Psychiatry Mini-OSCE

Doctor 2020 Mini-OSCEs

Special thanks to 👏🏻

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1st rotation

Case 1

Woman came to ER with panic attack, calmed down with breathing technique vital signs was normal (HR normal). History shows she had a job interview. She has always been shy in public, and afraid to say silly things. She doesn't expect another panic attack.

1. What is the diagnosis?
Social phobia.
2. Does she meet criteria for panic disorder?
No.
3. She was given SSRI (escitaloprám), which drug should be given with it? Benzodiazepines.
4. She came the next day with another panic attack, why?
Due to side effect (anxiety)of SSRI and need time tonexert the effect.
5. If a patient had fear of public speaking, what medication do you give?
B- blockers.

Case 2

Patient brought by concerned family, very talkative over enthusiastic, exchanged numbers with attractive lady, buys alot of things, stays up at night doesn't sleep, talks on phone... Had a depressive episode 5 years ago.

1. Diagnosis?
Bipolar 2.
2. Medication to give?
Lithium.
3. Which medication should be avoided?
Antidepressants.
4. Is there a genetic relationship with this disease?
Yes.
5. If patient with same current episode came the following year? With pychosis, what will his diagnosis be?
No (it is not mania /no functional impairments).

Case 3

Patient found walking on the street talking to himself doing wired inappropriate signs, when police confronted him he run away yelling:
"ما رح أخلي العصابات يمسكوني (اشي زي هيك)"
he had poor higene, long hair... Etc

1. Name the 3 phases of this condition?
Prodromal / active / residual.
2. Name the 3 categories of symptoms?
Positive, negative, cognitive.
3. Why is it more common in lower Socioeconomic groups?
Downward drift phenomenon / many patients face barriers to higher education, regular employment and other resources, so they tend to drift downward Socioeconomically.
4. Which have better prognosis males or females?
Females.
5. Compare old and new medications side effect profile?
Typical antipsychotics - extra pyrimdial symptoms / atypical antipsychotics metabolic.

Case 4

Patient brought by his friends, he went to a party with them, took a substance to help him feel energized and stay up all night. After a while he started hearing voices and seeing things. Became paranoid of ghosts chasing him.

1. What class of drugs does the substance belong to?
Stimulants.
2. Are pupils dilated or constricted in patients taking this substance?
Dilated.
3. What neurotransmitters is increased?
Dopamine.
4. What medication is given in intoxiaction?
Benzodiazepines.
5. Is sudden stopping of drug life threatening?
No.
6. In withdrawl is patient sedated or aroused?
Sedated.
7.Is there antidote?
No.

Case 5

Patient revisiting clinic asked you the following:

1. Which 2 organs are affected by lithium?
Kidney / thyroid.
2. Lethal serum level of lithium?
2 mEq/L.
3. Theapeutic serum level of valproic acid?
80 -120 mg/L.
4. 2 classed of medication that increase serum level of lithium?
Thiazide diuretics:
- NSAIDS.
- ACE inhibitors.
- Metronidazole.
- Tetracycline.

5. Life threatning side effect of Lamotigrine?
Setvens-johnson syndrome.
6.Teratogenic effect of anticonvulsants in pregnancy?
Neural tube defects.

2nd rotation

Case 1

A 70 year old hospitalized patient was checked for depression. He has HTN, DM , 2 CVAs, HF=25%, was admitted for suspected pneumonia and on IV antibiotics, annoyed from the dog sounds in the room although dogs arent allowed in the hospital, and was found trying to remove his foley's cath.

1. What is his diagnosis?
Delerium.

2. What is the appropriate management?
Treat underlying cause, antipsychotics, family supervision.

3. Should we give patients with delirium benzo? And why?
No, it causes paradoxical disinhibition or over sedationn, and patient has depression so you can't give benzo.

4. What's the difference between dementia and delirium (mention 2)?
Dementia: Chronic progressive decline in cognitive functions, preserved level of consciousness,, usually irreversible (except if caused by vitamin B12 deficiency,hypothyroidism ....), normal EEG.
Delirium: Acute, waxing and waning level of consciousness, reversible, diffuse background slowed pattern EEG.

5. mention 2 risk factors of delirium?
Old age, comorbid diseases, prior history of delirium.

6. When does it become worse?
At night (sundowning).

Case 2

A 6 year old boy is brought by his mother, concerned he hasn't said "mama, dada" yet, quiet, prefers to play alone, doesn't get along with his classmates, annoyed when his toys are not in the order he's used to. In the clinic, you call him and he doesn't answer and acts as if you're not there.

1. What is the diagnosis?
Autism spectrum disorder.

2. What is the treatment?
a-2 agonists, early intervention, remedial education, behavioral therapy, psychoeducation, but the question asked for the "curative treatment " so make sure to mention that there is no curative treatment for autism.

3. What are the changes that may be seen when he becomes an adult?
Inrellectual function and language impairment.

4. More in Male or females?
Males.

5. Aside from language testing, what other medical test should you perform?
Formal Neuropsychological testing, Auditory testing.

6. What is the most common single genetic mutation associated with the disease?
Fragile x syndrome.

Case 3

A 23 year old female is concerned about her nose shape and size and is afraid of what people might say about it, and says it looks like a carrot on my face. She thinks that surgery will be the only way to fix it, examination showed a normal size and shape for woman, and her family says they see it normal.

1. What is the diagnosis?
Body dysmorphic disorder.

2. More common in Male or female?
Females.

3. Associated disorders?
MDD, OCD, social anxiety.

4. Satisfaction with plastic surgeries?
No.

5. High risk of siucide?
Yes.

6. Management?
SSRI, CBT.

Case 4

A 40 year old patient was admitted because he has thoughts of killing his brother everytime he sees him, he says that he avoides seeing him so his thoughts don't come back.

1. What is the diagnosis?
Ocd, intrusive taboo thoughts.

2. Other subtypes?
Contamination, doubt or harm, symmetry.

3. Is it better to tell the family about his thoughts?
Yes, family support can help the patient through his treatment plan and to protect the patient and others.

4. Pharmacological treatment of choice?
SSRIs.

5. Type of psychotherapy?
CBT (Exposure and Response Prevention).

6. Does it have a strong genetic factor?
Yes.

Case 5

1. Cluster C types?
Avoidant, dependance, ocpd.

2. Schizoid vs avoidant?
Schizoid: cluster a, psychotic symptoms, prefer to be alone, while avoidant is cluster C, anxiety symptoms, prefer to be with people but are too shy.

3. Do patients have insight ?
Patients often lack insight.

4. Type of psychotherapy?
CBT

5. Can they have criteria of more than one personality disorders?
Yes, multiple personality disorders can coexist.

6. Antisocial pts have as children?
Conduct disorder.

3rd rotation

Case 1

A 23 year old male has schizophrenia and was on risperidone 8mg daily, he had 8 months of remission, after that he presented with restricted facial expressions, tremor in his finger, and his movement was slower than expected

1.What is the diagnosis
Parkinsonism induced by antipsychotics(risperidone)

2.Mention two measures used for treatment
Benoztropine/diphenhydramine/Benzodiazepines

3.Name the condition that has the same mechanism but painful
Acute dystonia

4.After how much time does tardive dyskinesia appear(after using the drug) ?
Months to years after the use of drug

5.Name two tests that should be frequently monitored when taking risperidone
Blood glucose/lipid profile

6.If the patient had decreased sexual drive and erectile dysfunction, what test should be ordered ?
Prolactin

Case 2

A female patient is a medical student who fainted in the anatomy lab after seeing a cadaver, she also faints when seeing needles/blood and becomes afraid of fainting again. She was thinking of changing her major due to distress though she is excellent in her studying

1.In behavioral terms, what is this called
Phobic avoidance

2.Do other patients with specific phobias usually faint as well?
No

3.Are specific phobias more common in men or women?
Generally more common in women compared to men(2:1) but variable according to the stimulus

4.Mention two options of treatment
CBT with exposure/SSRIs

5.Are SSRIs used in this condition
Yes

6.Why do most patients with phobia do not seek medical care?
Because it doesn't cause clinically significant impairment in social/occupational functioning

Case 3

A 35 year old woman comes to the clinic and complains from recurrent nightmares, she says that she always sees the same dream for 5 months about her late husband death in a car accident, she fell into tears in front of you, and says I'm seeing the accident as it is happening now

1.What is the diagnosis
Post traumatic stress disorder (PTSD)

2.What is the name of the disorder if it lasts less than one month?
Acute stress disorder

3.The patient says she can no longer tolerate her children sneaking on her to surprise her,Why?
Because of reexperiencing the event via flashbacks or memories

4.What is the type of psychotherapy used in the treatment?
Specialized form of CBT(CBT with exposure, cognitive processing therapy)
(supportive/psychodynamic/couple/family can be used)

5.What symptoms does Prazosin target in this disorder?
Nightmares and hypervigilance

6.What medications should not be used in this condition?
Benzodiazepines

Case 4

A 16 year old boy is referred to the clinic because of impaired concentration at school, his parents and teachers say he is unable to concentrate and pay attention and unable to be still in class

1.What is the diagnosis?
ADHD

2.How many symptoms are required for the diagnosis?
Six inattentive symptoms ± six hyperactivity/impulsivity symptoms (in two different settings)

3.If his symptoms were only at school, but not at home, would you make the same diagnosis?
No

4.What is the difference between males and females in clinical presentation?
Females present more often with inattentive symptoms

5.Name two options for treatment?
Pharmacological (stimulants such as methylphenidate/alpha 2 agonists such as guanfacine) and non-pharmacological(parental psychoeducation, parental management training)

6.What measurement should be monitored in children using these medications?
All children should have a routine physical examination before starting stimulant medications. This physical should include vital signs, including blood pressure, pulse, height, and weight.

Case 5

A female patient was referred to the clinic due to her family worrying about her use of a medication more than usual, she uses a medication prescribed by her psychiatrist more than the original dose,she says it gives her sedation. She continued to use it while driving despite these effects resulting in inability to concentrate

1.What is the medication she is taking?
Benzodiazepines

2.What are the symptoms of withdrawal of this medication? (Mention 2)
Insomnia, anxiety, hand tremor, seizures

3.What are two medications from this classification that are not metabolized by the liver?
Lorazepam, oxazepam, temazepam

4.What other commonly available substance that should not be taken with these medications?
Alcohol

5.Why we should be aware while using the antidote of these medications?
Because it lowers the seizure threshold

6.Long term use of these medications should be avoided. After how much time these medications should not be used ?
2-4 weeks

4th rotation

Case 1

A 19-year-old girl came to the clinic for a health check-up. She mentioned:
دكتور انا ما بدي اكل وما بدي يزيد جسمي ولا غرام، وكذا مرة زارت العيادات والدكاترة تعبوا معها ورافضة الاكل.
On examination, her BMI is 13, she has amenorrhea, and fine body hair (lanugo) is visible on her forearms.

1. Most likely diagnosis?
Anorexia Nervosa

2. What are the two subtypes of this disorder?
Restricting Type: Weight loss achieved through dieting, fasting, or excessive exercise.
Binge-Eating/Purging Type: Regular episodes of binge eating or purging (vomiting, laxatives, diuretics).

3. Why would a seizure happen in this case?
Electrolyte imbalance, especially hypokalemia from purging or laxative use.

4. Two complications/consequences of this disorder?
Amenorrhea (loss of menstrual cycles).
Cardiac complications, such as arrhythmias.

5. Is the treatment mainly medications or psychotherapy?
Psychotherapy, primarily CBT (Cognitive Behavioral Therapy).

6. Two medical complications during treatment?
Refeeding syndrome.
Electrolyte imbalances during weight restoration.

Case 2

A father brought his son to the ER, saying " ابني مش مزبوط"
On examination, the young male patient was nervous, drowsy, had an ataxic gait, and .emitted a strong odor, especially when speaking

1. What's the most likely substance?
Alcohol

2. Two medications to prevent relapses?
Disulfiram
Naltrexone

3. Two complications of long-term alcohol use?
Liver cirrhosis.
Wernicke-Korsakoff syndrome.

4. What vitamin should be given to prevent Wernicke's encephalopathy?
Thiamine (Vitamin B1)

5. Two symptoms of alcohol withdrawal?
Tremors
Seizures

6. How much alcohol can a pregnant woman drink, and why?
None; alcohol can cause fetal alcohol syndrome.

Case 3

A patient reported feeling
(حاسة انها خارج جسدها و ان العالم اللي بيمر حوليها غير حقيقي/فلم/حلم).

1. What's the diagnosis?
Depersonalization/Derealization Disorder

2. Two differential diagnoses?
Psychotic disorders (e.g., schizophrenia)

3. Can this be treated with only psychotherapy, or do we need psychopharmacology?
Often psychotherapy (e.g., CBT), but medications may be needed for comorbid conditions

4. Two comorbid conditions?
Anxiety disorders
Major depressive disorder (MDD)

5. Difference between this condition and psychosis?
Insight: Patients with depersonalization/derealization recognize their experiences as unreal, unlike psychosis

6. Two risk factors for this condition?
Childhood trauma
Severe stress

Case 4

A young girl came to the clinic complaining of tiredness and drowsiness throughout the day. She reported going to bed at 12:00 am but not falling asleep until 3AM. She always tries to attend her morning classes but is consistently late

1. Most likely diagnosis?
Delayed Sleep-Wake Phase Disorder (DSWPD)

2. If sleeping 8 hours but still tired/sleepy, what's the diagnosis?
Hypersomnia

3. Two non-pharmacological/behavioral interventions?
Sleep hygiene improvement
Bright light therapy in the morning

4. Two short-term medications?
Melatonin
Zolpidem

5. Why can't these medications be given long-term?
Risk of dependency or tolerance

6. Two causes of this disorder?
Irregular sleep schedule
Circadian rhythm misalignment

Case 5

A young man lost his job 6 months ago. Three months later, he started experiencing loss of appetite, insomnia, and a lack of interest in activities. He reported some suicidal ideation but assured the doctor he had no intention to act on it. These symptoms have persisted for the last 3 months.

1. What's the most likely diagnosis?
Major Depressive Disorder (MDD)

2. For how long should medications be administered?
.At least 6–12 months, longer if recurrent

3. Two common side effects of antidepressants?
Sexual dysfunction and weight gain

4. Two non-pharmacological treatments?
CBT
Interpersonal therapy (IPT)

5. Should we admit the patient forcefully to prevent suicide?
Only if there's an imminent risk of harm to self or others

6. Two more areas to ask about for an accurate diagnosis?
History of manic episodes (to rule out bipolar disorder)
Substance use or medical conditions contributing to symptoms

5th rotation

Case 1

1. Examples for mature ego defense
2. Name of psychotherapy for BLD

Case 2

Case of schizophrenic

1. Diagnosis?
2. Tests should be done if the patient on olanzapin.
3. Define neologism.

Case 3

Case of bipolar 1

1. What is the episodes here? What are the other episodes?
2. Is he need admission? Why?
3. Treatments of choice? It's side effect? It's effected on pregnant and what is the alternative?

Case 4

Case of cannabis use with depression

1. What are the withdrawal symptoms?
2. Is there a medication to prevent the relapse?
3. How do we convince the patient that this is an addictive substance?

Case 5

Case of GAD