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### CLINICAL CASES – EXPLAIN AND ARGUMENT YOUR ANSWER.

## PRACTICAL – 2 CLINICAL CASES + 1 EMERGENCY

### PRACTICAL – (1-38) x1 – CLINICAL CASES – NOSOLOGY (1-38)

	PRACTICAL – NOSOLOGY
1.	<p>A 23-year-old woman arrives at the emergency room complaining that, out of the blue, she had been seized by an overwhelming fear, associated with shortness of breath and a pounding heart. These symptoms lasted for approximately 20 minutes, and while she was experiencing them, she feared that she was dying or going crazy. The patient has had four similar episodes during the past month, and she has been worrying that they will continue to recur. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Acute psychotic episode</li> <li>Hypochondriasis</li> <li>Panic disorder</li> <li>Generalized anxiety disorder</li> <li>Posttraumatic stress disorder</li> </ol>
2.	<p>A 4-year-old girl is brought to her pediatrician because her parents think she does not seem to be “developing normally.” The girl’s mother states that her daughter seemed normal for at least the first two to three years of her life. She was walking and beginning to speak in sentences. She was able to play with her mother and older sister. The mother has been noticing that over the past two months her daughter has lost these previously acquired abilities. She will no longer play with anyone else and has stopped speaking entirely. She has lost all bowel control, when previously she had not needed a diaper for at least a year. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Rett’s disorder</li> <li>Childhood disintegrative disorder</li> <li>Autism</li> <li>Asperger’s disorder</li> <li>Pervasive developmental disorder</li> </ol>

	<b>PRACTICAL – NOSOLOGY</b>
3.	<p>A 23-year-old woman returns home after delivering a healthy baby girl. She notes over the next week that she has become increasingly irritable and is not sleeping very well. She worries that she will not be a good mother and that she will make a mistake in caring for her baby. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Postpartum depression</li> <li>Postpartum psychosis</li> <li>Adjustment disorder</li> <li>Postpartum blues</li> <li>Major depression</li> </ol>
4.	<p>A 47-year-old man with a master's degree in chemistry lives alone in a halfway house and subsists on panhandling and collecting redeemable cans. Ten years ago he lost his job in a large firm because he was found to have repeatedly stolen company money and used it to bet on horse racing. Afterward, he had several other jobs but always lost them because he stole money. He also stole and borrowed money from friends and relatives. When asked about this behavior, the patient stated that he felt very guilty about it but "couldn't seem to stop" himself. Which of the following diagnoses best fits this patient's symptoms?</p> <ol style="list-style-type: none"> <li>Antisocial personality disorder</li> <li>Conduct disorder</li> <li>Pathological gambling</li> <li>Fugue state</li> <li>Factitious disorder with psychological symptoms</li> </ol>
5.	<p>A 14-year-old boy is brought to the physician because he told his mother he wished he were dead. He has been irritable for the past several weeks, and has been isolating himself in his room, avoiding his friends. He has been complaining of general aches and pains as well. Which of the following statements is true about this disorder?</p> <ol style="list-style-type: none"> <li>It is rare in children</li> <li>Its presentation in children is similar to that in adults</li> <li>Medications are not the treatment of choice</li> <li>Psychotic symptoms are common</li> <li>Questions about suicide will increase the likelihood of self-destructive behavior</li> </ol>
6.	<p>A middle-aged man is chronically preoccupied with his health. For many years he feared that his irregular bowel functions meant he had cancer. Now he is very worried about having a serious heart disease, despite his physician's assurance that the occasional "extra beats" he detects when he checks his pulse are completely benign. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Somatization disorder</li> <li>Hypochondriasis</li> <li>Delusional disorder</li> <li>Pain disorder</li> <li>Conversion disorder</li> </ol>
7.	<p>A 25 year-old woman delivers a healthy baby boy by Caesarean section. She notes over the next week that she has become irritable and is not sleeping very well. She worries that her child will die and fantasizes that if the child died, she would kill herself as well. She reports not sleeping, and has lost 10 lb within one week. Over the course of the following week, she begins to investigate how she might commit suicide and calls a friend to see whether the friend will babysit so that the woman will not be leaving the child alone should this occur. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Postpartum depression</li> <li>Postpartum psychosis</li> <li>Uncomplicated bereavement</li> <li>Postpartum blues</li> <li>Generalized anxiety disorder</li> </ol>

	<b>PRACTICAL – NOSOLOGY</b>
<b>8.</b>	<p>A 19-year-old man is brought to the physician by his parents after he called them from college, terrified that the Mafia was after him. He reports that he has eaten nothing for the past six weeks other than canned beans because “they are into everything—I can’t be too careful.” He is convinced that the Mafia has put cameras in his dormitory room and that they are watching his every move. He occasionally hears the voices of two men talking about him when no one is around. His roommate states that for the past two months the patient has been increasingly withdrawn and suspicious. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Delusional disorder</li> <li>Schizoaffective disorder</li> <li>Schizophreniform disorder</li> <li>Schizophrenia</li> <li>PCP intoxication</li> </ol>
<b>9.</b>	<p>After witnessing a violent argument between her parents, a young woman develops sudden blindness but does not appear as distraught as would be expected by this development. Her pupils react normally to light, and she manages to somehow avoid obstacles when walking. Her parents, who are in the middle of a bitter divorce, put aside their differences to focus on their daughter’s illness. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Factitious disorder</li> <li>Malingering</li> <li>Somatization disorder</li> <li>Conversion disorder</li> <li>Histrionic personality disorder</li> </ol>
<b>10.</b>	<p>A 27-year-old woman comes to a psychiatrist with the chief complaint of feeling depressed her entire life. While she states that she has never been so depressed that she was unable to function, she never feels really good for more than a week or two at a time. She has never been suicidal or psychotic, though her self-esteem is chronically low. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Major depression</li> <li>Adjustment disorder</li> <li>Cyclothymia</li> <li>Bipolar disorder</li> <li>Dysthymia</li> </ol>
<b>11.</b>	<p>A 65-year-old woman lives alone in a dilapidated house, although her family members have tried in vain to move her to a better dwelling. She wears odd and out-of-fashion clothes and rummages in the garbage cans of her neighbors to look for redeemable cans and bottles. She is very suspicious of her neighbors. She was convinced that her neighbors were plotting against her life for a brief time after she was mugged and thrown onto the pavement by a teenager, but now thinks that this is not the case. She believes in the “power of crystals to protect me” and has them strewn haphazardly throughout her house. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Autism</li> <li>Schizophrenia, paranoid type</li> <li>Schizotypal personality disorder</li> <li>Avoidant personality disorder</li> <li>Schizoid personality disorder</li> </ol>
<b>12.</b>	<p>A 36-year-old woman is brought to the psychiatrist by her husband because for the past eight months she has refused to go out of the house, believing that the neighbors are trying to harm her. She is afraid that if they see her they will hurt her, and she finds many small bits of evidence to support this. This evidence includes the neighbors’ leaving their garbage cans out on the street to trip her, parking their cars in their driveways so they can hide behind them and spy on her, and walking by her house to try to get a look into where she is hiding. She states that her mood is fine and would be “better if they would leave me alone.” She denies hearing the neighbors or anyone else talk to her, but is sure that they are out to “cause her death and mayhem.” Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Delusional disorder</li> <li>Schizophreniform disorder</li> <li>Schizoaffective disorder</li> <li>Schizophrenia</li> <li>Major depression with psychotic features</li> </ol>

	<b>PRACTICAL – NOSOLOGY</b>
<b>13.</b>	<p>Every morning on school days, an 8-year-old girl becomes tearful and distressed and claims she feels sick. Once in school, she often goes to the nurse, complaining of headaches and stomach pains. At least once a week, she misses school or is picked up early by her mother due to her complaints. Her pediatrician has ruled out organic causes for the physical symptoms. The child is usually symptom free on weekends, unless her parents go out and leave her with a babysitter. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Separation anxiety disorder</li> <li>Major depression</li> <li>Somatization disorder</li> <li>Generalized anxiety disorder</li> <li>Attachment disorder</li> </ol>
<b>14.</b>	<p>A 25-year-old man comes to the psychiatrist with a chief complaint of depressed mood for one month. His mother, to whom he was very close, died one month ago, and since that time he has felt sad and been very tearful. He has difficulty concentrating, has lost 3 lb, and is not sleeping soundly through the night. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Major depression</li> <li>Dysthymia</li> <li>Posttraumatic stress disorder</li> <li>Adjustment disorder</li> <li>Uncomplicated bereavement</li> </ol>
<b>15.</b>	<p>A 17-year-old man comes to the physician because he has been falling asleep in inappropriate places, even though he has been getting enough rest at night. The patient states that he has fallen asleep while eating and driving. He notes that he stays asleep approximately 20 minutes and when he first wakes up, he is unable to move. He notes that sometimes he can even fall asleep while standing, and has been told by others that during those times he simply drops to the floor suddenly. He is fitted with a portable monitor, and it is found that during these episodes he enters a REM sleep stage immediately. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Narcolepsy</li> <li>Sleep apnea</li> <li>Primary hypersomnia</li> <li>Kleine-Levin syndrome</li> <li>REM sleep behavior disorder</li> </ol>
<b>16.</b>	<p>A 52-year-old man is sent to see a psychiatrist after he is disciplined at his job because he consistently turns in his assignments late. He insists that he is not about to turn in anything until it is “perfect, unlike all of my colleagues.” He has few friends because he annoys them with his demands for “precise timeliness” and because of his lack of emotional warmth. This has been a lifelong pattern for the patient, though he refuses to believe the problems have anything to do with his personal behavior. Which of the following is the most likely diagnosis for this patient?</p> <ol style="list-style-type: none"> <li>Obsessive-compulsive disorder</li> <li>Obsessive-compulsive personality disorder</li> <li>Borderline personality disorder</li> <li>Bipolar disorder, mixed state</li> <li>Anxiety disorder not otherwise specified</li> </ol>
<b>17.</b>	<p>A 35-year-old woman has lived in a state psychiatric hospital for the past 10 years. She spends most of her day rocking, muttering softly to herself, or looking at her reflection in a small mirror. She needs help with dressing and showering, and she often giggles and laughs for no apparent reason. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Schizophrenia</li> <li>Delusional disorder</li> <li>Bipolar disorder, manic phase</li> <li>Schizoaffective disorder</li> <li>Schizophreniform disorder</li> </ol>

<b>PRACTICAL – NOSOLOGY</b>	
<b>18.</b>	<p>A social worker makes a routine visit to a 3-year-old boy who has just been returned to his biological mother after spending three months in foster care as a result of severe neglect. The child initially appears very shy and clings fearfully to his mother. Later on, he starts playing in a very destructive and disorganized way. When the mother tries to stop him from throwing blocks at her, he starts kicking and biting. The mother becomes enraged and starts shouting. Which of the following is the most likely diagnosis for this child?</p> <ol style="list-style-type: none"> <li>Oppositional defiant disorder</li> <li>ADHD</li> <li>Reactive attachment disorder</li> <li>PTSD</li> <li>Major depression</li> </ol>
<b>19.</b>	<p>A 32-year-old woman is brought to the emergency room by the police after she was found standing in the middle of a busy highway, naked, commanding the traffic to stop. In the emergency room she is agitated and restless, with pressured speech and an affect that alternates between euphoric and irritable. Her father is contacted and states that this kind of behavior runs in the family. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Delirium</li> <li>Bipolar disorder, manic</li> <li>Bipolar disorder, mixed state</li> <li>Cyclothymia</li> <li>Schizophrenia</li> </ol>
<b>20.</b>	<p>A 23-year-old woman comes to the psychiatrist because she “cannot get out of the shower.” She tells the psychiatrist that she has been unable to go to her job as a secretary for the past three weeks because it takes her at least four hours to shower. She describes an elaborate ritual in which she must make sure that each part of her body has been scrubbed three times, in exactly the same order each time. She notes that her hands are raw and bloody from all the scrubbing. She states that she hates what she is doing to herself but becomes unbearably anxious each time she tries to stop. She notes that she has always taken long showers, but the problem has been worsening steadily for the past five months. She mentions that she also has a checking ritual when locking her doors (each time she locks the door she has to check five times that it is indeed locked). She denies problems with friends or at work, other than the problems that currently are keeping her from going to work. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Attention deficit hyperactivity disorder</li> <li>Obsessive-compulsive disorder</li> <li>Obsessive-compulsive personality disorder</li> <li>Separation anxiety disorder</li> <li>Brief psychotic disorder</li> </ol>
<b>21.</b>	<p>A 21-year-old man is brought to the emergency room by his parents because he has not slept, bathed, or eaten in the past three days. The parents report that for the past six months their son has been acting strangely and “not himself.” They state that he has been locking himself in his room, talking to himself, and writing on the walls. Six weeks prior to the emergency room visit, their son became convinced that a fellow student was stealing his thoughts and making him unable to learn his school material. In the past two weeks, they have noticed that their son has become depressed and has stopped taking care of himself, including bathing, eating, and getting dressed. On exam, the patient is dirty, disheveled, and crying. He complains of not being able to concentrate, a low energy level, and feeling suicidal. Which of the following is the most likely diagnosis for this patient?</p> <ol style="list-style-type: none"> <li>Schizoaffective disorder</li> <li>Schizophrenia</li> <li>Bipolar I disorder</li> <li>Schizoid personality disorder</li> <li>Delusional disorder</li> </ol>

	<b>PRACTICAL – NOSOLOGY</b>
22.	<p>An 18-year-old girl is brought to the psychiatrist by her mother because the girl takes showers that last two to three hours and she is unable to stop the behavior, in spite of the fact that she would like to do so. On questioning, the patient states that she feels “dirty” and “contaminated” by the germs in the house, and if she does not shower, she feels increasingly anxious. Once in the shower, she must use a specific technique for washing, and if she deviates from it, she must start over. In discussing the diagnosis of the problems with the patient, which of the following statements should be made to her?</p> <ol style="list-style-type: none"> <li>It is unusual to find this disorder in one so young</li> <li>The disorder is usually quite responsive to pharmacological intervention</li> <li>The disorder is usually caused by traumatic events</li> <li>The disorder is passed on to one’s children at rates of 25 to 30%</li> <li>The disorder has frequent spontaneous periods of complete remission</li> </ol>
23.	<p>A first-grade teacher is concerned about a 6-year-old girl in her class who has not spoken a single word since school started. The little girl participates appropriately in the class activities and uses gestures and drawings and nods and shakes her head to communicate. The parents report that the little girl talks only in the home and only in the presence of her closest relatives. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Autism</li> <li>Expressive language disorder</li> <li>Oppositional defiant disorder</li> <li>School phobia</li> <li>Selective mutism</li> </ol>
24.	<p>A 52-year-old man comes to the physician with the chief complaint of feeling depressed for the past two months. He notes that he is not sleeping well, has lost 25 lb in the last six weeks, and is experiencing anergia and anhedonia. In addition, in the past four weeks he has begun to hear the voice of his dead father telling him that he is a failure and has begun worrying that his organs are rotting away. Which of the following statements is true?</p> <ol style="list-style-type: none"> <li>The patient should be started on an SSRI and an antipsychotic</li> <li>The patient is having an acute schizophrenic episode</li> <li>The patient is likely suffering from a factitious disorder with psychological symptoms</li> <li>The patient is likely abusing alcohol</li> <li>The patient should be started on an SSRI alone</li> </ol>
25.	<p>An attractive and well-dressed 22-year-old woman is arrested for prostitution, but on being booked at the jail, she is found to actually be a male. The patient tells the consulting physician that he is a female trapped in a male body and he has felt that way since he was a child. He has been taking female hormones and is attempting to find a surgeon who would remove his male genitals and create a vagina. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Homosexuality</li> <li>Gender identity disorder</li> <li>Transvestic fetishism</li> <li>Delusional disorder</li> <li>Schizophrenia</li> </ol>
26.	<p>A 26-year-old man comes to the physician with the chief complaint of a depressed mood for the past five weeks. He has been feeling down, with decreased concentration, energy, and interest in his usual hobbies. Six weeks prior to this office visit he had been to the emergency room for an acute asthma attack and was started on prednisone. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Mood disorder secondary to a general medical condition</li> <li>Substance-induced mood disorder</li> <li>Major depression</li> <li>Adjustment disorder</li> <li>Dysthymia</li> </ol>

	<b>PRACTICAL – NOSOLOGY</b>
27.	<p>A 12-year-old boy is brought to the psychiatrist because his mother says the boy is driving her “nuts.” She reports that he constantly argues with her and his father, does not follow any of the house rules, and incessantly teases his sister. She says that he is spiteful and vindictive and loses his temper easily. Once he is mad, he stays that way for long periods of time. The mother notes that the boy started this behavior only about one year previously. While she states that this behavior started at home, it has now spread to school, where his grades are dropping because he refuses to participate. He has never been in trouble with the law, destroyed property, or been aggressive to others or to animals. The patient maintains that none of this is his fault—his parents are simply being unreasonable. He denies feeling depressed and notes that he sleeps well through the night. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Oppositional defiant disorder</li> <li>Antisocial personality disorder</li> <li>Conduct disorder</li> <li>Childhood-onset schizophrenia</li> <li>Mania</li> </ol>
28.	<p>A 40-year-old woman is arrested by the police after she is found crawling through the window of a movie star’s home. She states that the movie star invited her into his home because the two are secretly married and “it just wouldn’t be good for his career if everyone knew.” The movie star denies the two have ever met, but notes that the woman has sent him hundreds of letters over the past two years. The woman has never been in trouble before and lives an otherwise isolated and unremarkable life. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Delusional disorder</li> <li>Schizoaffective disorder</li> <li>Bipolar I disorder</li> <li>Cyclothymia</li> <li>Schizophreniform disorder</li> </ol>
29.	<p>A 5-year-old boy shows no interest in other children and ignores adults other than his parents. He spends hours lining up his toy cars or spinning their wheels but does not use them for “make-believe” play. He rarely uses speech to communicate, and his parents state that he has never done so. Physical examination indicates that his head is of normal circumference and his gait is normal. Which of the following is the most likely diagnosis for this boy?</p> <ol style="list-style-type: none"> <li>Obsessive-compulsive disorder</li> <li>Asperger’s syndrome</li> <li>Childhood disintegrative disorder</li> <li>Autism</li> <li>Rett’s disorder</li> </ol>
30.	<p>A 15-year-old boy is arrested for shooting the owner of the convenience store he tried to rob. He has been in department of youth services custody several times for a variety of crimes against property, possession of illegal substances, and assault and battery. He is cheerful and unconcerned during the arrest, more worried about losing his leather jacket than about the fate of the man he has injured. Which of the following is the most likely diagnosis in this case?</p> <ol style="list-style-type: none"> <li>Oppositional defiant disorder</li> <li>Antisocial personality disorder</li> <li>Narcissistic personality disorder</li> <li>Conduct disorder</li> <li>Substance abuse</li> </ol>

	<b>PRACTICAL – NOSOLOGY</b>
<b>31.</b>	<p>A 52-year-old man is seen by a psychiatrist in the emergency room because he is complaining about hearing and seeing miniature people who tell him to kill everyone in sight. He states that these symptoms developed suddenly during the past 48 hours, but that he has had them “on and off” for years. He states that he has never previously sought treatment for the symptoms, but that this episode is particularly bad. He denies the use of any illicit substances. The patient is alert and oriented to person, place, and time. His mental status examination is normal except for his auditory and visual hallucinations. His thought process is normal. His drug toxicology screen is positive for cocaine. He is quite insistent that he needs to be “put away” in the hospital for the symptoms he is experiencing. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Substance-induced psychosis</li> <li>Schizophrenia</li> <li>Schizoaffective disorder</li> <li>Schizophreniform disorder</li> <li>Malingering</li> </ol>
<b>32.</b>	<p>A 33-year-old married man who suffers from chronic anxiety present for a psychiatric consultation. He reports that his marriage is very happy and gives a sexual history that includes daily and satisfying sexual intercourse with his wife. His sexual fantasies are predominantly heterosexual, but occasionally he fantasizes about homosexual encounters while masturbating. During his adult years, he has had both heterosexual and homosexual experiences on several occasions. He remembers these experiences as pleasurable. The patient admits to some transient guilt about “stepping out” on his wife. On the basis of the patient’s sexual history, one could reasonably infer a diagnosis of which of the following?</p> <ol style="list-style-type: none"> <li>Schizotypal personality disorder</li> <li>Antisocial personality disorder</li> <li>Narcissistic personality disorder</li> <li>Borderline personality disorder</li> <li>No personality disorder</li> </ol>
<b>33.</b>	<p>A 23-year-old woman presents to her physician with the chief complaint that she is anxious about the way she looks. She notes that for “as long as she can remember” she has been obsessed about the fact that something must be wrong with her face. She notes that her eyes are too far apart and her nose is misshapen. She states that this concern is “ruining her life” because she spends all her time isolated from others so that they cannot see her face. The physician did not notice anything unusual about the patient’s face, but the patient cannot be consoled by this statement. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Body dysmorphic disorder</li> <li>Delusional disorder</li> <li>Obsessive-compulsive disorder</li> <li>Somatization disorder</li> <li>Hypochondriasis</li> </ol>
<b>34.</b>	<p>A 21-year-old boy is brought to the psychiatrist because for the past 36 months he has been irritable and depressed almost constantly. The boy notes that he has difficulty concentrating, and he has lost 5 lb during that time period without trying. He states that he feels as if he has always been depressed, and he feels hopeless about ever feeling better. He denies suicidal ideation or hallucinations. He is sleeping well and doing well in school, though his teachers have noticed that he does not seem to be able to concentrate as well as he had previously. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Major depression</li> <li>Dysthymic disorder</li> <li>Mood disorder secondary to a general medical condition</li> <li>Normal adolescence</li> <li>Cyclothymia</li> </ol>

	<b>PRACTICAL – NOSOLOGY</b>
<b>35.</b>	<p>Every four or five weeks, a usually well-functioning and mild mannered 35- year-old woman experiences a few days of irritability, tearfulness, and unexplained sadness. During these days, she also feels fatigued and bloated and eats large quantities of sweets. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Cyclothymia</li> <li>Borderline personality disorder</li> <li>Dissociative identity disorder</li> <li>Premenstrual dysphoric disorder</li> <li>Minor depressive disorder</li> </ol>
<b>36.</b>	<p>A 24-year-old woman comes to the emergency room with the chief complaint that “my stomach is rotting out from the inside.” She states that for the last six months she has been crying on a daily basis and that she has decreased concentration, energy, and interest in her usual hobbies. She has lost 25 lb during that time. She cannot get to sleep, and when she does, she wakes up early in the morning. For the past three weeks, she has become convinced that she is dying of cancer and is rotting on the inside of her body. Also, in the past two weeks she has been hearing a voice calling her name when no one is around. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Delusional disorder</li> <li>Schizoaffective disorder</li> <li>Schizophreniform disorder</li> <li>Schizophrenia</li> <li>Major depression with psychotic features</li> </ol>
<b>37.</b>	<p>A demanding 25-year-old woman begins psychotherapy stating that she is both desperate and bored. She reports that for the past five or six years she has experienced periodic anxiety and depression and has made several suicidal gestures. She also reports a variety of impulsive and selfdefeating behaviors and sexual promiscuity. She wonders if she might be a lesbian, though most of her sexual experiences have been with men. She has abruptly terminated two previous attempts at psychotherapy. In both cases she was enraged at the therapist because he was unwilling to prescribe anxiolytic medications. Which of the following is the most likely diagnosis?</p> <ol style="list-style-type: none"> <li>Dysthymia</li> <li>Histrionic personality disorder</li> <li>Antisocial personality disorder</li> <li>Borderline personality disorder</li> <li>Impulse control disorder not otherwise specified</li> </ol>
<b>38.</b>	<p>A 47-year-old woman is brought to the emergency room after she jumped off an overpass in a suicide attempt. In the emergency room she states that she wanted to kill herself because the devil had been tormenting her for many years. After stabilization of her fractures, she is admitted to the psychiatric unit, where she is treated with risperidone and sertraline. After two weeks she is no longer suicidal and her mood is euthymic. However, she still believes that the devil is recruiting people to try to persecute her. In the past 10 years, the patient has had three similar episodes prior to this one. Throughout this time, she has never stopped believing that the devil is persecuting her. Which of the following is the most appropriate diagnosis for this patient?</p> <ol style="list-style-type: none"> <li>Delusional disorder</li> <li>Schizoaffective disorder</li> <li>Schizophrenia, paranoid type</li> <li>Schizophreniform disorder</li> <li>Major depression with psychotic features</li> </ol>

**PRACTICAL – (39-57) x1 – CLINICAL CASE - PSYCHOPATHOLOGY-ASSESSMENT + TREATMENT-INTERVENTIONS (1-18)**

<b>PRACTICAL - PSYCHOPATHOLOGY-ASSESSMENT + TREATMENT-INTERVENTIONS</b>	
<b>39.</b>	<p>A 42-year-old man comes to the emergency room with the chief complaint that “the men are following me.” He also complains of hearing a voice telling him to hurt others. He tells the examiner that the news anchorman gives him special messages about the state of the world every night through the TV. This last belief is an example of which of the following psychiatric findings?</p> <ol style="list-style-type: none"> <li>Grandiose delusion</li> <li>Illusion</li> <li>Loose association</li> <li>Idea of reference</li> <li>Clouding of consciousness</li> </ol>
<b>40.</b>	<p>A 23-year-old man is brought to the emergency room after he walked up to a stranger in a grocery store and began hitting her, claiming that he “knew that she had been sent to spy on him.” In the emergency room he was found to be alert and oriented to person, place, and time. He denied hearing voices. He continued to insist that there were “special agents” planted throughout the city to watch him. This symptom is an example of which of the following psychiatric findings?</p> <ol style="list-style-type: none"> <li>Delusion</li> <li>Illusion</li> <li>Perceptual representation of a sound or an image not actually present</li> <li>Egomania</li> <li>Dissociative fugue</li> </ol>
<b>41.</b>	<p>A 56-year-old man has been hospitalized for a myocardial infarction. Two days after admission, he awakens in the middle of the night and screams that there is a man standing by the window in his room. When the nurse enters the room and turns on a light, the patient is relieved to learn that the “man” was actually a drape by the window. This misperception of reality is best described by which of the following psychiatric terms?</p> <ol style="list-style-type: none"> <li>Delusion</li> <li>Hallucination</li> <li>Illusion</li> <li>Projection</li> <li>Synesthesia</li> </ol>
<b>42.</b>	<p>A psychiatric resident is called to consult on the case of a 75-year-old woman who had undergone a hip replacement two days before. On examination, the resident notes that the patient states the date as 1956, and she thinks she is at her son’s house. These impairments illustrate which aspect of the mental status examination?</p> <ol style="list-style-type: none"> <li>Concentration</li> <li>Memory</li> <li>Thought process</li> <li>Orientation</li> <li>Level of consciousness</li> </ol>
<b>43.</b>	<p>A 28-year-old taxi driver is chronically consumed by fears of having accidentally run over a pedestrian. Although he tries to convince himself that his worries are silly, his anxiety continues to mount until he drives back to the scene of the “accident” and proves to himself that nobody lies hurt in the street. This behavior is an example of which of the following?</p> <ol style="list-style-type: none"> <li>A compulsion secondary to an obsession</li> <li>An obsession triggered by a compulsion</li> <li>A delusional ideation</li> <li>A typical manifestation of obsessive-compulsive personality disorder</li> <li>A phobia</li> </ol>

44.	<p>A 23-year-old woman comes to the emergency room with the chief complaint that she has been hearing voices for seven months. Besides the hallucinations, she has the idea that the radio is giving her special messages. When asked the meaning of the proverb "People in glass houses should not throw stones," the patient replies, "Because the windows would break." Which of the following mental status findings does this patient display?</p> <ol style="list-style-type: none"> <li>Poverty of content</li> <li>Concrete thinking</li> <li>Flight of ideas</li> <li>Loose associations</li> <li>Autistic thinking</li> </ol>
45.	<p>A 24-year-old man is admitted to the inpatient psychiatry unit after his mother observed him standing in place for hours at a time in abnormal postures. During his exam, the patient stands with one arm raised directly above his head and the other straight out in front of him. He is mute, does not appear aware of his surroundings, and actively resists any attempts to change his position. Which of the following best describes the patient's behavior?</p> <ol style="list-style-type: none"> <li>Apraxia</li> <li>Dystonia</li> <li>Synesthesia</li> <li>Catatonia</li> <li>Trance state</li> </ol>
46.	<p>A 36-year-old woman with schizophrenia comes to the emergency room with the chief complaint that "they are trying to kill me." In the examining room, she is hypervigilant and insists on sitting in the corner with her back to the wall. Suddenly she begins to stare intently into the corner and say, "No, you can't make me do that!" Which of the following symptoms is this patient most likely experiencing?</p> <ol style="list-style-type: none"> <li>Concrete thinking</li> <li>Depersonalization</li> <li>Flight of ideas</li> <li>Hallucination</li> <li>Idea of reference</li> </ol>
47.	<p>A 56-year-old man is brought to the physician's office by his wife because she has noted a personality change during the past three months. While the patient is being interviewed, he answers every question with the same three words. Which of the following symptoms best fits this patient's behavior?</p> <ol style="list-style-type: none"> <li>Negative symptoms</li> <li>Disorientation</li> <li>Concrete thinking</li> <li>Perseveration</li> <li>Circumstantiality</li> </ol>
48.	<p>A young woman, who has a very limited memory of her childhood years but knows that she was removed from her parents because of their abuse and neglect, frequently cannot account for hours or even days of her life. She hears voices that alternately plead, reprimand, or simply comment on what she is doing. Occasionally, she does not remember how and when she arrived at a specific location. She finds clothes she does not like in her closet, and she does not remember having bought them. Her friends are puzzled because sometimes she acts in a childish, dependent way and at other times becomes uncharacteristically aggressive and controlling. These symptoms are commonly seen in which of the following disorders?</p> <ol style="list-style-type: none"> <li>Dissociative amnesia</li> <li>Depersonalization disorder</li> <li>Korsakoff's dementia</li> <li>Dissociative identity disorder</li> <li>Schizophrenia</li> </ol>

49.	<p>For the past three months, a 15-year-old girl has had to turn her light on and off 23 times at exactly 10:30 P.M. before she can go to bed. She can spend from one to two hours on this ritual because she has to start again if she is interrupted or loses count. She is upset if the position or the order of the objects she has on her desk is changed even slightly and cannot stop worrying about her family's safety. In conjunction with pharmacologic treatment, which of the following therapies has been proven effective for this disorder?</p> <ol style="list-style-type: none"> <li>Play therapy</li> <li>Psychodynamic psychotherapy</li> <li>Group therapy</li> <li>Cognitive-behavioral therapy</li> <li>Family therapy</li> </ol>
50.	<p>A 7-year-old girl is brought to the physician because her parents note that she gets up at night and, still asleep, walks around the house for a few minutes before returning to bed. When she is forced to awaken during one of these episodes, she is confused and disoriented. Her parents are afraid that she will accidentally hurt herself during one of these episodes. Which of the following interventions should the physician recommend?</p> <ol style="list-style-type: none"> <li>Tell the parents to maintain a safe environment and monitor the patient's symptoms</li> <li>Start the patient on a low dose of benzodiazepines at night</li> <li>Start the patient on a low dose of a tricyclic antidepressant</li> <li>Tell the parents that the child would benefit from cognitive psychotherapy</li> <li>Admit the child to the hospital and obtain an EEG</li> </ol>
51.	<p>A 13-year-old girl grunts and clears her throat several times in an hour, and her conversation is often interrupted by random shouting. She also performs idiosyncratic, complex motor activities such as turning her head to the right while she shuts her eyes and opens her mouth. She can prevent these movements for brief periods of time, with effort. Which of the following is the most appropriate treatment for this disorder?</p> <ol style="list-style-type: none"> <li>Individual psychodynamic psychotherapy</li> <li>Lorazepam</li> <li>Methylphenidate</li> <li>Haloperidol</li> <li>Imipramine</li> </ol>
52.	<p>A 24-year-old woman is admitted to the psychiatric hospital after a suicidal gesture. She slashed her wrists after getting into an argument with her boyfriend. This is the fourth suicidal gesture this patient has made, all occurring after fights with a parent or boyfriend. On the unit, she denies that she is suicidal, and she is not hallucinating or delusional. The patient causes a great degree of havoc on the unit, because her primary mode of defense is splitting. Which of the following statements would be appropriate for the physician to make to the patient?</p> <ol style="list-style-type: none"> <li>Her disorder will respond quickly to treatment</li> <li>Her disorder should cause little impairment in adaptive functioning</li> <li>The patient will need benzodiazepines to control her impulsiveness</li> <li>The patient will need long-term work in psychotherapy to improve</li> <li>Her disorder will often include periods of remission of up to one year</li> </ol>
53.	<p>A schizophrenic patient has no interest in social contacts or vocational rehabilitation. His affect is flat, and he speaks very little and spends most of his day sitting in front of the TV, unwashed and unshaven. He has some chronic delusions of persecution, but these do not impact his functioning as much as the other symptoms. Which of the following antipsychotic medications would be most appropriate to use in treating this patient?</p> <ol style="list-style-type: none"> <li>Molindone</li> <li>Haloperidol decanoate</li> <li>Chlorpromazine</li> <li>Olanzapine</li> <li>Perphenazine</li> </ol>

54.	<p>A 32-year-old woman presents to a psychiatrist with the chief complaint of being worried “about everything.” She reports that she has always been a worrier, but during the past six months she has become basically unable to function because she is worried about such a wide variety of things, including whether or not her future children will be born healthy, whether her husband is having an affair, and whether the current president is helping the country move in the right direction. She is diagnosed with a generalized anxiety disorder and started on buspirone. Which of the following statements should be made to the patient?</p> <ol style="list-style-type: none"> <li>Buspirone is a benzodiazepine</li> <li>Buspirone will act very quickly, and the patient should notice a decrease in her worry in the next day or so</li> <li>Buspirone is the most sedating of the commonly used antianxiety drugs and so must be used very carefully while driving</li> <li>On a per-milligram basis, buspirone is three times more potent than diazepam</li> <li>Buspirone has less potential for abuse than diazepam</li> </ol>
55.	<p>A 42-year-old woman sees her physician because she has been depressed for the past three months. She also notes that she has gained 20 lb (9kg) without trying to. She notes that she does not take pleasure in the activities that she once enjoyed and seems fatigued most of the time. These symptoms have caused the patient to withdraw from many of the social functions that she once enjoyed. The physician diagnoses the patient with hypothyroidism and starts her on thyroid supplementation. Six weeks later, the patient’s thyroid hormone levels have normalized, but she still reports feeling depressed. Which of the following is the most appropriate next step in the management of this patient?</p> <ol style="list-style-type: none"> <li>Recommend that the patient begin psychotherapy</li> <li>Increase the patient’s thyroid supplementation</li> <li>Start the patient on an antidepressant medication</li> <li>Tell the patient that she should wait another six weeks, during which time her mood will improve</li> <li>Take a substance abuse history from the patient</li> </ol>
56.	<p>A 24-year-old man with chronic schizophrenia is brought to the emergency room after his parents found him in his bed and were unable to communicate with him. On examination, the man is confused and disoriented. He has severe muscle rigidity and a temperature of 39.4°C (103°F). His blood pressure is elevated, and he has a leukocytosis. Which of the following is the best first step in the pharmacologic treatment of this man?</p> <ol style="list-style-type: none"> <li>Haloperidol</li> <li>Lorazepam</li> <li>Bromocriptine</li> <li>Benzotropine</li> <li>Lithium</li> </ol>
57.	<p>A 45-year-old woman was physically and sexually assaulted in her own house by two intruders. She cannot remember anything about the incident. She is concerned about the memory loss because she prides herself on her excellent memory, and she would like to remember the faces of the two intruders so that she can help identify them to the police. Which of the following statements should be made to this patient?</p> <ol style="list-style-type: none"> <li>It is likely that she will experience future episodes of memory loss now that she has incurred this one</li> <li>Most cases revert spontaneously</li> <li>It is likely that she will develop a major depressive episode once she remembers the incident</li> <li>Antidepressants will help reverse the memory loss</li> <li>The loss of memory is usually irreversible</li> </ol>

**CLINICAL CASES – EXPLAIN AND ARGUMENT YOUR ANSWER.**

**PRACTICAL – (58-75) x1 – PSYCHIATRIC EMERGENCIES (1-18)**

	<b>PRACTICAL - PSYCHIATRIC EMERGENCIES</b>
58.	Emergency in case of suicidal behavior
59.	Emergency in case of irritability and anger
60.	Emergency in case of psychomotor inhibition
61.	Emergency in case of psychomotor agitation
62.	Emergency in case of catatonic patient
63.	Emergency in case of catatonic malignant syndrome/neuroleptic malignant syndrome
64.	Emergency in case of psychotic patient substance related
65.	Emergency in case of psychotic patient
66.	Emergency in case of psychotic patient with mood disorders
67.	Emergency in case of panic attack
68.	Emergency in case of acute stress disorder and posttraumatic stress disorder
69.	Emergency in case of refusal or excessive eating.
70.	Emergency in case of cognitively impaired patient: delirium tremens
71.	Emergency in case of cognitively impaired patient: amnestic disorders
72.	Emergency in case of cognitively impaired patient: twilight condition of consciousness
73.	Emergency in case of suicidal behaviour in children
74.	Emergency in case of child psychosis, agitation, or aggressiveness
75.	Emergency in case of child abuse

## THEORY – 3 questions

### Topic 1 - Introduction

76. The concept of health. The essence of mental health. Illness and psychological reaction to illness.
77. The burden of mental health, epidemiological data. Mental Health Law, Legal and Ethical Issues. Fighting stigma.
78. Psychiatry - basic objectives, relationship with other disciplines, history data.
79. Organizing psychiatric care. Psychiatric subspecialties. Mental health services.
80. Classifications of mental and behavioral disorders according to ICD-10 and DSM-5.
81. Clinical evaluation scales used in psychiatry

### Topic 2 - General psychopathology

82. Perception disturbances. Classification. Basic symptoms. Syndromes related to the semiology of perception
83. Thought disturbances. Classification. Basic symptoms. The basic syndromes in which delusional ideas occur
84. Memory disturbances. Classification. Basic symptoms. The clinical feature of psychopathological syndromes that fall within the semiology of memory
85. Affective (Mood) disturbances. Classification. Basic symptoms. The clinical feature of psychopathological syndromes that fall within the semiology of mood
86. Motor and volitional behaviour disturbances. Classification. Basic symptoms. Psychopathological syndromes that are related to psychomotor disturbances
87. Qualitative disorders of consciousness, their clinical characteristics. Psychiatric disorders in which they occur.

### Topic 3 - Methods of treatment in mental health. Psychopharmacology. Psychotherapy. Psychosocial rehabilitation.

88. Antipsychotic drugs. Classification. Indications, contraindications. Adverse effects.
89. Anxiolytic drugs. Classification. Indications, contraindications. Adverse effects.
90. Useful drugs in the treatment of sleep disorders (hypnotic). Classification. Indications, contraindications. Adverse effects.
91. Antidepressant drugs. Classification. Indications, contraindications. Adverse effects.
92. Antimanic drugs (mood stabilizers). Classification. Indications, contraindications. Adverse effects.
93. Procognitive (useful in the treatment of dementia) and neuroprotective drugs. Classification. Indications, contraindications. Adverse effects.
94. Useful drugs in the pharmacological treatment of addictions. Classification. Indications, contraindications. Adverse effects.
95. Psychosocial recovery and rehabilitation.
96. Cognitive-behavioral psychotherapy. Indications, contraindications. General principles.
97. Psychodynamic psychotherapy. Psychoanalysis. Indications, contraindications. General principles.

### Topic 4 - Schizophrenia – Bipolar Disorder

98. Paranoid type of schizophrenia. Etiopathogenesis. Clinical picture. Principles of treatment.
99. Hebephrenic type of schizophrenia. Etiopathogenesis. Clinical picture. Principles of treatment.
100. Catatonic type of schizophrenia. Etiopathogenesis. Clinical picture. Principles of treatment.
101. Simple type of schizophrenia. Etiopathogenesis. Clinical picture. Principles of treatment.
102. Hypertoxic type of schizophrenia (lethal catatonia) vs Malignant neuroleptic syndrome. Clinical picture. Principles of treatment.
103. Bipolar affective disorder type 1 and 2. Etiopathogenesis. Clinical picture. Principles of treatment.
104. Recurrent depression. Etiopathogenesis. Clinical picture. Principles of treatment.
105. Cyclothymia. Dysthymia. Etiopathogenesis. Clinical picture. Principles of treatment.

106. Psychiatric disorders in epilepsy according to ICD-10. Etiopathogenesis. Clinical picture. Principles of treatment.

### **Topic 5 - Anxiety, stress, and somatoform disorders**

107. Generalized anxiety disorder. Panic disorder. Etiopathogenesis. Clinical picture. Principles of treatment.
108. Obsessive-compulsive disorder. Adjustment disorder. Etiopathogenesis. Clinical picture. Principles of treatment.
109. Acute reaction to stress. Post-traumatic stress disorder. Etiopathogenesis. Clinical picture. Principles of treatment.
110. Specific phobia and social phobia. Etiopathogenesis. Clinical picture. Principles of treatment.
111. Conversion disorder. Etiopathogenesis. Clinical picture. Principles of treatment.
112. Dissociative identity disorder. Dissociative amnesia. Etiopathogenesis. Clinical picture. Principles of treatment.
113. Depersonalization / derealization disorder. Etiopathogenesis. Clinical picture. Principles of treatment.
114. Somatization Disorder and Hypochondria. Etiopathogenesis. Clinical picture. Principles of treatment.
115. Somatoform autonomic dysfunction and Pain disorders related to psychological factors. Etiopathogenesis. Clinical picture. Principles of treatment.
116. Psychosomatic disorders.

### **Topic 6 - Addictions**

117. Criteria for alcohol dependence. Alcohol withdrawal syndrome. Clinical picture of delirium tremens.
118. Types of intervention in alcohol dependence.
119. Cannabinoids. Components, symptoms of intoxication and interventions in cannabinoid dependence. Therapeutic use.
120. Opiates. Classification of opiates by mechanism of action. Symptoms of overdose and withdrawal. Methadone treatment.
121. Psychostimulants. Clinical picture of acute intoxication. Psychostimulant addiction therapy
122. Benzodiazepines. Pharmacological properties, symptoms of overdose and withdrawal. Benzodiazepine overdose treatment.
123. Cocaine. Use, symptoms of intoxication and withdrawal. Interventions in cocaine addiction

### **Topic 7 - Dementia. Organic Mental Disorders; Disorders due to a general medical condition and postpartum**

124. Dementia and the process of physiological aging. Similarities and differences. Dementia prophylaxis. Brain degenerative risk factors that may be partially influenced.
125. Dementia. Definition, etiopathogenetic mechanisms involved in the process of brain neurodegeneration. Vascular dementia. Etiopathogenesis. Clinical picture. Principles of treatment.
126. Dementia in Alzheimer's disease and Pick's disease (fronto-temporal). Etiopathogenesis. Clinical picture. Principles of treatment.
127. Dementia Binswanger and Creutzfeldt-Jacob. Etiopathogenesis. Clinical picture. Principles of treatment.
128. Dementia Huntington's disease and Parkinson's disease. Etiopathogenesis. Clinical picture. Principles of treatment.
129. Organic hallucinosis. Organic delusional disorder. Etiopathogenesis. Clinical picture. Principles of treatment.

130. Postpartum Blues, Postpartum Depression, Postpartum Psychosis. Clinical picture. Principles of treatment.

**Topic 8 - Personality disorders. Paraphilic disorders. Sexual dysfunctions. Gender dysphoria. Impulse control disorders. Sleep disorders.**

131. Cluster A personality disorder. Etiopathogenesis. Clinical picture. Principles of treatment.  
 132. Cluster B personality disorder. Etiopathogenesis. Clinical picture. Principles of treatment.  
 133. Cluster C personality disorder. Etiopathogenesis. Clinical picture. Principles of treatment.  
 134. Paraphilias. Classification. Clinical picture. Principles of treatment.  
 135. Sexual dysfunctions. Gender dysphoria. Classification. Clinical picture. Principles of treatment.  
 136. Impulse control disorders. Classification. Clinical picture. Principles of treatment.  
 137. Sleep disorders. Classification. Clinical picture. Principles of treatment.

**Topic 9 - Global pervasive developmental disorders. Hyperkinetic disorders, Behavioral disorders. Emotional disorders with onset specific to childhood.**

138. Childhood and atypical autism. Etiopathogenesis. Clinical picture. Principles of treatment.  
 139. Rett and Asperger syndrome. Etiopathogenesis. Clinical picture. Principles of treatment.  
 140. Childhood disintegrative disorder. Etiopathogenesis. Clinical picture. Principles of treatment.  
 141. Attention Deficit / Hyperactivity Disorder. Etiopathogenesis. Clinical picture. Principles of treatment.  
 142. Oppositional defiant disorder. Conduct disorder. Etiopathogenesis. Clinical picture. Principles of treatment.

**Topic 10 - Mental retardation. Tick disorders. Eating disorders, etc.**

143. Elective mutism and stuttering. Definition. Risk factors. Clinical picture. Principles of treatment.  
 144. Anorexia and Bulimia nervosa. Definition. Risk factors. Clinical picture. Principles of treatment.  
 145. Pica of infancy and childhood. Diagnostic criteria.  
 146. Classification of ticks. Diagnostic criteria. Differential diagnosis. Treatment.  
 147. Non-organic enuresis and encopresis. Definition. Risk factors. Clinical picture. Principles of treatment.