



THE ROYAL AUSTRALIAN AND NEW ZEALAND COLLEGE OF
PSYCHIATRISTS

2 HOUR PRACTICE WRITTEN EXAMINATION

BRISBANE 2007

Instructions:

There is an initial ten (10) minute perusal period during which you may read the practice examination paper and make notes on spare paper, but not in the practice examination paper itself.

Do not write on any areas marked "office use only".

This practice paper is worth 120 marks and you have 120 minutes (two hours) in which to complete it.

Please hand in the completed practice examination paper at completion of the session. Your paper will be returned at the feedback session. Papers will not be individually marked. The model answers will be emailed out to you all.

All questions are to be attempted.

Use the separate sheet provided to answer the Extended Matching Questions. Use pencil to fill in answers on the EMQ answer sheet, and remember to write your name on it.

BE SURE TO WRITE YOUR NAME ON THE FRONT COVER AS BELOW

Candidate's Name:

Candidate's Signature:

Extended Matching Questions

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Hypnopompic hallucination
- B. Somatic hallucination
- C. Third person hallucination
- D. Déjà vu
- E. Gedankenlautwerden
- F. Visual illusion
- G. Olfactory hallucination
- H. Thought echo
- I. Command hallucination
- J. Pareidolia
- K. Gustatory hallucination
- L. Hypnagogic hallucination
- M. Jamais vu
- N. Visual hallucination

Which abnormality of perception listed above is the most likely to be demonstrated by each of the following examples.

Please select only ONE option, but any option may be used more than once, if required.

1. A young woman becomes suicidal as she continually hears voices which say "She's no good, she doesn't deserve to live".
2. A woman is distressed by sometimes seeing a "scary man" in the room when she wakes from sleep. He disappears after a few seconds. She describes no other unusual experiences.

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Psychotic depression
- B. Obsessive compulsive personality disorder
- C. Adjustment disorder with mixed anxiety and depressed mood
- D. Post natal psychosis
- E. Asperger's disorder
- F. Obsessive compulsive disorder
- G. Separation anxiety disorder with school refusal
- H. Post traumatic stress disorder
- I. Avoidant personality disorder
- J. Major depressive episode
- K. Dysthymic disorder
- L. Social phobia
- M. Acute stress disorder

Which diagnosis listed above is the most likely to be demonstrated by the following example.

Please select only ONE option.

3. Bethany is a solo mother with a three month old baby. She worries constantly that her child will catch an infection, and begins to wash her hands compulsively. She starts waking up before dawn, loses weight and becomes unable to care for herself or her baby properly.

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Aristotle
- B. Galen
- C. Francis Bacon
- D. Vesalius
- E. Thomas Hobbes
- F. Thomas Kuhn
- G. Roger Bacon
- H. Pythagoras
- I. Galileo
- J. Albert Einstein
- K. Copernicus
- L. Carl Popper
- M. Isaac Newton

Which scientific thinker listed above is the author of the following quote.

Please select only ONE option.

4. "If I have seen further than most, it is because I have been standing on the shoulders of giants"

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Risperidone
- B. Paroxetine
- C. Zopiclone
- D. Olanzapine
- E. Lithium
- F. Fluoxetine
- G. Amitriptyline
- H. Haloperidol
- I. Clozapine
- J. Pimozide
- K. Venlafaxine
- L. Fluphenazine
- M. Sodium Valproate

Which medication listed above is the most likely to cause each of the following adverse effects.

Please select only ONE option, but any option may be used more than once, if required.

5. Hair loss

6. Acute glaucoma

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Corpus callosum
- B. Dorso-lateral frontal cortex
- C. Brodman's area
- D. Basal nucleus of Meynert
- E. Locus coeruleus
- F. Orbito-frontal cortex
- G. Nigrostriatal tract
- H. Cerebellum
- I. Raphé nucleus
- J. Basal ganglia
- K. Tuberoinfundibular tract
- L. Wernicke's area
- M. Occipital lobe
- N. Mesolimbic tract
- O. Brain stem
- P. Papez's circuit

Which aspect of brain structure or function listed above is most associated with each of the following items.

Please select only ONE option, but any option may be used more than once, if required.

7. Serotonin

8. Memory

Extended Matching Questions

Do not answer questions in this booklet. Use the separate answer sheet and pencil provided.

All questions are worth 1 mark

- A. Non-maleficence
- B. Utilitarianism
- C. Ethical relativism
- D. Practical wisdom
- E. Justice
- F. Categorical Imperatives
- G. Privacy
- H. Autonomy
- I. A value judgement
- J. An ethical dilemma
- K. Beneficence
- L. Accountability

Which ethical concept listed above is the most likely to be demonstrated by the following example.

Please select only ONE option.

9. An on-call registrar is concerned that a young woman seen in ED is suicidal and at significant risk, but is also aware that to admit the patient compulsorily might have harmful consequences such as regression.

Extended Matching Questions

Question 10

**The question is worth 2 marks.
Please select UP TO TWO responses for the question.
More than two responses will incur a mark of zero.**

Extended Matching Questions:

Do not answer EMQ questions in this booklet. Use the separate answer sheet and pencil provided.

The question is worth 2 marks.

Please select UP TO TWO responses for the question.

More than two responses will incur a mark of zero.

- | | |
|--------------------------------|----------------------------------|
| A Tangentiality | N Clanging |
| B Formication | O Nihilistic delusions |
| C Answering past the point | P Ekblom's syndrome |
| D Avolition | Q Verbigeration |
| E Poverty of content of speech | R Paraphasia |
| F Neologism | S Delusions of misidentification |
| G Capgras syndrome | T Over inclusiveness |
| H Loss of goal | U Tactile hallucinations |
| I Derailment | V Poverty of speech |
| J Circumstantiality | W Dysphoria |
| K Dysthymia | X Palilalia |
| L Hypochondriacal delusions | Y Word salad |
| M Incoherence | Z Cotard's syndrome |

For the following example, select the TWO most appropriate terms or syndromes from the list above.

Please select only TWO options for the question.

10. A man suffering from delirium tremens is admitted in a disorientated state yelling that he can feel insects crawling all over him.

Key Feature Cases

INSTRUCTIONS:

Please answer using a blue or black ball-point pen in the spaces below each question.



Where you are asked to select your answers from a list, please use the pencil provided.



PLEASE MARK LIKE THIS ONLY:

- Do not fold or bend
- Erase mistakes fully
- Make no stray marks
- Completely fill in the circle

KEY FEATURE CASES

Case 1 (4 marks)

Florence is a 75 year old retired legal typist scraping by on a pension in a sub-standard flat which is in cold winter as she cannot afford adequate heating. She divorced from her abusive husband in her forties and has few social supports. She has developed some memory difficulties across the last year, and suffers from a weak left arm after a minor stroke. Florence is taking a statin and aspirin each day. Her GP refers her to your community mental health service for older adults as she has become depressed. He describes her as a “stoical battler” and “fiercely independent”. On assessment Florence has symptoms of a major depression but is not suicidal. You decide to start her on citalopram.

Question 1 (3 marks)

List the most useful interventions which could improve Florence’s likely adherence to citalopram treatment in the community. Give UP TO THREE answers only.

1.
2.
3.

Question 2 (1 mark)

Which social intervention listed below would be the most appropriate to assist Florence with her recovery? Select ONLY ONE OPTION from the following list:

- Arrange a welfare guardian
- Social work assistance to improve her flat’s heating and her pension
- Admission to a geriatric unit for a rehabilitation assessment
- Arrange periods of respite at a local Rest Home

KEY FEATURE CASES

Case 2 (4 marks)

Daniel is a three year old boy brought for assessment by his maternal grandmother who is worried that he is “too quiet”. He lives with his mother, a solo parent, who was supposed to come as well, but who left a message that she had a migraine and is not present. In the assessment Daniel is passive, anxiously watchful and does not engage well, and his grandmother describes intermittent temper tantrums when he is with his mother. “I have him with me as much as I can manage” his grandmother says “and he’s much better with me, he perks up a lot, but my heart’s not good so I can’t have him as much as I’d like.”

Question 1 (2 marks)

What are the key features mentioned in the vignette that would make a diagnosis of reactive attachment disorder (avoidant/inhibited) more likely in Daniel than that of a pervasive developmental disorder? Give UP TO TWO answers only.

1.
2.

Question 2 (2 marks)

Which behaviour as below would you be watching for to strengthen the diagnosis of reactive attachment disorder, when observing Daniel and his mother in a playroom assessment? Select UP TO TWO OPTIONS from the following list:

- Mother plays alongside Daniel not with him
- Daniel chats freely about his play with his mother
- Shared enjoyment in play
- Daniel seems aloof and bored

KEY FEATURE CASES

Case 3 (4 marks)

You are a registrar called in at midnight to the Emergency Department (ED) to assess Kathy, a 26 year old woman. Kathy has a history of childhood sexual abuse, and a long history of self-harming via forearm lacerations and by paracetamol overdoses, several of which have required N-acetylcysteine treatment. She has tonight self-presented to the ED demanding lorazepam as she says that she cannot sleep and this is “making me crazy and suicidal”. She has a past history of visiting several General Practitioners so as to obtain benzodiazepines. The Crisis Management Plan which is in her ED file states that Kathy should not be given any additional benzodiazepines. Her usual medication is fluoxetine 40 mgs mane, quetiapine 200 mgs BD and clonazepam 2 mgs nocte.

On arrival at the ED you find that the staff are very busy with two traffic accidents so Kathy has not had any initial assessment. While you are interviewing her, she becomes somewhat drowsy.

Question 1 (2 marks)

What are the most important next steps that you need to take regarding Kathy’s management at this point? Give UP TO TWO answers only.

1.
2.

Question 2 (2 marks)

If Kathy should on this occasion require a psychiatric admission, what would the main principles be, regarding this admission?

Select UP TO TWO OPTIONS from the following list:

- She should sign a contract stating that she will not self-harm
- She should not be admitted for longer than at most 4 days
- She should be nursed on constant observations throughout the admission
- She should have a full medication review and trial a different antidepressant
- She should be expected still to have suicidal ideation at the point of discharge
- She should be withdrawn from benzodiazepines

Short Answer Questions

**Please write all answers to the Short Answer Questions
in this Booklet using a blue or black pen**

Short Answer 4 (4 marks)

Tony is to be started on clozapine for resistant schizophrenia. He is aged 35 and is otherwise medically well.

Question 1 (2 marks)

List in note form several possible adverse effects that Clozapine can have on the haematological system.

Question 2 (2 marks)

List several of Clozapine's possible adverse effects on the cardiovascular system

Critical Essay Question

**Please write your answer to the Critical Essay Question
in this Booklet using a blue or black pen**

Critical Analysis Question

Please write all answers to the Critical Analysis Question in this Booklet using a blue or black pen

You may make marks or use highlighters on the figures and data supplied but do not make rough working notes on or near the lined sections provided for your answer

Critical Analysis Question

(20 marks)

June is a 33 year old woman who presents after developing a manic episode while being treated by her GP with fluoxetine for a major depression. You decide to explore the literature so as to help to clarify whether this means that June is likely to have a bipolar I disorder, and whether this is likely to follow the usual course. You locate the following paper:

Antidepressant treatment-emergent affective switch in bipolar disorder

Tamada RS, Amaral JA, Issler CK, Nierenberg AA, Lafer B.

Rev Bras Psiquiatr. 2006 Dec;28(4):297-300. *Bipolar Disorder Research Program, Institute of Psychiatry, Hospital das Clinicas, Medical School, Universidade de Sao Paulo, Brazil.* rstamada@uol.com.br

Abstract (excerpt):

Objective: Treatment-emergent affective switch has been associated to cycle acceleration and poorer outcome, but there are few studies addressing this issue. The aim of this study was to prospectively compare the outcome of patients presenting treatment-emergent affective switch with patients with spontaneous mania, regarding presence and polarity of a new episode and time to relapse.

Method: Twenty-four patients with bipolar disorder according to the DSM-IV were followed for 12 months. Twelve patients had treatment-emergent affective switch (TEAS) and twelve had spontaneous mania. Patients were evaluated weekly with the Young Mania Rating Scale and the Hamilton Depression Scale until remission of the index episode, and monthly until completion of the 12-month follow-up.

Results: Eleven patients with treatment-emergent affective switch had a recurrence on follow-up, all of them with major depressive episodes. In the group with spontaneous mania, six patients had a recurrence: two had a depressive episode, and four had a manic episode ($p = 0.069$ for new episode, $p = 0.006$ for polarity of the episode).

Method (excerpt):

Twenty-four patients with bipolar disorder according to DSM-IV were divided into two groups: 12 consecutively admitted patients with spontaneous mania and 12 consecutively admitted patients with antidepressant-induced mania. Patients were recruited from the Bipolar Disorder Research Program at the Institute of Psychiatry of Universidade de Sao Paulo Medical School. Inclusion criteria were patients between 18 and 60 years of both genders with bipolar disorder according to the DSM-IV, with a manic, hypomanic or mixed episode, and a Young Mania Rating Scale (YMRS) index score of 12 points or more. Patients with rapid cycling in the last year according to the DSM-IV, current diagnosis of abuse and/or addiction to alcohol or drugs, or organic cerebral disease were excluded. Patients with antidepressant-associated mania were included only if they had received an antidepressant for at least three consecutive days within the previous two weeks. Patients with spontaneous mania were included if they had not received antidepressants in the preceding two months.

The diagnosis was made using the Structured Clinical Interview for the DSM-IV, Patient Version (SCID-P). Twenty-four subjects were rated with the YMRS and the Hamilton Depression Scale (HAM-D). Response to treatment was defined as a 50% reduction in the YMRS index score and remission as a score of 6 or less on the YMRS. Patients were evaluated once a week until remission and monthly thereafter. Data was analysed using the SPSS software version 10.0 (Statistical Package for the Social Science). Chi-square or Fisher's exact tests were used to compare categorical data.

Results (excerpt):

Patients with TEAS presented manic symptoms on average 12 weeks after starting an antidepressant. Antidepressants used were sertraline, venlafaxine, fluoxetine, paroxetine, nortriptyline, imipramine, and amitriptyline. Antidepressants were stopped in all patients with antidepressant-associated mania. Two patients were receiving only antidepressants in the index episode and a mood stabilizer was introduced during their treatment. Nine patients received a combination of two antipsychotics and four received a combination of two mood stabilizers.

Modified Essay Question

Please write all answers to the Modified Essay Question in this Booklet using a blue or black pen

