

MCQ: Physical Assessment

The following are remembered from previous College papers. The College does not provide answers; these have been reached by consensus.

- 1 In an alcoholic
 - A Dupuytren's contracture is a sign of physical dependence
 - B tender hepatomegaly indicates portal hypertension
 - C shrunken liver rules out cirrhosis
 - D increased gammaGT and MCV nearly always establish diagnosis

- 2 The following are associated with Wernicke's ataxia
 - A diplopia
 - B encephalopathy
 - C confusion
 - D peripheral neuropathy
 - E dysphasia
 - F apathy

- 3 Left occipital lobe dysfunction is associated with
 - A receptive dysphasia
 - B R homonymous hemianopia
 - C loss of L pupillary constriction
 - D visuospatial agnosia

- 4 Cerebellar dysfunction can give rise to:
 - A dysarthria
 - B festinant gait
 - C cogwheel rigidity
 - D rebound phenomenon
 - E pendular knee jerk

- 5 The following favour a diagnosis of SubAcute Combined Degeneration of the cord rather than Multiple Sclerosis
 - A extensor plantars
 - B lateral nystagmus
 - C bladder involvement at an early stage
 - D absent ankle jerks at presentation
 - E spontaneous remission

ANSWERS AND BRIEF EXPLANATIONS

- 1 F F F T Tender hepatomegaly is not particularly indicative of portal hypertension. The positive predictive value of a raised MCV / GGT combined is approx 85%
- 2 T T T T T F F Ophthalmoplegia / confusion / ataxia are 'classic' signs of Wernicke's, but the others are well – documented associations.
- 3 F T F F
- 4 T F F T T When an outstretched arm is tapped by the examiner, it normally recovers its previous position, but in 'rebound' it over-compensates. The pendular knee jerk is as it describes. It is a disputed sign in cerebellar dysfunction and shows that the College exam is not evidence – based. However, when in doubt, go for the answer *you think they want*.
- 5 F F F T F Some questions look harder than they are – don't panic. All you need to know is that SCD affects both the peripheral *and* the central nervous system (as its name suggests); whereas MS only affects the central nervous system. Therefore the question (for the first 4 stems) becomes simply 'which of these occur only in peripheral nerve disease?'

**MRC Psych Course
Part I**

MCQ: BIPOLAR DISORDER

1. Rapid-cycling bipolar disorder is a term which is restricted to:
 - a patients who cycle between hypomania and depression each day
 - b patients who cycle between hypomania and depression each week
 - c patients with features of depression and hypomania at the same time
 - d patients who have four or more episodes of depression or hypomania each year
 - e patients with mood-incongruent psychotic features as well as hypomania or depression

2. Rapid cycling bipolar disorder:
 - a usually presents for life once it appears
 - b lasts less than two years in 50% of cases
 - c usually occurs late in the longitudinal course of bipolar disorder
 - d is genetically inherited in families with multiply affected individuals with rapid-cycling bipolar disorder
 - e occurs in men more often than women

3. Known risk factors for developing rapid-cycling mood disorder include:
 - a history of antidepressant-induced hypomania
 - b substance misuse
 - c biochemical evidence of low thyroxine levels
 - d a recent severe life event
 - 3 lithium therapy-induced hypothyroidism

4. Acute treatment of rapid-cycling mood disorder is often effective with:
 - a lithium therapy alone
 - b sodium valproate alone in the hypomanic phase
 - c sodium valproate and lithium therapy
 - d SSRIs in the depressed phase
 - e selective serotonin reuptake inhibitors in ultra-rapid cycling

5. Prophylactic treatment of rapid-cycling mood disorder is often effective with:

- a carbamazepine alone
- b haloperidol alone
- c lithium carbonate alone
- d mood stabilising drugs and high doses of L-thyroxine
- e sodium valproate alone

MCQ Answers

1	2	3	4	5
a F	a F	a T	a F	a T
b F	b T	b T	b T	b F
c F	c T	c T	c T	c F
d T	d F	d F	d T	d T
e F	e F	e T	e F	e T

1. Seasonal affective disorder:

- a is a recurrent depressive disorder
- b usually shows a bipolar pattern
- c has an equal incidence in both genders
- d has a prevalence of 0.5%

2. SAD should not be diagnosed if:

- a atypical symptoms are absent
- b only three seasonal episodes have occurred
- c there is a history of non-seasonal depressive episodes
- d depressive episodes are secondary to seasonal unemployment

3. The following are first line treatments for SAD:

- a phototherapy
- b tricyclic antidepressants
- c SSRIs
- d melatonin

4. Regarding phototherapy:
- a sunglasses should be worn to protect the eyes during treatment
 - b endogenous symptoms predict a good response
 - c headaches are a recognised side-effect
 - d treatment is given once weekly
5. A continuing seasonal pattern of depression is predicted by:
- a age over 40 years
 - b an index episode lasting five months or more
 - c seasonal episodes most years
 - d migration towards the equator

MCQ answers

1	2	3	4	5
a T	a F	a T	a F	a F
b F	b F	b F	b F	b F
c F	c F	c T	c T	c T
d F	d T	d F	d F	d F

MCQ: Neuropsychological Tests

Options

- A Cognitive Estimates Test
- B Digit span
- C Go – no go test
- D Mini Mental State Examination
- E National Adult Reading Test
- F Raven’s progressive matrices
- G Rivermead Behavioural Memory Test
- H Stroop Test
- I Wechsler Memory Scale
- J Wisconsin Card Sorting Test

Lead in: A 54 year man presents with a year’s history of steadily progressive personality change. He has become increasingly apathetic and appears depressed but his main complaint is of increasing frontal headaches. On examination he has word finding difficulties. EEG shows frontal slowing, greater on the left.

- 1) You are concerned that he may have an intracranial space occupying lesion.

Which test would you use to obtain a quick estimate of his current performance IQ?

- 2) The test indicates that his current performance IQ is in the low average range.

Which test would enable you to estimate his premorbid IQ, ie. his IQ before any brain damage he may have sustained in recent months/years?

- 3) The estimate of his premorbid IQ is 15 points higher than his current performance IQ. It is recommended that he has a full WAIS IQ assessment to measure both performance and verbal IQ. On the WAIS his verbal IQ is found to be impaired over and above his performance IQ

Which test is part of the WAIS verbal subtests?

- 4) An MRI scan shows a large meningioma compressing dorsolateral prefrontal cortex on the left.

Which test result is most likely to be impaired?

Answers:

- 1 - F
- 2 - E
- 3 - B
- 4 - J

Last used: EMI Pilot Examination – 26 September 2000

MCQ: Disorders of Perception

Options:

- A Completion illusion
- B Delusional perception
- C Dysmegalopsia
- D Extracampine hallucination
- E Functional hallucination
- F Haptic hallucination
- G Hygric hallucination
- H Pareidolic illusion
- I Reflex hallucination
- J Synaesthesia

Lead in: Which of the above descriptive psychopathological terms refers to the following symptoms?

- 1) "I hear the voice of my long dead father, as if he were talking to me now, when I hear water running from the bath tap."
- 2) "I hear the voice of my father speaking to me from the other side of the city."
- 3) A young woman describes looking up into the clouds and seeing an image of her fiancé.
- 4) A 22 year old woman with schizophrenia describes the sensation that somebody is touching her body in intimate places.

Answers:

- 1 - E
- 2 - D
- 3 - H
- 4 - F

Last used: EMI Pilot examination – 26 September 2000

MCQ: Aetiology

Options

- A Alcohol
- B Childhood sexual abuse
- C Diabetes
- D Having given birth 6 months previously
- E Impaired hearing
- F Loss of mother before age 14
- G Peri-natal hypoxia
- H Reduced visual acuity
- I Regular use of NSAIDs
- J Smoking

Lead in: Which of the above risk factors is most strongly associated with the following:

- 1) A young man with mood-incongruent auditory hallucinations, complex delusions and social withdrawal
- 2) A young woman with mood-congruent delusions, auditory hallucinations and depressed mood
- 3) An older woman with first onset of both somatic and auditory hallucinations and delusions
- 4) A cognitively intact older man with visual hallucinations

Answers:

- 1 - G
- 2 - D
- 3 - E
- 4 - H

Last used: EMI Pilot Examination – 26 September 2000

MCQS: Cognitive Behavioural Therapy

1. Cognitive behaviour therapy with older adults
 - a. does not make reference to the patient's early life experiences
 - b. may involve other family members
 - c. is known to be equally effective with different subtypes of depression
 - d. is not a suitable treatment when depression arises from actual life problems
 - e. is less effective in the treatment of depressive illness than with the younger adults.

2. Cognitive behavioural techniques
 - a. cannot be applied with patients suffering with dementia
 - b. are aimed at enabling depressed or anxious patients to think more positively
 - c. need to be modified for use with older patients
 - d. can be employed by therapists without a full CBT training
 - e. include the 'three column technique'

Answers

1.

a F

Although not essential in overcoming symptoms, reference to early experience can help in formulation of problems and uncovering the specific beliefs that predispose to problems.

b T

Patients often wish to tackle relationship problems with other family members. Family members can help as co-therapists.

c F

It is not yet known, for instance, whether patient with more melancholic features or neurological abnormalities are as likely to respond as those without these features.

d F

CT is a problem-oriented therapy and is particularly suited to help patients adapt to poor health, relationship difficulties, loss of social networks etc.

e F

In a recent meta-analysis of 48 trials, effect size did not relate to age. However, 'older old' patients (over 75 years) are not represented in these studies.

2

a F

Activity scheduling and pleasant events scheduling can help to overcome psychomotor retardation. Cognitive techniques can help in dementia to reduce hopelessness about the future.

b F

The aim of CBT is to facilitate identification of negative thinking so that logical errors and bias can be reduced.

c T

Although not independently evaluated, a range of modifications appear necessary to accommodate normal cognitive and sensory changes associated with ageing.

d T

Members of a team can usefully employ CBT techniques in routine practice under the guidance of a trained therapist. This can be a useful training opportunity for psychiatry trainees.

e T

This is an example of a technique to aid identification of unhelpful negative automatic thoughts.