Father of psychiatry - Fraud
Mental health act → 1987
Narcotics and psychotropics substance act → 1985

MSE (Mental state examination):
  o Affect (Mood state)
    • Range of effect-
      • Emotions displayed on face
      • Restricted in schizophrenia (blunting of affect)
    • Lability - sudden change of mood state from one to another
      • Mania
      • Histrionic personality
  o Attitudes
  o Activity levels

Emotions are manged by *limbic system* but the master is *frontal lobe* .......

Neurexin is responsible for synaptic transmission. It is implicated in autism.

Disorders of perception-
  o Illusion- Sensory distortions
    o Hallucination- No stimulus; Clear, vivid, 3D; Insight is absent; No voluntary control; Objective space*
      • Auditory hallucination → Psychiatric disorder (typical of schizophrenia, may also be seen in depression)
      • Visual hallucination → Organic disorder
      • Olfactory hallucination → Temporal lobe epilepsy
    o Pseudo-hallucination-
      • Insight is present
      • May be in a subjective space
  o Imagery-
    • Not clear
    • Not 3D
    • Subjective space
    • Voluntarily controlled

Thought-
  o Flow
  o Form-
    • Flight of ideas (Prolixity): Two thoughts are joined by superficial association → Mania
    • Loosening of association
    • Word salad → Only words
    • Neologism → Coining new words or using old words in unique way → schizophrenia (most characteristic sign)
    • Circumstantiality → Unnecessary boring details
    • Tangentiality- Patient gives unnecessary details but substance of idea is not communicated.
  o Content- Delusion (Grandiose, Persecution, Reference)

Named delusions-
  o Capgras- Delusion of double
  o Othello- Delusion of infidelity or morbid jealousy (mostly in males)
  o Cotard- Nihilism
  o Declarambault (Erotomania)- delusion of love (Only females)
**Couvade** - Delusion of being pregnant in male partner when female partner is pregnant

**Abstract thinking** - Think in conceptual manner (not present in psychiatric patients)
- Testing done by-
  - Similarity thinking
  - Proverb testing
- For example: Difference between car and bike-
  - Tyres → Concrete thinking
  - Petrol → Semi-abstract (kuchh to dimag lagaya)
  - Modes of transport → Abstract thinking

**IQ** = MA/CA x 100 (upto 15 yrs). When > 15 yrs IQ = MA/15 x 100
- **MA** = Mental age
- **CA** = Conventional age

**Memory**-
- **Immediate** → Last 5-10 min
- **Recent (short term memory)** → 48-72 hrs
  - Loss occurs in ECT, Head injury, Amnestic disorder, Korsakoff psychosis
  - Both immediate and recent memories are converted to long term memories at **Hippocampus**.
- **Remote (long term memory)** → neocortex (Predominantly formed by frontal lobe)

**Head injury** - Memory of prognostic importance--> **Anterograde amnesia**
**ECT** is given like → 10 pm → 10 am → 6 pm ---

**Dementia**-
- Loss of memory
- Loss of intelligence
- Loss of personality
- Loss of learned ability
- **MMSE** (Mini Mental State Examination)-
  - <24 → Dementia
  - Cut off → 24
  - Max → 30

**Pseudodementia** → most common cause → depression

**ADHD** → If not treated it may develop → Antisocial personality disorder, Mania

**Somatoform disorders** - Medical people cant find the cause
- **Somatization disorders**-
  - Somatic symptoms like diarrhea, pain etc are produced as a result of inner psychiatric conflicts
  - Multiple somatic disorders 6+1(neurology) in atleast 4 systems of body for 2 years. Multiple systems are involved. Classically presents with 4 pain Sx, 2 GIT symptoms, 1 sexual symptom and 1 pseudoneurological sx(like pseudoseizure etc.).
  - Doctor shopping, multiple investigations for diagnosis
- **Hypochondriasis**-
  - Minimal physical symptoms are taken as a sign of deadly disease
  - Doctor shopping, multiple investigations to confirm diagnosis
- Body dismorphic disorder- Delusional* disorder.
- **Factitious disorder** (Manchausen’s syndrome):
- Fakeful and willing production of medical illness for getting medical attention.
- People with this condition may produce symptoms by contaminating urine samples, taking hallucinogens, injecting themselves with bacteria to produce infections, and other such similar behaviour.
- Manchausen's syndrome by proxy- Mimicking illness of others (usually child by mother)

- Malingering- Fake production of medical illness for some gain
- Conversion = Hysteria = Dissociative disorder : (Ahuja-101)
  - Stressor present
  - Symptoms are not intentionally produced (difference with malingerers)
  - Typically present as an INTENSE symptom (like dyspnea, inability to move a limb etc.) and there is only 1 predominant symptom. Not multiple symptoms
  - Mental conflicts (Conscious, preconscious, Unconscious) converted into-
    - Pseudo seizure
    - Aphonia
    - Blindness
    - Paralysis

**19. After witnessing a violent argument between her parents,a young woman develops sudden blindness, but does not appear as distraught as would be expected by this development.Her pupils react normally to light,and she manages to somehow avoid obstacles while walking .Her parents ,who are in middle of bitter divorce ,put aside their differences to focus on their daughter illness. What is the most likely diagnosis**

1. Factitious disorder
2. Malingering
3. Somatization disorder
4. Conversion disorder----------ans

- Gain (also in factitious disorder and malingering)
  - Primary gain- Relief from unconscious anxiety
  - Secondary gain- Some benefits

- Somatoform pain disorder- There is preoccupation with pain. Association with some precipitating stress may be present. Multiple symptoms is not a feature. Somatoform pain disorder is pain that is severe enough to disrupt a person's everyday life. The pain is like that of a physical disorder, but no physical cause is found. The pain is thought to be due to psychological problems. The pain that people with this disorder feel is real. It is not created or faked on purpose (malingering).

**Generalised anxiety disorder- Generalized anxiety disorder (GAD)** is an anxiety disorder that is characterized by excessive, uncontrollable and often irrational worry about everyday things that is disproportionate to the actual source of worry. This excessive worry often interferes with daily functioning, as individuals suffering GAD typically anticipate disaster, and are overly concerned about everyday matters such as health issues, money, death, family problems, friend problems, relationship problems or work difficulties. They often exhibit a variety of physical symptoms, including fatigue, fidgeting, headaches, nausea, numbness in hands and feet, muscle tension, muscle aches, difficulty swallowing, bouts of difficulty breathing, difficulty concentrating, trembling, twitching, irritability, agitation, sweating, restlessness, insomnia, hot flashes, and rashes and inability to fully control the anxiety. These symptoms must be consistent and on-going, persisting at least 6 months, for a formal diagnosis of GAD to be introduced. Generalised anxiety disorder is estimated to occur in 5% of the general population. Women are generally more affected than men.

**ECT is treatment of first choice in**
- Catatonia
- Depression with psychiatric symptoms
- Severe depression
- Attempting suicide

**Alexithymia- unable to express emotion**
Anhedonia- Inability to feel pleasure

Anxiety when disabling leads to anxiety disorders-
  - Acute anxiety attack- TOC- Benzodiazepine
  - Generalised anxiety disorder(6 mths)- TOC- SSRI
  - Panic attack- Sudden severe spontaneous attack of anxiety building up in 10 min lasting for half hour with a feeling of impending doom. TOC- BZDs
  - Panic disorder- 4 panic attack/mth. TOC- SSRI

Phobia: TOC- Behavior therapy; DOC- SSRI. Types-
  - Social- Fear of negative evaluation. Anxious avoidant personality disorder
  - Specific
  - Agoraphobia- Fear of places from where easy escape is not possible
    - Open
    - Close- Claustrophobia

Behaviour therapy-
  - Graded exposure- Relaxation training not involved
  - Systematic desensitisation → Deep relaxation → Imagination → Anxiety → Increased relaxation
  - Flooding- done for phobia

Right sided brain lesion- Mania
Left sided brain lesion- Depression

OCD- Repetitive thought comes to one's mind. Identified as ones own and senseless. Tries to resist but unable to do so.

Personality disorders- Personalities have roots from very beginning and recognizable by adolescence
  - Cluster A-
    - Schizoid
    - Paranoid- unduly suspicious, keeping grudges for long, complaining
    - Schizotypal- magical thinking (though it is normal till 11 yrs of age)
  - Cluster B-
    - Narcistic- big about themselves
    - Antisocial
    - Histrionic- centre of attraction
    - Borderline personality disorder*-
      - Emotionally unstable PD
      - unclear self image and goal
      - Intense but shallow emotion
      - Multiple partners
      - Black and white
      - Poor coping skills and low frustrating tolerance
      - Suicidal threats/attempts
      - Multiple substance abuse
  - Ankineric personality disorder (OCPD- Obsessive Compulsive Personality Disorder)
    - No risk of developing OCD
    - But high risk of developing depression
    - Punctual
    - Perfect
    - Systematic
    - Rigid
    - Rules and regulations
    - Thorough
Lithium has proven effective when added to an antidepressant in the treatment of refractory depression.

The combination of two SSRIs or of an MAO Inhibitor with SSRI is not recommended due to risk of precipitating a serotonin syndrome (a life threatening condition with an aggregation of symptoms resulting from elevated levels of serotonin, usually due to ingestion of two or more drugs (MAOIs, SSRIs) that interfere with serotonin metabolism at different points. Symptoms may include agitation, confusion, diaphoresis, diarrhea, fever, shivering, tremor, myoclonus, rigidity, trismus, opisthotonos, seizures, drowsiness, hallucinations, and coma. Autonomic signs include abdominal pain, diarrhea, flushing, hypertension, mydriasis, salivation, tachycardia, and tachypnea. Hyperthermia is common. More advanced cases may include patients suffering DIC, rhabdomyolysis, renal failure, respiratory failure, and ARDS. (KDT-439)

Autoscopic Psychosis*- The characteristic symptom is a visual hallucination of all or part of the person's own body. The hallucinatory perception, which is called a phantom, is usually colorless and transparent.

Cognitive theory of depression was given by → Beck

Lactate provocation test can detect patients with panic disorder.

Hallucinogens(Psychomimetics, Psychedelics, Psychotogens) are drugs which alter mood, behavior, thought and perception in a manner similar to that seen in psychosis. These are as-

- LSD
- Psilocybin
- Harmine
- Bufotenin
- Mescaline (Phenyl alkyl amines)
- Phencyclidine
- Lysergic acid amide

Cocaine is not a hallucinogen. It is a good surface anesthetic. It should never be injected, it is protoplasmic poison and cause tissue necrosis. It is a drug of abuse with tactile hallucinogens and might lead to psychosis. Freebashing* and snorting are seen in: Cocaine addiction

Operant conditioning behaviour for decreasing behaviour:

- Time-out
- Punishment
- Satiation- undesired response is positively reinforced so that tiring occurs

Operant conditioning behaviour for increasing behaviour:

- Positive reinforcement
- Negative
- Modelling

Smoking & chewing tobacco and alcohol are licit (legal) drugs in most states in India. All other drugs are illicit (illegal), hence possession, use, etc. are punishable offences.

<table>
<thead>
<tr>
<th>Disorder</th>
<th>neurotransmitter changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety</td>
<td>decreased GABA, Increased NE, decreased serotonin</td>
</tr>
<tr>
<td>Depression*</td>
<td>decreased NE, serotonin, Dopamine</td>
</tr>
<tr>
<td>Schizophrenia*</td>
<td>Increased dopamine, serotonin, NE</td>
</tr>
<tr>
<td>Alzheimer’s disease*</td>
<td>Hypoactive Ach and NE</td>
</tr>
<tr>
<td>Parkinson’s disease*</td>
<td>Decreased dopamine</td>
</tr>
</tbody>
</table>

Q. A 31yr old man complaints of a 6 months history of malaise, fatigue, depressive rumination, sleep disturbances and weight loss. He also complaints of difficulty in concentrating on tasks. He admits to occasional intravenous opioid abuse. Psychological testing reveals mild cognitive deficits. Which of the following is the most appropriate next step for management of this patient-
1. Initiate imipramine
2. Initiate drug dependence treatment
3. Obtain a blood specimen for HIV screening
4. Obtain urine specimen for screening of opioids

Answer: IV drug abuse poses significant risk for HIV infection, Which can present with mental symptoms especially mood disturbances and cognitive deficits. Drug rehabilitation may be indicated later, but the initial steps for management of this case should be for diagnostic purposes

1. A 42 year old man comes to you the C/O that “the men are following me” & C/O of hearing a voice telling him to hurt others. He tells you that the news anchorman gives him some special messages about the state of world every night through the TV. This last belief is an example of which psychiatric findings-
   1. A Grandiose delusion
   2. Illusion
   3. Loose association
   4. Idea of reference--------------ans

3. A schizophrenic patient says that he sees someone standing behind him when he is looking straight ahead oe he hears voice talking in Bombay when he knows that he is in Delhi. He is having:
   1. Functional hallucination
   2. Extracampine H. -------------------------ans
   3. Reflex hallucination
   4. Visual/Auditory hallucination

4. A person when asked what are similarity between chair and table, he says that both have four legs. This is
   1. Concrete thinking -------------------ans
   2. Abstract thinking
   3. Neologism
   4. None

5. A female of lower socioeconomic status believes that film actor salman khan is in love with her. Whenever she watches his movie, she feels that he is inclined towards her and keep sending love messages. The diagnosis is-
   1. De Clerambault syndrome -----------------ans
   2. Othello syndrome
   3. Erotic behaviour
   4. Megalomania

6. Emotions are controlled by-
   1. Limbic system
   2. Frontal lobe---------------------ans
   3. Temporal lobe
   4. Occipital lobe

7. You are called to see a 75 year old woman who underwent a hip replacement 2 days before. On examination, the resident notes that patient states that today’s date is 1956, and she thinks that she is staying in a hotel. These impairments illustrate which aspect of the mental status examination-
   1. Concentration
   2. Memory
   3. Thought process
   4. Orientation--------------------------ans

8. A projective test in which pictures are shown to help the patient to discuss his fantasies and fears-
   1. Rorschach test
   2. MMPI
   3. Thematic apperception test------------------------ans
   4. Wechsler adult intelligence scale
9. During a psychoeducational evaluation, a school psychologist shows 10 year girl a series of cards. With ambiguous pictures on them and asks her to make up her own stories about what is happening in each other. Which test is described above-
   1. Trail making test
   2. California verbal test
   3. Thematic apperception test (TAT)-------------------ans
   4. Vineland Adaptive Behaviour Scales

11. Commonest type of organic hallucinosis is
   1. Auditory
   2. Visual-------------------ans
   3. Gustatory
   4. Tactile

12. Which statement regarding delusions is true-
   1. They are almost exclusively found in schizophrenia
   2. Grandiose delusions are rarely encountered except in mains
   3. They involve a disturbance of thought content-------------------------ans
   4. They involve a disturbance in perception

13. Lithium toxicity is characterized except-
   1. Hyperreflexia, convulsions
   2. Nystagmus, Nephrotoxicity
   3. Confusion, coma
   4. Fine tremors-------------------------------ans(coarse)

15. A patient presented with short lasting episodic behavioural change which include agitation & dream like state with thrashing movements of his limbs. He does not recall these episodes and has no apparent percingitating factor. The most likely diagnosis is
   1. Schizophrenia
   2. Temporal lobe epilepsy-------------------ans
   3. Panic episodes
   4. Dissociative disorder

16. A 70 year old man presents with a h/o prosopagnosia, loss of memory, 3rd person hallucinations since 1 month. O/E deep tendon reflexes are increased, mini mental state examination state is 20/30. What is most likey diagnosis-
   1. Dissociated dementia
   2. Schizophrenia
   3. Depression
   4. Cortical dementia-------------------ans

18. Delusion in delirium are-
   1. Transient---------------------ans
   2. Frightening
   3. Self reference
   4. Nihilistic

20. Reversible dementia is a feature of
   1. Alzheimer’s disease
   2. Pick’s disease
   3. Hypothyroidism-------------------ans
   4. None

Discussion-
   • Most common cause of reversible dementia-
21. Which drug may induce a psychosis that is misdiagnosed as paranoid schizophrenia?
   1. Barbiturates
   2. Heroin
   3. Benzodiazepines
   4. Amphetamines\text{---}ans

22. Which medication is used for treatment of nicotine dependence?
   1. Lithium
   2. Clonazepam
   3. Methylphenidate
   4. Bupropion\text{---}ans

Discussion-
- New drug- Vernasaline \text{--} Nicotine partial agonist
- Most common substance of abuse India/World: Cannabis

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Dependence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical problem</td>
<td>Tolerance</td>
</tr>
<tr>
<td>Psychoogical problem</td>
<td>Withdrawal</td>
</tr>
<tr>
<td>Legal problem</td>
<td>Compulsion</td>
</tr>
<tr>
<td>Social problem</td>
<td>Craving</td>
</tr>
<tr>
<td></td>
<td>Taking despite harm</td>
</tr>
<tr>
<td></td>
<td>Prioritasation</td>
</tr>
</tbody>
</table>

23. An alcoholic is brought to the casualty, 3 days after he quit alcohol, with complaint of irrelevant talking. On examination, he is found to be dis-oriented to time, place and person. He also has visual illusions and hallucinations. There is no history of head injury. The most probable diagnosis is
   1. Dementia praecox
   2. Delirium Tremens\text{---}ans
   3. Schizophrenia
   4. Korsakoff psychosis

24. Following are positive features of Schizophrenia except
   1. Thought disorder
   2. Anhedonia\text{---}ans
   3. Visual hallucination
   4. Delusion of reference

Discussion-
- Schizophrenia-
  - Emil Kraepelin named \text{--} Demetia praecox
  - Eugen Bleuler \text{--} Coined the term 'Schizophrenia'
  - Also gave '4A'

<table>
<thead>
<tr>
<th>POSITIVE Symptoms</th>
<th>NEGATIVE Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hallucinations</td>
<td>Associality</td>
</tr>
<tr>
<td>Delusion</td>
<td>Alogia (absence of speech)</td>
</tr>
<tr>
<td>Violence</td>
<td>Amotivation</td>
</tr>
<tr>
<td></td>
<td>Affective blunting (no emotion)</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------------------------------</td>
</tr>
</tbody>
</table>

- T J Crow-

<table>
<thead>
<tr>
<th>Type I</th>
<th>Type II</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute onset</td>
<td>Insidious onset</td>
</tr>
<tr>
<td>Precipitating factor</td>
<td>No. ppt. factor</td>
</tr>
<tr>
<td>+ve symptoms</td>
<td>Negative symptoms</td>
</tr>
<tr>
<td>No family history</td>
<td>Family history</td>
</tr>
<tr>
<td>Emotion +nt</td>
<td>Soft neurological signs</td>
</tr>
<tr>
<td>Married, Financially secure, *Late onset</td>
<td>Schizoid personality (highest degree of introversion)</td>
</tr>
<tr>
<td>No CT/MRI findings</td>
<td>CT/MRI findings (vague)</td>
</tr>
<tr>
<td>Good prognosis</td>
<td>Bad prognosis</td>
</tr>
</tbody>
</table>

- Scheindler's first rank symptoms- 11 in number
  - 3 MSE-
    - Emotions
    - Axn
    - Impulses
  - 3 thought-
    - Broadcasting
    - Withdrawal
    - Insertion
  - 3 Perception-
    - Thought echo
    - voices giving commentary
    - 3rd person auditory hallucinations → most characteristic of schizophrenia → though not 100%
  - 10th: Somatic passivity
  - 11th: Delusional perception

A memory device that is frequently used to remember the first rank symptoms is **ABCD**: Auditory hallucinations, Broadcasting of thought, Controlled thought (delusions of control), Delusional perception.

<table>
<thead>
<tr>
<th>ICD-10</th>
<th>DSM-IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted in whole world except US</td>
<td>Followed in America</td>
</tr>
<tr>
<td>&lt;1 mth → Acute psychosis or Acute and transient psychiatric disorder(ATPD)</td>
<td>&lt; 1 mth → Ac. Psychosis</td>
</tr>
<tr>
<td>&gt;1 mth → Schizophrenia</td>
<td>1-6 mth → Schizophreniform disorder</td>
</tr>
<tr>
<td>&gt; 6 mth Schizophrenia</td>
<td></td>
</tr>
</tbody>
</table>

- Propf schizophrenia → Mental handicap + Schizophrenia
- Van gough syndrome → schizophrenia a/w self mutilation (Ahuja- 63)
- Schizophrenia-
  - Normal prevalence- 1%
  - First degree relative/Sibling – 5%
- One parent affected - 11%
- Both parents affected - 22%
- Monozygotic - 44%

Rx Schizophrenia-
- Typical anti-psychotics → Dopamine antagonist → Control +ve symptoms only
- Atypical anti-psychotics → Serotonin-Dopamine antagonist → Control +ve and -ve symptoms both
- **DOC** - Clozapine (P-429 KDT)
  - Dose dependent S/E - Seizure
  - Dose independent - Agranulocytosis
- SE of anti-psychotics-
  - Akathesia (Subjective restlessness): Most common S/E of Anti-psychotics → Rx → Beta blocker
  - EPS - Decrease dose + Anticholinergic/Antihistaminic drug
  - Dystonia - Decrease dose + Anticholinergic/Antihistaminic drug
  - Tardive dyskinesia *(Rabbit syndrome)* → Perioral movements → give Clozapine (Atypical) instead

60. 'First rank' symptoms of Schneider’s schizophrenia include all except-
1. Depersonalization
2. Running commentary of one's thoughts
3. Primary delusion
4. Somatic passivity

25. A 17 year old boy is diagnosed with schizophrenia. What is the risk that one of his siblings will develop the disease-
1. 2%
2. 5% ———— ans
3. 10%
4. 20%

26. A patient of schizophrenia is getting Chlorpromazine, but his auditory hallucinations are not controlled. The next drug to be given is-
1. Haloperidol
2. Clozapine ———— ans (refractory schizophrenia)
3. Sulpride
4. Tianeptin

30. Good prognostic signs of schizophrenia are all except
1. Acute onset
2. Depression
3. Preservation of affect
4. Onset in early adolescence ———— ans

31. Capgras syndrome is more common in
1. Obsessive compulsive disorder
2. Paranoid schizophrenia ———— ans
3. Hysteria
4. Schizoid personality disorder

33. Drug of choice for rapid cycling MDP (manic depressive psychosis) is
1. Lithium
2. Carbamazepine
3. Sodium valproate ———— ans
4. Haloperidol

Discussion - H/17= 2719
• Rapid cycling: > 4 cycles per year (mania → depression → mania ------ )
• Mania: >7 days duration
• Depression: If not normal after 14 days of some bad experience

34. A 38 year old woman with bipolar disorder has been stable on lithium for the past 2 years. She comes to her psychiatrist’s office in tears after a 2 week history of a depressed mood, poor concentration, loss of appetite, passive suicidal ideation. Which of the following steps should the psychiatrist take next?
   1. Start the patient on a second mood stabilizer
   2. Start the patient on a long-acting benzodiazepine
   3. Stop the lithium and start an antidepressant
   4. Start an antidepressant and continue the lithium

   Ans: 4

35. 'Early morning awakening' is seen characteristically in:
   1. Endogenous depression
   2. Anxiety neurosis
   3. Mania
   4. Neurotic depression

   Ans: 1

37. Double depression is
   1. Recurrent episodes of mania and depression
   2. Hypomania and severe depression
   3. Major depression on neurotic depression
   4. Major depression on psychotic depression

   Ans: 3

38. Feature of “anankastic personality disorder is:
   1. Procrastination
   2. Rigidity and stubbornness
   3. Lack of impulse control
   4. None

   Ans: 2

39. Best treatment for obsessive compulsion neurosis is
   1. Drugs with behaviour therapy
   2. Electro-convulsive therapy
   3. Behaviour and psychotherapy
   4. Psychoanalysis

   Ans: 1

40. 'Flooding' is a type of behaviour therapy used in treatment of
   1. Phobia
   2. Anxiety disorder
   3. OCD
   4. Depression

   Ans: 1

41. A 25 yr old man in brought to the physician after complaining of a visual hallucination of transparent phantom of his own body. Which of the following specific syndromes is this patient is most likely to be displaying?
   1. Capgras syndrome
   2. Lycanthropy
   3. Cotard syndrome
   4. Autoscopic psychosis

   Discussion: 2 --> Man change to animal

   Ans: 4

42. A 56 yrs old man is brought to the physician’s office by his wife because she has noted a personality change in the past 3 months. While the patient is being interviewed, he answers every question with the same three words. Which of the following symptoms best fits this patient’s behaviour?
   1. Negative symptoms
2. Disorientations
3. Concrete thinking
4. Perseveration---------------------ans

43. A 58 year old man has brain lesion that causes his to feel euphoric, laugh uncontrollably, and joke and make puns. Where is this brain lesion most likely located?
   1. Fornix
   2. Right prefrontal cortex------------------ans
   3. Hippocampus
   4. Left orbitofrontal cortex

44. A 25 years old female was brought to the casualty after she alleged attempting suicide, her wrists are slashed. She has a past h/o difficulty in maintaining interpersonal relationships and also recurrent mood fluctuation episodes. What is the most likely diagnosis?
   1. Depression
   2. Borderline personality disorder------------------ans
   3. Histrionic personality
   4. Schizophrenia

45. In narcolepsy, the polysomnographic recording typically shows which of the following patterns?
   1. REM intrusion during inappropriate periods-----------------ans
   2. An absence of REM sleep in midcycle
   3. Spike-and-wave EEG recording
   4. Extreme muscular relaxation

46. An attractive and well-dressed 22 year old woman is arrested for prostitution, but on being booked at the jail, she is found to actually be male. The patient tells the consulting physician that he is a female trapped in a male body and he has felt that way since he was a child. He has been taking female hormones and is attempting to find a surgeon who would remove his male genitals and create a vagina. Which of the following is most likely diagnosis-
   1. Homosexuality
   2. Gender identity disorder------------------ans
   3. Transvestite fetishism
   4. Delusional disorder

47. The parents of an 8 year boy with a normal IQ are concerned because he is a very slow reader and does not appear to understand what he reads. When the boy read aloud, he misses words and changes the sequence of letters. Which of the following statement is true about this disorder-
   1. It is diagnosed on the basis on the basis of a defect in visual or hearing acuity
   2. It is often associated with the spelling and verbal language difficulties-----------------ans
   3. It occurs in less than 1% of the population
   4. Children usually grow out of the population

48. A 5 yrs old boy is brought to the psychiatrist because he has difficulty paying attention in school. He fidgets and squirms and will not stay seated in class. At home he is noted to talk excessively and has difficulty in waiting for his turn. His language and motor skills are appropriate for his age. Which of the following is most likely this child's diagnosis?
   1. Oppositional defiant disorder(ODD)
   2. Attention-deficit/hyperactivity disorder(ADHD)-----------------ans
   3. Pervasive developmental disorder
   4. Separation anxiety disorder

49. Mechanism of action of lithium is:
   1. Affects Na+AK+ ATPase and accumulates intracellularly
   2. Inhibits adenyl cyclase and decrease cAMP intracellularly
3. Inhibit catecholamine release at synapse
4. All -----------------------------------------------------------ans

50. Pigmentary retinopathy is caused by
   1. Thioridazine--------------ans
   2. Amitriptyline
   3. Mianserine
   4. Fluoxetine

51. The noradrenergic effect of antidepressant drug that is thought to best correlate with onset of clinical efficacy is
   1. ACUTE blockade of norepinephrine reuptake
   2. Acute increase of NE in the synapse
   3. Blockade of L1-receptors
   4. Down regulation of beta-receptors--------------------------ans

52. ECT is not indicated in
   1. Acute anxiety--------------------------ans
   2. Patients above 70 years of age
   3. Epilepsy with psychosis
   4. Catatonia

53. Which of the following medical disease may have psychiatric manifestation?
   1. Porphyria
   2. Hyperparathyroidism
   3. Frontal lobe disease
   4. All -------------------------------ans

54. A 32 year old woman is diagnosed with major depression. What is the chance that her identical twin sister will develop the same disease
   1. 5%
   2. 20%
   3. 70%
   4. 50% ----------------------ans

55. A young male is started on high-potency anti-psychotics medication (i.e. injectable Haloperidol of 5 mg twice a day), patient develops tongue protrusion and impaired swallowing. Rx is
   1. Stop the medication immediately and no Rx
   2. Conversion disorder, no Rx
   3. Reduce the dose of antipsychotic and give propranolol
   4. Give anticholinergic/anti histaminergic drugs -----------------------ans

56. False about NMS
   1. It is associated with antipsychotic drugs, and consists of severe muscle rigidity and elevated temperature
   2. Investigation required are estimation, renal function tests
   3. Rx is use of Dantrolene/Bromocriptine
   4. Patient always remains fully conscious--------------------------ans

Discussion

NMS:
   o Occurs d/t anti-psychotic drugs
   o Fever
   o Increased CPK
   o Rigidity
Leucocytosis
- Altered sensorium
- Autonomic fluctuation
- Rx: Control fever, Hydration, Dantrolene

58. A middle aged woman who started on antipsychotic drug complains of restlessness and develops rocking from foot to foot while standing. True is
1. Patient developed acute akathisia and Rx is BZ
2. Patient developed tardive dyskinesia and stop medication
3. Patient developed dystonia and Rx is propranolol
4. Patient developed akathisia and Rx is propranolol-----------------ans

59. Difference between systematic desensitization and graded exposure
1. Indications for both are entirely different
2. One is behaviour therapy and other is counselling
3. In former, patient is made free of anxiety provoking stimulus and later is meant only for Rx of phobia
4. Graded exposure is carried out mainly in real life context and relaxation training is not involved------ans

62. A case of Schizophrenia was started on Haloperidol 20mg in divided doses but no improvement occurred in negative symptoms. The next step is
1. Increase the dose of Haloperidol
2. No treatment required
3. Switch to atypical antipsychotics
4. Atypical antipsychotics and social skill training-----------------ans

65. A patient developed 4-5 epileptic fits in succession. He suddenly ceases to recognize the family members and thinks that he is in jail and complains of scorpion attacking him. He is having impaired consciousness, the condition is
1. Postictal psychosis
2. Normal status epilepticus
3. Conversion disorder
4. Delirium-----------------ans

66. Which of the following pairs is false
1. Depression → Cognitive therapy
2. Phobia → systematic desensitization
3. Schizophrenia → graded exposure-----------------ans
4. O.C.D → Exposure and Response presentation

67. Disorder of volition(speech) is characteristic of which type of schizophrenia
1. Catatonic-----------------ans
2. Paranoid
3. Simple
4. Hebephrenic

69. Non-stimulant Rx for ADHD is-
1. Dextroamphetamine
2. Methylphenidate
3. Pemoline
4. Atomoxetine

70. A 27 year old male is a heavy consumer of alcohol for the last 2 years. He almost consumes more than 1 bottle of liquor and reports withdrawal symptoms when he cut short of his intake of alcohol. For the last 2 weeks, he is having frequent crying spells, increased sleep and appetite. He also expresses a plan to end his life. He also reports feeling of hopeless, worthless, helpless. The diagnosis is
   1. Alcohol withdrawal
   2. Major depressive disorder
   3. Alcohol induced depressive disorder
   4. Adjustment disorder

71. A 42 year old woman believed that she had no brain, nerves, chest and intestine, that neither God nor Devil exists and she is eternal. This is
   1. Cotard syndrome
   2. Somatic delusion
   3. Capgras syndrome
   4. Ganser syndrome

72. A 50 year old man presented to emergency with severe alcohol withdrawal symptoms in the form of tremulousness of body parts, nausea, transient tactile, auditory hallucinations, and anxiety. There is no time to carry out investigations even liver function tests. The most appropriate Rx is
   1. Give chlordiazepoxide + thiamine supplements
   2. Give only thiamine supplements
   3. Give Diazepam i/v + thiamine supplements
   4. Lorazepam i/v + thiamine supplements

74. A case of schizophrenia is characterised by extreme posturing, negativism, rigidity and mutism. The best treatment for immediate response is
   1. Typical antipsychotic
   2. Atypical antipsychotic
   3. Modified ECT
   4. Both typical and atypical antipsychotic

75. Which of the following is the most common cause of delirium in the elderly?
   1. Substance abuse
   2. Accidental poisoning
   3. Hypoxia
   4. Use of multiple medications

76. An 18-year old boy came to psychiatry O.P.D with a complaint of feeling that everyone around him has changed. He feels as if the world around him was made of mechanical people. He felt himself detached from others. He was tense and anxious but could point out the precise change the probable phenomena is
   1. Delusional mood
   2. Depersonalization d/s
   3. Derealization
   4. Over values ideas

Discussion-
• DISSOCIATIVE DISORDERS-
  o **Derealization**- is an alteration in the perception or experience of the external world so that it seems strange or unreal.
  o **Depersonalization disorder**- Detachment from self so that feeling of one's own reality is changed or lost.
Dissociative amnesia - Impairment of recall due to significant emotional trauma.

Dissociative fugue - Patient moves to a new city or place with impaired recall of the past. This may lead to confusion about actual identity and the assumption of a new identity.

Dissociative identity disorder also K/a. Multiple Personality Disorder/Split personality - There is alternation of two or more distinct personality states with impaired recall, among personality states.

77. A 19 year old man is brought to emergency by volunteer. The man claims that he cannot remember who he is. He says that he found himself in Lucknow but he cannot remember where he comes from, the circumstance of his trip, or any information of his trip. He has neither identification nor money but he has a bus ticket from Delhi. Which of the following feature is most likely diagnosis

1. Depersonalization disorders
2. Dissociation amnesias
3. Dissociative fugue--------------------------ans
4. Substance induced amnestic disorder

78. A 19 year old woman is hospitalized for dehydration caused by laxative use. She admits that she is using laxative because she has been binge-eating frequently and is worried about gaining weight. Although the woman is very thin, she believes that she is overweight. She has never had menses. Which of the following disturbance is the most likely diagnosis

1. Anorexia Nervosa--------------------------ans
2. Brief psychosis disorder
3. Bulimia nervosa
4. Major depressive disorder

79. Most important defence mechanism is

1. Repression-------------------------ans
2. Suppression
3. Sublimation
4. Sense of humor

80. Attachment of a female child’s sexual interest primarily to her father, accompanied by aggressive feelings towards her mother is called

1. Diana complex
2. Electra complex --------------------------ans
3. Oedipus complex
4. Jacanta complex

81. A 32 year old patient is being interviewed in his physician’s office. He responds to each question, but he gives long answers with a great deal of tedious and unnecessary detail. Which of the following symptoms best describes this patient’s presentation

1. Blocking
2. Tangentiality
3. Circumstantiality--------------------------ans
4. Looseness of associations

83. The drug of choice for obsessive compulsive disorder

1. Imipramine
2. Fluoxetine-------------------ans
3. Chlorpromazine
4. Benzodiazepine

84. All of the following are impulse control disorder except

1. Pyromania
2. Trichotillomania
3. Kleptomania
4. Capgras syndrome---------------------ans

85. Which of the following is not a primary delusion
   1. Delusional mood
   2. Delusional perception
   3. Sudden delusional idea
   4. None--------------------------ans

86. A 35 year old woman is diagnosed with widely metastatic breast cancer. After she is told the diagnosis, calmly asks a few questions, and then schedules a return appointment. She tells her husband at home that “night that she has a “mild problem” that needn’t worry him. Which of the following Kubler-Ross stages is this patient in?
   1. Anger
   2. Denial----------------------ans
   3. Sublimation
   4. Bargaining

87. A 43 year old woman comes to the emergency room with a temperature of 101°F and a large suppurating ulcer on her left shoulder. This is the third episode for this woman. Her physical examination is otherwise normal, other than the presence of multiple scars on her abdomen. The woman is admitted to the hospital and is observed to be holding her thermometer next to light bulb to heat it up. When confronted, she angrily denies any such behaviour and signs out of the hospital against medical advice. The patient most likely has the following diagnosis
   1. Malingering
   2. Somatoform disorder
   3. Borderline personality disorder
   4. Factitious disorder -------------------------ans

90. Symptoms of Narcolepsy include all of the following EXCEPT
   1. Cataplexy
   2. Sleep attacks
   3. Sleep paralysis
   4. Sleep walking-------------------ans

91. Which of the following topics is principally focused on in cognitive therapy-
   1. Unconscious and repressed memory
   2. Faulty ideas and beliefs------------------------ans
   3. Transference manifestations
   4. Dream interpretation

Discussion- Cognitive therapy seeks to help the patient overcome difficulties by identifying and changing dysfunctional thinking, behavior, and emotional responses. This involves helping patients develop skills for modifying beliefs, identifying distorted thinking, relating to others in different ways, and changing behaviors.

92. Which of the following is true about Behaviour therapy
   1. Based on theories of learning------------------------ans
   2. Based on Psychological defense mechanism
   3. Based on Character Analysis
   4. Based on id-ego-superego of mind

93. In retroactive interference of learning
   1. Interference is with memory of events that came before the interfering activity---------------------ans
   2. It is due to events that came before the to be remembered information
   3. Pt is confused and not fully priented
   4. No clear cut detail available

94. Difference between grief and depression
1. Intensity
2. Duration
3. If a case of grief meets criteria for depression, answers is depression--------ans
4. Psychotic symptoms

95. Lesion in autistic disorder is in
   1. Corpus callosum---------------ans
   2. Frontal lobe
   3. Temporal lobe
   4. Cerebellum

97. Best test diagnosis of Organic Mental Disorder-
   1. Sentence Completion test
   2. Bender Gestalt---------------------ans
   3. Rorschach test
   4. Thematic appreciation test

99. Free association is
   1. A patient revealing his thoughts freely to a therapist-----------------------------ans
   2. A therapist revealing his opinions about patient
   3. A quality to attribute to therapist the feelings and thoughts by a patient
   4. A patient revealing his conflicts in a state of hypnosis

100. Which is not an ego defence mechanism-
   1. Rationalization
   2. Repression
   3. Identification
   4. Obsession----------------ans