

Contents

WITH ONLY ONE ANSWER.....	1
CS - Topic 1 Introduction – Că răușu	1
CS - Topic 2 - General Psychopathology. – Deliv	3
CS - Topic 3 - Methods of treatment in the field of mental health. Psychopharmacology. Psychotherapy. Psychosocial rehabilitation. –Garaz / Chihai	6
CS - Topic 4 - Schizophrenia-BD - Babin / Garaz	8
CS - Topic 5 - Anxiety, stress and somatoform disorders – Bologan	11
CS - Topic 6 - Addictions – Nastas	13
CS - Topic 7 - Dementia. Organic Mental Disorders; Disorders due to a general medical condition and Postpartum – Cosciug	16
CS - Topic 8 - Personality Disorders. Paraphilic disorders. Sexual dysfunctions. Gender dysphoria. Impulse control disorders. Sleep disorders. - Garaz / Nacu	18
CS - Topic 9 - Global pervasive developmental disorders. Neurotic, behavioral, emotional disorders of social functioning with usual onset in childhood and adolescence - Bologan	21
CS - Topic 10 - Mental Retardation. Tick disorders. Eating disorders.- Boronin	23
WITH MORE THAN ONE ANSWERS	25
CM - Topic 1 Introduction – Că răușu.....	25
CM - Topic 2 - General Psychopathology. – Deliv	27
CM - Topic 3 - Methods of treatment in the field of mental health. Psychopharmacology. Psychotherapy. Psychosocial rehabilitation. –Garaz / Chihai	29
CM - Topic 4 - Schizophrenia-BD - Babin / Garaz.....	31
CM - Topic 5 - Anxiety, stress and somatoform disorders – Bologan.....	37
CM - Topic 6 - Addictions – Nastas.....	39
CM - Topic 7 - Dementia. Organic Mental Disorders; Disorders due to a general medical condition and Postpartum – Cosciug.....	42
CM - Topic 8 - Personality Disorders. Paraphilic disorders. Sexual dysfunctions. Gender dysphoria. Impulse control disorders. Sleep disorders. - Garaz / Nacu	44
CM - Topic 9 - Global pervasive developmental disorders. Neurotic, behavioral, emotional disorders of social functioning with usual onset in childhood and adolescence - Bologan	48
CM - Topic 10 - Mental Retardation. Tick disorders. Eating disorders.- Boronin.....	50

ENG

WITH ONLY ONE ANSWER

CS - Topic 1 Introduction – Că răușu

1. The current main system for classifying mental disorders is:

- ICD-9
- DSM-IV-TR
- ICD-10
- DSM-III
- DSM-III-R

2. The current main classification system for mental disorders is:

- ICD-9
- DSM-IV-TR
- ICD-12
- DSM-5
- DSM-III-R

3. On how many axes is based the DSM classification?

one
two
three
four
five

4. DSM-5 (2013) is the diagnostic tool of the Psychiatric Association:

Australians
French
American
German
Swiss

5. The following scales are used to assess depressive disorders:

TAG 7
Hamilton
MMPI
PSYRATS
MMSE

6. The following scales are used to assess depressive disorders:

MMPI
dawdling
Montgomery-Asberg Scale
TAG 7
PSYRATS

7. The following scales are used to assess anxiety disorders:

PANSS
dawdling
Montgomery-Asberg scale
TAG 7
PSYRATS

8. The following scales are used to assess dementia and cognitive impairment:

PANSS
MoCA
Montgomery-Asberg scale
TAG 7
PSYRATS

9. The following scales are used to assess dementia and cognitive impairment:

PANSS
MMSE
Montgomery-Asberg scale
TAG 7
PSYRATS

10. The following scales are used to assess personality disorders:

PANSS
MMSE
Montgomery-Asberg scale
MMPI
PSYRATS

11. The following scales are used to assess schizophrenia:

MMSE
PANSS
Montgomery-Asberg scale

MMPI
Hamilton

12. The following scales are used to assess schizophrenia:

MMSE
PSYRATS
Montgomery-Asberg scale
MMPI
Hamilton

13. The father of psychoanalysis is considered:

Paul Eugen Bleuler
Adolf Meyer
Sigmund Freud
Kurt Schneider
Karl Bonhoeffer

14. The founder of modern scientific psychiatry and the basic promoter of the nosological conception in psychiatry is considered:

Richard Freiherr von Krafft-Ebing
Karl Theodor Jaspers
Emil Kraepelin
Kurt Schneider
Karl Bonhoeffer

15. The founder of the Department of Psychiatry of the University of Medicine in Chisinau was:

Alexei Kornetov
Alexei Molohov
Juliy Rachalskiy
Anatol Koțovsky
Yakiv Popelyansky

CS - Topic 2 - General Psychopathology. – Deliv

16. Hyperesthesia is:

The absence of the capacity to integrate the sensory elements in a complex corresponding to the object, the phenomenon.

Perception of unreal, non-existent objects and phenomena.

The increase in the intensity of perceptions, characterized by the fact that the patient perceives external excitations much more vividly, more intensely than usual.

Perception of objects as elongated, twisted, or thicker than in reality

Modified perception of one's own body or parts of it

17. The illusion is:

Inability to recognize images or people by their sensory qualities.

Decreased perceptual capacity, discoloration, atony of perceptions.

Extremely unpleasant, excruciating bodily sensations.

Erroneous, distorted perception of an existing real object.

Sensation of changed or unreal reality.

18. Depersonalization is:

Delusional beliefs and fears about the presence of a bodily defect.

Sensation of self-modification, modification of certain parts, peculiarities of one's own person, often associated with the sensation of modification of the environment.

Quantitative disturbance of consciousness.

Common and common fatigue.

The feeling that the outside world is changed, foreign, bizarre, vague, unreal

19. Perceptual disorders include:

Hallucinations.

Mania.

Twilight.

Pseudo-reminiscences.

The stupor.

20. The confabulations consist of:

The possibility of reproducing memories that the subject believes long forgotten.

Reproduction of real events experienced in the past, as well as events taking place in the present.

The impression of recognizing people he did not know and, in the uncertainty of recognizing people he knew before.

The inability of the person to differentiate the events experienced by him from those in the dream, read or heard.

Filling the "gaps" in memory with imaginary, not lived events (which did not exist).

21. Pseudoreminiscences consist of:

The possibility of reproducing memories that the subject believes long forgotten.

Reproduction of real events experienced in the past, as if this events take place in the present.

The impression of recognizing people he did not know and, in the uncertainty of recognizing people he knew before.

The inability of the person to differentiate the events experienced by him from those in the dream, read or heard.

Total memory loss.

22. Retrograde (evocative) amnesia is:

Forgetting a certain content related to an intense negative emotional state.

The inability of the person to differentiate the events experienced by him from those in the dream, read or heard.

Exaggerated increase of evocations, especially of an involuntary nature, which are not related to the main theme.

The disappearance from memory of the events immediately preceding the onset of the disease state.

Reproduction of real events experienced in the past, as well as events taking place in the present.

23. Mentism can be defined by:

Blurred, symbolic, tangential exposure to the subject.

Lack of logical connection between ideas, phrases, presented by the patient.

Decreasing the production of ideas, as well as their ability to associate.

The pathological tendency to repeat a stereotypical word or phrase, replacing the correct answer to the question asked.

Sudden outburst of a multitude of unusual ideas and / or representations, mixed, foreign to the momentary preoccupations of the subject, which he feels embarrassing, but cannot remove.

24. The obsessive idea is:

A central, basic idea, overvalued at a given moment of thought / consciousness, the subject being in agreement with the latter (self-syntony).

The belief that someone on the outside introduces him with foreign thoughts.

An idea that, appears "automatically" (without the involvement of the will), dominates the consciousness of the subject, is repetitive and persistent.

The belief that someone on the outside controls the development and content of his thoughts.

False idea, inconsistent with factual reality, which cannot be verbally counter-argued.

25. Hypochondriac ideas are:

Irreducible beliefs of the subject that he is under the remote action of forces directing with certain functions of his.

Irreducible beliefs related to the special physical and spiritual qualities that the subject would have or to the material goods and the social situation that he would possess.

Irreducible beliefs that the world is hostile to him, he suffers moral, material and / or physical harm.

Irreducible beliefs of the patient that the entourage has changed its attitude towards him, that it exerts an unfavorable influence on him, that he makes negative assessments on his qualities, etc.

Irreducible beliefs about the existence of an incurable disease, particularly serious, from which the subject would suffer, in disagreement with his good or slightly altered health and the lack of changes in investigations

26. Paranoid syndrome includes:

Pseudo-hallucinations or "true" verbal hallucinations.

A systematized delirium, usually monothematic.

Pluritematic delirium, unsystematized, stupid to the maximum in terms of content.

Phenomena of schizophrenia.

Disorganized behavior.

27. Generalized anxiety (anxiety) is:

Severe, short-lived anxiety crisis, which is not limited to any situation, phenomenon, event.

A pathological fear of the object, marked and persistent, excessive and unjustified.

The moral pain of the person who has lost the ability to resonate emotionally at life events.

A state of high emotional tension, which narrows the field of consciousness.

A state of anxiety, widespread, persistent, excessive and uncontrollable concern about everyday life events, even if there are no or are few reasons for concern.

28. Anhedonia can be defined by the statement:

A psychosensory disorder characteristic of psychoses.

Loss of interest and pleasure from previously enjoyable activities.

Emergence of increased interest in social activities.

A characteristic sign of personality disorders.

Ability to resolve conflicts.

29. Affective ambivalence is:

Exaggerated emotional reaction compared to the stimulus that caused it, manifested by marked irascibility, aggression, anger, hatred, anger.

Significant reduction in the intensity of emotional feelings and their expressiveness, due to the loss of emotional receptivity.

The disappearance of the finest and most subtle emotions.

The coexistence, in the same dimension of time, of two opposite affective states, qualitatively opposite towards the same person.

An emotional experience with content (meaning) opposite to the expected one.

30. Disabulia consists of:

Extreme increase in impulsivity associated with a considerable reduction in defensive will.

Exaggeration of volitional force.

The difficulty of initiating and completing an action, but also the difficulty of moving from one action to another.

Total lack of initiative and inability to act.

Failure to stop an ongoing action.

31. The stupor is manifested by:

A state in which psychomotor activity seems suspended, the patient is immobile, perplexed, confused, with delayed or non-responsive sensory responses.

state of bliss in which the patient responds adequately but with delay

Involuntary acceleration of movements.

Irresistible tendency to move, to run.

State manifested by exaggerated and mobile mimicry, continuous and rapid pantomime, multiple movements, aimless, associated with accelerated thinking, accelerated speech and disorganized behavior.

32. Apraxia consists in:

Untimely, rapid, repetitive movements, without voluntary control, located especially in the upper body and head, noticed by the patient.

Paroxysmal impulsive tendencies generated by emotional feelings so intense that the person acts explosively, committing dangerous social actions with medico-legal consequences (suicide, homicide).

Repetitive, bizarre, aimless movements, always the same.

Urgent and brutal needs to carry out aggressive or absurd antisocial actions.
Inability of the subject to plan and perform a voluntary action.

33. The twilight state is characterized by:

Hypermnnesia.
Abulia.
Mania.
Disorientation in environment and one's self.
Cryptomnesia.

34. Delirium is characterized by:

Severe, short-lived anxiety crisis, which is not limited to any situation, phenomenon, event.
Disorientation in space and time, keeping the orientation in one's own person.
A dream-like state, in which the patient perceives everything as a passive spectator, from the third person.
Confabulations and pseudoreminiscences.
Total lack of initiative and inability to act.

35. The state of amentia is:

Quantitative disturbance of consciousness with delusional ideas and visual pseudo-hallucinations.
Disorientation in space and time, keeping the orientation in one's own person.
Psychomotor agitation marked by euphoria.
Deep consciousness disorder with disorientation in environment and one's self.
Perception disorder with multiple psychosensory manifestations.

CS - Topic 3 - Methods of treatment in the field of mental health. Psychopharmacology. Psychotherapy. Psychosocial rehabilitation. –Garaz / Chihai

36. Typical indications for antipsychotics are:

Panic disorder
Generalized anxiety
Schizophrenia
Personality disorder
Depression

37. Which of the following are thymostabilizers:

Derivatives of Acidulum Valproicum
Chlorpromazinum
Zaleplonum
Sertralinum
Haloperidolum

38. Which of the following are thymostabilizers:

Sertindolum
Carbamazepinum
Trihexyphenidilum
Sertralinum
Haloperidolum

39. Pro-cognitive and neuroprotective drugs (used in the treatment of dementia) are:

Donepezilum, Galantaminum, Rivastigminum, Memantinum
Haloperidolum, Chlorpromazinum, Diazepamum, Gingko biloba
Piracetamum, Vinpocetinum, Zopiclonum, Hidroxychlorochinum
Risperidonum, Clozapinum, Ibuprofenum, Trihexifenidilum
Acetaminophenum, Tocopherolum acetatum, Levomepromazinum

40. Useful drugs in the pharmacological treatment of addictions are:

Acamprosatum, Buprenorphinum, Disulfiramum, Metadonum
Haloperidolum, Chlorpromazinum, Diazepamum, Acetaminophenum
Zopiclonum, Hidroxychlorochinum, Haloperidolum, Chlorpromazinum
Risperidonum, Clozapinum, Piracetamum, Vinpocetinum
Risperidonum, Clozapinum, Zopiclonum, Hidroxychlorochinum

41. Selective serotonin and norepinephrine reuptake inhibitors (ISRSNA / SNRI) are:

Venlafaxinum, Duloxetine

Clomipraminum, Milipraminum
Sertralinum, Paroxetinum
Amitriptilinum, Milipraminum
Clozapinum, Clomipraminum

42. Which of the following antidepressants would have a marked sedative effect:

Trazodonum
Setralinum
Fluoxetinum
Fluvoxaminum
Clozapinum

43. The predominant clinical effect of Thymostabilizer has the following benzodiazepine drug:

Clonazepamum
Midazolamum
Phenazepamum
Alprazolamum
Nitrazepamum

44. The extrapyramidal side effect that can occur after 6-12 months of treatment and is persistent, induced by long-term antipsychotic medication:

Late dyskinesia
Akatisie
Dystonia
Acne
Priapism

45. For which antipsychotic is more characteristic Weight gain:

Clozapinum, Olanzapinum
Ziprasidonum, Amisulpridum
Aripiprazolum, Amisulpridum
Amisulpridum, Haloperidolum
Chlorpromazinum, Haloperidolum

46. The target of rehabilitation are all EXCEPT:

concentration of powers on the whole person not on the symptom
restoring the person's primary and secondary self-service skills
relearning old skills or learning new ones,
focusing on personal potential and vocations;
somatic health care.

47. Stages in the development of the human psyche are all EXCEPT:

Complex stage (1-7 years)
Oral stage (0-1.5 years)
Anal stage (1.5-3 years)
Phallic / Oedipal Stage (3-7 years)
Latency stage of child sexuality (8-11 years)

48. Recovery has 3 areas:

health, functionality and identity
health, occupational and family
occupational, occupational and occupational health
occupational therapy, professional and identity
occupational, functional and health

49. Contraindications / patients who DO NOT BENEFIT from the advantages of psychotherapy are those with:

personality disorder
depression
intermittent bipolar affective disorder
somatoform disorder
catatonic schizophrasia with oneiroid syndrome

50. Contraindications / patients who DO NOT BENEFIT from the advantages of psychotherapy are those with:

personality disorder
anorexia
psychosomatic disorder
somatoform disorder
dementia

51. Contraindications / patients who DO NOT BENEFIT from the advantages of psychotherapy are those with:

hypochondriac disorder
anorexia
disorder
somatoform disorder
delirium

52. Cognitive-behavioral psychotherapy:

seeks through various methods to identify and modify maladaptive cognitions, beliefs, and behaviors in order to influence destructive negative emotions and problematic dysfunctional behaviors.

was the first known form of psychotherapy.

focuses on revealing the unconscious content of the client's psyche in order to relieve mental tension.

is based on the existential belief that human beings are alone in the world.

emerged as a reaction to behaviorism and psychoanalysis and is therefore known as the Third Force in the development of psychology.

53. Humanistic psychotherapy:

seeks through various methods to identify and modify maladaptive cognitions, beliefs, and behaviors in order to influence destructive negative emotions and problematic dysfunctional behaviors.

was the first known form of psychotherapy.

focuses on revealing the unconscious content of the client's psyche in order to relieve mental tension.

is based on the existential belief that human beings are alone in the world.

emerged as a reaction to behaviorism and psychoanalysis and is therefore known as the Third Force in the development of psychology.

54. Psychodynamic psychotherapy:

seeks through various methods to identify and modify maladaptive cognitions, beliefs, and behaviors in order to influence destructive negative emotions and problematic dysfunctional behaviors.

was the first known form of psychotherapy.

focuses on revealing the unconscious content of the client's psyche in order to relieve mental tension.

is based on the existential belief that human beings are alone in the world.

emerged as a reaction to behaviorism and psychoanalysis and is therefore known as the Third Force in the development of psychology.

55. Systemic psychotherapy:

addresses people in a relationship, respectively it has to do with group interactions.

Includes family therapy and marital counseling.

was the first known form of psychotherapy.

focuses on revealing the unconscious content of the client's psyche in order to relieve mental tension.

is based on the existential belief that human beings are alone in the world.

emerged as a reaction to behaviorism and psychoanalysis and is therefore known as the Third Force in the development of psychology.

56. What syndrome is characteristic for Simple Schizophrenia:

- Automatism motor
- Apato-Abulic
- Paranoid
- Hypochondric
- Depressive

57. Kandinski-Clerambault syndrome is characteristic of the next form of Schizophrenia

- Catatonic
- Hebefrenica
- Paranoid
- Simple
- Febrile

58. In the clinical picture of simple schizophrenia is present:

- Korsakov syndrome
- Kandinski Syndrome -Clerambault
- Munchausen syndrome
- Metaphysical intoxication syndrome
- Dupre Syndrome

59. Atypical neuroleptics include, EXCEPT:

- Risperidon
- Aripiprazole
- Olanzapine
- Quetiapin
- Haloperidol

60. Impaired mental function is NOT characteristic for schizophrenia:

- memory
- thinking
- perception
- affectivity
- consciousness

61. Characteristic pathomorphological change in schizophrenia is

- No specific changes
- The cortex is completely atrophied
- Lateral ventricular hematoma is determined
- Proportional vascular atherosclerotic lesions
- Ischemic stroke

62. In the pathogenesis of schizophrenia it is assumed that a significant role is played by:

- Excess Aluminum, because in these patients aluminum silicate was found in the brain plaques
- Significant atherosclerosis, followed by frequent transient strokes
- Senile involution of the cortex
- Imbalance of the activity of the cerebral dopaminergic systems
- Atrophy of the temporo-parietal lobes

63. The most common perceptual disorder in schizophrenia is:

- True auditory hallucinations
- Visual hallucinations
- Auditory pseudohallucinations
- The oneiroid
- Delirium

64. Hebephrenic schizophrenia may occur more frequently at the age of:

- 35-50 years
- after 70 years
- 60-70 years
- 16-18 years
- 8-9 years

65. Hebephrenic schizophrenia:

- Has 3 stages of evolution (paranoid, paranoid, paraphrenic)

It is manifested by zero flexibility, negativity, mutism

Manifested by "Metaphysical intoxication"

has 2 stages of evolution (tonic, clonic)

Manifested by impulsive reactions, mannerisms, irascibility, psychomotor arousals with pathetic expressions, inadequate joy, puerelism (childish behavior)

66. Catatonic schizophrenia:

is a malignant form of schizophrenia

leads to death in 5 years

occurs as a result of frequent strokes

has a sudden onset in the form of excitation or catatonic stupor

access begins with prodrome and aura

67. The etiology of schizophrenia includes several aspects, EXCEPT:

genetic aspects

infectious aspects

endocrine aspects

organic aspects

prionic aspects

68. The major depressive episode includes all of the disorders listed below EXCEPT

Depressive mood - the subjective feeling of sadness for an extended period of time

Anhedonia - the inability to feel pleasure.

Social withdrawal

Lack of motivation, reduced frustration tolerance

Twilight disturbance of consciousness

69. The major depressive episode includes all of the disorders listed below EXCEPT

Loss of libido

Weight loss and anorexia.

Weight gain and hyperphagia.

The presence of paramnesia

Low energy level; fatigue

70. The diagnostic criteria for the manic episode are ALL EXCEPT:

excessive self-esteem or grandiosity

decreased need for sleep

flight of ideas or the subjective feeling that thoughts are running.

suicidal ideation

the pressure to speak continuously

71. Type I bipolar disorder is

The patient met the criteria for a complete manic or mixed episode, usually severe enough to require hospitalization.

The patient had at least one major depressive episode and at least one manic episode

Four or more depressive, manic, or mixed episodes within 12 months.

Less severe disorder, with alternating periods of hypomania and moderate depression

The debut is insidious. Symptoms tend to worsen in the second half of the day

72. Type II bipolar disorder is

The patient met the criteria for a complete manic or mixed episode, usually severe enough to require hospitalization.

The patient had at least one major depressive episode and at least one hypomanic episode

Four or more depressive, manic, or mixed episodes within 12 months

Less severe disorder, with alternating periods of hypomania and moderate depression.

Less severe than major depressive disorder. More common and more chronic in women than in men. The debut is insidious. Symptoms tend to worsen in the second half of the day

73. Bipolar disorder with rapid cycling is

The patient met the criteria for a complete manic or mixed episode, usually severe enough to require hospitalization.

The patient had at least one major depressive episode and at least one hypomanic episode

Four or more depressive, manic, or mixed episodes within 12 months

Less severe disorder, with alternating periods of hypomania and moderate depression.

Less severe than major depressive disorder. More common and more chronic in women than in men. The debut is insidious. Symptoms tend to worsen in the second half of the day.

74.74. Cyclothymic disorder can be defined as

The patient met the criteria for a complete manic or mixed episode, usually severe enough to require hospitalization.

The patient had at least one major depressive episode and at least one hypomanic episode
Four or more depressive, manic, or mixed episodes within 12 months.

Less severe disorder, with alternating periods of hypomania and moderate depression

Less severe than major depressive disorder. More common and more chronic in women than in men. The debut is insidious. Symptoms tend to worsen in the second half of the day.

75. Dysthymic disorder can be defined as

The patient met the criteria for a complete manic or mixed episode, usually severe enough to require hospitalization.

The patient had at least one major depressive episode and at least one hypomanic episode
Four or more depressive, manic, or mixed episodes within 12 months.

Less severe disorder, with alternating periods of hypomania and moderate depression.

Less severe than major depressive disorder. More common and more chronic in women than in men. Permanent depressive feelings throughout life.

76. The psychic equivalent of epileptic seizures is

Grand mal si Petit mal

Ambulatory automatism

Late dyskinesia

Mental automation

Convulsive seizures in series

77. Which Affective disorder is specific to epilepsy, present as a prodrome, as a post-ictal state or even as a psychic equivalent of the epileptic seizure:

dysphoria

delirium tremens

cryptomnesia

oneiroid state

catatonic stupor

78. Mild permanent, non-psychotic depression with predominant anxiety is called:

Cyclothymia

Bipolar disorder

Chronic depression

Dysthymia

Anxiety disorder

CS - Topic 5 - Anxiety, stress and somatoform disorders – Bologan

79. The phobia is:

Persistent, pathological, unrealistic, imaginary and intense fear of an object or situation.

Persistent, intense physiological fear of a real existing danger.

Persistent, physiological, realistic fear of an object or situation.

Realistic fear of an object or situation that might one day unfold.

Apparent fear, only in some cases severe fear of an object or a repetitive situation.

80. Anxiety-phobic disorders are manifested by:

Ideas of surplus value.

Mentism.

Rituals.

Panic attacks.

Delusional ideas.

81. Unexpected panic attacks are needed to diagnose:

Generalized anxiety disorder.

Panic disorder.
Social phobia.
Specific phobia.
Obsessive-compulsive disorder

82. The most common manifestations of conversion disorder are:

Obsessive.
Asthenics.
Hypochondriac.
Sensory.
Paranoid.

83. Conversion motor disorders include:

Deafness.
Cenestopathy.
Astasia- abasia.
Paresthesia.
Blindness.

84. The panic attack reaches its maximum intensity in approximately:

2 hours.
45 minutes.
12 hours.
24 hours.
10-20 minutes.

85. Claustrophobia is the fear of:

Open spaces.
Not to blush in public.
Enclosed spaces.
To be left alone.
Insects.

86. Agoraphobia is fear of:

People.
Open spaces.
Dirt.
Not to be alone.
Closed spaces.

87. Obsessive ideas are:

Paranoid.
Intrusive and involuntary.
Prevalent.
Delirious.
Paraphrenic.

88. Definition of neurotic disorders

are functional disorders that do not involve organic brain changes and do not represent psychosis.

a state of mental underdevelopment
a lasting change of personality.
a stable intellectual disorder of memory and critical sense.
a severe state of attention deficit disorder.

89. Dissociative (Conversion) Disorders are the following EXCEPT:

Dissociative amnesia.
Dissociative flight.
Dissociative stupor.
Trance and possession disorders.
Factitious disorders.

90. Dissociative (Conversion) Disorder is:

is an organic disorder related to craniocerebral trauma.
is a slow, unobservable onset disorder.

is a disorder with a low prevalence of up to 1%.
is a disorder with sudden onset and cessation of dissociative status, and is related to a psychotraumatic factor.
is endogenous and affects children more frequently.

91. Generalized anxiety disorder:

It is least likely to coexist with another mental disorder.
Has a female / male ratio of 1: 2.
It is a mild condition.
Has a 50% chance of recurrence after recovery.
It has a low prevalence in primary care institutions.

92. The physiological activity associated with PTSD (post-traumatic stress disorder) includes all of the following, EXCEPT:

Low parasympathetic tone.
High heart rate.
Excessive sweating.
Circadian secretion of low thyroxine.
High blood pressure.

93. All of the following mental disorders are common in patients with somatization disorder (in the general population), EXCEPT:

Bipolar I affective disorder.
Generalized anxiety disorder.
Major depressive disorder.
Obsessive-compulsive personality disorder.
Schizophrenia.

94. The characteristic signs of the conversion disorder are all of the following, EXCEPT:

Astasia-Abasia.
Cogwheel stiffness - gear.
Hemianesthesia of the body, which begins exactly at the midline.
Osteo-tendon reflexes, photo-pupillary - normal.
Anesthesia in "sock and glove".

95. The most common form of neurotic disorder is:

Conversion disorder.
Bipolar affective disorder.
Somatoform disorder.
Neurasthenia.
Dysthymia.

CS - Topic 6 - Addictions - Nastas

96. The standard dose of alcohol is equivalent to

5mg pure alcohol
10 mg pure alcohol
15 mg pure alcohol
20 mg pure alcohol
13 mg pure alcohol

97. Which of the listed symptoms is not part of the psychoactive substance addiction test?

Compulsive desire to use the substance
Difficulties in controlling substance use behavior
Increased tolerance to alcohol
Occurrence of polyneuritis
Progressive neglect of pleasures and interests due to the consumption of psychoactive substance

- 98. The solitary occurrence of psychotic behavioral disorders in the context of the use of an insignificant dose of alcohol refers to**
- simple drunkenness
 - Gayet-Wernicke encephalopathy
 - pathological intoxication
 - chronic intoxication
 - delirium tremens
- 99. A condition which occurs on the absolute or relative discontinuation of the use of a psychoactive substance, after repeated and prolonged consumption and as a rule in large doses is called**
- Addiction
 - withdrawal
 - chronic intoxication
 - acute intoxication
 - tolerance
- 100. List the symptoms that are not specific to grade II alcoholism**
- increase tolerance 5-8 times
 - the appearance of pseudodipsomaniac states
 - withdrawal syndrome with vegetative, mental and neurological symptoms.
 - The appearance of delirium tremens
 - unmodified tolerance
- 101. Find the appropriate notion for the following definition: "It is a psychopathological complex found predominantly in cases of chronic alcoholism or alcoholic dementia and clinically manifested in particular with temporal-spatial disorientation, amnesia fixation and conspiracies (pseudoreminescence)"**
- ethyl hallucinosis
 - Korsakov syndrome
 - psychosis Korsakov
 - acute alcohol intoxication
 - benzodiazepine intoxication
- 102. Korsakoff Psychosis refers to**
- ethanol encephalopathies
 - schizophrenia
 - autism spectrum disorder
 - mental retardation
 - adverse reaction in antipsychotic treatment
- 103. Attribute the notion "It is a psychopathological condition with the predominance of auditory hallucinations with a clear conscience" to one of the following diseases:**
- anorexia nervosa
 - ethanol hallucinosis
 - euphoric state
 - paranoid personality disorder
 - delirium tremens
- 104. Which of the following is NOT used in the treatment of alcohol dependence**
- GABA receptor agonists
 - opioid receptor antagonists
 - aldehyde dehydrogenase inhibitors
 - psychotherapy
 - nonsteroidal anti-inflammatory drugs
- 105. Select the CORRECT answer: The alcohol assessment screening test is called**
- Hamilton
 - Beck
 - Zung
 - AUDIT
 - PANSS
- 106. The antidote for benzodiazepine intoxication is:**
- saline solution

flumazenil
methadone
clonidine
amitriptyline

- 107. Find the INCORRECT variant: The following symptoms may occur in benzodiazepine overdose:**
ataxia
sleepiness
respiratory depression
hypotension
stupor
- 108. Find the INCORRECT variant. "The basic action of opiates takes place on the following receptors"**
 μ - miu
 κ - kappa
 σ - delta
NOR (nociceptin receptor).
acetylcholine receptors
- 109. Select the only CORRECT option. It is used in opiate poisoning**
clonidine
naloxone
benzodiazepines
flumazenil
antipsychotics
- 110. Select the INCORRECT variant. Volatile substances have the following properties**
lipophilic properties and rapid absorption during inhalation
acute intoxication occurs in 3-5 minutes (10-15 inhalations)
maximum plasma concentration over 15-30 minutes
accumulates in organs rich in fat (liver, brain)
have a very pronounced addiction syndrome
- 111. Find the INCORRECT version of the physiological effects in cocaine poisoning**
tachycardia
increasing the frequency of breathing
vasoconstriction
mydriasis
lowering blood pressure
- 112. Find the INCORRECT version of the psychic effects in cocaine poisoning**
euphoria
increase intellectual performance
reduced sleep duration
depression
hallucinations
- 113. Find the INCORRECT version of the psychic effects in hallucinogen poisoning**
tachycardia
hypertension
visual disturbances
mydriasis
lack of thinking disorders or panic attacks
- 114. Find the INCORRECT version of the psychic effects in the state of withdrawal with hallucinogens**
euphoria
discomfort
sleepiness
fatigue
myoclonus
- 115. Find the INCORRECT variant of nicotine withdrawal symptoms**
irritability

stupor
fits of anger
poor ability to concentrate
increased appetite or insomnia

CS - Topic 7 - Dementia. Organic Mental Disorders; Disorders due to a general medical condition and Postpartum – Cosciug

- 116. Cognitive and non-cognitive disorders in the elderly are due to:**
Only brain neurodegenerative changes.
Only cerebral neurochemical changes.
Only oxidative stress and cerebral vascular changes.
Only changes in cholinesterase activity and GABA / Glutamate balance.
All changes mentioned above.
- 117. In DSM-5 the term dementia has been replaced by the notion of:**
Early cognitive decline.
Late cognitive decline.
Major neurocognitive disorder.
Neurocognitive and neurodegenerative disorder.
Senile neurocognitive disorder.
- 118. The most common etiopathogenic type of dementia is:**
Huntington's dementia.
Alzheimer's dementia.
Parkinson's dementia.
Creutzfeldt-Jacob dementia.
Binswanger dementia.
- 119. Orbito-frontal syndrome is more commonly associated with:**
Alzheimer's dementia.
Huntington's dementia.
Fronto-temporal dementia (Pick).
Parkinson's dementia.
Creutzfeldt-Jacob dementia.
- 120. Aphaso-apracto-agnostic syndrome is more commonly associated with:**
Huntington's dementia.
Fronto-temporal dementia (Pick).
Parkinson's dementia.
Alzheimer's dementia.
Creutzfeldt-Jacob dementia.
- 121. The most typical pattern of dementia due to altered cerebral dopaminergic transmission is:**
Huntington's dementia.
Alzheimer's dementia.
Parkinson's dementia.
Creutzfeldt-Jacob dementia.
Binswanger dementia.
- 122. The most typical model of dementia due to brain prion damage is:**
Huntington's dementia.
Alzheimer's dementia.
Parkinson's dementia.
Creutzfeldt-Jacob dementia.
Binswanger dementia.
- 123. The most typical model of vascular dementia is:**
Huntington's dementia.
Alzheimer's dementia.
Parkinson's dementia.
Creutzfeldt-Jacob dementia.

Binswanger dementia.

124. Which of the following types of dementia is transmitted in an autosomal dominant manner:

Huntington's dementia.

Dementia Pick.

Post-traumatic dementia.

Creutzfeldt-Jacob dementia.

Binswanger dementia.

125. Modification of ApoE4 processing, Tau protein metabolism and amyloid synthesis are more specific for:

Creutzfeldt-Jacob dementia.

Binswanger dementia.

Huntington's dementia.

Alzheimer's dementia.

Parkinson's dementia.

126. Which of the following types of dementia are more common in medical practice?

Alzheimer's dementia associated with vascular dementia.

Alzheimer's dementia associated with Creutzfeldt-Jacob dementia.

Alzheimer's dementia associated with Pick dementia.

Alzheimer's dementia associated with Huntington's dementia.

Alzheimer's dementia associated with Parkinson's dementia.

127. Central acetylcholinesterase inhibitors are:

Brexipiprazolum.

Aripiprazolum.

Donepezilum.

Rivastigminum.

Cariprazinum.

128. Central acetyl- and butyrylcholinesterase inhibitors are:

Donepezilum.

Modafinilum.

Gabapentinum.

Memantinum.

Rivastigminum.

129. GABA / Glutamate balance modulators are:

Asenapinum.

Acatinolum.

Gabapentinum.

Memantinum.

Bupropionum.

130. The MMSE score allows with an accuracy of 82% to highlight:

Severe depressive episode with psychotic symptoms.

The episode of acute psychosis.

Severity of neurocognitive decline and dementia.

Severe depressive episode without psychotic symptoms.

Manic episode with psychotic symptoms

131. Treatment of patients with dementia requires:

In the patient's usual environment, in outpatient conditions.

Mandatory in intensive care units.

Mandatory in geriatric wards.

Mandatory in the conditions of a protected apartment.

Mandatory in a residential institution (nursing home).

132. In Multiple Sclerosis, mental disorders are possible, which need to be differentiated with:

Autism.

Bipolar affective disorder.

Rett syndrome.

Irritable bowel syndrome.

Rebound syndrome.

- 133. Late, are considered the psychological consequences of craniocerebral trauma, which developed during:**
- 1 month after craniocerebral trauma.
 - 2 months after craniocerebral trauma.
 - 6 weeks after craniocerebral trauma.
 - 4 months after craniocerebral trauma.
 - 6 months after craniocerebral trauma.
- 134. In the postoperative period, in elderly people, psychic complications are possible such as:**
- Delirium.
 - Bipolar affective disorder.
 - Schizophrenia.
 - Schizotypal disorder.
 - Asperger's disorder.

CS - Topic 8 - Personality Disorders. Paraphilic disorders. Sexual dysfunctions. Gender dysphoria. Impulse control disorders. Sleep disorders. - Garaz / Nacu

- 135. According to DSM 5, a personality disorder involves:**
- manifestation through a lasting pattern of internal experience and behavior that deviates considerably from the expectations of the individual's culture.
 - manifestation through an unstable pattern of behavior that deviates considerably from the expectations of the individual's culture.
 - manifestation through an unstable pattern of internal experience that deviates considerably from the expectations of the individual's culture.
 - manifestation through an unstable pattern of internal experience and behavior that deviates considerably from the expectations of the individual's culture.
 - manifestation through paroxysmal episodes of internal pathological experience and explosive behavior that deviate considerably from the expectations of the individual's culture.
- 136. The first-line treatment for a personality disorder will be:**
- Psychotherapy
 - Antidepressants
 - TEC
 - Antipsychotics
 - Anxiolytics (especially benzodiazepines)
- 137. Patients with personality disorders who wish to relieve intense or temporary symptoms, such as panic or depersonalization, may consider:**
- Applying ice or ice-cold water to the face (diving reflex in mammals).
 - Rapid intramuscular administration of antipsychotics
 - Rapid intramuscular administration of anxiolytics
 - Rapid intramuscular administration of antidepressants
 - Rapid intramuscular administration of phenobarbital
- 138. Patients with personality disorders who wish to relieve intense or temporary symptoms, such as panic or depersonalization, may consider:**
- "Rhythmic" breathing techniques - The exhalation phase is at least two to four times longer than the inhalation phase (for example, inhale while counting to four and exhale while counting to eight)
- Rapid intramuscular administration of antipsychotics
 - Rapid intramuscular administration of anxiolytics
 - Rapid intramuscular administration of antidepressants
 - Rapid intramuscular administration of phenobarbital
- 139. Fetishism involves:**
- the use of non-human objects as the main method to produce sexual arousal
 - the use of a third party to produce sexual arousal in the couple

love for the object that does not involve the sexuality of the subject and does not interfere with the ability to arouse

love for a person who does not involve the subject's sexuality and does not interfere with arousal

sexual arousal produced by exposing the genitals to an unknown person

140. Transvestic fetishism involves:

dressing in clothes of the opposite sex in order to obtain sexual arousal and varies from the occasional wearing of several items of clothing to the total change of clothing with that of the opposite sex.

the use of a third party to produce sexual arousal in the couple

love for the object that does not involve the sexuality of the subject and does not interfere with the ability to arouse

love for a person who does not involve the subject's sexuality and does not interfere with arousal

sexual arousal produced by exposing the genitals to an unknown person

141. Exhibitionism involves:

sexual arousal produced by exposing the genitals to an unknown person.

the use of a third party to produce sexual arousal in the couple

dressing in clothes of the opposite sex in order to obtain sexual arousal and varies from the occasional wearing of several items of clothing to the total change of clothing with that of the opposite sex.

love for a person who does not involve the subject's sexuality and does not interfere with arousal

the use of non-human objects as the main method to produce sexual arousal

142. Voyeurism involves:

the sexual pleasure of watching nudes, people undressing or being involved in sexual acts.

the use of a third party to produce sexual arousal in the couple

dressing in clothes of the opposite sex in order to obtain sexual arousal and varies from the occasional wearing of several items of clothing to the total change of clothing with that of the opposite sex.

the use of non-human objects as the main method to produce sexual arousal

sexual arousal produced by exposing the genitals to an unknown person

143. Frotteurism involves:

sexual arousal caused by physical contact (usually by rubbing or touching) with other people in public spaces.

the use of a third party to produce sexual arousal in the couple

love for the object that does not involve the sexuality of the subject and does not interfere with the ability to arouse

the sexual pleasure of watching nudes, people undressing or being involved in sexual acts.

sexual arousal produced by exposing the genitals to an unknown person

144. Masochism involves:

Intentional participation in acts involving humiliation, physical abuse, tying or any other form of abuse of one's own person for the purpose of experiencing sexual pleasure.

the use of a third party to produce sexual arousal in the couple

love for the object that does not involve the sexuality of the subject and does not interfere with the ability to arouse

the sexual pleasure of watching nudes, people undressing or being involved in sexual acts.

sexual arousal produced by exposing the genitals to an unknown person

145. Sadism involves:

the desire to induce the physical or psychological suffering of another person for full arousal or to reach orgasm.

the sexual pleasure of watching nudes, people undressing or being involved in sexual acts.

love for the object that does not involve the sexuality of the subject and does not interfere with the ability to arouse

sexual arousal caused by physical contact (usually by rubbing or touching) with other people in public spaces.

sexual arousal produced by exposing the genitals to an unknown person

146. Pedophilia involves:

targeting sexual fantasies, needs or behaviors towards adolescents or pre-adolescents (under 13 years of age).

the sexual pleasure of watching nudes, people undressing or being involved in sexual acts.

love for the object that does not involve the sexuality of the subject and does not interfere with the ability to arouse

sexual arousal caused by physical contact (usually by rubbing or touching) with other people in public spaces.

sexual arousal produced by exposing the genitals to an unknown person

147. Transsexual (TS) is the term that implies:

the person who feels that his body does not correspond to his gender identity

dressing in clothes of the opposite sex in order to obtain sexual arousal and varies from the occasional wearing of several items of clothing to the total change of clothing with that of the opposite sex.

love for the object that does not involve the sexuality of the subject and does not interfere with the ability to arouse

the use of a third party to produce sexual arousal in the couple

sexual arousal produced by exposing the genitals to an unknown person

148. Dyspareunia involves:

recurrent or persistent genital pain, which manifests before, during or after intercourse.

recurrent or persistent abdominal pain, which manifests before the menstrual cycle.

the use of a third party to produce sexual arousal in the couple

sexual arousal produced by exposing the genitals to an unknown person

involuntary muscle contracture of a part of the vagina, which affects sexual intercourse.

149. Vaginismus involves:

recurrent or persistent genital pain, which manifests before, during or after intercourse.

recurrent or persistent abdominal pain, which manifests before the menstrual cycle.

the use of a third party to produce sexual arousal in the couple

sexual arousal produced by exposing the genitals to an unknown person

involuntary muscle contraction of a part of the vagina, which affects sexual intercourse.

150. Trichotillomania is a disorder characterized by:

noticeable lack of hair due to irresistible repeated desires to pluck hair.

noticeable lack of hair due to the desired lifestyle and hairstyle.

the mania to grow hair as long as possible to be the center of attention.

mania to shorten hair to be unable to have any parasites

the notable lack of hair and its shortening due to the thought that the hair is the source of infectious diseases.

151. Ludomania is a disorder characterized by:

to risk something of value in the hope of obtaining something of even greater value.

Pathological gambling.

behavior in which the patient plays online without limits without betting any money.

Gambling.

behavior in which the patient plays cards betting, rarely, without negative consequences on personal, family, etc. life. Pathological gambling.

repeated inability to resist the urge to steal objects, even if they are NOT necessary for personal use or financial value. Pathological theft.

repeated inability to resist the urge to steal objects, which are necessary for personal use or for their financial value. Pathological theft.

152. Cleptomania is a disorder characterized by:

to risk something of value in the hope of obtaining something of even greater value.

Pathological gambling.

behavior in which the patient plays online without limits without betting any money.

behavior in which the patient plays cards betting, rarely, without negative consequences on personal, family, etc. life.

repeated inability to resist the urge to steal objects, even if they are NOT necessary for personal use or financial value. Pathological theft.

repeated inability to resist the urge to steal objects, which are necessary for personal use or have a known significant financial value. Pathological theft.

153. Pyromania is a disorder characterized by:

to risk something of value in the hope of obtaining something of even greater value.

Pathological gambling.

the presence of several episodes of deliberate arson. Individuals with this disorder experience a state of tension or emotional arousal before setting fire (pathological arson).

the presence of several episodes of accidental and unintentional arson (pathological arson)

repeated inability to resist the urge to steal objects, even if they are NOT necessary for personal use or financial value. Pathological theft.

repeated inability to resist the urge to steal objects, which are necessary for personal use or have a known significant financial value. Pathological theft.

154. According to DSM 5, the essential features of drowsiness in narcolepsy are:

recurrent diurnal drowsiness or sudden numbness, usually with cataplexy. Drowsiness is usually present daily, but should occur at least three times a week for at least 3 months.

Rare diurnal drowsiness or sudden, deep sleep. Drowsiness is usually present daily, but should occur at least three times a week for at least 3 months.

the patient has no hypotonia or cataplexy

the patient develops automatic or semi-automatic movements during the night

recurrent diurnal drowsiness usually without cataplexy, especially postprandial.

Drowsiness is usually present daily, but should occur at least three times a week for at least 3 months.

CS - Topic 9 - Global pervasive developmental disorders. Neurotic, behavioral, emotional disorders of social functioning with usual onset in childhood and adolescence - Bologan

155. The differential diagnosis of Rett Syndrome is made with all of the following disorders, EXCEPT:

tuberous sclerosis.

cerebral palsy.

sdr. Angelman.

Atypical autism.

sdr. Prader-Willi.

156. The diagnostic criteria for autistic disorder are the following EXCEPT:

qualitative change in social interaction.

marked alteration of the use, to regulate social interaction, of multiple nonverbal behaviors, such as looking into the eyes, facial expression, body postures and gestures.

failure to develop relationships with people of the same age, appropriate to the level of development.

lack of spontaneous search to share joy, interests or achievements with others.

sufficiently developed social or emotional reciprocity.

- 157. The diagnostic criteria for autistic disorder are the following EXCEPT:**
qualitative alterations of communication.
delay or total absence of spoken language development.
marked impairment of the ability to initiate or sustain a conversation with others.
stereotypical and repetitive use of language or idiosyncratic language.
the presence of imagination or socially varied, spontaneous imitative games, appropriate to the level of development.
- 158. The diagnostic criteria for attention deficit / hyperactivity disorder are the following EXCEPT:**
often does not pay enough attention to detail or makes negligent mistakes in school work, work, or other activities.
often has difficulty sustaining attention during tasks or in play activities.
often does not seem to listen when spoken to directly.
often does not follow instructions and does not complete homework, housework or work obligations (not due to oppositional behavior or misunderstanding of instructions).
often has no difficulty in organizing tasks and activities.
- 159. The diagnostic criteria for attention deficit / hyperactivity disorder are the following EXCEPT:**
often moves his hands or feet or rests on the chair.
often leaves his place, in class or in other situations, where he is expected to remain in his place.
often runs away or climbs excessively, in situations where this is inappropriate.
often has difficulty playing or engaging in leisure activities without making noise.
is often the initiator of social and useful activities.
- 160. The diagnostic criteria for attention deficit / hyperactivity disorder are the following EXCEPT:**
often answers before the question is over.
often has difficulty waiting his turn.
often interrupts or annoys others.
is often a good example of school teaching.
often leaves his place, in class or in other situations, where he is expected to remain in his place.
- 161. In what disorder or syndrome does skull growth begin to decline between the ages of 6 months and 1 year?**
Fragile X syndrome.
Autistic disorder.
Rett syndrome.
Learning Disorder.
Asperger's disorder.
- 162. Which of the following are relative strengths of children with autism in psychological testing?**
Abstract reasoning.
Integration skills.
Block design and digit recalling,
Verbal formulation of the concept.
Similarities and comprehension.
- 163. Period of onset for childhood disintegration disorder?**
From 1 to 2 years.
From 2 to 3 years.
From 3 to 4 years.
From 4 to 5 years.
From 5 to 6 years.
- 164. Rett syndrome:**

It is found only in boys.
Does not involve motor abnormalities.
It is associated with normal intelligence.
Does not show loss of social skills.
No previous answer is correct.

165. What is the M-CHAT Test?

Its role is to detect autism in children aged between 30 months and 3 years.
Allows the assessment of intelligence in children.
Its role is to detect autism in children aged 16 to 30 months.
Applies to ADHD screening.
Allows assessment of anxiety in children.

166. Responsible for Sdr. Rett are:

mutations in crs.15 (15q11-q13).
complete mutation of the FMR1 gene (Xq27.3).
mutations in the MECP2 gene.
mutations in the SMC1A gene.
mutations in crs.5 (5p).

167. According to the FDA as the drug of choice for children with ASD who have behavioral problems and aggression will be administered:

clozapinum.
olanzapinum.
risperidonum.
paroxetine.
alprazolamum.

CS - Topic 10 - Mental Retardation. Tick disorders. Eating disorders.- Boronin

168. Diagnostic criteria. Bedwetting is an involuntary urination at an age at which control of the bladder must be established, after:

2 years
5 years
Six years
1 year
Seven years

169. Diagnostic criteria. Non-organic enuresis:

it is caused by neurological or structural abnormalities of the urinary system
it is caused by epileptic seizures
it is caused by cystitis or diabetic polyuria
is found at least twice a week for 3 consecutive months
occurs in children under the age of 6 (or with an equivalent level of development)

170. Diagnostic criteria. The pica of infancy and childhood represents:

persistent eating of nutrients
persistent eating of non-nutritive substances
sleep disorder
organic disease
proper nutrition

171. Diagnostic criteria. The pica of infancy and childhood:

may be associated with ruminating
it is not an eating disorder
it is a conduct disorder
it is a disorder reactive to the entourage
it is a disorder of uninhibited social activity

172. Diagnostic criteria. The pica of infancy and childhood:

must persist for more than one month at an age when the consumption of these items is considered inappropriate for development

must persist for more than 2 months at an age when the consumption of these items is considered inadequate in terms of development

implies the presence of an organic disease

does not pose a risk to impair physical and mental development

cannot cause surgical emergencies

173. Diagnostic criteria. The rumination disorder is:

anorexia

bulimia

bulimia attacks

repeated and persistent regurgitation after a meal

a feeling of nausea

174. Diagnostic criteria. Anorexia nervosa is:

persistent food restriction

prevails for life in men

it is a mild disease

is associated with hyperglycemia

has a body mass index BMI > 85% of the norm

175. In anorexia nervosa the first step is to:

nutritional rehabilitation

weight gain around 700 grams / day

psychodynamic psychotherapy which is sufficient

family therapy, which is sufficient

cognitive-behavioral therapy, which is sufficient

176. Diagnostic criteria. Bulimia nervosa is characterized by:

compulsive eating and inadequate compensatory methods to prevent weight gain

physical comfort

emotional comfort

ratio of men: women 10: 1

the age at onset is usually 26 to 46 years.

177. Diagnostic criteria. If your doctor suspects the presence of bulimia nervosa, the first step is:

initiates a discussion about eating habits, weight loss methods and physical symptoms

do computed tomography -CT

makes nuclear magnetic resonance -NMR

do the electroencephalogram -EEG

performs fibrogastroduodenoscopy - FGDS

178. Diagnostic criteria. There are the following types of anorexia nervosa:

restricting type

endocrine type

brain type

depressive type

the anxious type

179. Diagnostic criteria. There are the following types of anorexia nervosa:

binge-eating/purging type

endocrine type

brain type

depressive type

the anxious type

180. Anorexia nervosa:

life expectancy in women is 30%

the onset usually occurs between the ages of 50-60

men: women ratio is 30: 1

occurs most frequently in categories of people with occupations that require a slender figure

orthorexia is not associated with anorexia nervosa

181. Treatment of anorexia nervosa. Requires collaboration with:

the family doctor

endocrinologist

psychologist

nutritionist

family doctor - endocrinologist-psychologist-psychiatrist-nutritionist

182. Diagnostic criteria. The following symptoms are specific for Disinhibited attachment disorder of childhood:

the decrease or lack of inverse connection with the adults caring for him

respecting the distance with adults

fear of strangers

refusal to communicate with strangers

refusal of physical contact with strangers

183. The child with mental retardation (intellectual disability) has:

cognitive disorders in children that can range from profound intellectual disorders with minimal functioning to mild disorders with maximum possible functioning

lack of intellectual deficit

lack of functional adaptive deficit

IQ above 70 points

he has no language disorders

184. The diagnostic criteria (ICD-X) use one of the following concepts:

mild mental retardation

complicated mental retardation

concomitant mental retardation

chronic mental retardation

acute mental retardation

185. The diagnostic criteria (ICD-X) use one of the following concepts:

moderate mental retardation

complicated mental retardation

concomitant mental retardation

chronic mental retardation

acute mental retardation

186. The diagnostic criteria (ICD-X) use one of the following concepts:

severe mental retardation

complicated mental retardation

concomitant mental retardation

chronic mental retardation

acute mental retardation

WITH MORE THAN ONE ANSWERS

CM - Topic 1 Introduction - Cărăușu

187. The current main systems for classifying mental disorders are:

ICD-9

DSM-IV-TR

ICD-10

DSM-III-R

DSM-5

188. The following scales are used to assess depressive disorders:

TAG 7

Hamilton

MMPI

Montgomery-Asberg Scale

MMSE

189. The following scales are used to assess depressive disorders:

MMPI

Hamilton

Montgomery-Asberg Scale

TAG 7

Beck Questionnaire

190. The following scales are used to assess depressive disorders:

PANSS

Beck Questionnaire

Montgomery-Asberg Scale

TAG 7

PSYRATS

191. The following scales are used to assess depressive disorders:

PANSS

Beck Questionnaire

Hamilton

TAG 7

MMPI

192. The following scales are used to assess anxiety disorders:

PANSS

MoCA

HAM-A

TAG 7

PSYRATS

193. The following scales are used to assess anxiety disorders:

PANSS

Montgomery-Asberg scale

HAM-A

TAG 7

BAI

194. The following scales are used to assess dementia and cognitive impairment:

PANSS

MoCA

Montgomery-Asberg scale

MMSE

PSYRATS

195. The following scales are used to assess schizophrenia:

MMSE

PANSS

Montgomery-Asberg scale

MMPI

PSYRATS

196. The following scales are used to assess alcohol dependence:

MMSE

AUDIT

Montgomery-Asberg scale

MMPI

MAST

197. The following scales are used to assess alcohol dependence:

PSYRATS

AUDIT

Montgomery-Asberg scale

MMPI

CAGE

198. The following scales are used to assess alcohol dependence:

PSYRATS
MAST
MMPI
Montgomery-Asberg scale
CAGE

CM - Topic 2 - General Psychopathology. – Deliv

199. Positive symptoms are:

Hallucinations
Apathy
Delusional ideas
Disorganized behavior
Abulia

200. Negative symptoms are:

Disorganized speech
Anhedonia
Autistic behavior
Alogie
Illusion

201. Qualitative perceptual disorders refer to:

Hyperesthesia
Agnosias
Illusions
Hallucinations
Hyposthesia

202. Pseudohallucinations are:

Projected inside the patient's body.
Bizarre, unclear, fragmented, unusual, internalized.
Often "imposed", "made by someone".
More frequently present in exogenous-organic mental health disorders (intoxications, withdrawal states in addictions, neuroinfections, craniocerebral traumas).
Outwardly projected mental representations.

203. Qualitative dysmnesias or paramnesias refer to:

Amnesia.
Confabulation (memory hallucination).
Cryptomnesia
Pseudoreminescence
Hypomnesia

204. Characteristic for Korsakoff Amnestic Syndrome is:

"Fixing" amnesia.
Amnesic disorientation in time and space.
Presence of polymorphic confabulations.
Psychomotor agitation.
Affective explosiveness.

205. Semantic disorders or disorders of thought content are:

Circumstantial thinking.
The delusional idea.
Inconsistency of thought.
The obsessive idea.
The dominant idea.

206. Kandinsky-Clerambault syndrome includes:

Plurithematic delusion of influence.
Auditory Pseudo-hallucinations.

Three types of automatism: ideational, sensory, kinesthetic.

Obsessive ideas.

Circumstantial thinking.

207. Mental automatism has the following variants:

Angels.

Confabulator.

Ideational.

Sensoric.

Kinesthetic

208. Which of the following statements refers to the Panic Attack: - crisis of

A condition that appears suddenly, increases in intensity reaching its peak in about 10 -15 minutes.

Severe, short-lived anxiety, which is associated with various somatic symptoms such as: tremor, muscle tension, sweating, dizziness, palpitations, epigastric discomfort, cardiac, headache, etc.

A state of permanent and intense joy, exaggerated optimism.

Expansive mood, associated with psychomotor disinhibition and increased self-esteem.

Significant reduction in the intensity of emotional feelings and their expressiveness, due to the loss of emotional receptivity.

209. Which psychopathological syndromes refer to affective (mood) disorders:

Paranoid hallucinator.

Catatonic.

Anxiety-depressive.

Maniacal.

Delirios -amentiv.

210. Dysphoria is characterized by the following:

A state of permanent and intense joy, exaggerated optimism.

Depressive-anxious mood, irascibility.

Expansive mood associated with increased self-esteem.

Increased excitability and impulsivity.

Childish behavior, the tendency to make bad taste jokes.

211. What are the clinical manifestations of depression:

Ideational slowness (inhibition).

Severe, short-lived anxiety crisis, which is not limited to any situation, phenomenon, event.

Subjective feeling of sadness for an extended period of time.

Twilight-type consciousness disorder.

Psychomotor inhibition.

212. The parakinesis include:

Hypokinesia.

Stereotypes.

Mannerisms.

Ticks.

Amimia.

213. Which of the following statements refers to Catalepsy:

Muscle stiffness, with postural fixation for different periods of time during which the patient may maintain awkward positions imposed by the examiner.

It is more common in schizophrenia, especially the catatonic type.

Involuntary acceleration of movements against the background of alcohol intoxication.

Irresistible tendency to move, to run.

State manifested by exaggerated and mobile mimicry, continuous and rapid pantomime, multiple movements, aimless, associated with accelerated thinking, accelerated speech and disorganized behavior.

214. Criteria for assessing clarity of conscience:

Degree of temporo-spatial orientation.

Possibility to make contact with the patient.

Euthymic affective state.
Patient behavior during conversation.
The state of thought processes, especially the abstract one.

215. Qualitative disorders of consciousness refer to:

The state of obsolescence.
State of amentia.
Oneroid condition.
Twilight condition.
Delirium.

216. Oneiroid can be:

Expansive.
Asthenic.
Depressive.
Mixed
Lucid (double orientation).

217. Type of Delirium:

Catatonic.
Maniacal.
Hyperactive
Hypoactive
Mixed

218. In the twilight state can occur:

Ambulatory automatism.
Fugue and trance.
Waxy flexibility.
Verbigerations.
Sleepwalking.

CM - Topic 3 - Methods of treatment in the field of mental health.

Psychopharmacology. Psychotherapy. Psychosocial rehabilitation. -Garaz / Chihai

219. Typical indications for antipsychotics are:

Schizophrenia
Bipolar disorder
Panic disorder
Schizoaffective disorder
Persistent delusional disorder

220. The main therapeutic / clinical effects of antipsychotic drugs are:

sedative effect
antipsychotic effect
disinhibitory effect
amelioration of "negative", cognitive, motivational and affective symptoms
antidepressant effect

221. Absolute contraindications to the use of antipsychotic remedies are:

Closed-angle glaucoma (increased intraocular pressure)
Prostate adenoma
Acute intoxications (especially with CNS depressants - barbiturates, alcohol)
Pregnancy (especially the first trimester).
Viral hepatitis

222. The side effects of antipsychotic drugs are:

Anticholinergic effects
Discognitive effects
Extrapyramidal effects
Endocrine effects
shortening the QTc interval

223. Classical antipsychotic drugs (conventional, typical) are:

Chlorpromazinum
Triflupromazinum
Fluphenazinum
Haloperidolum
Amisulpridum

224. **Atypical antipsychotic drugs (third generation) are:**

Aripiprazolum
Brexipiprazolum
Cariprazinum
Paliperidonum
Fluphenazinum

225. **Drugs with anxiolytic effect are:**

benzodiazepines
antidepressants
antipsychotics
cholinergic agonists
cholinesterase inhibitors

226. **Antidepressants with hypnotic effect are:**

Trazodonum
Mirtazapinum
Mianserinum
Fluoxetinum
Clomipraminum

227. **First-generation antidepressants are:**

Imipraminum
Clomipraminum
Amitriptylinum
Mianserinum
Paroxetinum

228. **Second generation antidepressants are:**

Fluoxetinum
Fluvoxaminum
Paroxetinum
Sertralinum
Clomipraminum

229. **Typical indications for antidepressants are:**

Depression
Anxiety disorders
Obsessive-compulsive disorder
Psychosomatic disorders
Rett syndrome

230. **Which of the following are thymostabilizers:**

Derivatives of Acidulum Valproicum
Carbamazepinum
Lithium
Sertralinum
Haloperidolum

231. **What is the basis of psychotherapy?**

the belief that people with psychological problems have profound personality changes
the belief that people with psychological problems have the ability to change, learning new strategies
the belief that people with psychological problems need qualified permanent care
the belief that people with psychological problems must learn to perceive and evaluate reality and to behave nonconflictually
the belief that people with psychological problems can turn a belief about life into a reality

232. **By what criteria is the success of psychotherapy assessed?**

subjective experience of the patient (disappearance of symptoms; he feels better, he is more satisfied, happier, more at peace with himself)
social recognition (progress made by the patient in the profession, family, education, etc.)
conclusions of clinical and paraclinical investigations
objective changes on MRI
materialization of the psychotherapist's expectations regarding the changes made in the sphere of personality and in the subject's behavior

233. The mechanisms of defending the Ego according to psychoanalytic theory:

Repression
Projection
Sublimation
Rationalization
Retroflexion

234. What are the components of the Self described by transactional analysis?

Ego-Integral
Ego -Collective
Ego -Parent
Ego -Adult
Ego -Child

235. Methods of intervention used in mental health are the following:

Psychopharmacology
Psychotherapy
Psychosocial rehabilitation
Legal aid
Acupuncture

236. Psychosocial rehabilitation includes:

psychiatric rehabilitation
social rehabilitation
vocational rehabilitation
psychological rehabilitation
communication rehabilitation

237. What are the components of ABC in cognitive-behavioral technique:

A - the activator event
B - beliefs
C - consequences
A - behavioral activation
B-C - bitendence present as a consequence

238. Physical treatments in current psychiatry and in the 21st century:

Electroconvulsive therapy (ECT)
Transcranial magnetic stimulation
Vague nerve stimulation
Insulin therapy
Lobotomy

CM - Topic 4 - Schizophrenia-BD - Babin / Garaz

239. In the case of persistent delusional disorder, the differential diagnosis is made with the following pathologies:

Delusional disorders secondary to substance abuse, infectious diseases, metabolic diseases, dementia

Schizophrenia
Paranoid personality disorder
Bipolar Affective Disorder.
Dysthymia

240. In the clinic of paranoid schizophrenia predominates:

Disorders of thought, disorders of perception
Manifestations of muscle stiffness and tremor

Cachexia, exophthalmos, psychomotor arousal
Convulsive seizures and paroxysmal psychic equivalents
Delusional disorders

241. The types of schizophrenia are:

Hebephrenic
Melancholy
Paranoid
Catatonic
Symptomatic

242. What objectives include the therapeutic management of schizophrenia patients:

Decreased severity and frequency of psychotic episodes
obtaining a period of long-term therapeutic remission
improving cognitive functions
psychosocial reintegration.
giving the confidence that the delusional fable is true

243. Catatonia is characterized by:

Agitation, impulsivity and aggressive, high-intensity behavior.
Permanent apatho-abulic condition with thought disorders
Voluntary taking on an inappropriate or bizarre position, generally maintained for long periods of time.
Fixed and sustained motor position that is resistant to change.
Progressive emotional and memory disorders.

244. For catatonic excitation is characteristic, EXCEPT:

ecolalia, ecomimia
catalepsy
ecopraxia
motor inhibition
motor excitation

245. The Hebephrenic type of schizophrenia has an evolution

Relatively favorable
Malignant
Episodic, with progressive deficit
Epizodic remittance
Continues

246. They are part of the group of positive symptoms in Schizophrenia

Autism
Consciousness disorder
Perceptual disorders
Thinking disorders
psychomotor excitations

247. The stages of paranoid schizophrenia are, EXCEPT:

Paranoic
Euphoric
Paranoid
Paraphrenic
Hebephrenic

248. The evolutionary variants of Schizophrenia are

Continues
Episodic, with progressive defect
Epizodic remitent
Residual
Acute

249. What delusional ideas are most common in paranoid schizophrenia:

Poisoning

Socializing
Obsessive-phobic
Persecution
Of influence;

250. **Which of the following psychiatrists has studied Schizophrenia in more depth:**

Korsakov
Kandinski
Kraepelin
Kahlbaum
Rush

251. **Deficient symptoms of schizophrenia include:**

Anxiety
apathy
Delusional syndrome
Abulia
Anhedonia

252. **The paranoid stage of paranoid schizophrenia is manifested by:**

Monothematic delirium
A seemingly true delusional fable
True auditory hallucinations
Auditory pseudohallucinations
Kandinsky-Clerambault Syndrome

253. **Endogenous psychoses include:**

Infectious psychoses
Somatogenic psychoses
Mental disorders in craniocerebral trauma
Schizophrenia
Bipolar affective disorder

254. **Schizophrenia is:**

Mental illness characterized by a not fully elucidated etiology and polymorphic symptomatology

It is a disease manifested by disorders of character

It is an exogenous pathology

It is an endogenous pathology

It is a stress-related neurotic disorder

255. **Pathomorphological features for schizophrenia are:**

Macroscopically, a medium or high weight of the brain was established

Reduction of lateral ventricular volume

The basal lateral arteries often have a hypoplastic appearance

Hemorrhagic stroke in the region of the occipital lobe

Often does not show specific changes

256. **The negative symptoms of schizophrenia are:**

Delusional syndrome

Apathy

Negativism

Conscious disorders

Anxiety

257. **Positive manifestations of schizophrenia include:**

Delusional ideas

Hallucinations

Asthenia

Apato-abulie

Confabulations

258. **For the clinic picture of schizophrenia is characteristic**

Symptoms of mnesic deficiency

Deficient symptoms (negative)

Neurovegetative symptoms

Ketoacidosis coma
Productive symptoms (positive)

259. For schizophrenia, is characteristic:

In general, disorders of consciousness are not specific to schizophrenia
Oneiroid states may occur in the acute phase of catatonic schizophrenia
It is characteristic of coma
It is characteristic of delirium tremens
It is characterized by the state of mind and delirium tremens

260. The types of schizophrenia are:

Apathetic
Catatonic
Agitated
Simple
Twilight

261. Hebephrenic schizophrenia:

It has an unfavorable evolution
It is a malignant variant of schizophrenia
It is a benign form of schizophrenia
Remits without treatment
Occurs more frequently in adolescents

262. Hebephrenic schizophrenia:

It settles quickly in adulthood
Manifested by catalepsy
It has an unfavorable evolution
Manifested by psychomotor arousal with pathetic expressions, irascibility, mannerism, childish behavior, aggression
Hallucinatory-delusional phenomena predominate

263. Catatonic excitation is manifested by:

Mannerism
Echopraxia, echomimia
Stereotypes
Echolalia
Wax flexibility

264. Catatonic stupor is manifested by:

motor inhibition
hallucinations
waxy flexibility
"air cushion" symptom
catalepsy

265. The catatonic stupor is characterized by:

Echolalia, echopraxia
Stereotypes
Negativism
Mutism
Embryonic position

266. Catatonic excitation is manifested by:

Hallucinatory-delusional phenomena predominate
Verbal Acceleration and incoherence
Repetition of words, movements and facial expressions (echolalia, echopraxia, echomimia)
Negativism, mutism
The "air cushion" symptom

267. Catatonic hypertoxic schizophrenia (febrile):

is a benign form of catatonic schizophrenia
is a superacute psychosis, associated with intense somatic disorders
has an unfavorable prognosis, often lethal
is one of the variants of the catatonic form of schizophrenia
one of the main symptoms of the disease is hyperthermia

- 268. Catatonic hypertoxic schizophrenia:**
 It has a malignant evolution and an unfavorable prognosis
 Requires vigorous treatment in the first days of illness
 It is manifested by a series of catatonic symptoms
 Electroconvulsive therapy is applied
 It is caused by a psychogenic factor
- 269. The hebephrenic form of schizophrenia is manifested by:**
 embryonic position in bed
 psychomotor agitation
 hyperthermia, tachycardia, trophic disorders, bruising on the body
 chaotic emotional state, inadequate joy, impulsive reactions, strange gestures
 sometimes contains catatonic elements
- 270. For simple schizophrenia it is characteristic:**
 has a continuous evolution
 is manifested by dissociative amnesia
 manifests itself through anxious-phobic states
 is characterized by "philosophical intoxication"
 the evolution is slow with time installing an apathetic-abulic syndrome
- 271. Treatment of schizophrenia:**
 must be early, complex, lasting, individualized
 The most commonly used psychotropic drugs are tranquilizers
 The most commonly used preparations in schizophrenia are antidepressants
 Atypical and conventional neuroleptics as needed are used in the treatment of schizophrenia
 electroconvulsive therapy is recommended in hypertoxic schizophrenia
- 272. Factors leading to treatment resistance to schizophrenia**
 Low therapeutic compliance
 Lack of family support
 incorrect selection and dosing plan
 Presence of comorbidities and intolerable side effects;
 Female
- 273. The clinical picture of the simple form, compared to other forms of schizophrenia is dominated by:**
 attention disorders, autism, anhedonia
 delusional disorders
 increased interest in the occult and astronomy, religion, philosophy.
 massive hallucinations
 parasomni
- 274. Speech disorders in schizophrenia**
 incoherent
 paragrammatism is characteristic of some patients
 mutism is sometimes present
 some patients have echolalia
 some patients have motor aphasia
- 275. For the clinical picture of schizophrenia in children are characteristic**
 motor disorders
 intense fears, phobias and anxieties
 obsessions
 auditory hallucinations
 visual hallucinations
- 276. For the clinical picture of schizophrenia in children are characteristic**
 psychopathic behavior
 delusional fantasies
 auditory hallucinations
 visual hallucinations
 Cotard syndrome

- 277. Diagnostic criteria for the manic episode:**
 Exaggerated self-esteem or a sense of grandeur
 Decreased need for sleep (the individual feels rested after only 3 hours of sleep)
 More talkative than usual or the pressure to speak
 Disorientation in time and space
 Flight of ideas or accelerated thinking
- 278. Dysphoria in epilepsy involves**
 depression, with irritability and mild ability to move on to aggression
 well-being, euphoria, especially after convulsions
 well-being, euphoria, especially as prodrome, before convulsions
 depression characterized by a deep grief, with isolation, suicidal ideation
 internal tension, accentuated inner discomfort and dissatisfaction
- 279. For the twilight condition in epilepsy it is characteristic:**
 narrowing of consciousness, disorientation in time, space
 sudden onset and end
 lucid conscience
 the subject will have total amnesia of the episode
 is not a psychotic state, the patient cannot commit illicit acts being perfectly aware of his actions
- 280. Personality disorders of the patient with epilepsy are characterized by:**
 egocentrism
 irritability
 mental automatism
 affective bipolarity
 "waxy" mood and thinking
- 281. The criteria for a major depressive episode are as follows:**
 Marked diminished interest or pleasure in all, or almost all, activities, most of the day, almost every day
 Significant weight loss, or weight gain
 Insomnia or hypersomnia almost every day
 Memory and attention disorders pronounced almost permanently
 Feelings of devaluation or excessive or inadequate guilt almost every day
- 282. The criteria for a major depressive episode are as follows:**
 Fatigue or loss of energy almost every day.
 Recurrent ideas of death, recurrent suicidal ideation without a specific plan or suicide attempt or specific suicide plan
 Perceptual disorders, especially hallucinations and visual illusions
 Progressive decrease in quantitative and qualitative memory
 Outpatient automation
- 283. Depressive syndrome is characterized by the following main symptoms:**
 Hypothymia
 Anhedonia
 Decreased vigor, which can lead to increased fatigue
 low concentration, low self-esteem, ideas of guilt and humiliation, paramnesia
- 284. The diagnostic criteria for the manic episode are as follows**
 excessive involvement in pleasant activities that have a high potential for negative consequences
 excessive self-esteem or grandiosity
 the thinking is accelerated, the flight of ideas
 disorientation in one's self and environment
 perceptual disorders in the form of illusions, false recognitions
- 285. The hypomanic episode is characterized by:**
 attenuated form of mania, which by definition is not associated with psychotic symptoms.
 a condition with mild-to-moderate manic symptoms that may last for several days or months
 disorientation in one's self and environment

hypermnesia and flight idearum
delusional ideas of grandeur

286. What are the drugs of choice in the manic episode:

Tricyclic antidepressants
Thymostabilizers
Tranquilizers
Antipsychotics
Lithium

287. What are the drugs of choice in the depressive episode:

Tricyclic antidepressants
Antidepressants - selective serotonin reuptake inhibitors
Non-benzodiazepine tranquilizers
Benzodiazepine tranquilizers
Psychostimulators

CM - Topic 5 - Anxiety, stress and somatoform disorders - Bologan

288. The risk of developing anxiety disorders is increased by:

Eating Disorders.
Depression.
Substance abuse.
Allergies.
Incomplete family

289. Which of the following statements about anxiety and gender differences is TRUE?

Women have higher rates of almost all anxiety disorders.
Gender ratios are almost equal for OCD (obsessive-compulsive disorder).
There are no significant differences in the average age of onset of anxiety.
Women have twice the lifetime rate of agoraphobia than men.
Men have higher rates of almost all anxiety disorders.

290. The medical disorders that need to be taken into account when differentiating the somatization disorder are:

Multiple sclerosis.
Systemic lupus erythematosus.
Intermittent acute porphyria.
Hyperparathyroidism.
Essential hypertension

291. The following disorders are present in agoraphobia:

Pathological fear of open spaces.
Pathological fear of closed spaces.
fear of leaving the family environment of the home.
Pathological fear of different situations.
Pathological fear of animals and objects.

292. Compulsions are characterized by:

Awareness of the morbid nature of the disorder.
Significant loss of time (over 1 hour / day).
They have no consequences on professional, social activities.
In children, pure compulsions are never found.
They are felt to be excessive, inadequate.

293. There are true statements about panic disorder:

It can be triggered by various stressors.
Certain situations are avoided to prevent the onset of the next access (crisis).
The patient's behavior in daily life is not changed.

The fear of death or "not going crazy" appears.
Once diagnosed, it never heals.

294. Conversive motor disorders include:

Functional paralysis.
Astasia- abasia.
Deafness.
Aphonia.
Blindness.

295. There may be stressors in the adjustment disorder:

Social difficulties.
Professional problems.
Family problems.
Eating Disorders.
Sleep disorders.

296. There are TRUE statements about the state of acute stress:

Appears more than one month after the event.
Flash-back, nightmares.
Spontaneous or induced re-living of the episode.
Anxiety, sleep disorders.
Male sex is a risk factor.

297. Comorbidities of obsessive-compulsive disorder can be common:

Schizophrenia.
Depression.
Hypothyroidism.
Gilles de la Tourette syndrome.
Chronic tics.

298. In neuroses:

Contact with reality is lost.
Vulnerability to stress is increased.
The patient wants treatment.
The patient is not aware of his illness.
There are somatoform charges added.

299. Somatic complains in undifferentiated somatoform disorder:

Cannot be fully explained by a known general medical condition.
Can be fully explained by a known general medical condition.
Lasts at least 2 months.
Cannot be explained by the direct effects of a substance.
Lasts at least 6 months.

300. In bodily dysmorphic disorder the subject:

He is overly concerned with the outward appearance of his own body.
He is not worried about an alleged defect in the external appearance of his own body.
He is concerned that he is suffering from a severe and incurable disease.
Disorders of consciousness.
Presents impairment in various important areas of functioning.

301. Neurasthenia is clinically manifested by the following symptoms:

Asthenia.
Mentism.
Obsessions.
Headache.
Insomnia.

302. Anxiety-phobic disorder is clinically manifested by:

Predominant ideas.
Delusional ideas.
Ideas of persecution.
Obsessive ideas.

- Various phobias.
- 303. Predisposing factors for neurosis are:**
 Unfavorable living conditions.
 Infectious diseases.
 Unfavorable working conditions.
 Vascular diseases.
 Cranial trauma.
- 304. Neurotic disorders include:**
 Generalized anxiety disorder.
 Hypochondria.
 Epilepsy.
 Anxiety-phobic disorder.
 Psychopathy.
- 305. For patients with neurasthenia are characteristic:**
 Physical asthenia.
 Crises of loss of consciousness.
 "Leak of ideas".
 Mental asthenia.
 Inability to relax.
- 306. Anxiety Disorders refers to:**
 Panic disorder.
 Social phobias.
 Schizophrenia.
 Post-traumatic stress disorder.
 Obsessive-compulsive disorder.
- 307. Social phobias include:**
 Fear of being seen by other people.
 Fear of eating in public.
 Fear of heights.
 Fear of public speaking.
 Claustrophobia.
- 308. Panic disorder includes:**
 Palpitations.
 Tremor.
 Convulsions.
 Chest and abdominal discomfort.
 Suffocation.
- 309. In OCD, the repetitive activities, which once performed decrease the intensity of anxiety are:**
 Obsessions.
 Fear of sharp objects.
 Compulsions.
 Claustrophobia.
 Rituals.

CM - Topic 6 - Addictions – Nastas

- 310. Highlight enzymes that are NOT involved in alcohol metabolism**
 alcohol dehydrogenase
 carbohydrate deficient transferrin
 aldehyde dehydrogenase
 catalase
 gamma-glutamyltranspeptidase
- 311. Emphasize the symptoms that are NOT part of the notion of alcoholism**
 dependence syndrome
 increasing tolerance to alcohol
 associated neurological symptoms

autolytic ideation

anorexia

312. Which of the above symptoms is NOT part of the withdrawal syndrome

tachycardia

tremor

euphoria

seizures

hypersomnia

313. List the symptoms that are NOT part of first-degree alcoholism

Consumption is perceived as a calming and relaxing remedy by the consumer

the appearance of delirium tremens

alcohol psychosis

are not typical initially memory disorders in the state of intoxication

alcohol consumption becomes repetitive and regular

314. Underline the specific symptoms for grade III alcoholism

decreases alcohol tolerance

worsening of withdrawal syndrome

intellectual degradation including dementia

increasing tolerance to alcohol

lack of dependence syndrome

315. Which of the listed symptoms are NOT part of delirium tremens?

psychomotor agitation

illusions or hallucinations

hypomania

insomnia

lack of consciousness disorders

316. Select the CORRECT answers: Pathological alcohol intoxication can be of the following type:

paranoid

manic

epileptoid

insane

extroverted

317. Select the CORRECT answers: Ethyl encephalopathy develops

in the first stage of alcoholism

in stage II-III of alcoholism

manifests itself with pronounced mental, somatic and neurological symptoms

it manifests itself only with psychic symptoms

manifests itself only with neurological symptoms

318. Emphasize which effects ARE NOT SPECIFIC for benzodiazepines

anxiolytic

anti-inflammatory

anticonvulsant

muscle relaxant

pro-psychotic

319. Underline the typical symptoms of barbiturate overdose

dysarthria

qualitative disorders of consciousness

quantitative disturbances of consciousness

salivation

psychomotor agitation

320. Which of the following is NOT a symptom of cannabis intoxication?

anesthesia

increased appetite

paresis

psychomotor disinhibition

depression

- 321. Find the INCORRECT variants "According to the mechanism of action, opiates are classified as follows:"**
opiate receptor agonists (total and partial)
partial agonists / antagonists - are agonists for one type of receptor and antagonists for others
opiate receptor antagonists
cholinesterase inhibitors
dopamine receptor inhibitors
- 322. Select the basic symptoms in opiate intoxication**
miosis
amnesia
disturbance of consciousness
respiratory depression
paresis
- 323. Select criteria to start agonist therapy (substitution therapy) for opiate addiction**
18 years old
informed consent of the patient's relatives
established diagnosis of opiate dependence
informed consent of the patient
the decision of the narcologist
- 324. Find the INCORRECT variants. "The clinical picture of overdose with volatile substances is manifested by the following"**
uncoordinated movements
disorientation
visual perception disorders
depressive syndrome
bulimia
- 325. List the substances that refer to psychostimulants**
amphetamine
alcohol
methamphetamine
nicotine
diazepam
- 326. Select the basic effects of psychostimulants**
euphoria
sadness
increase physical and mental activity
stupor
sleep reduction
- 327. Select withdrawal symptoms depending on psychostimulants**
depression
euphoria
mania
energy deficit
irritability
- 328. Select 2 essential symptoms in acute cannabis intoxication**
unmotivated laughter
feeling hungry
stupor
depression
paralysis
- 329. Select 2 disorders, in which, in chronic consumption apato-abulic syndrome is found similar to simple schizophrenia**
cannabis
psychostimulants

cocaine
barbiturates
amphetamines

CM - Topic 7 - Dementia. Organic Mental Disorders; Disorders due to a general medical condition and Postpartum – Cosciug

330. For the process of "physiological aging" as opposed to dementia more characteristic is:

The patient is forgetful and loses the ability to function independently.

The patient is forgetful, but can function independently.

The patient loses his ability to judge logically, rationally.

The patient, despite memory disorders, understands the metaphorical meaning and can judge logically, rationally.

The patient is partially aware of his cognitive decline, comparing it with the previous level of performance.

331. Common changes to the "physiological aging" process are:

Wrinkles appear and skin turgor is considerably reduced.

Reduces blood pressure considerably.

The hair becomes gray, gray.

The person becomes aggressive, brutal, unbearable and shows totally disorganized behavior.

Decreases visual and auditory acuity.

332. Brain degenerative risk factors that may be partially influenced are:

Genetically determined dysmetabolic disorders (eg, synthesis of ApoE4, or Tau protein).

Hypodynamia

Body Mass Index (BMI).

Fat intake.

Tobacco smoking, uncontrolled drug use, alcohol.

333. The following changes associated with cerebral neurodegeneration occur in people with dementia:

Wrinkles appear, the turgor of the skin is considerably reduced.

Acetylcholinergic transmission is considerably reduced.

The hair turns gray, gray.

The neurotransmission systems like dopamine-, serotonin-, GABA-, Glutamate-, melaton-
ergic, etc. are in functional decline.

Reduces the ability to acquire new information and use previously acquired information.

334. Dementia is:

A generally irreversible mental health disorder.

A mental health disorder, which in most cases progresses and worsens.

A generally reversible mental health disorder.

A non-essential mental health disorder that does not significantly affect quality of life.

A reversible mental health disorder when given appropriate pro-cognitive treatment.

335. The DSM-5 diagnostic criteria for dementia are:

Evidence of obvious and significant multiple cognitive decline compared to previous level of performance.

Cognitive deficits influence the individual's independence in daily functioning.

Cognitive deficits occur not only during an episode of delirium.

Cognitive deficits are not better explained by another mental disorder (eg, major depressive disorder, schizophrenia, etc.).

Cognitive deficits do not influence an individual's quality of life and independence in daily functioning.

336. Brain dopamine deficiency is more commonly present in:

Dementia with Lewy body.
Alzheimer's dementia.
Parkinson's dementia.
Creutzfeldt-Jacob dementia.
Binswanger dementia.

337. The risk associated with GABA / Glutamate imbalance in the brain is:

Essential modification of Tau and ApoE4 protein synthesis.
Increased pathological amyloid synthesis (β 42-amyloid).
Uncontrolled influx of Ca^{+2} ions into neurons.
Acceleration of neuronal death processes by apoptosis and necrosis.
Essential disturbance of acetylcholine and melatonin synthesis.

338. Peculiarities of vascular dementia are:

Acute onset, usually after a stroke.
Fluctuating evolution - with the "gradual" collapse of cognitive functions.
Unequal impairment of cognitive functions.
Frequent presence of focal neurological signs and symptoms.
It must be preceded by an open-type craniocerebral trauma.

339. Pro-cognitive treatment will be more effective if it is initiated in:

The period of moderate cognitive impairment.
The period of minor cognitive decline.
The period of mild cognitive impairment.
The period of moderate to severe cognitive decline.
The period of severe cognitive decline.

340. Pro-cognitive remedies refer to the following pharmacological groups:

Selective serotonin reuptake inhibitors.
Central acetylcholinesterase inhibitors.
Central acetyl- and butyrylcholinesterase inhibitors.
Selective serotonin, norepinephrine and dopamine reuptake inhibitors.
GABA / Glutamate balance modulators

341. For Binswanger disease is characteristic:

The disease begins more frequently after the age of 65-70.
It is a disease in which the neurodegenerative process has a predominantly subcortical location.
Presence of lacunar infarcts, 35-40 mm in diameter, located mainly in the temporal white matter.
Presence of lacunar infarcts, 5 - 10 mm in diameter, located mainly in the frontal white matter.
Data on motor instability / shaking and unmotivated frequent falls are present in the anamnesis.

342. The change in dopaminergic transmission in the elderly is clinically associated with:

Disorders of self-preservation instinct.
Disorders of attention, alertness, cognition.
Hypofrontality caused by neurotransmitter deficiency.
Confused delirium consciousness.
Repeated states of transient manic agitation.

343. Patients with dementia usually:

Does not require treatment, as dementia is equivalent to "physiological aging".
Does not require medical and social support.
Requires specific treatment, care and social support.
They need to be involved in various activities to keep their memory and functioning independent.
They should not be involved in various activities so as not to tire and exhaust them.

- 344. The first-line remedies for the therapy of patients with dementia are:**
 Neuroleptic and tranquilizing remedies.
 Drugs with thymostabilizing and anticonvulsant effect.
 Central type anticholinesterases.
 GABA / Glutamate balance modulators.
 Antidepressant, antioxidant and anxiolytic remedies.
- 345. Which members of the multidisciplinary community team provide support and care to patients with dementia?**
 The psychiatrist.
 Family doctor.
 Clinical psychologist.
 Medical nurses.
 The social worker.
- 346. Organic mental disorders, more frequently manifested clinically in terms of:**
 Burnout syndrome.
 Syndrome of stupor or psychomotor agitation.
 Hallucinosi syndrome.
 Delusional syndrome (paranoid, paranoid).
 Asthenic or astheno-depressive syndrome.
- 347. Mental health disorders due to a more common general medical condition look like:**
 Rebound syndrome.
 Hypochondriac syndrome.
 Withdrawal syndrome.
 Obsessive-phobic syndrome.
 Astheno-depressive syndrome.
- 348. In severe, bilateral pneumonias, mental health disorders are more common:**
 Delirium
 Amentia
 Affective disorders such as manic agitation.
 Mixed affective disorders (mania / depression).
 Organic personality disorders.
- 349. Late consequences of craniocerebral trauma can be:**
 Schizophrenia and schizophreniform disorders.
 Cerebrastenic syndrome.
 Post-traumatic dementia.
 Post-traumatic epilepsy.
 Organic personality disorder.
- 350. Early consequences of craniocerebral trauma can be:**
 Schizophrenia and schizoaffective disorders.
 Cerebrastenic syndrome.
 Post-traumatic delirium.
 Convulsive syndrome.
 Borderline personality disorder.
- 351. Postpartum mental disorders are more common in terms of:**
 Postpartum depression.
 Postpartum psychotic disorder.
 Postpartum eclampsia.
 Postpartum Blues (Baby Blues)
 Postpartum Parkinson's syndrome.

- 352. According to DSM 5, personality disorders belonging to cluster A are:**
Antisocial personality disorder
Paranoid personality disorder
Schizoid personality disorder
Schizotypal personality disorder
Obsessive-compulsive personality disorder
- 353. According to DSM 5, personality disorders belonging to cluster B are:**
Antisocial personality disorder
Paranoid personality disorder
Borderline personality disorder
Histrionic personality disorder
Narcissistic personality disorder
- 354. According to DSM 5, personality disorders belonging to cluster C are:**
Avoidant personality disorder
Paranoid personality disorder
Dependent personality disorder
Obsessive-compulsive personality disorder
Narcissistic personality disorder
- 355. According to DSM 5, schizoid personality disorder is characterized by:**
He does not want or enjoy close relationships, not even to be part of a family.
He almost always chooses solitary activities.
Has little or no interest in having sexual experiences with another person.
He is ready to react angrily or counterattack what he thinks are attacks on his person or reputation, although other people do not perceive them as attacks.
Sustained efforts to avoid real or imaginary abandonment.
- 356. According to DSM 5, paranoid personality disorder is characterized by:**
He avoids making revelations to others out of unwarranted fear that they may use the information against him.
He suspects others, without sufficient arguments, that he is being exploited, wronged or deceived.
He is resentful (does not forget or forgive insults, injustices or teasing).
He is ready to react angrily or counterattack what he thinks are attacks on his person or reputation, although other people do not perceive them as attacks.
Appears as a cold person, emotionally distanced, indifferent and emotionally flattened.
- 357. According to DSM 5, schizotypal personality disorder is characterized by:**
Bizarre beliefs or magical thinking that influence behavior and disagree with cultural norms (e.g., belief in superstitions, clairvoyance, telepathy, or "sixth sense"; in children and adolescents there may be strange fantasies and concerns).
Bizarre thinking and language (e.g., vague, circumstantial, metaphorical, or stereotypical speech).
Bizarre, eccentric or strange behavior or appearance.
He is ready to react angrily or counterattack what he thinks are attacks on his person or reputation, although other people do not perceive them as attacks.
Excessive social anxiety that is not reduced by accommodating to the environment and tends to be associated with paranoid fears rather than negative self-esteem.
- 358. According to DSM 5, antisocial personality disorder is characterized by:**
Failure to comply with social norms and conduct outside the law, characterized by the repeated commission of acts that were grounds for arrest.
Deception, perpetrated by repeated lies, the use of false names or the fraud of others for personal gain or amusement.
Impulsiveness or inability to plan an action.
Lack of remorse, manifested by the individual's indifference to harm to others and by a detailed explanation of why he has assaulted, abused or defrauded others.
Appears as a cold person, emotionally distanced, indifferent and emotionally flattened.
- 359. According to DSM 5, borderline personality disorder is characterized by:**
Sustained efforts to avoid real or imaginary abandonment.

A pattern of unstable and intense interpersonal relationships, characterized by the alternation between the extremes of idealization and devaluation.

Identity disorders: instability of self-image or self-feeling.

Impulsivity, manifested in at least two potentially self-destructive situations (e.g., excessive spending, dangerous sex, substance abuse, reckless driving, compulsive eating).

Recurrent suicidal behavior, suicidal gestures or threats, or self-mutilating behavior are NOT characteristic.

360. According to DSM 5, histrionic personality disorder is characterized by:

Feels uncomfortable in situations where he is not the center of attention.

The individual's interaction with other people is often inappropriate due to inappropriate, sexual or provocative behavior.

Displays a rapid transition from one emotion to another and expresses superficial emotions.

The individual regularly uses his physical appearance to draw attention to himself.

He correctly appreciates his relationships with those around him and the individual considers that these relationships are more superficial than they really are.

361. According to DSM 5, narcissistic personality disorder is characterized by:

Has an exaggerated sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without proper accomplishments).

He is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love.

He believes that he is "special" and unique, that he can only be understood by special or high-status people, and that he can only be affiliated with important people or institutions.

Has a tendency to take advantage of interpersonal relationships (i.e., exploit other people for personal gain and gain benefits).

He is very empathetic: he is able to recognize or identify the feelings and needs of others.

362. According to DSM 5, avoidant personality disorder is characterized by:

Avoid professional activities that involve significant interpersonal contact for fear of being criticized, disapproved or rejected.

He is not willing to get involved in relationships with other people unless he is sure that he is sympathetic.

He is reserved in close relationships because of the fear of shame, ridicule or humiliation.

Is concerned about the possibility that he might be criticized or rejected in various social circumstances.

Wants to take risks or engage in new activities.

363. According to DSM 5, addictive personality disorder is characterized by:

Has major difficulties in making decisions on a day-to-day basis if he does not receive much advice and encouragement from others.

He needs others to take responsibility for most important aspects of his life.

Has difficulty starting his / her own projects independently, or planning his / her own activities (due to lack of confidence in his / her judgment and abilities, not due to lack of motivation or energy).

Makes excessive efforts to gain support and protection from others, even going so far as to volunteer for unpleasant activities.

He feels comfortable or confident when he is alone, because of the belief that he is able to take care of himself.

364. According to DSM 5, obsessive-compulsive personality disorder is characterized by:

Concern for details, rules, lists, orders, organization or programs to such an extent that the main purpose of the activity is lost.

Excessive care for perfection in the smallest details interferes with the execution of projects (e.g., he is unable to complete a project because his excessively rigorous personal standards are not met).

He is overly dedicated to work and productivity, which leaves no time for friends and relaxing activities (long working hours cannot be explained by financial needs).

Refuses to delegate tasks to others or work with others if they do not agree to do things according to his own rules.

Adopts a very liberal style of spending, both to oneself and to others; believes that money should be used for pleasures while alive.

365. The following pathologies are impulse control disorders:

Pyromania (pathological arson)
Cleptomania (Pathological theft)
Ludomania (Pathological gambling)
Trichotillomania (hair pulling disorder)
Frotteurism

366. The paraphilias include:

voyeurism
exhibitionism
frotteurism
sadism
ludomania

367. The paraphilias include:

transvestic fetishism
pedophilia
masochism
sadism
trichotillomania

368. In gambling addiction patients:

lying to his own family, therapist or other people to hide his involvement in gambling
sometimes engages in "rescue" behavior when asking for help from family or others to get out of a desperate financial situation caused by gambling
typically try to resist the urge to steal and are aware that theft is wrong and meaningless behavior.

have a subjective feeling of increasing tension immediately before committing the theft and feel pleasure, satisfaction or relief from committing the theft.

have a repeated inability to resist the urge to steal items, even if they are not necessary for personal use or financial value.

369. In kleptomania patients:

lie to their own family, therapist or other people to hide their involvement in gambling
sometimes engage in 'rescue' behavior when asking for help from family or other people to get out of a desperate financial situation caused by gambling
typically try to resist the urge to steal and are aware that theft is wrong and meaningless behavior.

have a subjective feeling of increasing tension immediately before committing the theft and feel pleasure,

have a subjective feeling of increasing tension immediately before committing the theft and feel pleasure, satisfaction or relief from committing the theft.

have a repeated inability to resist the urge to steal objects, even if they are not necessary for their personal use or financial value.

370. In trichotillomania patients:

has a noticeable lack of hair due to irresistible repeated desires to pluck hair.

pulling hair that can affect any part of the body covered with hair; the most commonly affected are the scalp, eyebrows and eyelashes, while the least affected areas are the armpits, face, pubic region and peri-rectal area.

lie to their own family, therapist or other people to hide their involvement in gambling
typically try to resist the urge to steal and are aware that theft is wrong and meaningless behavior.

have a repeated inability to resist the urge to steal items, even if they are not necessary for personal use or financial value.

371. Narcolepsy involves:

a non-organic sleep disorder
the usual presence of cataplexy
recurrent daytime sleepiness or sudden numbness
has a noticeable lack of hair due to irresistible repeated desires to pluck hair.
pulling hair that can affect any part of the body covered with hair; the most commonly affected are the scalp, eyebrows and eyelashes, while the least affected areas are the armpits, face, pubic region and peri-rectal area.

CM - Topic 9 - Global pervasive developmental disorders. Neurotic, behavioral, emotional disorders of social functioning with usual onset in childhood and adolescence - Bologan

372. The therapeutic approach for patients with ADHD consists of:

occupational interventions.
treatment with mood stabilizers.
treatment with antipsychotics.
treatment with antidepressants.
psychosocial treatment.

373. Kanner childhood autism has the following characteristics:

Motor coordination disorders.
Appears especially after the age of 7 years.
Aggression, self-mutilation.
Isolation, language disorders.
No eye contact.

374. Neuro-biochemical abnormalities associated with autistic disorder include:

Grand mal Convulsions
Ventricular extension on computed tomography (CT).
Electroencephalogram (EEG) abnormalities.
Total volume of brain is enlarged.
ECG abnormalities

375. With which pathologies will the differential diagnosis be made in the case of Kanner autism:

Mercurism.
Deafness.
Blindness.
Rett syndrome.
Fragile X syndrome.

376. Behavioral disorders in children are:

Attention deficit hyperkinetic disorder.
Opposition-defiant disorder.
Conduct disorder.
Encopresis and enuresis.
Pica

377. The diagnostic criteria for autistic disorder are as follows:

qualitative change in social interaction.
qualitative alterations of communication.
restricted, stereotypical and repetitive patterns of behavior, interests and activities.
stereotypical and repetitive motor mannerisms.
severe thinking and mood disorders.

378. The diagnostic criteria for attention deficit / hyperactivity disorder are as follows:

Symptoms of inattention.
Symptoms of hyperactivity.
Symptoms of impulsivity.

Symptoms of loss of appetite.

Symptoms of hypervigilance.

379. According to DSM-5, Autism Spectrum Disorders (ASD) include the following previously separate diagnoses:

Autism.

Asperger's syndrome.

Disintegrated childhood disorder.

Rett syndrome.

Pervasive disorder, not specified in other categories.

380. The peculiarities of the brain in children with autism are:

fewer long neurons to ensure the connection between different areas of the brain.

fewer neurons.

smaller brain sizes.

larger brain sizes.

more neurons.

381. The main warning signs in the ASD

lack of eye contact.

progress in development.

lack of expression of joy.

lack of conjugate attention.

stereotypical movements.

382. The main warning signs in ADHD:

speech disorders.

work performance / learning process.

difficulties in managing anger.

organizational problems.

difficulties in maintaining routines.

383. Signs of a favorable prognosis in ADHD may be:

the cognitive level developed well enough.

subtype with impulsivity / hyperactivity.

good quality parent-child relationships.

young age.

absence of comorbidities.

384. Therapeutic approaches in ADHD are:

cognitive-behavioral therapy.

parent training.

antipsychotic treatment.

antidepressant treatment.

behavioral interventions.

385. What pathologies make the differential diagnosis in ADHD:

opposition disorder and defiant behavior.

intellectual disability.

autism spectrum disorders (ASD).

reactive attachment disorder.

recurrent depressive disorder.

386. Asperger's syndrome is characterized by:

degradation of social interactions.

lack of speech.

normal development in the first 6 months of life with deviations in the development of the subsequent cranial perimeter.

repetitive behavioral patterns.

restricted interests.

387. Opposition-challenging disorder is characterized by:

defiant and provocative behavior.

absence of dissocial acts.

onset at the age of 3 years.

the absence of severe aggression that violates the law and the rights of others.

extremely naughty and disobedient behavior.

- 388. Atypical autism is characterized by:**
association with the psychotic component.
abnormal development after the age of 3 years.
deepening isolation to "extremely severe" autism.
abnormal development after the age of 1 year.
regression of higher psychic functions.
- 389. The most common clinical signs in Rett Syndrome are:**
ataxia and apraxia.
macrocephaly.
scoliosis.
convulsions.
stereotypical hand movements.
- 390. Typical features of the clinical picture in childhood autism may be:**
inability to speak about subjects.
speech disorders.
deafness.
stereotyped behavior.
cognitive abnormalities.
- 391. The treatment of autism spectrum disorders (ASD) involves:**
behavioral therapy.
audio-visual therapy.
speech therapy.
compliance with the diet.
psychopharmacotherapy.
- 392. Kanner childhood autism has the following characteristics:**
Motor coordination disorders.
Appears especially after the age of 7 years.
Aggression, self-mutilation.
Isolation, language disorders.
No eye contact.
- 393. Which of the following disorders refers to conduct disorders?**
Oppositional Defiant Disorder
Unsocialized conduct disorder.
Reactive childhood attachment disorder.
Socialized conduct disorder.
Fraternal rivalry disorder.

CM - Topic 10 - Mental Retardation. Tick disorders. Eating disorders.- Boronin

- 394. Mental retardation (intellectual disability). Cognitive functioning depends on many factors, the main ones being:**
attention
decision-making capacity
volume of knowledge and memory
the level of language development
the intellectual level of the parents
- 395. Intellectual disability (ID) (formerly the term "mental retardation" has been used) is the current diagnostic term in the DSM-5, which describes the occurrence during the child's developmental period of:**
intellectual deficit
functional adaptive deficit
perceptual disorders
disturbance of consciousness
emotional disorder
- 396. Mental retardation (intellectual disability). Prenatal causes include:**
genetic and chromosomal pathology

metabolic disorders
environmental impact (teratogens, toxins, chemicals, medicines
placental pathology
the intellectual level of the parents

- 397. Mental retardation (intellectual disability). Symptoms and syndromes:**
disorders of language, speech and comprehension, motor function, cognitive ability, social training difficulties
behavioral disorders
neurological and physical deviations
pseudohallucinations
hypermnnesia
- 398. Elective mutism. Symptoms and syndromes:**
embarrassment and discomfort in social situations
low self-confidence
social isolation
compulsive traits
uncertainty in choosing the interlocutor
- 399. Multiple motor tic disorder combined with Gilles de la Tourette vocal tics. Ticks are classified into:**
simple motors
complex motors
strange
intelligible
acute vocal-motor
- 400. Non-organic encopresis. Symptoms of encopresis may include:**
painful constipation or defecation in the anamnesis (80-95%)
episodes of soiling usually occur during the day (dirt during sleep is rare)
encopresis with constipation
encopresis without constipation
constipation with aura
- 401. Stuttering is a speech disorder in which normal speech flow is disturbed due to frequent repetitions or continuations of:**
sounds
syllables
words of speech
the person's inability to start a word
sounds pleasant to the patient
- 402. There are the following types of stuttering:**
development
neurogenic
clonic
tonic
of psychiatric genesis
- 403. The causes of anorexia nervosa are:**
genetic factors
neurobiological factors
nutritional factors
predisposing personality traits
weak people present in the entourage
- 404. At the somatic level, malnutrition in anorexia nervosa can cause multiple symptoms:**
endocrine impairment
cardiovascular damage
gastrointestinal damage
dermatological damage
damage to the vestibulo-cochlear apparatus

- 405. At the somatic level, malnutrition in anorexia nervosa can cause multiple symptoms:**
damage to the vestibulo-cochlear apparatus
a degree of cerebral atrophy
brain damage
anemia
thrombocytopenia
- 406. Mental and cognitive disorders in anorexia nervosa:**
mood disorders
irritability
dysphoria
the tendency of social isolation
hallucinations
- 407. Bulimia. The etiology is multifactorial and can be explained by genesis:**
biological
social
psychological
colleagues who eat well
the struggle for separation from the maternal figure is "played" in terms of food ambivalence.
- 408. Psychological profile of people with anorexia nervosa:**
perfectionism
the first to learn
full of life and fantasies
hostility
obsessive-compulsive disorder
- 409. In people with anorexia nervosa there are frequent psychiatric disorders:**
clinical depression
obsessive-compulsive disorder
personality disorders
substance abuse
Autism
- 410. Anorexia nervosa. Compensatory behaviors can have the following side effects:**
dehydration / hyperhydration
hemorrhagic diarrhea
abdominal colic
convulsions
fuga idearum
- 411. Behavior in bulimia nervosa is characterized by:**
episodic, uncontrolled, compulsive and rapid ingestion of large amounts of food
causing self-induced vomiting
use of laxatives and diuretics
periods of not eating
overeating to become obese
- 412. Therapy for bulimia nervosa consists of:**
caloric-adjusted diet
bulimia can usually be treated outside the hospital
if symptoms are severe and there are complications, they may require hospitalization
antidepressants
psychotherapy
- 413. Types of therapies recommended in cases of bulimia nervosa:**
cognitive-behavioral therapy
family therapy
interpersonal psychotherapy
antipsychotics

inflammatory