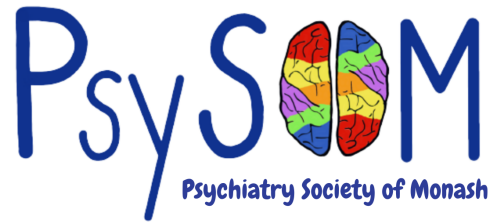


**Psychiatry Society of Monash (PsySOM)**



**Practice Exam One**

***Adult & Adolescent Psychiatry***

**2021**

**EXAM DURATION: 1 HOUR 15 MINUTES**

For your own learning, treat this paper as an examination. You should not have in your possession any books, notes, mobile phones or other material/items that would otherwise not be permitted for an official examination.

There are **40 questions** to be attempted. Each question has only one correct answer. Response options may be used more than once for associated questions. You should attempt each question.

*Disclaimer: All contributions have been made by post-Year 4C Monash medical students who are members of PsySOM. We hope our contributions serve as a study tool in preparation for your rotation and exams. Any resemblance to questions published or used in books or examinations are purely coincidental.*

For questions 1 to 3, use the following options for the **MOST** likely answer.

**Options**

- A. Delusion
- B. Hallucination
- C. Overvalued idea
- D. Obsession
- E. Misidentification
- F. Illusion
- G. Cotard delusion
- H. Capgras delusion
- I. Fregoli delusion
- J. Erotomanic delusion
- K. Autochthonous delusion

**Question 1**

In the past year, Joel's mother, father and sister have all been diagnosed with colorectal cancer. As a result, Joel confesses to the psychiatrist that he believes his mother's cooking is responsible for his family's cancer diagnosis. He acknowledges this is highly unlikely, but can't seem to shake off the idea.

**Question 2**

A 41-year-old man visits his GP for a checkup. He recounts with an obviously worried affect, that he believes that his neighbours are being replaced by his ex-wife who is able to shapeshift to take on a new form and a new personality. He goes on to recall his ex-wife transforming into his pet cat to spy on him and steal his bank details.

**Question 3**

You see Margery, a 78-year-old patient, in the inpatient aged psychiatry ward. Each time you enter the room she calls you "Henry", the name of her husband who recently passed away. Additionally, Margery doesn't correct herself when you explain to her that you are not Henry and are in fact a doctor.

For questions 4 and 5, use the following options for the **MOST** likely diagnosis.

**Options**

- A. Brief psychotic disorder
- B. Schizophreniform disorder
- C. Schizophrenia
- D. Delusional disorder
- E. Schizoaffective disorder
- F. Lewy body dementia
- G. Normal pressure hydrocephalus
- H. Bipolar disorder
- I. Specific phobia
- J. Agoraphobia

**Question 4**

A 37-year-old man is brought into the clinic because his partner is worried he is “losing his mind” for the past month and a half. He believes that the Earth will be hit by a comet by the year 2022 and in preparation has begun to stockpile food and water. He admits he has no evidence that this mass event will occur, but that he “just knows”. He is otherwise in good health, exercises regularly, eats healthy and gets 9 hours of sleep a night. He takes no medications and has no known medical conditions. He works as a real estate agent and was recently promoted due to his good work.

**Question 5**

A 74-year-old woman is brought into the clinic by her family. They claim she has not been her normal self over the last 12 months, seeming not to care for herself and frequently claiming there are animals that are trying to steal her possessions, although none of her family have seen said animals. She frequently wanders away from home asking people to save her from the animals. Physical exam reveals a shuffling gait and resting tremor that her family states only started in the last 6 months or so.

For questions 6 to 8, use the following options for the **MOST** likely drug of choice.

**Options**

- A. Clozapine
- B. Quetiapine
- C. Risperidone
- D. Bromocriptine
- E. Olanzapine
- F. Procyclidine
- G. Benztropine
- H. Diazepam

**Question 6**

Henry, a 28-year-old male with a 5-year history of schizophrenia is in the clinic for his regular checkup. During routine health screening, Henry discloses that since starting on a new medication for his schizophrenia. This medication has significantly reduced his libido and he has noticed swelling of his breast tissue.

**Question 7**

Despite treatment with a typical and an atypical antipsychotic, there has been minimal to no effect in managing Samantha's symptoms for Schizophrenia. As a result, she has been started on a new medication. However, after 3 weeks, she has noted side effects of weight gain and excess salivation. A full blood exam noted neutropenia.

**Question 8**

Sally, a 29-year-old patient with schizophrenia, is brought in by ambulance to the emergency department unresponsive with a high spiking fever and rigidity. Earlier in the day, her partner noticed she was trembling at the hands and was mumbling incoherent sentences. This is on a background of increasing her dose of haloperidol 4 days ago, in an attempt to better control her paranoid delusions and hallucinations. Investigations performed include FBE, UEC, LFT, ECG, drug screen and a urine dipstick. Abnormalities noted include leukocytosis, high creatine kinase, and the dipstick reveals myoglobinuria. In treating Sally, the doctors cease haloperidol, perform basic life support, cool and hydrate her. Once stable, Sally is treated with this medication.

For questions 9 to 11, use the following options for the **MOST** likely diagnosis.

**Options**

- A. Acute myocardial infarction
- B. Adjustment disorder
- C. Agoraphobia
- D. Alcohol withdrawal
- E. Anxiety due to a medical condition
- F. Drug-induced anxiety
- G. Generalised anxiety disorder
- H. Panic attack
- I. Panic disorder
- J. Social phobia
- K. Substance abuse

**Question 9**

Jerry is a 32 year old man who has had three recent episodes of sudden onset chest tightness, dizziness and shortness of breath. When these episodes occur, his lips become tingly and he fears that he might die. After the first episode, Jerry is worried that these episodes could happen at any time and he now avoids driving, going to the shops and seeing his friends. He has no significant past medical history and is not on any medications. He lives alone at home and recently received a job promotion with increased work hours.

**Question 10**

Mae is a 67-year-old woman who fell last year while out in her garden. Fortunately, her husband found her and she was treated in hospital for minor grazes with no fractures or more significant injuries. The fall left Mae quite shaken and she has since been reluctant to leave the house, even to tend to her garden. She no longer goes out unless her husband or a friend is with her, and refuses to even pass beyond her front door if she is alone. When there is someone present while she goes about her activities, she does not feel flustered or scared at all.

**Question 11**

Howie is a 27-year-old man who presents to the Emergency Department in the afternoon reporting high anxiety levels. On examination, his eyes are red, he seems agitated and he has fine tremors in both hands which he states are making him feel "very anxious". Howie usually smokes marijuana each night and follows this up with one bottle of whisky to dull the "jittery feel" he gets from the marijuana alone. This has been his routine for the past two years. Last night, he had a sore throat and so only smoked marijuana before going to bed. Today, Howie began having uncontrollable hand tremors and he is anxious that he smoked too much marijuana last night and his body is now not coping.

For questions 12 to 15, use the following options for the **MOST** likely diagnosis.

**Options**

- A. Antisocial Personality Disorder
- B. Schizotypal Personality Disorder
- C. Dependent Personality Disorder
- D. Borderline Personality Disorder
- E. Narcissistic Personality Disorder
- F. Schizoid Personality Disorder
- G. Histrionic Personality Disorder
- H. Avoidant Personality Disorder
- I. Obsessive-Compulsive Personality Disorder
- J. Paranoid Personality Disorder

**Question 12**

Olivia is described to be excessively concerned with her physical appearance. She is known to only think of herself and disregards the feelings of others. To a stranger, she might appear shallow and dramatic.

**Question 13**

You attend to 23-year-old Janice, a regular patient, in your general practice. Today you notice fresh cuts on her arm. You decide to non-judgmentally and gently enquire Janice about the cuts. Janice indulges that she has been self-harming since the age of 14. And most recently, due to a break-up with her boyfriend, she deliberately self-harmed to cope with her emotions.

**Question 14**

19-year-old Rowan dropped out of school after failing his examinations. At a young age, he started smoking and drinking alcohol with a close group of friends. He has been quite cruel to animals, with no remorse for his actions, and has been in trouble with the law several times.

**Question 15**

A 23-year-old woman, Laura, works as a bank teller. Laura has a strict morning routine which she follows every day without fail. On her way to and from work, Laura drives in the right-most lane. Her colleagues have noticed that when she counts money, she always takes it with her right hand. If the bills are crumpled or not stacked appropriately, she becomes extremely distressed and refuses to count the money until she has straightened out each bill. Despite her colleagues encouraging her to use the note counter, she refuses as she believes her method of counting is the best method.

For questions 16 and 17, use the following options for the **MOST** likely diagnosis.

**Options**

- A. Bipolar 1 disorder
- B. Bipolar 2 disorder
- C. Manic episode
- D. Hypomanic episode
- E. Cyclothymia
- F. Drug-induced mania
- G. Dysthymia
- H. Major depressive disorder
- I. Schizophrenia
- J. Brief psychotic disorder

**Question 16**

Steven, a 22-year-old male, is brought to the GP. His family states that over the past 5 days, he has only been getting about 3 hours of sleep, but despite this, has been completing a lot of tasks and has a very elevated mood. Although he is still attending university, he has been noted to be more talkative than usual.

**Question 17**

Nina is a 25-year-old female who reports that for the past 2.5 years, she has had episodes where she has low mood, low energy and loss of appetite, although no weight loss. Additionally, she reports other episodes between these where she has elevated mood, increased energy and is easily distractible.

Questions 18 to 21 are standalone questions.

**Question 18**

Evangeline has been started on medication to manage bipolar disorder. She has noticed that this medication has caused some constipation as well as weight gain. She has also noticed a weird taste when eating. Which medication is likely causing these side effects?

- A) Aripiprazole
- B) Carbamazepine
- C) Clozapine
- D) Fluoxetine
- E) Lithium

**Question 19**

Mark is a 58-year-old man who recently had a myocardial infarction and subsequently underwent coronary artery bypass graft surgery. The cardiology team has referred him to the consultation-liaison (CL) team as he has recently become depressed. The CL team confirms a diagnosis of depression. Which of the following antidepressants would be best suitable?

- A) Amitriptyline
- B) Venlafaxine
- C) Sertraline
- D) Mirtazapine
- E) Reboxetine

**Question 20**

John is a 60-year-old man who has a history of long-standing depression. During the most recent consultation with the general practitioner, John tells you that he has had increasing difficulty sleeping, has lost his appetite and has reduced libido. He has lost weight over the past few months. Which of the following antidepressants would be best suited to address these symptoms?

- A) Fluoxetine
- B) Mirtazapine
- C) Venlafaxine
- D) Sertraline
- E) Agomelatine



**Question 21**

What are the correct stages of grief?

- A) Acceptance, apathy, flat affect, depression, denial
- B) Denial, anger, bargaining, depression, acceptance
- C) Denial, anger, disorganisation, apathy, acceptance
- D) Denial, anger, bargaining, guilt, acceptance
- E) Denial, shock, anger, guilt, acceptance

For questions 22 to 24, use the following options for the **MOST** likely treatment.

**Options**

- A. Trauma-focused Cognitive Behavioural Therapy
- B. Supportive therapy
- C. Acceptance & Commitment Therapy (ACT)
- D. Eye Movement Desensitisation and Reprocessing (EMDR)
- E. Group therapy
- F. Mirtazapine
- G. Sertraline
- H. Venlafaxine
- I. A and F
- J. A and D
- K. B and G

**Question 22**

Marie is a 19-year-old girl who is taken hostage with other bystanders during an armed robbery. After five hours in captivity, she is freed by police unharmed, but only after she has witnessed the shooting death of two of the captors. Months later, she presents to her GP as she has been having flashbacks and frightening nightmares. She startles at every noise and experiences acute anxiety whenever she is reminded of the robbery.

**Question 23**

Jack is a 40-year-old police officer who has been diagnosed with post-traumatic stress disorder (PTSD) as a result of being the first responder to multiple traumatic events. When discussing treatment options with his psychiatrist, Jack expressed that he does not wish to partake in any form of psychotherapy as he does not like to talk about his feelings.

**Question 24**

Anurak is a 26-year-old male who has recently migrated to Australia from Thailand. He was recently diagnosed with HIV by his GP on a routine STI screen. For the last three weeks, Anurak has been worrying excessively about his new diagnosis and what it means for his future. As a result, he has had to call in sick to work four times in the last fortnight.

For questions 25 and 26, use the following options for the **MOST** likely answer.

**Options**

- A. Compulsion
- B. Depression
- C. Obsession
- D. Obsessive compulsive disorder
- E. Irrational fear

**Question 25**

Steve constantly has thoughts that he will lose his keys and wallet. These thoughts occur very often, even when he tries to stop thinking about it. The thought of losing his keys and wallet causes him anxiety and distress as he knows that he is an organised person, and does not have a habit of losing things.

**Question 26**

Stacey's mom has noticed that her daughter has the habit of checking that the doors to the house are locked multiple times throughout the day and checking that the knobs of the oven are set to off, even when she has checked just minutes before. When confronted about this behaviour, Stacey says that she is scared that a robber may enter the home and steal all their belongings, or that the house may burn to the ground because someone has left the gas stove on. By checking the doors and the oven, she gets some reassurance that nothing will go wrong.

For questions 27 to 31, use the following options for the **MOST** likely diagnosis.

**Options**

- A. Pica
- B. Rumination disorder
- C. Anorexia nervosa
- D. Bulimia nervosa
- E. Encopresis
- F. Binge eating disorder
- G. Avoidant/ restrictive food intake disorder
- H. Eating disorder not otherwise specified
- I. Enuresis
- J. Atypical anorexia nervosa

**Question 27**

A 15-year-old girl, accompanied by her father, presents to her general practitioner complaining of fatigue and irritability for 8 months duration. On general inspection, the doctor notes the patient is quite thin, pale, has lanugo, and is wearing oversized baggy clothes. On further examination, she is noted to have bradycardia and postural hypotension. The patient is reluctant to step on the scale, mentioning that she is convinced she has gained too much weight since her last visit. She has a BMI of 17. Her mother is concerned as her daughter has been frequently using the bathroom after eating, and often complains of diarrhea, but is reluctant to cut down on her consumption of green tea.

**Question 28**

Andy, a 12-year-old boy, is brought to the GP by his mother, who is concerned about his repeated vomiting. Andy explains that for the past 3 months since beginning high school, he has had multiple episodes a week of vomitus entering his mouth, which he then chews and re-swallows, describing the process as "pleasurable". Despite this satisfaction, he has become anxious at what others may think of his repeated regurgitation, leading to him declining multiple social events in fear of judgement. Andy has had no past history of weight loss, eats a healthy diet and has no pre-occupations with his body weight/ shape.

**Question 29**

Michelle, a 32-year-old actress, presents with marked weight fluctuation. She describes her weight having fluctuated by 4kg most weeks, as she weighed herself multiple times a day after each meal. She also admits to a lack of self control over the past year, and trouble preparing meals, as multiple times a week she eats large quantities of cereal, especially when home alone. On examination Michelle has a BMI of 32, and her vital signs are normal. On oral examination, Michelle has marked halitosis, enlargement of the parotid glands. In addition, there are marked excoriations on her knuckles and index finger.

**Question 30**

Charlie, a previously toilet-trained 10-year-old boy, is brought to the paediatrician by his mother as he has been bedwetting 4 nights a week for the last month. This coincides with Charlie moving into a new house, and beginning at a new primary school following his parents' divorce. Charlie's parents are concerned this is leading to poor sleep as Charlie's teachers have noticed he struggles to pay attention at school. A urine dipstick and blood glucose comes back as negative, and an ultrasound of Charlie's bladder reveals no structural urological defects.

**Question 31**

An embarrassed 7-year-old boy, Kyle, is brought into his general practitioner by his concerned parents to discuss his frequent faecal soiling of his clothes at least once a month for the past 4 months. Kyle admits to not wanting to use the bathroom at school, afraid he will miss out on something fun, and also when at home watching his favourite TV shows. Apart from passing a singular, painful, hard bowel movement once a week, Kyle is otherwise well and active, and has no history of any gastro-intestinal syndromes.

For questions 32 to 34, use the following options for the **MOST** likely treatment.

**Options**

- A. Family therapy
- B. Urea, Nitrogen, Potassium
- C. Phosphate, Magnesium, Potassium
- D. CBT
- E. Family based therapy
- F. Motivational star chart
- G. Oral contraceptive pill (OCP)
- H. Doxepin
- I. Olanzapine
- J. Fluoxetine
- K. Supportive psychotherapy

**Question 32**

Alice, A 16-year-old girl, presents to the GP with her mother, who is concerned about her irritability and 6 months of amenorrhea. On further questioning, it is found Alice is ritualistic around mealtimes, cutting food into tiny pieces and drinking 1L of water during the meal. On physical examination Alice has a BMI of 16, which she says is not small enough, has fine lanugo covering her body but is otherwise stable without bradycardia. Given she is stable enough for outpatient treatment, what is the best treatment option for Alice?

**Question 33**

Winnie, a 17-year-old girl, presents to her GP with fatigue, palpitations and severe abdominal pain, on the background of recently being diagnosed with anorexia nervosa. Her mother says she has been feeding Winnie multiple high-calorie drinks and convincing her to eat the same amount as the rest of the family. After taking a full electrolyte panel, Winnie is diagnosed with refeeding syndrome. A reduction in what electrolytes would suggest this diagnosis?

**Question 34**

A 6-year-old boy comes into your office for a well-child visit. His father is concerned about bedwetting, noting he has never been fully dry and wets the bed at least 3 nights a week. The patient has no daytime incontinence, urgency, excessive thirst, weight loss, constipation or faecal incontinence. He additionally doesn't drink excessive amounts of fluid. His past medical history is noncontributory and he has otherwise developed normally. What would be the next step in his management?

For questions 35 to 38, use the following options for the **MOST** likely diagnosis.

**Options**

- A. Social anxiety disorder
- B. Conduct disorder
- C. Intellectual developmental disorder
- D. Attention-deficit/ hyperactivity disorder
- E. Autism spectrum disorder
- F. Reactive attachment disorder
- G. Oppositional defiant disorder

**Question 35**

Jason, an 8-year-old boy, has had complaints about losing his temper often. In a recent parent-teacher interview, the teacher explained to Jason's mom, Tina, that he often argues with teachers and fails to follow instructions. Tina is worried because she finds that Jason is often angry and resentful at her and also easily annoyed by his siblings. Tina observed these characteristics in Jason when he was about 5 years of age.

**Question 36**

Charles is a 12-year-old boy who often is not invited to birthday parties because he has a history of often bullying and fighting with other children. His mother, Erin, recently had a school disciplinary hearing after Charles was found trying to set fire to a possum during recess. Erin has been worried about Charles for the past year and a half since he first started breaking windows in the house.

**Question 37**

Hannah is a 13-year-old girl who is referred by her GP because her mother is unsure how to parent her best. Her mother worryingly accounts that Hannah is smoking cigarettes and marijuana and has left home overnight on several occasions. Hannah describes school as "useless" and reports that she skips school to spend time at the shopping centre. She was recently arrested for shoplifting clothes, but was sent home with a warning. She believes she started "acting up" when she was about 10-years-old, when her father suddenly left their family.

**Question 38**

Alice is an 8-year-old girl whose parents are concerned about her learning and academic performance. Her parents are frustrated for years as they have had to struggle with her lack of motivation to complete her homework and her inability to follow instructions, or stay on task. Alice seems to find reading difficult and has fallen behind most of her peers. Her teachers and parents have noticed that she tends to be "daydreamy" and "spacy".

Questions 39 and 40 are standalone questions.

**Question 39**

Jack is an 11-year-boy who has been referred to a paediatrician because he appears to suffer from persistent “nervous twitches.” Jack’s parents first noticed his habit of blinking more frequently and forcefully when he was 6 years old, and that was soon accompanied by repetitive sniffing and throat clearing. Over the years, he has also developed face-grimacing, head-shaking and finger-snapping. More recently, he has bouts of sudden shouting and intermittent, uncontrollable flinging movements with his right arm. They notice that these “nervous twitches” are more vigorous when Jack gets over-excited, or anxious. What is the most likely diagnosis?

- A. Persistent (Chronic) tic Disorder
- B. Tourette’s syndrome
- C. Myoclonus
- D. Chorea
- E. Obsessive-compulsive disorder
- F. Autism spectrum disorder

**Question 40**

Jenny is a 4-year-old girl who is brought to the GP because her parents do not think she is developing normally compared to their other children. Jenny has been avoiding affection and eye contact, does not seem to want to speak to anyone, nor engage in any kind of social play or interaction with her siblings. Jenny’s parents also noticed that Jenny has developed a tendency to make odd and repetitive wringing or washing movements with her hands. Jenny seemed to develop well in the first 2-3 years of her life; had been an affectionate toddler, and began walking and speaking in sentences by the age of 2. On physical examination, you notice that her head circumference has dropped to the 30th percentile, whereas previously she had been tracking in the 80th percentile. You also think it is odd that she does not cry, or appear to register any pain, when she accidentally bumps her head on your examination stool. What is the most likely diagnosis?

- A. Intellectual developmental disorder
- B. Social (pragmatic) communication disorder
- C. Autism spectrum disorder
- D. Fragile X syndrome
- E. Rett syndrome
- F. Selective mutism
- G. Stereotypic movement disorder



***THE END***