

	to the manner of the City
Anticonvulsants in Psychiatry are used A) Alcohol withdrawal B) Mania V y al Proof (1901) C) Schizoaffective disorder Varyage Depression (1904) E) Alcohelic hallucinosis (1904)	in the management of the following except
A) Alcohol withdrawal 4 and 60	130 Diazeare disarder
(A) Maniay A Docate City De	Mic C MOVIE tu
William Visiting dispersion for	3
D . C) Schizoaffective disorder Wannya, C	Spiracy (1)
Depression I'm Mar depression	Schraning
El Alcoholic hallucinosis & C. Sod.	
Thospieno namaomoono	THE TOCOLOGY
	-0.5
4/2: In generalized anxiety disorder, the rollow	wing is contraindicated
Coffee and other raysmated bev	brages, alcoholic dulate
B) Milk	. 0
AND	
C) Beta blockers	
D) Benzediazepines	*** *
E) SSRIs (Selective Serotonin Reupt	ākē inhibitors)
27 337113 (33733413 137341111) (3373)	Sile initiation of
	T
\ \(\mathcal{F} \) The following is true regarding a violent p.	ationt
Is psychiatric emergency hyp	offer sion.
B) The therapist should assume an ag	
Di Attle therapiet shother assume an at	(Consolid annual antillanting
C) Intra onous chlomromazine is use	a for rapid neurolepulization
D) The doctor require at least 1 hour	for interviewing relatives and others
_accompanying him/her before com	mencing freatment <
C) OACH	uniform
E) Will normally attack medical staff in	(uninorm
and the second s	min 8-10 wks atter delivery
6. The following is true for Postpartum depre-	ssion 1 \ Cosco
Common among Primigravida	Ettology - marnonal staring :
Control among Fringlavida	Proceed Committee Proceed
Ruk வூற்ற B) Same as postpartum blues and basic	Per la
family by a C) Filtre a history of psychiatric hospita	ofization and one of the partition
wood a solder D) Be signify a schizophrenia manifestir	ng at child birhy Un rappy to the
Now 10 anders E) ECT is contraindicated *	2 1 2 1 2 1 2 1 2 1 2 1 2 2 2
In the boyer	ession within 8-10 who after delivery Etrology - independent of Conservation Personal of the information of present of the present of the present of present of the prese
, , , , , , , , , , , , , , , , , , ,	
The following is atypical antipsychotic drugs	s except
Clonazapam	
B) Olanzapine 🛩	
C) Clozenino P	<u> </u>
D) resperidone-	
E) Quetiapine 😕	
L) Sidemajans	
Links diskulance o	esociated with cushings disease is
v 6. The most common psychiatric disturbance a	Sportated with organized disease is
Depression Mgor deprese	ich .
Mania * ≠	
of Milita	¥
C) Mixed affective state	
D) Schizophrenia	
E) Dementia	
	a a
le source sub-sellowing in an early sign of prob	onged grief
Which of the following is an early sign of prolo	onged grief
Self-blanie regarding the death	MINGON GOVERNO
B) Shack and disbelief	crinary peramor c'
(C) Clinging behavior	
D) Anxiety when reminded of loss	1000 of a money
E) Brief hallucinations	mu ha
k,	Protoged great sports
chars, really	Data
	Progrado acida sacista
PORTICE DESTRICTED	() · h · (
parend and nido de	*
May be	
1 A. C. L. C.	

10. í	Evaluation of thyroid function may be reatment of which one of the following	particularly helpful in the	e diagnosis and
	A) Phobic disorder B) Schizotypal personality disor	, VI GIVO	milliag su agour
	Major depression Schizophrenia		
	None of the above	in elementrated in esta	
	The Importance of an objective history of sleep apnea. The patient's bed partr	lei' intondu un un man	arily the patient, is
li	kely to report all the following EXCEP	na chie wateess	
	Sleep walking Jebussian Jeans (1) Gasping (1) Cicy 40005 Bed wetting (1)	+0) excessive area	
. U	Brain-imaging techniques, such as corr	nputer tomography (CT)	dor
	Panic disorder Alzhelmer dementia Sleep apnea		
√j,3. F	or mood stabilizers the following is true A) Are usually not given to patients to B) Sodium Valporate is suitable in particular to C) Lithium Carbonate is no longer us D) Quatipine is a mood stabilizer E) Are usually used in the first 3 more	with Bipolar 1 Mood Disc atlents with rapid cycling sed for mood stabilization ນວ່າ ຄວາວຄະວິ	of mood
Black force apart plack force	he following is a parasomnia Nightmare disorder B) Narcolepsy * C) Primary insornnia * D) Breathing related sleep disorder E) Primary hypersomnia *	sleep ds - elysoma	ins: myt mani
/J5. H	ypersomnia is likely to be due to A) Depression Schizophrenia Mania D) Bone fracture 3 inscrant C E) Anxiety disorder 3 inscrant C		
	*	vi.	.41

16 In treatment of insomnla A) High doses of hyponotics are recommended for most patients	
B) Dependence rarely occur	
B) Dependence rarely occur B) Dependence rarely occur C) Patient should not know what drug they are on since they are likely to abuse it	
February Inc. 1990	
F) There is little or no need for investigations	
and a second of the second of	
La District Developer	
This an example of psycholic district flot otherwise specifies in	
Peses no danger to the patient and others	
C) There is no relationship between the disorder and Bipolar 1 Mood disorder D) Hormonal treatment has been found to be effective	
E) Most women develop the disorder during their third or more delivery por one	UL
Derivation of postpartum psychosis is A) Delirium B) Confabulation C) Hypersomnia D) Passivity phenomena - selinge The confabrity phe	
Derral of bisty / farcio 625 (197)	
B) Confabulation for your recognity food in	
C) Hypersomnia	;
Passivity phenomena - secure Acottes and	ببل
boundary of more than the property of the party of the pa	0.50
19. Which one of the following is not a parenting factor that influences career choice A) Parental neglect	
A) Parental neglect	
E) The career of parent	
C) Gender role socialization	
O) Perental pressure	
Age of parents	
安介. Which of the following is a relative contradiction in a case of alcohol withdrawal	
A) Diazapam 12 Succir PLSC 12/6/00/12/05	
B) Lora repair of Sulfer in	
C) carbamazepine	
芝 Chrodiazepoxider) UCCO いり のけかわけい はらずむけいなく べいがりから か	
alconosic with diawell supplied a locathing of the following symptoms/signs in opiate	
dependence?	
Sedatic Ty Minimal or none -) mioris is continuation	
Consultations	
Miosis Moderate > Brokes	
Euphora 9 Constitution Const	
16 ab la	
my redonce & molacoia,	
Opinica D	
I WELLEN COM	
No Vi Rushi Bupo Sid	
A CALLEGRACIA SECTION	
High Education in Internal de como personal de como perso	

The Second of th

(i) Li (i) Vi (i) OI

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	aline 11007
	Schneider (1957)
	Which of the following is NOT a first-rank symptom of schizophrenia?
	() () () () () () () () () ()
* **	B) Somatic hallucinations Political grapsility
	D) Thought withdrawal Vacuusias Cartas Cartas
	B) Somatic hallucinations E) Delusional perception D) Thought withdrawal E) Made volitions > passivity D) Made volitions > passivity D) Thought withdrawal
	23. The most reliable predictor of violence is
	A) Abuse of alcohol
	A history of previous violence
	C) The presence of dellrium Availability of weapons
	E) Presence of psychotic thinking
	The state of the s
	An example of a specific phobia is fear of
	B) Public transportations Anima Co FEGCO Varnit
	C) Pupils
	D) Social situations & Social proble
58	26. A 25 year old woman who recently had as extramarital affair feels that her physician disapproves strongly of her behaviour, which is not really objectionable. This is an
	example of the defense of Decence of Pares signed Action and the
	Denial Conchus
	Repression C) Reaction formation Constant of the dogs.
	D) Isolation
- sh	E). Projection > atmostage their cash unaccoolade his gods feelings
	26 Which of the following is not a good approach to a psychiatric interview
	A) Trying to establish rapport.
	B) Being non-judgmental
	D) Seeking clarification of statement not understood
	Tolerating silence
	1 /27-Which of the following is not true of a mental status
	A) Speech can be conformal but irrelevant
	B) Affect is the <u>subjective</u> expression of emotion - objective - affect. Flight of ideas are a component of thought disorder
	Loosening of associations is a thought disorder V
	E) Depersonalization is a perceptual disorder
,	

1 00 14000 000	
23: Which of the following is not assessed under cognitive functions A) Consciousness >	
7 11001011003	
6) Memory leave	
C) Orientation	
Circumstantiality	
E) Insight	
, maight	
1 30 Pagardian death and dis	
29. Regarding death and dying.	
(A) Doctors should block the belief or enable their own deaths to help them	cope
with dying patients.	
(B) Exploying the patients beliefs about death is prohibited.	
(C) Doctors should ensure that they allow their patients wish to die be	
implemented	
(D) Euthanasia is legal in Kenya	
pepression may occur in patients suffering from terminal conditions	
32. Bad prognostic feature in post traumatic stress disorder is	
A) Rapid onset of symptoms	
B) Short duration of symptoms (less than 6 months)	
C) Good pre morbid functioning	
D) Strong social support 🗸	
Presence of other psychiatric disorders	
21. Conversion disorder	
A) Always requires pharmacotherapy	
May present as mulismy	
C) Suicide is a common squeal	
D) Peychotherapy is rarely necessary	
22. Which of the following statements is not true of psychiatric emergencies	
A) Sevent depression can lead to florificidal acts (
or Dulling tramone can be falal to	
C) Manic Latients maybe attacked (mob justice) because of indiscrete	
disjoint ted hehaviour V	
Paragui ido is commoner in males than terriales	
E) Alcohol : rtoxication is a common cause of road traffic accident	
/ habadasal taabalaya?	
Which of the following is <u>not</u> a behavioral technique?	
A) Aversive conditioning	
B) Modeling L	
Positive reappraisal	
Contingency management Co.	
E) Flooding	•
Y .	

34. Which of the following is incorrect about characteristics of a neglectful mount A) Chronically passive and withdrawn C) Those who suffered neglect and rejection at the hands of their own mothers D) Those who suffer from depression Overprotective and over concerned mothers 35. Which of the following is not true? Children who develop pathological grief are A) those who had pre-existing psychiatric disorders x B) Those with family history of psychlatric disorders C) Those with dysfunctional family circumstances Those allowed to express their grief openly E) those with history of previous trauma: ,36 When handling children's questions about death and dying, the following is inappropriate: (A) Telling the child that the dead person is just sleeping or has gone to heaven Using words like "dead", "stopped working" and "worn out" to establish the fact that the body is biologically dead C) Answering children's questions honestly about death and dying 1/2 . D) Allowing children to attend the furieral and to visit the dying patient in hospital - E) Explaining death in clear and simple terms \checkmark 37. The following is a treatment of mania A) Fluoxeline B) Propranolol C) Benzehexol chloride D) Mitrazipine 號 Sodium valproate top feelings for the 38/Transference A) Is similar to counter transference - (neraprist B) Occurs in short term psychetherapy -> long form C) Therapist should ignore it and proceed with therapy 💫 Therapist should counter it with counter transference 🗡 May hinder treatment progress if not properly addressed Which one of the following signs and symptoms best describes Wernicke's Confabulation is always present * Yourself thiad of ophthalu
- continuo
- Ataxia Difficulty learning new materials is so characteristic Peripheral neuropathy is very disabling Brain stem hemorrhages usually occur) E) It is a chronic condition to

of his

Et.

A) D	odd one out
A) Paroxetine > SSR B) fluoxetive -> SSR	
C) Fluvoxamine—Ss(2)	
D) sertraline — Gefor	Market Ma
(C)) Risperidol	
(6)	•
Delirium except	To a second seco
A) Is a clinical syndrome	The Same is a second of the se
(B) Is transient, reversible	
C) Has an acute or sub acute onset	
D) Definium itself is a disease	orby broke as postal due to a state
7 13 Symptomatic manifestation of e	arly brain or mental dysfunction regular
2 COLLUC 2000(1) 73 (or man afor i al many cause
	alcohol include the following except
·	
A) Elevation of systolic blood pressur	e c
B) Sweating	2
Fever	
Euphoria	
E) Tachycardia	
	to and a very mate to the maint has a
psychiatric patient who, allhough co	
disturbance in the form of thought call	ed
A) Word salad	dea description but contract
Circumstantiality > troin of this	souther to mentality
(C) Tangentiality	(free but a concern)
D) Verbigeration	theory (inceed)
D) Verbigeration E) Blocking	souther interpret but continue
7.	•
What freatment is recommended as first	at line treatment for a 9 year old with
What treatment is recommended as fire hyperkinetic disorder and no other coin	at line treatment for a 9 year old with
What treatment is recommended as fire hyperkinetic disorder and no other commendate	at line treatment for a 9 year old with
What treatment is recommended as fire hyperkinetic disorder and no other commended. Methylpheridate B) Atamoxetine	at line treatment for a 9 year old with
What treatment is recommended as first typerkinetic disorder and no other commended as first Methylpheridate B) Atamoxetine C) Clonidine	at line treatment for a 9 year old with
(A. What treatment is recommended as first hyperkinetic disorder and no other commended. (A) Methylpheridate (B) Atamoxetin (C) Clonidine (D) Impramine	at line treatment for a 9 year old with
What treatment is recommended as first typerkinetic disorder and no other commended as first Methylpheridate B) Atamoxetine C) Clonidine	at line treatment for a 9 year old with
(A.C. What treatment is recommended as first hyperkinetic disorder and no other commended. (A.C. What treatment is recommended as first hyperkinetic disorder and no other commended. (B. Methylpheridate.) Atamoxetine. (C) Clonidine. (D) Impramine. (E) Olanzepine.	at line treatment for a 9 year old with norbidities
What treatment is recommended as first typerkinetic disorder and no other commended. Methylpheridate B) Atamoxetine C) Clonidine D) Impramine E) Clanzepine	at line treatment for a 9 year old with norbidities
(A.f. What treatment is recommended as first hyperkinetic disorder and no other commended. (a) Methylpheridate (b) Atamoxetin (c) Clonidine (c) Clonidine (d) Impramine (e) Olanzepine (d) Which of the following is a cognitive process. (e) Finishing a washing ritual when hand	at line treatment for a 9 year old with norbidities ocess in OCD ds are clean
What treatment is recommended as first typerkinetic disorder and no other commended. Methylpheridate B) Atamoxetin: C) Clonidine D) Impramine E) Clanzepine 45. Which of the following is a cognitive process. a) Finishing a washing ritual when hand b) Underestima ion at the likelihood of	at line treatment for a 9 year old with norbidities ocess in OCD ds are clean
(AV) What treatment is recommended as first hyperkinetic disorder and no other commended. (A) Methylpheridate (B) Atamoxetin (C) Clonidine (C) Clonidine (D) Impramine (E) Olanzapine (A) Which of the following is a cognitive process. (B) Finishing a washing ritual when hand (C) Underestimation at the likelihood of (C) Tolerance of uncertainty	at line treatment for a 9 year old with norbidities ocess in OCD ds are clean
What treatment is recommended as first hyperkinetic disorder and no other commended. B) Atamoxetine C) Clonidine D) Impramine E) Olanzepine 45. Which of the fellowing is a cognitive process. a) Finishing a washing ritual when hand b) Underestimation at the likelihood of c) Tolerance of uncertainty	at line treatment for a 9 year old with norbidities ocess in OCD ds are clean
(AV) What treatment is recommended as first hyperkinetic disorder and no other commended. (A) Methylpheridate (B) Atamoxetin (C) Clonidine (C) Clonidine (D) Impramine (E) Olanzapine (A) Which of the following is a cognitive process. (B) Finishing a washing ritual when hand (C) Underestimation at the likelihood of (C) Tolerance of uncertainty	at line treatment for a 9 year old with norbidities cess in OCD ds are clean
What treatment is recommended as first hyperkinetic disorder and no other commended. B) Atamoxetine C) Clonidine D) Impramine E) Olanzepine 45. Which of the fellowing is a cognitive process. a) Finishing a washing ritual when hand b) Underestimation at the likelihood of c) Tolerance of uncertainty	at line treatment for a 9 year old with norbidities cess in OCD ds are clean
What treatment is recommended as first hyperkinetic disorder and no other commended. B) Atamoxetine C) Clonidine D) Impramine E) Olanzepine 45. Which of the fellowing is a cognitive process. a) Finishing a washing ritual when hand b) Underestimation at the likelihood of c) Tolerance of uncertainty	at line treatment for a 9 year old with norbidities cess in OCD ds are clean
What treatment is recommended as first hyperkinetic disorder and no other commended. B) Atamoxetine C) Clonidine D) Impramine E) Olanzepine 45. Which of the fellowing is a cognitive process. a) Finishing a washing ritual when hand b) Underestimation at the likelihood of c) Tolerance of uncertainty	at line treatment for a 9 year old with norbidities ocess in OCD ds are clean

8

Perceptual representation of a sound or object not actually present The inquestion View point able to be changed when convincing evidence to the contrary presented

Dissociative reaction a President we also.

Delustin of poverly

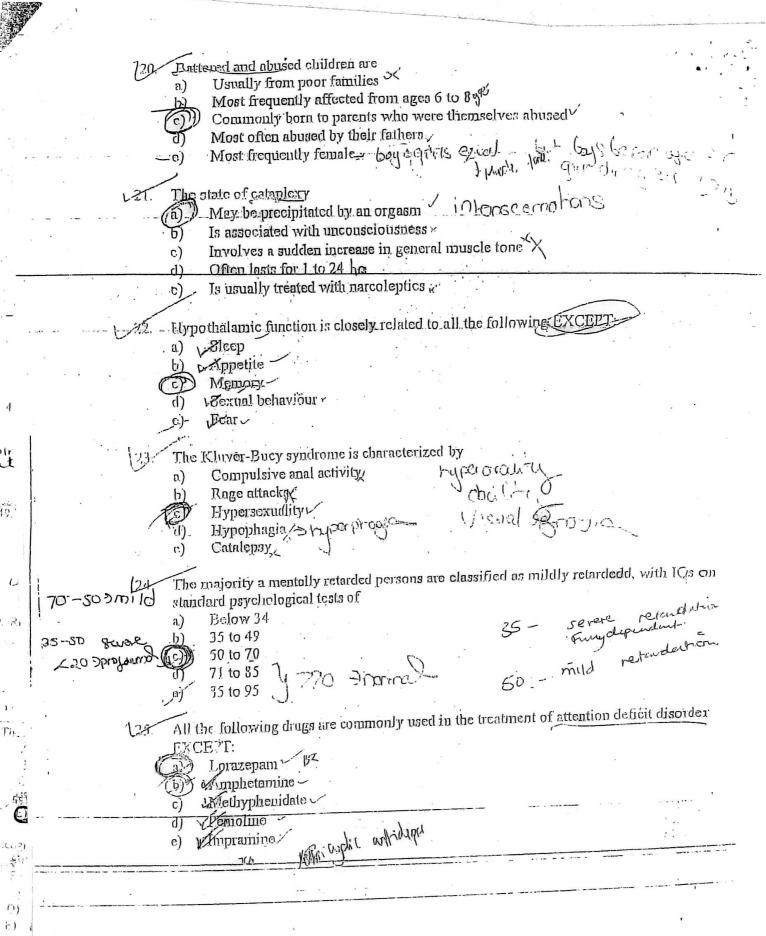
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deprincip)

7.	Calculation of an IO requires knowledge of an examined	•
7	dy Mental age and educational level	
7 P	Chronologic age and education level Mental X 100	
	Mental age and chronologic age	
	d) Mentel age, chronologic age, and educational level (honological)	
	e) Mental age and psychiatric history	
	For Questions 8 - 9	
	The formal for the reporting of diagnosis detailed by the Diagnostic and statistical	
	manual of the American Psychiatric Association (DSm-v) is multiaxial. Each case is	
	ossessed along several axes, each of which is descriptive of a different class of	
	information. 1-10 Prestrainic diagran	
	ing chariling a VI	
~ 3/	The presence of a personality disorder would be reported on	
Ne Jack	a) Axia I - Clini	ĺ
	Aris II - Person Devilor	1
9	Axis III and Jy Jycostrici (unvivorm	i
	d) Azis IV-9m \ // LUHLUMI / MILLEN (b	
	c) Axis V -GAF either V- Level of Princheni	
,		
سنبام م	A physical illness that was relevant to atrid diagnosis or management would be reported	
Care Par	on	
	a) Axis I	
	b) Axis II	
	Axis III	
	d) Axis IV	
	c) Axis V	
\ 10	The mental status examination includes all the following EXCEPT	
0	a) Thought process	
RICHI-AN	b) Mood and affect	
20	c) State of consciousness	
oppor.	Family history	
MALLING	(Lip) Memory	
J. Arrivell	70(1)	
	A person sitting alone and behaving as if listening intently suchtenly begins to nod and	
John Allen	hulter aloud. This person most likely is experiencing	
atur -	n) - Adelusion Mary 10 Wes-	
Majerie	h) An illusion	
	A hallucination andrion	
lumet this	And And relegence	
wall of total figs.	A flight of ideas	
	94	

The condition of Wagy flexibility patient with Alcoholic hallucination " a) Mania 6) A ballucinations c): Delirium tremens @Pardinad Ty Schizophrenia, The capacity to formulate concepts Concrete thinking Abstract thinking. Delusional thinking /) Yo Intellectualization & d) Rationalization . CX e) > con rationalize absurb beli For Questions 14 - 17 match the following: A.) Magical thinking EI) Blocking C) Looseness of associations Derealization D) E) Depersonalization Discontinuous and illogical stream of thoughts classway of associations A belief that thought alone can result in the accomplishment of certain wishes $or \wedge -\sqrt{4}$ Student cossation of thinking in the middle of a discussion or sentence. The feeling that one is standing apart from oneself and observing ones own actions, 1000 All the following statements about rapid eyeardvement (REM) sleep are true for the REM sleep is associated with hypotonia paralle of Ste muscles both The amount of REM sleep declines between adolescence and old age of REM sleep is the only state in which dreams occur A person is more apt to awaken after REM than non-REM (NREM) sleep. I Penile crections commonly occur during REM sleep (Iriciality Edit 6) Drown by call seep walking is correctly characterised by all the following statements EXCEPT. BYINC COCA art of malar treatmen It occurs most frequency late in the sleep cycle If often disappears as the person reaches adolescence or adulthood; : Guares It occurs during the same period of sleep cycle as sleep terrors for 1-15-16 It is associated with difficulty in awakening the sleep walker-It is associated with full amnesia for the event #

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Psychiatric features commonly found in patients with Addison's disease include following EXCEPT:	
following EXCEPT:	oll th
a) Depression	
b) Memory impairment (
C) Irritability	
((d)) Excessive energy	
e) Anxiety \	
The most common cause of dementia in the elderly is	
a) Multiple cerebral infarcts of	
Normal pressure hydrocephalus	
Alzheimers disease	
d) Huntingtons disease	
e) Hardening of cerebral arteries	
The most common psychiatric disturbance associated with Cushing's establiome is	
Depression (
b) Psychosis \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
c) Organic mental disorder	
d) Mania >	•
e) Anxiety neurosis	
bo TITE I OIL OIL	
Which of the following statements regarding thought disorder is true?	
it is invalidally follife in schizophrenia	
It is sometimes exhibited by patients with mania	
c) It is sometimes exhibited by patient's panic disorder d) It is reflected in the speech but not the projects	
e) It is a phenomenon of schizophrenia first described by Signaid Freud	
Which of the following statements about visual-hall noination is true	
(1) Alley are common than auditory hallucinations in colicant	
and all all all all all all all all all al	
They are more common in schizonhyario than in	
and it obtained occurrence in Schizolypal nergonality discourses	
None of the above	
31. Clozapine (clozaril) is a drug used to seli-	
(31. Clozapine (clozaril) is a drug used to relieve chronic symptoms of a) Bipolar disorder	
b) Major depression Chronic schizophrenia 1 adapt with cyclothe d) Alzheimer's disease	
Chronic schizophrenia 1 odynt com	
e) Panic disorder	8

				KUL	G. IYUN	おとれ		
- C.				,			************	
37	The EXC	most common sid EPT:	e effects assoc	iated with c	lozapine	include a	all the follo	wing
	(a)	Exprenyramidal c						,-
	b)	Sedation \sim						
	(C)	Agranilocytosis		Ÿ			,	
	(l)	Hypercalivation	· · · · · · · · · · · · · · · · · · ·			* *		
	C)	Scizures ~		T. A.			•	
1-1	Winte	1- 0- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-				•		
17.1.	misd	th of the following	dings may inc	luce a psys l	a osis Uja	tis asily	confused	with or
	a)	iagnosed as, paran Barbiturates	ord schizophre	1110		, , , , , , , , , , , , , , , , , , ,		
	t)	Heroine	e habitustiquium come albama con impiratority (las					
•	c)	Benzodiazopines	1			4	5.60	6
		Amphetamines						
	· c)	Chlorpromazine		, d.			****	•
	schiz	e criteria set forth to aphrenia from a manic patient blunted, flat, or in The schizophrenia The schizophrenia None of the above	anic episode? c patient will existently appropriate aff cs psychosis is a psychosis in a	chibit evider elated, whe ect most often to apisodic whi	ace of a treas the streated with the mania	hought dischizophr	sorder of enic patien eptic medic illy continu	cationX
C18.		tatements about de Delusional disorde Delusional disorde Premorbidity the pThe incidence is ed The delusions are t	er is highly rela or is unrelated to attent tend to b qual in homose:	ted to schize o depressive e more extro cual and het	ophrenia disorder overted L erosexua	disorder1		
)36.	Stedi abcut a) b)	5 percent 20 percent 50 percent 80 percent	show an avera	ge concorda	nce rate i	n monozy	rgotic twin.	s of CS
8	e)	95 percent			. 1			,

b) Suicidal ideation

c) Obsessive rumination &

d) Concentration impairment

Memory impairment

The basis for the thempentic effect of electroconvulsive thempy (ECT) is

(a)) Seizure activity

Electrical stimulation of the brain Deep locate struktur

c) Memory loss

d) The depressed patient's wish for punishment <

e) The depressed patient's altitude toward ECT -

15)

Maiemity blues" is accurately characterized by which of the following.
The more acute than postparium depression
(a) Vit is more action and relapsing syndrome f
c) It is usually a chronic and relapsing syndrome c) It affects 50-80 percent of all new mothers d) It is characterized by pergistent apathy f
d) XI is characterized by persistent anathy
e) Y It is not associated with sleep disturbance (-
c) A It is not associated Min sech distriction
in major depress in dispersion with persuchatic
While delusions of any variety can occur in major depressive disorder with psychotic
fentures, the most common delusions are
a) Mood-incongruent
Mood-congruent
Mood-unrelated
d) Mood-controlling
e) None of the above
e) . Profile to the factors
to the contraction of the contra
A 55 year old, married professor without a previous psychiatric history is in her early in
the menopause. In addition to experioncing "hot flashes" and some irritability, she
complains of episodes of dizzy spolls and memory lapses, which she had experienced on
several occasions earlier in life. She denies depressive symptoms either now or in the
and In particular we would evaluated her for possible
a) Schizophronia > Qui teas! Graco as a depressed mode or loss of control of of c
b) Major depression a Conserva of depressed model of 703 3 1070
c) \ Psychoniotor epilepsy. + 10(1) 3 175 & C(1)1723 (4)
do Denthymia 20 UPOIS OF depressed smood for it is it
Panic disorder
THE CLEAN OF THE COLUMN TO THE
A diagnosis of bipelar disorder might be appreciated for patients who have all the
following EXCEPT: 10(156) And Recurrent depressions and history of mania
or or more Eby. Recurrent depressions without a history of mania:
Mania now and a history of a depressive episode
Migna and Mignar at major, or has mice the marit parties.
Director c e) A lustory of several manic episodes without degressions
1010-101
Cyclothymia is distinguished from major affective disorder primarily by
a) Family history Appende of chronicity
b) An absence of chronicity affector affector
c) Age of onset 2 20 celes (Pile) yes 2 years
Dess (a) Severity and duration of symptoms
e) Preexisting personality pattern
147. True statements of about depression that occurs doncounting the with a medical-illuss.
instude all the following EXCIO
a) At may be the result of medication
(b) Visia usually unresponsive to antidepressant mediation
c) VIt may not be related to the medical illness to appear T
d) At may be the first symptom of medical illness to appear
e) It may have the same signs and symptoms as endogenous depression
y with the state and state and symptoms as contributed depresented.

The second second	
	140° YULI-L-CO-CO
·/i	48. Which of the following disorders is an absolute contraindication to the use of
	Chocarocon vansi ve (Herapy (ECI)
	b) Brain tumor greater
5	
	c) Coronary artery disease
\$	d) Pregnancy
,	None of the above
:	18 Chantel Bright Charles Or leedla
	None of the above None of the above Characteristically the personality disorders a) Are minor disturbance that respect to the personality disorders Are minor disturbance that respect to the personality disorders.
m -	The interpretation of
	Rarely cause my subjective distress
	Are usually evident by adolescence except advoiced Dasonally
	b) Often have periods of remission up to I year a like the most common finding in patients with inclitious disorder is
Cali	50. The most common finding in resident in the externoch hence he
Selfinice	a) An associated major mental discorder is
Maren	a) An associated major mental disorder 15 George 300 CO
Subjective	Frequent signing out of liospitals 1
(chaplain)	Self-administered injection or self medication (Self)
-Compount	e) Lack of medical training
hydical/	rarm (gla
myaicat/	Directions: For Operations 51 55 and
Degicro logion	of which one or more is correct. Select
\$/4.	A. if 1, 2, and 3 are correct
791.	3 If land 3 are correct
	C if 2 and 4 arc correct D if 4 is correct
	IS COFFECT
	Lf 1, 2, 3 and 4 are correct \$3
5	2. Schizotoid personality disorder is differentiated from the according to the
	Schizotoid personality disorder is differentiated from schizotypal personality disorder
. B	An absence of close relationships and friends total Constricted affect & Schred & bolk
	Avoidance of social situations—soft
	An absence of oddities of behaviour perception, and speeche
(c=	behaviour perception, and speechy
(52	The circumplex model is useful in making the diagnosis of which of the following
	conditions and tragglosis of which of the following
)	Schizophrenia
أب	Anxiety disorder
	3 Somatoform disorders
	19 4 Personality disorders
453.	Medical complications company
(1) A	1 Hypokalemic alkalogia T
,	2 Paratoid gland enlargement
~	欄 3 Cattlac arthymins or faili静静地 で Vo m 上口 P
1	4 Gastric dilation
	My Gastric dilation metabolic alleadons
Ţ	hydr ver ic
3	

Jou<u>prainine 50 mg PO «</u>

Actual Control of the
Delirium tremens, which can develop in persons who abstain from drinking after
louding of prolonged-period of alcohol use, is characteristically associated with at the following
Conscious ness (a) Dradycardia st
Visconentation b) Tremor J PSUCHONIA
Procesia c) Vivid visual hallucinations
Deychorolor c) A course of 3 to 7 days
Cardingon I Condition I Condition
onser of the last dear of the contraction
Match the following
tachle balling address
a) Molerance - 10100 2 during our to facult together
b) Potentiation - When a child is here's achieve achieve and a
c) Witindrawal on Ovice of the order
d) Dependence
c) Addiction Physical Capation Department
65 A repertoire of heliavious that maintain dunavia
Ded. Releasing the real of the real
No. Requirement of a larger dose of the drug to obtain the same effect
Requirement of a larger dose of the drug to obtain the same effect of locance (17. A physiologic states that follow cessation of or reduction in drug use wild drug to
(67. A physiologic states that follow cessation of or reduction in drug use withdraway
68. A syndrome of clinically significant symptoms following ocysation of substance use happends
[69] In psychoanalytic theory, the phenomenon of transference
a) Occurs only in the relationship between the therapist and the patient 5
b) Impedes the progress of therapy because it distorts reality
c) Make it difficult to reconstruct the patients past,
Involves the unconscious imposition of the experience of a past relationship on to a
present one (c) It manifested primarily in the patients dreams
2) It mandested printarity in the patients dreams &
The psychotherapy of personality disorders is made more difficult by the fact that
character traits are usually
a) Ego-dystonic
_h)) Ego-syntonic
G)—Unrelated to conflict
d) So difficult to identify
c) Unrecognized by important persons in the patient's life X
In psychoanalytic psychotherapy the occurrence of countertransference is
(a)) Inevitable to the process
b) YAlmost always harmful to the process
(c) XA sign that the patient should be referred to another the apist
d) A sign that the therapist is excessively neurotic
e) An indication that the therapist dislikes the patient X

172 In general group therapy is intended to enable individuals to enable the following
EXCEPT
2 . 407
b) Deliserder that their problems of behaviour
c) Develop a sense of belonging
d) - Develop-"basic trust?
c) Change their behaviour to comply with group models.
- 73. Which of the following drugs has shown the greatest efficiency in the freatment of
obsessive compulsive disorder?
(a) Alprazolam (Xanax) BZV
(b) Clounipramine (Anafranil) (ck (SS)
c) Propranolol (inderal) d) Phenobarbital
d) Phenobarbital
e) I things
e) Lithium
\ 7// The autichaling wais and
The anticholinergic syndrome may occur with overdoses of all the following drugs
بالمالمالية المالية ال
a) Tricyclic antidepressants V
b) Antipsychotics
c) Antihistamines
Anthparkinsonian agents
Anticholinersterase drugs A Chamergie stiwer
Townsight street
75. Early-sentral nervous system signs of lithium toxing include all the following 150 150
Seizures Tremor -> most common adverse accepted
D Alaxia V Tremor -> most common adverse errect o
c) Tremorto Lithium toxicity. Proparolal catenolal
(i) Configure $\mathcal{L}_{\mathcal{L}}}}}}}}}}$
e) Dysarthria
i. I.
For Questions 76-77
A psychiatrist is called into evaluate a wealthy 85-year-old mar, who is drawing up a new
"last will" and is concerned that it tright be challenged on an who is drawing up a new
"last will" and is concerned that it might be challenged after his death on the basis of possible reduced mental capacity
dispusity.
(76. The psychiatric evaluation would be for the purpose of determining the patient's
a) Senity versus insanity
(b) destamentary capacity
c) Ability to distinguish right from wrong
d) Judgemental capacity
e) <u>locial</u> t

			,	٠.
171. The es	sential components of a valid will include all the	Following T	134C(2000)	19
بالرين	THE HOSERICE OF BITA BETS I GIRKINOSIS	′	1.120131-1-7	
b) (1	Enowledge of the unture and extent of ones assekd	/		
~(c) \√1\	Spowledge of relatives and natural heirs			
d) *\	Snowledge that a will is being made			
c) VI	reedom from undue influence		, 2°	
		• , ,		
\\d \(A 69 ye	ear old man is suspected of having an acute onset (of multiple	small infarcts	The
finding	ou metal status examination that would be most s	unuortive c	of this clinanoses	3 206
(a) A	schange in cognitive functioning	1121121101	12 430 614 6110 515	,
	Depressed mood	į		
	nappropriate affects			
	Delusional thinking	NA SIE		
	Anciety			
79 Organi	c mental disorders typically are characterized by	1	,	
	Mental confusion, disorientation and memory loss	<i>(</i>	**	
	Mental confusion auditory hallucination and thought			16
	Depression, auditory hallucinations and disorientatio			
	Depression visual hallucinations and thought disorde	r		1
e) I	Depression, grandiosity and sleep disorder			,
		. (
	adrome of delirium is usually characterized by the fo	THO.MATOB/6X	(cept)	
	Dusious /		, K	
	Louded consciousness	¥.	ķ.	
A STATE OF THE PARTY OF THE PAR	Jated mood	,	11	
	isual hallucinations	,		
-, V	The state of the s			
	A STATE OF THE STA			
			,	
,	v v			
			,	
* *			4	
			7	
fl s	•			•

ESSAY (Answer ALL Questions)

1.	Mr.	Othero, a 45 year old Accountant comes to the out patient depetors suggestive of depression. His wife died 10 months ago	Dunt
	a)	Least the clinical features of depression.	(5)
onvesion	b)	What are the possible differential diagnoses	(5 m
Done	"c) .	How would you differentiate abnormal grief reaction form	dep ression (5 ans
	d)	How would you manage this patient? Assume that the patient major (epressive illness.	
2.	The same	year student presents to you with episodes of what appears nurse on duty informs you that they have been seeing seven school suffering from the same condition. The student is mate, mother, of class teacher What history would you ask accompanying people to confir	nd students in Saccompunier
		conversion disorder.	(/ m:u
A CONTRACTOR OF THE CONTRACTOR	←b) oalanq	What are the symptoms and signs of conversion disorder.	(7 .m. ad
ocalizaci weak.	resc)	How do convulsions in conversion disorder differ from those	of cyitary. /samat
stencus etention	d)	Outline the managerhent of conversion disorder.	(Siron!
in seasata	fought discus compl feels the foreign	buto, a 24 year old university student is brought to you by a another student. He informs you that he fought the student being him with other students, alleging that he is a homosexua ains that there is a gadget put in his brain to mentor his thoughat his thoughts are withdrawn, and broadcasted. At other times a thoughts into his brain.	anuse die ba. 1. The partiere hts. It womet (Pas _{ger} gstin
nversion Provid		What is the most likely diagnosis in this patient. What would be	(5 mm/æ.)
	b) c)	What questions would you ask to confirm four diagnosis. Outline the clinical features of the condition is suffering from.	(10 mali
1	_d)	Outline management of the patient	(5 nanks)
4.	a)	Outline the anxiety disorders list under the DSMIV classification	6. (include)-
والمراجعة والمستحددة والمستحدد و	b)	List the clinical features of post traumatic stress disorder	(Ekam 01)
	c)	List the clinical features of Generalized anxiety disorder.	(10 marts)
8 4.1			

Lucia has brought her 75 year old father to the out patient medic organized man he has been noticed to be unconcerned about ord has been embarassing his family by loudly uttering rude comme	al clinic. Previous 1, 4 decreased less Ho is also rude and nents. You suspect that				
he suffers from dementin a) . What are the differential diagnosis.	(5 marks)				
b) What psychosocial history would you like to ask.	(5 marks)				
c) What investigations would you like to do.	(5 mucks)				
d) Outline the clinical features of dementia	(5 marks)				
	× 12				
6. a) Outline the (DSMIV classification) features of drug depen	•				
b) List the necessary investigations in a patient with alcohol d	(7 marks)				
c) Outline the management of alcohol dependence.	(10 marks)				
A 25 year old woman, Njeri gave birth a week ago. She is brought to the outpatien department by the husband because he found her crying with the baby laid on the floo next to an assortment of knives she was mumbling something about "sacrifice". The medical registrar has examined Njeri and declared that she has illness. The psychiatric on call has been called and she has requested you to assess Njeri before she arrives a) What is the most likely psychiatric diagnosis. Give reasons. What are the differential diagnoses.					
b) What additional information would you ask the husband.	(5 marks)				
c) Discuss with psychiatrist your management plan.	(10 magks)				
	y y				