



Cerebellum

Get the balance right

BTR Psychiatry - 06-10-2025

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1. A 25-year-old graduate student with a history of recurrent ear infections as a child feels anxious and sweats when she is in the examination room with her primary care physician. She recently got a roommate, a nursing student, who leaves her stethoscope on the coffee table after returning from class. The patient sweats and feels her heart start to race whenever she sees the stethoscope. This patient's response to her roommate's stethoscope is an example of which of the following phenomena?

- A. Classical conditioning**
- B. Negative punishment**
- C. Negative reinforcement**
- D. Operant conditioning**

OPERANT CONDITIONING



ADD
SOMETHING



REMOVE
SOMETHING



INCREASES
A BEHAVIOR

POSITIVE REINFORCEMENT

E.g. A child cleans their room and gets a cookie, making them more likely to clean again.

NEGATIVE REINFORCEMENT

E.g. A driver buckles their seatbelt to stop the annoying alert, promoting seatbelt use.



DECREASES
A BEHAVIOR

POSITIVE PUNISHMENT

E.g. A student cheats on a test and gets a failing grade, deterring future cheating.

NEGATIVE PUNISHMENT

E.g. An athlete arrives late to practice and is benched, discouraging tardiness.

2. In which of the following conditions is the loss of recent memories more severe than remote memories?

- A. Anterograde amnesia**
- B. Retrograde amnesia**
- C. Global amnesia**
- D. Senile dementia**

3. A 32-year-old woman presents with symptoms of postpartum depression. The psychiatrist prescribes a newly FDA approved oral medication specifically for postpartum depression. Which medication is the physician most likely prescribing?

- A. Brexanolone**
- B. Zuranolone**
- C. Vortioxetine**
- D. Venlafaxine**

4. A patient says that he feels that there is something wrong with him mentally and it is because of the summer season. How much would he score on the insight scale?

A. 2

B. 3

C. 4

D. 5

Level 1 – Complete denial of illness

- Example: A psychotic patient who insists nothing is wrong despite severe symptoms.

Level 2 – Slight awareness but denies illness

- Example: “I am just tired, not sick.”

Level 3 – Acknowledges illness but explains it away by blaming external factors.

- Example: “I feel mentally unwell, but it is because of the summer heat.”

Level 4 – Recognizes illness due to psychological causes

- Example: “I am mentally disturbed because of tension at work.”

Level 5 – Recognizes mental illness but reluctant to take treatment

- Example: “Yes, I may have depression, but I do not think I need medicines.”

Level 6 – True emotional insight

- This is the highest level of insight.

5. A 14-year-old boy is brought to the OPD by his parents, who are worried about his reaction to their recent decision to divorce. Despite their efforts to be supportive and engage him, he has not expressed any feelings directly about the divorce. When the patient is evaluated alone, he shares that he feels his parents are angry with him, although he cannot think of any instances when they expressed any anger toward him. On examination, the patient appears sullen and reports his mood is "fine." This patient is most likely using which of the following defense mechanisms?

- A. Acting out**
- B. Displacement**
- C. Identification**
- D. Projection**

6. A 36-year-old woman was diagnosed with bipolar disorder and has been taking lithium for the past 5 years. She is currently in remission. However, she now presented to the OPD with worsening depression, fatigue, weight loss, abdominal pain, renal colic, and bone pain. Which of the following tests would most likely reveal the underlying cause of her symptoms?

- A. Serum ferritin**
- B. Serum B12**
- C. Serum calcium**
- D. Thyroid stimulating hormone levels**

7. In which of the following patients, supportive psychotherapy would not be preferred?

- A. A patient who is in acute crisis**
- B. A patient with cognitive deficits**
- C. A patient with low frustration tolerance**
- D. A patient with strong ego and high motivation**

8. A 24-month-old girl is brought to the OPD by her mother due to concerns about walking. The mother says, "She seems so unsteady when she walks. She was walking so well until a few weeks ago, and now she keeps tripping over things." On examination, the patient is sitting on the floor and clapping her hands. She does not answer questions and instead makes babbling sounds. Height and weight track at the 50th percentile. At a checkup 6 months ago, the patient had been saying 1- or 2-word phrases and walking without aid. Which of the following neuropathic changes most likely underlies this patient's presentation?

- A. Accumulation of hyperphosphorylated tau protein**
- B. Arrested brain development**
- C. Copper deposition in the lenticular nucleus**
- D. Cortical hyperexpansion**

- **Autism: Increased** total brain volume
- **Obsessive-compulsive disorder:** Abnormalities in orbitofrontal cortex & striatum
- **Panic disorder:** Decreased volume of **amygdala** & left temporal lobe
- **Post-traumatic stress disorder:** Decreased hippocampal volume
- **Schizophrenia:** Enlargement of cerebral ventricles

9. A 63-year-old man comes to the OPD for follow-up of hypertension. At his last appointment, he revealed that he had increased his intake of cans of beer from 3 to 6 cans daily due to stress at work. The physician advised him to seek help for his alcohol use because it could be causing his elevated blood pressure and has many negative health risks. The patient now tells the physician, "I thought about what you said. I know my alcohol use has gotten out of hand and is affecting my health. My wife and daughter also say that I need to quit. I have made an appointment with a counselor to talk about my options." Which of the following best describes this patient's stage of behavioral change?

- A. Action**
- B. Contemplation**
- C. Precontemplation**
- D. Preparation**

Stage	Key Features
1. Precontemplation	Denial, lack of awareness
2. Contemplation	Ambivalence, weighing pros & cons
3. Preparation	Small initial steps, planning
4. Action	Commitment, visible change
5. Maintenance	Preventing relapse, long-term effort
6. Relapse / Termination	Regression/ Complete self-efficacy

10. 35-year-old man was hospitalized for a psychotic episode in which he heard voices of God and the devil and believed that his family was plotting to kill him. He improved rapidly with medication therapy and was discharged. Three weeks later, the patient comes to the emergency department due to generalized muscle stiffness and shaking of his right hand. On mental status examination, he is alert and oriented with mild paranoia but no auditory hallucinations. Which of the following is the best treatment for this patient's current symptoms?

- A. Benztropine**
- B. Dantrolene**
- C. Diazepam**
- D. Propranolol**

11. SCOFF QUESTIONS includes all of the following except?

- A. Do you make yourself Sick because you feel uncomfortably full?
- B. Do you worry you have lost Control over how much you eat?
- C. Is your weight classified as Obese?
- D. Do you believe yourself to be Fat when others say you are too thin?

1. Do you make yourself **Sick** because you feel uncomfortably full?
2. Do you worry you have lost **Control** over how much you eat?
3. Have you recently lost more than **One stone** (6.35 kg) in a 3-month period?
4. Do you believe yourself to be **Fat** when others say you are too thin?
5. Would you say that **Food** dominates your life?

12. A 32-year-old woman states that over the last 6 months she has felt constantly nervous. She adds that sometimes “I feel like my heart is going to burst.” She also notes that her heart skips a beat from time to time, and that she is having trouble sleeping. She denies feeling depressed. The patient denies flight of ideas, pressured speech, increased goal-directed activity, hallucinations, or delusions. The patient also complains of increased bowel movements and weight loss, along with significant weakness when she attempts to climb stairs or lift heavy items. The patient’s vital signs are: temperature 37.8°C (100.1°F), pulse 102/min, blood pressure 124/85 mm Hg, and respiratory rate 18/min. What would be the best treatment option for this patient?

- A. Alprazolam**
- B. Investigation of surreptitious laxative abuse**
- C. Methimazole**
- D. Sertraline**

13. Which of the following is the test for immediate memory?

- A. Digit span forward up to 7 digits with 2 skips allowed**
- B. Serial (100-7) subtraction test up to 5 steps**
- C. Digit span backwards up to 5 digits with 2 skips allowed**
- D. Serial (20-1) subtraction test up to 5 steps**

14. A 33-year-old man is hospitalized after neighbors called the police to report that he has been singing loudly and playing the piano "nonstop" all day and night for the last month. The patient says his mood is "terrific," claims he is related to the President, and hears voices telling him he is going to be a famous entertainer. He has a history of 9 psychiatric hospitalizations starting at age 22 for mood and psychotic symptoms. In between hospitalizations, the patient has heard voices for several months commenting on his appearance and has believed that secret cameras have been monitoring him, but he has had no mood symptoms. Which of the following is the most likely diagnosis in this patient?

- A. Bipolar disorder with psychotic features**
- B. Delusional disorder**
- C. Major depression with psychotic features**
- D. Schizoaffective disorder**

15. A young patient with acute psychosis is admitted to the hospital. He wakes up and asks for his wife, even though she is in the same room as him. When she is pointed out, he claims that she is not his wife and that she is being impersonated by someone else. What is the most likely diagnosis?

- A. Capgras syndrome**
- B. Fregoli syndrome**
- C. Delusion of subjective doubles**
- D. Othello syndrome**

Syndrome	Core Belief [Delusion]	Example in Clinical Practice
Capgras syndrome	A close relative or spouse has been replaced by an identical impostor.	Patient says: "This is not my wife, she has been replaced by someone else."
Fregoli syndrome	Different people are actually one single person in disguise, repeatedly changing appearance.	Patient insists that strangers and nurses are all the same persecutor in disguise.
Delusion of subjective doubles	The patient believes they have a double or duplicate of themselves, with different personality, living separately.	Patient says: "There is another me who is walking around, but he is evil."
Intermetamorphosis	People in the patient's environment have exchanged identities with each other while keeping the same appearance.	Patient says: "My brother has turned into my father, but he still looks the same physically."

16. Abrupt stoppage of which of the following drugs causes agitation, anxiety and insomnia?

A. Valproate

B. Olanzapine

C. Imipramine

D. Venlafaxine

17. A 27-year-old man leaves the men's room of a bar after smoking an unknown substance. He soon becomes disoriented and belligerent. The man displays uncoordinated, jerky movements of his extremities and assaults a bouncer who tries to calm him. When police and emergency medical services personnel arrive, he fights off 4 officers before being restrained and appears immune to pain. In the emergency department, the patient has visual hallucinations, cannot cooperate with the interview, and alternates between agitation and sedation. He is hypertensive and tachycardic, and examination shows vertical nystagmus. Which of the following is the primary mechanism of action of the drug most likely used by this patient?

- A. Dopamine receptor antagonism**
- B. GABA-A receptor modulation**
- C. Mu-opioid receptor agonism**
- D. N-methyl-D-aspartate receptor antagonism**

18. A 32-year-old woman comes to the OPD for a checkup. Her husband died 5 months ago in a biking accident, which she witnessed. She has little appetite, resulting in weight loss of 3.17 kg, and tends to wake up two hours before her alarm clock rings. She avoids cycling, a hobby she shared with her husband, but continues to volunteer at a children's hospital. The patient has no nightmares or suicidal thoughts. During the visit, she tears up intermittently but smiles when sharing a memory of a vacation she took with her husband. Which of the following is the best explanation for this patient's condition?

- A. PTSD**
- B. Major depressive disorder**
- C. Normal grief**
- D. Persistent complex bereavement disorder**

19. Which of the following is true regarding depersonalization disorder?

- A. More common after life threatening trauma**
- B. Seen in seizure and migraine patients**
- C. More common in females**
- D. Mean age at onset is 25 years**

20. A known alcoholic patient is brought to the emergency in a disoriented state. He complains of seeing snakes and insects crawling on his skin. Which of the following should be given to this patient?

A. Haloperidol + thiamine

B. Lorazepam + 5% dextrose followed by thiamine

C. Lorazepam + thiamine followed by 5% dextrose

D. Haloperidol only

21. A 29-year-old man comes to the physician for worsening restlessness over the past several days. Three weeks ago, he was started on trifluoperazine for the treatment of schizophrenia. He reports that, since then, he has often felt compelled to pace around his house and is unable to sit or stand still. He is switched to an alternative antipsychotic medication. Four weeks later, the patient reports improvement of his symptoms but says that he has developed increased drowsiness, blurred vision, and dry mouth. The patient was most likely switched to which of the following drugs?

- A. Haloperidol**
- B. Chlorpromazine**
- C. Trimipramine**
- D. Aripiprazole**

Typical (1st-generation) antipsychotics—Haloperidol, Fluphenazine

Thioridazine, Chlorpromazine

**Atypical (2nd-generation) antipsychotics—Clozapine, olanzapine, quetiapine, risperidone, ziprasidone,
Aripiprazole**

22. A 41-year-old man is brought to the emergency department after a suicide attempt. His wife found him on the bathroom floor with an empty bottle of medication next to him. He has a history of major depressive disorder. His only medication is nortriptyline. His pulse is 127/min and blood pressure is 90/61 mm Hg. Examination shows dilated pupils and dry skin. The abdomen is distended and there is dullness on percussion in the suprapubic region. An ECG shows tachycardia and a QRS complex width of 130 ms. In addition to intravenous fluid resuscitation, which of the following is the most appropriate pharmacotherapy?

- A. Atropine**
- B. Naloxone**
- C. Glucagon**
- D. Sodium bicarbonate**

23. 14-year-old boy is diagnosed to have Tourette syndrome. Which one of the following drugs can be used to treat this condition?

- A. Aripiprazole**
- B. Haloperidol**
- C. Pimozide**
- D. Pramipexole**

Tourette's Syndrome:

- **Presents before age 18 → persists for > 1 year**
- **Recurrent motor/vocal tics**
- **Associated with ADHD/ OCD**

Rx intractable tics:

Separation Anxiety Disorder:

- **Intense fear of separation from home or caretaker**
- **> 4 years old**
- **Symptoms >6 months adults, >4 weeks children**

24. A 25-year-old woman presents with generalized body aches, fatigue, and anxiety for the past 4 months, but her sleep is not affected due to pain. On examination, increased pain sensitivity and tender bony prominences are noted. Laboratory and radiological investigations were normal. Which of the following drugs is preferred in this patient?

- A. Cyclobenzaprine**
- B. Pregabalin**
- C. Glucocorticoids**
- D. Duloxetine**

- **First-line:** Duloxetine, Milnacipran, Pregabalin.
- **Adjunct:** Amitriptyline, cyclobenzaprine, tramadol.
- **Not useful:** NSAIDs, steroids, opioids.

25. What is defined as the emotional release and discharge after consciously reliving a painful experience that has been repressed?

- A. Catharsis**
- B. Abreaction**
- C. Venting out**
- D. Guided relaxation**

26. A 21-year-old female college student with a history of anxiety is brought to the physician for evaluation of fatigue for the past 6 months. Over the past year, she has had extreme fluctuations in her weight and has become more distant from her friends. She admits to binge eating and induced vomiting. Examination shows poor dentition. This patient is most likely to have which of the follow in serum laboratory profiles?

- A. pH-7.41, HCO₃⁻ 16, Anion gap-23, K-3.5**
- B. pH-7.49, HCO₃⁻ 34, Anion gap-9, K-3.0**
- C. pH-7.31, HCO₃⁻ 23, Anion gap-12, K-4.7**
- D. pH-7.48, HCO₃⁻ 23, Anion gap-8, K-4.9**

27. A 27-year-old man is brought to a family therapist by his wife following a violent outburst in which he nearly injured her. They were having what seemed like a minor argument over a miscommunication about her being late when he suddenly flew into a rage, started shouting, and threw several plates against the wall. His wife is now threatening to leave him because similar episodes keep happening despite his promise to control his anger. The patient is remorseful and says, "I have been getting into trouble because of my temper since high school. Once I get angry, I feel out of control and it's impossible to stop." He drinks beer and uses cannabis to relax approximately 2-3 times a month. Which of the following is the most likely diagnosis in this patient?

- A. Antisocial personality disorder**
- B. Borderline personality disorder**
- C. Disruptive mood dysregulation disorder**
- D. Intermittent explosive disorder**

Conduct Disorder (CD)

Persistent violation of societal norms or rights of others

Oppositional Defiant Disorder (ODD)

Defiant, argumentative, and vindictive behavior **toward authority figures** >6months

Disruptive Mood Dysregulation Disorder (DMDD)

- After 6yrs, Before 10yrs
- Severe irritability + frequent temper outbursts
- Between outbursts: mood is **persistently irritable**/angry

Intermittent Explosive Disorder

- After 6yrs
- Sudden recurrent episodes of outbursts, out of proportion to provocation, provide relief, followed by remorse.
- Between outbursts: mood is **normal**

28. A mother brings her 8-year-old boy with complaints of bedwetting. On asking history, she informs that he does about 3 to 4 times per week. On further evaluation, he has a normal urine stream, daytime urine continence, and no history of UTIs. His physical examination is normal. Which of the following is the most appropriate next step in management?

- A. Ultrasound of abdomen**
- B. Reassurance**
- C. Use of enuresis alarm**
- D. Desmopressin acetate**

29. Which of the following statements is false regarding varenicline?

- A. It is an antagonist at $\alpha 4\beta 2$ receptor**
- B. It interacts with nicotinic ACh receptors**
- C. Its use is associated with suicidal tendencies**
- D. It is useful in decreasing craving**

30. A 10-year-old boy is brought to the OPD due to poor grades and behavioral problems. Although the patient is very intelligent, his parents report that he struggles at school and has received failing grades because he is easily distracted, makes careless mistakes, and often loses his homework. His teacher has called several times to report that he repeatedly disrupts the class by getting out of his seat and by blurting out answers when he is not called on. Treatment options are discussed with the parents. They would like to try medication but prefer a nonstimulant option. Which of the following is the most appropriate pharmacotherapy for this patient?

- A. Alprazolam**
- B. Amitriptyline**
- C. Aripiprazole**
- D. Atomoxetine**

ADHD

More in boys; R/o conduct disorder

Previously, “Minimal Brain Dysfunction (MBD)”

6 X 2=12

- **<6yrs: Behavioral therapy**
- **>6yrs: Stimulants (methylphenidate, amphetamines)**
- **Non-stimulants: atomoxetine (NRI), alpha-2 agonist**

31. A 50-year-old man with type 2 diabetes was brought to the OPD by his wife after he began talking about aliens who were trying to steal his soul. He often stops talking mid-sentence and frequently scans the room for aliens. His wife reported he started expressing these ideas a few months ago, but they have become more severe and he had become isolated from his peers. Which of the following drugs should not be used in this patient?

- A. Olanzapine**
- B. Risperidone**
- C. Quetiapine**
- D. Aripiprazole**

32. A patient is brought to the OPD in a state of euphoria. He was smiling and talking softly when he came in, then he was quiet for a while. He then seemed to be excited and suddenly started to laugh for no reason. How should the psychiatrist record his mood and affect?

- A. Elevated mood and excited affect**
- B. Euphoric mood and energetic affect**
- C. Euphoric mood and restless affect**
- D. Elevated mood and labile affect**

mood refers to the sustained internal emotional state, while **affect** is the observed external expression of mood.

33. Which of the following has a poor prognosis with exposure and response prevention in OCD?

- A. Pathological doubt**
- B. Magical thinking**
- C. Hoarding**
- D. Contamination obsession**

Good Prognostic Factors in OCD	Poor Prognostic Factors in OCD
Later age of onset	Early age of onset (childhood/adolescence)
Good insight (recognizes obsessions/compulsions as unreasonable)	Poor insight (beliefs seen as realistic/justified)
Short duration of illness before treatment	Long duration before treatment
Predominantly contamination/cleaning type	Hoarding symptoms (poor response to therapy)
Good treatment adherence	Poor initial response to SSRIs or ERP
Absence of major comorbidities	Comorbid depression, personality disorders, substance use
No family history	Strong family history of OCD or tic disorders
Episodic course	Chronic continuous course

34. The persistence of ADHD in childhood, increases the risk of development of which of the following in adolescence?

- A. Selective mutism**
- B. Conduct disorder**
- C. Binge eating disorder**
- D. Separation anxiety disorder**

35. A 32-year-old woman comes to the OPD due to overwhelming anxiety and stress. The patient is an accountant and has been under increasing job-related pressure for the past 6 weeks due to an upcoming tax deadline. She says, "The worst part is that I get really nervous all of a sudden and then feel shaky, dizzy, and nauseated and start to sweat. It happened while I spoke to my boss a few weeks ago, and I had to excuse myself." The patient is especially worried about having an episode during a work meeting, although she notes that her symptoms have also occurred while she was relaxing at home. She says, "I've stopped going out with my friends because I never know when I'm going to feel this way." Blood pressure is 120/70 mm Hg, pulse is 72/min, and respirations are 18/min. Which of the following is the most likely diagnosis?

- A. Acute stress disorder
- B. Adjustment disorder with anxious mood
- C. Generalized anxiety disorder
- D. Panic disorder

36. A 39-year-old woman is brought to the emergency department after her husband found her confused. The patient was unable to answer questions about why she did not go to work that day and could not remember the day of the week. She has a history of bipolar disorder and has taken the same dose of lithium for the past 10 years. Over the past week, the patient started taking several daily doses of a new medication following a dental extraction. Yesterday, she felt nauseated and vomited twice, and earlier today, she started having diarrhea. Coarse tremors are noted in the upper extremities. Deep tendon reflexes are 2+ in the bilateral extremities. A drug interaction involving which of the following medications is most likely causing this patient's symptoms?

- A. Acetaminophen**
- B. Ibuprofen**
- C. Ondansetron**
- D. Prednisone**

37. Which of the following features is more in favor of delirium?

- A. Occurs gradually over a period of time**
- B. Fluctuating course**
- C. Preserved consciousness**
- D. Commonly associated with auditory hallucinations**

Delirium	Dementia
Hallmark is impaired consciousness	Loss of memory and intellectual abilities
<ul style="list-style-type: none">• Acute medical illness• Autonomic dysfunction• Abnormal EEG• Carphologia/floccillation (picking at covers/clothes)• Illusion, delusion• Sundowning (worse at night)• Develops quickly• Fluctuating course with lucid intervals	-

38. Subcortical dementia can occur in all of the following conditions except:

A. DLB

B. Huntington's disease

C. Alzheimer's disease

D. Wilson's disease

39. A patient is lying in the hospital without any reaction or response. This behavior can be best described as:

- A. Mannerism**
- B. Stereotypy**
- C. Negativism**
- D. Echopraxia**

Mannerism – It refers to goal-directed movements that are performed in an odd, exaggerated, or stylized manner

Stereotypy – It involves repetitive, non-goal-directed movements such as rocking or hand flapping, usually purposeless and uniform in pattern

40. A 3-year-old boy is brought to the OPD by his parents due to behavioral difficulties. His mother says, "He is physically healthy and affectionate but has become more defiant and often resists our instructions about getting ready for bed. He plays roughly with his 6-year-old brother and sometimes throws tantrums when he has to share his toys or put them away." His preschool teacher describes him as an "active child" who sometimes talks out loud to classmates while the teacher is speaking. He is easily distracted and often gets up to walk around the classroom. The patient is able to draw circles, speak 3-word sentences, walk up the stairs with alternating feet, and use the toilet, but he cannot wipe himself. His parents express concern about his inability to fully dress himself and about his bed-wetting, which occurs approximately twice a week. Which of the following is the most likely explanation for the child's behavior?

- A. Attention-deficit hyperactivity disorder**
- B. Conduct disorder**
- C. Disruptive mood dysregulation disorder**
- D. Normal development**

41. A newly married couple has come for counseling as the male partner has had difficulty maintaining an erection until the completion of sexual activity for the past 8 months. Which phase of the normal sexual cycle does this disorder belong to?

- A. Desire phase**
- B. Orgasmic phase**
- C. Arousal phase**
- D. Resolution phase**

Phase	Disorder
1 Desire Phase Libido, sexual interest	Hypoactive Sexual Desire Disorder (also: Sexual Aversion Disorder, Hypersexuality)
2 Arousal Phase Erection (male), Lubrication (female)	Erectile Disorder (ED) Female Sexual Arousal Disorder Causes: vascular, neurological (DM), medications (antihypertensives, SSRIs), psychological
3 Plateau Phase Sustained arousal	
4 Orgasm Phase Ejaculation & climax	Delayed Ejaculation Premature Ejaculation Female Orgasmic Disorder
5 Resolution Phase/PAIN PHASE	Genito-pelvic pain disorder/ Penetration disorder

42. A 2-day-old girl is in the newborn nursery with persistent crying, tremors, tachypnea, sneezing, and diarrhea. She was born vaginally and had been breastfeeding well until several hours ago when she became tachypneic. Her mother has poorly controlled schizophrenia and did not receive prenatal care. The patient's mother also had a positive hepatitis C antibody test during postnatal laboratory testing. On physical examination, the girl has increased tone in all extremities. Chest radiograph shows normal lung fields. Which of the following is the most appropriate pharmacotherapy for treatment of the newborn's symptoms?

- A. Flumazenil**
- B. Folic acid**
- C. Methadone**
- D. Naloxone**

43. A 45-year-old man comes to the OPD due to chronic insomnia. The patient has trouble sleeping because he claims he must remain alert to protect himself from workers at a nearby chemical plant. He says they are poisoning him by secretly dumping toxic waste in his backyard at night. The patient's wife says, "He's been like this for the past 10 years. He gets very upset when asked for proof, so he's going to install cameras next week." He has ordered numerous soil toxicity tests over the years, all of which have been negative. The patient started working as a taxi driver at age 21 and continues to work for the same company. Which of the following is the most likely diagnosis for this patient?

- A. Delusional disorder**
- B. Major depressive disorder with psychotic features**
- C. Paranoid personality disorder**
- D. Schizophrenia**

44. A 60-year-old man is found by his daughter to be confused at home. In the emergency department, the patient is delirious and says that he sees small animals running around in the corner of the room. He appears flushed. The patient has a brief seizure and becomes unconscious. Temperature is 37.2°C (99°F), blood pressure is 90/62 mm Hg, and pulse is 120/min. Both pupils are dilated and equally reactive to light, and his skin and mucous membranes are dry. Initial ECG shows QRS widening and QTc prolongation. He is transferred to the intensive care unit but dies despite resuscitation attempts. Which of the following pharmacological effects most likely contributed to the patient's death?

- A. Increased antihistamine effect
- B. Sodium channel inhibition
- C. Synaptic norepinephrine accumulation
- D. Synaptic serotonin accumulation

Mechanism / Target	Action / Effect	Clinical / Toxic Outcome
↑ NE & 5-HT reuptake inhibition	↑ Monoamines in synapse → mood elevation	Antidepressant effect; may cause tremor, insomnia
M ₁ blockage	↓ ACh → anticholinergic	Dry mouth, blurred vision, constipation, urinary retention, delirium
α ₁ -adrenergic block	Vasodilation, ↓ BP	Orthostatic hypotension, reflex tachycardia
H ₁ -histamine block	Sedation, ↑ appetite	Drowsiness, weight gain
Fast Na ⁺ channel block (cardiac)	↓ Conduction, widened QRS	Arrhythmias, cardiac arrest (major cause of death in overdose)
Weak GABA-A inhibition	↓ CNS inhibition	Seizures in overdose
α ₂ down-regulation (chronic effect)	↑ NE release (adaptive)	Delayed therapeutic onset (2–4 weeks)

45. A 26-year-old woman comes to the OPD due to recent weight gain. She has eaten more than usual over the last 5 months, has gained 3.2 kg, and feels guilty and depressed about it. Further questioning reveals that she consumes a large pizza and two large bags of chips in one sitting several times a week. Afterward, the patient feels ashamed about being unable to control her intake and fasts to make up for it. She is very distressed about being unable to lose weight despite exercising 2-3 hours a day. BMI is 23.7 kg/m². Despite being told that her BMI is normal, the patient insists that she is overweight. Which of the following is the most likely diagnosis?

- A. Anorexia nervosa**
- B. Binge-eating disorder**
- C. Body dysmorphic disorder**
- D. Bulimia nervosa**

46. A 40-year-old woman comes to the therapist for weekly psychotherapy. She was diagnosed with major depressive disorder and anxiety after her divorce 1 year ago. During last week's appointment, she spoke about her ex-husband's timidity and lack of advancement at work; despite her urging, he never asked for a raise. Today, when the therapist asks how she is doing, she replies, "If there's something you want to know, have the courage to ask me! I have no respect for a man who won't speak his mind!" The patient's behavior can be best described as an instance of which of the following?

- A. Transference**
- B. Displacement**
- C. Projection**
- D. Passive aggression**

47. A 45-year-old patient with a history of depression was initially being treated with sertraline, but his symptoms were not adequately controlled. His medication regimen was changed to include an MAO inhibitor and amitriptyline. Shortly after the change in medication, the patient developed agitation, seizures, hyperreflexia, and tremors. Which of the following is the most appropriate treatment for this patient? (NEET PG 2024)

- A. Cyproheptadine**
- B. Lorazepam**
- C. L-carnitine**
- D. Leucovorin**

48. 35-year-old man with a history of bipolar and substance use disorders comes to the emergency department due to depression, auditory hallucinations, and suicidal ideation. His medications include lithium and escitalopram. The patient has a history of 5 psychiatric hospitalizations and 2 past suicide attempts, including overdose on his medications and attempted hanging. The patient has been using "anything I can get my hands on" because his depression is unbearable. He is hospitalized and placed on suicide precautions. His dose of escitalopram is increased to target his depression, and risperidone is added to treat the hallucinations. His lithium level is 1.0 mEq/L. On the second day of hospitalization, the patient reports muscle pains, abdominal cramping, nausea, and diarrhea. His temperature is 37.2 C (99 F), blood pressure is 130/85 mm Hg, and pulse is 84/min. The patient is alert and restless, and his pupils are dilated bilaterally. Bowel sounds are hyperactive and neurologic examination is normal. Which of the following is the most likely explanation for his symptoms?

- A. Serotonin syndrome**
- B. Cocaine withdrawal**
- C. Lithium toxicity**
- D. Opioid withdrawal**

49. Identify the true statements:

- 1. Clozapine is the DOC for Treatment-resistant schizophrenia (TRS) defined as lack of response to at least two different antipsychotics, including at least one second-generation antipsychotic, given in adequate dosage and for an adequate duration (at least 4-6 weeks)**
- 2. More affinity for D4 than D2**
- 3. It is the only antipsychotic with antisuicide property**
- 4. Life threatening idiosyncratic side effect that requires monitoring is**

A. 1,2,3,4

B. 1,3,4

C. 2,4

D. 2,3,4

50. 42-year-old woman, gravida 1 para 1, comes to the office for evaluation of insomnia following the birth of her son 5 weeks ago. The patient says she wakes up each night to breastfeed him but is unable to go back to sleep. She stays up most of the night thinking, "Why did I have a child so late in life? I'm already failing as a mother." The patient has a decreased appetite and no interest in seeing friends or family members other than her mother. On mental status examination, the patient appears restless and is tearful. Which of the following is the most likely diagnosis?

- A. Adjustment disorder**
- B. Postpartum blues**
- C. Generalized anxiety disorder**
- D. Major depressive episode**

51. 28-year-old woman is brought to the emergency department by her boyfriend due to bizarre behaviour over the past week. The patient abruptly quit her job saying, "My boss was trying to sabotage me because she's jealous of my intellect. The job was beneath me anyway. The time has come for me to run for politics myself." She feels annoyed and exclaims that she needs to leave immediately so that she can organize her campaign. The patient yells at her boyfriend for bringing her to the hospital, a minute later, she hugs him and tearfully says, "I can't imagine my life without you." She rarely drinks alcohol and does not use illicit substances. Physical examination shows no abnormalities. On mental status examination, the patient is easily agitated when interrupted and jumps from one topic to another. Which of the following is the most likely diagnosis in this patient?

- A. Bipolar disorder
- B. Borderline personality disorder
- C. Brief psychotic disorder
- D. Delusional disorder

52. A 53-year-old man comes to the office due to persistent fatigue. The patient started a therapeutic dose of fluoxetine 2 months ago after being diagnosed with major depressive disorder. He says, "Since I last saw you, I still feel like I'm dragging pretty much every day and have to force myself to go to work in the mornings. I haven't even wanted to have sex with my wife. That's been going on for almost a month, and it's really bothering me." Medical history includes hypertension treated with enalapril. He had a 4-kg weight gain over the past 2 months. Blood pressure is 130/84 mm Hg and pulse is 76/min. Which of the following is the most appropriate next step in pharmacotherapy?

- A. Continue fluoxetine and add aripiprazole**
- B. Continue fluoxetine and add methylphenidate**
- C. Discontinue fluoxetine and begin bupropion**
- D. Discontinue fluoxetine and begin venlafaxine**

53. A 20-year-old woman is brought to the emergency department by police at 2:30 AM after she was caught attempting to scale a fence at the Rashtrapati Bhawan. The patient appears highly agitated and paces around the examination room. She has just flown in from out of state to "meet with the president about a foolproof plan for eliminating worldwide terrorism." The patient has barely slept for the past week due to her intensive work on this plan. The evaluation has to be stopped when the patient begins banging on the door and demanding to leave. Temperature is 37 C (98.6 F), blood pressure is 148/84 mm Hg, pulse is 98/min, and respirations are 22/min. Urine drug screen is negative. Administration of which of the following medications is the most appropriate next step in management of this patient?

- A. Lithium
- B. Clozapine
- C. Haloperidol
- D. Olanzapine

54. 33-year-old woman comes to the office for management of chronic headaches. Her headaches are unchanged, although she now has shoulder and neck pain as well. The patient has been under a lot of stress lately and describes difficulty falling asleep, poor concentration, fatigue, and feeling overwhelmed. Although she has always been a "worrier," she reports worsening anxiety and irritability since she started a new job 8 months ago. The patient also finds herself making mental lists of all the things she must do the next day rather than concentrating on her work. By the time she gets home, she feels exhausted and often snaps at her children and husband. Which of the following is the most likely diagnosis?

- A. Acute stress disorder**
- B. Panic disorder**
- C. Generalized anxiety disorder**
- D. Obsessive-compulsive disorder**

55. 52-year-old man comes to the office due to low energy and poor sleep. The patient reports feeling stressed since his divorce last year. He has difficulty sleeping through the night and awakens around 4:00 AM most mornings, earlier than he would like. At work, the patient has trouble concentrating and is becoming less productive. Although he loves his children, he no longer enjoys visiting them on the weekends and makes excuses to stay home. The patient says that food is tasteless, and his appetite has decreased significantly over the last 2 months. He has no psychotic features or suicidal ideation. This patient is most likely to have which of the following abnormalities?

- A. Enlarged lateral cerebral ventricles**
- B. Increased REM sleep latency**
- C. Increased sensitivity to lactate infusion**
- D. Increased serum cortisol concentration**

56. A 42-year-old man is admitted to the hospital after sustaining fractures of his right femur and tibia in a motor vehicle collision. The patient becomes agitated, hypervigilant, and paranoid 12 hours after admission. He repeatedly tells the nurses that he can hear people in the corridor making insulting remarks about him. When hospital staff check the area near the patient's room, no one is found. Medical history is unremarkable, but psychiatric history is significant for cocaine, marijuana, and alcohol misuse. On examination, the patient is alert and oriented. Temperature is 37.2 C (99 F), blood pressure is 135/87 mm Hg pulse is 85/min, and respirations are 18/min. He is slightly tremulous and diaphoretic. Which of the following is the most likely diagnosis in this patient?

- A. Alcoholic hallucinosis**
- B. Brief psychotic disorder**
- C. Cocaine withdrawal**
- D. Delirium tremens**

57. 31-year-old woman is brought to the emergency department by her boyfriend due to confusion. The boyfriend says that the patient "seemed okay" when he left for work this morning, but when he returned in the evening, she was disoriented and "acting like a drunk person"; she had also vomited "all over the bathroom." She has a history of bipolar disorder. Medications include clonazepam, lithium, and quetiapine. Temperature is 37 C (98.6 F), blood pressure is 110/68 mm Hg, pulse is 92/min, and respirations are 16/min. On physical examination, the patient is somnolent and has frequent fasciculations. Pupils are equal and reactive. During evaluation, she has a brief episode of a generalized tonic-clonic seizure. Laboratory results are as follows:

Hemoglobin: 13 g/dL

Leukocytes: 9,000/mm³

Sodium: 136 mEq/L

Potassium: 3.8 mEq/L

Bicarbonate: 28 mEq/L

Creatinine: 1.2 mg/dL

Glucose: 120 mg/dL

Serum lithium 2.8 mEq/L

In addition to supportive measures, which of the following is the best next step in management of this patient?

- A. Activated charcoal
- B. Calcium gluconate
- C. Gastric lavage
- D. Hemodialysis

Indications for Hemodialysis in Lithium Toxicity

- **Serum lithium >2.5 mEq/L with severe symptoms (confusion, seizures, coma)**
- **Serum lithium >4.0 mEq/L regardless of symptoms**
- **Any level with renal failure or inability to excrete lithium**

58. 58-year-old woman brings her elderly father to the office for a checkup. He has multiple medical issues, including diabetes, chronic pulmonary disease, and urinary incontinence. While the physician is seeing her father, the woman confides to the office receptionist that she reluctantly quit her job after her father moved in with her. He is no longer able to live independently, and she resents having to care for him. The father was mostly absent during the daughter's childhood due to business travel, and he divorced her mother when the daughter was 13 years old, with only sporadic contact with his children afterward. She also wishes her siblings would help care for him more. When her father comes out of the examination room, the daughter is extremely attentive to him, asking if the visit went okay and if he is comfortable and repeatedly offering to get him a drink of water before they return home. Which of the following defense mechanisms best explains this woman's behavior toward her father?

- A. Altruism
- B. Displacement
- C. Projection
- D. Reaction formation

59. 46-year-old man is hospitalized due to suicidal ideation and hearing voices. The patient has become increasingly depressed over the past month and has been unable to work. Last week he told his wife that he was "tormented by voices" and that "death would be a relief." She brought him to the hospital after she found him staring at a blank screen on the television and not responding to her questions. The patient was prescribed risperidone, lithium, and escitalopram by his psychiatrist, but his wife is unsure if he takes them regularly. He has a history of bipolar disorder since age 18 with multiple hospitalizations for both manic and depressive episodes. Temperature is 37 C (98.6 F), blood pressure is 125/80 mm Hg pulse is 68/min, and respirations are 12/min. Routine laboratory results are within normal limits, lithium level is within therapeutic range, and a toxicology screen is negative. During the evaluation, the patient stares blankly and is mute and motionless. He resists all instructions to move. When the physician lifts the patient's arm, it remains in the exact same position after she lets go. Which of the following is the most appropriate next step in management?

- A. Benztropine
- B. Clozapine
- C. Increase risperidone
- D. Lorazepam

60. 34-year-old woman comes to the emergency department due to sudden onset of tingling and numbness in her left hand. She is an assistant chef at a nearby restaurant and was lifting a box earlier in the day when she heard a "pop" and her left hand went numb. Her fingers, entire left hand, and wrist are numb, with normal sensation above her wrist. The patient describes her numbness as feeling like "pins and needles". Medical history is insignificant. The patient allows the nurse to take her vital signs but refuses any further physical examination, insisting that it will worsen her discomfort. The patient asks for a doctor's note to excuse her from work, fearing that her condition will worsen if she does not take some time off to heal. Which of the following is the most likely diagnosis?

- A. Conversion disorder**
- B. Factitious disorder**
- C. Malingering**
- D. Mononeuropathy**

61. 17-year-old boy is brought to the emergency department by his parents due to a recent change in behavior. The patient was previously polite and soft-spoken, but he has become intermittently irritable, impatient, and rude over the past few weeks. His parents initially dismissed his new behavior as a "phase", however, they grew more concerned last night when they discovered that he had stolen money from their wallets and later found him pacing in his room at 4:00 AM. When questioned by his father about his strange behavior, the patient said, "I have to be careful because I'm being followed by CIA agents." Temperature is 36.6 C (97.9 F), blood pressure is 164/98 mm Hg, pulse is 124/min, and respirations are 18/min. On physical examination, the patient appears fearful. He is sweating profusely and his pupils are dilated. Which of the following is the most likely diagnosis for this patient?

- A. Amphetamine intoxication**
- B. Anticholinergic poisoning**
- C. Opioid withdrawal**
- D. Cannabis intoxication**

62. A 27-year-old woman comes to the OPD due to abdominal pain. She has had intermittent "aches and cramps" in her abdomen for the past few weeks. The patient denies nausea, vomiting, or a change in appetite or bowel movements. Her stress level has been higher than normal since her boyfriend broke off their relationship a month ago. She says, "We were together for 10 years, and he abandoned me. I don't know how to go on without him." The patient starts crying when discussing how her boyfriend managed her finances and recently helped her apply for a new job. She is unsure about switching jobs now and cancelled her interviews to "avoid more confusion." She recently moved in with a friend and hopes this person can help her "sort everything out." Which of the following is the most likely explanation for the patient's behaviour?

- A. Acute stress disorder**
- B. Adjustment disorder**
- C. Somatic symptom disorder**
- D. Dependent personality disorder**

63. Which of these disorders was earlier known as minimal brain dysfunction?

- A. Dyslexia**
- B. Attention deficit/hyperactivity disorder**
- C. Mental sub normality**
- D. Oligophrenia**

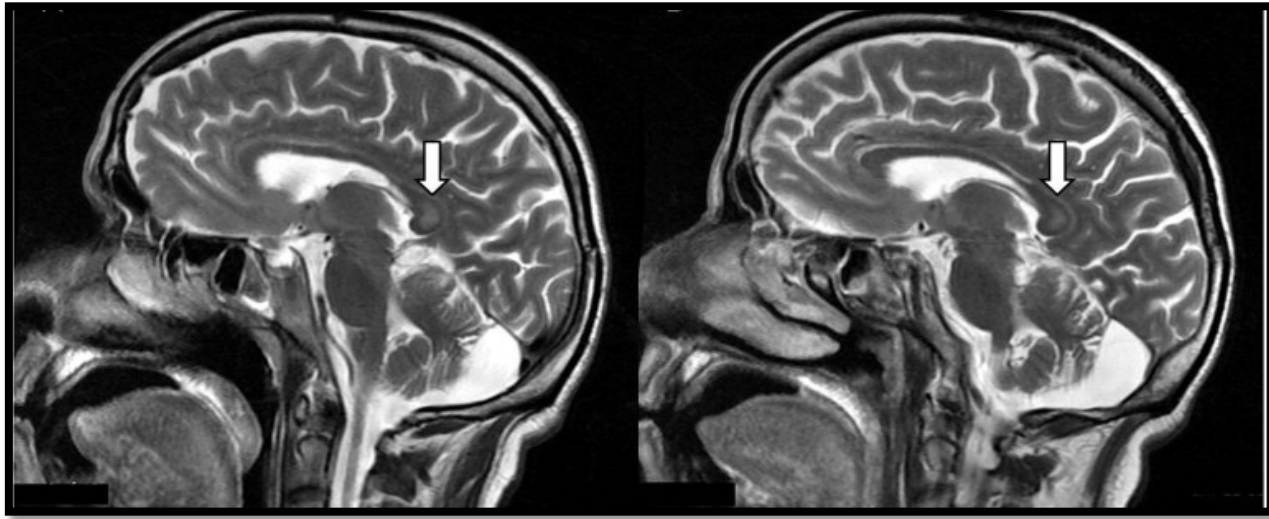
64. A 42-year-old man comes to the OPD due to persistent sadness, weight gain, and fatigue over the past 4 months. The patient is a dentist who has had difficulty waking up in the morning for clinic. He says, "I used to be really efficient, but now I always run 2 hours behind schedule." Following a divorce 3 years ago, the patient was diagnosed with major depressive disorder, which improved after a few months of treatment with paroxetine. Physical examination and laboratory evaluation are normal. After discussion of treatment options, the patient is started on sertraline. His symptoms resolve by the follow-up appointment 6 months later. Which of the following features is an indication for long-term maintenance of antidepressant therapy in this patient?

- A. Age of onset of initial depressive episode**
- B. Duration of current depressive episode**
- C. Number of prior depressive episodes**
- D. Presence of atypical depressive features**

- Takes 4–8 weeks for antidepressants to show effect
- **Continuation-phase treatment:** 6 months
- **Maintenance for 1-3 years-** high risk of recurrence or persistent residual depressive symptoms
- **Maintenance treatment indefinitely-** 3 or more lifetime episodes, chronic episodes for 2 or more years, strong family history, or severe episodes (suicidal attempts)

65. A 69-year-old man is brought to the emergency department after he was found by police trying to break into the back office of a grocery store, claiming that he worked there and that he had left his keys in the office. The owner of the grocery denied that the patient was employed. The patient's medical problems include hypertension, hyperlipidemia, major depressive disorder, alcohol use disorder, and type 2 diabetes mellitus. The patient answers questions without difficulty but provides conflicting information to different examiners. He is unable to account for how he ended up in the grocery store; however, he does provide detailed accounts of his previous job as an English professor, even reciting Shakespeare's Macbeth at length. He does not appear troubled by his inability to recall events accurately. The remainder of the examination is within normal limits. Which of the following is the most likely explanation for this patient's symptoms?

- A. Alzheimer disease**
- B. Dissociative amnesia**
- C. Korsakoff syndrome**
- D. Marchiafava-Bignami disease**



66. A 53-year-old man is brought to the emergency department after a witnessed GTCS seizure 1 hour prior. The patient regained consciousness after 1-2 minutes. Medical history includes schizoaffective disorder with multiple hospitalizations for psychotic and mood episodes beginning at age 22. On physical examination, the patient is awake and alert. A 1-cm laceration is noted on the right side of the tongue. Serum chemistry is normal. A CT scan of the head reveals no abnormalities. Which of the following medications most likely contributed to this patient's presentation?

- A. Buspirone**
- B. Carbamazepine**
- C. Citalopram**
- D. Clozapine**

67. A 32-year-old woman comes to the OPD due to "feeling anxious and down" for the past 2 weeks. The patient cries frequently and has been making mistakes in her accounting job due to poor concentration. She feels tense throughout the day and has difficulty staying asleep most nights because she is awakened by episodes of palpitations, shortness of breath, and sweating. The patient was mugged 3 weeks ago while walking home from work but is reluctant to discuss what happened. She does not use alcohol or illicit drugs and takes no medication. On mental status examination, the patient makes minimal eye contact, looks down at the floor, and wrings her hands repeatedly. Which of the following is the most likely diagnosis?

- A. Acute stress disorder**
- B. Generalized anxiety disorder**
- C. Panic disorder**
- D. Posttraumatic stress disorder**

68. A 32-year-old woman with bipolar disorder comes to the OPD for follow-up. The patient was diagnosed and treated for a manic episode at age 29 and has been stable on a combination of lithium and risperidone. After a staff meeting a few weeks ago, her supervisor said she was repeatedly frowning while others were presenting. Since then, the patient has been increasingly self-conscious and has started eating lunch alone at her desk. Physical examination is unremarkable except for occasional grimacing and slow inversion and tapping movements of her right foot. Lithium level is 0.9 mEq/L. Which of the following is the most appropriate next step in pharmacological management?

- A. Add benztropine**
- B. Add daily propranolol**
- C. Discontinue lithium and start valproic acid**
- D. Taper and discontinue risperidone**

69. A 42-year-old man is brought to the emergency department by police officers after he was found wandering aimlessly at an airport. The man is alert and answers questions appropriately; however, he appears to be confused about his identity and does not recognize the name on his driver's license in his wallet. Extensive inquiry fails to reveal any helpful information as the patient is perplexed and does not remember where he lives, how he got to the airport, his family members, or his profession. His cognitive function is otherwise intact. A search of his personal belongings reveals an airline ticket from Las Vegas to Arlington, Virginia. An emergency contact on the patient's phone leads to his wife, who reports that her husband "just disappeared" after he found out that his father had passed away that morning. Which of the following is the most likely diagnosis?

- A. Acute stress disorder**
- B. Brief psychotic disorder**
- C. Depersonalization/derealization disorder**
- D. Dissociative amnesia**

70. A 34-year-old woman comes to the OPD with her husband due to behavioral changes over the past 6 weeks. The husband says, "She's not an angry person, but ever since she was in a car accident, little things seem to set her off. She yells and honks at people for not using their turn signals and gets upset when we have to wait for a table at restaurants." The patient describes difficulty sleeping due to thoughts "swirling" in her head and feeling panicked every time she wakes up. Which of the following is the best next step in management of this patient?

- A. Begin buspirone**
- B. Provide reassurance and prescribe short-term alprazolam**
- C. Recommend cognitive-behavioral therapy**
- D. Start lithium**

71. A 7-year-old boy is brought to the OPD. His mother says that her son's behaviour has been difficult to manage over the past year. "He is always running around (even during dinner), does not listen, and keeps his room a mess. He is always bothering his younger brother, interrupting him when he talks, and taking his toys without asking. The boy's second-grade teacher has reported that he cannot sit still, answers questions impulsively and out of turn, and becomes irritable when she redirects him. The physician recommends a trial of methylphenidate. Which of the following side effects is the patient most likely to experience while taking this medication?

- A. Agitation**
- B. Decreased appetite**
- C. Hypersomnia**
- D. Tics**

72. Which of the following is not a feature of atypical depression?

A. Increased sleep

B. Reactive mood response to positive stimulus

C. Heaviness of the body

D. Responds better to TCAs than MAO-I and SSRI

73. A 13-year-old boy is brought to the physician by his mother because she is concerned about her son's behavior. She reports that he has been wearing her dresses at home and asks to be called Lilly. He also stopped going to swim class because he "doesn't feel comfortable in swim trunks." Since starting puberty about a year ago, he has not had any friends and the teachers report he is consistently being bullied at school. She also mentions that as a child her son never enjoyed playing with "typical boy toys like cars" and instead preferred dressing up dolls. Physical examination shows normal male external genitalia. There is scarce coarse, dark axillary and pubic hair. Upon questioning, the patient reports that he would rather be a girl. Which of the following is the most likely diagnosis?

- A. Gender nonconformity**
- B. Sexual aversion**
- C. Transvestic disorder**
- D. Gender dysphoria**

Key Diagnostic Features of Gender Dysphoria:

- Persistent **incongruence** between experienced gender and assigned sex
- Strong desire to be or be treated as another gender
- Discomfort with one's sexual anatomy or secondary sex traits
- Clinically significant **distress or functional impairment** in social or academic areas
- Duration: **≥6 months**

74. A patient with narcolepsy has been prescribed tiprolisant. How does this drug act?

- A. H1 receptor agonism**
- B. H1 receptor inverse agonism**
- C. H3 receptor agonism**
- D. H3 receptor inverse agonism**

75. In Piaget's theory of cognitive development, the concepts of "out of sight, out of mind" and focusing on the "here and now" are characteristic of which developmental stage?

- A. Sensorimotor stage**
- B. Preoperational stage**
- C. Concrete operational stage**
- D. Formal operational stage**

Sensorimotor

Birth - 2 years

Understands world through sense and actions

Preoperational

2 - 7 years

Understands world through language and mental images

Concrete Operational

7- 12 years

Understands world through logical thinking and categories

Formal Operational

12 years onward

Understands world through hypothetical thinking and scientific reasoning

76. You are observing electroconvulsive therapy being administered to a psychiatric patient. Which of the following statements is true regarding the procedure?

- A. An effective seizure should last for at least 2 minutes**
- B. ECT treatments are usually administered twice or thrice weekly, non consecutively**
- C. Maximum number of times ECT can be given in a patient is 6**
- D. All of the above**

77. Match the following treatment approaches with their primary use:

A. Motivation interviewing	1. Relapse prevention
B. Cognitive-behavioral therapy	2. Peer support and spirituality-based recovery
C. 12-step programs	3. Reinforcing abstinence with tangible rewards
D. Contingency management	4. Enhancing motivation for change

- A. A-4, B-3, C-2, D-1
- B. A-4, B-1, C-3, D-2
- C. A-1, B-4, C-2, D-3
- D. A-4, B-1, C-2, D-3

78. A college student complains that she is unable to sleep properly. This is making it hard for her to concentrate on her studies and has led to a fall in her grades. She lies on her bed for at least 8-9 hours but has difficulty falling asleep. She has no history of drug abuse. For how many months should the symptoms persist before you diagnose her with insomnia disorder?

- A. 1 month**
- B. 3 months**
- C. 4 months**
- D. 6 months**

79. A 6-year-old girl is brought to the outpatient clinic for a checkup. She reached all developmental milestones until the age of 24 months. Since then, she has become more distant and less socially engaging. Verbal language consists mostly of grunting and loud nonverbal yelling, a severe decline from her toddler years when she could speak in three- to four-word sentences. She has never been completely toilet trained and has difficulty following verbal commands from her caregivers. What is the most likely disorder in this child?

- A. Asperger's syndrome**
- B. Autism**
- C. Childhood disintegrative disorder**
- D. Rett's disorder**

80. As part of a psychiatric evaluation, you ask the patient about what he would do if he suddenly sees a house on fire. What is being assessed here?

- A. Social judgment**
- B. Test judgment**
- C. Response judgment**
- D. Pyromaniac tendency**



Cerebellum

Get the balance right

Thank you

Best wishes!



Cerebellum

Get the balance right

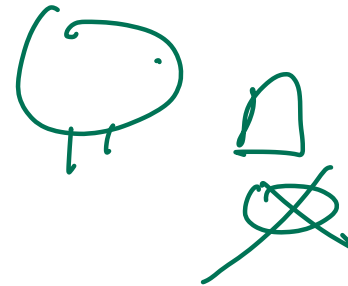
BTR Psychiatry - 06-10-2025

Dr. Zainab Vora

1. A 25-year-old graduate student with a history of recurrent ear infections as a child feels anxious and sweats when she is in the examination room with her primary care physician. She recently got a roommate, a nursing student, who leaves her stethoscope on the coffee table after returning from class. The patient sweats and feels her heart start to race whenever she sees the stethoscope. This patient's response to her roommate's stethoscope is an example of which of the following phenomena?

- A. Classical conditioning
- B. Negative punishment
- C. Negative reinforcement
- D. Operant conditioning

Paulin's



OPERANT CONDITIONING



ADD
SOMETHING



REMOVE
SOMETHING



INCREASES
A BEHAVIOR

POSITIVE REINFORCEMENT

E.g. A child cleans their room and gets a cookie, making them more likely to clean again.

NEGATIVE REINFORCEMENT

E.g. A driver buckles their seatbelt to stop the annoying alert, promoting seatbelt use.



DECREASES
A BEHAVIOR

POSITIVE PUNISHMENT

E.g. A student cheats on a test and gets a failing grade, deterring future cheating.

NEGATIVE PUNISHMENT

E.g. An athlete arrives late to practice and is benched, discouraging tardiness.

2. In which of the following conditions is the loss of recent memories more severe than remote memories?

A. Anterograde amnesia - new memories

B. Retrograde amnesia - past - recent > remote

C. Global amnesia $\overline{RGA} + \overline{AGA}$

D. Senile dementia cognitive decline

Ribot's law

3. A 32-year-old woman presents with symptoms of postpartum depression. The psychiatrist prescribes a newly FDA approved oral medication specifically for postpartum depression. Which medication is the physician most likely prescribing?

- A. Brexanolone } → iv infusion x 60 hrs
- B. Zuranolone } → oral .
- C. Vortioxetine =
- D. Venlafaxine

4. A patient says that he feels that there is something wrong with him mentally and it is because of the summer season. How much would he score on the insight scale?

A. 2

B. 3

C. 4

D. 5

Level 1 – Complete denial of illness

- Example: A psychotic patient who insists nothing is wrong despite severe symptoms.

Level 2 – Slight awareness but denies illness

- Example: “I am just tired, not sick.”

Level 3 – Acknowledges illness but explains it away by blaming external factors.

- Example: “I feel mentally unwell, but it is because of the summer heat.”

Level 4 – Recognizes illness due to psychological causes

- Example: “I am mentally disturbed because of tension at work.”



Level 5 – Recognizes mental illness but reluctant to take treatment *x-rectify .*

- Example: “Yes, I may have depression, but I do not think I need medicines.”

Level 6 – True emotional insight *apply & rectify*

- This is the highest level of insight.

5. A 14-year-old boy is brought to the OPD by his parents, who are worried about his reaction to their recent decision to divorce. Despite their efforts to be supportive and engage him, he has not expressed any feelings directly about the divorce. When the patient is evaluated alone, he shares that he feels his parents are angry with him, although he cannot think of any instances when they expressed any anger toward him. On examination, the patient appears sullen and reports his mood is "fine." This patient is most likely using which of the following defense mechanisms?

- A. Acting out *"child throwing stuff"*
- B. Displacement 
- C. Identification = *modelling*
- D. Projection 

6. A 36-year-old woman was diagnosed with bipolar disorder and has been taking lithium for the past 5 years. She is currently in remission. However, she now presented to the OPD with worsening depression, fatigue, weight loss, abdominal pain, renal colic, and bone pain. Which of the following tests would most likely reveal the underlying cause of her symptoms?

A. Serum ferritin \times

B. Serum B12 \times

C. Serum calcium

D. Thyroid stimulating hormone levels

$\uparrow \text{Ca}^{2+}$

$\uparrow \text{PTH}$

Hypothyroid

7. In which of the following patients, supportive psychotherapy would not be preferred?

psy

A. A patient who is in acute crisis

B. A patient with cognitive deficits

C. A patient with low frustration tolerance

~~D. A patient with strong ego and high motivation~~

→ insight psychotherapy

8. A 24-month-old girl is brought to the OPD by her mother due to concerns about walking. The mother says, "She seems so unsteady when she walks. She was walking so well until a few weeks ago, and now she keeps tripping over things." On examination, the patient is sitting on the floor and clapping her hands. She does not answer questions and instead makes babbling sounds. Height and weight track at the 50th percentile. At a checkup 6 months ago, the patient had been saying 1- or 2-word phrases and walking without aid. Which of the following neuropathic changes most likely underlies this patient's presentation?

- A. Accumulation of hyperphosphorylated tau protein
- B. Arrested brain development
- C. Copper deposition in the lenticular nucleus
- D. Cortical hyperexpansion

AD

→ 6m

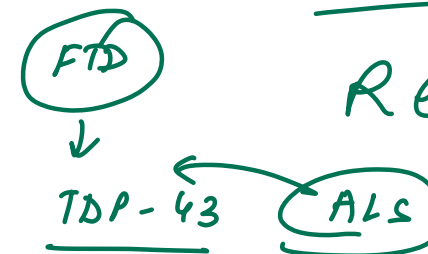
Regression

XLD

RETCSx

Wilson

Antism



- **Autism:** Increased total brain volume ^{Q/}
- **Obsessive-compulsive disorder:** Abnormalities in orbitofrontal cortex & striatum ^{QQ}
- **Panic disorder:** Decreased volume of amygdala & left temporal lobe
- **Post-traumatic stress disorder:** Decreased hippocampal volume
- **Schizophrenia:** Enlargement of cerebral ventricles

9. A 63-year-old man comes to the OPD for follow-up of hypertension. At his last appointment, he revealed that he had increased his intake of cans of beer from 3 to 6 cans daily due to stress at work. The physician advised him to seek help for his alcohol use because it could be causing his elevated blood pressure and has many negative health risks. The patient now tells the physician, "I thought about what you said. I know my alcohol use has gotten out of hand and is affecting my health. My wife and daughter also say that I need to quit. I have made an appointment with a counselor to talk about my options." Which of the following best describes this patient's stage of behavioral change?

- A. Action
- B. Contemplation
- C. Precontemplation
- D. Preparation

Stage	Key Features
1. Precontemplation	Denial, lack of awareness
2. Contemplation	Ambivalence, weighing pros & cons
3. Preparation	Small initial steps, planning
4. Action	Commitment, visible change
5. Maintenance	Preventing relapse, long-term effort
6. Relapse / Termination	Regression/ Complete self-efficacy

10. 35-year-old man was hospitalized for a psychotic episode in which he heard voices of God and the devil and believed that his family was plotting to kill him. He improved rapidly with medication therapy and was discharged. Three weeks later, the patient comes to the emergency department due to generalized muscle stiffness and shaking of his right hand. On mental status examination, he is alert and oriented with mild paranoia but no auditory hallucinations. Which of the following is the best treatment for this patient's current symptoms?

A. Benztropine

(Tihexy phenidyl = Benzhexol.

B. Dantrolene *XX*

NMS / MH. rigidity

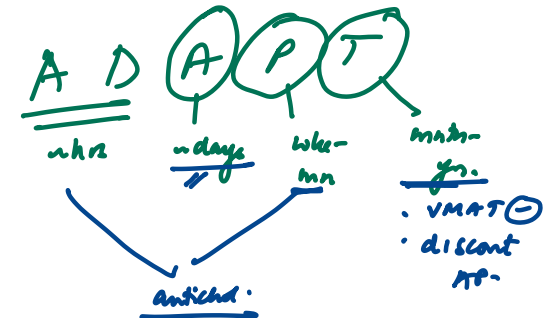
C. Diazepam *XX*

D. Propranolol *XX*

Hallucⁿ

PD

tremor



11. SCOFF QUESTIONS includes all of the following except?

↪ eating D

A. Do you make yourself Sick because you feel uncomfortably full?

B. Do you worry you have lost Control over how much you eat?

C. Is your weight classified as Obese?

D. Do you believe yourself to be Fat when others say you are too thin?

1. Do you make yourself Sick because you feel uncomfortably full?
2. Do you worry you have lost Control over how much you eat?
3. Have you recently lost more than One stone (6.35 kg) in a 3-month period?
4. Do you believe yourself to be Fat when others say you are too thin?
5. Would you say that Food dominates your life?

12. A 32-year-old woman states that over the last 6 months she has felt constantly nervous. She adds that sometimes "I feel like my heart is going to burst." She also notes that her heart skips a beat from time to time, and that she is having trouble sleeping. She denies feeling depressed. The patient denies flight of ideas, pressured speech, increased goal-directed activity, hallucinations, or delusions. The patient also complains of increased bowel movements and weight loss, along with significant weakness when she attempts to climb stairs or lift heavy items. The patient's vital signs are: temperature 37.8°C (100.1°F), pulse 102/min, blood pressure 124/85 mm Hg, and respiratory rate 18/min. What would be the best treatment option for this patient?

- A. Alprazolam
- B. Investigation of surreptitious laxative abuse
- C. Methimazole
- D. Sertraline

GAD DOC → SSRI

GAD

R/O medical / substance

13. Which of the following is the test for immediate memory?

- A. Digit span forward up to 7 digits with 2 skips allowed
- B. Serial (100-7) subtraction test up to 5 steps *Concentration*
- C. Digit span backwards up to 5 digits with 2 skips allowed
- D. Serial (20-1) subtraction test up to 5 steps

pyq

14. A 33-year-old man is hospitalized after neighbors called the police to report that he has been singing loudly and playing the piano "nonstop" all day and night for the last month. The patient says his mood is "terrific," claims he is related to the President, and hears voices telling him he is going to be a famous entertainer. He has a history of 9 psychiatric hospitalizations starting at age 22 for mood and psychotic symptoms. In between hospitalizations, the patient has heard voices for several months commenting on his appearance and has believed that secret cameras have been monitoring him, but he has had no mood symptoms. Which of the following is the most likely diagnosis in this patient?

- A. Bipolar disorder with psychotic features
- B. Delusional disorder
- C. Major depression with psychotic features
- D. Schizoaffective disorder

Acute mania

> 2 wks Schizo ent
mood

15. A young patient with acute psychosis is admitted to the hospital. He wakes up and asks for his wife, even though she is in the same room as him. When she is pointed out, he claims that she is not his wife and that she is being impersonated by someone else. What is the most likely diagnosis?

- A. Capgras syndrome
- B. Fregoli syndrome
- C. Delusion of subjective doubles
- D. Othello syndrome

Misidentific

Syndrome	Core Belief [Delusion]	Example in Clinical Practice
Capgras syndrome ✓	A close relative or spouse has been replaced by an identical impostor.	Patient says: "This is not my wife, she has been replaced by someone else."
Fregoli syndrome ✓	Different people are actually one single person in disguise, repeatedly changing appearance.	Patient insists that strangers and nurses are all the same persecutor in disguise.
Delusion of subjective doubles	The patient believes they have a double or duplicate of themselves, with different personality, living separately.	Patient says: "There is another me who is walking around, but he is evil."
Intermetamorphosis	People in the patient's environment have exchanged identities with each other while keeping the same appearance.	Patient says: "My brother has turned into my father, but he still looks the same physically."

16. Abrupt stoppage of which of the following drugs causes agitation, anxiety and insomnia?

- A. Valproate ✗
- B. Olanzapine ✗
- C. Imipramine ✗
- D. Venlafaxine

Discontinuation Sx.

SNRI

17. A 27-year-old man leaves the men's room of a bar after smoking an unknown substance. He soon becomes disoriented and belligerent. The man displays uncoordinated, jerky movements of his extremities and assaults a bouncer who tries to calm him. When police and emergency medical services personnel arrive, he fights off 4 officers before being restrained and appears immune to pain. In the emergency department, the patient has visual hallucinations, cannot cooperate with the interview, and alternates between agitation and sedation. He is hypertensive and tachycardic, and examination shows vertical nystagmus. Which of the following is the primary mechanism of action of the drug most likely used by this patient?

A. Dopamine receptor antagonism ~~XX~~

B. GABA-A receptor modulation ~~XX~~ BZD / Bart

C. Mu-opioid receptor agonism ~~XX~~ opiod

~~D. N-methyl-D-aspartate receptor antagonism~~

NMDA



Phencyclidine

Ketamine

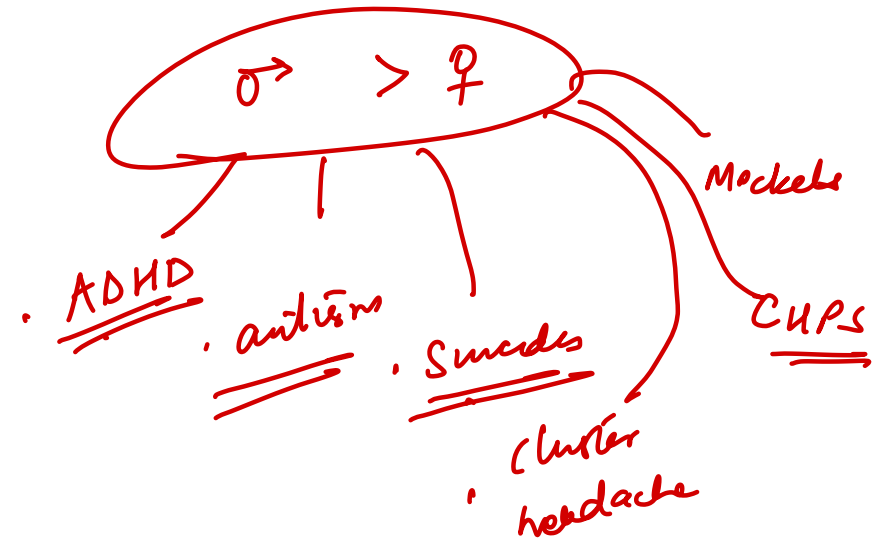
19. Which of the following is true regarding depersonalization-disorder?

- A. More common after life threatening trauma ✓
- B. Seen in seizure and migraine patients
- C. More common in females ✗ $\sigma = \rho + / -$
- D. Mean age at onset is 25 years ~~XX~~ ↓↓

PgQ

de-realise

"as if"



20. A known alcoholic patient is brought to the emergency in a disoriented state. He complains of seeing snakes and insects crawling on his skin. Which of the following should be given to this patient?

A. Haloperidol + thiamine

B. Lorazepam + 5% dextrose followed by thiamine

C. Lorazepam + thiamine followed by 5% dextrose

D. Haloperidol only

→ PDH
=

< 24 hrs - tremor
=

< 48 hrs → Alcoholic hallucinations

> 48 hrs - Delirium tremens

Rp - B2D ✓

21. A 29-year-old man comes to the physician for worsening restlessness over the past several days. Three weeks ago, he was started on trifluoperazine for the treatment of schizophrenia. He reports that, since then, he has often felt compelled to pace around his house and is unable to sit or stand still. He is switched to an alternative antipsychotic medication. Four weeks later, the patient reports improvement of his symptoms but says that he has developed increased drowsiness, blurred vision, and dry mouth. The patient was most likely switched to which of the following drugs?

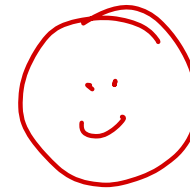
A. Haloperidol *xx*

B. Chlorpromazine

C. Trimipramine *TCA xx*

D. Aripiprazole

anticholinergic



D2 ⊖

(↑ pot)

Typical (1st-generation) antipsychotics—Haloperidol, Fluphenazine D2 ⊖ → ↑ EPS / PRL

Thioridazine, Chlorpromazine (↓ pot) H, α, M, ⊖

Atypical (2nd-generation) antipsychotics—Clozapine, olanzapine, quetiapine, risperidone, ziprasidone, Aripiprazole

D2 ⊖

→ partial agonist

→ ↑↑ metab S/A

22. A 41-year-old man is brought to the emergency department after a suicide attempt. His wife found him on the bathroom floor with an empty bottle of medication next to him. He has a history of major depressive disorder. His only medication is nortriptyline. His pulse is 127/min and blood pressure is 90/61 mm Hg. Examination shows dilated pupils and dry skin. The abdomen is distended and there is dullness on percussion in the suprapubic region. An ECG shows tachycardia and a QRS complex width of 130 ms. In addition to intravenous fluid resuscitation, which of the following is the most appropriate pharmacotherapy?

A. Atropine

B. Naloxone

C. Glucagon

D. Sodium bicarbonate

antichol

TCA

QRS > 100ms

23. 14-year-old boy is diagnosed to have Tourette syndrome. Which one of the following drugs can be used to treat this condition?

A. Aripiprazole

B. Haloperidol xx

C. Pimozide xx

D. Pramipexole

Typical AP

↳ agonist worsen

Atypical
Anti psy - Aripiprazole
D2 ⊖

Tourette's Syndrome:

- Presents before age 18 → persists for > 1 year
- Recurrent motor/vocal tics
- Associated with ADHD/ OCD

Rx intractable tics: *Atypical AP-*

Separation Anxiety Disorder:

- Intense fear of separation from home or caretaker
- > 4 years old
- Symptoms >6 months adults, >4 weeks children

24. A 25-year-old woman presents with generalized body aches, fatigue, and anxiety for the past 4 months, but her sleep is not affected due to pain. On examination, increased pain sensitivity and tender bony prominences are noted. Laboratory and radiological investigations were normal. Which of the following drugs is preferred in this patient?

A. Cyclobenzaprine

B. Pregabalin

C. Glucocorticoids

D. Duloxetine

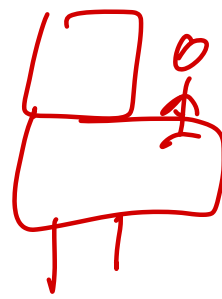
Fibromyalgia

SNRI

- **First-line:** Duloxetine, Milnacipran, Pregabalin.
- **Adjunct:** Amitriptyline, cyclobenzaprine, tramadol.
- **Not useful:** NSAIDs, steroids, opioids.

25. What is defined as the emotional release and discharge after consciously reliving a painful experience that has been repressed?

- A. Catharsis *• "release of emotions"*
- B. Abreaction
- C. Venting out
- D. Guided relaxation



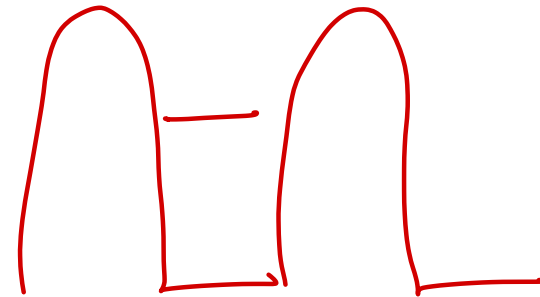
26. A 21-year-old female college student with a history of anxiety is brought to the physician for evaluation of fatigue for the past 6 months. Over the past year, she has had extreme fluctuations in her weight and has become more distant from her friends. She admits to binge eating and induced vomiting. Examination shows poor dentition. This patient is most likely to have which of the follow in serum laboratory profiles?

- A. pH-7.41, HCO₃⁻- 16, Anion gap-23, K-3.5
- ~~B. pH-7.49, HCO₃⁻- 34, Anion gap-9, K-3.0~~
- ~~C. pH-7.31, HCO₃⁻- 23, Anion gap-12, K-4.7~~
- D. pH-7.48, HCO₃⁻- 23, Anion gap-8, K-4.9

Bulimia

27. A 27-year-old man is brought to a family therapist by his wife following a violent outburst in which he nearly injured her. They were having what seemed like a minor argument over a miscommunication about her being late when he suddenly flew into a rage, started shouting, and threw several plates against the wall. His wife is now threatening to leave him because similar episodes keep happening despite his promise to control his anger. The patient is remorseful and says, "I have been getting into trouble because of my temper since high school. Once I get angry, I feel out of control and it's impossible to stop." He drinks beer and uses cannabis to relax approximately 2-3 times a month. Which of the following is the most likely diagnosis in this patient?

- A. Antisocial personality disorder
- B. Borderline personality disorder
- C. Disruptive mood dysregulation disorder
- D. Intermittent explosive disorder



bad humans

Conduct Disorder (CD)

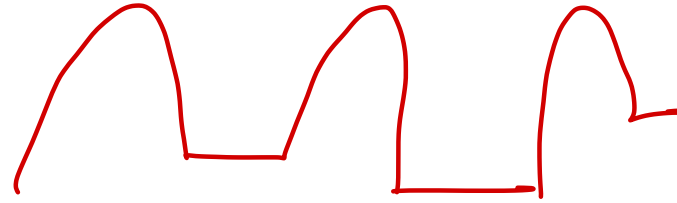
Persistent violation of societal norms or rights of others

Oppositional Defiant Disorder (ODD)

Defiant, argumentative, and vindictive behavior **toward authority figures** >6months

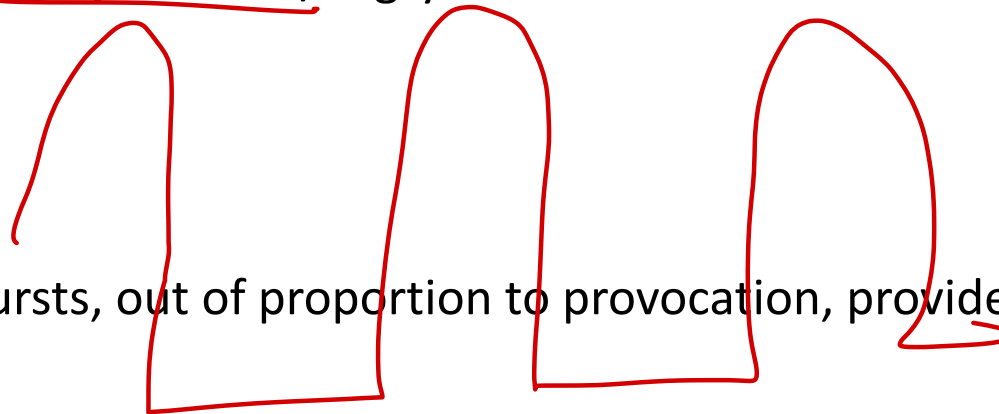
Disruptive Mood Dysregulation Disorder (DMDD)

- After 6yrs, Before 10yrs
- Severe irritability + frequent temper outbursts
- Between outbursts: mood is **persistently irritable**/angry



Intermittent Explosive Disorder

- After 6yrs
- Sudden recurrent episodes of outbursts, out of proportion to provocation, provide relief, followed by remorse.
- Between outbursts: mood is **normal**



28. A mother brings her **8-year-old boy** with complaints of bedwetting. On asking history, she informs that he does about 3 to 4 times per week. On further evaluation, he has a normal urine stream, daytime urine continence, and no history of **UTIs**. His physical examination is normal. Which of the following is the most appropriate next step in management?

A. Ultrasound of abdomen ~~xx~~

B. Reassurance ~~xx~~

C. Use of enuresis alarm

D. Desmopressin acetate ~~xx~~

→ TZA antichol →

≥ 5y

29. Which of the following statements is false regarding varenicline?

- A. It is an ~~antagonist~~ ^{partial (+)} at $\alpha_4\beta_2$ receptor
- B. It interacts with nicotinic ACh receptors
- C. Its use is associated with suicidal tendencies
- D. It is useful in decreasing craving

$\alpha_4\beta_2$ integrin \ominus

Vedolizumab
(IBD)

30. A 10-year-old boy is brought to the OPD due to poor grades and behavioral problems. Although the patient is very intelligent, his parents report that he struggles at school and has received failing grades because he is easily distracted, makes careless mistakes, and often loses his homework. His teacher has called several times to report that he repeatedly disrupts the class by getting out of his seat and by blurting out answers when he is not called on. Treatment options are discussed with the parents. They would like to try medication but prefer a nonstimulant option. Which of the following is the most appropriate pharmacotherapy for this patient?

A. Alprazolam ~~XX~~

B. Amitriptyline TCA

C. Aripiprazole ~~XX~~

D. Atomoxetine

$$\begin{array}{c} \textcircled{6} \times \textcircled{2} = \textcircled{12} \\ > 6 \text{ mos} \qquad < 12 \text{ yrs} \end{array}$$

ADHD

More in boys; R/o conduct disorder ~~or~~

Previously, "Minimal Brain Dysfunction (MBD)"

6 X 2=12

- <6yrs: Behavioral therapy
- >6yrs: Stimulants (methylphenidate, amphetamines) Doc
- Non-stimulants: atomoxetine (NRI), alpha-2 agonist

side: growth (↓ appetite)

Clonidine

31. A 50-year-old man with type 2 diabetes was brought to the OPD by his wife after he began talking about aliens who were trying to steal his soul. He often stops talking mid-sentence and frequently scans the room for aliens. His wife reported he started expressing these ideas a few months ago, but they have become more severe and he had become isolated from his peers. Which of the following drugs should not be used in this patient?

~~A. Olanzapine~~

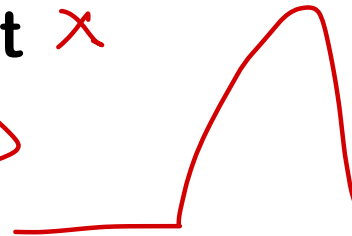
B. Risperidone

C. Quetiapine

D. Aripiprazole

32. A patient is brought to the OPD in a state of euphoria. He was smiling and talking softly when he came in, then he was quiet for a while. He then seemed to be excited and suddenly started to laugh for no reason. How should the psychiatrist record his mood and affect?

- A. Elevated mood and excited affect ✗
- B. Euphoric mood and energetic affect ✗
- C. Euphoric mood and ~~restless~~ affect ✗
- ~~D. Elevated mood and labile affect~~



mood refers to the sustained internal emotional state, while **affect** is the observed external expression of mood.

examiner

33. Which of the following has a poor prognosis with exposure and response prevention in OCD?

A. Pathological doubt

B. Magical thinking

C. Hoarding

D. Contamination obsession

OR

Good Prognostic Factors in OCD	Poor Prognostic Factors in OCD
<u>Later age of onset</u> ✓	Early age of onset (childhood/adolescence)
<u>Good insight</u> (recognizes <u>obsessions/compulsions</u> as unreasonable)	Poor insight (beliefs seen as realistic/justified)
^{acute} Short duration of illness before treatment ✓	Long duration before treatment
<u>Predominantly contamination/cleaning type</u>	Hoarding symptoms (poor response to therapy)
<u>Good treatment adherence</u>	Poor initial response to SSRIs or ERP
<u>Absence of major comorbidities</u>	Comorbid depression, personality disorders, substance use
No family history	Strong family history of OCD or tic disorders
<u>Episodic course</u> ← = acute =	Chronic continuous course

34. The persistence of ADHD in childhood, increases the risk of development of which of the following in adolescence?

A. Selective mutism

~~B. Conduct disorder~~

C. Binge eating disorder

D. Separation anxiety disorder

Py8 ?

35. A 32-year-old woman comes to the OPD due to overwhelming anxiety and stress. The patient is an accountant and has been under increasing job-related pressure for the past 6 weeks due to an upcoming tax deadline. She says, "The worst part is that I get really nervous all of a sudden and then feel shaky, dizzy, and nauseated and start to sweat. It happened while I spoke to my boss a few weeks ago, and I had to excuse myself." The patient is especially worried about having an episode during a work meeting, although she notes that her symptoms have also occurred while she was relaxing at home. She says, "I've stopped going out with my friends because I never know when I'm going to feel this way." Blood pressure is 120/70 mm Hg, pulse is 72/min, and respirations are 18/min. Which of the following is the most likely diagnosis?

A. Acute stress disorder < 1 mon.

B. Adjustment disorder with anxious mood

C. Generalized anxiety disorder < 6 mos

D. Panic disorder > 6 mos

Panic D

> 1 mos

36. A 39-year-old woman is brought to the emergency department after her husband found her confused. The patient was unable to answer questions about why she did not go to work that day and could not remember the day of the week. She has a history of bipolar disorder and has taken the same dose of lithium for the past 10 years. Over the past week, the patient started taking several daily doses of a new medication following a dental extraction. Yesterday, she felt nauseated and vomited twice, and earlier today, she started having diarrhea. Coarse tremors are noted in the upper extremities. Deep tendon reflexes are 2+ in the bilateral extremities. A drug interaction involving which of the following medications is most likely causing this patient's symptoms?

A. Acetaminophen ~~XX~~

~~B. Ibuprofen~~

C. Ondansetron ~~XX~~

D. Prednisone ~~XX~~

PDA PG del' aff

↓GFR → RAAS + I

37. Which of the following features is more in favor of delirium?

A. Occurs gradually over a period of time *acute* .

B. Fluctuating course *oo*

C. Preserved consciousness *lost*

D. Commonly associated with auditory hallucinations visual .

Delirium	Dementia
Hallmark is impaired consciousness	Loss of memory and intellectual abilities
<ul style="list-style-type: none">• <u>Acute medical illness</u>• <u>Autonomic dysfunction</u>• <u>Abnormal EEG</u> : <i>δ waves</i>.• <u>Carphologia/floccillation</u> (picking at covers/clothes)• Illusion, <u>delusion</u>• <u>Sundowning</u> (worse at night)• Develops quickly• <u>Fluctuating course</u> with lucid intervals <i>: visual</i>	-

38. Subcortical dementia can occur in all of the following conditions except:

pyd

A. DLB SN

B. Huntington's disease *caudate*

~~C. Alzheimer's disease~~ *T → P → F*

D. Wilson's disease *midbrain*

~~E. FTD~~

39. A patient is lying in the hospital without any reaction or response. This behavior can be best described as:

A. Mannerism

B. Stereotypy - Rett.

C. Negativism

D. Echopraxia

- examiner - action repeat -

Echolalia
↳ speech

Mannerism - It refers to goal-directed movements that are performed in an odd, exaggerated, or stylized manner

Stereotypy - It involves repetitive, non-goal-directed movements such as rocking or hand flapping, usually purposeless and uniform in pattern

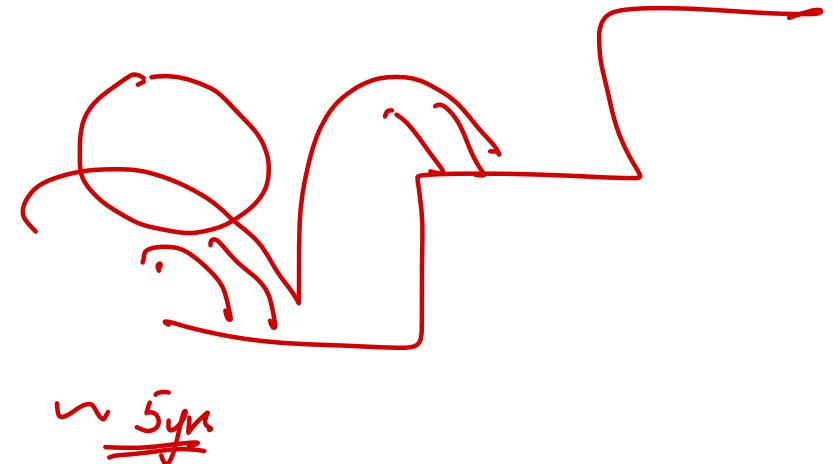
40. A 3-year-old boy is brought to the OPD by his parents due to behavioral difficulties. His mother says, "He is physically healthy and affectionate but has become more defiant and often resists our instructions about getting ready for bed. He plays roughly with his 6-year-old brother and sometimes throws tantrums when he has to share his toys or put them away." His preschool teacher describes him as an "active child" who sometimes talks out loud to classmates while the teacher is speaking. He is easily distracted and often gets up to walk around the classroom. The patient is able to draw circles, speak 3-word sentences, walk up the stairs with alternating feet, and use the toilet, but he cannot wipe himself. His parents express concern about his inability to fully dress himself and about his bed-wetting, which occurs approximately twice a week. Which of the following is the most likely explanation for the child's behavior?

A. Attention-deficit hyperactivity disorder ~~XX~~

B. Conduct disorder ~~XX~~

C. Disruptive mood dysregulation disorder ~~XX~~

D. Normal development



41. A newly married couple has come for counseling as the male partner has had difficulty maintaining an erection until the completion of sexual activity for the past 8 months. Which phase of the normal sexual cycle does this disorder belong to?

A. Desire phase

B. Orgasmic phase

C. Arousal phase

D. Resolution phase

Phase	Disorder
1 <u>Desire Phase</u> Libido, sexual interest	Hypoactive Sexual Desire Disorder (also: Sexual Aversion Disorder, Hypersexuality)
2 <u>Arousal Phase</u> Erection (male), Lubrication (female)	Erectile Disorder (ED) Female Sexual Arousal Disorder <i>oo</i> Causes: vascular , neurological (DM), medications (antihypertensives, SSRIs), psychological
3 <u>Plateau Phase</u> Sustained arousal	
4 <u>Orgasm Phase</u> Ejaculation & climax	Delayed Ejaculation <u>Premature Ejaculation</u> Female Orgasmic Disorder
5 <u>Resolution Phase/PAIN PHASE</u>	Genito-pelvic pain disorder/ Penetration disorder

oo → *Squeeze*

42. A 2-day-old girl is in the newborn nursery with persistent crying, tremors, tachypnea, sneezing, and diarrhea. She was born vaginally and had been breastfeeding well until several hours ago when she became tachypneic. Her mother has poorly controlled schizophrenia and did not receive prenatal care. The patient's mother also had a positive hepatitis C antibody test during postnatal laboratory testing. On physical examination, the girl has increased tone in all extremities. Chest radiograph shows normal lung fields. Which of the following is the most appropriate pharmacotherapy for treatment of the newborn's symptoms?

A. Flumazenil B2D

B. Folic acid ~~XX~~

C. Methadone

D. Naloxone ~~XX~~

Neonatal abstinence sx

43. A 45-year-old man comes to the OPD due to chronic insomnia. The patient has trouble sleeping because he claims he must remain alert to protect himself from workers at a nearby chemical plant. He says they are poisoning him by secretly dumping toxic waste in his backyard at night. The patient's wife says, "He's been like this for the past 10 years. He gets very upset when asked for proof, so he's going to install cameras next week." He has ordered numerous soil toxicity tests over the years, all of which have been negative. The patient started working as a taxi driver at age 21 and continues to work for the same company. Which of the following is the most likely diagnosis for this patient?

A. Delusional disorder

B. Major depressive disorder with psychotic features ~~XX~~

C. Paranoid personality disorder

D. Schizophrenia ~~XX~~

44. A 60-year-old man is found by his daughter to be confused at home. In the emergency department, the patient is delirious and says that he sees small animals running around in the corner of the room. He appears flushed. The patient has a brief seizure and becomes unconscious. Temperature is 37.2°C (99°F), blood pressure is 90/62 mm Hg, and pulse is 120/min. Both pupils are dilated and equally reactive to light, and his skin and mucous membranes are dry. Initial ECG shows QRS widening and QTc prolongation. He is transferred to the intensive care unit but dies despite resuscitation attempts. Which of the following pharmacological effects most likely contributed to the patient's death?

- A. Increased antihistamine effect ✓
- B. Sodium channel inhibition ✓
- C. Synaptic norepinephrine accumulation ✓
- D. Synaptic serotonin accumulation ✓

TCA

Mechanism / Target	Action / Effect	Clinical / Toxic Outcome
↑ NE & 5-HT reuptake inhibition	↑ Monoamines in synapse → mood elevation	Antidepressant effect; may cause tremor, insomnia
M ₁ blockage	↓ ACh → anticholinergic	Dry mouth, blurred vision, constipation, urinary retention, delirium
α ₁ -adrenergic block	Vasodilation, ↓ BP	Orthostatic hypotension, reflex tachycardia
H ₁ -histamine block	Sedation, ↑ appetite	Drowsiness, weight gain
Fast Na ⁺ channel block (cardiac)	↓ Conduction, widened QRS	Arrhythmias, cardiac arrest (major cause of death in overdose)
Weak GABA-A inhibition	↓ CNS inhibition	Seizures in overdose
α ₂ down-regulation (chronic effect)	↑ NE release (adaptive)	Delayed therapeutic onset (2–4 weeks)

45. A 26-year-old woman comes to the OPD due to recent weight gain. She has eaten more than usual over the last 5 months, has gained 3.2 kg, and feels guilty and depressed about it. Further questioning reveals that she consumes a large pizza and two large bags of chips in one sitting several times a week. Afterward, the patient feels ashamed about being unable to control her intake and fasts to make up for it. She is very distressed about being unable to lose weight despite exercising 2-3 hours a day. BMI is 23.7 kg/m². Despite being told that her BMI is normal, the patient insists that she is overweight. Which of the following is the most likely diagnosis?

A. ~~Anorexia nervosa~~

B. ~~Binge-eating disorder~~ XX

C. Body dysmorphic disorder

D. Bulimia nervosa

Compensatory - vomiting
- laxative
- fasting
- exercise

46. A 40-year-old woman comes to the therapist for weekly psychotherapy. She was diagnosed with major depressive disorder and anxiety after her divorce 1 year ago. During last week's appointment, she spoke about her ex-husband's timidity and lack of advancement at work; despite her urging, he never asked for a raise. Today, when the therapist asks how she is doing, she replies, "If there's something you want to know, have the courage to ask me! I have no respect for a man who won't speak his mind!" The patient's behavior can be best described as an instance of which of the following?

A. Transference

B. Displacement ~~xx~~

C. Projection ~~xx~~

D. Passive aggression ~~xx~~



47. A 45-year-old patient with a history of depression was initially being treated with sertraline, but his symptoms were not adequately controlled. His medication regimen was changed to include an MAO inhibitor and amitriptyline. Shortly after the change in medication, the patient developed agitation, seizures, hyperreflexia, and tremors. Which of the following is the most appropriate treatment for this patient? (NEET PG 2024)

A. Cyproheptadine

B. Lorazepam

C. L-carnitine

D. Leucovorin

MAO ⊖

TCA

→ Valproate

48. 35-year-old man with a history of bipolar and substance use disorders comes to the emergency department due to depression, auditory hallucinations, and suicidal ideation. His medications include lithium and escitalopram. The patient has a history of 5 psychiatric hospitalizations and 2 past suicide attempts, including overdose on his medications and attempted hanging. The patient has been using "anything I can get my hands on" because his depression is unbearable. He is hospitalized and placed on suicide precautions. His dose of escitalopram is increased to target his depression, and risperidone is added to treat the hallucinations. His lithium level is 1.0 mEq/L. On the second day of hospitalization, the patient reports muscle pains, abdominal cramping, nausea, and diarrhea. His temperature is 37.2 C (99 F), blood pressure is 130/85 mm Hg, and pulse is 84/min. The patient is alert and restless, and his pupils are dilated bilaterally. Bowel sounds are hyperactive and neurologic examination is normal. Which of the following is the most likely explanation for his symptoms?

A. Serotonin syndrome

B. Cocaine withdrawal ~~XX~~ CRASH

C. Lithium toxicity X

D. Opioid withdrawal

Cold turkey

clonus (+)

hyperreflexia (+)

49. Identify the true statements:

1. Clozapine is the DOC for Treatment-resistant schizophrenia (TRS) defined as lack of response to at least two different antipsychotics, including at least one second-generation antipsychotic, given in adequate dosage and for an adequate duration (at least 4-6 weeks) (T)

2. More affinity for D4 than D2 (T)

3. It is the only antipsychotic with antisuicide property (T)

4. Life threatening idiosyncratic side effect that requires monitoring is agranulocytosis. (T)

Li
esketamine (T)

~~A. 1,2,3,4~~

B. 1,3,4

C. 2,4

D. 2,3,4

50. 42-year-old woman, gravida 1 para 1, comes to the office for evaluation of insomnia following the birth of her son 5 weeks ago. The patient says she wakes up each night to breastfeed him but is unable to go back to sleep. She stays up most of the night thinking, "Why did I have a child so late in life? I'm already failing as a mother." The patient has a decreased appetite and no interest in seeing friends or family members other than her mother. On mental status examination, the patient appears restless and is tearful. Which of the following is the most likely diagnosis?

- A. Adjustment disorder *XX*
- B. Postpartum blues *2-3d*
- C. Generalized anxiety disorder *XX*
- D. ~~Major depressive episode~~

SIG E CAPS
✓✓ ✓✓

51. 28-year-old woman is brought to the emergency department by her boyfriend due to bizarre behaviour over the past week. The patient abruptly quit her job saying, "My boss was trying to sabotage me because she's jealous of my intellect. The job was beneath me anyway. The time has come for me to run for politics myself." She feels annoyed and exclaims that she needs to leave immediately so that she can organize her campaign. The patient yells at her boyfriend for bringing her to the hospital, a minute later, she hugs him and tearfully says, "I can't imagine my life without you." She rarely drinks alcohol and does not use illicit substances. Physical examination shows no abnormalities. On mental status examination, the patient is easily agitated when interrupted and jumps from one topic to another. Which of the following is the most likely diagnosis in this patient?

A. Bipolar disorder

B. Borderline personality disorder ~~XX~~

C. Brief psychotic disorder <1mn

D. Delusional disorder ~~XX~~

Mania

52. A 53-year-old man comes to the office due to persistent fatigue. The patient started a therapeutic dose of fluoxetine 2 months ago after being diagnosed with major depressive disorder. He says, "Since I last saw you, I still feel like I'm dragging pretty much every day and have to force myself to go to work in the mornings. I haven't even wanted to have sex with my wife. That's been going on for almost a month, and it's really bothering me." Medical history includes hypertension treated with enalapril. He had a 4-kg weight gain over the past 2 months. Blood pressure is 130/84 mm Hg and pulse is 76/min. Which of the following is the most appropriate next step in pharmacotherapy?

A. Continue ~~fluoxetine~~ and add ~~aripiprazole~~

B. Continue ~~fluoxetine~~ and add methylphenidate

C. Discontinue fluoxetine and begin bupropion / *Mirtazapine*

D. Discontinue fluoxetine and begin venlafaxine *SURTI*

53. A 20-year-old woman is brought to the emergency department by police at 2:30 AM after she was caught attempting to scale a fence at the Rashtrapati Bhawan. The patient appears highly agitated and paces around the examination room. She has just flown in from out of state to "meet with the president about a foolproof plan for eliminating worldwide terrorism." The patient has barely slept for the past week due to her intensive work on this plan. The evaluation has to be stopped when the patient begins banging on the door and demanding to leave. Temperature is 37 C (98.6 F), blood pressure is 148/84 mm Hg, pulse is 98/min, and respirations are 22/min. Urine drug screen is negative. Administration of which of the following medications is the most appropriate next step in management of this patient?

- A. Lithium ~~XX~~
- B. Clozapine ~~XX~~
- C. Haloperidol
- D. Olanzapine

acute mania :
atypical AP + Li

54. 33-year-old woman comes to the office for management of chronic headaches. Her headaches are unchanged, although she now has shoulder and neck pain as well. The patient has been under a lot of stress lately and describes difficulty falling asleep, poor concentration, fatigue, and feeling overwhelmed. Although she has always been a "worrier," she reports worsening anxiety and irritability since she started a new job 8 months ago. The patient also finds herself making mental lists of all the things she must do the next day rather than concentrating on her work. By the time she gets home, she feels exhausted and often snaps at her children and husband. Which of the following is the most likely diagnosis?

- A. Acute stress disorder < 1 mo
- B. Panic disorder XX
- C. Generalized anxiety disorder
- D. Obsessive-compulsive disorder XX

GAD

> 6 mos

55. 52-year-old man comes to the office due to low energy and poor sleep. The patient reports feeling stressed since his divorce last year. He has difficulty sleeping through the night and awakens around 4:00 AM most mornings, earlier than he would like. At work, the patient has trouble concentrating and is becoming less productive. Although he loves his children, he no longer enjoys visiting them on the weekends and makes excuses to stay home. The patient says that food is tasteless, and his appetite has decreased significantly over the last 2 months. He has no psychotic features or suicidal ideation. This patient is most likely to have which of the following abnormalities?

- A. Enlarged lateral cerebral ventricles → Schizop MDD
- B. Increased ~~REM~~ sleep latency ↓
- C. Increased sensitivity to lactate infusion → Panic D.
- D. Increased serum cortisol concentration

56. A 42-year-old man is admitted to the hospital after sustaining fractures of his right femur and tibia in a motor vehicle collision. The patient becomes agitated, hypervigilant, and paranoid 12 hours after admission. He repeatedly tells the nurses that he can hear people in the corridor making insulting remarks about him. When hospital staff check the area near the patient's room, no one is found. Medical history is unremarkable, but psychiatric history is significant for cocaine, marijuana, and alcohol misuse. On examination, the patient is alert and oriented. Temperature is 37.2 C (99 F), blood pressure is 135/87 mm Hg pulse is 85/min, and respirations are 18/min. He is slightly tremulous and diaphoretic. Which of the following is the most likely diagnosis in this patient?

A. Alcoholic hallucinosis

B. Brief psychotic disorder

C. Cocaine withdrawal

D. Delirium tremens

XX

XX

XX

57. 31-year-old woman is brought to the emergency department by her boyfriend due to confusion. The boyfriend says that the patient "seemed okay" when he left for work this morning, but when he returned in the evening, she was disoriented and "acting like a drunk person"; she had also vomited "all over the bathroom." She has a history of bipolar disorder. Medications include clonazepam, lithium, and quetiapine. Temperature is 37 C (98.6 F), blood pressure is 110/68 mm Hg, pulse is 92/min, and respirations are 16/min. On physical examination, the patient is somnolent and has frequent fasciculations. Pupils are equal and reactive. During evaluation, she has a brief episode of a generalized tonic-clonic seizure. Laboratory results are as follows:

Hemoglobin: 13 g/dL

Leukocytes: 9,000/mm³

Sodium: 136 mEq/L

Potassium: 3.8 mEq/L

Bicarbonate: 28 mEq/L

Creatinine: 1.2 mg/dL

Glucose: 120 mg/dL

Serum lithium 2.8 mEq/L

Li toxicity

In addition to supportive measures, which of the following is the best next step in management of this patient?

- A. Activated charcoal
- B. Calcium gluconate
- C. Gastric lavage
- D. Hemodialysis

Indications for Hemodialysis in Lithium Toxicity

- **Serum lithium >2.5 mEq/L with severe symptoms (confusion, seizures, coma)**
- **Serum lithium >4.0 mEq/L regardless of symptoms**
- **Any level with renal failure or inability to excrete lithium**

58. 58-year-old woman brings her elderly father to the office for a checkup. He has multiple medical issues, including diabetes, chronic pulmonary disease, and urinary incontinence. While the physician is seeing her father, the woman confides to the office receptionist that she reluctantly quit her job after her father moved in with her. He is no longer able to live independently, and she resents having to care for him. The father was mostly absent during the daughter's childhood due to business travel, and he divorced her mother when the daughter was 13 years old, with only sporadic contact with his children afterward. She also wishes her siblings would help care for him more. When her father comes out of the examination room, the daughter is extremely attentive to him, asking if the visit went okay and if he is comfortable and repeatedly offering to get him a drink of water before they return home. Which of the following defense mechanisms best explains this woman's behavior toward her father?

A. Altruism

B. Displacement

C. Projection

D. Reaction formation

→ opposite

59. 46-year-old man is hospitalized due to suicidal ideation and hearing voices. The patient has become increasingly depressed over the past month and has been unable to work. Last week he told his wife that he was "tormented by voices" and that "death would be a relief." She brought him to the hospital after she found him staring at a blank screen on the television and not responding to her questions. The patient was prescribed risperidone, lithium, and escitalopram by his psychiatrist, but his wife is unsure if he takes them regularly. He has a history of bipolar disorder since age 18 with multiple hospitalizations for both manic and depressive episodes. Temperature is 37 C (98.6 F), blood pressure is 125/80 mm Hg pulse is 68/min, and respirations are 12/min. Routine laboratory results are within normal limits, lithium level is within therapeutic range, and a toxicology screen is negative. During the evaluation, the patient stares blankly and is mute and motionless. He resists all instructions to move. When the physician lifts the patient's arm, it remains in the exact same position after she lets go. Which of the following is the most appropriate next step in management?

- A. Benztropine
- B. Clozapine
- C. Increase risperidone
- D. Lorazepam

acute catatonia

x
→
ECT

60. 34-year-old woman comes to the emergency department due to sudden onset of tingling and numbness in her left hand. She is an assistant chef at a nearby restaurant and was lifting a box earlier in the day when she heard a "pop" and her left hand went numb. Her fingers, entire left hand, and wrist are numb, with normal sensation above her wrist. The patient describes her numbness as feeling like "pins and needles". Medical history is insignificant. The patient allows the nurse to take her vital signs but refuses any further physical examination, insisting that it will worsen her discomfort. The patient asks for a doctor's note to excuse her from work, fearing that her condition will worsen if she does not take some time off to heal. Which of the following is the most likely diagnosis?

- A. Conversion disorder *xx*
- B. Factitious disorder
- C. Malingering
- D. Mononeuropathy *x*

2° gain

61. 17-year-old boy is brought to the emergency department by his parents due to a recent change in behavior. The patient was previously polite and soft-spoken, but he has become intermittently irritable, impatient, and rude over the past few weeks. His parents initially dismissed his new behavior as a "phase", however, they grew more concerned last night when they discovered that he had stolen money from their wallets and later found him pacing in his room at 4:00 AM. When questioned by his father about his strange behavior, the patient said, "I have to be careful because I'm being followed by CIA agents." Temperature is 36.6 C (97.9 F), blood pressure is 164/98 mm Hg, pulse is 124/min, and respirations are 18/min. On physical examination, the patient appears fearful. He is sweating profusely and his pupils are dilated. Which of the following is the most likely diagnosis for this patient?

A. Amphetamine intoxication

B. Anticholinergic poisoning *XX mydriasis*

C. Opioid withdrawal *XX*

D. Cannabis intoxication *XX*

62. A 27-year-old woman comes to the OPD due to abdominal pain. She has had intermittent "aches and cramps" in her abdomen for the past few weeks. The patient denies nausea, vomiting, or a change in appetite or bowel movements. Her stress level has been higher than normal since her boyfriend broke off their relationship a month ago. She says, "We were together for 10 years, and he abandoned me. I don't know how to go on without him." The patient starts crying when discussing how her boyfriend managed her finances and recently helped her apply for a new job. She is unsure about switching jobs now and cancelled her interviews to "avoid more confusion." She recently moved in with a friend and hopes this person can help her "sort everything out." Which of the following is the most likely explanation for the patient's behaviour?

- A. Acute stress disorder *XX*
- B. Adjustment disorder *< 6 mos*
- C. Somatic symptom disorder *<*
- D. Dependent personality disorder**

stress
> 6 mos

63. Which of these disorders was earlier known as minimal brain dysfunction?

A. Dyslexia

 B. Attention deficit/hyperactivity disorder

C. Mental sub normality

D. Oligophrenia

64. A 42-year-old man comes to the OPD due to persistent sadness, weight gain, and fatigue over the past 4 months. The patient is a dentist who has had difficulty waking up in the morning for clinic. He says, "I used to be really efficient, but now I always run 2 hours behind schedule." Following a divorce 3 years ago, the patient was diagnosed with major depressive disorder, which improved after a few months of treatment with paroxetine. Physical examination and laboratory evaluation are normal. After discussion of treatment options, the patient is started on sertraline. His symptoms resolve by the follow-up appointment 6 months later. Which of the following features is an indication for long-term maintenance of antidepressant therapy in this patient?

- A. Age of ~~onset~~ of initial depressive episode
- B. Duration of ~~current~~ depressive episode
- C. Number of prior depressive episodes
- D. Presence of ~~atypical~~ depressive features

- Takes 4–8 weeks for antidepressants to show effect
- **Continuation-phase treatment: 6 months**
- **Maintenance for 1-3 years-** high risk of recurrence or persistent residual depressive symptoms
- **Maintenance treatment indefinitely** (3 or more lifetime episodes, chronic episodes for 2 or more years, strong family history, or severe episodes (suicidal attempts))

65. A 69-year-old man is brought to the emergency department after he was found by police trying to break into the back office of a grocery store, claiming that he worked there and that he had left his keys in the office. The owner of the grocery denied that the patient was employed. The patient's medical problems include hypertension, hyperlipidemia, major depressive disorder, alcohol use disorder, and type 2 diabetes mellitus. The patient answers questions without difficulty but provides conflicting information to different examiners. He is unable to account for how he ended up in the grocery store; however, he does provide detailed accounts of his previous job as an English professor, even reciting Shakespeare's Macbeth at length. He does not appear troubled by his inability to recall events accurately. The remainder of the examination is within normal limits. Which of the following is the most likely explanation for this patient's symptoms?

A. Alzheimer disease ~~XX~~

B. Dissociative amnesia ~~XX~~

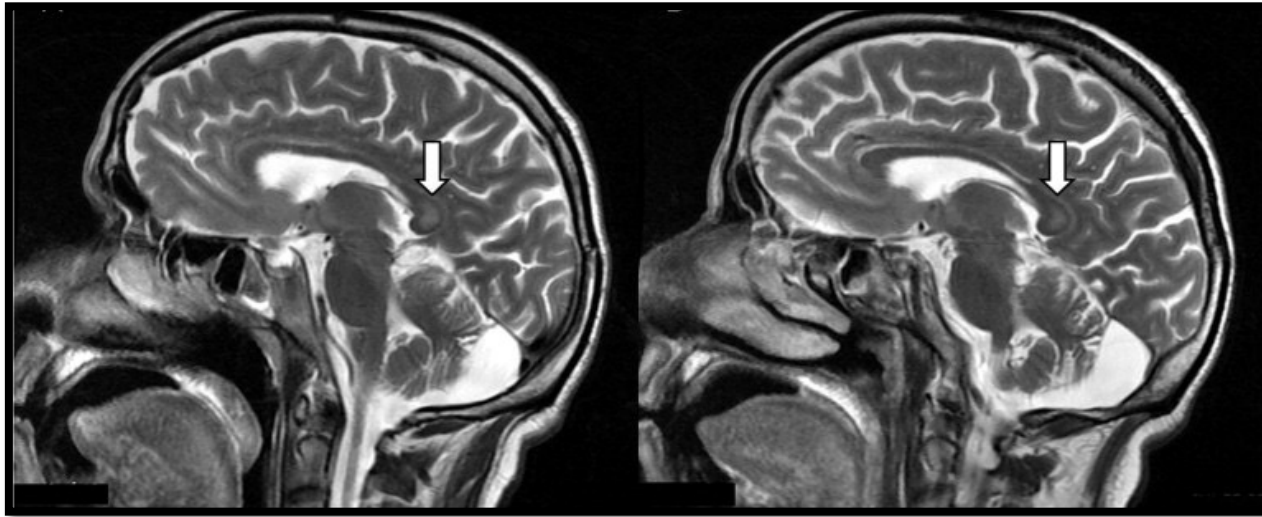
C. Korsakoff syndrome

D. Marchiafava-Bignami disease *alcohol*

Confabulation

CC

CC demyelⁿ



66. A 53-year-old man is brought to the emergency department after a witnessed GTCS seizure 1 hour prior. The patient regained consciousness after 1-2 minutes. Medical history includes schizoaffective disorder with multiple hospitalizations for psychotic and mood episodes beginning at age 22. On physical examination, the patient is awake and alert. A 1-cm laceration is noted on the right side of the tongue. Serum chemistry is normal. A CT scan of the head reveals no abnormalities. Which of the following medications most likely contributed to this patient's presentation?

A. Buspirone ~~XX~~

B. Carbamazepine ~~XX~~

C. Citalopram

D. Clozapine

S2

5HT_{1A} (+)

Bupropion → butamine

67. A 32-year-old woman comes to the OPD due to "feeling anxious and down" for the past 2 weeks. The patient cries frequently and has been making mistakes in her accounting job due to poor concentration. She feels tense throughout the day and has difficulty staying asleep most nights because she is awakened by episodes of palpitations, shortness of breath, and sweating. The patient was mugged 3 weeks ago while walking home from work but is reluctant to discuss what happened. She does not use alcohol or illicit drugs and takes no medication. On mental status examination, the patient makes minimal eye contact, looks down at the floor, and wrings her hands repeatedly. Which of the following is the most likely diagnosis?

- A. Acute stress disorder
- B. Generalized anxiety disorder
- C. Panic disorder
- D. Posttraumatic stress disorder

< 1 month Flashbacks

> 1 month

68. A 32-year-old woman with bipolar disorder comes to the OPD for follow-up. The patient was diagnosed and treated for a manic episode at age 29 and has been stable on a combination of lithium and risperidone. After a staff meeting a few weeks ago, her supervisor said she was repeatedly frowning while others were presenting. Since then, the patient has been increasingly self-conscious and has started eating lunch alone at her desk. Physical examination is unremarkable except for occasional grimacing and slow inversion and tapping movements of her right foot. Lithium level is 0.9 mEq/L. Which of the following is the most appropriate next step in pharmacological management?

- A. Add benztropine ~~XX~~
- B. Add daily propranolol ~~XX~~
- C. ~~Discontinue lithium and start valproic acid~~
- D. Taper and discontinue risperidone

+ Velbenazine VMAT \ominus

nyrs

Tardive dyskinesia

$\frac{0.5 - 0.8}{0.8 - 1.2}$ ✓✓

69. A 42-year-old man is brought to the emergency department by police officers after he was found wandering aimlessly at an airport. The man is alert and answers questions appropriately; however, he appears to be confused about his identity and does not recognize the name on his driver's license in his wallet. Extensive inquiry fails to reveal any helpful information as the patient is perplexed and does not remember where he lives, how he got to the airport, his family members, or his profession. His cognitive function is otherwise intact. A search of his personal belongings reveals an airline ticket from Las Vegas to Arlington, Virginia. An emergency contact on the patient's phone leads to his wife, who reports that her husband "just disappeared" after he found out that his father had passed away that morning. Which of the following is the most likely diagnosis?

A. Acute stress disorder ~~XX~~

B. Brief psychotic disorder

C. Depersonalization/derealization disorder ~~XX~~

D. Dissociative amnesia

fugue ← stress

70. A 34-year-old woman comes to the OPD with her husband due to behavioral changes over the past 6 weeks. The husband says, "She's not an angry person, but ever since she was in a car accident, little things seem to set her off. She yells and honks at people for not using their turn signals and gets upset when we have to wait for a table at restaurants." The patient describes difficulty sleeping due to thoughts "swirling" in her head and feeling panicked every time she wakes up. Which of the following is the best next step in management of this patient?

A. Begin buspirone ~~X~~

PTSD

> 1 mm

B. Provide reassurance and prescribe short-term alprazolam ~~X~~

C. Recommend cognitive-behavioral therapy

D. Start lithium ~~X~~

71. A 7-year-old boy is brought to the OPD. His mother says that her son's behaviour has been difficult to manage over the past year. "He is always running around (even during dinner), does not listen, and keeps his room a mess. He is always bothering his younger brother, interrupting him when he talks, and taking his toys without asking. The boy's second-grade teacher has reported that he cannot sit still, answers questions impulsively and out of turn, and becomes irritable when she redirects him. The physician recommends a trial of methylphenidate. Which of the following side effects is the patient most likely to experience while taking this medication?

- A. Agitation ✓
- ~~B. Decreased appetite~~
- C. Hypersomnia ✗✗
- D. Tics ✓
✓

72. Which of the following is not a feature of atypical depression?

A. Increased sleep

↑

B. Reactive mood response to positive stimulus

↑

C. Heaviness of the body

↑

Lead en paralysis

~~D. Responds better to TCAs than MAO-I and SSRI~~

XX

✓

DOC

73. A 13-year-old boy is brought to the physician by his mother because she is concerned about her son's behavior. She reports that he has been wearing her dresses at home and asks to be called Lilly. He also stopped going to swim class because he "doesn't feel comfortable in swim trunks." Since starting puberty about a year ago, he has not had any friends and the teachers report he is consistently being bullied at school. She also mentions that as a child her son never enjoyed playing with "typical boy toys like cars" and instead preferred dressing up dolls. Physical examination shows normal male external genitalia. There is scarce coarse, dark axillary and pubic hair. Upon questioning, the patient reports that he would rather be a girl. Which of the following is the most likely diagnosis?

A. Gender nonconformity

B. Sexual aversion $\times \times$

C. Transvestic disorder $\times \times$ fetishism

D. Gender dysphoria


Key Diagnostic Features of Gender Dysphoria:

- Persistent incongruence between experienced gender and assigned sex
- Strong desire to be or be treated as another gender
- Discomfort with one's sexual anatomy or secondary sex traits
- Clinically significant **distress or functional impairment** in social or academic areas
- Duration: **≥6 months**

74. A patient with narcolepsy has been prescribed tiprolisant. How does this drug act?

- A. H1 receptor agonism
- B. H1 receptor inverse agonism
- C. H3 receptor agonism
- D. H3 receptor inverse agonism

Inverse agonist



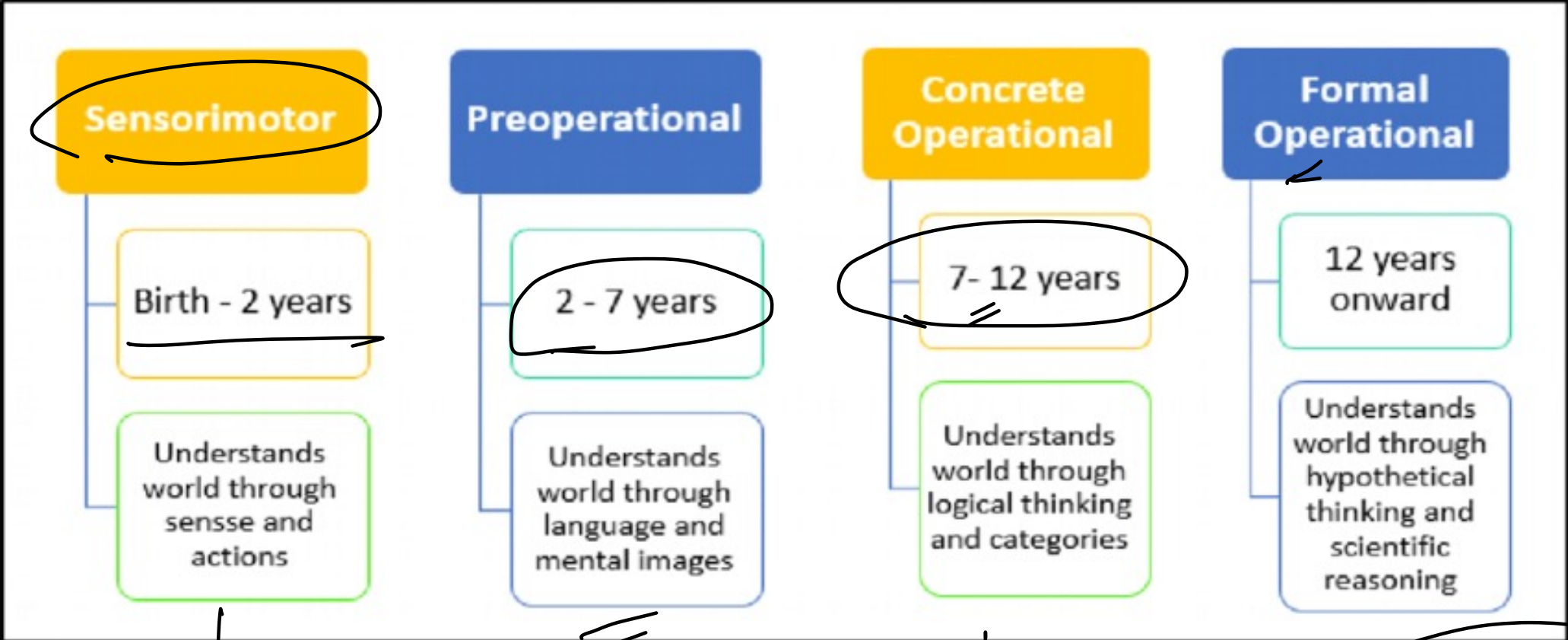
75. In Piaget's theory of cognitive development, the concepts of "out of sight, out of mind" and focusing on the "here and now" are characteristic of which developmental stage?

A. Sensorimotor stage

B. Preoperational stage

C. Concrete operational stage

D. Formal operational stage



object permanence

Logic

abstract thinking

76. You are observing electroconvulsive therapy being administered to a psychiatric patient. Which of the following statements is true regarding the procedure?

A. An effective seizure should last for at least ~~2~~ minutes ~ 15 s

~~B.~~ ECT treatments are usually administered twice or thrice weekly, non consecutively

C. Maximum number of times ECT can be given in a patient is ~~6~~

D. All of the above

77. Match the following treatment approaches with their primary use:

A. Motivation interviewing	1. Relapse prevention
B. Cognitive-behavioral therapy	2. Peer support and spirituality-based recovery
C. <u>12-step programs</u>	3. Reinforcing abstinence with tangible rewards
D. Contingency management	4. Enhancing motivation for change

- A. A-4, B-3, C-2, D-1
- B. A-4, B-1, ~~C-3~~, D-2
- C. ~~A-1~~, B-4, C-2, D-3
- ~~D.~~ A-4, B-1, C-2, D-3

78. A college student complains that she is unable to sleep properly. This is making it hard for her to concentrate on her studies and has led to a fall in her grades. She lies on her bed for at least 8-9 hours but has difficulty falling asleep. She has no history of drug abuse. For how many months should the symptoms persist before you diagnose her with insomnia disorder?

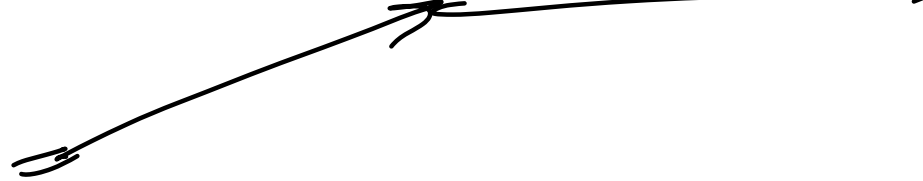
- A. 1 month
- B. 3 months
- C. 4 months
- D. 6 months

≥ 3 nights / wk $\times 3$ mo

79. A 6-year-old girl is brought to the outpatient clinic for a checkup. She reached all developmental milestones until the age of 24 months. Since then, she has become more distant and less socially engaging. Verbal language consists mostly of grunting and loud nonverbal yelling, a severe decline from her toddler years when she could speak in three- to four-word sentences. She has never been completely toilet trained and has difficulty following verbal commands from her caregivers. What is the most likely disorder in this child?

- A. Asperger's syndrome ~~XX~~
- B. Autism ~~XX~~
- C. Childhood disintegrative disorder
- D. Rett's disorder ~~X~~

Heller's Sx



80. As part of a psychiatric evaluation, you ask the patient about what he would do if he suddenly sees a house on fire. What is being assessed here?

A. Social judgment → assess behavior overall

B. Test judgment

C. Response judgment ~~XX~~

D. Pyromaniac tendency ~~XX~~

kd GT



Cerebellum
Get the balance right

Thank you

Best wishes!

