except
1. Positive features
2. Late onset
3. Associated with depression
4. Insidious onset

Explanation:

Good Prognostic Factors	Poor Prognostic Factors
Female Gender	Male Gender
Late Onset	Early Onset
Acute Onset	Insidious Onset
Family history of mood disorders	Family History of Schizophrenia
Good Social Support/Married	Poor Social Support/Unmarried
Good Pre-morbid functioning	Poor Premorbid Functioning
No Sign of Organic Brain Disease	Organic Brain Disease
Paranoid symptoms	Disorganized/Hebephrenic Symptoms

As a single best answer, "Late Onset" has a good prognosis for schizophrenia for the first version

In the second version, "Insidious onset" is the feature which has a definite poor prognosis.

Q4 All of the following are true about Disulfiram, except?
 (A) Reaction can be observed even 2 days after stopping disulfiram
 (B) May cause respiratory depression
 (C) Disulfiram reaction consists of agitation and irritability
 (D) Indicated in a patient currently consuming large quantities oi alcohol.

Ans: (D) Indicated in a patient currently consuming large quantities oi alcohol.

Explanation:

Disulfiram is an irreversible aldehyde dehydrogenase inhibitor. If alcohol is consumed on top of disulfiram, after getting metabolized to acetaldehyde, further metabolism to acetic acid is prevented, due to inhibition of aldehyde dehydrogenase by disulfiram.

This leads to accumulation of acetaldehyde in the body which causes unpleasant symptoms including nausea, flushing, palpitations, headache and abdominal pain. If a large quantity of alcohol is consumed, this can lead to respiratory depression and cardiovascular collapse as well.

Since disulfiram irreversible inhibit the enzyme, even after disulfiram is stopped, it takes about 2-3 days for sufficient levels of the enzyme to be produced to prevent the disulfiram ethanol reaction.

Disulfiram is started in patients who have been detoxified and is never started in patients who are actively consuming alcohol, because of the risk of severe symptoms.

Thus the answer is D,

Q5 A 10-year-old child presenting with selective mutism is most probably suffering from:
 (A) Childhood depression
 (B) Childhood psychosis
 (C) Hyperkinetic Disorder
 (D) Childhood Anxiety Disorder

Ans: (D) Childhood Anxiety Disorder.

Explanation:

Selective mutism is a condition in which in social condition, a child will not speak at all, or speak so slowly/mumble that it is difficult to understand what he is saying. He will speak normally in a familiar condition.

This condition is classically associated with social anxiety, or childhood anxiety disorder.

Thus the answer is D.

Q6 Which of the following causes least sexual side-effects?
 (A) Venlafaxine
 (B) Fluoxetine
 (C) Mirtazapine
 (D) Imipramine

Ans: (C) Mirtazapine

Explanation:

Antidepressants least likely to cause sexual side effects:
❖ Bupropion
❖ Mirtazapine
❖ Vilazodone
❖ Vortioxetine

Antidepressants most likely to cause sexual side-effects:
❖ SSRIs: Fluoxetine, fluvoxamine, paroxetine, citalopram, escitalopram, sertraline

* SNRIs: Venlafaxine, Desvenlafaxine, milnacipran
* TCAs: Imipramine, amitriptyline, nortriptyline
* MAO-I: Tranylcypromine, selegiline

Thus, the answer is C.

Q7   All of the following are examples of sub-cortical dementias except:
     (A) Huntington's Disease, (B) Pick's Disease, (C) Wilson's Disease, (D)
     Parkinson's Disease
 (A) A only
 (B) B only
 (C) B and C only
 (D) A, B and C only

Ans: (B) B only (Pick's Disease)

Explanation:

* Cortical Dementias
    * Alzheimer's Disease
    * Frontotemporal Dementia (Pick's disease)
* Subcortical Dementias
    * Huntington's Disease
    * Parkinson's Disease
    * Progressive Supranuclear Palsy (PSP)
    * Wilson's Disease
    * Toxic/Metabolic Disorders
* Mixed
    * Creutzfeldt-Jakob Disease
    * Multi-Infarct (Vascular) Dementia
    * Lewy Body Dementia
    * Neurosyphilis

Thus out of the above list, Only B (Pick's Disease) is not a subcortical dementia.
A simple way to remember is that ALL movement disorders cause subcortical dementia,
when they cause dementia.

Q8   A patient complains of having repetitive thought of "feeling hands are dirty
     while in reality they are not". It causes discomfort to him and he has to wash
     his hands repeatedly. In mental state examination, this will fall under which
     category?
 (A) Disorder of content of thought

(B) Disorder of form of thought

(C) Disorder of possession of thought

(D) Disorder of flow of thought

Ans: (C) Disorder of possession of thought

Explanation:

❖ Disorder of content of thought
- Delusions
- Ideas

❖ Disorder of form of thought
- Derailment (sudden disconnection between two consecutive thoughts)
- Circumstantiality (taking a very long and tedious route to reach the point

❖ Disorder of possession of thought
- Obsessions

❖ Disorder of flow of thought
- Flight of ideas (highly increased speed of generation of thoughts
- The above question describes an obsession
- Characteristics of an obsession are:

❖ Repetitive thoughts (first line of the question)

❖ Intrusive Thoughts

❖ Irrational Thoughts ("feeling hands are dirty while in reality they are not" .)

❖ Thoughts cause subjective distress ("It causes discomfort to him")

❖ Patients acknowledges these are his own thoughts

Obsessions are classified under "Disorders of possession of thought", as these represent an inherent loss of control over the generation of one's own thoughts. Thus, the answer is C.

Q9 A 7-year-old boy has complaint of regular bed-wetting. There is no history of psychotic/organic disease. Which of the following is the first step in management?

(A) Imipramine

(B) Alarm Method

(C) Psychodynamic Psychotherapy

(D) Behavioural therapy

Ans: (B) Alarm Method

Explanation:

This child required treatment for bed-wetting because the complain is regular. Treatment is indicated if bed-wetting is regular/severe causing distress to the patient and his family.

The first line management in cases of bed-wetting includes remedies such as:

- Limiting fluids before bedtime
- Going to the bathroom before bedtime
- Enuresis alarm: A device that makes a loud noise to awaken the child when he or she starts to wet the bed.
- Bladder therapy: Increasing the length of time between bathroom visits helps enlarge the bladder to allow it to hold more urine.

The Alarm (also called the Bell and Pad method) has been shown to have the most efficacy in reducing primary enuresis.

It has been demonstrated to be superior to TCAs and psychotherapy.

Thus the answer is B

Q10 A patient was admitted for depression as was treated with TCA. He reported improvement of symptoms after 4 weeks. Which of the following is the most important concern at the time of discharge?
(A) Risk of suicide by TCA overdose
(B) Therapeutic drug monitoring for TCA side effects
(C) ECG monitoring for arrhythmia
(D) Prescribe modafinil for sedation associated with TCA

Explanation:

ECG monitoring is recommended as the standard method of monitoring for TCA side effects. It is recommended over TDM. Thus, option B is false and option C is true Since the patient has been on treatment for 4 weeks and is improving, it is assumed that suicidality has resolved by now, and so option A is less likely to be correct. Adding modafinil to counter sedation by TCA is not a common practice, and can potentially precipitate seizures.

Q11 Delirium can be differentiated from dementia in Alzheimer's disease by:
(A) Acuity of onset and level of consciousness
(B) Disorganization and agitation
(C) Visual hallucinations and memory impairment
(D) Agitation and irritation

Ans: (A) Acuity of onset and level of consciousness

Explanation:

	DELIRIUM	DEMENTIA
Onset	Abrupt	Insidious
Course	Fluctuating	Gradually Progressive
Recovery	Mostly Recover with Treatment of Primary Pathology	Usually Irreversible
Duration	Hours to Weeks	Months to Years
	DELIRIUM	DEMENTIA
Attention	Impaired	Intact in early stages
Sleep-Wake Cycle	Disrupted	Normal
Alertness/Consciousness	Impaired	Normal
Orientation	Impaired	Intact in early stages

Delusions/Hallucinations	Common	Late Feature
Behavioural Disturbance	Common	Late Feature

Thus, the most specific feature differentiating delirium from dementia is its acuteness on onset, and the impairment of consciousness, both of which are not seen in dementia.

Thus the answer is A.

❑   ❑   ❑