



Test Bank



Subject:

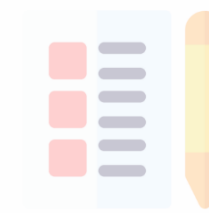
Psychiatry miniOSCE

018

Collected by:

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بجانب



Psychiatry 1st

How u will ask about orientation, concentration, abstract, short term memory, long term memory

-Define delusion

-Define Circumstantiality

-Define illusion

- Differences between anterograde amnesia and retrograde amnesia?

- Variations of Diurnal mood in depression ??

Case of 17 yr old male, come to the ER with police, he has delusions, auditory hallucination, disorganized speech and loss of association in his thoughts

1) differential diagnoses?

2) treatment? What would you see if u didn't give him the Tx? اشبي زي هيڪ ?

3) investigations ?

It was a case of acute schizo / substance abuse

Case of 51 yr old male , HTN, DM , was diagnosed with MDD , history of chest pain and cough before 2 weeks, come to the ER with his family and he said " الله اكبر الله اكبر " , with delusion

Pt was agitated, unstable according to vital (HR >100, temp 39, RR ↑ , BP ↑)

1) would u admit him to psychiatry unit? If yes , what's the indications?

2) investigations u would ask ?

3) differential diagnoses?

4) treatment ?

5) drugs/ psychiatric interventions that are contraindicated to him ?

6) do you think if the MDD has a role in his

state?

° A case of delirium

Case of 24 yr old male , come to ER by his family, he was agitated and he foughted with his young brother/ as he is a Devil

This happened when he come back with his friends after midnight

1) differential diagnoses?

2) treatment ? What would you see if you didn't give him the Tx ?

3) investigations ?

° A case of substance abuse

Case of pt , he was worried about many events in his life

-Complain from (اشفي بمعنى أنه مخه ما بفضى)، difficulty in concentration, sleep (من الافكار

3 hrs/day , Muscle tension/ mainly neck muscles

-For duration of 1 year

1) differential diagnoses?

2) treatment?

3) other comorbidities ?

^^ case of generalized anxiety disorder

Psychiatry 2nd

-What is the difference between anterograde & retrograde amnesia?

-What is the difference between obsessions & compulsions?

-What is difference between illusions & hallucinations?

-What is the most common organic hallucination?

-Name three types of thought process pathology

Case: grandiose delusions & auditory hallucinations for 1 week duration, slept 2 hours during the past 3 days, spent all of his money to buy gifts for his friends.

-write down 3 differential diagnoses

-an indication for admission:

Case: patient was diagnosed with schizophrenia, compliant to her medications, came to the clinic complaining of fixed neck flexion.

-What is the diagnosis?

-What is the cause?

-Write down other side effects to her medications

-Write down 3 symptoms of neuroleptic malignant syndrome

Case: patient was diagnosed with anxiety & depression, treated with SSRI, came to

the clinic with her family complaining of bizzare posture, mutism [& other symptoms]

-What is the diagnosis?

-Why did not she improve on SSRI?

(the doctor said it was catatonia)

-Write down 3 symptoms of alcohol intoxication

-Write down 3 symptoms of alcohol withdrawal

-Write down 2 medications used in the treatment of alcohol withdrawal

-What is the difference between anorexia nervosa & bulimia nervosa?

-What are the main 3 features of anorexia nervosa?

Q about ECT (pregnant women with manic episode best tx is ECT) then they ask about :

- indication
- complications
- relative contraindications
- how many session we do and how much the voltage
- what the drug that is withhold 1 day before doing ECT

Q (about girl has depression + sexual abuse when she was a child + mood swings + feel of emptiness + many suicidal attempt)

They ask :

- define personality disorder
- statement: “ the patient says she is scattered in the space , she in not she “
what do you understand from this statement?

Answer is: dissociative symptoms

- give 2 things make the patient develop borderline

- if we told you that her parent didn't give her attention when she was a child , what she will develop with her psychiatrist?

Answer is transference

(معنى هالكلام انه البنت ما حصلت على اهتمام و هي صغيرة فلما تشوف طبيبها عم بعالجها فهي بتفكره مهتم فيها و تصير تتعلق فيه)

- tx is : DBT

Q about Lithium

- therapeutic dose

-lethal dose

- investigation

- two disease you use lithium for

- cardiac and hematoloy side effect of

lithium

- give one drug used in bipolar patient who has depression
- give one drug you use it in mixed mood disorder
- if the patient has 4 episodes per year , what do we call this ?
- most serious side effect of lamotrigine

Mental state

- how to ask about judgement
- give 3 disorder of thought process
- what the difference between affect and mood
- how to ask about short term memory
- most common hallucinations in organic disease

Q about MDD

- most likely diagnosis + give one medical disease that has similar presentation

في كثير امثلة (answer is hypothyroidism ...)
(هاد واحد منها)

- lines of tx (first & second)

-ssri drug that has longest duration of action

Psychiatry 4th

MCQs:

1) Which of the following is not in the differential diagnosis of psychosis?

Schizophrenia

Bipolar depression

Mania

Unipolar depression

Social Anxiety

More than one of the above

Answer: Social Anxiety

2) Which of the following must have delusions in order to be diagnosed?

Schizophrenia

Bipolar

MDD

Delusional Disorder

More than one of the above

Answer: Delusional disorder

3) Which of the following is correct?

Both negative and positive symptoms must be present in active psychosis

Psychosis occurs in less than 20% of acute mania patients

In mania the mood must be elevated

None of the above

Answer: None of the above

4) Which of the following is correctly matched

Delirium -> IV Diazepam

Quetiapine -> bipolar depression

Citalopram -> unipolar depression

More than one of the above

Answer More than one of the above (the unipolar and bipolar depression treatments are both correct)

5) Which of the following is not treated by SSRIs?

Negative symptoms of schizophrenia

Atypical depression

Melancholic features of depression

OCD

More than one of the above

Answer: Negative symptoms of schizophrenia

If anyone remembers any of the missing answer choices please share so I can add them

Lejan Aldofaat Short answer Q's:

Q1) 20 year old female medical student brought to ER. She feels like the world is a

dream. She complains of episodes that last for 15 minutes (tingling, palpitations, etc.) that have occurred repeatedly over the last 3 months. These episodes wake her up during the night. She no longer likes doing the things she previously loved. She has poor appetite, and her grades have worsened. She has no hope that things will get better.

1. Differential diagnosis: Panic disorder, MDD

2. What are her treatment options: SSRIs and CBT

3. What is the descriptive pathology of the following phrases?

- "She feels like the world is a dream" -> Derealization

- "She no longer likes doing the things she previously loved" -> anhedonia

4. Give 3 phrases from the case that

indicate melancholic features of depression

Q2) 20 year old male, previously healthy, brought by his family to the ER due to two weeks of bizarre behavior. He hears voices talking about him and claims that there are people out to get him. He says he is certain of this because the streetlight flashed twice. He is convinced others can hear his thoughts

1. differential diagnosis: Substance induced psychosis, brief psychotic disorder, still early to tell/needs more history: schizophreniform + schizophrenia
2. Treatment options: antipsychotics (and antidote for substance abuse if applicable)
3. What is a motor symptom that can be caused by the treatment you give? EPS
4. What is the descriptive pathology for the following?

- "He hears voices talking about him:"
auditory hallucinations

- "He is convinced others can hear his thoughts:" thought broadcasting delusion

5. Give two items from the case that indicate poor prognosis: male gender and early onset

Q3) 30 year old female brought to the ER by her family because she has not slept more than 2 hours the last three days. She believes she is a descendent of Cleopatra and says she talks to her all the time. She has used all of her last month's salary buying gifts for her friends

1. Differential diagnosis: Bipolar I, substance induced mania

2. Treatment options: Lithium, atypical antipsychotics

3. Extract phrases from the text that indicate:

- Grandiosity: “She believes she has descended from Cleopatra”
- Auditory Hallucinations: “She says she talks to her all the time”

4. Later in the course of her treatment, she presents with tremor, seizures, and affect on kidney function. What drug caused this and how can you treat it? Lithium. Dialysis

Q4)

1. What is the difference between mood and affect?

2. How would you assess a patient’s judgement?

3. How would you assess short term memory?

4. Tell the descriptive pathology for the following:

- Patient keeps their arm raised for the entire interview: Catalepsy?

- “I feel like hell. I rang the bell. I almost

fell": Clang association

- Run store dinner (other random words):
word salad

Psychiatry 5th

Q1: Mention CAGE criteria for alcohol dependence and what each letter refers to? How many points you need to get to say it is positive?

Answer: Have you thought to CUT DOWN drinking

Have people ANNOYED you by criticism

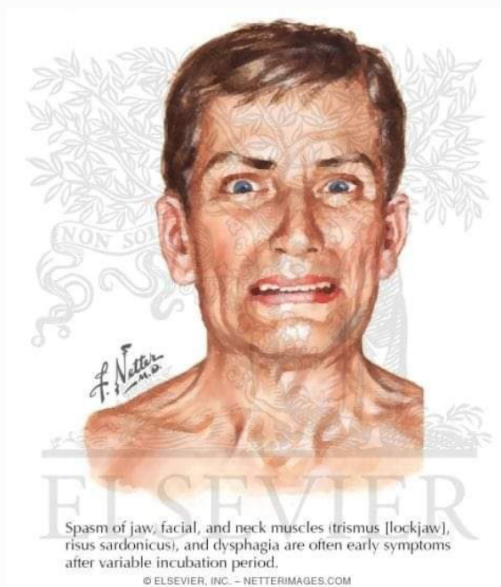
Do you feel GUILTY About drinking

Have you felt the need to drink first thing in the morning (EYE OPENER)

Most probably 2 points out of 4, the doctor said she will consider 2 or 3 correct, not sure.

Q2: Patient with psychosis on treatment,

presented to ER with the same picture below, what is the diagnosis and treatment?



Answer: Acute dystonia, tx benztropine (main answer) , diphenhydramine

Q3: 22 yo male presented with bizzare behaviour and delusions and hallucinations for 2 weeks.

1. What is the provisional diagnosis?
2. What other information you need to know about the patient?
3. What are the available treatments for the condition?

Answers: 1. Brief psychotic disorder
2. Ask about hx of mania, depression, previous psychotic episodes, family history, substance use... Etc
3. Typical and Atypical antipsychotics (mention examples)

Not sure about the answers

Q4: How you assess the seriousness of the suicide attempt, mention 3 signs for seriousness of the suicide attempt.

Q1/All of the following cause reversible dementia except ?

Vascular dementia ortumor

Q2/Choose the correct answer regarding OCD ?

Obsession lead to resistance

Q3/Conjunctival injection , high blood pressure etc...

Marijuana intoxication

Q4/Case of bipolar on treatment come to the clinic with diarrhea and tremor it's due to ?

Lithium side effects

Q5/Nihilistic delusion indicate ?

Psychotic depression

Q6/Which of the following is true according to psychosis ?

Psychosis should be treated as medical health disease

Q7/Which of the following is true regarding patient doctor relationship

something like that ?

Good consultation is where patient have active role in it

Q8/History about someone who was asked about his educational level (he started by talking about the club he joined , his friend and about his high school , and he concluded by saying this was my high school , this indicate ?

Circumstancularity

Q9/ Which of the following is a disorder of perception ?

Illusion

Q10/All of the following cause violent behaviour except ?

Social anxiety disorder

Psychiatry 6th

Not available

Psychiatry 7th

Q1: MCQ

1-FDA approved drug for adhd?

Methylphenidate

2-One of substances carries the highest risk for death ?

Choices were heroin, amphetamine, pcp, LSD, cannabis

3-All of following disorders are unconsciously in behavior except?

Munchausen? I dont remember question form exactly 😊

4-True about depression? Common cause of disability in society

5-Sth common among all anxiety disorders? They tend to exaggerate normal

events

6-A schizophrenic pnt was asked about his education level : he answered about his problems in schools and grades and lastly he said that he has finished education till school ? Circumstantibility

7-Common in schizoid personality disorder? Prefers solitary activities

8-Pnt came to clinic has recurrent eating binges . Her friends mentioned that she has distorted picture about her body.they said that she now eats twice amount than normal before.she goes to pharmacy a-lot to buy laxatives., diagnosis? Bulemia nervosa

9-Depressed pnt with suicide attempts and refuses to eat and drink , best treatment?

ECT

10- what is the most important in management of delirium ? To treat underlying cause.

Q2: a 20 y/o pnt was entered to hospital because he thinks that he is sent to save the world. His parents say that he claims to hear sounds from god telling him what to do ,answer following questions:

DDx diagnosis for this case?

Best treatment for his case? What if he became non compliant to his medications ?

Other investigations to do? Hashem Mehdi
1. mania episode, substance induced psychosis, acute psychotic disorder

2. Haloperidol (oral, if didn't comply with oral, try IM/IV), if haloperidol didn't work, do ECT

3. Urine Sample Test,
(I added other screening such as electrolytes testing....)

Q3: pnt was admitted because he has thoughts of killing his brother whenever he sees him ,he says that he avoids seeing his brother so that these thoughts does not come back again.

What is the diagnosis? OCD

What is the best pharmacologic treatment admitted for this pnt? SSRI
(Sertraline)

what is the best pyschotherpaeutic form

treatment for his disease? CBT

DO THESE PNTS CARRY A HIGH RISK FOR SUICIDE? YES

Is there any gender predominance on this disease? NO.

Q4: a 40 y/o pnt was diagnosed with schizophrenia , she is compliant to her drugs. She came to hospital with spasm and difficulty in neck movement.

A-Diagnosis and treatment? Acute dystonia, benzotropine

B-Side effects for antipsychotics?

C-Symptoms of malignant neuroleptic syndrome?

D-If this pnt was switched to atypical antipsychotics , what are possible side effects and complications?

Hashem Mehdi B-Akathasia, pakinsonism like symptoms, NMS...

C- FEVER: myoglobinuria, fever, elevated enzymes, unstable vitals, elevated CK, hyperreflexia, rigidity

D- GI symptoms: hyperglycemia, weight gain, hyperlipidemia

Hyperprolactinemia....

E-What drug is given for medication resistant schizophrenia? Why?

Clozapine, cause it causes agranulocytosis as a side effect

Q5 :about Mental exam:

How to assess orientation, concentration,

short term memory and long term memory,
abstract thinking .

Orientation: ask patient about person,
place, time

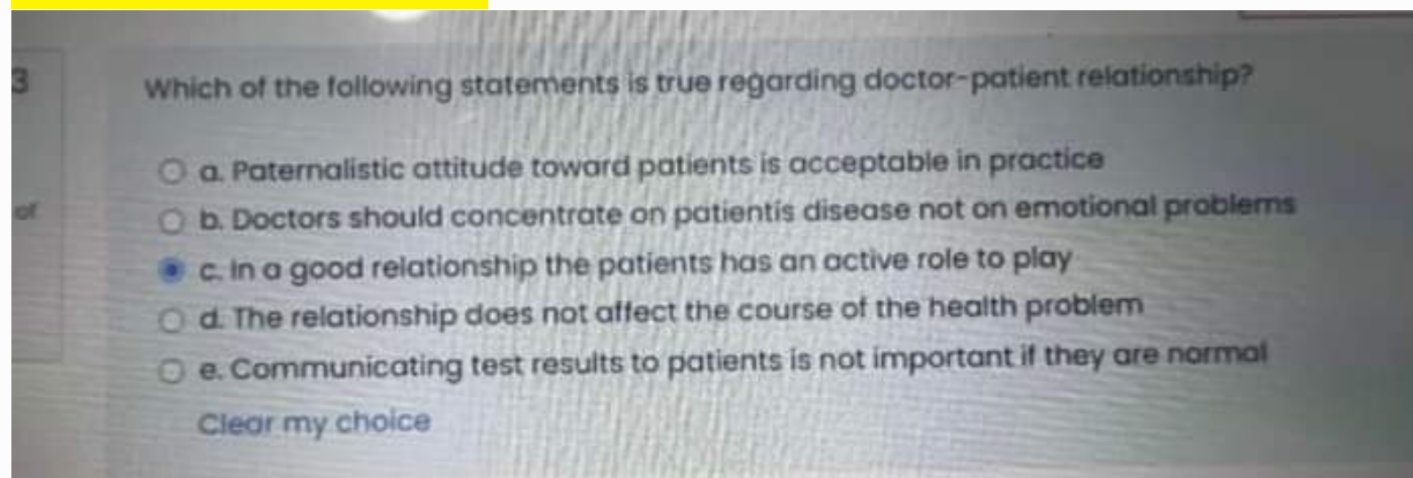
Concentration: ask patient to subtract 7s
(eg. $100-7=93$, $93-7=86$), recalling
weekdays reversely (eg. sunday, saturday,
friday,.....)

Short term memory: make patient recall 3
different items given by examiner post 5
mins (eg. Tree, door, ball)

Long term memory: ask patient about
autobiographical previous significant and
identifiable info (eg. When did you get
married?)

Abstract thinking: ask patient to explain a given idiom, ask patient about differences and similarities between different items (eg. Ball, Orange, Tennis)

Psychiatry 8th



Delirium is characterized by all the following, EXCEPT?

- a. Common in the elderly
- b. No memory impairment
- c. Impaired level of consciousness
- d. Reversible
- e. Fluctuating course

Clear my choice

A 45-year-old man was admitted to the surgical ward for observation after he was involved in a RTA, he was conscious and sustained no obvious traumas. Some 12 hours after admission, started having visual hallucinations, became confused, wandering in the ward thinking that he is at home. CT scan was normal, Gamma GT was elevated and MCV was 110, physical exam was normal. What is the diagnosis of his clinical state?

- a. Dissociative reaction
- b. Subdural hematoma
- c. Brain concussion
- d. Alcohol withdrawal
- e. Conversion reaction

Clear my choice

A 28 year woman attends a psychiatric clinic complains of mood swings from time to time, she admits that she has not been able to sustain relationships because of her mood swings and impulsivity. She fears abandonment by her friends, blames every one for her current state. She had several overdoses impulsively during the previous five years. She misused benzodiazepines to reduce tension and sleep. The most likely diagnosis is?

- a. Major depressive disorder
- b. Histrionic personality disorder
- c. Substance use disorder
- d. Borderline personality disorder
- e. Bipolar disorder

Clear my choice

Olfactory hallucinations are defined as?

Select one:

- a. Increase in perceptual ability.
- b. Abnormal thought process.
- c. A delusional disorder.
- d. A perception without stimulus.
- e. Misinterpretation of perception.

[Clear my choice](#)

In the absence of any medical disorder and substance use, which of the following symptoms, if present for more than a month, makes a diagnosis of schizophrenia likely?

- a. Delusion of grandiosity
- b. Blunted affect
- c. Mood congruent auditory hallucination
- d. Voices referring to the patient as a third person
- e. Flight of ideas

[Clear my choice](#)

All the following are features of 'somatic symptom disorder', EXCEPT?

- a. The symptom may be a single pain symptom
- b. Multiple physical symptoms without underlying organic pathology
- c. The symptoms may be related to more than one body system
- d. The symptoms are intentionally produced
- e. The duration of symptoms is 6 months or more

[Clear my choice](#)

Which of the following is true about bipolar mood disorder?

- a. Has strong genetic basis
- b. Affects only the middle aged
- c. Has good prognosis
- d. Treated by cognitive therapy
- e. Life time risk is about 7%

[Clear my choice](#)

3. Which of the following represents a disorder of thinking?

- A. Conversion
- B. Thought echo
- C. Hallucination
- D. Depersonalisation
- E. Delusions

The answer is most likely E. (Debate over B or E. But B is probably incorrect because thought echos are a form of auditory hallucination where the patient hears his own thoughts aloud, and are therefore related to perception not thinking)

10. Which of the following indicates the

seriousness of the suicide attempt?

A. Female gender

B. Depression

C. Suicide note

Answer: I think C

A question on terminology and general concepts:

1. Define delusions

Answer: Fixed false beliefs that are not shared by the person's culture and persist despite evidence to the contrary

2. Define circumstantiality.

Answer: A thought disorder in which the point of the conversation is reached eventually but only after overincluding trivial or irrelevant details.

3. Difference between anterograde and

retrograde amnesia.

Answer:

Anterograde amnesia: inability to form new memories

Retrograde amnesia: inability to recall old memories formed prior to the precipitating event.

4. Define illusions.

Answer: An inaccurate perception of an existing sensory stimulus

5. What is “diurnal variation in mood” in depression?

Answer: Changes in degree of depressive mood/symptoms during the day (worse in the morning, but improves as the day progresses)?

Case scenarios:

1. A case of a 20-year-old (?) male patient brought by his family to the psychiatry clinic because something about him recently seems strange. He has recently developed interest in a new religion that none of his family members are aware of. He spends much time isolated and reading about his new religion.

(I can't remember other details).

A. In what phase of the disorder is he in?

Answer: Prodromal phase

B. Is the gradual onset of his symptoms a good or bad prognostic sign?

Answer: Bad prognostic sign

C. The patient was treated with haloperidol. He later developed

restlessness and an urge to move. What is the term for this symptom?

Answer: Akathisia

D. How would you treat the symptom in question C?

Answer: 1st line: beta-blocker (2nd line: benzodiazepine)

E. Haloperidol was switched to olanzapine. What do you have to monitor?

Monitor for metabolic syndrome (HbA1c, blood pressure, weight, waist circumference and lipid profile)

2. A case of a young female patient. Her parents state that when she is asked a question, she does not respond at all. Additionally, when they move her arm, she keeps it in that position for a long time. (Cannot recall other details of the question)

A. Mention two features of catatonia in the previous case scenario.

Answer:

1. Catalepsy (she keeps her arm fixed in the same position)

2. Mutism (she does not respond at all)

OBJ

B. Name two lines of treatment for catatonia.

1. Benzodiazepine

2. Electroconvulsive therapy (ECT)

C. What is the differential diagnosis?

Schizophrenia, schizoaffective disorder, substance abuse?

3. A 59-year-old male presents to his primary care physician with complaint of bilateral hand tremor with insidious onset over the past year. He also has felt more

unsteady on his feet. He tripped on the curb outside of his house three times in the last 6 months. His wife, who accompanies him, adds that he gets lost on his way to the local grocery store and has trouble reading the time on his wristwatch. Two months ago the patient was prescribed olanzapine 2.5 mg at bedtime, because he told his wife he was seeing a brown cat with green eyes sitting on the couch. His wife grew concerned because they do not own a cat. He is unbothered by seeing the cat and thinks it is "cute." The medication was quickly stopped because his muscles felt more rigid and he was more confused shortly after starting it.

A. What is the differential diagnosis?

Answer: Dementia with Lewy Bodies, Parkinson's disease, Alzheimer's disease

B. What would be found upon histopathologic examination of the brain autopsy of this patient?

Answer: Lewy bodies (eosinophilic inclusion bodies inside of neurons composed of α -synuclein proteins - a pathologic feature in both dementia with Lewy bodies and Parkinson disease).

C. Mention two lines of treatment for the cognitive symptoms of this patient.

Answer:

1. Acetylcholinesterase inhibitors (donepezil, rivastigmine)
2. NMDA receptor antagonists??

D. How would you treat the motor symptoms of this patient?

Answer: Levodopa-carbidopa

E. What drugs should you avoid in this patient and why?

Answer: Typical antipsychotics because they will worsen the Parkinson-like motor symptoms (extrapyramidal symptoms) in this patient (dopamine antagonists) (?)

Psychiatry 9th

<https://drive.google.com/file/d/1VJlp7oXDY51VURjincGb7uNsbKKBa30i/view?usp=drivesdk>

Psychiatry 10th

10 MCQ past papers

1. How do you ask about the patient's:

- a. Orientation: person place time
- b. Concentration: subtract serial 7 from 100
- c. Short term memory: ask them to repeat 3 words after 5 minutes
- d. Long term memory: ask about sth in the past, autobiographical

2. Case: patient that keeps folding the hem of the paper, annoyed by it as its time consuming

a. Is it OCD or OCPD and why?

OCD because ego-dystonic

b. Side effects of SSRI? sexual dysfunction, GI, rebound anxiety

c. What's the difference between obsessions and compulsions?

Patient brought by his parents for delusion and hallucinations (2weeks)

1. Differentials? Brief psychotic disorder, substance induced

2. Treatment? Typical and atypical antipsychotic

3. Motor side effects: EPS (akathisia, tardive dyskinesia..)

4. If we switch to new generation what are the side effects? Metabolic syndrome..

Lejan Aldofaat

Patient brought by police for screaming in the street, saying he's going to save the world, he talks to god and he jumps from one topic to another

1. Differential: BD with psychotic features (mania), substance induced

2. Treatment: mood stabilizers, antipsychotics

If non compliant: IV/IM antipsychotics (haloperidol)

3. Investigations: for lithium (KFT, CBC, Thyroid)

Urine sample test for substances