



UNIVERSITY OF NAIROBI

UNIVERSITY EXAMINATIONS 2017/2018

LEVEL 6 EXAMINATIONS FOR THE DEGREE OF BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

HPS 600: PSYCHIATRY

OCTOBER 15, 2018

TIME: 9.00 A.M.- 11.00 A.M.

INSTRUCTIONS:

Attempt all questions

Answered copy by the group.
prab :)

1. Mr. Wanjohi presents with symptoms making him meet the DSM-5 criterion of severe Major Depressive Disorder (MDD). Mr. Wanjohi is on psychiatric treatment and has been referred for psychotherapy.

a) Describe 4 psychotherapeutic approaches applicable in this case (4 marks)

- (i) 1. Psychodynamic psychotherapy – Focuses on developing insight & aims to change current behaviours
- (ii) 2. Cognitive behavioural therapy – aims to help the patient identify unhelpful and distorted thoughts and behavior patterns - thoughts, behaviour and feelings is the triad- address the maladaptive thoughts
- (iii) 3. Family therapy – focuses on identifying family dysfunctions & individual problems that affect the entire family
- (iv) 4. Motivational interviewing – focuses on enabling behavioral change

b) Referring to the case above, list two factors in each of the following domains that may be associated with the development and maintenance of MDD symptoms



(i) Predisposing (2 marks)

- Poverty
- Family history
- Physical abuse as a child
- Other psychiatric disorders e.g OCD
- Substance abuse e.g alcohol

(ii) Precipitating (2 marks)

- Life events such as: death of a loved one, divorce
- Metabolic factors: hypothyroidism
- Personal failure: failing exams/ failing job interviews
- Intoxication
- Medication non adherence
- Increasing use of alcohol

(iii) Perpetuating (2 marks)

(Persistence of precipitating factors)
Low socioeconomic status
On going substance use
Failure to cope with loss
Lack of social/family support
Lack of insight

(c) Indicate how you can initiate CBT in the management of this case (2 marks)

Ensure the patient has good insight
Make sure the patient has had pharmacotherapy
therapeutic alliance- good patient and psychiatrist relationship
Pt education on the illness and what CBT is?

2. (a) Name three mood stabilizers that can be indicated for the management of a schizoaffective disorder (3mks)

- (i) Lithium,
Valproate,
Carbamazepine and
Lamotrigine
- (ii)
- (iii)

(b) In the management of a violent and agitated patient name two medications that may be used intramuscular and can rapidly calm the patient down (2 marks)

- (i) IM benzodiazepines- Lorazepam
IM atypical antipsychotics- Olanzapine
- (ii)

(c) Name four side effects of anti-psychotics that can be categorized as extra pyramidal in nature (4 marks)

- (i) Acute dystonia : features include spasm of tongue, throat, face, jaw, eyes, back muscle
Akathisia : motor restlessness, inability to stay still
- (ii) Pseudo-parkinsonism : Bradykinesia, rigidity, resting tremor, stiff gait
Tardive dyskinesia: involuntary movements of the mouth, tongue, limbs, face and resp muscles
- (iii)
- (iv)

3. List 4 clinical features of postnatal depression (8 marks)

- (i)..... Typically develops during pregnancy or in the 4 weeks following delivery
Symptoms must be present for at least 2 weeks to confirm the diagnosis.
Includes the typical symptoms seen in major depressive disorder
- (ii)..... Depressed mood for most of the day, almost every day
Sleep disturbance (insomnia or hypersomnia)
Anhedonia
- (iii)..... Feelings of worthlessness or disproportionate guilt
Fatigue or loss of energy
Diminished concentration, cognition, and ability to make decisions (pseudodementia)
Weight change due to appetite change
Psychomotor changes (observed by others)
- (iv)..... Agitation
Retardation
Suicidal ideation
- (v)..... A minimum of 5 symptoms is required to confirm the diagnosis.

4 (a). Give 2 clinical features of schizoaffective disorder (4 marks)

- a) Clinical features of schizoaffective disorder ②
- (i)..... Schizoaffective disorder - \geq 2wks of psychosis without manic or depressive symptoms
 - (ii)..... i) Psychotic symptoms - \geq 2wks
 - (ii)..... ii) Mood symptoms may be present & if so, psychotic symptoms are more dominant - \geq 2wks

(b) Highlight the key difference between schizophreniform disorder and schizophrenia (2 marks)

- The duration of the symptoms
- Schizophrenia - \geq 6 months
 - Schizophreniform - 1- 6 months

(d) List 4 first-rank symptoms of schizophrenia as described by Schneider (4 marks)

- | | |
|---|---|
| (i) 1. Audible thoughts | Voices speaking thoughts aloud. Echo de la pensée |
| 2. Voices arguing | Two or more hallucinatory voices discussing the subject in the third person |
| 3. Voices commenting on one's action | Voices describing subject's activities as they occur |
| (ii) 4. Influence playing on the body-somatic passivity | Experience of bodily sensations imposed by external agency |
| 5. Thought withdrawal | Thoughts cease and subject simultaneously experiences them as removed by external force |
| (iii) 6. Thought insertion | Thoughts have quality of not being own, ascribed to external agency |
| 7. Thought broadcasting | Thoughts escape into the outside world where they are experienced by others |
| (iv) 8. Made feelings | Feelings do not seem to be own, attributed to external force |
| 9. Made impulses | Drive or impulse seems to be alien and external |
| 10. Made volitional acts | Actions and movements felt to be under outside control |
| 11. Delusional perception | Normal perception has private and illogical meaning |

5 (a). List 5 factors that may suggest a good prognosis in schizophrenia (5marks)

- (i)..... Obvious precipitating factors i.e substances abuse
- (ii)..... Late/acute onset
- (iii)..... Good pre-morbid social functioning
- (iv)..... Family Hx of mood disorders
- (v)..... Married

(b) List five physical symptoms of anxiety (5 marks)

- (i)..... Restlessness, feeling keyed/on edge
- (ii)..... Being easily fatigued
- (iii)..... Difficulty concentrating
- (iv)..... Irritability
- (v)..... Muscle tension

6. A 17 years old girl is brought to the hospital a day after being raped by her step-father. Her management requires a careful and comprehensive planning. List the steps in the management of the girl. We want you to think of the management on lines of the biopsychosocial model(16marks)

- (i)..... 1. Take a Comprehensive history - should include
 - Prior history of physical/sexual abuse.
 - Events of the Actual Assault/Rape i.e date, time, location, position (of assault), use of condoms.
 - Post-assault events.
- (ii).....
- (iii).....
- (iv)..... 2. Physical Examination → Body (Head to Toe) - check for physical injuries or any foreign bodies.
- (v)..... → Examine the genitals & anal region for trauma, secretions or any foreign objects.
- (iv).....
- (iv)..... 3. Manage any physical injuries - repair any damaged tissue,
- (iv)..... 4. Emergency prophylaxis - PEP, ECP, STIP, Analgesics.
- (iii)..... 5. Collection of forensic evidence - include perianal/vaginal/anal/oral swabs, pubic hairs (combed through), clothes (underwear).
 - Post Rape Care form 2P3 be specific & detailed
- (iii)..... 6. Psychiatric management - includes:
 - (i) Pharmacotherapy - (Sedatives, anti-depressants, mood stabilizers)
 - (ii) Psychotherapy - individual, group or family therapy.
 - Trauma focused based CBT - follow up.
 - (iii) Socioterapy - Providing safe refuge

(b) List 5 types of female sexual dysfunctions (5 marks)

- (i)..... b) Female orgasmic Disorder
- (ii)..... - Female sexual Interest/Arousal Disorder (FSIAD)
- (iii)..... - Genito-Pelvic Pain/Penetration Disorder,
- (iii)..... - Satisfaction Disorder
- (iv)..... - Lubrication "
- (iv)..... substance/medicine induced sexual dysfunction
- (v).....

7. A four year old girl is brought to the emergency department by her mother with a swollen and discolored fore arm. Radiographs reveal ulna fracture. The mother reports that the child had been jumping on the bed, lost her balance and fell. You observe that the mother is apparently in her seventh or eighth month of pregnancy. You also observe that the child is quite thin, somewhat disheveled in appearance and her hygiene is poor. When you ask if any one lives in their home, the mother acknowledges that her boyfriend does, and then hastens to state, "But he wasn't even home when this happened."

a) From the above history, name two types of maltreatment (according to WHO) that you suspect in the above child (2 marks)

- (i)..... Neglect,
- (ii)..... Physical Abuse (Major)

b) Name the three other types of maltreatment (according to WHO) (3 marks)

- (i)..... Sexual abuse,
- (ii)..... Emotional abuse,
- (ii)..... physical abuse(minor)

(c) Name 5 risk factors for child maltreatment (5 marks)

- (i)..... Child- Under 4yrs, adolescent, failure to fulfill parents expectation, identifying lesbian,
- (ii)..... Parent- Difficulty bonding, parent substance abuse, parent has low self esteem, parent with mental/ neuro disorder
- (ii)..... Relationship- family breakdown, being isolated as a child, neglected child if no support from extended family
- (iii)..... Community- High levels of poverty, policies not in place to deal with child maltreatment
- (iv).....
- (v).....

(d) You ultimately determine that the child's injury was inflicted by her mother's boyfriend, and this is not the first time. Name two agencies that would ultimately be involved in the case should you report it (2 marks)



- (i)..... law enforcement services- Police,
Child welfare society of kenya(NGO),
Childs department within the Minisitry,
- (ii)..... KNHCR

e) For child survivors of maltreatment, the suffering happens not just at that point in time. List 6 possible consequences (sequelae) of child maltreatment (6 marks)

- (i)..... depression
substance abuse
- (ii)..... poor eating habits lead to obesity
high risk sexual behaviors
unintended pregnancies
- (iii)..... impaired interpersonal relations
- (iv).....
- (v).....
- (iv).....

f) Given that the above 4 year old's mother is pregnant, should her potential "silence" participation in the abuse be investigated (2 marks)



yes or no-- mtamouth what u think.....