

1. Korsakoff psychosis ?

a) Thiamine deficiency

b) Folate deficiency

c) Niacin deficiency

d) Niacin deficiency

e) None

Correct Answer - A

Ans. is 'a' i.e., Thiamine deficiency

- Alcoholic patients with chronic thiamine deficiency also may have central nervous system (CNS) manifestations known as *Wernicke's encephalopathy*, consisting of horizontal nystagmus, ophthalmoplegia (due to weakness of one or more extraocular muscles), cerebellar ataxia, and mental impairment .
- *When there is an additional loss of memory and a confabulatory psychosis*, the syndrome is known as *Wernicke-Korsakoff syndrome*. Despite the typical clinical picture and history, Wernicke-Korsakoff syndrome is underdiagnosed" (*Harrison 19th/96e-3, 18th/597*)

There are Six Major Symptoms of Korsakoff's Syndrome:

- *Anterograde amnesia: Inability to form new memories*
- *Retrograde amnesia: Severe loss of memories formed before the onset of the condition*
- *Confabulation: That is, invented memories which are then taken as true due to gaps in memory sometimes associated with blackouts*
- *Minimal content in conversation*
- *Lack of insight*
- *Apathy: The patients lose interest in things quickly and generally*

appear indifferent to change.

www.FirstRanker.com

2. True about suicide attempts are all except ?

a) Hopelessness is one of the important predictor

b) Same as parasuicide

c) Increased risk with substance abuse

d) Commonly seen in young male

e) None

Correct Answer - B:D

Ans. is 'b' i.e., same as parasuicide & 'd' i.e., commonly seen in young male

- Feeling of Hopelessness and loneliness are present in most of the suicide attempts.
- Parasuicide is non-suicidal self injury.
- Substance abuse is a risk factor for suicide.
- Suicidal attempts are more common in females (suicides are more common in males).

3. A patient with paranoid schizophrenia talks about 'omnimicro', but he is unable to explain it in detail and reach a conclusion. He often repeats last syllable of one word of last sentence. This can be related to -

a) Circumstantiality

b) Neologism

c) Preservation

d) Knight's movement

e) Logoclonia

Correct Answer - C:E

Ans. is 'c' i.e., Preservation & 'e' i.e., Logoclonia

Ref: Textbook of Marketing Psychiatry p. 319)

Perseveration:

- Continuing with a verbal response which was initially appropriate, However, thereafter there is persistent and inappropriate repetition of the same verbal response. There is out of context repetition of words, phrases, ideas or points even after it has been dealt with exhaustively or the listener has tried to change the subject.
- Perseveration affects speech and it got two forms:

Logoclonia:

- Last syllable of the last word is repeated, eg. I am well today ay ay ay ay

Palilalia:

- Repeated word is perseverate with increasing frequency.

- There is repetition of words and phrases rather than syllable.

www.FirstRanker.com

4. Mania does not include?

- a) Delusion of grandeur
- b) Delusion of guilt
- c) Delusion of persecution
- d) Delusion of reference
- e) Delusion of infidelity

Correct Answer - B:E

Ans. is 'b' i.e., Delusion of guilt & 'e' i.e., Delusion of infidelity

Ref: Niraj Ahuja p. 69-71; Kaplan & Saddock p. 358, 64-71

Symptoms of mania:

- Mania is antipodal to depression and its symptoms are a mirror image of those of depression.
- The classical triad of symptoms includes elated mood, pressure of speech, and increased psychomotor activity.

Important sign and symptoms of mania are : -

- Elevated mood: - Euphoria (mild elevation), Elation, (moderate elevation), Exaltation (severe elevation), Ecstasy (Very severe elevation). Mood may become irritable, if person is stopped from doing what he wants.
- Thought & speech: - Pressure of speech (rapid talk, over-talkative), flight of ideas, delusion of grandeur, delusion of persecution secondary to delusion of grandeur (e.g., person thinks that people are against me because I am so great), delusion of reference, delusion of love (erotomania), Distractibility. There is high self esteem.
- Increased psychomotor activity: - Over activeness, restlessness, increased energy, there is no time for rest.

www.FirstRanker.com

5. Which of the following is NOT associated with antisocial personality?

- a) No feeling of guilt
- b) Unstable and intense interpersonal relationship
- c) No care about feeling of other
- d) Recurrent suicidal threats
- e) Disrupted self image

Correct Answer - B:D

Ans. is 'b' i.e., Unstable and intense interpersonal relationship & 'd' i.e., Recurrent suicidal threats

Ref Niraj Ahuja 6th/e p. 122; Essentials of clinical psychiatry 4th/e p. 878; Namboodiri/e p. 305)

- These two are associated with borderline personality disorder.
- **Antisocial (Dissocial) personality disorder:**
- The essential features of antisocial personality disorder are a disregard for and violation of the rights of the other and the rules of the society.
- It is characterized by repeated violation of the law and rules of the society:
- Patient with antisocial personality disorder may have criminal behaviour, homicide, sexual offences and drug abuse.
- Physical aggressiveness
- Reckless disregard for safety of self or others; Consistent irresponsibility in work and family environment and lack of remorse.
- This disorder is synonymous with previously used terms /like psychopath or sociopath.

- Antisocial personality disorder impairs a person's ability to care about the feelings and needs of others. They may not feel empathy or guilt.

www.FirstRanker.com

6. Which of the following is not a paraphilia?

a) Adultery

b) Masochism

c) Exhibitionism

d) Frotteurism

e) Lesbianism

Correct Answer - A:E

Ans. is 'a' i.e., Adultery & 'e' i.e., Lesbianism

Ref: Parikh fi/e p. 411-12; Reddy 32th/e p. 411; Niraj Ahuja Vh/e p. 124; wikipedia.org

Paraphilias - Old definition

- A paraphilia is a condition in which a person's sexual arousal and gratification depend on fantasizing about and engaging in sexual behavior that is atypical and extreme.
- Thus all sexual perversions and unnatural sexual offences (e.g. homosexuality, bestiality etc.) are paraphilias.
- The DSM-5 acknowledges that many dozens of paraphilias exist, but only has specific listings for eight that are forensically important and relatively common.
- These are voyeuristic disorder, exhibitionistic disorder, frotteuristic disorder, sexual masochism disorder, sexual sadism disorder, pedophilic disorder, fetishistic disorder, and transvestic disorder.
- Homosexual behavior gay & lesbianism is longer considered as "Paraphilias".

7. Most common psychiatric disorder after trauma/ stress?

a) Major depression

b) Mania

c) Schizophrenia

d) PTSD

e) Acute stress disorder

Correct Answer - D:E

Ans. is'd' i.e., PTSD &'e'i.e., Acute stress reaction

[Ref: Niraj Ahuja p. 111-12; Kaplan & Saddock p.437-40]

Stress disorders:

- Stress disorder is the condition marked by the development of symptoms after exposure to traumatic life event.
- The person reacts to this experience with fear and helplessness, persistently relives the event, and tries to avoid being reminded of it.

Stress disorder may be : -

- Post - traumatic stress disorder (PTSD): - Symptoms lasts for more than a month,
- Acute stress disorder: - Symptoms last for less than 4 weeks

8. Which vitamin deficiency causes dementia:

a) Vitamin A

b) Vitamin C

c) Vitamin B12

d) Vitamin B1

e) Nicotinic acid

Correct Answer - C:D:E

Ans. is 'c' i.e., Vitamin B 12, 'd' i.e., Vitamin B 1 & 'e' i.e., Nicotinic acid

Ref: Dementia by Brown and Hillan l't/e p. 57

[https://www.ncbi.nlm.nih.gov/pmc/articles/PMC 3428233 /](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC 3428233/)

- The B-vitamins, including vitamins B12, B6, B1, B2, niacin (B3) and folate (B9), have been implicated as Protective risk factors against cognitive decline and Alzheimer's disease.
- Of all the B-vitamins, vitamin B12, niacin, and thiamine have the most clearly established relations with deterioration in mental state"

9. Defence mechanism in obsessive compulsive disorder is/are:

a) Undoing

b) Conversion

c) Reaction formation

d) Isolation of affect

e) Projection

Correct Answer - A:C:D

Ans. is'a.i.e., Undoing,'c'i.e., Reaction formation &'d'i.e., Isolation of affect

Ref: Niraj Ahuja p. 97, 208-210; Kaplan & Sadock p.161-62

- Important diseases and their defence mechanisms
- **Obsessive compulsive disease:** Reaction Formation. displacement, undoing. isolation of affect. repression inhibition.
- Phobia: - Displacement, inhibition.
- Conversion disorder (Hysteria): - Conversion.
- Persecutory delusions and hallucinations: - Projection.
- Neuroses (neurotic reaction) : - Regression to an earlier state, Failure of repression

10. Beck's cognitive triad of depression includes?

a) Self

b) Future

c) Past experience

d) World & environment

e) Others

Correct Answer - A:B:D

Ans. is 'a' i.e., Self, 'b' i.e., Future & 'd' i.e., World and environment

[Ref: Kaplan & Saddock p.355; various sites internet]

- Beck's cognitive theory of depression (1976)
- Aaron Beck studied people suffering from depression and found that they appraised events in a negative way.
- Beck identified three mechanisms that he thought were responsible for depression:
- The cognitive triad. (of negative automatic thinking)
- Negative self schemas
- Errors in Logic (i.e. faulty information processing)

11. Which of the following is/are not side-effect of lithium:

a) Seizure

b) Hyporeflexia

c) Nephrogenic diabetes insipidus

d) Alopecia

e) Tremor

Correct Answer - B

Ans. B.Hyporeflexia

Ref: Synopsis of psychiatry by Kaplan 6 Sadock 11th/985-88; KDT 7th/449; pharmacology by Satoskar 2ith/225

Lithium:

- Mild toxicity: GI disturbances, drowsiness, muscular weakness, alopecia, allergic reaction, blurred vision, glycosuria, polyuria & weight gain.
- Chronic administration: goiter formation, hypothyroidism & ECG changes
- Embryotoxicity: Li is embryotoxic & increases the risk of Ebstein's anomaly
- Hyper-reflexia

12. True about schizophrenia:

- a) Q-EEG finding is one of diagnostic criteria for schizophrenia
- b) Psychosurgery can be done for some resistant cases
- c) Family history of schizophrenia is poor prognosis
- d) Depression may be found
- e) Onset only after 40 year of age

Correct Answer - B:C:D

Ans. B, Psychosurgery can be done for some resistant cases C, Family history of schizophrenia is poor prognosis & D, Depression may be found

[Ref: Ahuja 7th/54-68; Synopsis of Psychiatry by Kaplan & Sadock 11th/300-32s]

Schizophrenia:

- Equally prevalent in males & females.
- Onset - Before 25 yrs. Peak age - 10 to 20 yrs (males) & 25 to 35 yrs. (Females)
- EEG recording shows decreased alpha activity, increased theta & delta activity.
- Quantitative EEG (qEEG) is the analysis of the digitized EEG, and in lay terms this sometimes is also called 'Brain Mapping'.
- Psychosurgery is not routinely indicated.
- When used, the treatment of choice is limbic leucotomy in some cases with severe & very prominent depression, anxiety or obsessional symptoms

13. Defence mechanism in obsessive-compulsive disorder (OCD) is/are :

a) Undoing

b) Reaction formation

c) Suppression

d) Isolation of affect

e) Projection

Correct Answer - A:B:D

Ans. A,Undoing B,Reaction formation & D,Isolation of affect

Defense Mechanism:

Synopsis of Psychiatry by Kaplan and Sadock 11th/160

- Displacement - Phobia (Especially in children) & OCD.
- Reaction formation
- Undoing
- Inhibition
- Isolation
- Dissociation

14. Beck's cognitive triad of depression includes :

a) Self

b) Future

c) Past experience

d) World and environment

e) Others

Correct Answer - A:B:D

Ans. A,Self B,Future & D,World and environment

- Aaron Beck postulated a cognitive triad of depression.
Consists of,
- Views about the self-a negative self precept.
- About environment-a tendency to experience the world as hostile and demanding.
- About future - expectation of suffering and failure.
Therapy consists of modifying these distortions.
- Cognitive triad :Beliefs about oneself, the world, and the future.

15. Which is not a brain stimulation technique :

- a) Electroconvulsive therapy
- b) Magnetic seizure therapy
- c) Deep brain stimulation
- d) Rapid transcranial magnetic stimulation
- e) Cognitive therapy

Correct Answer - E

Ans. E. Cognitive therapy

Synopsis of Psychiatry by Kaplon and Sadock p1065-81

Brain Stimulation Technique:

- Electrical currents or magnetic fields to alter neuronal firing.
- Transcranial techniques include:**
- Cranial electrical stimulation (CES)
- Electroconvulsive therapy (ECT)
- Transcranial direct current stimulation (IDCS, also direct current polarization)
- Transcranial magnetic stimulation (TMS)
- Magnetic seizure therapy (MST)

Surgical techniques:

- Cortical brain stimulation (CBS).
- Deep brain stimulation (DBS)
- Vagus nerve stimulation (VNS).

16. Feature(s) of delirium tremens is/are:

- a) Most common complication in alcohol withdrawal
- b) Auditory hallucination may occur
- c) Visual hallucination may be present
- d) Predominantly low-voltage fast activity on EEG
- e) Most severe alcohol withdrawal syndrome

Correct Answer - B:C:D:E

Ans. B, Auditory hallucination may occur C, Visual hallucination may be present D, Predominantly low-voltage fast activity on EEG & E, Most severe alcohol withdrawal syndrome

Delirium tremens:

- Predominantly low-voltage fast activity.
- Most severe alcohol withdrawal syndrome.
- Visual (and auditory) hallucinations.
- Classic sign of alcohol withdrawal is tremulousness,

17. Personality type associated with coronary artery disease :

a) A

b) B

c) C

d) D

e) E

Correct Answer - A

Ans. A. A

- Psychosocial factors, including type A personality, anger, hostility, and anxiety, have been implicated in the pathogenesis of cardiovascular disease.

18. Cannabis abuse may be associated with ?

a) Psychosis

b) Schizophrenia

c) Anxiety

d) Flash-back

e) OCD

Correct Answer - A:B:C:D

Ans. (A) Psychosis (B) Schizophrenia (C) Anxiety (D) Flash-back

[Ref Kaplan & Sadock's p.420]

Cannabis intoxication:

- Most common physical effects are red eye (conjunctival injection) and mild tachycardia.
- Increased appetite ("the munchie")
- Dry mouth
- Lightheadedness
- Euphoria
- Sense of floating in air
- Derealization
- Depersonalization
- Synesthesia (stimulation of one sensory modality produces sensation of other modality).

19. Treatment modality(ies) used in mania is/are ?

a) ECT

b) Lamotrigine

c) Mood stabilizer

d) Olanzapine

e) Valproate

Correct Answer - A:C:D:E

Ans. (A) ECT (C) Mood stabilizer (D) Olanzapine (E) Valproate

Treatment of bipolar disorder:

Treatment of acute mania:

1. Lithium
2. Valproate
3. Carbamazepine, Oxcarbazepine
4. Atypical 6 typical antipsychotics: Olanzapine, risperidone, quetiapine, ziprasidone, aripiprazole, Haloperidol, Chlorpromazine.
5. Benzodiazepines

Treatment of acute bipolar depression:

1. Antidepressants with a mood stabilizer - Lamotrigine or ziprasidone.

Maintenance treatment:

1. Lithium (drug of choice)
2. Carbamazepine.
3. Valproate, other drugs which can be used are topiramate, lamotrigine, atypical antipsychotics (aripiprazole, olanzapine, quetiapine, risperidone, Clozapine) and Gabapentin.

Treatment of rapid cycling:

- 1. Valproate is the drug of choice.
- 2. Other drugs used are Carbamazepine, Lithium, lamotrigine.

www.FirstRanker.com

20. True about somatoform disorders and somatization disorder?

- a) There are physical symptoms without physical basis
- b) Somatization disorder is characterized by multiple physical symptoms
- c) Conversion disorder is a somatization disorder
- d) Hypochondriasis is a somatoform disorder
- e) There are pain and GI symptoms in somatization disorders

Correct Answer - A:B:D:E

Ans. (A) There are physical symptoms without physical basis
(B) Somatization disorder is characterized by multiple physical symptoms
(D) Hypochondriasis is a somatoform disorder
(E) There are pain and GI symptoms in somatization disorders
ACCORDING TO DSM -TV CLASSIFICATION:

- Somatoform disorders are characterized by repeated presentation with physical symptoms but without any physical basis.
- Somatoform disorders are: - (i) Somatization disorder, (ii) Conversion disorder, (iii) Hypochondriac, (iv) Body dysmorphic disorder (v) Somatization pain disorder.

Somatization disorder:

- Multiple recurrent somatic symptoms of long duration caused by psychological basis and no physical illness.

Diagnostic criteria:

- Four pain symptoms - Pain in Head (headache), abdomen, back, joint, extremities,
- chest, rectum, during menstruation or sexual intercourse or

urination.

- Two gastrointestinal symptoms - Nausea, bloating, vomiting, diarrhea.
- One sexual symptom - Erectile dysfunction (Impotence), ejaculatory dysfunction.
- One pseudoneurological symptom - Mainly glove & stocking anesthesia, Paresthesia,

SOMATIC SYMPTOMS & RELATED DISORDERS (DSM-V):

- DSM-5 has replaced somatoform disorders (of DSM-IV) with somatic symptoms and related disorders.

Important disorders in this group are :-

1. Somatic symptom disorder (complex somatic symptom disorder)
2. Illness anxiety disorder
3. Conversion disorder (functional neurological disorder)
4. Factitious disorders
5. Other specified somatic symptoms & related disorders (e.g' Pseudocyesis)

Note: Body dysmorphic disorder is replaced along with OCD & related disorder,

21. Legal psychiatric conditions is/are ?

a) Mania

b) Delirium

c) OCD

d) Delusion

e) Phobia

Correct Answer - A:B:C:D:E

Ans. (A) Mania (B) Delirium (C) OCD (D) Delusion (E) Phobia

- The legal term 'mentally ill person' as used in Mental Health Act 1987 (of India), means a person who is in need of treatment by reason of any mental disorder other than mental retardation.
- **Psychoses**
 - a) Organic Psychoses**
 - 1. Dementia
 - 2. Drug induced psychosis : Alcohol, Heroin, Cannabis, LSD, Cocaine.
 - 3. Confusional states and psychosis following epilepsy, pregnancy and childbirth, and trauma.
 - 1. Delirium
 - b) Functional psychoses**
 - 1. Schizophrenia
 - 2. Paranoid states : Delusions
 - 3. Affective disorders (Mania; depression)
 - B) Neurotic disorders**
 - 1. Anxiety neurosis
 - 2. Phobia
 - 3. Hysteria
 - 1. OCD

C) Various organic disorders

www.FirstRanker.com

22. Feature(s) of catatonic schizophrenia ?

a) Waxy flexibility

b) Automatic obedience

c) Somatic passivity

d) Rigidity

e) Mutism

Correct Answer - A:B:C:D:E

Ans. (A) Waxy flexibility (B) Automatic obedience (C) Somatic passivity (D) Rigidity (E) Mutism

[Ref: Neeraj Ahuja e p. 63; Essentials of clinical psychiatry 4th/e p. 635]

Features of catatonic schizophrenia may be :-

1) Excited catatonia:

- Characterized by increased psychomotor activity, i.e. restlessness, agitation, excitement, aggressiveness, violence. The impulsive activity occurs in response to hallucinations and delusions.

2) Stuporous (retarded catatonia) :

- Characterized by extreme retardation of psychomotor activity. It includes mutism, rigidity, negativism, posturing, stupor, echolalia, echopraxia, catalepsy (waxy flexibility), ambitendency, gegenhalten, stereotypes, stupor, mannerism, Grimacing, automatic obedience.

23. True about Alzheimer's disease?

a) Early involvement of short term memory

b) Late involvement of long term memory

c) Agnosia

d) Clouding of consciousness

e) Depression

Correct Answer - A:B:C:E

Ans. (A) Early involvement of short term memory (B) Late involvement of long term memory (C) Agnosia (E) Depression

[Ref: Kaplan 6 Saddock's 10th/e p. 331]

- Alzheimer's disease usually presents in 5th or 6th decade.
- Gradually progressive disease.

Features:

Memory impairment:

1. Gradual development of forgetfulness is the major symptom.
2. Initially short term memory (memory for recent events and learning new information) is involved.
3. Long term memory is involved late.
4. Episodic type declarative memory is affected mostly.
5. No impairment in consciousness.

Associated disturbance -

- Disorientation, aphasia, apraxia, agnosia (anosognosia, prosopagnosia) acalculia, lexical anomia, judgement impairment.

Psychiatric symptoms:

- Visual hallucination, Depression and anxiety.

24. Maximum score in mini mental status examination is -

a) 10

b) 15

c) 20

d) 25

e) 30

Correct Answer - E

Ans. E. 30

[Ref: Kaplan and Sadock p. 2537]

- The mini-mental status examination offers a quick and simple way to quantify cognitive function and screen for cognitive impairment.
- It helps to confirm the presence of cognitive impairment and to follow the progression of dementia.
- It tests individual's orientation, attention, calculation, recall, language, and motor skills. Each section of the test involves a related series of questions or commands.
- **The individual receives one point for each correct answer. The individual can receive a maximum score of 30 points, i.e., MMSE is 30 point programme to evaluate cognitive function.**

25. True about generalized anxiety disorder ?

- a) Insomnia
- b) Clear history of past traumatic event
- c) Excessive anxiety and worry
- d) Benzodiazepines is drugs of choice
- e) None

Correct Answer - A:C:D

**Ans. (A) Insomnia (C) Excessive anxiety and worry
(D) Benzodiazepines is drugs of choice**

[Ref: Niraj Ahuja p. 90-91; Kaplan and Sadock 11'h/e p. 409]

Generalized anxiety disorder:

- Characterized by excessive anxiety and worry which are persistent & generalized and not restricted to any specific situation or object.
- Excessive anxiety worry occur for at least 6 months.

Worry is difficult to control and is associated with at least three symptoms from the following:

- Selflessness or feeling keyed up
- Difficulty concentrating
- Muscle tension
- Easily fatigued
- Irritability
- Sleep disturbance
- Anxiety and worry cause significant distress and impairment in social, occupational, or other daily functioning.

Treatment:

- Benzodiazepine - Drug of choice.

26. Essential criteria for major depression are all except -

a) Delusion of grandeur

b) Loss of pleasure

c) Insomnia

d) Hypersomnia

e) Anorexia

Correct Answer - A

Ans. A. Delusion of grandeur

[Ref Niraj Ahaia p. 71-72; Keplarn and Sadsck p. 357]

Diagnostic criteria for major depression

- 5 or more of the following symptoms should be present most of the day for at least 2 weeks: -
- Depressed mood
- Loss of interest or pleasure in all activities.
- Decrease/increase appetite or loss/gain of weight.
- Insomnia or hypersomnia (Increased or decreased sleep).
- Psychomotor retardation or agitation (decreased or increased psychomotor activity).
- Fatigue or loss of energy (weakness or lethargy).
- Feelings of worthlessness or excessive guilt.
- Diminished concentration
- Recurrent thoughts of death or recurrent suicidal ideation or suicidal attempt.

27. True match of EEG pattern in sleep EEG -

- a) K-complex is seen in stage I of NREM sleep
- b) Waking state show alpha wave
- c) Alpha-wave occur in onset of sleep
- d) Theta wave is the predominant wave in stage I of NREM sleep
- e) Stage III-NREM sleep shows high amplitude slow waves

Correct Answer - B:D:E

Ans. (B) Waking state show alpha wave (D) Theta wave is the predominant wave in stage I of NREM sleep (E) Stage III-NREM sleep shows high amplitude slow waves

[Ref Niraj Ahaja p. 132-34; Kaplan & Sedaock p. 534]

- Full awake and alert state = Beta rhythm
- Awake, eyes closed and mind wandering but with less attentiveness = Alpha - rhythm
- Stage 1 NREM = Theta rhythm
- Stage 2 NREM = Sleep spindles, K complex
- Stage 3 & 4 NREM (Deep sleep) = Delta rhythm
- REM sleep = Beta rhythm and sometimes also reappearance of alpha rhythm-.

28. Naltrexone is/are used for -

a) Alcohol dependence

b) Opioid dependence

c) Cocaine dependence

d) Cannabis toxicity

e) None

Correct Answer - A:B:C

**Ans. (A) Alcohol dependence (B) Opioid dependence
(C) Cocaine dependence**

[Ref: Katzung p. 56-t; Nirui Ahuia 7h/e p. 42, 44, 132; Pharmacology by Satoskar p. 165]

Naltrexone:

- Antagonist on all opioid receptors)
- More potent than naloxone.
- Given orally.
- Used as a maintenance drug for opioid addicts - opioid blockade therapy of postaddict.
- Used to decrease craving in chronic alcoholism.

29. Which of the following is/are feature(s) of nicotine withdrawal -

a) Weight loss

b) Irritability

c) Impaired concentration

d) Anxiety

e) Insomnia

Correct Answer - B:C:D:E

Ans. (B) Irritability (C) Impaired concentration (D) Anxiety (E) Insomnia

Diagnostic criteria of nicotine withdrawal:

- Four or more of the following signs should be there within 24 hours of withdrawal
- Dysphoria or depressed mood
- Anxiety
- Decreased heart rate (bradycardia)
- Insomnia
- Difficulty concentrating
- Increased aPPetite or weight gain
- Irritability, frustration or anger
- Restlessness.

30. Neologism is characteristic of :

a) OCD

b) Mania

c) Bipolar disorder

d) Schizophrenia

e) Autism

Correct Answer - D

Ans. D. Schizophrenia

Neologisms:

- Refers to a new word or condensed combination of several words that is not a true word & is not readily understandable, although sometimes the intended meaning or partial meaning may be apparent.
- Feature of schizophrenia (thought & speech disorder)

31. Good prognosis in schizophrenia is/are seen in:

a) Negative symptoms

b) Early onset

c) Acute onset

d) Family history of schizophrenia

e) Insidious onset

Correct Answer - C

Ans. C. Acute onset

[Ref Neeraj Ahuja 7th/62; Kaplan & Sadock Synopsis of psychiatry 11th/ 318]

Good Prognosis in Schizophrenia:

- Late onset (Onset >35 yr)
- Short duration (<6months)
- Obvious precipitating factors
- Acute onset/ Abrupt onset
- Good premorbid social, sexual and work histories
- Mood disorder symptoms
- (especially depressive disorders)
- Married
- Family history of mood disorders
- Good social support systems

Positive symptoms:

- Presence of precipitating stressor
- Catatonic subtype(paranoid- intermediate prognosis)
- First episode

- Pyknic (fat) body
- Female sex
- Presence of confusion, perplexity or disorientation in the acute phase
- Normal cranial CT
- Outpatient treatment - Proper treatment & good response to treatment

www.FirstRanker.com

32. True about Alprazolam:

a) Antidepressant

b) Antipsychotic

c) Anti-anxiety

d) Hypnotic

e) Benzodiazepine

Correct Answer - C:D:E

Ans. (C) Anti-anxiety (D) Hypnotic (E) Benzodiazepine

[Ref Neeraj Ahuja 7th/IJL; KDT 7th/465; Kaplan & Sailock\ Synopsis of Psychiatry I 1th/949]

Alprazolam:

- Antianxiety Drug
- Hypnotic
- Anticonvulsant

33. Feature (s) of Delusion:

a) Shakeable

b) True belief

c) False belief

d) Bizarre

e) Non-bizarre

Correct Answer - C:D:E

Ans. (C) False belief (D) Bizarre (E) Non-bizarre

[Ref' Neeraj Ahuja 7th/83-84; Kaplan & Sadock\ Synopsis of Psychiatry 11th/ 202,330-351]

Delusion:

- False unbelievable beliefs (false fixed beliefs not in keeping with the culture).
- Diagnosis of delusional disorder is made when a person exhibit Non Bizarre delusions of at least 1 month duration that cannot be attributed to other psychiatric disorders.

34. Exposure & response prevention technique is/are used in:

a) Schizophrenia

b) OCD

c) Phobia

d) Mania

e) Depression

Correct Answer - B:C

Ans. (B) OCD (C) Phobia

[Ref Ahuja 7th/94,214-15,80; Kaplan & Sadock 11th/42s, 1266-67]

In OCD:

- The principal behavioral approaches in OCD are exposure and response prevention. Desensitization, thought stopping, flooding, implosion therapy, and aversive conditioning have also been used in patients with OCD.
- In behavior therapy, patients must be truly committed to improvement.

In Phobia:

- If properly planned, behavior therapy (flooding, systematic desensitization; exposure & response prevention (relaxation technique) is usually successful.

35. Most common disorder (s) after trauma is:

a) Major depression

b) Mania

c) Schizophrenia

d) PTSD

e) Acute stress reaction

Correct Answer - D:E

Ans. (D) PTSD (E) Acute stress reaction

[Ref: Ahuja 7th/1 1 1-12; Kaplan 6 Sadock 11th/437-40,449]

Posttraumatic stress disorder (PTSD):

- Starts as a delayed & protracted response to an exceptionally stressful or catastrophic life event or situation, which is likely to cause pervasive distress in almost any person (e.g disasters, war, rape or torture, serious accident).
- Symptoms may develop, after a period of latency, within six months after the stress or may be delayed beyond this period.

Acute stress reaction:

- Immediate & clear temporal relationship b/w an exceptional stressor (such as death of a loved one, natural catastrophe, accident, rape) & the onset of symptoms.
- Symptoms range from a dazed condition, anxiety, depression, anger, despair, overactivity or withdrawal constriction of field of consciousness.
- Resolve rapidly (within a few hours usually), if removal from the stressful environment is possible.
- If stress continues or cannot be reversed, resolution of symptoms begin after 1-2 days & is usually minimal after about 3 days.

www.FirstRanker.com

36. A woman has mild depression after few days of delivery & disappeared after 2 week in postpartum period. It may be due to:

a) Post-partum blue

b) Mania

c) Post-partum depression

d) Mild depression

e) Postpartum psychosis

Correct Answer - A

Ans. (A) Post-partum blue

- Normally around 25-50% of all women can develop psychological symptoms in the puerperal period.
- Commonest type of presentation is mild depression & irritability, often known as postnatal blues.
- Pass off within a few days.
- Severe psychiatric symptoms included depressive episode with psychotic symptoms (most common), schizophrenia like symptoms, manic episode & delirium (least common).

37. Feature (s) of Schizophrenia is/are:

- a) 1st rank symptom is helpful in making diagnosis
- b) Depression may be present
- c) Brain ventricle enlargement may be present
- d) Onset occur only after age of 40 yr
- e) Usually onset occur later in women as compared to men

Correct Answer - A:B:C:E

**Ans. (A) 1st rank symptom is helpful in making diagnosis
(B) Depression may be present (C) Brain ventricle enlargement may be present (E) Usually onset occur later in women as compared to men**

Schizophrenia:

Two common affective symptom:

- Reduced emotional responsiveness (warrant the label of anhedonia, and overly active and inappropriate emotions such as extremes of rage, happiness, and anxiety).
- Other feeling tones include perplexity, a sense of isolation, overwhelming ambivalence & depression.

Onset:

- Usually later in women & often runs a more benign course. (Compared to men).

CNS involvement:

- Computed tomography (CT) scans of patients with schizophrenia have consistently shown lateral and thiril ventricular enlargement and, some reduction in cortical volume.

Diagnosis:

- Schneider's first rank symptoms of schizophrenia though not specific

but of great help in making diagnosis & have significantly influenced the diagnostic criteria & classification of schizophrenia.

www.FirstRanker.com

38. Which of following is perception disorder:

a) Delusion

b) Hallucination

c) Obsession

d) Depersonalization

e) Illusion

Correct Answer - B:C

Ans. (B) Hallucination (C) Obsession

[Ref Niraj Ahuja 6th/14, 17; Kaplan & Sailock 11th/233, 281]

Perception:

- Process of being aware of a sensory experience & being able to recognize it by comparing it with previous experiences.
- Perception disorders are-hallucinations, illusions & misinterpretations; depersonalization/derealization; somatic passivity phenomenon; autoscopia; abnormal vestibular sensations etc.

39. Which of the following modality is/are not included in behaviour therapy:

a) Role playing

b) Scheduling activities

c) Graded task assignment

d) Identifying maladaptive assumptions

e) None

Correct Answer - D

Ans. D. Identifying maladaptive assumptions

[Ref Nkaj Ahuja 6th/85, 228-30; IGplan & Saddok:s Synopsis of Psychiatry 10th/95 3-959]

Behavioral Techniques:

- This includes the various short-term modalities like social skills training problem solving techniques, assertiveness training, self-control therapy, activity scheduling & decision-making techniques.
- Among the behavioral techniques in cognitive therapy are scheduling activities, mastery and pleasure, graded task assignments, cognitive rehearsal, self-reliance training, role-playing, and diversion techniques.

40. Diazepam can be used for:

- a) Agitation in emergency room
- b) Long term treatment of epilepsy
- c) Status epilepticus
- d) Convulsion in tetanus
- e) None

Correct Answer - A:C:D

**Ans. (A) Agitation in emergency room (C) Status epilepticus
(D) Convulsion in tetanus**

[Ref. KDT 7th/a0a-05; Niraj Ahuja 6th/209; Kaplan 6 Saddok!
Synopsis of Psychiatry 10th/1018-20]

Uses of Diazepam:

- First line drug for emergency control of convulsions e.g., status epilepticus, tetanus, eclampsia, convulsant drug poisoning.
- Narco analysis or abreaction.
- Antipsychotic induced akathisia
- Treatment of alcohol withdrawal & other drug withdrawal syndrome
- Nightmares (diazepam also reduces the REM sleep duration)
- Insomnia.
- Stage 4 NREM sleep disorders like enuresis, somnambulism (diazepam reduces duration of stage 4 NREM sleep).
- Agitated depression

41. Benzodiazepines used in seizure treatment:

a) Lorazepam

b) Tenezepam

c) Alprazolam

d) Clobazam

e) Midazolam

Correct Answer - A:D

Ans. (A) Lorazepam (D) Clobazam

[Ref KDT 7th/398]

- Antiepileptic Benzodiazepines: Clonazepam, diazepam, Lorazepam dt clobazam.
- Febrile seizure Oral diazepam, midazolam & clobazam are effective prophylactics (Intermittent).

42. Which of the following is true regarding catatonia

- a) Prominent sensory symptom
- b) Prominent motor symptom
- c) ECT is TOC for life threatening catatonia
- d) May be associated with CNS disease
- e) None

Correct Answer - B:C:D

Ans. B, Prominent motor symptom C, ECT is TOC for life threatening catatonia & D, May be associated with CNS disease

[Ref: Kaplan 6 Sadock\ 1 lth/292, 343-46, 1068; Ahuja 7th/57-s9, 225 5th/60-61, 1423; New Oxford Textbook of Psychiatry 1st/167; Harrison 19th/1771, 17th/147]

Catatonia:

- Catatonia was first described by Kahlbaum, who described a syndrome with prominent motor & behavioral symptoms.
- Characterized by motor abnormalities such as catalepsy, mutism, posturing & negativism.
- It can be associated with another mental disorder (e.g., schizophrenia or bipolar disorder) or due to another medical condition (e.g., neoplasm, head trauma, hepatic encephalopathy)
- ECT is appropriate for catatonia due to a general medical condition, especially if the catatonia is life threatening (e.g., inability to eat) or has developed into lethal (malignant) catatonia.

43. All are true about narcolepsy except:

- a) Day dreaming
- b) Hypnagogic hallucinations
- c) Cataplexy
- d) Sudden sleep
- e) Decreased REM latency

Correct Answer - A

Ans. (A) Day dreaming

[Ref Neeraj Ahuja 7th/ 118-39; Kaplan & Sackels Textbook of psychiatry 11th/547-50; Harrison 19th/189, 20th/172- ZB; CMDT 2016/1072]

Narcolepsy:

- Disorder characterized by excessive daytime sleepiness often disturbed night time sleep and disturbances in REM sleep.
- Hallmark of this disorder is decreased REM latency, i.e. decreased latent period before the first REM period occurs.
- Normal REM latency is 90- 100 minutes, in narcolepsy, REM sleep occurs within 10 minutes of the onset of sleep.

Classical tetrad of symptoms:

- Sleep attacks (MC)
- Cataplexy
- Hallucinations at sleep onset (Hypnagogic) and upon waking (Hypnopompic)
- Sleep paralysis.

44. Which of the following is true about OCD:

a) Anxiety

b) Compulsion

c) Hallucination

d) Obsession

e) Egoalien

Correct Answer - A:B:D:E

Ans. A, Anxiety B, Compulsion D, Obsession & E, Egoalien

[Ref Ahuja 7th/9s-98]

Obsessive Compulsive Disorder (OCD):

- Represented by a diverse group of symptoms that include intrusive thoughts, rituals, preoccupations, and compulsions.
- Washer is commonest type
- Persons with OCD are commonly affected by other mental disorders.
- The obsessions or compulsions are time-consuming and interfere significantly with the person's normal routine, occupational functioning, usual social activities, or relationships.
- A patient with OCD may have an obsession, compulsion, or both.

Features:

- Ego Alien
- Isolation effect
- Undoing.
- Repetitive behaviour.
- But is unable & results in irresistible.

45. Features of Mania includes:

a) Cheerfulness

b) Anhedonia

c) Catatonia

d) Delusion of grandeur

e) Negative thinking

Correct Answer - A:D

Ans. (A) Cheerfulness (D) Delusion of grandeur

[Ref Kaplan & Sadock's Textbook of Psychiatry 11th/358, 364; Ahuja 7th/69-71,12]

Manic Episode:

- Anhedonia (inability to experience Pleasure) may occur in both schizophrenia & depression.
- Elevated mood can pass through 4 stages, depending on the severity of manic episode-euphoria (mild elevation), elation (moderate elevation), emulation (severe elevation) & ecstasy (very severe elevation).
- Person is more talkative than usual.
- Increased psychomotor activity.
- Delusions (or ideas) of grandeur (grandiosity), with markedly inflated self-esteem.
- Delusion of persecution may sometimes develop secondary to delusion of grandeur.