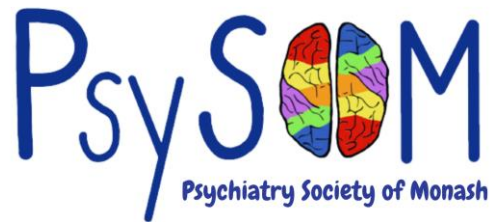


Psychiatry Society of Monash (PsySOM)



Practice Exam Two

Aged and Consultant-Liaison Psychiatry, Addiction Medicine and Additional Topics

2021

EXAM DURATION: 1 HOUR

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 **32 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. Flumanezil
- B. Naloxone
- C. Methadone
- D. Buprenorphine
- E. Bupropion
- F. Naltrexone
- G. Varenicline
- H. Acamprosate
- I. Disulfiram

Question 1

A 25-year-old male is brought to the ED after he was found unconscious in the elevator of his residential apartment. On examination, he has a decreased level of consciousness, and his pupils are constricted. The patient has shallow breathing and a drastically reduced respiratory rate. His peripheries are cold, clammy, and poorly perfused. Further examination reveals several needle track marks on his arms and thighs. What is the most appropriate next step in your management?

Question 2

James is a 29-year-old with a long-standing history of heroin abuse. He is a soon-to-be father of a beautiful daughter. He is highly motivated to quit heroin completely and wishes to be drug-free to rebuild his family relationships. James has been abstinent from heroin and other opioids for 15 days and has now recovered from the withdrawal phase. What is the most appropriate medication to maintain James' abstinence?

Question 3

A young woman has recently found herself to be pregnant. She informs you that she uses heroin frequently. You explain to her the ill-effects of heroin on pregnancy and on the unborn child. You offer alternatives to substitute heroin for a safer substitute. What is the most appropriate medication in her management?

Question 4 is a standalone question.

Question 4

A 28-year-old female is brought to the ED after being found to have difficulty breathing while at a party with her friends. On arrival, her temperature is 36.5°C, blood pressure is 105/75 mmHg, pulse is 60 bpm, and respirations are 22 breaths/min. She is alert but is unable to speak in full sentences and has a medical diagnosis of asthma. Examination shows dry mucous membranes and red eyes. The pupils are equal and reactive to light. No injection marks can be found on her extremities. Which of the following is the most likely cause of her symptoms?

Options:

- A. Benzodiazepines
- B. Heroin
- C. LSD
- D. Cannabis

*For questions 5 to 8, use the following options for the **MOST** likely answer.*

Options:

- A. Somatic Symptom Disorder
- B. Illness Anxiety Disorder
- C. Conversion Disorder
- D. Factitious Disorder
- E. Malingering
- F. Schizophrenia
- G. Acute Psychosis
- H. Epilepsy
- I. Brain Tumour

Question 5

Tom presents to his GP for the 3rd time in the last six months, requesting imaging of his brain. When questioned further, he denies having any symptoms suggesting a brain pathology. A brief neurological examination is conducted, and it is completely normal. Tom later reveals that his older brother recently got diagnosed with a brain tumour.

Question 6

Stacy is a 10-year-old girl who presents to the GP complaining of pain in her right shoulder. When you palpate her shoulder, Stacy screams in pain. However, you notice that she was able to carry her backpack and move her shoulders without complaints earlier. Additionally, Stacy's parents mentioned that they have been busy recently as they've just had another child.

Question 7

Mitchell is brought into the hospital after sustaining injuries while he was robbing a store. He is initially calm but when the police begin to question him, he starts running around the room stating that he is hearing voices and that they told him to rob the store. When questioned about these further, he states he hears multiple people and can only hear the voices in his left ear.

Question 8

Sandra is a 27-year-old previously healthy lady who presents with abrupt loss of vision in her left eye and muscle twitching in all four limbs. A thorough examination and laboratory investigations were conducted. No abnormalities were found. Further discussions with Sandra revealed that Sandra's mother had recently passed away from breast cancer. Sandra shares that she has been feeling distraught and grieving since.

For questions 9 and 10, use the following options for the **MOST** likely answer.

Options:

- A. Brain Tumour
- B. Delirium
- C. Drug Induced Psychosis
- D. Major Depressive Disorder
- E. Major Neurocognitive Disorder (Alzheimer's Disease)
- F. Major Neurocognitive Disorder (Lewy Body Dementia)
- G. Major Neurocognitive disorder (Vascular Dementia)
- H. Dementia due to Parkinson's Disease
- I. Persistent Depressive Disorder

Question 9

Roy is a 73-year-old man living at home alone. His daughter reports that he has gradually become withdrawn over the past few years and that he no longer engages in his hobbies. She also thinks he is starting to become forgetful as when she checks up on Roy, he has been missing meals and appears to be neglecting his health. Roy believes this is all due to his age. He reports low energy and denies feeling 'depressed'. On examination, Roy's MMSE is 28/30 with 3/3 on short-term recall.

Question 10

Abigail is an 82-year-old woman brought in by police after she was found wandering the streets in the middle of the night. She is wearing a nightgown and is barefooted. Upon questioning, she appears to be confused. She believes the year is 1989 and is unable to sustain her focus on questions. A collateral history from her son reveals a family history of Alzheimer's disease. However, he states that this behaviour is new, and she is otherwise in good health.

For questions 11 and 12, use the following options for the **MOST** likely answer.

Options:

- A. Postpartum Depression
- B. Baby Blues
- C. Postpartum Psychosis
- D. Perinatal Obsessive Compulsive Disorder (OCD)

Question 11

Emily is 3 days postpartum and was discharged 2 days ago after a normal vaginal birth. This is her second pregnancy, which was uneventful with no post-partum complications. A maternal and child health nurse has arrived for their first visit. Emily discloses to the nurse that she has been feeling empty for the past 2 days, with poor motivation and inability to concentrate. She has been very irritable with her husband and feels overwhelmed with little things. She is feeling very guilty because she thinks she is not a good mother to her new-born. What is the most likely diagnosis?

Question 12

Mary is a 27-year-old woman who has presented to the GP. Recently she has been having these concerning thoughts about harming her new-born baby. These thoughts have been really distressing and keep her up at night. She has also been avoiding staying alone with her baby because she is concerned, she may hurt her baby. What is the most likely diagnosis?

Question 13 is a standalone question.

Question 13

Melissa is a 32-year-old woman who has been brought into the ED by her husband. Melissa has been sleeping for only 2-3 hours each day and is fearful that the government is conspiring to take away her new-born baby, who is now 7 days old. She has been hearing voices and is more active than she usually is. This started 2 days ago, and Melissa's husband is worried that something may be wrong. Which of the following statements is true?

Options:

- A. There is a high risk of suicide and a low risk of infanticide.
- B. Melissa is having a panic attack.
- C. This is an emergency and Melissa needs urgent treatment.
- D. The best next step is to refer Melissa to a psychologist for psychotherapy.
- E. Melissa needs to be treated for at least 2 weeks to recover.
- F. Melissa has a low suicide risk.

For questions 14 and 15, use the following options for the **MOST** likely answer.

Options:

- A. Dissociative Amnesia
- B. Depersonalisation
- C. Derealisation
- D. Korsakoff Dementia
- E. Dissociative Identity Disorder
- F. Post-Traumatic Stress Disorder
- G. Mental Status Change
- H. Retardation of Thought

Question 14

June Lin is a 22-year-old with limited memory of her childhood years but knows that she was removed from her parents because of abuse and neglect. June often struggles to account for hours or even days of her life. Sometimes, she does not remember how and when she arrived at a specific location. Occasionally, she finds clothes she does not like in her closet, and she does not remember having bought them. Her friends can be confused by her behaviour, as sometimes she acts in a childish dependent manner and at other times becomes uncharacteristically aggressive. These symptoms are most commonly seen in which disorder?

Question 15

Jack suffers from generalised anxiety disorder and panic attacks. During his attacks, he feels as if he is disconnected from the world, as though it were unreal or distant, but not in a hallucinatory way. In between panic and anxiety attacks, he describes being plagued by philosophical and existential thoughts about the nature of existence and reality. Which term best describes this symptom?

For questions 16 to 20, use the following options to choose the **MOST** appropriate psychotherapy in each scenario.

Options:

- A. Cognitive Behavioural Therapy (CBT)
- B. Supportive Therapy
- C. Acceptance and Commitment Therapy (ACT)
- D. Insight-Oriented Psychotherapy
- E. Dialectical Behaviour Therapy (DBT)
- F. Behaviour Therapy
- G. Couples Therapy
- H. Interpersonal Psychotherapy (IPT)
- I. Family Therapy
- J. Family-Based Therapy (FBT)

Question 16

Martha is a 24-year-old woman who has presented to ED after she was involved in a motor vehicle accident (MVA) where she drove while under the influence of alcohol and crashed her boyfriend's car. According to her, he was a "good-for-nothing abuser" who "deserved it anyway." She has had recurrent presentations to ED in the past due to non-suicidal self-injury. These episodes are often precipitated by the breakdown of interpersonal relationships. Her developmental history is complicated by severe childhood trauma. She cannot remember much of her childhood, and sometimes still struggles with episodes of amnesia.

Question 17

John is a 65-year-old veteran who has presented to the GP. In his words he has overall been living a "happy life." However, recently he has been reflecting a great deal during lockdown and realised that he would like to explore how his mother's infidelity to his father, and his parent's divorce during his adolescence. He believes this might have affected his own relationships with his wife and past partners.

Question 18

June is a 15-year-old girl who has been discharged home from the inpatient adolescent service. Prior to June's hospitalisation, June's parents reported a deterioration of her mental health during lockdown and a 3-month-history of increasingly restrictive eating behaviours as well as excessive exercise. Upon her hospital admission, June's BMI was 16. June's parents are working from home during lockdown and are keen to play an active and supportive role in her recovery.

Question 19

Simon is a 19-year-old male who presents to his GP with a 1-week history of recurrent nausea and diarrhoea. He has a group-based oral presentation which is due next week. Over the last 12 months, he has struggled academically as he has avoided attending his Zoom tutorials over a fear of being called upon to contribute to class discussions. Since commencing university, he has not been able to make any new friends.

Question 20

Keith is a 32-year-old male who was diagnosed with schizophrenia in 2015. After a trial of brexpiprazole and aripiprazole, he is now stable on quetiapine 600mg BD. However, Keith continues to experience some distress and difficulty with residual auditory hallucinations. He has trialled CBTp (CBT for people with psychosis) previously to no effect. However, he is keen to explore further psychotherapeutic options.

For questions 21 to 25, use the following options for the **MOST** likely answer.

Options:

- A. Nicotine replacement therapy (NRT)
- B. Naltrexone
- C. Bupropion Hydrochloride
- D. Acamprosate
- E. Naloxone
- F. Disulfiram
- G. Varenicline

Question 21

Alex, a 47-year-old man, presents to his general practitioner for advice on smoking cessation, after a 22-year pack history. He has tried, unsuccessfully, to quit before using nicotine replacement therapy and is looking for a different therapy. Relevant past medical history included hypertension (BP 140/100), cholecystectomy for cholecystitis, and epilepsy, for which he takes lamotrigine. Select the most acceptable form of smoking cessation therapy for Alex.

Question 22

Alice, a 24-year-old commerce student, is newly motivated to quit smoking (4 pack year history), after discovering she is 8 weeks pregnant with her first child. What medication is most appropriate to assist Alice in quitting smoking?

Question 23

Karen, a 29-year-old veterinarian, presents to her general practitioner asking for the most effective medication to assist in her smoking cessation. Her past medical history includes bulimia nervosa and appendicitis. What medication is most appropriate to assist Karen in quitting smoking?

Question 24

Steve, a 24-year-old university student re-presents to his general practitioner after experiencing vivid nightmares for 1 week, while on a smoking cessation treatment. In these dreams he is being chased by a hooded figure and wakes drenched in sweat, hardly having a restful night over the past week. The doctor recommended this treatment as Steve was waking at night to smoke. What medication is most likely to be responsible for Steve's symptoms?

Question 25

Lulu, a 42-year-old publisher presents to you after the breakdown of yet another relationship. She has a history of chronically unstable relationships and mood disturbances which often climax with a suicide attempt or self-harm. Today Lulu presents asking for medication to assist in her smoking cessation, as her ex-partner used to smoke, and she doesn't want anything to remind her of him. Given Lulu's history, what smoking cessation medication is contraindicated?

*For questions 26 to 28, use the following options for the **MOST** appropriate person(s) to provide consent.*

Options:

- A. Patient
- B. Spouse or domestic partner
- C. Patient's child
- D. Patient's carer
- E. Patient appointed Medical Treatment Decision Maker (MTDM)
- F. Nominated person
- G. Authorised psychiatrist
- H. Power of Attorney
- I. Apply for administration
- J. Apply for guardianship
- K. VCAT
- L. Office of the Public Advocate
- M. Mental Health Tribunal (MHT)

Question 26

Andrea is a 49-year-old woman with chronic schizophrenia who currently lives in assisted living. She has been stable on clozapine for 5 years, still experiencing auditory hallucinations daily, but is no longer distressed by them, and is able to maintain her ADLs. She is currently not on a Treatment Order. She is financially stable, having worked as a teacher's aide for 20 years before her diagnosis. Tomorrow is her niece's 18th birthday and as a gift she has decided to buy her a \$300 opal necklace with her savings. Andrea's nurse hears about this intended purchase and is unsure if it is OK for Andrea to spend such money. Who can authorise this spending?

Question 27

Amanda is a non-verbal 23-year-old with quadriplegic cerebral palsy, epilepsy and severe intellectual disability who is currently cared for by her older brother Jeremy. Amanda has been regularly reviewed by a gynaecologist for distressing monthly heavy menstrual bleeds and dysmenorrhea since age 16. Her symptoms have not resolved despite using OCP, Implanon and Mirena. Her gynaecologist suggests that the most effective long-term treatment to perform would be a hysterectomy, and Jeremy agrees with this. Who can consent to this procedure?

Question 28

17-year-old Kyle was diagnosed with Major Depressive Disorder (MDD) 3 years ago. His condition has not improved despite several trials of antidepressants, including clozapine. His mother, Emmy, suffered similarly from MDD when she was in her early 20s and was successfully treated with a course of electro-convulsive therapy (ECT). Because of her success with the treatment, Kyle would like to trial ECT to help his MDD. Who can consent to this treatment?

*For questions 29 to 30, use the following options for the **MOST** appropriate answer.*

Options:

- A. Review by psychiatrist
- B. Review by any practitioner
- C. Call an ambulance
- D. Call the police
- E. CODE Grey
- F. Mental Health Tribunal (MHT)
- G. Place under Assessment Order (AO)
- H. Place under Temporary Treatment Order (TTO)
- I. Place under Treatment Order/ Involuntary Treatment Order (TO/ITO)
- J. 24 hours
- K. 72 hours
- L. 28 days
- M. 6 months
- N. 12 months
- O. 3 months

Question 29

Alexander Moss is a 35-year-old carpenter who presents to the emergency department acutely distressed. He describes hearing voices when no-one is around, mocking him, and believes he was abducted last night and probed by Aliens. His wife, Sarah, says this odd behaviour has been worsening for 5 days, and she cannot think of a trigger. On examination Alexander appears distracted, his eyes darting around the room. When questioned on whether he needs hospitalisation, Alexander disagrees saying instead he needs a knife to cut the alien out of him. What is the most appropriate next step in managing Alexander?

Question 30

Kat Moss is a 16-year-old girl who has been treated for Major Depressive Disorder in the community. She has poor insight into her condition, without her parents she would cease to take her medication. She is currently under a community involuntary treatment order. What is the maximum time Kat can be placed under a community treatment order for, before needing review by the Mental Health Tribunal to approve an extension?

Question 31 & 32 are standalone questions.

Question 31

Steven believes he is drinking too much alcohol and has had a warning at work about his behaviour. He is now eager to reduce his alcohol consumption but has had great difficulty stopping. He states that he usually only drinks on Friday and Saturday night when he goes out with friends. When he is alone the rest of the week, he has no difficulty abstaining from alcohol. What medical management would be most appropriate for Steve?

Options:

- A. Acamprosate
- B. Buprenorphine
- C. Bupropion
- D. Disulfiram

Question 32

You are asked to speak to Steve in ED. The registrar has asked you to take a history from Steve to determine if he has an alcohol use disorder. What questions are critical to ask when assessing if a patient has an alcohol use disorder?

1. How many units of alcohol do you drink per day?
2. At what age did you start drinking alcohol?
3. Do you feel that your alcohol use interferes with your ability to perform your work or obligations in the home?
4. Has your alcohol use put yourself or others in danger?

Options:

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

THE END