

MOD DE PUNCTARE: A1-COMPLEMENT SIMLU A3-COMPLEMENT MULTIPLU(2,3,4 raspunsuri)

1. Mod de punctare: A1Which of the following explanations is true about agoraphobia:

- a) Morbid fear of open places or leaving the familiar setting of the home. May be present with or without panic attacks.
- b) Morbid fear of closed places or very familiar setting of the home. May be present with or without panic attacks.
- c) Morbid fear of spiders. May be present with or without panic attacks.
- d) Morbid fear of sharp objects and knives. May be present with or without panic attacks.
- e) Morbid fear of height and high positions in space. May be present with or without panic attacks.

2. Mod de punctare: A1Which of the following explanations is true about akathisia:

- a) Subjective feeling of motor restlessness manifested by a compelling need to be in constant movement; may be seen as an extrapyramidal adverse effect of antipsychotic medication.
- b) Subjective feeling of calm manifested by a constant position and relaxed body; may be seen as an extrapyramidal adverse effect of antipsychotic medication.
- c) Absence of voluntary motor movement or speech in a patient who is apparently alert (as evidenced by eye movements). Seen in psychotic depression and catatonic states.
- d) Lack of the ability to make gestures or to comprehend those made by others.
- e) State in which one feels little or no pain. Can occur under hypnosis and in dissociative disorder.

3. Mod de punctare: A1Which of the following explanations is true about catalepsy:

- a) Condition in which persons maintain the body position into which they are placed; observed in severe cases of catatonic schizophrenia. Also called waxy flexibility and cerea flexibilitas.
- b) Excited, uncontrolled motor activity seen in catatonic schizophrenia. Patients in catatonic state may suddenly erupt into an excited state and may be violent.
- c) Abnormal fear of closed or confining spaces.
- d) False perception of orders that a person may feel obliged to obey or unable to resist.
- e) Disturbances of consciousness manifested by a disordered orientation in relation to time, place, or person.

4. Mod de punctare: A1Which of the following explanations is true about confabulation:

- a) Unconscious filling of gaps in memory by imagining experiences or events that have no basis in fact, commonly seen in amnesic syndromes; should be differentiated from lying.
- b) Disturbances of consciousness manifested by a disordered orientation in relation to time, place, or person.
- c) Illusion of visual recognition in which a new situation is incorrectly regarded as a repetition of a previous experience.
- d) False belief, based on incorrect inference about external reality, that is firmly held despite objective and obvious contradictory proof or evidence and despite the fact that other members of the culture do not share the belief.

e) Gradual or sudden deviation in train of thought without blocking; sometimes used synonymously with loosening of association.

5. Mod de punctare: A1 Which of the following explanations is true about flat affect:

a) Absence or near absence of any signs of affective expression.

b) Aimless plucking or picking, usually at bedclothes or clothing, commonly seen in dementia and delirium.

c) Mental state characterized by feelings of sadness, loneliness, despair, low self-esteem and self-reproach; accompanying signs include psychomotor retardation or at times, agitation, withdrawal from interpersonal contact, and vegetative symptoms, such as insomnia and anorexia.

d) Oscillation of a person's emotional feeling tone between periods of elation and periods of depression.

e) Depressive delusion that the world and everything related to it have ceased to exist.

6. Mod de punctare: A1 Which of the following explanations is true about psychotherapy:

a) A treatment for mental illness and behavioral disturbances in which a trained person establishes a professional contract with the patient and through definite therapeutic communication, both verbal and nonverbal attempts to alleviate the emotional disturbance, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

b) A set of psychological technics offered only for normal people that want to change or solve some habitual problems or emotional disturbance, maladaptive patterns of behavior, and encourage personality growth and development.

c) Is the therapy which aims to resolve psychiatric problems by administrating drugs, it is used to alleviate the emotional disturbance, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

d) A treatment for normal people and behavioral disturbances in which any person could establish a contract with the patient and through communication, both verbal and nonverbal attempts to alleviate the emotional disturbance, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.

e) A set of psychological technics offered for mental illness and behavioral disturbances in which the patient is helped to solve some habitual problems or emotional disturbance, maladaptive patterns of behavior by reading books and forgetting the issues that caused the disturbance in the first place.

7. Mod de punctare: A1 Which of the following explanations is true about psychoanalysis:

a) A theory of human mental phenomena and behavior, a method of psychic investigation and research, and a form of psychotherapy originally formulated by Freud; the major goal of the therapy is to help the patient develop insight into unconscious conflicts, based on unresolved childhood wishes and manifested as symptoms, and to develop more adult patterns of interacting and behaving.

b) A therapy that focuses on overt and observable behavior and uses various conditioning techniques derived from learning theory to directly modify the patient's behavior. This therapy is directed exclusively toward symptomatic improvement, without addressing psychodynamic causation.

c) A therapy that is based on the theory that behavior is determined by the way in which people think about themselves and their roles in the world. Maladaptive behavior is secondary to ingrained, stereotyped thoughts, which can lead to cognitive distortions or errors in thinking. The theory is aimed at correcting cognitive distortions and the self-defeating behaviors that result from them.

d) A short-term psychotherapy, lasting 12 to 16 weeks, developed specifically for the treatment of nonbipolar, nonpsychotic depression. Intrapsychic conflicts are not addressed. Emphasis is on current interpersonal relationships and on strategies to improve the patient's interpersonal life.

e) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be. This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

8. **Mod de punctare:** A1 Which of the following explanations is true about behavior therapy:

a) A theory of human mental phenomena and behavior, a method of psychic investigation and research, and a form of psychotherapy originally formulated by Freud; the major goal of the therapy is to help the patient develop insight into unconscious conflicts, based on unresolved childhood wishes and manifested as symptoms, and to develop more adult patterns of interacting and behaving.

b) A therapy that focuses on overt and observable behavior and uses various conditioning techniques derived from learning theory to directly modify the patient's behavior. This therapy is directed exclusively toward symptomatic improvement, without addressing psychodynamic causation.

c) A therapy that is based on the theory that behavior is determined by the way in which people think about themselves and their roles in the world. Maladaptive behavior is secondary to ingrained, stereotyped thoughts, which can lead to cognitive distortions or errors in thinking. The theory is aimed at correcting cognitive distortions and the self-defeating behaviors that result from them.

d) A short-term psychotherapy, lasting 12 to 16 weeks, developed specifically for the treatment of nonbipolar, nonpsychotic depression. Intrapsychic conflicts are not addressed. Emphasis is on current interpersonal relationships and on strategies to improve the patient's interpersonal life.

e) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be. This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

9. **Mod de punctare:** A1 Which of the following explanations is true about cognitive-behavioral therapy:

a) A theory of human mental phenomena and behavior, a method of psychic investigation and research, and a form of psychotherapy originally formulated by Freud; the major goal of the therapy is to help the patient develop insight into unconscious conflicts, based on unresolved childhood wishes and manifested as symptoms, and to develop more adult patterns of interacting and behaving.

b) A therapy that focuses on overt and observable behavior and uses various conditioning techniques derived from learning theory to directly modify the patient's behavior. This therapy is directed exclusively toward symptomatic improvement, without addressing psychodynamic causation.

c) A therapy that is based on the theory that behavior is determined by the way in which people think about themselves and their roles in the world. Maladaptive behavior is secondary to ingrained, stereotyped thoughts, which can lead to cognitive distortions or errors in thinking. The theory is aimed at correcting cognitive distortions and the self-defeating behaviors that result from them.

d) A short-term psychotherapy, lasting 12 to 16 weeks, developed specifically for the treatment of nonbipolar, nonpsychotic depression. Intrapsychic conflicts are not addressed. Emphasis is on current interpersonal relationships and on strategies to improve the patient's interpersonal life.

e) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be. This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

10. Mod de punctare: A1 Which of the following explanations is true about interpersonal therapy:

a) A theory of human mental phenomena and behavior, a method of psychic investigation and research, and a form of psychotherapy originally formulated by Freud; the major goal of the therapy is to help the patient develop insight into unconscious conflicts, based on unresolved childhood wishes and manifested as symptoms, and to develop more adult patterns of interacting and behaving.

b) A therapy that focuses on overt and observable behavior and uses various conditioning techniques derived from learning theory to directly modify the patient's behavior. This therapy is directed exclusively toward symptomatic improvement, without addressing psychodynamic causation.

c) A therapy that is based on the theory that behavior is determined by the way in which people think about themselves and their roles in the world. Maladaptive behavior is secondary to ingrained, stereotyped thoughts, which can lead to cognitive distortions or errors in thinking. The theory is aimed at correcting cognitive distortions and the self-defeating behaviors that result from them.

d) A short-term psychotherapy, lasting 12 to 16 weeks, developed specifically for the treatment of nonbipolar, nonpsychotic depression. Intrapsychic conflicts are not addressed. Emphasis is on current interpersonal relationships and on strategies to improve the patient's interpersonal life.

e) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be. This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

11. Mod de punctare: A1 Which of the following explanations is true about family therapy:

a) A theory of human mental phenomena and behavior, a method of psychic investigation and research, and a form of psychotherapy originally formulated by Freud; the major goal of the therapy is to help the patient develop insight into unconscious conflicts, based on unresolved childhood wishes and manifested as symptoms, and to develop more adult patterns of interacting and behaving.

b) A therapy that focuses on overt and observable behavior and uses various conditioning techniques derived from learning theory to directly modify the patient's behavior. This therapy is directed exclusively toward symptomatic improvement, without addressing psychodynamic causation.

c) A therapy that is based on the theory that behavior is determined by the way in which people think about themselves and their roles in the world. Maladaptive behavior is secondary to ingrained, stereotyped thoughts, which can lead to cognitive distortions or errors in thinking. The theory is aimed at correcting cognitive distortions and the self-defeating behaviors that result from them.

d) A short-term psychotherapy, lasting 12 to 16 weeks, developed specifically for the treatment of nonbipolar, nonpsychotic depression. Intrapsychic conflicts are not addressed. Emphasis is on current interpersonal relationships and on strategies to improve the patient's interpersonal life.

e) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be. This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

12. Mod de punctare: A1What are the assumptions on which relies the psychosomatic medicine:

a) There is a unity of mind and body (reflected in term mind-body medicine); and psychological factors must be taken into account when considering all disease states.

b) All the disorders are caused by stress and the only way to help is by healing you soul

c) Although there are conditions that are caused by biological factors, the main problem in all somatic disorders relies on psychological conflicts.

d) The only way to treat a illness is by understanding the sick soul that is full of negative energy

e) All the diseases have a pathophysiology that is unclear, but which can be explained by psychological conflict

13. Mod de punctare: A1Which neurotransmitters are mostly implied in pathophysiology of psychosomatic disorders as a neurotransmitter response:

a) Catecholamine, serotonin, dopamine

b) GABA, Na+, L-DOPA

c) GABA, noradrenalin, acetylcholine

d) Acetylcholine, dopamine, melatonin

e) Glucocorticoids, T3/T4, Adrenalin

14. Mod de punctare: A1Which of the following conditions is LESS likely to be regarded as a psychosomatic disorder:

a) Asthma

b) Arterial hypertension

c) Headaches

d) Ulcerative colitis

e) Willson-Konovalov disease

15. Mod de punctare: A1 Which of the following is FALSE about functional response to stress (George Engel):

- a) Increased synthesis of brain norepinephrine.
- b) Increased serotonin turnover may result in eventual depletion of serotonin.
- c) Increased dopaminergic transmission.
- d) Immune activation occurs with release of hormonal immune factors (cytokines) in acute stress.
- e) Number and activity of natural killer cells increases in chronic stress, causing tumors.

16. Mod de punctare: A1 Which of the following is FALSE about functional response to stress (George Engel):

- a) Testosterone decrease with prolonged stress.
- b) Immune activation occurs with release of hormonal immune factors (cytokines) in acute stress.
- c) Number and activity of natural killer cells decreased in chronic stress.
- d) Decreased synthesis of brain norepinephrine.
- e) Increased dopaminergic transmission.

17. Mod de punctare: A1 Which of the following is NOT a dissociative disorder:

- a) dissociative amnesia,
- b) dissociative fugue
- c) dissociative identity disorder
- d) depersonalization disorder
- e) dissociative mood disorder

18. Mod de punctare: A1 Which of the following is FALSE about dissociative amnesia:

- a) The amnesia has always a organic trauma background
- b) Dissociative phenomenon is specifically amnesic in that the patient is unable to recall an important memory, which is usually traumatic or stressful, but retains the capacity to learn new material.
- c) The diagnostic criteria for dissociative amnesia emphasizes that the forgotten information is usually of traumatic or stressful nature.
- d) Onset of dissociative amnesia is often abrupt, and history usually shows a precipitating emotional trauma charged with painful emotions and psychological conflict.
- e) The amnesia is not the result of a general medical condition or the ingestion of a substance. Amnesia may provide a primary or a secondary gain (i.e.. a woman who is amnesic about the birth of a dead infant).

19. Mod de punctare: A1 Which of the following is FALSE about dissociative fugue:

- a) It is characterized by sudden, unexpected travel away from home, with the inability to recall some or all of one's past.
- b) Memory loss is sudden and is associated with purposeful, unconfused travel, often for extended periods of time.
- c) Once they suddenly return to their former selves, they recall the time antedating the fugue, but they are amnesic for the period of the fugue itself.
- d) Predisposing factors include borderline, histrionic, schizoid personality disorders; alcohol abuse; mood disorders; organic disorders (especially epilepsy); and a history of head trauma.
- e) The recovery is not spontaneous and can lead to brain trauma

20. Mod de punctare: A1Which of the following is FALSE about schizophrenia:

- a) It is a chronic disorder that usually have a good prognostic and no residual symptoms
- b) It is a syndrome of unknown etiology characterized by disturbances in cognition, emotion, perception, thinking, and behavior.
- c) It is well established as a brain disorder, with structural and functional abnormalities visible in neuroimaging studies and having a genetic component
- d) The prodromal and residual phases are characterized by attenuated forms of active symptoms, such as odd beliefs and magical thinking, as well as deficits in self-care and interpersonal relatedness.
- e) The disorder is usually chronic, with a course encompassing a prodromal phase, an active phase, and a residual phase.

21. Mod de punctare: A1Which of the following is FALSE about schizophrenia:

- a) Schizophrenia can be treated with psychotherapy, given strong arguments curing the patient's disbeliefs.
- b) Higher mortality rate from accidents and natural causes than in general population.
- c) Leading cause of death in schizophrenic patients is suicide (10% kill themselves).
- d) Schizophrenic symptoms may result from increased limbic dopamine activity (positive symptoms) and decreased frontal dopamine activity (negative symptoms).
- e) Dopaminergic pathology may be secondary to abnormal receptor number or sensitivity, or abnormal dopamine release (too much or too little).

22. Mod de punctare: A1Which of the following is FALSE about schizophrenia:

- a) The main treatment is with antipsychotic drugs which have the mechanism of increasing the level of dopamine in CNS.
- b) The prevalence of schizophrenia is greater in the biological parents of schizophrenic adoptees than in adoptive parents.
- c) Increased norepinephrine levels in schizophrenia lead to increased sensitization to sensory input.
- d) Decreased GABA activity results in increased dopamine activity which play it's role in pathogenesis.
- e) Serotonin metabolism apparently is abnormal in some chronically

schizophrenic patients, with both hyperserotoninemia and hyposerotoninemia being reported.

23. Mod de punctare: AlWhich of the following is FALSE about schizophrenia:

- a) The main treatment is with antidepressant drugs, which have the mechanism of decreasing the level of dopamine in CNS.
- b) Schizophrenic symptoms may result from increased limbic dopamine activity (positive symptoms) and decreased frontal dopamine activity (negative symptoms).
- c) Dopaminergic pathology may be secondary to abnormal receptor number or sensitivity, or abnormal dopamine release (too much or too little).
- d) Decreased GABA activity results in increased dopamine activity which play it's role in pathogenesis.
- e) Serotonin metabolism apparently is abnormal in some chronically schizophrenic patients, with both hyperserotoninemia and hyposerotoninemia being reported.

24. Mod de punctare: AlWhich of the following is NOT a type of schizophrenia:

- a) Paranoid
- b) Hebephrenia
- c) Catatonic
- d) Disorganized
- e) Affective

25. Mod de punctare: AlWhich of the following is NOT a type of schizophrenia:

- a) Paranoid
- b) Simple
- c) Catatonic
- d) Disorganized
- e) Negative

26. Mod de punctare: AlWhich of the following functions is usually NOT damaged in schizophrenia:

- a) Memory
- b) Thinking
- c) Perception
- d) Consciousness
- e) Behavior

27. Mod de punctare: AlWhich of the following items is usually considered as poor prognosis in schizophrenia:

- a) Late onset
- b) Married
- c) Positive symptoms
- d) Mood disorder symptoms (especially depressive disorders)
- e) Insidious onset

28. Mod de punctare: AlWhich of the following items is usually considered as poor prognosis in schizophrenia:

- a) Acute onset

- b) Married
 - c) Positive symptoms
 - d) Mood disorder symptoms (especially depressive disorders)
 - e) Early onset
-

29. **Mod de punctare:** AlWhich of the following items is usually considered as good prognosis in schizophrenia:

- a) Early onset
 - b) Single, divorced
 - c) Negative symptoms
 - d) Autistic behavior
 - e) Mood disorder symptoms (especially depressive disorders)
-

30. **Mod de punctare:** AlWhich of the following is NOT a neuroleptic:

- a) Risperidone
 - b) Clozapine
 - c) Imipramine
 - d) Aripiprazol
 - e) Quetiapine
-

31. **Mod de punctare:** AlWhich of the following is NOT a neuroleptic:

- a) Haloperidol
 - b) Clozapine
 - c) Clomipramine
 - d) Aripiprazol
 - e) Quetiapine
-

32. **Mod de punctare:** AlWhich of the following is NOT a neuroleptic:

- a) Haloperidol
 - b) Clozapine
 - c) Clomipramine
 - d) Clorpromazine
 - e) Trifluoperazine
-

33. **Mod de punctare:** AlWhich of the following is NOT a antidepressant drug:

- a) Amitriptiline
 - b) Escitalopram
 - c) Clomipramine
 - d) Clorpromazine
 - e) Venlafaxine
-

34. **Mod de punctare:** AlWhich of the following is NOT a antidepressant drug:

- a) Fluoxetine
 - b) Escitalopram
 - c) Clomipramine
 - d) Clozapine
 - e) Venlafaxine
-

35. **Mod de punctare:** AlWhich of the following is NOT a antidepressant drug:

- a) Fluoxetine
- b) Citalopram
- c) Clomipramine
- d) Clozapine
- e) Paroxetine

36. Mod de punctare: A1Which of the following is the most common adverse event of typical antipsychotic drugs:

- a) Metabolic changes (X metabolic syndrome)
- b) Extrapyramidal symptoms
- c) Anemia
- d) Hyponatremia
- e) Priapism

37. Mod de punctare: A1Which of the following is the NOT an adverse event of typical antipsychotic drugs:

- a) Metabolic changes (X metabolic syndrome)
- b) Extrapyramidal symptoms
- c) Restlessness
- d) Hyper salivation
- e) Tardive dyskinesia

38. Mod de punctare: A1Which of the following antipsychotic drugs is considered to relieve the symptoms of tardive dyskinesia:

- a) Haloperidol
- b) Clozapine
- c) Trifluoperazine
- d) Aripiprazol
- e) Quetiapine

39. Mod de punctare: A1Which of the following antipsychotic drugs is more likely to cause agranulocytosis:

- a) Haloperidol
- b) Clozapine
- c) Trifluoperazine
- d) Aripiprazol
- e) Quetiapine

40. Mod de punctare: A1Which of the following is NOT a criteria for panic attack:

- a) Fear of special places, or having social activities
- b) Nausea or abdominal distress
- c) Feeling dizzy, unsteady, lightheaded, or faint
- d) Derealization (feelings of unreality) or depersonalization (being detached from oneself)
- e) Fear of losing control or going crazy

41. Mod de punctare: A1Which of the following is NOT a criteria for panic attack:

- a) Fear of special objects, or being lonely
- b) Fear of dying
- c) Palpitations, pounding heart, or accelerated heart rate
- d) Sweating
- e) Trembling or shaking

42. Mod de punctare: A1Which of the following is FALSE about phobias:

- a) A phobia is an irrational fear of an object (e.g., horses, heights, needles).
- b) The person experiences massive anxiety when exposed to the feared object

and tries to avoid it at all costs.

c) Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed panic attack.

d) The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

e) Children must always recognize that the fear is excessive or unreasonable

43. Mod de punctare: All diagnostic criteria -A- according to DSM IV-TR, in Generalized Anxiety Disorder, should include the following:

a) Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

b) The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social occupational, or other important areas of functioning.

c) Marked and persistent fear that is excessive or unreasonable cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).

d) A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.

e) The person experiences massive anxiety when exposed to the feared object and tries to avoid it at all costs.

44. Mod de punctare: All diagnostic criteria according to DSM IV-TR, in Posttraumatic stress disorder, should NOT include the following:

a) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

b) The person's response to trauma involved intense fear, helplessness, or horror.

c) The person's response to trauma, in children, may be expressed by disorganized or agitated behavior.

d) The traumatic event is persistently re-experienced (recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions, recurrent distressing dreams of the event etc.) with duration more than 1 month.

e) Patient persistently try to find the associated to trauma stimuli, thus filling a relief that they badly need.

45. Mod de punctare: All which of the following is FALSE about obsessive-compulsive disorder:

a) Recurrent and persistent thoughts, impulses, or images that are experienced at same time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress

b) The thoughts, impulses, or images are not simply excessive worries about real-life problems

c) The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action

d) The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without. as in thought insertion)

e) The person hardly realize that he has a psychiatric problem, denying it, an almost never try to seek help

46. Mod de punctare: AlWhich of the following is FALSE about obsessive-compulsive disorder:

a) It usually occurs in adolescence, with high preoccupation and emotional distress, and persists for years as part of patient's personality

b) Involves recurrent intrusive ideas, images, ruminations, impulses, thoughts (obsessions) or repetitive patterns of behavior or actions (compulsions).

c) Both obsessions and compulsions are ego-alien and produce anxiety if resisted.

d) The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour a day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.

e) The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without. as in thought insertion)

47. Mod de punctare: AlWhich of the following functions of psychic is affected in obsessive-compulsive disorder:

a) Conscious, emotions, perception

b) Behavior, thought

c) Conscious, perception

d) Emotions, perception

e) Thought, conscious

48. Mod de punctare: AlWhich of the following is NOT present in obsessive-compulsive disorder:

a) Recurrent intrusive thoughts

b) Recurrent intrusive images

c) Marked anxiety and distress

d) Repetitive behaviors

e) The obsessions and compulsions are ego-syntonic

49. Mod de punctare: AlWhich of the following can NOT be used as main treatment of obsessive-compulsive disorder:

a) Memantine

b) Clomipramine

- c) Fluoxetine
- d) Quetiapine
- e) Psychotherapy

50. Mod de punctare: AlWhich of the following is the definition of Personality disorders:

- a) The term personality is universally used to describe the characteristic behavior responses of an individual, based of his or her internal or external experiences; it is predictable and stable. A personality disorder is diagnosed when an individual's behavior deviates from the normal range of variation found in the majority of people, resulting in significant impairment of adaptive functioning and/or personal distress.
- b) The term personality is universally used to describe the characteristic affective responses of an individual, based of his or her internal or external experiences; it is not very predictable nor stable.
- c) The term personality is universally used to describe the characteristic psychomotor and thought responses of an individual, based of his or her internal or external experiences; it is not very predictable nor stable.
- d) The term personality is universally used to describe the memory and conscious symptoms of an individual that results in significant impairment of adaptive functioning and/or personal distress.
- e) The term personality is universally used to describe the thought and affective symptoms of an individual that results in significant impairment of adaptive functioning and/or personal distress.

51. Mod de punctare: AlWhich of the following is TRUE about Paranoid personality disorder:

- a) Characterized by their intense distrust and suspiciousness of others, they are often hostile, irritable, hypersensitive, envious, or angry and will not take responsibility for their own actions, often projecting such responsibility onto others. They may be bigots, injustice collectors, pathologically jealous spouses, or litigious cranks
- b) Often perceived as eccentric and introverted, they are characterized by their isolated lifestyles and their lack of interest in social interaction.
- c) They are characterized by magical thinking, peculiar notations, ideas of reference, illusions, and derealization. Such individuals are perceived as strikingly odd or strange, even to laypersons.
- d) Characterized by perfectionism, orderliness, inflexibility, stubbornness, emotional constriction and indecisiveness. Also called anancastic personality disorder.
- e) Patients are predominantly dependent and submissive. They lack self-confidence and get others to assume responsibility for major areas of their lives.

52. Mod de punctare: AlWhich of the following is TRUE about Schizoid personality disorder:

- a) Characterized by their intense distrust and suspiciousness of others, they are often hostile, irritable, hypersensitive, envious, or angry and will not take responsibility for their own actions, often projecting such

responsibility onto others. They may be bigots, injustice collectors, pathologically jealous spouses, or litigious cranks.

b) Often perceived as eccentric and introverted, they are characterized by their isolated lifestyles and their lack of interest in social interaction

c) They are characterized by magical thinking, peculiar notations, ideas of reference, illusions, and derealization. Such individuals are perceived as strikingly odd or strange, even to laypersons.

d) Characterized by perfectionism, orderliness, inflexibility, stubbornness, emotional constriction and indecisiveness. Also called anancastic personality disorder.

e) Patients are predominantly dependent and submissive. They lack self-confidence and get others to assume responsibility for major areas of their lives.

53. Mod de punctare: AlWhich of the following is TRUE about Schizotypal personality disorder:

a) Characterized by their intense distrust and suspiciousness of others, they are often hostile, irritable, hypersensitive, envious, or angry and will not take responsibility for their own actions, often projecting such responsibility onto others. They may be bigots, injustice collectors, pathologically jealous spouses, or litigious cranks.

b) Often perceived as eccentric and introverted, they are characterized by their isolated lifestyles and their lack of interest in social interaction.

c) They are characterized by magical thinking, peculiar notations, ideas of reference, illusions, and derealization. Such individuals are perceived as strikingly odd or strange, even to laypersons.

d) Characterized by perfectionism, orderliness, inflexibility, stubbornness, emotional constriction and indecisiveness. Also called anancastic personality disorder.

e) Patients are predominantly dependent and submissive. They lack self-confidence and get others to assume responsibility for major areas of their lives.

54. Mod de punctare: AlWhich of the following is TRUE about Antisocial personality disorder:

a) They are characterized by their inability to conform to the social norms that govern individual behavior. Such persons are impulsive, egocentric, irresponsible, and cannot tolerate frustration. They reject discipline and authority and have an underdeveloped conscience. It should be noted that though this disorder is associated with criminality, it is not synonyms with it.

b) They are literally on the border between neurosis and psychosis. They are characterized by extraordinarily unstable mood affect behavior, object relations, and self-image. Suicide attempts and acts of self-mutilation are common occurrences among this patients. These individuals are very impulsive, and suffer from identity problems as well as feelings of emptiness and boredom.

c) Characterized by their flamboyant, dramatic, excitable, and over-reactive

behavior, they are intent on gaining attention. They tend to be immature, dependent, and are often seductive. These individuals have difficulty maintaining long- lasting relationships.

d) Persistent pattern of grandiosity, a heightened sense of self- importance, preoccupation with fantasies of ultimate success, exaggerated responses to criticism, an over-concern with self-esteem and self- image, and disturbance in interpersonal relationships.

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

55. Mod de punctare: AlWhich of the following is TRUE about Borderline personality disorder:

a) They are characterized by their inability to conform to the social norms that govern individual behavior. Such persons are impulsive, egocentric, irresponsible, and cannot tolerate frustration. They reject discipline and authority and have an underdeveloped conscience. It should be noted that though this disorder is associated with criminality, it is not synonyms with it.

b) They are literally on the border between neurosis and psychosis. They are characterized by extraordinarily unstable mood affect behavior, object relations, and self-image. Suicide attempts and acts of self-mutilation are common occurrences among this patients. These individuals are very impulsive, and suffer from identity problems as well as feelings of emptiness and boredom.

c) Characterized by their flamboyant, dramatic, excitable, and over-reactive behavior, they are intent on gaining attention. They tend to be immature, dependent, and are often seductive. These individuals have difficulty maintaining long- lasting relationships.

d) Persistent pattern of grandiosity, a heightened sense of self- importance, preoccupation with fantasies of ultimate success, exaggerated responses to criticism, an over-concern with self-esteem and self- image, and disturbance in interpersonal relationships.

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

56. Mod de punctare: AlWhich of the following is TRUE about Histrionic personality disorder:

a) They are characterized by their inability to conform to the social norms that govern individual behavior. Such persons are impulsive, egocentric, irresponsible, and cannot tolerate frustration. They reject discipline and authority and have an underdeveloped conscience. It should be noted that though this disorder is associated with criminality, it is not synonyms with it.

b) They are literally on the border between neurosis and psychosis. They are characterized by extraordinarily unstable mood affect behavior, object

relations, and self-image. Suicide attempts and acts of self-mutilation are common occurrences among this patients. These individuals are very impulsive, and suffer from identity problems as well as feelings of emptiness and boredom.

c) Characterized by their flamboyant, dramatic, excitable, and over-reactive behavior, they are intent on gaining attention. They tend to be immature, dependent, and are often seductive. These individuals have difficulty maintaining long- lasting relationships

d) Persistent pattern of grandiosity, a heightened sense of self- importance, preoccupation with fantasies of ultimate success, exaggerated responses to criticism, an over-concern with self-esteem and self- image, and disturbance in interpersonal relationships

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

57. Mod de punctare: AlWhich of the following is TRUE about Narcissistic personality disorder:

a) They are characterized by their inability to conform to the social norms that govern individual behavior. Such persons are impulsive, egocentric, irresponsible, and cannot tolerate frustration. They reject discipline and authority and have an underdeveloped conscience. It should be noted that though this disorder is associated with criminality, it is not synonyms with it.

b) They are literally on the border between neurosis and psychosis. They are characterized by extraordinarily unstable mood affect behavior, object relations, and self-image. Suicide attempts and acts of self-mutilation are common occurrences among this patients. These individuals are very impulsive, and suffer from identity problems as well as feelings of emptiness and boredom.

c) Characterized by their flamboyant, dramatic, excitable, and over-reactive behavior, they are intent on gaining attention. They tend to be immature, dependent, and are often seductive. These individuals have difficulty maintaining long- lasting relationships.

d) Persistent pattern of grandiosity, a heightened sense of self- importance, preoccupation with fantasies of ultimate success, exaggerated responses to criticism, an over-concern with self-esteem and self- image, and disturbance in interpersonal relationships

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

58. Mod de punctare: AlWhich of the following is TRUE about Avoidant personality disorder:

a) They are characterized by their inability to conform to the social norms that govern individual behavior. Such persons are impulsive, egocentric, irresponsible, and cannot tolerate frustration. They reject discipline and authority and have an underdeveloped conscience. It should be noted that though this disorder is associated with criminality, it is not synonyms with it.

b) They are literally on the border between neurosis and psychosis. They are characterized by extraordinarily unstable mood affect behavior, object relations, and self-image. Suicide attempts and acts of self-mutilation are common occurrences among this patients. These individuals are very impulsive, and suffer from identity problems as well as feelings of emptiness and boredom.

c) Characterized by their flamboyant, dramatic, excitable, and over-reactive behavior, they are intent on gaining attention. They tend to be immature, dependent, and are often seductive. These individuals have difficulty maintaining long- lasting relationships.

d) Persistent pattern of grandiosity, a heightened sense of self- importance, preoccupation with fantasies of ultimate success, exaggerated responses to criticism, an over-concern with self-esteem and self- image, and disturbance in interpersonal relationships.

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

59. Mod de punctare: AlWhich of the following is TRUE about Dependent personality disorder:

a) Patients are predominantly dependent and submissive. They lack self-confidence and get others to assume responsibility for major areas of their lives.

b) Often perceived as eccentric and introverted, they are characterized by their isolated lifestyles and their lack of interest in social interaction.

c) They are characterized by magical thinking, peculiar notations, ideas of reference, illusions, and derealization. Such individuals are perceived as strikingly odd or strange, even to laypersons.

d) Characterized by perfectionism, orderliness, inflexibility, stubbornness, emotional constriction and indecisiveness. Also called anancastic personality disorder.

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

60. Mod de punctare: AlWhich of the following is a mood disorder:

a) Major depressive disorder

b) Schizophrenia

c) Panic disorder

d) Somatization disorder

e) Bulimia nervosa

61. Mod de punctare: AlWhich of the following is a mood disorder:

a) Schizophrenia

b) Panic disorder

c) Bipolar disorder

d) Somatization disorder

e) Bulimia nervosa

62. Mod de punctare: AlWhich of the following is a mood disorder:

- a) Schizophrenia
 - b) Panic disorder
 - c) Dysthymic disorder
 - d) Somatization disorder
 - e) Bulimia nervosa
-

63. **Mod de punctare:** AlWhich of the following is a mood disorder:

- a) Schizophrenia
 - b) Panic disorder
 - c) Somatization disorder
 - d) Bulimia nervosa
 - e) Cyclothymic disorder
-

64. **Mod de punctare:** AlDiagnostic criteria -A- according to DSM IV-TR, in Major Depressive Episode, should include at least one of the following:

- a) Depressed mood
 - b) Insomnia or hypersomnia nearly every day
 - c) Fatigue or loss of energy nearly every day
 - d) Delusional thoughts of guilt
 - e) Psychomotor agitation
-

65. **Mod de punctare:** AlDiagnostic criteria -A- according to DSM IV-TR, in Major Depressive Episode, should include at least one of the following:

- a) Loss of interest or pleasure
 - b) Insomnia or hypersomnia nearly every day
 - c) Fatigue or loss of energy nearly every day
 - d) Delusional thoughts of guilt
 - e) Psychomotor agitation
-

66. **Mod de punctare:** AlWhich of the following neurotransmitters are the most importantly involved in the pathogenesis of mood disorders:

- a) Serotonin, Norepinephrine, Dopamine
 - b) Acetylcholine, Epinephrine, Dopamine
 - c) Dopamine, Glutamate, Epinephrine
 - d) Epinephrine, Dopamine, GABA
 - e) GABA, Acetylcholine, Epinephrine
-

67. **Mod de punctare:** AlWhich of the following neurotransmitters are LESS involved in the pathogenesis of mood disorders:

- a) Serotonin,
 - b) Norepinephrine,
 - c) Dopamine
 - d) 5-hydroxyindole acetic acid
 - e) GABA
-

68. **Mod de punctare:** AlWhich of the following neurotransmitters are LESS involved in the pathogenesis of mood disorders:

- a) Acetylcholine
 - b) Serotonin,
 - c) Norepinephrine,
 - d) Dopamine
 - e) 5-hydroxyindole acetic acid
-

69. **Mod de punctare:** AlWhich of the following substance is involved in the

pathogenesis of mood disorders, low cerebrospinal fluid concentration of which, is possibly related with high risk of suicide:

- a) Serotonin,
 - b) Norepinephrine,
 - c) Dopamine
 - d) 5-hydroxyindole acetic acid
 - e) GABA
-

70. Mod de punctare: A) Diagnostic criteria -A- according to DSM IV-TR, in Manic Episode, should include at list one of the following:

- a) A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).
 - b) Inflated self-esteem or grandiosity that lasts at least a month
 - c) Delusional grandiose thoughts that lasts at least a month
 - d) Twilight condition that lasts at least a month
 - e) Weight loss, anorexia.
-

71. Mod de punctare: A) Diagnostic criteria -A- according to DSM IV-TR, in Dysthymic Disorder, should include:

- a) Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least 2 years.
 - b) Feelings of hopelessness as indicated either by subjective account or observation by others, for at least 2 years.
 - c) Low energy or fatigue as indicated either by subjective account or observation by others, for at least 2 years.
 - d) Delusional thoughts of guilt as indicated either by subjective account or observation by others, for at least 2 years.
 - e) Fatigue or loss of energy nearly every day
-

72. Mod de punctare: A) Diagnostic criteria -A- according to DSM IV-TR, in Cyclothymic Disorder, should include:

- a) For at least 2 years, the presence of numerous periods with hypomanic symptoms and numerous periods with depressive symptoms that do not meet criteria for a major depressive episode
 - b) Feelings of hopelessness as indicated either by subjective account or observation by others, for at least 2 weeks.
 - c) Insomnia or hypersomnia nearly every day
 - d) Low energy or fatigue as indicated either by subjective account or observation by others, for at least 2 years.
 - e) Delusional thoughts of guilt as indicated either by subjective account or observation by others, for at least 2 weeks.
-

73. Mod de punctare: A) The first choice drug used for bipolar disorder is:

- a) A neuroleptic
- b) An antidepressant
- c) An anxiolytic

- d) A mood stabilizer
- e) An antipsychotic

74. Mod de punctare: AlThe first choice drug used for bipolar disorder is:

- a) Clorpromazine
- b) Risperidone
- c) Valproic acid
- d) Diazepam
- e) Aripiprazol

75. Mod de punctare: AlThe first choice drug used for bipolar disorder is:

- a) Clorpromazine
- b) Risperidone
- c) Lithium
- d) Diazepam
- e) Aripiprazol

76. Mod de punctare: AlWhich of the following is an antidepressant drug:

- a) Olanzapine
- b) Ziprazidone
- c) Venlafaxine
- d) Alprazolam
- e) Clozapine

77. Mod de punctare: AlWhich of the following is an antidepressant drug:

- a) Olanzapine
- b) Ziprazidone
- c) Paroxetine
- d) Alprazolam
- e) Clozapine

78. Mod de punctare: AlWhich of the following is an antidepressant drug:

- a) Olanzapine
- b) Ziprazidone
- c) Amitriptilin
- d) Alprazolam
- e) Clozapine

79. Mod de punctare: AlDefinition of Suicide attempt is:

- a) Self-injurious behavior with a nonfatal outcome accompanied by evidence (either explicit or implicit) that the person intended to die.
- b) Self-inflicted death with evidence (either explicit or implicit) that the person intended to die.
- c) Potentially self-injurious behavior with evidence (either explicit or implicit) that the person intended to die but stopped the attempt before physical damage occurred.
- d) Phenomenon when patients injure themselves by self-mutilation (e.g., cutting the skin) but usually do not wish to die.
- e) Subjective expectation and desire to end one's life.

80. Mod de punctare: AlDefinition of Suicidal intent is:

- a) Self-injurious behavior with a nonfatal outcome accompanied by evidence (either explicit or implicit) that the person intended to die.
- b) Self-inflicted death with evidence (either explicit or implicit) that the person intended to die.
- c) Potentially self-injurious behavior with evidence (either explicit or implicit) that the person intended to die but stopped the attempt before physical damage occurred.
- d) Phenomenon when patients injure themselves by self-mutilation (e.g., cutting the skin) but usually do not wish to die.
- e) Subjective expectation and desire to end one's life.

81. Mod de punctare: AlDefinition of Parasuicidality is:

- a) Self-injurious behavior with a nonfatal outcome accompanied by evidence (either explicit or implicit) that the person intended to die.
- b) Self-inflicted death with evidence (either explicit or implicit) that the person intended to die.
- c) Potentially self-injurious behavior with evidence (either explicit or implicit) that the person intended to die but stopped the attempt before physical damage occurred.
- d) Phenomenon when patients injure themselves by self-mutilation (e.g., cutting the skin) but usually do not wish to die.
- e) Subjective expectation and desire to end one's life.

82. Mod de punctare: AlDefinition of Aborted suicide attempt is:

- a) Self-injurious behavior with a nonfatal outcome accompanied by evidence (either explicit or implicit) that the person intended to die.
- b) Self-inflicted death with evidence (either explicit or implicit) that the person intended to die.
- c) Potentially self-injurious behavior with evidence (either explicit or implicit) that the person intended to die but stopped the attempt before physical damage occurred.
- d) Phenomenon when patients injure themselves by self-mutilation (e.g., cutting the skin) but usually do not wish to die.
- e) Subjective expectation and desire to end one's life.

83. Mod de punctare: AlDefinition of Suicide is:

- a) Self-injurious behavior with a nonfatal outcome accompanied by evidence (either explicit or implicit) that the person intended to die.
- b) Self-inflicted death with evidence (either explicit or implicit) that the person intended to die.
- c) Potentially self-injurious behavior with evidence (either explicit or implicit) that the person intended to die but stopped the attempt before physical damage occurred.
- d) Phenomenon when patients injure themselves by self-mutilation (e.g., cutting the skin) but usually do not wish to die.
- e) Subjective expectation and desire to end one's life.

84. Mod de punctare: AlWhat is NOT included in the General Strategy in Evaluating Suicidal Patients:

- a) Always assume that family or friends will be able to watch a patient 24 hours a day
- b) Protect yourself
- c) Prevent harm
- d) Rule out cognitive disorders
- e) Rule out impending psychosis

85. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

- a) Don't ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does plant the idea in the suicidal patients mind.
- b) Do not hesitate to ask patients if they "want to die." A straightforward approach is the most effective.
- c) Conduct the interview in a safe place. Patients have been known to throw themselves out of a window.
- d) Do not offer false reassurance (e.g., "Most people think about killing themselves at some time?").
- e) Always ask about past suicide attempts, which can be related to future attempts.

86. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Do not ask patients if they "want to die." A straightforward approach can make them feel unwanted and increases the chance to act suicidal.
- c) Conduct the interview in a safe place. Patients have been known to throw themselves out of a window.
- d) Do not offer false reassurance (e.g., "Most people think about killing themselves at some time?").
- e) Always ask about past suicide attempts, which can be related to future attempts.

87. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Do not hesitate to ask patients if they "want to die." A straightforward approach is the most effective.
- c) Conduct the interview in any place necessary. Patients being with the doctor do not have any intent to harm themselves during the interview
- d) Do not offer false reassurance (e.g., "Most people think about killing themselves at some time?").

e) Always ask about past suicide attempts, which can be related to future attempts.

88. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
 - b) Do not hesitate to ask patients if they "want to die." A straightforward approach is the most effective.
 - c) Conduct the interview in a safe place. Patients have been known to throw themselves out of a window.
 - d) Offer reassurance, the patients need it (e.g., "Most people think about killing themselves at some time?")
 - e) Always ask about past suicide attempts, which can be related to future attempts.
-

89. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
 - b) Do not hesitate to ask patients if they "want to die." A straightforward approach is the most effective.
 - c) Conduct the interview in a safe place. Patients have been known to throw themselves out of a window.
 - d) Do not offer false reassurance (e.g., "Most people think about killing themselves at some time?")
 - e) Never ask about past suicide attempts, which can be related to future attempts, it could push the suicidal patient to do it, or plan the suicidal act better.
-

90. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

- a) Don't ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does plant the idea in the suicidal patients mind.
 - b) Always ask about access to firearms; access to weapons increases the risk in a suicidal patient.
 - c) Do not release patients from the emergency department if you are not certain that they will not harm themselves.
 - d) Never assume that family or friends will be able to watch a patient 24 hours a day. If that is required, admit the patient to the hospital.
 - e) Never worry alone-If you are unsure about the level of risk or course of action, involve others.
-

91. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Never ask about access to firearms; access to weapons increases the risk in a suicidal patient, but if you ask, it can influence them to use it in next suicidal attempts.
- c) Do not release patients from the emergency department if you are not certain

that they will not harm themselves.

d) Never assume that family or friends will be able to watch a patient 24 hours a day. If that is required, admit the patient to the hospital.

e) Never worry alone-If you are unsure about the level of risk or course of action, involve others.

92. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.

b) Always ask about access to firearms; access to weapons increases the risk in a suicidal patient.

c) Release patients from the emergency department even if you are not certain that they will not harm themselves, trust the patient and relatives that they will monitor him, and that your therapeutic influence is enough to keep them alive

d) Never assume that family or friends will be able to watch a patient 24 hours a day. If that is required, admit the patient to the hospital.

e) Never worry alone-If you are unsure about the level of risk or course of action, involve others.

93. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.

b) Always ask about access to firearms; access to weapons increases the risk in a suicidal patient.

c) Do not release patients from the emergency department if you are not certain that they will not harm themselves.

d) Always assume that family or friends will be able to watch a patient 24 hours a day.

e) Never worry alone-If you are unsure about the level of risk or course of action, involve others.

94. Mod de punctare: AlWhich of the following should NOT be done with a suicidal patient:

a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.

b) Always ask about access to firearms; access to weapons increases the risk in a suicidal patient.

c) Do not release patients from the emergency department if you are not certain that they will not harm themselves.

d) Never assume that family or friends will be able to watch a patient 24 hours a day. If that is required, admit the patient to the hospital.

e) Always deal with the patient by your self-If you are unsure about the level

of risk or course of action, never show it to the patient and others, it could increase the level of anxiety in the patient and he will not trust you.

95. Mod de punctare: A1Diagnostic criteria -A- according to DSM IV-TR, in Mental Retardation, should include:

a) Significantly subaverage intellectual functioning: An IQ of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning).

b) Concurrent deficits or impairments in present adaptive functioning (i.e.. the person's effectiveness in meeting the standards expected for his or her age by his or her cultural group) in at least two of the following areas: communication, home living, social/interpersonal skills, use of community resources, functional academic skills, work, leisure, health, and safety.

c) The onset is before age 18 years.

d) Delusions and bizarre behavior with an onset prior to 3 years.

e) Poor social adaptation and poor learning skills after age 18 years.

96. Mod de punctare: A1Based on degree of severity reflecting level of intellectual impairment in Mild Mental Retardation the Level of IQ is:

a) 70-75 up to 80-85

b) 50-55 up to 70

c) 35-40 up to 50-55

d) 20-25 up to 35-40

e) below 20-25

97. Mod de punctare: A1Based on degree of severity reflecting level of intellectual impairment in Moderate Mental Retardation the Level of IQ is:

a) 70-75 up to 80-85

b) 50-55 up to 70

c) 35-40 up to 50-55

d) 20-25 up to 35-40

e) below 20-25

98. Mod de punctare: A1Based on degree of severity reflecting level of intellectual impairment in Severe Mental Retardation the Level of IQ is:

a) 70-75 up to 80-85

b) 50-55 up to 70

c) 35-40 up to 50-55

d) 20-25 up to 35-40

e) below 20-25

99. Mod de punctare: A1Based on degree of severity reflecting level of intellectual impairment in Profound Mental Retardation the Level of IQ is:

a) 70-75 up to 80-85

b) 50-55 up to 70

c) 35-40 up to 50-55

d) 20-25 up to 35-40

e) below 20-25

100. Mod de punctare: A1One of the Diagnostic criteria according to DSM IV-TR, for Autistic Disorder include:

a) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) language as used in

social communication, or (3) symbolic at imaginative play
b) Presence of delusions and hallucinations till age 3 years

c) Grand mall seizures, with highly unresponsive seizures

d) Very high level of intellect, with an IQ more the 120

e) Delays or abnormal functioning in at least one of the following areas, with onset prior to age 3 years: (1) social interaction, (2) mimic as used in social communication, or (3) can't understand stories.

101. Mod de punctare: A1Diagnostic criteria -A- according to DSM IV-TR, in Childhood Disintegrative Disorder, should include:

a) Apparently normal development for at least the first 2 years after birth or manifested by the presence of age-appropriate verbal and nonverbal communication, social relationships, play, and adaptive behavior.

b) Qualitative impairment in social interaction (e.g.. impairment in nonverbal behaviors, failure to develop peer relationships, lack of social or emotional reciprocity)

c) Qualitative impairments in communication (e.g., delay or lack of spoken language. inability to initiate or sustain a conversation. stereotyped and repetitive use of language, lack of varied make-believe play)

d) Restrictive, repetitive, and stereotyped patterns of behavior, interests, and activities, including motor stereotypes and mannerisms

e) Deceleration of head growth between ages 5 and 48 months

102. Mod de punctare: A1What from below is correct about Rett's Disorder:

a) Neurodegenerative disease that shows characteristic features after a period of at least 6 months of normal function and growth. Signs include microcephaly, lack of purposeful hand movements, stereotypic motions, and poor receptive and expressive communication, apraxic gait, and poor coordination

b) Neurodegenerative disease that shows deficits in language development and difficulty using language to communicate, prior to age 3 years. Children do not demonstrate special attention to important people in their lives and have impaired eye contact and attachment behavior to family members and notable deficits in interacting with peers.

c) Disintegration of intellectual, social, and language function after at least 2 years of normal development. Normal development for at least 2 years followed by abnormalities in reciprocal social interaction, communication skills, and stereotyped behavior. Core features include impaired ability in language, social behavior, adaptive behavior, bowel or bladder control, play, and motor skills. Majority of onset occurs at age 3 to 4 years

d) Patient shows impairment in social interaction and restricted repetitive patterns of behavior. There are no significant delays in language, cognitive development or age-appropriate self-help skills. Features include at least two of the following: markedly abnormal nonverbal communicative gestures, failure to develop peer relationships, the lack of social or emotional reciprocity, and an impaired ability to express pleasure in other people's happiness. Restricted interests and patterns of behavior are always present

e) Consists of a persistent pattern of inattention and/or hyperactivity and impulsive behavior that is more severe than expected of children of similar

age and level of development. Symptoms must be present before the age of 7 years, must be present in at least two settings, and must interfere with the appropriate social, academic, and extracurricular functioning.

103. Mod de punctare: AlWhat from below is correct about Autistic Disorder:

a) Neurodegenerative disease that shows characteristic features after a period of at least 6 months of normal function and growth. Signs include microcephaly, lack of purposeful hand movements, stereotypic motions, and poor receptive and expressive communication, apraxic gait, and poor coordination

b) Neurodegenerative disease that shows deficits in language development and difficulty using language to communicate, prior to age 3 years. Children do not demonstrate special attention to important people in their lives and have impaired eye contact and attachment behavior to family members and notable deficits in interacting with peers

c) Disintegration of intellectual, social, and language function after at least 2 years of normal development. Normal development for at least 2 years followed by abnormalities in reciprocal social interaction, communication skills, and stereotyped behavior. Core features include impaired ability in language, social behavior, adaptive behavior, bowel or bladder control, play, and motor skills. Majority of onset occurs at age 3 to 4 years

d) Patient shows impairment in social interaction and restricted repetitive patterns of behavior. There are no significant delays in language, cognitive development or age-appropriate self-help skills. Features include at least two of the following: markedly abnormal nonverbal communicative gestures, failure to develop peer relationships, the lack of social or emotional reciprocity, and an impaired ability to express pleasure in other people's happiness. Restricted interests and patterns of behavior are always present

e) Consists of a persistent pattern of inattention and/or hyperactivity and impulsive behavior that is more severe than expected of children of similar age and level of development. Symptoms must be present before the age of 7 years, must be present in at least two settings, and must interfere with the appropriate social, academic, and extracurricular functioning.

104. Mod de punctare: AlWhat from below is correct about Childhood Disintegrative Disorder:

a) Neurodegenerative disease that shows characteristic features after a period of at least 6 months of normal function and growth. Signs include microcephaly, lack of purposeful hand movements, stereotypic motions, and poor receptive and expressive communication, apraxic gait, and poor coordination

b) Neurodegenerative disease that shows deficits in language development and difficulty using language to communicate, prior to age 3 years. Children do not demonstrate special attention to important people in their lives and have impaired eye contact and attachment behavior to family members and notable deficits in interacting with peers.

c) Disintegration of intellectual, social, and language function after at least 2 years of normal development. Normal development for at least 2 years followed by abnormalities in reciprocal social interaction, communication skills, and stereotyped behavior. Core features include impaired ability in language, social behavior, adaptive behavior, bowel or bladder control, play, and motor skills. Majority of onset occurs at age 3 to 4 years

d) Patient shows impairment in social interaction and restricted repetitive patterns of behavior. There are no significant delays in language, cognitive development or age-appropriate self-help skills. Features include at least two of the following: markedly abnormal nonverbal communicative gestures, failure to develop peer relationships, the lack of social or emotional reciprocity, and an impaired ability to express pleasure in other people's happiness. Restricted interests and patterns of behavior are always present

e) Consists of a persistent pattern of inattention and/or hyperactivity and impulsive behavior that is more severe than expected of children of similar age and level of development. Symptoms must be present before the age of 7 years, must be present in at least two settings, and must interfere with the appropriate social, academic, and extracurricular functioning.

105. Mod de punctare: AlWhat from below is correct about Asperger's Disorder:

a) Neurodegenerative disease that shows characteristic features after a period of at least 6 months of normal function and growth. Signs include microcephaly, lack of purposeful hand movements, stereotypic motions, and poor receptive and expressive communication, apraxic gait, and poor coordination

b) Neurodegenerative disease that shows deficits in language development and difficulty using language to communicate, prior to age 3 years. Children do not demonstrate special attention to important people in their lives and have impaired eye contact and attachment behavior to family members and notable deficits in interacting with peers.

c) Disintegration of intellectual, social, and language function after at least 2 years of normal development. Normal development for at least 2 years followed by abnormalities in reciprocal social interaction, communication skills, and stereotyped behavior. Core features include impaired ability in language, social behavior, adaptive behavior, bowel or bladder control, play, and motor skills. Majority of onset occurs at age 3 to 4 years.

d) Patient shows impairment in social interaction and restricted repetitive patterns of behavior. There are no significant delays in language, cognitive development or age-appropriate self-help skills. Features include at least two of the following: markedly abnormal nonverbal communicative gestures, failure to develop peer relationships, the lack of social or emotional reciprocity, and an impaired ability to express pleasure in other people's happiness. Restricted interests and patterns of behavior are always present

e) Consists of a persistent pattern of inattention and/or hyperactivity and impulsive behavior that is more severe than expected of children of similar age and level of development. Symptoms must be present before the age of 7 years, must be present in at least two settings, and must interfere with the appropriate social, academic, and extracurricular functioning.

106. Mod de punctare: AlWhat from below is correct about Attention-deficit/hyperactivity Disorder:

a) Neurodegenerative disease that shows characteristic features after a period of at least 6 months of normal function and growth. Signs include microcephaly, lack of purposeful hand movements, stereotypic motions, and poor receptive and expressive communication, apraxic gait, and poor coordination

b) Neurodegenerative disease that shows deficits in language development and difficulty using language to communicate, prior to age 3 years. Children do

not demonstrate special attention to important people in their lives and have impaired eye contact and attachment behavior to family members and notable deficits in interacting with peers.

c) Disintegration of intellectual, social, and language function after at least 2 years of normal development. Normal development for at least 2 years followed by abnormalities in reciprocal social interaction, communication skills, and stereotyped behavior. Core features include impaired ability in language, social behavior, adaptive behavior, bowel or bladder control, play, and motor skills. Majority of onset occurs at age 3 to 4 years.

d) Patient shows impairment in social interaction and restricted repetitive patterns of behavior. There are no significant delays in language, cognitive development or age-appropriate self-help skills. Features include at least two of the following: markedly abnormal nonverbal communicative gestures, failure to develop peer relationships, the lack of social or emotional reciprocity, and an impaired ability to express pleasure in other people's happiness. Restricted interests and patterns of behavior are always present

e) Consists of a persistent pattern of inattention and/or hyperactivity and impulsive behavior that is more severe than expected of children of similar age and level of development. Symptoms must be present before the age of 7 years, must be present in at least two settings, and must interfere with the appropriate social, academic, and extracurricular functioning.

107. Mod de punctare: AlWhich of the following is NOT a Pervasive Developmental Disorder:

- a) Schizophrenia
- b) Autistic disorder
- c) Rett's disorder
- d) Childhood disintegrative disorder
- e) Asperger's disorder

108. Mod de punctare: AlWhich of the following is NOT a Pervasive Developmental Disorder:

- a) Autistic disorder
- b) Childhood disintegrative disorder
- c) Rett's disorder
- d) Asperger's disorder
- e) Mental Retardation

109. Mod de punctare: AlWhich of the following is a Pervasive Developmental Disorder:

- a) Autistic disorder
- b) Schizophrenia
- c) Mental Retardation
- d) Epilepsy in children
- e) Pica

110. Mod de punctare: AlWhich of the following is a Pervasive Developmental Disorder:

- a) Rett's disorder
- b) Schizophrenia
- c) Mental Retardation
- d) Epilepsy in children

e) Pica

111. Mod de punctare: AlWhich of the following is a Pervasive Developmental Disorder:

- a) Childhood disintegrative disorder
 - b) Schizophrenia
 - c) Mental Retardation
 - d) Epilepsy in children
 - e) Pica
-

112. Mod de punctare: AlWhich of the following is a Pervasive Developmental Disorder:

- a) Asperger's disorder
 - b) Schizophrenia
 - c) Mental Retardation
 - d) Epilepsy in children
 - e) Pica
-

113. Mod de punctare: AlPredisposing factors for alcoholism:

- a) Endogenous factors
 - b) Socio-psychological factors
 - c) Brain Trauma
 - d) Atherosclerosis
 - e) Infections
-

114. Mod de punctare: AlIn the foreground of the somatogenic psychosis appear states like:

- a) Dependent
 - b) The withdrawal
 - c) The hidden depression
 - d) Seizures
 - e) "short circuit" states
-

115. Mod de punctare: AlWhat syndrome is characteristic for simple schizophrenia:

- a) Motor Automatism
 - b) Apatho-abulic
 - c) Paranoid
 - d) Hypochondria
 - e) Depression
-

116. Mod de punctare: AlBehavioral syndromes associated with psychological disturbances and physical factors are:

- a) Eating disorders
 - b) Nonorganic sleep disorders
 - c) Sexual dysfunction, not caused by organic disorder or disease
 - d) Abuse of non-dependence-producing substances
 - e) All statements are correct
-

117. Mod de punctare: AlSeparation anxiety in children include:

- a) Fear of injury to the relatives
- b) Unwillingness to eat in solitude
- c) Refusal to attend school

- d) Transitory illusions
 - e) Nocturnal nightmares with scenes of separation
-

118. Mod de punctare: A1Definition of neurotic disorders:

- a) functional disorders that do not involve organic brain changes and states of psychosis
 - b) a state of mental undevelopment
 - c) a stable change of personality
 - d) a stable intellectual disorder of memory, critical sense
 - e) a serious disorder of attention
-

119. Mod de punctare: A1The etiological factors in the organic psychopathological disorders are:

- a) Genetic
 - b) Constitution
 - c) Biological
 - d) Situational
 - e) Seizures
-

120. Mod de punctare: A1Behavioral syndromes associated with psychological disturbances and physical factors are:

- a) Eating disorders
 - b) Nonorganic sleep disorders
 - c) Sexual dysfunction, not caused by organic disorder or disease
 - d) Abuse of non-dependence-producing substances
 - e) All statements are correct
-

121. Mod de punctare: A1Which of the following is a TRUE about disorders of adult personality and behavior:

- a) Echo of thoughts
 - b) Insertion and dissemination of thoughts
 - c) Marked disharmonized and sustainable attitudes and behavior
 - d) delusions of control
 - e) delusions of influence
-

122. Mod de punctare: A1Form of pathological alcohol intoxication is:

- a) demential
 - b) epileptoid
 - c) hypochondriac
 - d) asthenic
 - e) apathetic
-

123. Mod de punctare: A1The risk to make schizophrenia for person with both parents suffer from it is:

- a) 40-70%
- b) 50-90%
- c) 15-20%
- d) 20-40%

e) 70-90%

124. Mod de punctare: AI Diagnostic criteria for bulimia nervosa in DSM-IV are:

- a) Eating in certain period of time a quantity of food greater than that which would eat one other person in the same time and in similar conditions, compulsive eating.
- b) Feeling lack of control over excessive eating episodes
- c) Inappropriate compensatory behavior designed to prevent weight gain
- d) Concerns regarding own body shape and weight
- e) All confirmations are correct

125. Mod de punctare: AI In the treatment of separation anxiety disorder in children, will be given priority to:

- a) tranquilizers
- b) mother-child psychotherapy
- c) isolation of baby from his mother
- d) neuroleptics
- e) antidepressants

126. Mod de punctare: AI In vascular dementia is prevalent:

- a) behavioral disturbances
- b) amnesic disturbances
- c) disturbances of thought
- d) emotional disturbances
- e) abuse of diuretics

127. Mod de punctare: AI Compulsive/purgative type of eating in anorexia nervosa includes:

- a) in the current episode of anorexia nervosa a person repeatedly engages in compulsive/purgative behavior
- b) self-inflicted vomiting
- c) abuse of laxatives and enemas.
- d) abuse of diuretics
- e) all the confirmations are correct

128. Mod de punctare: AI For the emotional instability type of personality disorder borderline type, the following symptoms are characteristic, with the exception of:

- a) Exaggerated attention payed to physical attractiveness.
 - b) Perception of the self, goals and internal preferences (including sexual) usually are not clear and troubled
 - c) The feeling of internal emptiness is constant.
 - d) A tendency to get involved into intense and instable relationships, that might cause repetitive emotional crisis.
 - e) Excessive effort to prevent the abandon, and a series of self-harming actions and suicide attempts.
-

129. Mod de punctare: A1Symptoms that are usual in acute alcohol delirium (delirium tremens):

- a) Insomnia
 - b) Astenia
 - c) Korsacov syndrome
 - d) Pseudohallucinations
 - e) Delusions of being followed/persecuted
-

130. Mod de punctare: A1The following affirmations about the epileptic status are correct, with the exception of:

- a) Appears usually after petit-mal seizures
 - b) The most frequent condition is an abrupt stop of anticonvulsivant treatment.
 - c) Epileptic status might appear not only in epilepsy, but also in CNS infections, meningoencephalytis, etc
 - d) Represents a major psychiatric emergency, since it might lead to an exitus or determine irreversible neurological consequences.
 - e) Is characterized by repeated tonic and clonic seiqures, total crisis length might exceed one hour.
-

131. Mod de punctare: A1Schizophrenia forms are:

- a) Hebephrenic
 - b) Melancolic
 - c) Ironic
 - d) Posttraumatic
 - e) Symptomatic
-

132. Mod de punctare: A1Incorrect compensatory behavior, that is reccurent and aimed to prevent body weight growth in bulimia nervosa includes:

- a) Provoked vomiting
 - b) Excessive use of laxatives, diuretic or other medications
 - c) Diet regimen
 - d) Excess of physical excercise
 - e) All the statements are correct
-

133. Mod de punctare: A1The first person that formulated the transactional analysis?

- a) Beck
 - b) Freud
 - c) Ellis
 - d) Bern
 - e) Perls
-

134. Mod de punctare: A1Dementia in Parkinson disease :

- a) apathy
- b) depression
- c) bradiphrenia

- d) logorrea.
- e) anxious estates

135. Mod de punctare: A1The clinical futures at the onset of anorexia nervosa in adolescence period:

- a) Avoiding nutrition
- b) Vomiting
- c) Excessive physical exercise
- d) Laxative use
- e) All the statements are correct

136. Mod de punctare: A1Concern for details, rules, lists, order, organization or planning, perfectionism are characteristic of personality disorder:

- a) Emotionally unstable (borderline)
- b) Dissocial
- c) Histrionic
- d) Anancastic
- e) Dependence

137. Mod de punctare: A1Hallucinations specific of alcoholic hallucinosis:

- a) Visual
- b) Tactile
- c) Olfactory
- d) Auditory
- e) Gustative

138. Mod de punctare: A1Catatonic schizophrenia:

- a) is a malignant form of schizophrenia
- b) leads to death within 5-10 years
- c) occurs due to frequent cerebral-vascular accidents
- d) has a sudden onset under the form of excitation or catatonic stupor
- e) access starts with prodrome and aura

139. Mod de punctare: A1We distinguish the following types of nervous anorexia, according to age criteria:

- a) Infantile anorexia infantile
- b) Prepubertal anorexia
- c) Pubertal anorexia
- d) Adolescents' anorexia
- e) All answers are correct

140. Mod de punctare: A1How long does the acute reaction to stress last:

- a) 6-8 months
- b) 2-3 months
- c) from several hours to several days
- d) 5-20 minutes
- e) several seconds

141. Mod de punctare: A1Panic attack reaches its maximum intensity within approximately :

- a) 2 hours
 - b) 45 minutes
 - c) 12 hours
 - d) 24 hours
 - e) 10 minutes
-

142. Mod de punctare: A1Dementia in Pick's disease is manifested by :

- a) obsession
 - b) logorrhea
 - c) paraphasia
 - d) contrafabulation
 - e) somatostatin
-

143. Mod de punctare: A1Hormones mostly involved in sleep structure are:

- a) Somatostatin
 - b) Growth hormone
 - c) Gonadotropins, tireotropais hormones
 - d) Corticotropin hormone, prolactin, antidiuretic hormone, melatonin
 - e) All answers are correct
-

144. Mod de punctare: A3Which of the following explanations is true about agoraphobia:

- a) Morbid fear of open places or leaving the familiar setting of the home.
 - b) Morbid fear of leaving the familiar setting of the home.
 - c) May be present with or without panic attacks.
 - d) Morbid fear of sharp objects and knives. May be present with or without panic attacks.
 - e) Morbid fear of height and high positions in space. May be present with or without panic attacks.
-

145. Mod de punctare: A3Which of the following explanations is true about akathisia:

- a) Subjective feeling of motor restlessness
 - b) Is characterized by a compelling need to be in constant movement
 - c) It may be seen as an extrapyramidal adverse effect of antipsychotic medication.
 - d) Subjective feeling of restlessness manifested by a compelling need to be in constant fear; may be seen as a psychological adverse effect of antidepressant medication.
 - e) State in which one feels little or no pain. Can occur under hypnosis and in dissociative disorder.
-

146. Mod de punctare: A3Which of the following explanations is true about catalepsy:

- a) Condition in which persons maintain the body position into which they are placed
- b) It is observed in severe cases of catatonic schizophrenia.
- c) Also called waxy flexibility and cerea flexibilitas.
- d) False perception of orders that a person may feel obliged to obey or unable to resist
- e) Disturbances of consciousness manifested by a disordered orientation in relation to time, place, or person.

147. Mod de punctare: A3Which of the following explanations is true about confabulation:

- a) Unconscious filling of gaps in memory by imagining experiences or events that have no basis in fact,
- b) It is commonly seen in amnestic syndromes; should be differentiated from lying.
- c) Illusion of visual recognition in which a new situation is incorrectly regarded as a repetition of a previous experience.
- d) False belief, based on incorrect inference about external reality, that is firmly held despite objective and obvious contradictory proof or evidence and despite the fact that other members of the culture do not share the belief.
- e) Gradual or sudden deviation in train of thought without blocking; sometimes used synonymously with loosening of association.

148. Mod de punctare: A3Which of the following explanations is true about flat affect:

- a) Absence or near absence of any signs of affective expression.
- b) It is seen in Schizophrenia as part of negative symptomatic
- c) Mental state characterized by feelings of sadness, loneliness, despair, low self-esteem and self-reproach; accompanying signs include psychomotor retardation or at times, agitation, withdrawal from interpersonal contact, and vegetative symptoms, such as insomnia and anorexia.
- d) Oscillation of a person's emotional feeling tone between periods of elation and periods of depression.
- e) Depressive delusion that the world and everything related to it have ceased to exist.

149. Mod de punctare: A3Which of the following explanations is true about psychotherapy:

- a) A treatment for mental illness and behavioral disturbances
 - b) A treatment in which a trained person establishes a professional contract with the patient
 - c) A treatment in which the therapist, through definite therapeutic communication, both verbal and nonverbal attempts to alleviate the emotional disturbance, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.
 - d) A treatment for normal people and behavioral disturbances in which any person could establish a contract with the patient and through communication, both verbal and nonverbal attempts to alleviate the emotional disturbance, reverse or change maladaptive patterns of behavior, and encourage personality growth and development.
 - e) A set of psychological technics offered for mental illness and behavioral disturbances in which the patient is helped to solve some habitual problems or emotional disturbance, maladaptive patterns of behavior by reading books and forgetting the issues that caused the disturbance in the first place.
-

150. Mod de punctare: A3Which of the following explanations is true about psychoanalysis:

a) A theory of human mental phenomena and behavior, a method of psychic investigation and research, and a form of psychotherapy originally formulated by Freud

b) The major goal of the therapy is to help the patient develop insight into unconscious conflicts, based on unresolved childhood wishes and manifested as symptoms, and to develop more adult patterns of interacting and behaving.

c) A therapy that is based on the theory that behavior is determined by the way in which people think about themselves and their roles in the world. Maladaptive behavior is secondary to ingrained, stereotyped thoughts, which can lead to cognitive distortions or errors in thinking. The theory is aimed at correcting cognitive distortions and the self-defeating behaviors that result from them.

d) A short-term psychotherapy, lasting 12 to 16 weeks, developed specifically for the treatment of nonbipolar, nonpsychotic depression. Intrapsychic conflicts are not addressed. Emphasis is on current interpersonal relationships and on strategies to improve the patient's interpersonal life.

e) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be. This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

151. Mod de punctare: A3Which of the following explanations is true about behavior therapy:

a) A therapy that focuses on overt and observable behavior and uses various conditioning techniques derived from learning theory to directly modify the patient's behavior.

b) This therapy is directed exclusively toward symptomatic improvement, without addressing psychodynamic causation

c) A therapy that is based on the theory that behavior is determined by the way in which people think about themselves and their roles in the world. Maladaptive behavior is secondary to ingrained, stereotyped thoughts, which can lead to cognitive distortions or errors in thinking. The theory is aimed at correcting cognitive distortions and the self-defeating behaviors that result from them.

d) A short-term psychotherapy, lasting 12 to 16 weeks, developed specifically for the treatment of nonbipolar, nonpsychotic depression. Intrapsychic conflicts are not addressed. Emphasis is on current interpersonal relationships and on strategies to improve the patient's interpersonal life.

e) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be. This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

152. Mod de punctare: A3Which of the following explanations is true about cognitive-behavioral therapy:

a) A theory of human mental phenomena and behavior, a method of psychic investigation and research, and a form of psychotherapy originally formulated by Freud; the major goal of the therapy is to help the patient develop insight into unconscious conflicts, based on unresolved childhood wishes and manifested as symptoms, and to develop more adult patterns of interacting and behaving.

b) A therapy that is based on the theory that behavior is determined by the way in which people think about themselves and their roles in the world.

c) By this theory, maladaptive behavior is secondary to ingrained, stereotyped thoughts, which can lead to cognitive distortions or errors in thinking.

d) The theory is aimed at correcting cognitive distortions and the self-defeating behaviors that result from them.

e) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be. This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

153. Mod de punctare: A3 Which of the following explanations is true about interpersonal therapy:

a) A theory of human mental phenomena and behavior, a method of psychic investigation and research, and a form of psychotherapy originally formulated by Freud; the major goal of the therapy is to help the patient develop insight into unconscious conflicts, based on unresolved childhood wishes and manifested as symptoms, and to develop more adult patterns of interacting and behaving.

b) A short-term psychotherapy, lasting 12 to 16 weeks, developed specifically for the treatment of nonbipolar, nonpsychotic depression.

c) Intrapsychic conflicts are not addressed

d) Emphasis is on current interpersonal relationships and on strategies to improve the patient's interpersonal life.

e) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be. This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

154. Mod de punctare: A3 Which of the following explanations is true about family therapy:

a) A theory of human mental phenomena and behavior, a method of psychic investigation and research, and a form of psychotherapy originally formulated by Freud; the major goal of the therapy is to help the patient develop insight into unconscious conflicts, based on unresolved childhood wishes and manifested as symptoms, and to develop more adult patterns of interacting and behaving.

b) A therapy that focuses on overt and observable behavior and uses various conditioning techniques derived from learning theory to directly modify the patient's behavior. This therapy is directed exclusively toward symptomatic improvement, without addressing psychodynamic causation.

c) A therapy that is based on the theory that behavior is determined by the way in which people think about themselves and their roles in the world. Maladaptive behavior is secondary to ingrained, stereotyped thoughts, which can lead to cognitive distortions or errors in thinking. The theory is aimed at correcting cognitive distortions and the self-defeating behaviors that result from them.

d) A therapy that is based on the theory that a family is a system that attempts to maintain homeostasis, regardless of how maladaptive the system may be.

e) This theory has been referred to as a "family systems orientation." and the techniques include focusing on the family rather than on the identified patient.

155. **Mod de punctare:** A3What are the assumptions on which relies the psychosomatic medicine:

- a) There is a unity of mind and body (reflected in term mind-body medicine)
- b) All the disorders are caused by stress and the only way to help is by healing you soul
- c) Although there are conditions that are caused by biological factors, the main problem in all somatic disorders relies on psychological conflicts.
- d) Psychological factors must be taken into account when considering all disease states
- e) All the diseases have a pathophysiology that is unclear, but which can be explained by psychological conflict

156. **Mod de punctare:** A3Which neurotransmitters are mostly implied in pathophysiology of psychosomatic disorders as a neurotransmitter response:

- a) Catecholamine, serotonin
- b) GABA, Na+, L-DOPA
- c) GABA, noradrenalin, acetylcholine
- d) Catecholamine, dopamine
- e) Glucocorticoids, T3/T4, Adrenalin

157. **Mod de punctare:** A3Which of the following conditions is likely to be regarded as a psychosomatic disorder:

- a) Asthma
- b) Arterial hypertension
- c) Headaches
- d) Ulcerative colitis
- e) Willson-Konovalov disease

158. **Mod de punctare:** A3Which of the following is TRUE about functional response to stress (George Engel):

- a) Increased synthesis of brain norepinephrine.
- b) Increased serotonin turnover may result in eventual depletion of serotonin.
- c) Increased dopaminergic transmission.
- d) Immune activation occurs with release of hormonal immune factors (cytokines) in acute stress.
- e) Number and activity of natural killer cells increases in chronic stress, causing tumors.

159. **Mod de punctare:** A3Which of the following is TRUE about functional response to stress (George Engel):

- a) Testosterone decrease with prolonged stress.

- b) Immune activation occurs with release of hormonal immune factors (cytokines) in acute stress.
- c) Number and activity of natural killer cells decreased in chronic stress.
- d) Decreased synthesis of brain norepinephrine.
- e) Increased dopaminergic transmission.

160. Mod de punctare: A3Which of the following is a dissociative disorder:

- a) dissociative amnesia
- b) dissociative fugue
- c) dissociative identity disorder
- d) depersonalization disorder
- e) dissociative mood disorder

161. Mod de punctare: A3Which of the following is TRUE about dissociative amnesia:

- a) The amnesia has always a organic trauma background
- b) Dissociative phenomenon is specifically amnesic in that the patient is unable to recall an important memory, which is usually traumatic or stressful, but retains the capacity to learn new material.
- c) The diagnostic criteria for dissociative amnesia emphasizes that the forgotten information is usually of traumatic or stressful nature.
- d) Onset of dissociative amnesia is often abrupt, and history usually shows a precipitating emotional trauma charged with painful emotions and psychological conflict.
- e) The amnesia is not the result of a general medical condition or the ingestion of a substance. Amnesia may provide a primary or a secondary gain (i.e.. a woman who is amnesic about the birth of a dead infant).

162. Mod de punctare: A3Which of the following is TRUE about dissociative fugue:

- a) It is characterized by sudden, unexpected travel away from home, with the inability to recall some or all of one's past.
- b) Memory loss is sudden and is associated with purposeful, unconfused travel, often for extended periods of time.
- c) Once they suddenly return to their former selves, they recall the time antedating the fugue, but they are amnesic for the period of the fugue itself.
- d) Predisposing factors include borderline, histrionic, schizoid personality disorders; alcohol abuse; mood disorders; organic disorders (especially epilepsy); and a history of head trauma.
- e) The recovery is not spontaneous and can lead to brain trauma

163. Mod de punctare: A3Which of the following is TRUE about schizophrenia:

- a) It is a chronic disorder that usually have a good prognostic and no residual symptoms
- b) It is a syndrome of unknown etiology characterized by disturbances in cognition, emotion, perception, thinking, and behavior.
- c) It is well established as a brain disorder, with structural and functional abnormalities visible in neuroimaging studies and having a genetic component
- d) The prodromal and residual phases are characterized by attenuated forms of active symptoms, such as odd beliefs and magical thinking, as well as deficits in self-care and interpersonal relatedness.
- e) The disorder is usually chronic, with a course encompassing a prodromal

phase, an active phase, and a residual phase.

164. Mod de punctare: A3Which of the following is TRUE about schizophrenia:

- a) Schizophrenia can be treated with psychotherapy, given strong arguments curing the patient's disbeliefs.
- b) Higher mortality rate from accidents and natural causes than in general population.
- c) Leading cause of death in schizophrenic patients is suicide (10% kill themselves).
- d) Schizophrenic symptoms may result from increased limbic dopamine activity (positive symptoms) and decreased frontal dopamine activity (negative symptoms).
- e) Dopaminergic pathology may be secondary to abnormal receptor number or sensitivity, or abnormal dopamine release (too much or too little).

165. Mod de punctare: A3Which of the following is TRUE about schizophrenia:

- a) The main treatment is with antipsychotic drugs which have the mechanism of increasing the level of dopamine in CNS.
- b) The prevalence of schizophrenia is greater in the biological parents of schizophrenic adoptees than in adoptive parents.
- c) Increased norepinephrine levels in schizophrenia lead to increased sensitization to sensory input.
- d) Decreased GABA activity results in increased dopamine activity which play it's role in pathogenesis.
- e) Serotonin metabolism apparently is abnormal in some chronically schizophrenic patients, with both hyperserotoninemia and hyposerotoninemia being reported.

166. Mod de punctare: A3Which of the following is TRUE about schizophrenia:

- a) The main treatment is with antidepressant drugs, which have the mechanism of decreasing the level of dopamine in CNS.
- b) Schizophrenic symptoms may result from increased limbic dopamine activity (positive symptoms) and decreased frontal dopamine activity (negative symptoms).
- c) Dopaminergic pathology may be secondary to abnormal receptor number or sensitivity, or abnormal dopamine release (too much or too little).
- d) Decreased GABA activity results in increased dopamine activity which play it's role in pathogenesis.
- e) Serotonin metabolism apparently is abnormal in some chronically schizophrenic patients, with both hyperserotoninemia and hyposerotoninemia being reported.

167. Mod de punctare: A3Which of the following is a type of schizophrenia:

- a) Paranoid
- b) Hebephrenia
- c) Catatonic
- d) Disorganized
- e) Affective

168. Mod de punctare: A3Which of the following is a type of schizophrenia:

- a) Paranoid
 - b) Simple
 - c) Catatonic
 - d) Disorganized
 - e) Negative
-

169. Mod de punctare: A3Which of the following functions can be damaged in schizophrenia:

- a) Memory
 - b) Thinking
 - c) Perception
 - d) Consciousness
 - e) Behavior
-

170. Mod de punctare: A3Which of the following items is usually considered as good prognosis in schizophrenia:

- a) Late onset
 - b) Married
 - c) Positive symptoms
 - d) Mood disorder symptoms (especially depressive disorders)
 - e) Insidious onset
-

171. Mod de punctare: A3Which of the following items is usually considered as good prognosis in schizophrenia:

- a) Acute onset
 - b) Married
 - c) Positive symptoms
 - d) Mood disorder symptoms (especially depressive disorders)
 - e) Early onset
-

172. Mod de punctare: A3Which of the following items is usually considered as poor prognosis in schizophrenia:

- a) Early onset
 - b) Single, divorced
 - c) Negative symptoms
 - d) Autistic behavior
 - e) Mood disorder symptoms (especially depressive disorders)
-

173. Mod de punctare: A3Which of the following is a neuroleptic:

- a) Risperidone
 - b) Clozapine
 - c) Imipramine
 - d) Aripiprazol
 - e) Quetiapine
-

174. Mod de punctare: A3Which of the following is a neuroleptic:

- a) Haloperidol
 - b) Clozapine
 - c) Clomipramine
 - d) Aripiprazol
 - e) Quetiapine
-

175. Mod de punctare: A3Which of the following is a neuroleptic:

- a) Haloperidol

- b) Clozapine
 - c) Clomipramine
 - d) Clorpromazine
 - e) Trifluoperazine
-

176. **Mod de punctare:** A3Which of the following is an antidepressant drug:

- a) Amitriptiline
 - b) Escitalopram
 - c) Clomipramine
 - d) Clorpromazine
 - e) Venlafaxine
-

177. **Mod de punctare:** A3Which of the following is an antidepressant drug:

- a) Fluoxetine
 - b) Escitalopram
 - c) Clomipramine
 - d) Clozapine
 - e) Paroxetine
-

178. **Mod de punctare:** A3Which of the following is an antidepressant drug:

- a) Fluoxetine
 - b) Citalopram
 - c) Clomipramine
 - d) Clozapine
 - e) Venlafaxine
-

179. **Mod de punctare:** A3Which of the following are UNCOMMON adverse events of typical antipsychotic drugs:

- a) Metabolic changes (X metabolic syndrome)
 - b) Extrapyramidal symptoms
 - c) Anemia
 - d) Hypernatremia
 - e) Priapism
-

180. **Mod de punctare:** A3Which of the following are adverse event of typical antipsychotic drugs:

- a) Metabolic changes (X metabolic syndrome)
 - b) Extrapyramidal symptoms
 - c) Restlessness
 - d) Hyper salivation
 - e) Tardive dyskinesia
-

181. **Mod de punctare:** A3Which of the following antipsychotic drugs is NOT considered to relieve the symptoms of tardive dyskinesia, and more likely to worsen it:

- a) Haloperidol
 - b) Trifluoperazine
 - c) Chlormpromazine
 - d) Levomepromazine
 - e) Clozapine
-

182. **Mod de punctare:** A3Which of the following antipsychotic drugs is LESS likely to cause agranulocytosis:

- a) Haloperidol

- b) Clozapine
 - c) Trifluoperazine
 - d) Aripiprazol
 - e) Quetiapine
-

183. Mod de punctare: A3Which of the following are criteria for panic attack:

- a) Fear of special places, or having social activities
 - b) Nausea or abdominal distress
 - c) Feeling dizzy, unsteady, lightheaded, or faint
 - d) Derealization (feelings of unreality) or depersonalization (being detached from oneself)
 - e) Fear of losing control or going crazy
-

184. Mod de punctare: A3Which of the following are criteria for panic attack:

- a) Fear of special objects, or being lonely
 - b) Fear of dying
 - c) Palpitations, pounding heart, or accelerated heart rate
 - d) Sweating
 - e) Trembling or shaking
-

185. Mod de punctare: A3Which of the following are TRUE about phobias:

- a) A phobia is an irrational fear of an object (e.g., horses, heights, needles).
 - b) The person experiences massive anxiety when exposed to the feared object and tries to avoid it at all costs.
 - c) Exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situationally bound or situationally predisposed panic attack.
 - d) The avoidance, anxious anticipation, or distress in the feared situation(s) interferes significantly with the person's normal routine, occupational (or academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.
 - e) Children must always recognize that the fear is excessive or unreasonable
-

186. Mod de punctare: A3Diagnostic criteria according to DSM IV-TR, in Generalized Anxiety Disorder, should include the following:

- a) Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
 - b) The person finds it difficult to control the worry
 - c) Marked and persistent fear that is excessive or unreasonable cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, animals, receiving an injection, seeing blood).
 - d) A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.
 - e) The person experiences massive anxiety when exposed to the feared object and tries to avoid it at all costs.
-

187. Mod de punctare: A3Diagnostic criteria according to DSM IV-TR, in Posttraumatic stress disorder, should include the following:

- a) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others
- b) The person's response to trauma involved intense fear, helplessness, or horror.
- c) The person's response to trauma, in children, may be expressed by disorganized or agitated behavior.
- d) The traumatic event is persistently re-experienced (recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions, recurrent distressing dreams of the event etc.) with duration more than 1 month.
- e) Patient persistently try to find the associated to trauma stimuli, thus filling a relief that they badly need.

188. Mod de punctare: A3Which of the following is TRUE about obsessive-compulsive disorder:

- a) Recurrent and persistent thoughts, impulses, or images that are experienced at same time during the disturbance, as intrusive and inappropriate and that cause marked anxiety or distress
- b) The thoughts, impulses, or images are not simply excessive worries about real-life problems
- c) The person attempts to ignore or suppress such thoughts, impulses, or images, or to neutralize them with some other thought or action
- d) The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without. as in thought insertion)
- e) The person hardly realize that he has a psychiatric problem, denying it, an almost never try to seek help

189. Mod de punctare: A3Which of the following is TRUE about obsessive-compulsive disorder:

- a) It usually occurs in adolescence, with high preoccupation and emotional distress, and persists for years as part of patient's personality
- b) Involves recurrent intrusive ideas, images, ruminations, impulses, thoughts (obsessions) or repetitive patterns of behavior or actions (compulsions).
- c) Both obsessions and compulsions are ego-alien and produce anxiety if resisted.
- d) The obsessions or compulsions cause marked distress, are time consuming (take more than 1 hour a day), or significantly interfere with the person's normal routine, occupational (or academic) functioning, or usual social activities or relationships.
- e) The person recognizes that the obsessional thoughts, impulses, or images are a product of his or her own mind (not imposed from without. as in thought insertion)

190. Mod de punctare: A3Which of the following functions of psychic is mainly NOT affected in obsessive-compulsive disorder:

- a) Conscious, emotions, perception
- b) Behavior
- c) Conscious, perception
- d) Thought
- e) Thought, conscious

191. Mod de punctare: A3Which of the following is present in obsessive-compulsive disorder:

- a) Recurrent intrusive thoughts
- b) Recurrent intrusive images
- c) Marked anxiety and distress
- d) Repetitive behaviors
- e) The obsessions and compulsions are ego-syntonic

192. Mod de punctare: A3Which of the following can be used as main treatment of obsessive-compulsive disorder:

- a) Memantine
- b) Clomipramine
- c) Fluoxetine
- d) Quetiapine
- e) Psychotherapy

193. Mod de punctare: A3Which of the following is the definition of Personality disorders:

- a) The term personality is universally used to describe the characteristic behavior responses of an individual, based of his or her internal or external experiences; it is predictable and stable.
- b) The term personality is universally used to describe the characteristic affective responses of an individual, based of his or her internal or external experiences; it is not very predictable nor stable.
- c) The term personality is universally used to describe the characteristic psychomotor and thought responses of an individual, based of his or her internal or external experiences; it is not very predictable nor stable.
- d) The term personality is universally used to describe the memory and conscious symptoms of an individual that results in significant impairment of adaptive functioning and/or personal distress.
- e) A personality disorder is diagnosed when an individual's behavior deviates from the normal range of variation found in the majority of people, resulting in significant impairment of adaptive functioning and/or personal distress.

194. Mod de punctare: A3Which of the following is TRUE about Paranoid personality disorder:

- a) Characterized by their intense distrust and suspiciousness of others, they are often hostile, irritable, hypersensitive, envious, or angry and will not take responsibility for their own actions, often projecting such responsibility onto others.
- b) They may be bigots, injustice collectors, pathologically jealous spouses, or litigious cranks
- c) They are characterized by magical thinking, peculiar notations, ideas of reference, illusions, and derealization. Such individuals are perceived as strikingly odd or strange, even to laypersons.
- d) Characterized by perfectionism, orderliness, inflexibility, stubbornness, emotional constriction and indecisiveness. Also called anancastic personality disorder.
- e) Patients are predominantly dependent and submissive. They lack self-confidence and get others to assume responsibility for major areas of

their lives.

195. Mod de punctare: A3Which of the following is TRUE about Schizoid personality disorder:

- a) They are often perceived as eccentric and introverted
- b) They are characterized by their isolated lifestyles and their lack of interest in social interaction.
- c) They are characterized by magical thinking, peculiar notations, ideas of reference, illusions, and derealization. Such individuals are perceived as strikingly odd or strange, even to laypersons.
- d) Characterized by perfectionism, orderliness, inflexibility, stubbornness, emotional constriction and indecisiveness. Also called anancastic personality disorder.
- e) Patients are predominantly dependent and submissive. They lack self-confidence and get others to assume responsibility for major areas of their lives.

196. Mod de punctare: A3Which of the following is TRUE about Schizotypal personality disorder:

- a) Characterized by their intense distrust and suspiciousness of others, they are often hostile, irritable, hypersensitive, envious, or angry and will not take responsibility for their own actions, often projecting such responsibility onto others. They may be bigots, injustice collectors, pathologically jealous spouses, or litigious cranks.
- b) Often perceived as eccentric and introverted, they are characterized by their isolated lifestyles and their lack of interest in social interaction.
- c) They are characterized by magical thinking, peculiar notations, ideas of reference, illusions, and derealization.
- d) Such individuals are perceived as strikingly odd or strange, even to laypersons.
- e) Patients are predominantly dependent and submissive. They lack self-confidence and get others to assume responsibility for major areas of their lives.

197. Mod de punctare: A3Which of the following is TRUE about Antisocial personality disorder

- a) They are characterized by their inability to conform to the social norms that govern individual behavior. Such persons are impulsive, egocentric, irresponsible, and cannot tolerate frustration.
- b) They reject discipline and authority and have an underdeveloped conscience. It should be noted that though this disorder is associated with criminality, it is not synonyms with it.
- c) Characterized by their flamboyant, dramatic, excitable, and over-reactive behavior, they are intent on gaining attention. They tend to be immature, dependent, and are often seductive. These individuals have difficulty maintaining long- lasting relationships.
- d) Persistent pattern of grandiosity, a heightened sense of self- importance, preoccupation with fantasies of ultimate success, exaggerated responses to criticism, an over-concern with self-esteem and self- image, and disturbance

in interpersonal relationships.

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

198. Mod de punctare: A3Which of the following is TRUE about Borderline personality disorder:

a) They are literally on the border between neurosis and psychosis. They are characterized by extraordinarily unstable mood affect behavior, object relations, and self-image.

b) Suicide attempts and acts of self-mutilation are common occurrences among this patients. These individuals are very impulsive, and suffer from identity problems as well as feelings of emptiness and boredom.

c) Characterized by their flamboyant, dramatic, excitable, and over-reactive behavior, they are intent on gaining attention. They tend to be immature, dependent, and are often seductive. These individuals have difficulty maintaining long- lasting relationships.

d) Persistent pattern of grandiosity, a heightened sense of self- importance, preoccupation with fantasies of ultimate success, exaggerated responses to criticism, an over-concern with self-esteem and self- image, and disturbance in interpersonal relationships.

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

199. Mod de punctare: A3Which of the following is TRUE about Histrionic personality disorder:

a) They are characterized by their inability to conform to the social norms that govern individual behavior. Such persons are impulsive, egocentric, irresponsible, and cannot tolerate frustration. They reject discipline and authority and have an underdeveloped conscience. It should be noted that though this disorder is associated with criminality, it is not synonyms with it.

b) Characterized by their flamboyant, dramatic, excitable, and over-reactive behavior, they are intent on gaining attention.

c) They tend to be immature, dependent, and are often seductive. These individuals have difficulty maintaining long- lasting relationships.

d) Persistent pattern of grandiosity, a heightened sense of self- importance, preoccupation with fantasies of ultimate success, exaggerated responses to criticism, an over-concern with self-esteem and self- image, and disturbance in interpersonal relationships.

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

200. Mod de punctare: A3Which of the following is TRUE about Narcissistic

personality disorder:

a) They are characterized by their inability to conform to the social norms that govern individual behavior. Such persons are impulsive, egocentric, irresponsible, and cannot tolerate frustration. They reject discipline and authority and have an underdeveloped conscience. It should be noted that though this disorder is associated with criminality, it is not synonymous with it.

b) They are literally on the border between neurosis and psychosis. They are characterized by extraordinarily unstable mood affect behavior, object relations, and self-image. Suicide attempts and acts of self-mutilation are common occurrences among these patients. These individuals are very impulsive, and suffer from identity problems as well as feelings of emptiness and boredom.

c) Persistent pattern of grandiosity, a heightened sense of self-importance, preoccupation with fantasies of ultimate success

d) Exaggerated responses to criticism, an over-concern with self-esteem and self-image, and disturbance in interpersonal relationships.

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

201. Mod de punctare: A3 Which of the following is TRUE about Avoidant personality disorder:

a) They are characterized by their inability to conform to the social norms that govern individual behavior. Such persons are impulsive, egocentric, irresponsible, and cannot tolerate frustration. They reject discipline and authority and have an underdeveloped conscience. It should be noted that though this disorder is associated with criminality, it is not synonymous with it.

b) They are literally on the border between neurosis and psychosis. They are characterized by extraordinarily unstable mood affect behavior, object relations, and self-image. Suicide attempts and acts of self-mutilation are common occurrences among these patients. These individuals are very impulsive, and suffer from identity problems as well as feelings of emptiness and boredom.

c) Characterized by their flamboyant, dramatic, excitable, and over-reactive behavior, they are intent on gaining attention. They tend to be immature, dependent, and are often seductive. These individuals have difficulty maintaining long-lasting relationships.

d) Patients have a shy or timid personality and show an intense sensitivity to rejection.

e) They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex

202. Mod de punctare: A3 Which of the following is TRUE about Dependent personality disorder:

a) Patients are predominantly dependent and submissive.

b) They lack self-confidence and get others to assume responsibility for major areas of their lives. [

c) They are characterized by magical thinking, peculiar notations, ideas of

reference, illusions, and derealization. Such individuals are perceived as strikingly odd or strange, even to laypersons.

d) Characterized by perfectionism, orderliness, inflexibility, stubbornness, emotional constriction and indecisiveness. Also called anancastic personality disorder.

e) Patients have a shy or timid personality and show an intense sensitivity to rejection. They are not asocial and show a great desire for companionship; however, they have a strong need for reassurance and a guarantee of uncritical acceptance. They are sometimes described as having an inferiority complex.

203. Mod de punctare: A3Which of the following is a mood disorder:

- a) Major depressive disorder
- b) Bipolar disorder
- c) Panic disorder
- d) Somatization disorder
- e) Bulimia nervosa

204. Mod de punctare: A3Which of the following is a mood disorder:

- a) Schizophrenia
- b) Dysthymic disorder
- c) Bipolar disorder
- d) Bulimia nervosa
- e) Panic disorder

205. Mod de punctare: A3Which of the following is a mood disorder:

- a) Schizophrenia
- b) Panic disorder
- c) Dysthymic disorder
- d) Bipolar disorder
- e) Bulimia nervosa

206. Mod de punctare: A3Which of the following is a mood disorder:

- a) Schizophrenia
- b) Major depressive disorder
- c) Somatization disorder
- d) Bulimia nervosa
- e) Cyclothymic disorder

207. Mod de punctare: A3Diagnostic criteria -A- according to DSM IV-TR, in Major Depressive Episode, should include at least one of the following:

- a) Depressed mood
- b) Insomnia or hypersomnia nearly every day
- c) Fatigue or loss of energy nearly every day
- d) Delusional thoughts of guilt
- e) Loss of interest or pleasure

208. Mod de punctare: A3Which of the following features are present in Major Depressive Episode:

- a) Depressed mood
- b) Insomnia or hypersomnia
- c) Fatigue or loss of energy

- d) Delusional thoughts of persecution
- e) Delirium

209. Mod de punctare: A3Which of the following areas are impaired in Major Depressive Episode:

- a) Mood
- b) Cognition
- c) Social performance
- d) Delusional thoughts of persecution
- e) Delirium

210. Mod de punctare: A3Which of the following neurotransmitters are the most importantly involved in the pathogenesis of mood disorders:

- a) Serotonin
- b) Acetylcholine
- c) Glutamate
- d) Epinephrine
- e) 5-hydroxyindole acetic acid

211. Mod de punctare: A3Which of the following neurotransmitters are the most importantly involved in the pathogenesis of mood disorders:

- a) Serotonin
- b) Acetylcholine
- c) Norepinephrine
- d) Epinephrine
- e) 5-hydroxyindole acetic acid

212. Mod de punctare: A3Which of the following neurotransmitters are the most importantly involved in the pathogenesis of mood disorders:

- a) Serotonin
- b) Acetylcholine
- c) Norepinephrine
- d) Epinephrine
- e) Dopamine

213. Mod de punctare: A3What from below is correct about Pseudodementia:

- a) Is a major depressive disorder presenting as cognitive dysfunction resembling dementia.
- b) Occurs in elderly persons, and more often in patients with previous history of mood disorder.
- c) Depression is primary and preeminent, antedating cognitive deficits.
- d) Are present pseudohallucinations, mostly auditory as in endogenous process
- e) Are present true hallucinations, mostly visual as in organic impairment

214. Mod de punctare: A3What from below is correct about Pseudodementia:

- a) Is a major depressive disorder presenting as cognitive dysfunction resembling dementia.
- b) It's a hidden type of schizophrenia, with clinical features of dementia
- c) Depression is primary and preeminent, antedating cognitive deficits.
- d) Are present pseudohallucinations, mostly auditory as in endogenous process
- e) Are present true hallucinations, mostly visual as in organic impairment

215. Mod de punctare: A3What from below is correct about Pseudodementia:

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- b) It's a hidden type of schizophrenia, with clinical features of dementia
- c) Depression is primary and preeminent, antedating cognitive deficits
- d) Are present pseudohallucinations, mostly auditory as in endogenous process
- e) Are present true hallucinations, mostly visual as in organic impairment

216. Mod de punctare: A3The first choice drug used for bipolar disorder is:

- a) A neuroleptic
- b) A thymostabilizing agent
- c) An anxiolytic
- d) A mood stabilizer
- e) An antipsychotic

217. Mod de punctare: A3The first choice drug used for bipolar disorder is:

- a) Clorpromazine
- b) Lithium
- c) Valproic acid
- d) Diazepam
- e) Aripiprazol

218. Mod de punctare: A3The first choice drug used for bipolar disorder is:

- a) Clorpromazine
- b) Carbamazepine
- c) Valproic acid
- d) Diazepam
- e) Aripiprazol

219. Mod de punctare: A3Which of the following is an antidepressant drug:

- a) Olanzapine
- b) Ziprazidone
- c) Paroxetine
- d) Amitriptilin
- e) Clozapine

220. Mod de punctare: A3Which of the following is an antidepressant drug:

- a) Venlafaxine
- b) Ziprazidone
- c) Amitriptilin
- d) Clozapine
- e) Escitalopram

221. Mod de punctare: A3What from below is correct about Dysthymic Disorder:

- a) Less severe than major depressive disorder. More common and chronic in women than in men.
- b) Insidious onset. Occurs more often in persons with history of long-term stress or sudden losses;
- c) The patient has: poor appetite/ overeating, sleep problems, fatigue, low self-esteem, poor concentration or difficulty making decisions, and feelings of hopelessness.
- d) Should be present seizures, at least once per week
- e) Delusions that are mood incongruent

222. Mod de punctare: A3Which of the following medication can cause mood

disorders (specially depression):

- a) Corticosteroids
 - b) Ethanol
 - c) Carbamazepine
 - d) Ibuprofen
 - e) Escitalopram
-

223. Mod de punctare: A3Which of the following variables are for HIGH RISK for suicide:

- a) Age: Over 45 years
 - b) Sex: Males
 - c) Marital status: divorced or widowed
 - d) Good somatic health
 - e) In communication he externalizes anger
-

224. Mod de punctare: A3Which of the following variables are for HIGH RISK for suicide:

- a) Unemployed
 - b) Conflictual interpersonal relationships
 - c) Chronic illness
 - d) Marital status: Married
 - e) Sex: Female
-

225. Mod de punctare: A3Which of the following variables are for HIGH RISK for suicide:

- a) Poor personal achievements
 - b) Poor social rapport
 - c) Good somatic health
 - d) In communication he externalizes anger
 - e) Marital status: Married
-

226. Mod de punctare: A3What is included in the General Strategy in Evaluating Suicidal Patients:

- a) Always assume that family or friends will be able to watch a patient 24 hours a day
 - b) Protect yourself
 - c) Prevent harm
 - d) Rule out cognitive disorders
 - e) Rule out impending psychosis
-

227. Mod de punctare: A3Which of the following should be done with a suicidal patient:

- a) Don't ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does plant the idea in the suicidal patients mind.
 - b) Do not hesitate to ask patients if they "want to die." A straightforward approach is the most effective.
 - c) Conduct the interview in a safe place. Patients have been known to throw themselves out of a window.
 - d) Do not offer false reassurance (e.g., "Most people think about killing themselves at some time?").
 - e) Always ask about past suicide attempts, which can be related to future attempts.
-

228. Mod de punctare: A3Which of the following should be done with a suicidal

patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Do not ask patients if they "want to die." A straightforward approach can make them feel unwanted and increases the chance to act suicidal.
- c) Conduct the interview in a safe place. Patients have been known to throw themselves out of a window.
- d) Do not offer false reassurance (e.g., "Most people think about killing themselves at some time?").
- e) Always ask about past suicide attempts, which can be related to future attempts.

229. Mod de punctare: A3 Which of the following should be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Do not hesitate to ask patients if they "want to die." A straightforward approach is the most effective.
- c) Conduct the interview in any place necessary. Patients being with the doctor do not have any intent to harm themselves during the interview.
- d) Do not offer false reassurance (e.g., "Most people think about killing themselves at some time?").
- e) Always ask about past suicide attempts, which can be related to future attempts

230. Mod de punctare: A3 Which of the following should be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea
- b) Do not hesitate to ask patients if they "want to die." A straightforward approach is the most effective.
- c) Conduct the interview in a safe place. Patients have been known to throw themselves out of a window
- d) Offer reassurance, the patients need it (e.g., "Most people think about killing themselves at some time?")
- e) Always ask about past suicide attempts, which can be related to future attempts

231. Mod de punctare: A3 Which of the following should be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Do not hesitate to ask patients if they "want to die." A straightforward approach is the most effective.
- c) Conduct the interview in a safe place. Patients have been known to throw themselves out of a window.
- d) Do not offer false reassurance (e.g., "Most people think about killing

themselves at some time?.

e) Never ask about past suicide attempts, which can be related to future attempts, it could push the suicidal patient to do it, or plan the suicidal act better

232. Mod de punctare: A3 Which of the following should be done with a suicidal patient:

- a) Don't ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea in the suicidal patient's mind.
- b) Always ask about access to firearms; access to weapons increases the risk in a suicidal patient.
- c) Do not release patients from the emergency department if you are not certain that they will not harm themselves.
- d) Never assume that family or friends will be able to watch a patient 24 hours a day. If that is required, admit the patient to the hospital.
- e) Never worry alone-If you are unsure about the level of risk or course of action, involve others.

233. Mod de punctare: A3 Which of the following should be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Never ask about access to firearms; access to weapons increases the risk in a suicidal patient, but if you ask, it can influence them to use it in next suicidal attempts.
- c) Do not release patients from the emergency department if you are not certain that they will not harm themselves
- d) Never assume that family or friends will be able to watch a patient 24 hours a day. If that is required, admit the patient to the hospital
- e) Never worry alone-If you are unsure about the level of risk or course of action, involve others

234. Mod de punctare: A3 Which of the following should be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Always ask about access to firearms; access to weapons increases the risk in a suicidal patient
- c) Release patients from the emergency department even if you are not certain that they will not harm themselves, trust the patient and relatives that they will monitor him, and that your therapeutic influence is enough to keep them alive.
- d) Never assume that family or friends will be able to watch a patient 24 hours a day. If that is required, admit the patient to the hospital
- e) Never worry alone-If you are unsure about the level of risk or course of action, involve others

235. Mod de punctare: A3 Which of the following should be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Always ask about access to firearms; access to weapons increases the risk

in a suicidal patient

- c) Do not release patients from the emergency department if you are not certain that they will not harm themselves
- d) Always assume that family or friends will be able to watch a patient 24 hours a day.
- e) Never worry alone-If you are unsure about the level of risk or course of action, involve others

236. Mod de punctare: A3Which of the following should be done with a suicidal patient:

- a) Ask about suicidal ideas, especially plans to harm oneself. Asking about suicide does not plant the idea.
- b) Always ask about access to firearms; access to weapons increases the risk in a suicidal patient
- c) Do not release patients from the emergency department if you are not certain that they will not harm themselves.
- d) Never assume that family or friends will be able to watch a patient 24 hours a day. If that is required, admit the patient to the hospital
- e) Always deal with the patient by your self-If you are unsure about the level of risk or course of action, never show it to the patient and others, it could increase the level of anxiety in the patient and he will not trust you.

237. Mod de punctare: A3Diagnostic criteria according to DSM IV-TR, in Mental Retardation, should include:

- a) Significantly subaverage intellectual functioning: An IQ of approximately 70 or below on an individually administered IQ test (for infants, a clinical judgment of significantly subaverage intellectual functioning).
- b) Concurrent deficits or impairments in present adaptive functioning (i.e.. the person's effectiveness in meeting the standards expected for his or her age by his or her cultural group) in at least two of the following areas: communication, home living, social/interpersonal skills, use of community resources, functional academic skills, work, leisure, health, and safety
- c) The onset is before age 18 years
- d) Delusions and bizarre behavior with an onset prior to 3 years.
- e) Poor social adaptation and poor learning skills after age 18 years.

238. Mod de punctare: A3Which of the following is correct about Mental Retardation (MR):

- a) Diagnosis can be made after the history, a standardized intellectual assessment, and a measure of adaptive functioning indicate that a child's current behavior is significantly below the expected level
- b) In about 85% of persons with MR, the condition is mild and they are considered educable, being able to attain about a sixth-grade education.
- c) It can be cured with a surgical procedure
- d) The only cause of mental retardation is alcohol abuse of the parents
- e) It should be present delusions until age 18 years

239. Mod de punctare: A3Which of the following is correct about Mental Retardation (MR):

- a) Occurs in 1% of the population
- b) In about 85% of persons with MR, the condition is mild and they are considered educable, being able to attain about a sixth-grade education
- c) It can have a genetic etiology(Down syndrome , Fragile X syndrome, Prader-Willi syndrome, Rett's disorder, etc)
- d) The only cause of mental retardation is alcohol abuse of the parents
- e) It should be present delusions until age 18 years

240. Mod de punctare: A3Which of the following is correct about Mental Retardation(MR) :

- a) Diagnosis can be made after the history, a standardized intellectual assessment, and a measure of adaptive functioning indicate that a child's current behavior is significantly below the expected level
- b) It can have organic brain lesion etiology (Sequelae of infection, toxin, or brain trauma sustained prenatally, perinatally, or later (e.g., congenital rubella or fetal alcohol syndrome etc)
- c) Treated with antipsychotics the patients with MR can have periods of high cognitive performance
- d) It should be present delusions until age 18 years
- e) With age, the MR can decrease, and the patients with MR can have normal cognitive performance

241. Mod de punctare: A3Which of the following is correct about Mental Retardation(MR) :

- a) Diagnosis can be made after the history, a standardized intellectual assessment, and a measure of adaptive functioning indicate that a child's current behavior is significantly below the expected level
- b) In about 85% of persons with MR, the condition is mild and they are considered educable, being able to attain about a sixth-grade education.
- c) It should be present delusions until age 18 years
- d) It can have a genetic etiology(Down syndrome , Fragile X syndrome, Prader-Willi syndrome, Rett's disorder, etc)
- e) It can have organic brain lesion etiology (Sequelae of infection, toxin, or brain trauma sustained prenatally, perinatally, or later (e.g., congenital rubella or fetal alcohol syndrome etc).

242. Mod de punctare: A3Which of the following is a Pervasive Developmental Disorder:

- a) Schizophrenia
- b) Autistic disorder
- c) Rett's disorder
- d) Childhood disintegrative disorder
- e) Asperger's disorder

243. Mod de punctare: A3Which of the following is a Pervasive Developmental Disorder:

- a) Schizophrenia
- b) Tourette's disorder
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- a) Schizophrenia
- b) Tourette's disorder
- c) Autistic disorder
- d) Rett's disorder
- e) Asperger's disorder

245. Mod de punctare: A3Which of the following is NOT a Pervasive Developmental Disorder:

- a) Schizophrenia
- b) Tourette's disorder
- c) Autistic disorder
- d) Rett's disorder
- e) Asperger's disorder

246. Mod de punctare: A3Which of the following is NOT a Pervasive Developmental Disorder:

- a) Mental retardation
- b) Tourette's disorder
- c) Autistic disorder
- d) Schizophrenia
- e) Asperger's disorder

247. Mod de punctare: A3What from below is correct about Attention-deficit/hyperactivity Disorder:

- a) Child often has difficulty sustaining attention in tasks or play activities
- b) It can be cured only with psychotropic drugs
- c) Child often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not oppositional behavior or failure to understand instructions)
- d) Child often has difficulty organizing tasks and activities
- e) it occurs in Mentally Retarded children

248. Mod de punctare: A3What from below is correct about Attention-deficit/hyperactivity Disorder:

- a) They should be isolated and offered special care, and learning programs
- b) Child often does not seem to listen when spoken to directly
- c) Child often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not oppositional behavior or failure to understand instructions)
- d) Child often has difficulty organizing tasks and activities
- e) it occurs in Mentally Retarded children

249. Mod de punctare: A3What from below is correct about Attention-deficit/hyperactivity Disorder:

- a) Child often has difficulty sustaining attention in tasks or play activities
- b) Child often does not seem to listen when spoken to directly
- c) The etiology is linked to alcohol abuse in parents
- d) Child often has difficulty organizing tasks and activities
- e) it occurs in Mentally Retarded children

250. Mod de punctare: A3What from below is correct about Autistic Disorder:

- a) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- b) Failure to develop peer relationships appropriate to developmental level
- c) Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- d) Frequent delusions, that immobilize the patient
- e) Stereotyped and repetitive motor mannerisms (e.g.. hand or finger flopping or twisting, or complex whole-body movements)

251. Mod de punctare: A3What from below is correct about Autistic Disorder:

- a) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
- b) Failure to develop peer relationships appropriate to developmental level
- c) Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- d) Stereotyped and repetitive use of language or idiosyncratic language
- e) Very smart children, often gifted with a very high IQ and good social adaptation

252. Mod de punctare: A3What from below is correct about Autistic Disorder:

- a) Very smart children, often gifted with a very high IQ and good social adaptation
- b) Delay in, or total lack of, the development of spoken language (not accompanied by an attempt to compensate through alternative modes of communication such as gesture or mime)
- c) Stereotyped and repetitive use of language or idiosyncratic language
- d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
- e) Stereotyped and repetitive motor mannerisms (e.g.. hand or finger flopping or twisting, or complex whole-body movements)

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- a) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to regulate social interaction
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- c) Stereotyped and repetitive use of language or idiosyncratic language
 - d) Lack of varied, spontaneous make-believe play or social imitative play appropriate to developmental level
 - e) Very smart children, often gifted with a very high IQ and good social adaptation
-

255. Mod de punctare: A3What from below is correct about Autistic Disorder:

- a) Autistic disorder is generally a lifelong disorder with a guarded prognosis.
 - b) Two-thirds remain severely handicapped and dependent.
 - c) The children need to be treated in specialized hospitals, with no contact with the outer world
 - d) Frequent delusions, that immobilize the patient
 - e) Very smart children, often gifted with a very high IQ and good social adaptation
-

256. Mod de punctare: A3What from below is correct about Autistic Disorder:

- a) The children need to be treated in specialized hospitals, with no contact with the outer world
 - b) Two-thirds remain severely handicapped and dependent
 - c) Improved prognosis if IQ > 70 and communication skills are seen by ages 5 to 7 years
 - d) Frequent delusions, that immobilize the patient
 - e) Very smart children, often gifted with a very high IQ and good social adaptation
-

257. Mod de punctare: A3What from below is correct about Rett's Disorder:

- a) Apparently normal prenatal and perinatal development
 - b) Apparently normal psychomotor development through the first 5 months after birth
 - c) Normal head circumference at birth
 - d) Deceleration of head growth between ages 5 and 48 months
 - e) It is treated with droperidol
-

258. Mod de punctare: A3What from below is correct about Rett's Disorder:

- a) Loss of previously acquired purposeful hand skills between ages 5 and 30 months with the subsequent development of stereotyped hand movements (e.g, hand wringing or hand washing)
 - b) Loss of social engagement early in the course (although often social interaction develops later)
 - c) It is curable, with good long-term prognosis
 - d) Very smart children, often gifted with a very high IQ and good social adaptation
 - e) Deceleration of head growth between ages 5 and 48 months
-

259. Mod de punctare: A3What from below is correct about Rett's Disorder:

- a) Apparently normal prenatal and perinatal development
 - b) Apparently normal psychomotor development through the first 5 months after birth
 - c) Appearance of poorly coordinated gait or trunk movements
 - d) Severely impaired expressive and receptive language development with severe psychomotor retardation
 - e) It is curable, with good long-term prognosis
-

260. Mod de punctare: A3What from below is correct about Rett's Disorder:

- a) Apparently normal prenatal and perinatal development
 - b) Normal head circumference at birth
 - c) Appearance of poorly coordinated gait or trunk movements
 - d) Severely impaired expressive and receptive language development with severe psychomotor retardation
 - e) Frequent delusions, that immobilize the patient
-

261. Mod de punctare: A3What from below is correct about Asperger's Disorder:

- a) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to require social interaction
 - b) Failure to develop peer relationship appropriate to developmental level
 - c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g.. by a lack of showing, bringing, or pointing out objects of interest to other people)
 - d) Lack of social or emotional reciprocity
 - e) It is curable, with good long-term prognosis
-

262. Mod de punctare: A3What from below is correct about Asperger's Disorder:

- a) Encompassing preoccupation with one or more stereotyped and restricted patterns of interest that is abnormal either in intensity or in focus
 - b) Apparently inflexible adherence to specific, nonfunctional routines or rituals
 - c) Stereotyped and repetitive motor mannerisms (e.g., hand or finger flapping or twisting, or complex whole-body movements)
 - d) The lack of acetylcholine in CNS is more likely to explain the disorder
 - e) It is treated with fizostigmine
-

263. Mod de punctare: A3What from below is correct about Asperger's Disorder:

- a) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to require social interaction
 - b) Persistent preoccupation with parts of objects
 - c) The disturbance causes clinically significant impairment in social, occupational, or other important areas in functioning
 - d) Frequent delusions, that immobilize the patient
 - e) The lack of acetylcholine in CNS is more likely to explain the disorder
-

264. Mod de punctare: A3What from below is correct about Asperger's Disorder:

- a) Marked impairment in the use of multiple nonverbal behaviors such as eye-to-eye gaze, facial expression, body postures, and gestures to require social interaction
 - b) Failure to develop peer relationship appropriate to developmental level
 - c) A lack of spontaneous seeking to share enjoyment, interests, or achievements with other people (e.g.. by a lack of showing, bringing, or pointing out objects of interest to other people)
 - d) Persistent preoccupation with parts of objects
 - e) It is curable, with good long-term prognosis
-

265. Mod de punctare: A3Symptoms of pathological alcohol intoxication are:

- a) Delusion of relation
- b) Delusion of spying on
- c) Delusion of being rich

- d) Delusion of reforming
 - e) Auditory hallucinations
-

266. **Mod de punctare:** A3 Partial seizures with vegetative symptoms are characterized by:

- a) clones started from a single muscle group
 - b) pupillary dilation
 - c) pallor
 - d) loss of control under urinary bladder
 - e) loss consciousness
-

267. **Mod de punctare:** A3 Postpartum psychiatric disorders include:

- a) Munchausen syndrome
 - b) Febrile schizophrenia
 - c) Confusion state
 - d) Neuroleptic malignant syndrome
 - e) Acute delirious states
-

268. **Mod de punctare:** A3 Dysmetabolic problems in anorexia nervosa are:

- a) hypoglycemia with hypersensitiveness to insulin
- b) electrolyte disbalance
- c) hyperazotaemia
- d) hyperglycemia

- e) increased percentage of gonad hormones
-

269. **Mod de punctare:** A3 Main indications for psychotherapy

- a) the treatment of most mental disorders
 - b) the treatment psychosis (psychotic states)
 - c) in the case of somatic disease with a significant psychological component
 - d) patients with the loss of insight
 - e) in state of normality to optimize volitional and emotional processes, physical mental or intellectual performances
-

270. **Mod de punctare:** A3 Non-organic sleep disorders include:

- a) absences
 - b) insomnia
 - c) hypersomnia
 - d) somnambulism
 - e) trances
-

271. **Mod de punctare:** A3 How is characterized people, predisposed to neurosis?

- a) low vitality
 - b) asteno-depressive type
 - c) histrionic type
 - d) euphoric type
 - e) pareidolia
-

272. **Mod de punctare:** A3 The classification of tics include all with exception:

- a) transient tic

- b) chronic motor or vocal tic
 - c) vocal tics associated with multiple motor tic (Jilles de la Tourette syndrome)
 - d) subacute tic
 - e) regular (common) tic
-

273. Mod de punctare: A3Anakastic personality disorder is characterized by:

- a) Avoidance of social or professional activities that involve significant interpersonal contacts because of fear to be rejected or criticized
 - b) Excessive pedantry and adherence to social conventions
 - c) Rigidity and stubbornness
 - d) Unreasonable insistence to follow his certain (right) way of acting for others people, or resistance to allow others to do something
 - e) Desire to avoid dealing with people, if he is not confident to be agreed
-

274. Mod de punctare: A3For stuttering all the confirmations are correct, excluding:

- a) stuttering is observed in 4% of children 4-5 years, when function of speech is formed
 - b) clinically is characterized by frequent repetition or prolongation of sounds, syllables or words interrupted by breaks
 - c) it can be accompanied by motor movements.
 - d) consists of a rate of fast speeches with interruptions
 - e) stuttering is observed in 40% of children
-

275. Mod de punctare: A3Paranoid personality disorder is characterized by:

- a) Delusions of control
 - b) Thought echo
 - c) Excessive sensibility to failures
 - d) Tendency to be always feeling that someone has something against one
 - e) Associative process rupture
-

276. Mod de punctare: A3Schizoid personality disorder is characterized by the following conditions:

- a) Tendency to be always suspicious
 - b) Emotional withdrawal
 - c) Attitude of irresponsibility and social norms disrespect
 - d) Violence explosions
 - e) Few (if even one is present) activities that generate pleasure
-

277. Mod de punctare: A3Symptoms that are characteristic for the pathological alcohol intoxication:

- a) Delusion of relationship
 - b) Amnesia
 - c) Delusion of wealth
 - d) Auditory hallucinations
 - e) Delusion of reformation
-

278. Mod de punctare: A3Deficitary syndromes of schizophrenia include:

- a) Anxious estates
- b) Associative troubles
- c) Delusional syndrome
- d) Consciousness troubles
- e) Psychomotor dissociation

279. Mod de punctare: A3Aetiological theories regarding Schizophrenia are:

- a) Genetic
- b) Autoimmune
- c) Infectious
- d) Biochemical
- e) Post-irradiation

280. Mod de punctare: A3Somatic troubles in anorexia nervosa are:

- a) Collaps estates
- b) Constipations
- c) Dizziness
- d) Decrease in school performance rezults
- e) Improvement in school performace rezults

281. Mod de punctare: A3What does the skill of psychotherapeut mean?

- a) Universitary and strictly reglemented
- b) A distinct profession, psychotherapists have a specific training
- c) A guarantee of psysical, sexual, social and psychological integrity, self-pride and respect of the patient/client in therapy process
- d) Competent and ethic approach
- e) Confidentiality agreement for any information that is known about the client.

282. Mod de punctare: A3Sexual disfunctions, that aren't caused by any organic pathology, include:

- a) Lack of/diminished sexual desire
- b) Sexual aversion
- c) Paedophylia
- d) Exhibitionism
- e) Organic disfunction

283. Mod de punctare: A3Mental troubles due to cerebral lesion, disfunction, include the following syndromes:

- a) hallucinatory
- b) catatonic
- c) hebephrenic
- d) paranoid
- e) bipolar

284. Mod de punctare: A3For transitory tic disorder the following statements are correct:

- a) Usually appears at the age of 5 years old
- b) Different face expressions appear, blinking, repetitive head movement
- c) Appears before the age of 12 months
- d) Is permanent
- e) Motor actions or stereotype vocalizations are typical

285. Mod de punctare: A3In simple schizophrenia:

- a) Loss of volition
 - b) Motivation is present
 - c) Antipathy for the surroundings
 - d) Aggression
 - e) Self-isolation
-

286. Mod de punctare: A3 Specific medications in alcohol dependence treatment:

- a) Esperal
 - b) Seduxen
 - c) Teturam
 - d) Dimedrol
 - e) Haloperidol
-

287. Mod de punctare: A3 Chronic alcoholism criteria:

- a) Increased tolerance
 - b) Pathological intoxication
 - c) Loss of self control
 - d) Apathy
 - e) Abstinence
-

288. Mod de punctare: A3 In which periods of life usually become apparent the elements of personality disorder:

- a) Childhood
 - b) As a teenager
 - c) Beginning of adult life
 - d) Maturity
 - e) Older
-

289. Mod de punctare: A3 Which medication will receive the patient in febrile Schizophrenia:

- a) Sol. Coffeini
 - b) Tab. Majeptili
 - c) Sol. Haloperidol
 - d) Sol. Chlorpromazine
 - e) Tab. Aminimalon
-

290. Mod de punctare: A3 Is characteristic for catatonic excitement, except:

- a) echolalia
 - b) catalepsy
 - c) echopraxia
 - d) motor inhibition
 - e) motor excitation
-

291. Mod de punctare: A3 Criteria for anorexia nervosa at early adolescence onset of the disease include:

- a) Evident weight loss
- b) Distorted perception of body image
- c) Excessive concern on the silhouette and body weight
- d) Eating more at certain period of time than that which would eat another person in the same period of time

e) Feeling loss of control over the episodes of excessive eating

292. Mod de punctare: A3What is Psychotherapy?

a) is an interdisciplinary field - situated on the border between medicine and psychology

b) method of treatment is comprehensive, deliberate and planned, by scientific means and methodologies

c) is a complex treatment that includes medical approach, psychopharmacological, psychological and social

d) is a clinical and theoretical framework, centered on the reduction or elimination of symptoms, mental or psychosocial distress states and / or psychosomatic and dysfunctional behaviors

e) is a psychological approach of the person

293. Mod de punctare: A3In neurosis :

a) Contact with reality is lost

b) Vulnerability to stress is increased

c) The patient wants treatment

d) The patient is not aware of the disease

e) There are added somatoform complaints

294. Mod de punctare: A3Clinical manifestations of the Alzheimer disease:

a) megalomania

b) aphasia

c) hallucinations

d) apraxia

e) depression

295. Mod de punctare: A3Criteria for anorexia nervosa at early adolescence onset of the disease include:

a) Evident weight loss

b) Distorted perception of body image

c) Excessive concern on the silhouette and body weight

d) Eating more at certain period of time than that which would eat another person in the same period of time

e) Feeling loss of control over the episodes of excessive eating

296. Mod de punctare: A3Types of evolution in schizophrenia are:

a) Continues

b) Episodic, with progressive defect

c) Remitting episode

d) Residual

e) Acute

297. Mod de punctare: A3In terms of typology, paranoid personality disorder is divided into:

a) Category of sthenic subjects, fighters, courageous (pathological and fanatical claiming)

b) Category of asthenic and apathic

- c) Category of aggressive, permanently violating the rights of others
- d) Category of indifferent to everything that is happening around
- e) Category dominated by their feelings, which keep the prevalent ideation strictly in one plan (social, policy, religious)

298. Mod de punctare: A3Pathological forms of alcohol intoxication:

- a) Delusional
- b) Dystonical
- c) Epileptoid
- d) Apathetic
- e) Psychoasthenic

299. Mod de punctare: A3Schizoid personality disorder involves the following conditions:

- a) Tendency for permanent rancor
- b) Emotional coldness
- c) Persistent attitude of irresponsibility and neglect of norms
- d) Detachment
- e) Auto-dramatization

300. Mod de punctare: A3Emotionally-unstable personality disorder of impulsive type involves the following conditions:

- a) Persistent feeling of concern
- b) Outbursts of violence
- c) Feelings of doubt and excessive caution
- d) Lack of control over impulses
- e) Auto-dramatization

301. Mod de punctare: A3Alcoholic psychosis are:

- a) Kandinski-Clerambault Syndrome
- b) Korsakoff's psychosis
- c) Jealousy delirium
- d) Delirium of grandeur
- e) Delirium tremens

302. Mod de punctare: A3During catatonic excitation consciousness may be:

- a) Obnubilation
- b) Crepuscular
- c) Lucid
- d) Oneroid type
- e) Amentive type

303. Mod de punctare: A3Which preparation should be administered in case of hallucinatory syndrome, except:

- a) Aminazine
- b) Seduxen
- c) Nuredol
- d) Rudotel
- e) Haloperidol

304. Mod de punctare: A3Cardiovascular apparatus induces sleep disorders by:

- a) Dyspnea in cardiovascular insufficiencies
- b) Nocturnal seizures of angor or cardiac asthma
- c) Arteriitis of internal organs with pains which worsens during night time
- d) Chronic colitis
- e) Rectal tenesmus

305. Mod de punctare: A3Which categories of clients do not benefit of psychotherapy?

- a) People with mental deficiencies who are unable to understand interpretations made by psychotherapist
- b) People who fail to find reasons and solutions for their own problems
- c) People who fail to establish human contact
- d) People who experience daily existential crisis
- e) Psychopaths, certain psychotic patients, especially schizophrenic

306. Mod de punctare: A3Organic amnestic syndrome is characteristic of:

- a) Alzheimer's disease
- b) Vascular dementia
- c) Pick's disease
- d) Huntington's disease
- e) Parkinson's disease

307. Mod de punctare: A3Periodic somnolence accompanied by bulimia (Kleine-Levin syndrome) has the following symptoms, excluding:

- a) An episodic disorder characterized by somnolence and bulimia
 - b) Patients are mainly adolescent boys, who sleep around 18 hours per day and wake up only when they need to eat
 - c) In the short period of wakefulness they seem to be confused, agitated and sometimes experience hallucinations.
 - d) Insomnia
 - e) Anorexia
-