

A 42-year-old man comes to the emergency room with the chief complain that “the men are following me.” He also complains of hearing a voice telling him to hurt others. He tells the examiner that the news anchorman gives him special messages about the state of the world every night through the TV. Which of the following psychiatric findings best describes this last belief of the patient?	
a	Grandiose delusion
b	Illusion
c	Loose association
d	* Idea of reference
e	Clouding of consciousness
A 32-year-old woman is seen in an outpatient psychiatric clinic for the chief complaint of a depressed mood for 4 months. During the interview, she gives very long, complicated explanations and many unnecessary details before finally answering the original questions. Which of the following psychiatric findings best describes this style of train of thought?	
a	Loose association
b	* Circumstantiality
c	Neologism
d	Perseveration
e	Flight of ideas
A 23-year-old man comes to the psychiatrist with a chief complaint of a depressed mood. He is very anxious and obviously uncomfortable in the physician’s office. Which of the following actions should be used to help develop rapport with this patient?	
a	Inform the patient that his problem is simple and easily fixed
b	* Express compassion with the difficult position the patient is in
c	Tell the patient that you too are nervous when you see new patients
d	Ask the patient why he is so unusually anxious about seeing a psychiatrist
e	Get right to the patient’s complaint so that the patient can leave as soon as possible
An 18-year-old man is seen by a psychiatrist in the emergency room. During the history, the patient is asked to describe his mood. He answers the following, “My mood is flexitating, I am up and down.” The patient is exhibiting which of the following thought disorders?	
a	Clang association
b	Thought blocking
c	* No thought disorder is apparent
d	Tangentiality
e	Neologism
A 56-year-old man has been hospitalized for a myocardial infarction. Two days after admission, he awakens in the middle of the night and screams that there is a man standing by the window in his room. When the nurse enters the room and turns on a light, the patient is relieved to learn that the “man” was actually a drape by the window. This misperception of reality is best described by which of the following psychiatric terms?	
a	Delusion
b	Hallucination
c	* Illusion
d	Projection
e	Dementia
A 22-year-old woman is seen by a psychiatrist in the emergency room after she is found walking in the middle of a busy street with no shoes on. During her interview she is asked to count backwards from 100 by 7’s. Which of the following best describes the cognitive functions being tested by this request?	
a	Orientation
b	Immediate memory
c	Fund of knowledge
d	* Concentration
e	Abstract reasoning
A 72-year-old woman is admitted to the burn unit with second- and third-degree burns covering 35% of her body, which she received in a house fire. At 8 pm on the fourth day of her hospital stay, she pulls out her IV	

and begins screaming that people are trying to hurt her. Several hours later she is found to be difficult to arouse and disoriented. Which of the following is the most likely diagnosis?		
a		Emergence of underlying dementia
b		Brief reactive psychosis
c		Acute manic episode
d	*	Delirium
e		Acute stress disorder
A psychiatric resident is called to consult on the case of a 75-year-old woman who had undergone a hip replacement 2 days before. On examination, the resident notes that the patient states the date as 1956, and she thinks she is at her son's house. These impairments best illustrate which aspect of the mental status examination?		
a		Concentration
b		Memory
c		Thought process
d	*	Orientation
e		Level of consciousness
52-year-old man is sent to see a psychiatrist after he is disciplined at his job because he consistently turns in his assignments late. He insists that he is not about to turn in anything until it is "perfect, unlike all of my colleagues." He has few friends because he annoys them with his demands for "precise timeliness" and because of his lack of emotional warmth. This has been a lifelong pattern for the patient, though he refuses to believe the problems have anything to do with his personal behavior. Which of the following is the most likely diagnosis for this patient?		
a		Obsessive-compulsive disorder
b	*	Obsessive-compulsive personality disorder
c		Borderline personality disorder
d		Bipolar disorder, mixed state
e		Anxiety disorder not otherwise specified
A 23-year-old woman comes to the psychiatrist because she "cannot get out of the shower." She tells the psychiatrist that she has been unable to go to her job as a secretary for the past 3 weeks because it takes her at least 4 hours to shower. She describes an elaborate ritual in which she must make sure that each part of her body has been scrubbed three times, in exactly the same order each time. She notes that her hands are raw and bloody from all the scrubbing. She states that she hates what she is doing to herself but becomes unbearably anxious each time she tries to stop. She notes that she has always taken long showers, but the problem has been worsening steadily for the past 5 months. She denies problems with friends or at work, other than the problems that currently are keeping her from going to work. Which of the following is the most likely diagnosis?		
a		Attention-deficit hyperactivity disorder
b	*	Obsessive-compulsive disorder
c		Obsessive-compulsive personality disorder
d		Separation anxiety disorder
e		Brief psychotic disorder
A 37-year-old man with chronic schizophrenia is brought to see a new psychiatrist for treatment. While taking the history, the psychiatrist finds that the patient functions with a flat affect and circumstantial speech all the time. He has few friends. He is able to hold a menial job at the halfway house where he lives, and his behavior is not influenced by delusions or hallucinations currently. What should the psychiatrist rate the patient on Axis V (global assessment of functioning)?		
a		>95
b		70
c	*	55
d		30
e		15
A 28-year-old man comes to the psychiatrist because his employer required it. The patient says that he does not know why the employer required it—that his job is good and that he likes it because it requires him to sit in front of a computer screen all day. He notes he has one friend whom he has had for more than 20 years and		

“doesn’t need anyone else.” The friend lives in another state and the patient has not seen him for at least a year. The patient denies any psychotic symptoms. His eye contact is poor and his affect is almost flat.		
a		Panic disorder
b		Generalized anxiety disorder
c	*	Schizoid personality disorder
d		Factitious disorder
e		Schizophreniform disorder
A 42-year-old woman is admitted to the hospital for complaints of abdominal pain. Her history notes that her mother was a nurse and she herself is trained as a phlebotomist. On physical examination, she presents with multiple abdominal scars and marked abdominal tenderness. The patient is evasive when asked where she had the surgeries, but she can describe in great detail what was done in each.		
a		Panic disorder
b		Schizoid personality disorder
c		Anxiety secondary to a general medical condition
d	*	Factitious disorder
e		Schizophrenia
An 18-year-old man is brought to the emergency room by his college roommate, after the roommate discovered that the patient had not left his room for the past 3 days, neither to eat nor to go to the bathroom. The roommate noted that the patient was kind of “weird.” Mental status examination reveals that the patient has auditory hallucinations of two voices commenting upon his behavior. The patient’s parents note that their son has always been somewhat of a loner and unpopular, but otherwise did fairly well in school.		
a		Schizotypal personality disorder
b		Anxiety secondary to a general medical condition
c		Factitious disorder
d		Malingering
e	*	Anxiety secondary to a general medical condition
A 32-year-old woman comes to the psychiatrist with a chief complaint of anxiety. She notes that she worries about paying the mortgage on time, whether or not she will get stuck in traffic and be late for appointments, her husband’s and daughter’s health, and the war in Iraq. She notes that she has always been anxious, but since the birth of her daughter 2 years ago, the anxiety has worsened to the point that she feels she cannot function as well as she did previously.		
a		Panic disorder
b	*	Generalized anxiety disorder
c		Schizotypal personality disorder
d		Anxiety secondary to a general medical condition
e		Factitious disorder
A 23-year-old woman comes to the emergency room with the chief complaint that she has been hearing voices for 7 months. Besides the hallucinations, she has the idea that the radio is giving her special messages. When asked the meaning of the proverb “People in glass houses should not throw stones,” the patient replies, “Because the windows would break.” Which of the following mental status findings does this patient display?		
a		Poverty of content
b	*	Concrete thinking
c		Flight of ideas
d		Loose associations
e		Delirium
A 22-year-old woman is seen in the emergency room after a suicide attempt. She swallowed 10 aspirin in the presence of her mother, with whom she had just had an argument. The patient has a long history of cutting herself superficially with razor blades, which her psychiatrist of the last 5 years confirms by telephone. The patient currently lives in a stable environment (a halfway house) where she has been for 3 years. Which of the following option is the best course of action for the physician in the emergency room?		
a		Admit the patient involuntarily
b		Admit the patient voluntarily
c	*	Admit the patient to a medical floor

d		Discharge the patient to outpatient therapy after meeting with the patient's mother
e		Discharge the patient back to outpatient therapy and the
A 69-year-old man is brought to see his physician by his wife. She notes that over the past year he has experienced a slow, stepwise decline in his cognitive functioning. One year ago she felt his thinking was "as good as it always had been," but now he gets lost around the house and can't remember simple directions. The patient insists that he feels fine, though he is depressed about his loss of memory. He is eating and sleeping well. Which of the following is the most likely diagnosis?		
a	*	Multi-infarct dementia
b		Mood disorder secondary to a general medical condition
c		Schizoaffective disorder
d		Delirium
e		Major depression
An 18-year-old man is brought to the emergency room by police after he is found wandering in the street, screaming loudly at passersby. In the emergency room he is placed in an examination room, and paces the floor and pounds his fist against the door repeatedly. Which of the following actions should be taken by the psychiatrist first?		
a		Rule out an organic mental disorder
b		Rule out psychosis
c		Give the patient 5 mg of haloperidol IM
d	*	Make sure the physical environment is safe for the interviewer
e		Put the patient into soft restraints
A 6-year-old girl is brought to the physician by her mother, who says the child has been falling behind at school. She notes that the girl did not speak until the age of She is friendly at school, but is unable to complete most tasks, even when aided. She is noted to have a very short attention span and occasional temper tantrums at school and at home. Which of the following tests would be most helpful in establishing the diagnosis?		
a		Electroencephalogram (EEG)
b		Hearing test
c	*	IQ testing
d		Complete blood count (CBC)
e		Lumbar puncture
A 30-year-old man is brought to the emergency room after threatening to kill his 19-year-old girlfriend after she told him she was breaking up with him. The patient smells strongly of alcohol. The patient is from a high socioeconomic status and reports many social supports. Which of the following pairs of factors make this patient's risk of violent behavior higher?		
a		His age and his alcohol use
b	*	His alcohol use and the impending breakup with the girlfriend
c		The impending breakup with the girlfriend and his high socioeconomic
d		His high socioeconomic status and the presence of many social supports
e		The age difference of the couple and a verbal threat of violence by the patient
The patient above becomes physically violent in the emergency room, attempting to strike a nurse and struggling with security. Which of the following actions should the psychiatrist take now?		
a	*	Order full leather restraints
b		Admit the patient to the inpatient psychiatry unit
c		Offer the patient 5 mg of haloperidol PO
d		Attempt to find out why the patient is so upset
e		Assist security in restraining the patient
The patient in question 21 is eventually placed in full leather restraints. He struggles against them and screams racial slurs repeatedly. What action should the psychiatrist take next?		
a	*	Give haloperidol 5 mg IM and lorazepam 2 mg IM
b		Start an IV and give diazepam 5 mg IVP
c		Isolate the patient so that all visual stimuli are reduced
d		Give a loading dose of carbamazepine
e		Send the patient for an MRI of his head

A psychiatrist is seeing a patient in his outpatient practice. The patient treats the psychiatrist as if he were unreliable and punitive, though he had not been either. The patient's father was an alcoholic who often did not show up to pick her up from school and frequently hit her. The psychiatrist begins to feel as if he must overprotect the patient and treat her gingerly. Which of the following psychological mechanisms best describes the psychiatrist's behavior?		
a		Reaction formation
b		Projection
c	*	Counter transference
d		Identification with the aggressor
e		Illusion
A patient is able to appreciate subtle nuances in thinking and can use metaphors and understand them. This patient's thinking can be best defined by which of the following terms?		
a		Intellectualization
b	*	Abstract
c		Rationalization
d		Concrete
e		Isolation of affect
A 65-year-old man, who had been hospitalized for an acute pneumonia 3 days previously, begins screaming for his nurse, stating that "there are people in the room out to get me." He then gets out of bed and begins pulling out his IV line. On examination, he alternates between agitation and somnolence. He is not oriented to time or place. His vital signs are as follows: pulse, 126 beats per minute; respiration, 32 breaths per minute; blood pressure (BP), 80/58; temperature, 39.2°C (102.5°F). Which of the following diagnoses best fits this patient's clinical picture?		
a		Dementia
b		Schizophreniform disorder
c		Fugue state
d	*	Delirium
e		Brief psychotic episode
A 59-year-old man goes to a psychiatrist for a 3-month history of panic attacks. He notes for the past 3 months he has experienced "out of the blue," extreme episodes of fearfulness that last about 20 minutes. During that time he experiences palpitations, sweating, shortness of breath, and trembling. He denies any substance abuse, and has never had symptoms like this before these past 3 months. Which of the following signs or symptoms would likely lead the physicians to expect a diagnosis of anxiety secondary to a general medical condition in this case?		
a	*	The patient's age
b		History of palpitations
c		History of sweating
d		History of shortness of breath
e		History of trembling
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a	*	The patient's age
b		History of palpitations
c		History of sweating
d		History of shortness of breath
e		History of trembling
A 24-year-old man returns from Iraq after a 13-month tour of duty. During that tour he was involved in battle situations and saw one of his friends injured by a car bomb. What percentage of American soldiers returning home from Iraq have posttraumatic stress disorder (PTSD)?		

a		<1%
b		1% to 5%
c	*	15% to 20%
d		50% to 55%
e		85% to 90%
<p>A 23-year-old man presents to the emergency room with the history of a fever up to 38°C (100.5°F) intermittently over the past 2 weeks, a persistent cough, and a 10-lb weight loss in the past month. He notes that he has also been becoming increasingly forgetful for the past month and that his thinking is “not always clear.” He has gotten lost twice recently while driving. Which of the following diagnostic tests will be most helpful with this patient?</p>		
a		EEG
b		Liver function tests
c		Thyroid function tests
d	*	HIV antibody test
e		Skull x-ray
<p>A 19-year-old woman presents to the emergency room with the chief complaint of a depressed mood for 2 weeks. She notes that since her therapist went on vacation she has experienced suicidal ideation, crying spells, and an increased appetite. She states that she has left 40 messages on the therapist’s answering machine telling him that she is going to kill herself and that it would serve him right for leaving her. Physical examination reveals multiple well-healed scars and cigarette burns on the anterior aspect of both forearms. Which of the following diagnoses best fits this patient’s clinical presentation?</p>		
a		Dysthymic disorder
b		Bipolar disorder
c		Panic disorder
d	*	Borderline personality disorder
e		Schizoaffective disorder
<p>A 29-year-old man is brought to the emergency room by his wife after he woke up with paralysis of his right arm. The patient reports that the day before, he had gotten into a verbal altercation with his mother over her intrusiveness in his life. The patient notes that he has always had mixed feelings about his mother, but that people should always respect their mothers above all else. Which of the following diagnoses best fits this patient’s clinical picture?</p>		
a		Major depression
b	*	Conversion disorder
c		Histrionic personality disorder
d		Fugue state
e		Adjustment disorder
<p>A 28-year-old business executive sees her physician because she is having difficulty in her new position, as it requires her to do frequent public speaking. She states that she is terrified she will do or say something that will cause her extreme embarrassment. The patient says that when she must speak in public, she becomes extremely anxious and her heart beats uncontrollably. Based on this clinical picture, which of the following is the most likely diagnosis?</p>		
a		Panic disorder
b		Avoidant personality disorder
c	*	Specific phobia
d		Agoraphobia
e		Social phobia
<p>Which of the following terms best fits the definition “the proportion of a population affected by a disorder at a given time”?</p>		
a	*	Prevalence
b		Incidence
c		Validity
d		Reliability
e		Relative risk

A diagnostic test has a sensitivity of 64% and a specificity of 99%. Such a test would carry the risk of which kind of problem?		
a		High relative risk
b		Low likelihood ratio
c	*	False negatives
d		False positives
e		Low power
A 56-year-old man is brought to the physician's office by his wife because she has noted a personality change during the past 3 months. While the patient is being interviewed, he answers every question with the same three words. Which of the following symptoms best fits this patient's behavior?		
a		Negative symptoms
b		Disorientation
c		Concrete thinking
d	*	Perseveration
e		Circumstantiality
A 32-year-old patient is being interviewed in his physician's office. He eventually answers each question, but he gives long answers with a great deal of tedious and unnecessary detail before doing so. Which of the following symptoms best describes this patient's presentation?		
a		Blocking
b		Tangentiality
c	*	Circumstantiality
d		Looseness of associations
e		Flight of ideas
An 18-year-old man is brought to the emergency room by the police after he is found walking along the edge of a high building. In the emergency room, he mumbles to himself and appears to be responding to internal stimuli. When asked open-ended questions, he suddenly stops his answer in the middle of a sentence, as if he has forgotten what to say. Which of the following symptoms best describes this last behavior?		
a		Incongruent affect
b	*	Blocking
c		Perseveration
d		Tangentiality
e		Thought insertion
A 26-year-old woman with panic disorder notes that during the middle of one of her attacks she feels as if she is disconnected from the world, as though it were unreal or distant. Which of the following terms best describes this symptom?		
a		Mental status change
b		Illusion
c	*	Retardation of thought
d		Depersonalization
e		Derealization
A patient with a chronic psychotic disorder is convinced that she has caused a recent earthquake because she was bored and wishing for something exciting to occur. Which of the following symptoms most closely describes this patient's thoughts?		
a		Thought broadcasting
b	*	Magical thinking
c		Echolalia
d		Nihilism
e		Obsession
Malingering.		
a		Conscious, intentional production of symptoms with primary gain
b	*	Conscious, intentional production of symptoms with secondary gain
c		Unconscious, unintentional production of symptoms
d		Conscious, unintentional production of symptoms

e		Unconscious intentional production of symptoms
Factitious disorder.		
a	*	Conscious, intentional production of symptoms with primary gain
b		Conscious, intentional production of symptoms with secondary gain
c		Unconscious, unintentional production of symptoms
d		Conscious, unintentional production of symptoms
e		Unconscious intentional production of symptoms
Somatization disorder.		
a		Conscious, intentional production of symptoms with primary gain
b		Conscious, intentional production of symptoms with secondary gain
c	*	Unconscious, unintentional production of symptoms
d		Conscious, unintentional production of symptoms
e		Unconscious intentional production of symptoms
Conversion disorder.		
a		Conscious, intentional production of symptoms with primary gain
b		Conscious, intentional production of symptoms with secondary gain
c	*	Unconscious, unintentional production of symptoms
d		Conscious, unintentional production of symptoms
e		Unconscious intentional production of symptoms
A 45-year-old man with a chronic psychotic disorder is interviewed after being admitted to a psychiatric unit. He mimics the examiner's body posture and movements during the interview. Which of the following terms best characterizes this patient's symptom?		
a		Folie á deux
b		Dereistic thinking
c		Echolalia
d	*	Echopraxia
e		Fugue
A 32-year-old man complains of depressed mood, poor concentration, a 25-lb weight gain, and hypersomnia. He is subsequently diagnosed with hypothyroidism.		
a		Axis I
b		Axis II
c	*	Axis III
d		Axis IV
e		Axis V
A 46-year-old college professor has been unable to go to work for the past 6 weeks because of his psychiatric symptoms.		
a		Axis I
b		Axis II
c	*	Axis III
d		Axis IV
e		Axis V
A 23-year-old woman works in a sheltered workshop. She is unable to make change for a dollar or read beyond a second-grade level. She has a genetic makeup of 47 chromosomes with three copies of chromosome 21.		
a		Axis I
b	*	Axis II
c		Axis III
d		Axis IV
e		Axis V
A 6-month-old male infant is noted by his mother to be difficult to care for. He is very difficult to feed or soothe, and often responds to cuddling by crying and becoming rigid in his mother's arms. Physical examination and laboratory work are all entirely normal. Which of the following psychiatric disorders is this infant at a higher risk to display in his early school years?		

a	*	Conduct disorder
b		Childhood schizophrenia
c		Separation anxiety disorder
d		Antisocial personality disorder
e		Pica
A 2-year-old girl is being toilet trained by her parents. Each time she soils her diaper, she is told that she is a very bad girl and she is punished by having a toy taken away. When she uses the toilet appropriately, she is not praised by her parents. Which of the following sequelae is the child most likely to experience as a result of this kind of parental behavior?		
a		A basic sense of mistrust
b	*	Shame and self-doubt
c		Guilt
d		Stagnation of her development
e		An absence of intimacy as an adult
A 20-month-old boy loves running around and exploring the environment, but every few minutes he returns to his mother to check on her and solicit a quick hug. Which of the following best describes this behavior, according to Margaret Mahler?		
a		Depressive position
b		Secure attachment
c		Insecure attachment
d	*	Rapprochement
e		Autonomy, versus shame and doubt
A woman brings her 18-month-old child to the psychiatrist, worried that he is not developing normally. The psychiatrist tests the child in three arenas, motor & sensory behavior, adaptive behavior, and personal & social behavior and finds the following (the highest level of skill the child achieves on tests is outlined): Motor & Sensory Behavior (can hurl ball and walk up stairs with one hand held); Adaptive Behavior (can build a tower of 3-4 cubes; Scribbles spontaneously); Personal & Social Behavior (has separation anxiety when taken away from his mother; holds own bottle).		
a		Accelerated development in all three areas
b		Accelerated motor & sensory behavior, normal adaptive behavior, and personal & social behavior
c		Normal motor & sensory and adaptive behavior, delayed personal & social behavior
d		Delayed motor & sensory and adaptive behavior, normal personal & social behavior
e	*	Delayed development in all three areas
Which of the following theorists focused primarily on the importance of early parental behavior, such as mirroring, leading to the development of a cohesive and stable sense of self?		
a		Piaget
b		Erikson
c		Freud
d		Klein
e	*	Kohut
Piaget is best known for which of the following theories?		
a	*	Cognitive development
b		Psychosexual development
c		Psychosocial development
d		Interpersonal development
e		Attachment
A 2-year-old child carries around an old, tattered blanket wherever he goes. When he is sad or upset, he calms himself by hugging and stroking his blanket. He also needs it to settle down before sleep. For this child, which of the following does his blanket best represent?		
a		Fetish
b		Obsession
c	*	Transitional object
d		Transference object

e		Imaginary friend
A 4-year-old child is brought to the psychiatrist by her mother. Although the child is developing normally, she is scheduled to have her tonsils removed. The mother wishes to make this operation as smooth and atraumatic as possible. Using Piaget's theory, what should the psychiatrist tell the mother about how this upcoming event should be explained to the child?		
a		No explanation will be helpful; the mother should try to stay with the child at all times
b		No explanation need be given, but the child should be asked what questions she has about the upcoming event and those questions should be answered
c	*	Verbal explanations will not be helpful. The upcoming event should be role played with the child through the use of dolls and toys
d		A simplified verbal explanation should be given to the child
e		A verbal explanation of the operation should be given, with all the terms the child will hear in the hospital used. The child should be engaged in a question and answer session afterward
A 32-year-old woman is given the news by her physician that she has breast cancer and will need surgery, followed by chemotherapy. She returns home after the appointment, and her husband asks how the visit went. She tells him that "everything was fine." For the rest of the evening, she behaves as if there had been no bad news given to her. In fact, she appears to be in good spirits. Which of the following defense mechanisms is likely being employed by this woman?		
a	*	Denial
b		Projection
c		Sublimation
d		Reaction formation
e		Altruism
A 3-year-old boy stands on one side of a large sculpture and is asked to describe what he sees. When asked to describe what a person on the other side of the sculpture sees, the child answers that the other person sees just what he does. Which of the following theories uses the concept described above?		
a		Psychosexual development
b		Moral development
c	*	Cognitive development
d		Social development
e		Autism
A 70-year-old woman is admitted to the hospital after a fall in which she broke her left hip. She is a difficult patient during her rehabilitation phase, passively resisting attempts to get her up and walking, contending that it does not matter whether she regains her capacity to walk on her own since she is so advanced in age. She states that while she is fearful of dying, she feels disgust at her own body because it is "falling apart." Which of the following Eriksonian states is this patient most likely working through?		
a	*	Integrity versus despair
b		Intimacy versus isolation
c		Generativity versus stagnation
d		Identity versus role diffusion
e		Industry versus inferiority
Normality is an idealized fiction.		
a	*	Sigmund Freud
b		Melanie Klein
c		Erik Erikson
d		Karl Menninger
e		Alfred Adler
Normality is the ability to acculturate and be content in one's world.		
a		Sigmund Freud
b		Melanie Klein
c		Erik Erikson
d	*	Karl Menninger
e		Otto Rank

Normality is the ability to take responsibility for one's own actions and live without fear, guilt, or anxiety.		
a		Melanie Klein
b		Erik Erikson
c		Karl Menninger
d		Alfred Adler
e	*	Otto Rank
Normality is characterized by strength of character, the capacity to deal with conflicting emotions, the ability to love, and to experience pleasure without conflict.		
a		Sigmund Freud
b	*	Melanie Klein
c		Erik Erikson
d		Karl Menninger
e		Alfred Adler
Normality is the ability to be socially connected and be productive, this leads to mental health and the capability of adaptation.		
a		Sigmund Freud
b		Melanie Klein
c		Erik Erikson
d	*	Alfred Adler
e		Otto Rank
Normality is the ability to master the progressive life stages successfully. (ie, trust vs. mistrust through ego integrity vs. despair).		
a		Sigmund Freud
b		Melanie Klein
c	*	Erik Erikson
d		Karl Menninger
e		Alfred Adler
A young woman with a history of childhood neglect feels suddenly worthless and devastated when her supervisor makes a mildly negative comment about her work performance. According to Heinz Kohut, which of the following explanations accounts for her hypersensitivity to criticism?		
a		An unresolved oedipal complex due to her parents' divorce when the woman was 4 years old
b		An inability to make stable commitments to others
c		A punitive superego due to harsh and critical parents
d	*	A fragmented sense of self due to the empathic failure of her parents
e		Autistic traits
A 23-year-old woman constantly goes to great lengths to avoid being criticized, even when this requires going against her own beliefs and wishes. Although she is good-looking and successful, she is tormented by doubts about her abilities and her physical appearance. According to Kohutian theory, which of the following is most likely to explain her behavior?		
a		Overly harsh toilet training when she was 3 years old
b		Overindulgent parents who freely dispensed praise
c	*	A lack of self-esteem, which causes a constant need for validation
d		An overly punitive superego
e		A shy temperament
A 16-year-old boy is diagnosed with osteosarcoma. Surgery and chemotherapy are not successful as treatments, and it is apparent that the child will die from his disease. The child, rather than focusing on his death, seems more concerned with the fact that he has lost all his hair from the chemotherapy. He is difficult to work with in the hospital, as he insists on seeing visitors only when he chooses to and wants to work with only his favorite nurses. Which of the following is the best explanation for his behavior?		
a		He is regressing under the stress of his terminal illness
b	*	He is an adolescent and these responses are quite typical for the age group
c		He has developed a major depression
d		He is in denial of his impending death

e		He is having a cognitive disturbance secondary to brain metastases
A 23-year old man impulsively steals a pack of gum at a convenience store. He has never stolen anything previously, and almost immediately upon exiting the store with the gum, he begins to feel extremely guilty. Which of the following concepts introduced by Freud is most likely responsible for this man's emotional response to his theft?		
a		Id
b		Ego
c	*	Superego
d		Preconscious function
e		Conscious function
A 20-month-old girl is admitted to a pediatric ward because she weighs only 15 lb. An extensive medical work-up does not reveal any organic cause for the child's failure to thrive. The child is listless and apathetic and does not smile. The parents rarely come to visit, and when they do, they do not pick the child up and do not play or interact with her. Which of the following statements best explains this scenario?		
a	*	Lack of adequate emotional nurturance causes depression and failure to thrive in infants
b		Neglected infants fail to thrive but do not have the intrapsychic structures necessary for experiencing depression
c		Infants reared in institutions are likely to become autistic
d		Neglected infants are at higher risk for developing schizophrenia
e		Environmental variables have little impact on the health of infants as long as enough food is provided
A 25-year-old woman sees a psychiatrist for a chief complaint of having a depressed mood for her "entire life." She begins psychotherapy and sees the physician once per week. After 3 months of therapy, she tells the psychiatrist that she is very afraid of him because he is "so angry all the time." She behaves as if this is true and that the psychiatrist will explode with rage at any minute. The psychiatrist is not normally seen as an angry person and is unaware of any anger toward the patient. Which of the following defense mechanisms is this patient likely displaying?		
a		Distortion
b		Blocking
c		Isolation
d	*	Projection
e		Dissociation
A healthy 9-month-old girl is brought to her pediatrician by her concerned parents. Previously very friendly with everyone, she now bursts into tears when she is approached by an unfamiliar adult. Which of the following best describes this child's behavior?		
a		Separation anxiety
b		Insecure attachment
c		Simple phobia
d		Depressive position
e	*	Stranger anxiety
A 25-month-old boy plays with a ball, which rolls under a couch. The boy promptly crawls under the couch to retrieve the ball. According to Piaget's theories of cognitive development, which thinking process best describes this child's behavior?		
a	*	Object permanence
b		Basic trust
c		Initiative versus guilt
d		Object constancy
e		Sensorimotor stage
According to Sigmund Freud, which of the following best describes primary processes?		
a		Typically conscious
b	*	Nonlogical and primitive
c		Absent during dreaming
d		Characteristic of the neuroses
e		Rational and well-organized

Erikson's developmental theories differ from Freud's in that Erikson placed greater emphasis on which of the following?		
a	*	Cultural factors in development
b		Instinctual drives
c		Interpersonal relations
d		Psychosexual development
e		Object relations
A woman has a verbal altercation with her boss at work. She meekly accepts his harsh words. That night, she picks a fight with her husband. Which of the following defense mechanisms is being used by this woman?		
a	*	Displacement
b		Acting out
c		Reaction formation
d		Projection
e		Sublimation
A 24-year-old woman lives with her mother, whom she intensely dis-likes. She feels embarrassed by this, and compensates by hovering over her mother, attending to her every need. Which of the following defense mechanisms is being used by this woman?		
a		Displacement
b		Acting out
c	*	Reaction formation
d		Rationalization
e		Sublimation
A writer of mystery novels, who has never had legal problems, jokes about his "dark side" and his hidden fantasies about leading an exciting life of crime. Which of the following defense mechanisms is being used by this man?		
a		Anticipation
b	*	Sublimation
c		Identification with the aggressor
d		Introjection
e		Distortion
A 35-year-old man is being seen by his psychiatrist for depressed mood. The patient is irritated at his therapist for pushing him on several issues in the last session. The patient does not show up or call for his next session. Which of the following defense mechanisms is this patient displaying?		
a		Introjection
b		Sublimation
c		Identification with the aggressor
d	*	Acting out
e		Intellectualization
A 45-year-old man accidentally crashes his car into another vehicle. He feels extremely guilty, and in order to avoid these feelings of self-reproach, he explains in meticulous detail to anyone listening all of the steps leading up to his accident. Which of the following defense mechanisms is this patient displaying?		
a		Sublimation
b		Repression
c	*	Intellectualization
d		Acting out
e		Rationalization
A 45-year-old woman is admitted to the hospital after her son finds her unconscious at home. She is treated for diabetic ketoacidosis and her recovery is a difficult one, necessitating that she stay in the hospital for 5 days. During this period of time, she is often angry, irrational, and demanding, all of which are not her usual modes of behavior or thinking, according to her husband. What is the most likely explanation for the change in this woman's behavior?		
a		The fluid shifts that are occurring during the stabilization of her diabetes are causing an organic mood disorder

b		Her fear of a newly diagnosed illness is causing her to dissociate
c	*	The stress of her illness and hospital stay is causing her to regress
d		She is delirious secondary to brain damage from her period of unconsciousness
e		A previously unrecognized personality disorder is coming to the fore
<p>A 38-year-old woman comes to a psychiatrist for help with the management of her obsessive-compulsive disorder. She describes an impulse that she has frequently and that frightens her. This impulse is to murder her three children by blowing out the pilot light on her home's heater, thereby blowing up her house. As a result, she finds herself checking on the pilot light in her home at least 30 times a day. She carries a book of matches with her during these checks so that she might immediately relight the pilot light if she finds that it is out. Which of the following defense mechanisms does this act of checking the pilot light represent?</p>		
a		Reaction formation
b		Isolation
c	*	Undoing
d		Denial
e		Altruism
<p>A 20-month-old male infant is placed in an emergency department of children and family services shelter after his mother is hospitalized as the result of a car accident. Three days after the separation, the child spends almost every waking moment crying and calling and searching for his mother. The fourth day after the separation, when the mother of the child comes to the shelter to reclaim her child, he rejects her offers of affection, instead clinging to the nurse's aide who has been his caretaker. Which of the following terms most accurately describes this infant's reactions to a forced separation?</p>		
a	*	Protest
b		Despair
c		Detachment
d		Denial
e		Acting out
<p>A 17-month-old girl is playing with her mother. Her mother hides a large red ball from the child and encourages her to find it. The girl looks under several pieces of furniture and finally finds the ball hidden behind the couch. The mother enjoys this game, because 2 months previously, if she had tried to play this game, the child simply would not have been able to understand that once the ball was out of sight it still existed. This advance in cognitive ability is most accurately described by which of the following terms?</p>		
a		Transitional object
b		Preoperational thought
c		Parallel play
d		Concrete operations
e	*	Object permanence
<p>A 3-year-old boy is brought to the physician by his mother, who is concerned about his behavior. She states that he repeatedly is physically aggressive toward a doll. He throws the doll around the room and hits it with his hand while saying, "Bad Johnny." The boy had not displayed this behavior until 3 months previously. The mother mentions that the only change she can think of that occurred approximately 3 months previously is that the boy started in day care. Which of the following is the most likely explanation for this behavior?</p>		
a		The boy has developed childhood schizophrenia
b	*	The boy is engaging in fantasy play
c		The boy is engaging in cooperative play
d		The boy is acting out his frustration with the mother for putting him in day care
e		The boy would prefer another toy that is not a doll
<p>A woman brings her 2-year-old (27 month) son to a psychiatrist for evaluation of his language development. She notes that her son can respond to simple directions and can refer to himself by name. He is intelligible approximately 30% of the time, and he can use language to ask for his needs. He does not understand most adjectives. Which of the following most accurately describes the status of this child's language development?</p>		
a	*	Delayed in the mastery of comprehension; delayed in the mastery of expression
b		Delayed in the mastery of comprehension; normal in the mastery of expression
c		Normal in the mastery of comprehension; delayed in the mastery of expression

d		Normal in the mastery of comprehension; normal in the mastery of expression
e		Accelerated in the mastery of comprehension; accelerated in the mastery of expression
A woman brings her 3-year-old son to a psychiatrist for evaluation of his cognitive development. She notes that he can understand the concepts of egocentrism (“I am eating this and I want you to eat it too.”) as well as that of irreversibility (“I left that store and now I don’t know how to get back to it.”), but not the idea of reversibility (cannot play a game of check-ers backwards). He can count several objects, but does not understand humor or understand good and bad. Which of the following most accurately describes the status of this child’s cognitive development?		
a		Delayed in cognitive spatial changes development; delayed in cognitive achievement development
b		Delayed in cognitive spatial changes development; normal in cognitive achievement development
c		Normal in cognitive spatial changes development; delayed in cognitive achievement development
d	*	Normal in cognitive spatial changes development; normal in cognitive achievement development
e		Accelerated in cognitive spatial changes development; accelerated in cognitive achievement development
A woman brings her 5-year-old daughter in to a psychiatrist for an evaluation of her emotional development. The child can understand the causes of many emotions, but cannot react to the feelings of others correctly. The daughter likes attention and approval, but does not show sensitivity to criticism or care about the feelings of others. Which of the following most accurately describes the status of this child’s emotional development?		
a		Delayed in the mastery of emotional skills; delayed in the mastery of emotional behavior
b		Delayed in the mastery of emotional skills; normal in the mastery of emotional behavior
c	*	Normal in the mastery of emotional skills; delayed in the mastery of emotional behavior
d		Normal in the mastery of emotional skills; normal in the mastery of emotional behavior
e		Accelerated in the mastery of emotional skills; accelerated in the mastery of emotional behavior
The parents of a 2-year-old child come to see the child’s pediatrician because their once happy-go-lucky infant has become oppositional and obstinate. Which Freudian theory best describes the developmental stage this child is in?		
a		Oral
b	*	Anal
c		Phallic
d		Oedipal
e		Latency
A 5-year-old girl loves her father’s attention and becomes irritated with her mother when her mother kisses her father. The child tells her father she wants to marry him when she grows up. Which Freudian theory best describes the developmental stages this child is in?		
a		Oral
b		Anal
c		Phallic
d	*	Oedipal
e		Latency
Which of Freud’s theories deals with a model of the mind divided into three regions—conscious, unconscious, and preconscious?		
a		Parapraxes
b		Infantile sexuality
c		Structural
d	*	Topographic
e		Primary process
Which of the following is the single most significant developmental event of middle childhood (typically defined as between the ages of 6 and 12)?		
a		The onset of puberty
b	*	Going to school
c		The development of an overt interest in the opposite sex
d		The consolidation of personality
e		A growing concern with cultural values and ideologies

Which of the following best represents the process that transforms the raw unconscious wishes and impulses of a dreamer into images more acceptable to the superego?		
a		Manifest content of the dream
b		Latent content of the dream
c	*	Dream work
d		Punishment dream
e		Defense mechanism
The illogical, bizarre, and incoherent images that often make up dreams are an example of what type of thinking?		
a	*	Primary process
b		Dream anxiety
c		Manifest content
d		Secondary process
e		Secondary revision
A young man is often the object of his friends' jokes because he drops to the floor whenever he is having a good laugh. Which of the following is this man most likely suffering from?		
a	*	Cataplexy
b		Narcolepsy
c		Hysteria
d		Drop seizures
e		Histrionic personality
An 18-year-old man is admitted to the psychiatric unit after his parents find him in his room muttering to himself and convinced that people are going to hurt him. During his stay in the hospital, the patient is frequently found standing in the center of his room with both arms over his head, immobile. The patient can maintain this position for hours at a time. Which of the following best describes this patient's posturing?		
a		Negativism
b		Automatism
c		Stereotypy
d		Waxy flexibility
e	*	Catalepsy
Benzodiazepines, barbiturates, and many anticonvulsants exert their influence through which of the following types of receptors?		
a		Muscarinic
b		Dopaminergic
c		Glutamic
d		Adrenergic
e	*	γ -Aminobutyric acid (GABA)-ergic
The observation that levodopa (a drug used to treat Parkinson disease) can cause mania and psychosis in some patients supports which neuro-chemical theory of psychiatric behavior?		
a		Norepinephrine
b	*	Dopamine
c		Glycine
d		Serotonin
e		Glutamine
A 24-year-old man with Tourette disorder comes to his psychiatrist because he has just gotten engaged. He states that his father also has Tourette's and he is worried that when he becomes a father he will pass the disorder on to his children. No one on his mother's side of the family has Tourette's that he is aware of. What is the best response for the psychiatrist to give this patient?		
a		Do not worry, there is no evidence for the genetic transmission of Tourette's. Your children have no higher risk of having it than the general population
b		Because Tourette's is a genetically linked disorder passed on by the Y-chromosome, 100% of your sons will have it, but none of your daughters
c		Tourette's is an X-linked recessive disorder, none of your sons or daughters will have the disorder

		(although your daughters will be carriers of the disease)
d	*	There is a definite genetic component to Tourette's, but this is multigenic and so difficult to characterize the chances of your children having it. Only 10% of Tourette's patients do not have a relative with it, so you are likely to pass this disorder on
e		This disorder is inherited through an autosomal dominant mechanism. All of your sons and daughters will have Tourette's
A 46-year-old man is being monitored in a sleep study laboratory. After he has been asleep for 90 minutes, his EEG shows low-voltage, random fast activity with sawtooth waves. When awakened during this period, the patient reports that he was dreaming. Which of the following sleep stages was this patient in when awakened?		
a		Alpha waves
b		Theta waves
c		Sleep spindles
d		Delta waves
e	*	Rapid eye movement (REM)
After being struck on the head by a four-by-four piece of wood, a previously serious and dependable construction worker starts making inappropriate sexual remarks to his coworkers, is easily distracted, and loses his temper over minor provocations. What part of his brain has most likely been damaged?		
a		Occipital lobe
b		Temporal lobe
c		Limbic system
d		Basal ganglion
e	*	Frontal lobe
A young girl who was underweight and hypotonic in infancy is obsessed with food, eats compulsively, and at age 4, is already grossly overweight. She is argumentative, oppositional, and rigid. She has a narrow face, almond-shaped eyes, and a small mouth. Which of the following is the most likely diagnosis?		
a		Down syndrome
b		Fragile X syndrome
c		Fetal alcohol syndrome
d		Hypothyroidism
e	*	Prader-Willi syndrome
A 36-year-old moderately retarded man with a long head, large ears, and hyperextensible joints is very shy and starts rocking and flapping his hands when he is upset. His disorder, the second most common single cause of mental retardation, is which of the following?		
a		Down syndrome
b		Hurler syndrome
c		Williams syndrome
d	*	Fragile X syndrome
e		Rett disorder
Monoamine oxidase inhibitors (MAOIs) exert their influence primarily by which of the following mechanisms?		
a		Increasing GABA production
b	*	Blocking inactivation of biogenic amines
c		Decreasing norepinephrine
d		Decreasing serotonin
e		Increasing endorphin production
A 36-year-old woman is being evaluated in the sleep laboratory. She is noted to have a decreased latency of REM. Which of the following disorders is this woman most likely to be suffering from?		
a		Schizophrenia
b	*	Major depression
c		Panic disorder
d		Obsessive-compulsive disorder
e		Posttraumatic stress disorder (PTSD)
A 17-year-old boy is brought to the emergency room by his friends after he "took a few pills" at a party and developed physical symptoms, including his neck twisting to one side, his eyes rolling upward, and his tongue		

hanging out of his mouth. The patient responds immediately to 50 mg of diphenhydramine intramuscularly with the resolution of all physical symptoms. Which of the following substances is most likely to have caused the symptoms?		
a		Methamphetamine
b		Meperidine
c		Alprazolam
d		Methylphenidate
e	*	Haloperidol
A 52-year-old housewife has gained weight, although she has no increased appetite. She feels tired all the time and does not seem to care about anything anymore. She complains of being cold all the time. On examination, she appears depressed, and her hair is dry and brittle. Which of the following laboratory findings is she likely to display?		
a		Elevated adrenocorticotrophic hormone (ACTH)
b		Low cortisol level
c	*	Elevated thyroid-stimulating hormone (TSH)
d		Low calcium level
e		Elevated follicle-stimulating hormone (FSH)
A 32-year-old woman is brought to the emergency room when she complains of chest pain. She is noted to be hypervigilant and anxious, with a pulse of 120 beats per minute and BP of 140/She has widely dilated pupils. Her toxicology screen is positive. Which of the following drugs is she most likely to have used?		
a	*	Cocaine
b		Ritalin
c		Heroin
d		Phencyclidine (PCP)
e		Lysergic acid diethylamide (LSD)
A 42-year-old woman comes to the psychiatrist with complaints of short-term memory loss. She has lost her way home several times in past weeks. Mini Mental Status Exam scores 18 of 30 points. An MRI shows the loss of brain volume. The patient's mother died of the same disease at age Which of the following genes in this patient (and her mother) are likely to show a mutation on chromosome 14?		
a	*	Presinilin 1
b		Presinilin 2
c		β -Amyloid precursor protein (APP)
d		Apolipoprotein E (Apo E)
e		Human lymphocyte antigen (HLA)
A 65-year-old woman with a history of chronic alcohol abuse cheerfully greets the resident doctor of her nursing home, whom she has met many times before, and calls him, "My dear friend Jack." The physician explains who he is and tells the patient his name. Two minutes later, when he asks the patient if she knows who he is, she answers with a smile, "Of course, you are my cousin Anthony from New Jersey." What vitamin deficiency can cause this form of amnestic disorder?		
a		Pantothenic acid
b		Folate
c	*	Thiamine
d		Riboflavin
e		Niacin
A 24-year-old woman comes to the emergency room because she "can't stand the addiction to cocaine anymore." She tells the physician that she has been using cocaine in increasing amounts for the past 2 years, and now her use is totally out of control. Which of the following systems is involved in this drug's capacity for such a high addiction potential in human beings?		
a		Serotonergic
b		GABA-ergic
c	*	Dopaminergic
d		Noradrenergic
e		Biogenic amine system

A 50-year-old man notes that several times per week he has a hallucination of the smell of burning rubber. He is diagnosed with partial complex seizures. Which of the following regions is most likely to show a discharging focus on EEG?		
a		Parietal lobe
b	*	Temporal lobe
c		Frontal lobe
d		Thalamus
e		Occipital lobe
During a study on schizophrenia, a sample of children from 12 to 15 years is recruited. Any child already showing signs of schizophrenia is excluded from the sample. Histories are taken to look for a variety of risk factors for developing schizophrenia. Every year thereafter, the children are evaluated to determine how many have developed schizophrenia. Which kind of study is this?		
a		Clinical trial
b	*	Cohort study
c		Case-control study
d		Case-history study
e		Crossover study
Which of the following findings is associated with non-REM (NREM) sleep?		
a		Penile tumescence
b		Apnea
c		Narcolepsy
d		Dreaming
e	*	Night terrors
A 48-year-old man is being treated for a major depression. He complains of depressed mood, anergia, anhedonia, and suicidal ideation with a plan. Which of the following neurochemicals is likely to be abnormal in this patient's CSF?		
a	*	5-Hydroxyindoleacetic acid (5-HIAA)
b		GABA
c		Dopamine
d		Acetylcholine
e		Substance P
A 34-year-old man comes to see a psychiatrist because he has been fired for constantly being late to his job. The man states that he feels as if he is in danger of contamination from germs and as a result, he must take showers continuously, often for as many as 8 h/day. Which of the following transmitters is thought to be involved in this disorder?		
a		Dopamine
b		Norepinephrine
c		Acetylcholine
d		Histamine
e	*	Serotonin
A 71-year-old man has been treated by a neurologist for Parkinson disease for the past 2 years. One week after his last visit, he called his neurologist, reporting that he suddenly began seeing little people walking all over his furniture. Which of the following is the most likely cause of this hallucination?		
a		L-dopa was decreased at the last visit
b		The patient is delirious
c	*	L-dopa was increased at the last visit
d		The patient has developed a psychotic depression
e		The Parkinson disease is worsening
The patient above has never previously reported symptoms as described in the vignette. Which of the following is the most appropriate next step in the management of this patient?		
a	*	Reduce the L-dopa
b		Increase the L-dopa
c		Add haloperidol

d		Add Sinemet
e		Call a psychiatrist for consultation
A 76-year-old man is diagnosed with dementia of the Alzheimer type. Which of the following chemicals has been most commonly associated with this disease?		
a		Peptide neurotransmitter
b		Epinephrine
c		Dopamine
d	*	Acetylcholine
e		Serotonin
Which of these substances is primarily affected by fluoxetine?		
a		Neuropeptide Y
b		GABA
c		Somatostatin
d		Acetylcholine
e	*	Serotonin
Which of these substances is most associated with the classic antidepressant drugs, as well as venlafaxine, mirtazapine, and bupropion?		
a		Neuropeptide Y
b		GABA
c	*	Norepinephrine
d		Somatostatin
e		Substance P
Which of these substances is most prominently associated with the mediation of the perception of pain?		
a		GABA
b		Norepinephrine
c	*	Substance P
d		Glutamate
e		Acetylcholine
Which of these substances has been shown to stimulate the appetite?		
a	*	Neuropeptide Y
b		GABA
c		Norepinephrine
d		Somatostatin
e		Substance P
Nonfluent spontaneous speech, poor auditory comprehension, poor repetition, poor naming.		
a		Broca
b		Wernicke
c		Conduction
d	*	Global
e		Anomic
Fluent spontaneous speech, poor auditory comprehension, poor repetition, poor naming.		
a		Broca
b	*	Wernicke
c		Conduction
d		Global
e		Anomic
Nonfluent spontaneous speech, good auditory comprehension, poor repetition, poor naming.		
a	*	Broca
b		Wernicke
c		Conduction
d		Global
e		Anomic

Which of the following sites is thought to be significant for formation and storage of immediate and recent memories?		
a		Hypothalamus
b		Nucleus basalis of Meynert
c		Mesolimbic circuit
d	*	Hippocampus
e		Amygdala
A 54-year-old man is a chronic alcoholic. He has been diagnosed with Korsakoff syndrome (a severe inability to form new memories and a variable inability to recall remote memories). Where in the brain is the damage causing this memory loss likely located?		
a		Angular gyrus
b	*	Mammillary bodies
c		Hypothalamus
d		Globus pallidus
e		Arcuate fasciculus
A 35-year-old man presents to his physician with a slowly developing difficulty of movement and thinking. The patient tells the physician that his father had similar problems. His wife notes that the patient appears depressed and apathetic. On examination, the patient has involuntary choreiform movements of his face, hands, and shoulders. Which of the following areas of the brain is likely to show atrophy with this disease?		
a	*	Caudate nucleus
b		Frontal lobe(s)
c		White matter
d		Cerebellum
e		Pituitary
A 58-year-old man has a brain lesion that causes him to feel euphoric, laugh uncontrollably, and joke and make puns. Where is this brain lesion most likely located?		
a		Fornix
b	*	Right prefrontal cortex
c		Hippocampus
d		Left orbitofrontal cortex
e		Amygdala
A 28-year-old man with a 6-month history of symptoms is noted to have disinhibition, liability, and euphoria. He is also noted to have a lack of remorse. Which area of the man's brain is likely to be dysfunctional?		
a	*	Orbitofrontal region of frontal lobe
b		Dorsolateral region of frontal lobe
c		Medial region of frontal lobe
d		Limbic system
e		Parietal lobe
A 44-year-old man has had a traumatic injury to his brain. Since the accident, he has appeared inattentive and undermotivated. He tends to linger on trivial thoughts and echoes the examiner's questions. Which area of the man's brain is likely to have been traumatized?		
a		Orbitofrontal region of frontal lobe
b	*	Dorsolateral region of frontal lobe
c		Medial region of frontal lobe
d		Limbic system
e		Parietal lobe
A 48-year-old man with Huntington disease experiences irregular, involuntary spasmodic movements of his limbs and facial muscles, as well as psychosis. In a postmortem autopsy, which structure in his brain will likely be markedly shrunken?		
a		Cerebellum
b		Striatum
c		Putamen
d		Substantia nigra

e	*	Caudate nucleus
<p>A 5-year-old boy is brought to the psychiatrist because he has difficulty paying attention in school. He fidgets and squirms and will not stay seated in class. It is noted that at home he talks excessively and has difficulty waiting for his turn. His language and motor skills are appropriate for his age. Which of the following is the most likely diagnosis?</p>		
a		Oppositional defiant disorder (ODD)
b	*	Attention-deficit hyperactivity disorder (ADHD)
c		Pervasive developmental disorder
d		Separation anxiety disorder
e		Mild mental retardation
<p>A 4-year-old girl is brought to her pediatrician because her parents think she does not seem to be “developing normally.” The girl’s mother states that her daughter seemed normal for at least the first 2 to 3 years of her life. She was walking and beginning to speak in sentences. She was able to play with her mother and older sister. The mother has been noticing that over the past 2 months her daughter has lost these previously acquired abilities. She will no longer play with anyone else and has stopped speaking entirely. She has lost all bowel control, when previously she had not needed a diaper for at least a year. Which of the following is the most likely diagnosis?</p>		
a		Rett disorder
b	*	Childhood disintegrative disorder
c		Autism
d		Asperger disorder
e		Pervasive developmental disorder
<p>The parents of an 8-year-old boy with a normal IQ are concerned because he is a very slow reader and does not appear to understand what he reads. When the boy reads aloud, he misses words and changes the sequence of the letters. They also note that he has problems with spelling, though he is otherwise quite creative in his ability to write stories. On examination, the child displays verbal language defects as well, though primarily he communicates clearly. His hearing and vision are normal and he has no trouble with motor skills. Which of the following is the most likely diagnosis for this child?</p>		
a		Developmental expressive writing disorder
b	*	Dyslexia
c		Developmental articulation disorder
d		Pervasive developmental disorder
e		Developmental coordination disorder
<p>For the past 3 months, a 15-year-old girl has had to turn her light on and off 23 times at exactly 10:30 PM before she can go to bed. She can spend from 1 to 2 hours on this ritual because she has to start again if she is interrupted or loses count. She is upset if the position or the order of the objects she has on her desk is changed even slightly and cannot stop worrying about her family’s safety. The girl knows that this behavior is not “normal” and is concerned and unhappy about it. In conjunction with pharmacologic treatment, which of the following therapies has been proven effective for this disorder?</p>		
a		Play therapy
b		Psychodynamic psychotherapy
c		Group therapy
d	*	Cognitive-behavioral therapy
e		Family therapy
<p>A 13-year-old boy is brought to the emergency room by his parents after he set fire to their home. He has been seen in the emergency room on multiple occasions for a variety of symptoms, including suicidality, homicidality, uncontrollable tantrums, and pica. Of those symptoms, which is most commonly seen by psychiatrists in the emergency room in children under the age of 12?</p>		
a		Arson
b	*	Suicidality
c		Homicidality
d		Uncontrollable tantrums
e		Pica

A 5-year-old is being evaluated for ADHD. He has a past history of failure to thrive and he is still at the 15th percentile for weight and height. The evaluator notices that he has unusually small eyes with short palpebral fissures, as well as a thin upper lip with a smooth philtrum. Which substance did his mother most likely abuse during pregnancy?		
a		Heroin
b		Nicotine
c		Cannabis
d	*	Alcohol
e		Cocaine
A 7-year-old boy avoids sleepovers because he wets his bed one to two times per week and is afraid his friends would tease him. He has never achieved a year-long period of dryness throughout the night. A physiologic work-up shows no evidence of an organic cause for this problem, and there is no evidence of a psychiatric disorder in any other category. Which of the following treatments is likely to be effective and should be tried first?		
a		Pharmacotherapy with imipramine
b		Bladder training (reward for delaying micturition during daylight hours)
c	*	Classic conditioning with a bell-and-pad apparatus
d		Pharmacotherapy with desmopressin
e		Psychotherapy
A 13-year-old girl grunts and clears her throat several times in an hour, and her conversation is often interrupted by random shouting. She also performs idiosyncratic, complex motor activities such as turning her head to the right while she shuts her eyes and opens her mouth. She can prevent these movements for brief periods of time, with effort. Which of the following is the most appropriate treatment for this disorder?		
a		Individual psychodynamic psychotherapy
b		Lorazepam
c		Methylphenidate
d	*	Haloperidol
e		Imipramine
A 6-year-old boy has been diagnosed with ADHD and started on Ritalin. Which of the following serious side effects should the child psychiatrist warn the boy's parents about?		
a	*	Tics
b		Cardiac conduction abnormalities
c		Choreiform movements
d		Leukopenia
e		Hepatitis
Every morning on school days, an 8-year-old girl becomes tearful and distressed and claims she feels sick. Once in school, she often goes to the nurse, complaining of headaches and stomach pains. At least once a week, she misses school or is picked up early by her mother due to her complaints. Her pediatrician has ruled out organic causes for the physical symptoms. The child is usually symptom free on weekends, unless her parents go out and leave her with a babysitter. Which of the following is the most likely diagnosis?		
a	*	Separation anxiety disorder
b		Major depression
c		Somatization disorder
d		Generalized anxiety disorder
e		Attachment disorder
A 1-year-old girl has been hospitalized on numerous occasions for periods of apnea. Each time, her mother called an ambulance after her daughter had stopped breathing suddenly. All work-ups in the hospital have been negative, and the patient has never had an episode in front of anyone but her mother. The patient's mother seems very involved with the child and the staff on the unit, and she does not seem hesitant about consenting to lab tests on her daughter, even if the tests are invasive. Which of the following statements is true about the disorder described in this case?		
a		It is usually self-limited
b		The father is usually the perpetrator

c	*	It constitutes a form of child abuse
d		Usually only one child in a family is victimized
e		The caregiver's motivation is watching the child suffer
<p>A social worker makes a routine visit to a 3-year-old boy who has just been returned to his biological mother after spending 3 months in foster care as a result of severe neglect. The child initially appears very shy and clings fearfully to his mother. Later on, he starts playing in a very destructive and disorganized way. When the mother tries to stop him from throwing blocks at her, he starts kicking and biting. The mother becomes enraged and starts shouting. Which of the following is the most likely diagnosis for this child?</p>		
a		Oppositional defiant disorder
b		ADHD
c	*	Reactive attachment disorder
d		Posttraumatic stress disorder (PTSD)
e		Major depression
<p>A first-grade teacher is concerned about a 6-year-old girl in her class who has not spoken a single word since school started. The little girl participates appropriately in the class activities and uses gestures and drawings and nods and shakes her head to communicate. The parents report that the little girl talks only in the home and only in the presence of her closest relatives. Which of the following is the most likely diagnosis?</p>		
a		Autism
b		Expressive language disorder
c		Oppositional defiant disorder
d		School phobia
e	*	Selective mutism
<p>A 4-year-old boy is brought to the physician by his parents because he experiences episodes of waking in the middle of the night and screaming. The parents state that when they get to the boy's room during one of these episodes, they find him in his bed, thrashing wildly, his eyes wide open. He pushes them away when they try to comfort him. After 2 minutes, the boy suddenly falls asleep, and the next day he has no memory of the episode. Which of the following medications should be the first choice to treat this disorder?</p>		
a		Haloperidol
b	*	Diazepam
c		Methylphenidate
d		Amitriptyline
e		Valproic acid
<p>A 14-year-old boy is brought to the physician because he told his mother he wished he were dead. He has been irritable for the past several weeks, and has been isolating himself in his room, avoiding his friends. He has been complaining of general aches and pains as well. Which of the following statements is true about this disorder?</p>		
a		It is rare in children
b		Its presentation in children is similar to that in adults
c		Medications are not the treatment of choice
d	*	Psychotic symptoms are common
e		Questions about suicide will increase the likelihood of self-destructive behavior
<p>A 12-year-old boy is brought to the psychiatrist because his mother says the boy is driving her "nuts." She reports that he constantly argues with her and his father, does not follow any of the house rules, and incessantly teases his sister. She says that he is spiteful and vindictive and loses his temper easily. Once he is mad, he stays that way for long periods of time. The mother notes that the boy started this behavior only about 1 year previously. While she states that this behavior started at home, it has now spread to school, where his grades are dropping because he refuses to participate. The patient maintains that none of this is his fault—his parents are simply being unreasonable. He denies feeling depressed and notes that he sleeps well through the night. Which of the following is the most likely diagnosis?</p>		
a	*	ODD
b		Antisocial personality disorder
c		Conduct disorder
d		Childhood-onset schizophrenia

e		Mania
<p>A 5-year-old boy shows no interest in other children and ignores adults other than his parents. He spends hours lining up his toy cars or spinning their wheels but does not use them for “make-believe” play. He rarely uses speech to communicate, and his parents state that he has never done so. Physical examination indicates that his head is of normal circumference and his gait is normal. Which of the following is the most likely diagnosis for this boy?</p>		
a		Obsessive-compulsive disorder
b		Asperger syndrome
c		Childhood disintegrative disorder
d	*	Autism
e		Rett disorder
<p>A 15-year-old boy is arrested for shooting the owner of the convenience store he tried to rob. He has been in department of youth services custody several times for a variety of crimes against property, possession of illegal substances, and assault and battery. He is cheerful and unconcerned during the arrest, more worried about losing his leather jacket than about the fate of the man he has injured. Which of the following is the most likely diagnosis in this case?</p>		
a		Oppositional defiant disorder
b		Antisocial personality disorder
c		Narcissistic personality disorder
d	*	Conduct disorder
e		Substance abuse
<p>For the past 10 years, the memory of a 74-year-old woman has progressively declined. Lately, she has caused several small kitchen fires by forgetting to turn off the stove, she cannot remember how to cook her favorite recipes, and she becomes disoriented and confused at night. She identifies an increasing number of objects as “that thing” because she cannot recall the correct name. Her muscle strength and balance are intact. Which of the following is the most likely diagnosis?</p>		
a		Huntington disease
b		Multi-infarct dementia
c		Creutzfeldt-Jakob disease
d	*	Alzheimer disease
e		Wilson disease
<p>A 70-year-old man with a dementing disorder dies in a car accident. During the previous 5 years, his personality had dramatically changed and he had caused much embarrassment to his family because of his intrusive and inappropriate behavior. Pathological examination of his brain shows front temporal atrophy, gliosis of the frontal lobes’ white matter, characteristic intracellular inclusions, and swollen neurons. Amyloid plaques and neurofibrillary tangles are absent. Which of the following is the most likely diagnosis?</p>		
a		Alzheimer disease
b	*	Pick disease
c		Creutzfeldt-Jakob disease
d		B12 deficiency dementia
e		HIV dementia
<p>A 24-year-old previously healthy man is brought to the emergency room after he began yelling that people on the bus were out to hurt him. In the emergency room, he is agitated, hypervigilant, and anxious. He is unable to give much history other than to say that he is a graduate student and nothing like this has ever happened before. Which of the following is the most likely cause of this behavior?</p>		
a		Delirium
b		Pick disease
c		Dissociative disorder
d		Vitamin B12 deficiency
e	*	Cocaine intoxication
<p>An emaciated and lethargic 16-year-old girl arrives at the emergency room. Her blood pressure is 75/50, her heart rate is 52 beats per minute, her potassium is 2.8 meq/L, and her bicarbonate is 40 meq/L. The girl’s parents report that she has lost 35 lb in 3 months but is still convinced that she is overweight. She eats only very</p>		

small amounts of low-calorie food, and she runs 2 to 3 hours every day. What other activities is this patient most likely to have engaged in?		
a		Sexual promiscuity
b		Ethanol abuse
c	*	Purging
d		Wearing tight clothes
e		Shoplifting
A 69-year-old woman slips on the ice and hits her head on the pavement. During the following 3 weeks, she develops a persistent headache, is increasingly distractible and forgetful, and becomes fearful and disoriented at night. Which of the following is the most likely cause of these changes?		
a	*	Subdural hematoma
b		Frontal lobe meningioma
c		Korsakoff disease
d		Epidural hematoma
e		Multi-infarct dementia
A 43-year-old man is admitted to the neurology service after he went blind suddenly on the morning of admission. The patient does not seem overly concerned with his sudden lack of vision. The only time he gets upset during the interview is when he is discussing his mother's recent death in Mexico—he was supposed to bring his mother to the United States, but did not because he had been using drugs and did not save the necessary money. Physical examination is completely negative. Which of the following is the most likely diagnosis?		
a	*	Conversion disorder
b		Hypochondriasis
c		Factitious disorder
d		Malingering
e		Delusional disorder
A 76-year-old woman was admitted to the hospital after she was found lying on the floor of her bedroom by her daughter. In the hospital, the patient was found to be incoherent. She was also hypervigilant and had disorganized thoughts. The woman's medications before hospitalization included digoxin and a benzodiazepine which has been recently started because the patient had been complaining of insomnia. What is the most likely diagnosis?		
a		Delirium secondary to a general medical condition
b	*	Delirium secondary to substance intoxication
c		Dementia of the Alzheimer type
d		Vascular dementia
e		Pseudodementia secondary to major depression
A 24-year-old man smells burnt rubber, then turns his head and upper body to the right, makes chewing movements, and fumbles with his clothes. During the episode, which lasts 1 minute, he appears dazed. Which of the following is the most likely diagnosis?		
a		Frontal lobe tumor
b		Derealization disorder
c		Conversion disorder
d		Absence seizure
e	*	Partial complex seizure
A 55-year-old man comes to the physician with the chief complaint of daytime drowsiness. He states that although he goes to bed at 10 PM and doesn't get up until 6 AM, he is chronically tired and must take naps during the day. He wakes up in the morning with a headache and a dry mouth. His wife states that he snores loudly. Which of the following is the most likely diagnosis?		
a	*	Obstructive sleep apnea
b		Narcolepsy
c		Central apnea
d		Recurrent hypersomnia
e		Major depression

A 28-year-old woman is a patient of the internal medicine service, being treated for diabetic ketoacidosis. The attending physician consults the psychiatric service because the patient is refusing to learn how to measure her blood glucose levels, and the physicians note that she is “difficult to deal with.” The patient states, and can demonstrate that she understands the reasons for monitoring her blood glucose levels and, further, is not afraid of the needle sticks necessary to draw her blood for testing. Which of the following is the most likely reason for this patient’s noncompliance?		
a	*	The patient’s judgment is impaired
b		The patient is experiencing a negative transference to her physician
c		The patient wants to stay in the hospital longer
d		The patient is getting an unknown primary gain
e		The patient is having a toxic reaction to the insulin
A 24-year-old woman is hospitalized after a suicide gesture during which she superficially slashed both her wrists. At the team meeting 3 days later, the male resident argues that the patient has been doing quite well, seems to be responding to therapy, and should be allowed to leave on a pass. The nursing staff angrily argues that the resident is showing favoritism to the patient, and because of her poor compliance with the unit rules, she should not be allowed out. The resident insists the nurses are being punitive. The defense mechanism being used by the patient in this scenario is a feature of which of the following personality disorders?		
a		Narcissistic
b		Histrionic
c	*	Borderline
d		Antisocial
e		Dependent
A 45-year-old woman, who has been on chronic steroid treatment for her asthma, has thin arms and legs but has a large amount of fat deposited on her abdomen, chest, and shoulders. Her skin is thin and atrophic, and she bruises easily. She has purple striae on her abdomen. Physical examination shows elevated blood pressure and laboratory tests show decreased glucose tolerance. Which of the following psychiatric conditions is the most likely diagnosis?		
a		Major depression
b		Bipolar-mania
c	*	Substance-induced mood disorder
d		Delirium
e		Schizoaffective disorder
A 69-year-old man with a diagnosis of delirium has symptoms of psychosis which include: frightening auditory and visual hallucinations and paranoid delusions. Which of the following medications should be chosen first for this man’s symptoms?		
a	*	Haloperidol
b		Quetiapine
c		Valium
d		Olanzapine
e		Ziprasidone
A 34-year-old man recurrently perceives the smell of rotten eggs. This kind of hallucination is most commonly seen in patients with which of the following diagnoses?		
a		Parietal tumors
b		Narcolepsy
c		Grand mal epilepsy
d	*	Partial complex seizures
e		Wilson disease
A 40-year-old woman’s cognitive functions have progressively deteriorated for several years, to the point where she needs nursing home–level care. She is depressed, easily irritated, and prone to aggressive outbursts, a dramatic change from her premorbid personality. She also presents with irregular, purposeless, and asymmetrical movements of her face, limbs, and trunk, which worsen when she is upset and disappear in sleep. Her MRI shows atrophy of the caudal nucleus and the putamen. Which of the following is the most likely diagnosis of this patient?		

a		Creutzfeldt-Jakob disease
b		Wilson disease
c	*	Huntington disease
d		Alzheimer disease
e		Multi-infarct dementia
<p>A 37-year-old mildly retarded man with trisomy 21 syndrome has been increasingly forgetful. He makes frequent mistakes when counting change at the grocery store where he has worked for several years. In the past, he used to perform this task without difficulty. He often cannot recall the names of common objects, and he has started annoying customers with his intrusive questions. Which of the following is the most likely diagnosis of this patient?</p>		
a		Pseudodementia
b		Hypothalamic tumor
c	*	Alzheimer disease
d		Wilson disease
e		Thiamine deficiency
<p>A 72-year-old retired English professor with a long history of hypertension has been having difficulties with tasks he used to find easy and enjoyable, such as crossword puzzles and letter writing, because he cannot remember the correct words and his handwriting has deteriorated. He has also been having difficulty remembering the events of previous days and he moves and thinks at a slower pace. These symptoms have been progressing slowly in a step-wise fashion over time. Subsequently, he develops slurred speech. Which of the following is the most likely diagnosis?</p>		
a	*	Multi-infarct dementia
b		German-Strausser syndrome
c		Rett disorder
d		Wernicke-Korsakoff syndrome
e		Alzheimer disease
<p>A previously healthy 60-year-old man undergoes a corneal transplant. Three months later, he is profoundly demented, demonstrates myoclonic jerks on examination, and has an EEG that shows periodic bursts of electrical activity superimposed on a slow background. Which of the following is the most likely diagnosis?</p>		
a		Wilson disease
b		Multi-infarct dementia
c	*	Creutzfeldt-Jakob disease
d		Epilepsy
e		Pseudodementia
<p>A 53-year-old man is admitted to the cardiac intensive care unit after a myocardial infarction. The day after he is admitted, when the physician enters the room, the patient loudly declares that he “feels fine” and proceeds to get down on the floor to demonstrate this assertion by doing pushups. Once persuaded to get back into bed, the patient becomes angry about the poor food quality and feels that only the “most qualified” specialist in the hospital should be treating him because he is, after all, the CEO of his own company. The patient’s wife notes that this demanding behavior and haughty attitude are not unusual for him. Which of the following psychiatric diagnoses is most likely for this patient?</p>		
a		Mania
b		Acute psychotic disorder
c	*	Narcissistic personality disorder
d		Delusional disorder
e		Schizoaffective disorder
<p>A 22-year-old college student comes to the physician with the complaint of shortness of breath during anxiety-provoking situations, such as examinations. She also notes perioral tingling, carpopedal spasms, and feelings of derealization at the same time. All of the symptoms pass after the anxiety over the situation has faded. The episodes have never occurred “out of the blue.” Which of the following is the most likely diagnosis?</p>		
a		Panic disorder
b		Generalized anxiety disorder
c	*	Hyperventilation

d		Anxiety disorder not otherwise specified
e		Anxiety disorder secondary to a general medical condition
Which of the following treatments should the physician suggest first for the patient in the vignette above?		
a		Alprazolam prn
b		Fluoxetine daily
c	*	Rebreathe into a paper bag during the episode
d		Biofeedback
e		Hypnosis
A 25-year-old woman is brought to the physician by her boyfriend after he noticed a change in her personality over the preceding 6 months. He states that she frequently becomes excessively preoccupied with a single theme, often religious in nature. She was not previously a religious person. He also notes that she often perseverates on a theme while she is speaking, and that she is overinclusive in her descriptions. Finally, he notes that while previously the two had a satisfying sexual life, now the patient appears to have no sex drive whatsoever. The physician finds the patient to be very emotionally intense as well. Physical examination was normal. Which of the following is the most likely diagnosis?		
a		Wernicke-Korsakoff syndrome
b	*	Temporal lobe epilepsy
c		Pick disease
d		Multiple sclerosis
e		HIV-related dementia
A 23-year-old man comes to the physician with the complaint that his memory has worsened over the past 2 months and that he has difficulty concentrating. He has lost interest in his friends and his work. He has difficulty with abstract thoughts and problem solving. He has also felt depressed. MRI scan shows parenchymal abnormalities. Which of the following is the most likely diagnosis?		
a		Alzheimer disease
b		Vascular dementia
c	*	HIV-related dementia
d		Lewy body disease
e		Binswanger disease
A 37-year-old alcoholic is brought to the emergency room after he was found unconscious in the street. He is hospitalized for dehydration and pneumonia. While being treated, he becomes acutely confused and agitated. He cannot move his eyes upward or to the right, and he is ataxic. Which of the following is the most likely diagnosis?		
a		Alcohol intoxication
b		Korsakoff syndrome
c		Alcohol delirium
d	*	Wernicke encephalopathy
e		Alcohol seizures
Which of the following is the most appropriate treatment for the patient in the vignette above?		
a		Dilantin
b		Valium
c		Haloperido
d		Amobarbitol
e	*	Thiamine
A 65-year-old woman is brought to the physician because she has become easily distractible, apathetic, and unconcerned about her appearance. She has trouble remembering familiar words and locations, and she experiences urinary incontinence. On physical examination, her gait is seen to be ataxic. When copying a complex picture, she makes many mistakes. The patient most likely has which of the following disorders?		
a		Parkinson disease
b		Thiamine deficiency
c		Vitamin B12 deficiency
d		Wilson disease
e	*	Normal-pressure hydrocephalus

A 43-year-old woman comes to the emergency room with a temperature of 38.3°C (101°F) and a large suppurating ulcer on her left shoulder. This is the third such episode for this woman. Her physical examination is otherwise normal, except for the presence of multiple scars on her abdomen. Which of the following is the most likely diagnosis?		
a		Malingering
b		Somatoform disorder
c		Borderline personality disorder
d	*	Factitious disorder
e		Body dysmorphic disorder
Which of the following etiologies is most likely underlying the behavior of the woman in the vignette above?		
a	*	Primary gain
b		Secondary gain
c		Psychosis
d		Marginal intellectual function
e		Drug-seeking behavior
A 26-year-old man comes to the emergency room with the chief complaint of suicidal ideation. He is admitted to the psychiatric ward, where he is noncompliant with all treatment regimens and does not show any psychiatric symptoms other than his insistence that he is suicidal. It is subsequently discovered that he is wanted by the police, who have a warrant for his arrest. Which of the following best describes this behavior?		
a		Primary gain
b	*	Secondary gain
c		Displacement
d		Rationalization
e		Marginal intellectual function
A 32-year-old woman who has a chronic psychiatric disorder, multiple medical problems, and alcoholism comes to the physician because her breasts have started leaking a whitish fluid. Which of the following is the most likely cause of this symptom?		
a	*	Haloperidol
b		Oral contraceptives
c		Hypothyroidism
d		Cirrhosis
e		Pregnanc
Which of the following endogenous substances is likely to have caused this phenomenon from the vignette above?		
a		Estrogen
b		Thyroid hormone
c		Progesterone
d	*	Prolacti
e		Alcohol dehydrogenase
A 3-year-old child is brought to the emergency room by his parents after they found him having a generalized seizure at home. The child's breath smells of garlic, and he has bloody diarrhea, vomiting, and muscle twitching. Which of the following poisons is it likely that this child has encountered?		
a		Thallium
b		Lead
c	*	Arsenic
d		Carbon monoxide
e		Aluminum
A 34-year-old woman comes to the physician with the chief complaint of abdominal pain. She states that she has been reading on the internet and is convinced that she has ovarian cancer. She says that she is particularly concerned because the other physicians she has seen for this pain have all told her that she does not have cancer, and she has been having the pain for over 8 months. She reports that she has undergone pelvic examinations, ultrasounds, and other diagnostic work-ups, all of which have been negative. She tells the physician that she is initially reassured by the negative tests, but then the pain returns and she becomes		

convinced that she has cancer again. She notes that she has taken so much time off from work in the past 8 months that she has been reprimanded by her boss. Which of the following is the most likely diagnosis?		
a		Pain disorder
b		Malingering
c		Factitious disorder
d	*	Hypochondriasis
e		Conversion disorder
Which of the following courses of action is most likely to be helpful in the case of the woman in the vignette above?		
a		Refer the patient to psychotherapy
b		Start the patient on an antidepressant
c	*	Have the patient see a primary care physician at regular intervals
d		Begin a diagnostic work-up for ovarian cancer
e		Start the patient on an antipsychotic for her delusional belief
A man given a sugar pill for mild pain reports that 15 minutes later the pain has completely resolved. Which of the following conclusions is most appropriate about this occurrence?		
a		The man is drug seeking
b		The man is malingering
c		The man has a factitious disorder
d	*	The man is demonstrating a placebo response
e		The man had no real pain to begin with
A 53-year-old woman has consumed over 1 pint of bourbon per day for the past 24 years. She presents with severe cognitive deficits and is diagnosed with Korsakoff's syndrome. Which of the following is she most likely to display on mental status examination?		
a	*	Impaired recent memory and anterograde amnesia
b		Hypermnesia
c		Both anterograde and retrograde memory deficits
d		Retrograde amnesia
e		Retrospective falsification
A 55-year-old man comes to the physician with the chief complaint of weight loss and a depressed mood. He feels tired all the time and is no longer interested in the normal activities he previously enjoyed. He feels quite apathetic overall. He has also noticed that he has frequent, nonspecific abdominal pain. Which of the following diagnoses needs to be ruled out for this man?		
a		Pheochromocytoma
b	*	Pancreatic carcinoma
c		Adrenocortical insufficiency
d		Cushing syndrome
e		Huntington disease
A 15-year-old girl develops generalized tonic-clonic seizures after a brain injury. She is started on valproic acid and is well controlled for the next 3 years. She leaves for college at 18, and the seizures are noted to dramatically increase in frequency, though her valproate levels remain therapeutic. If administered within 20 minutes after one of these episodes, which of the following tests may help in the differential diagnosis of seizure versus pseudoseizure?		
a	*	Prolactin level
b		Calcium level
c		TSH level
d		Cortisol level
e		Electromyography
Which of the following is the most common cause of delirium in the elderly?		
a		Substance abuse
b		Accidental poisoning
c		Hypoxia
d	*	Use of multiple medications

e		Alcohol withdrawal
<p>A 61-year-old woman comes to the physician with a 6-month history of mild memory loss. She also has had mild-moderate difficulty with calculations which she had previously been able to perform without difficulty. Physical examination and laboratory tests were all within normal limits. Which medication is indicated and should be a first choice for therapy in this case?</p>		
a		Tacrine
b		Rivastigmine
c		Galantamine
d		Ondansetron
e	*	Donepezil
<p>A 52-year-old man undergoes a successful mitral valve replacement. He is sent to the intensive care unit to recover. The day after the surgery, he appears irritable and restless. Hours later he is agitated, disoriented, hypervigilant, and uncooperative. This agitation alternates with periods of somnolence. Which of the following is most likely to be helpful?</p>		
a		Intramuscular Thorazine
b		Oral alprazolam
c	*	Modification of environment
d		Oral lithium
e		Supportive psychotherapy
<p>A 23-year-old woman comes to the physician with the chief complaint of a depressed mood for 6 months. She states that she has felt lethargic, does not sleep well, and has decreased energy and difficulty concentrating. She notes that she has gained over 15 lb without attempting to do so, and seems to bruise much more easily than previously. On physical examination, she is noted to have numerous purple striae on her abdomen, proximal muscle weakness, and a loss of peripheral vision. A brain tumor is found on MRI. In which of the following areas of the brain was this tumor most likely found?</p>		
a		Frontal lobe
b		Cerebellum
c		Thalamus
d	*	Pituitary
e		Brainstem
<p>A 34-year-old man comes to the physician with the chief complaint of new-onset visual hallucinations for 1 month. He states that he sees flashing lights and movement when he knows that there is no one in the room with him. He also complains of a headache that occurs several times per week and is dull and achy in nature. Physical examination reveals papilledema and a homonymous hemianopsia. A brain tumor is found on MRI. In which of the following areas of the brain is this tumor most likely found?</p>		
a		Frontal lobe
b		Parietal lobe
c	*	Occipital lobe
d		Temporal lobe
e		Cerebellum
<p>A 26-year-old man comes to the physician with the chief complaint that he has been uncharacteristically moody and irritable. On several occasions his wife has noted that he has had angry outbursts directed at the children and that they were so severe that she had to step in between him and them. He states that he has "spells" in which he smells the odors of rotten eggs and burning rubber. During this time he feels disconnected from his surroundings, as if he were in a dream. A brain tumor is found on MRI. In which of the following areas of the brain is this tumor most likely found?</p>		
a		Frontal lobe
b		Parietal lobe
c		Occipital lobe
d	*	Temporal lobe
e		Cerebellum
<p>A 43-year-old man comes to the physician with the chief complaint of nervousness and excitability for 3 months. He states that he feels this way constantly and that this is a dramatic change for his normally relaxed</p>		

personality. He notes that on occasion he becomes extremely afraid of his own impending death, even when there is no objective evidence that this would occur. He notes that he has lost 20 lb and frequently has diarrhea. On mental status examination, he is noted to have pressured speech. On physical examination, he is noted to have a fine tremor and tachycardia. Which of the following disorders is this patient most likely to have?		
a	*	Hyperthyroidism
b		Hypothyroidism
c		Hepatic encephalopathy
d		Hyperparathyroidism
e		Hypoparathyroidism
Nonepileptic seizures.		
a		Hematocrit
b	*	Prolactin
c		Vitamin B12
d		CPK
e		ECG
Neuroleptic malignant syndrome.		
a		Hematocrit
b		Prolactin
c		Vitamin B12
d	*	CPK
e		ECG
Hepatic encephalopathy.		
a		Prolactin
b		Urine coppe
c		Urine vanillylmandelic acid (VMA)
d		Venereal Disease Research Laboratory (VDRL)
e	*	Serum ammonia
Tertiary syphilis.		
a		Hematocrit
b		CPK
c		ECG
d		Urine coppe
e	*	Venereal Disease Research Laboratory (VDRL)
Pheochromocytoma.		
a		Hematocrit
b		Prolactin
c		Vitamin B12
d	*	Urine vanillylmandelic acid (VMA)
e		Venereal Disease Research Laboratory (VDRL)
A 28-year-old woman comes to the physician requesting genetic counseling. Her father has been diagnosed with Huntington disease. What is this woman's risk of developing this disease?		
a	*	1 in 2
b		1 in 4
c		1 in 16
d		1 in 32
e		She will not develop the disease, but will be a carrier
Which of the following is the most common cause of dementia?		
a		Major depression
b	*	Alzheimer disease
c		Normal-pressure hydrocephalus
d		Vitamin B12 deficiency
e		Multiple small infarcts

A 32-year-old man is admitted to the hospital after he is hit by a car and breaks his femur. Three days into his hospital stay, he tells the nurse that he is repeatedly hearing the voice of his mother telling him to protect himself from danger. He also notes that he sees movement out of the corners of his eyes. He states that these things have never happened to him previously. His vital signs are BP, 160/92; respirations, 12 breaths per minute; pulse, 110 beats per minute; and temperature, 38°C (100.4°F). Which of the following is the most likely diagnosis for this patient?		
a	*	Delirium tremens
b		Brief psychotic disorder
c		Schizophrenia
d		Schizophreniform disorder
e		Subdural bleed
A 56-year-old retired boxer is brought to the physician by his wife because his memory is “not what it used to be.” On examination, he is noted to have a moderately severe cognitive impairment. He shows little facial expression and he walks with small, rigid steps. Which of the following is the most likely cause of his disorder?		
a		An idiopathic degenerative process
b	*	Chronic trauma
c		An inborn error of metabolism
d		A familial disorder
e		A vitamin deficiency
A 24-year-old man with chronic schizophrenia is brought to the emergency room after his parents found him in his bed and were unable to communicate with him. On examination, the man is confused and disoriented. He has severe muscle rigidity and a temperature of 39.4°C (103°F). His blood pressure is elevated, and he has a leucocytosis. Which of the following is the best first step in the pharmacologic treatment of this man?		
a		Haloperidol
b		Lorazepam
c	*	Bromocriptine
d		Benztropine
e		Lithium
A 54-year-old man with a chronic mental illness seems to be constantly chewing. He does not wear dentures. His tongue darts in and out of his mouth, and he occasionally smacks his lips. He also grimaces, frowns, and blinks excessively. Which of the following disorders is most likely in this patient?		
a		Tourette syndrome
b		Akathisia
c	*	Tardive dyskinesia
d		Parkinson disease
e		Huntington disease
A 58-year-old woman with a chronic mental disorder comes to the physician with irregular choreoathetoid movements of her hands and trunk. She states that the movements get worse under stressful conditions. Which of the following medications is most likely to have caused this disorder?		
a		Fluoxetine
b		Clozapine
c	*	Perphenazine
d		Diazepam
e		Phenobarbitol
A 19-year-old woman is brought to the emergency room by her roommate after the patient told her that “the voices are telling me to kill the teacher.” The roommate states the patient has always been isolative and “odd” but for the past 2 weeks she has been hoarding food, talking to herself, and appearing very paranoid. Which of the following tests are likely to be abnormal in this patient?		
a		PET scan of dopamine receptors
b		EEG (will show a decreased alpha activity)
c	*	Test of eye movements (patient will be unable to follow a moving visual target accurately)
d		CT (lateral and third ventricle enlargement will be seen)
e		All of these tests may be abnormal

In the patient in the above vignette, which of the following features would be indicative of a good prognosis with this disease?		
a		Young onset
b		Withdrawn behavior
c		Poor support system
d	*	Family history of mood disorders
e		Neurologic signs and symptoms present
The patient in question 208 becomes very agitated in the emergency room, screaming that the nurses were there to kill her and that she had to escape. She tried to strike one of the nurses before being restrained. Which of the following treatment options is recommended first?		
a	*	Haloperidol and lorazepam IM
b		Clozapine PO
c		Fluphenazine decanoate IM
d		Mellaril IM
e		Lorazepam PO
The patient in the above vignette was admitted and started on a daily dose of fluphenazine. After discharge from the hospital, she was kept on a low dose of the medication for 6 weeks. She showed only a minimal response to the drug, even after it was raised to a moderate dosage level. Which of the following is the next therapeutic step?		
a		Give a high dose of fluphenazine
b		Give a low dose of clozaril
c		Give a low dose of haloperidol
d		Give fluphenazine decanoate IM
e	*	Give a low dose of olanzapine
A 24-year-old woman comes to the emergency room with the chief complaint that “my stomach is rotting out from the inside.” She states that for the last 6 months she has been crying on a daily basis and that she has decreased concentration, energy, and interest in her usual hobbies. She has lost 25 lb during that time. She cannot get to sleep, and when she does, she wakes up early in the morning. For the past 3 weeks, she has become convinced that she is dying of cancer and is rotting on the inside of her body. Also, in the past 2 weeks she has been hearing a voice calling her name when no one is around. Which of the following is the most likely diagnosis?		
a		Delusional disorder
b		Schizoaffective disorder
c		Schizophreniform disorder
d		Schizophrenia
e	*	Major depression with psychotic features
A 19-year-old man is brought to the physician by his parents after he called them from college, terrified that the Mafia was after him. He reports that he has eaten nothing for the past 6 weeks other than canned beans because “they are into everything—I can’t be too careful.” He is convinced that the Mafia has put cameras in his dormitory room and that they are watching his every move. He occasionally hears the voices of two men talking about him when no one is around. His roommate states that for the past 2 months the patient has been increasingly withdrawn and suspicious. Which of the following is the most likely diagnosis?		
a		Delusional disorder
b		Schizoaffective disorder
c	*	Schizophreniform disorder
d		Schizophrenia
e		Phencyclidine (PCP) intoxication
A 36-year-old woman is brought to the psychiatrist by her husband because for the past 8 months she has refused to go out of the house, believing that the neighbors are trying to harm her. She is afraid that if they see her they will hurt her, and she finds many small bits of evidence to support this. This evidence includes the neighbors’ leaving their garbage cans out on the street to try to trip her, parking their cars in their driveways so they can hide behind them and spy on her, and walking by her house to try to get a look into where she is hiding. She states that her mood is fine and would be “better if they would leave me alone.” She denies hearing		

the neighbors or anyone else talk to her, but is sure that they are out to “cause her death and mayhem.” Which of the following is the most likely diagnosis?		
a	*	Delusional disorder
b		Schizophreniform disorder
c		Schizoaffective disorder
d		Schizophrenia
e		Major depression with psychotic features
A 35-year-old woman has lived in a state psychiatric hospital for the past 10 years. She spends most of her day rocking, muttering softly to herself, or looking at her reflection in a small mirror. She needs help with dressing and showering, and she often giggles and laughs for no apparent reason. Which of the following is the most likely diagnosis?		
a	*	Schizophrenia
b		Delusional disorder
c		Bipolar disorder, manic phase
d		Schizoaffective disorder
e		Schizophreniform disorder
A 20-year-old woman is brought to the emergency room by her family because they have been unable to get her to eat or drink anything for the past 2 days. The patient, although awake, is completely unresponsive both vocally and nonverbally. She actively resists any attempt to be moved. Her family reports that during the previous 7 months she became increasingly withdrawn, socially isolated, and bizarre; often speaking to people no one else could see. Which of the following is the most likely diagnosis?		
a		Schizoaffective disorder
b		Delusional disorder
c		Schizophreniform disorder
d	*	Catatonia
e		PCP intoxication
A 21-year-old man is brought to the emergency room by his parents because he has not slept, bathed, or eaten in the past 3 days. The parents report that for the past 6 months their son has been acting strangely and “not himself.” They state that he has been locking himself in his room, talking to himself, and writing on the walls. Six weeks prior to the emergency room visit, their son became convinced that a fellow student was stealing his thoughts and making him unable to learn his school material. In the past 2 weeks, they have noticed that their son has become depressed and has stopped taking care of himself, including bathing, eating, and getting dressed. On examination, the patient is dirty, disheveled, and crying. He complains of not being able to concentrate, a low energy level, and feeling suicidal. Which of the following is the most likely diagnosis for this patient?		
a	*	Schizoaffective disorder
b		Schizophrenia
c		Bipolar I disorder
d		Schizoid personality disorder
e		Delusional disorder
A 47-year-old woman is brought to the emergency room after she jumped off an overpass in a suicide attempt. In the emergency room she states that she wanted to kill herself because the devil had been tormenting her for many years. After stabilization of her fractures, she is admitted to the psychiatric unit, where she is treated with risperidone and sertraline. After 2 weeks she is no longer suicidal and her mood is euthymic. However, she still believes that the devil is recruiting people to try to persecute her. In the past 10 years, the patient has had three similar episodes prior to this one. Throughout this time, she has never stopped believing that the devil is persecuting her. Which of the following is the most appropriate diagnosis for this patient?		
a		Delusional disorder
b	*	Schizoaffective disorder
c		Schizophrenia, paranoid type
d		Schizophreniform disorder
e		Major depression with psychotic features
A 40-year-old woman is arrested by the police after she is found crawling through the window of a movie star’s		

home. She states that the movie star invited her into his home because the two are secretly married and “it just wouldn’t be good for his career if everyone knew.” The movie star denies the two have ever met, but notes that the woman has sent him hundreds of letters over the past 2 years. The woman has never been in trouble before and lives an otherwise isolated and unremarkable life. Which of the following is the most likely diagnosis?		
a	*	Delusional disorder
b		Schizoaffective disorder
c		Bipolar I disorder
d		Cyclothymia
e		Schizophreniform disorder
A 48-year-old woman becomes convinced that her next door neighbor hates her and wants her to move. She states she has evidence, and when asked to explain, tells the psychiatrist that the neighbor gives her “looks,” puts excessive junk in her mailbox, and leaves yard clippings on her side of the yard to harass her.		
a		Erotomaniac
b		Grandiose
c		Jealous
d	*	Persecutory
e		Somatic
A 62-year-old man is arrested for disturbing people on their way to work by insisting they take his prepared reading materials with them. The topic of the materials was the man’s special communications with God and his instructions for following him on a special path to heaven.		
a		Erotomaniac
b	*	Grandiose
c		Jealous
d		Persecutory
e		Somatic
A 49-year-old man was arrested for beating up on his wife. He stated he had to punish her for having an affair—which she vehemently denied. The man’s wife states to the police that the man has accused her of being interested in many other men over the course of their marriage. He now seems fixated on the topic.		
a		Erotomaniac
b		Grandiose
c	*	Jealous
d		Persecutory
e		Somatic
A 39-year-old woman is arrested for breaking into the compound of a famous television star. She said she knew the star loved her and was giving her special messages to contact him from his weekly show.		
a	*	Erotomaniac
b		Grandiose
c		Jealous
d		Persecutory
e		Somatic
A 19-year-old college student came to his primary care doctor for help with a foul odor he believed he was unintentionally emitting. The student stated that the odor left him socially isolated and that he was miserable about it. The primary care doctor could detect no odor.		
a		Erotomaniac
b		Grandiose
c		Jealous
d		Persecutory
e	*	Somatic
A 22-year-old college student told his parents that on his plane ride home from college to see them over the holidays, all the seatmates on the plane had been replaced by aliens that were identical doubles to the humans that they had replaced.		
a		Jealous
b		Persecutory

c		Somatic
d		Mixed
e	*	Unspecified
<p>A 58-year-old man called the police on his neighbors because he felt they were against him. When asked why, the man explained that the neighbors knew that he was a genius inventor, and they were unhappy about this because his impending fame would disrupt the neighborhood.</p>		
a		Erotomaniac
b		Grandiose
c	*	Mixed
d		Unspecified
e		Somatic
<p>A 30-year-old man is brought to the emergency room after he was found wandering on the streets with no shoes on in the middle of winter. He is admitted to the inpatient psychiatric unit and stabilized on antipsychotic medication. Looking at past records, his psychiatrist notes that he is repeatedly noncompliant with his medication postdischarge, and each time he relapses within 6 months. Which of the following medications is the best one for this patient to be maintained on?</p>		
a		Clozapine
b	*	Haloperidol decanoate
c		Chlorpromazine
d		Thioridazine
e		Quetiapine
<p>A 26-year-old woman is brought to the emergency room by her husband after she begins screaming that her children are calling to her and becomes hysterical. The husband states that 2 weeks previously, the couple's two children were killed in a car accident, and since that time the patient has been agitated, disorganized, and incoherent. He states that she will not eat because she believes he has been poisoning her food, and she has not slept for the past 2 days. The patient believes that the nurses in the emergency room are going to cause her harm as well. The patient is sedated and later sent home. One week later, all her symptoms remit spontaneously. Which of the following is the most likely diagnosis for this patient?</p>		
a		Delirium
b		Schizophreniform disorder
c		Major depression with psychotic features
d	*	Brief psychotic disorder
e		Posttraumatic stress disorder
<p>A 28-year-old woman is brought to see a psychiatrist by her mother. The patient insists that nothing is wrong with her, but the mother notes that the patient has been slowly but progressively isolating herself from everyone. She now rarely leaves the house. The mother says she can hear the patient talking to "people who aren't there" while she's in her room. On examination, the patient is noted to have auditory hallucinations and the delusional belief that her mother is going to kick her out of the house so that it can be turned into a theme park. Which of the following is the lifetime prevalence for this disorder?</p>		
a	*	1%
b		3%
c		5%
d		10%
e		15%
<p>A 25-year-old woman is diagnosed with schizophrenia when, after the sudden death of her mother, she begins complaining about hearing the voice of the devil and is suddenly afraid that other people are out to hurt her. Her history indicates that she has also experienced a 3-year period of slowly worsening social withdrawal, apathy, and bizarre behavior. Her family history includes major depression in her father. Which of the following details of her history leads the physician to suspect that her outcome may be poor?</p>		
a		She is female
b		She was age 25 at diagnosis
c		She had an acute precipitating factor before she began hearing voices
d	*	She had an insidious onset of her illness

e		There is a history of affective disorder in her family
A 22-year-old man is brought to the emergency room after he became exceedingly anxious in his college dormitory room, stating that he was sure the college administration was sending a “hit squad” to kill him. He also notes that he can see “visions” of men dressed in black who are carrying guns and stalking him. His thought process is relatively intact, without thought blocking or loose associations. His urine toxicology screen is positive for one of the following drugs. Which drug is the most likely cause of these symptoms?		
a		Barbiturates
b		Heroin
c		Benzodiazepines
d	*	Amphetamines
e		MDMA (Ecstasy)
A 72-year-old woman is brought to the emergency room by her daughter after she found her mother rummaging in the garbage cans outside her home. The daughter states that the patient has never had any behavior like this previously. On interview, the patient states she sees “martians hiding around her home, and on occasion, hears them too.” She also demonstrates a constructional apraxia, with difficulty drawing a clock and intersecting pentagons. All of these symptoms point to a medical cause for this patient’s behavior except one. Which symptom is common in patients with a psychiatric cause for their behavior (ie, not a medical cause)?		
a		Patient’s age
b		No previous history of this behavior
c		Visual hallucinations
d	*	Auditory hallucinations
e		Constructional apraxia
Families of patients with schizophrenia, who are overtly hostile and overly controlling, affect the patient in which one of the following ways?		
a	*	Increased relapse rate
b		Decreased rate of compliance
c		High likelihood that this behavior led to the patient’s first break of the disease
d		Increased likelihood that the patient’s schizophrenia will be of the paranoid type
e		Decreased risk of suicidal behavior
A 62-year-old man with chronic schizophrenia is brought to the emergency room after he is found wandering around his halfway house, confused and disoriented. His serum sodium concentration is 123 meq/L and urine sodium concentration is 5 meq/L. The patient has been treated with risperidone 4 mg/day for the past 3 years with good symptom control. His roommate reports that the patient often complains of feeling thirsty. Which of the following is the most likely cause of this patient’s symptoms?		
a		Renal failure
b		Inappropriate antidiuretic hormone (ADH) secretion
c		Addison disease
d	*	Psychogenic polydipsia
e		Nephrotic syndrome
A 23-year-old woman was diagnosed with schizophrenia after a single episode of psychosis (hallucinations and delusions) that lasted 7 months. She was started on a small dose of olanzapine at the time of diagnosis, which resulted in the disappearance of all her psychotic symptoms. She has now been symptom free for the past 3 years. Which of the following treatment changes should be made first?		
a	*	Her olanzapine should be decreased and then stopped if she remains symptom free
b		Her olanzapine should be decreased, but not stopped
c		Her olanzapine should be maintained at a constant level, but she can stretch out the time between her appointments with the psychiatrist
d		Her diagnosis should be reexamined as she is likely not schizophrenic at all
e		Her olanzapine should be switched to a long-acting depot antipsychotic medication such as haloperidol decanoate
A 75-year-old man is being cared for in a hospice setting. He has widely spread prostatic carcinoma and is considered terminal. Which of the following psychiatric symptoms are seen in 90% of all terminal patients?		
a	*	Delusions

b		Hallucinations
c		Flight of ideas
d		Anxiety
e		Depression
<p>A 52-year-old man is seen by a psychiatrist in the emergency room because he is complaining about hearing and seeing miniature people who tell him to kill everyone in sight. He states that these symptoms developed suddenly during the past 48 hours, but that he has had them “on and off” for years. He states that he has never previously sought treatment for the symptoms, but that this episode is particularly bad. He denies the use of any illicit substances. The patient is alert and oriented to person, place, and time. His mental status examination is normal except for his auditory and visual hallucinations. His thought process is normal. His drug toxicology screen is positive for marijuana. He is quite insistent that he needs to be “put away” in the hospital for the symptoms he is experiencing. Which of the following is the most likely diagnosis?</p>		
a		Substance-induced psychosis
b		Schizophrenia
c		Schizoaffective disorder
d		Schizophreniform disorder
e	*	Malingering
<p>A 25-year-old man is brought to the physician after complaining about a visual hallucination of a transparent phantom of his own body. Which of the following specific syndromes is this patient most likely to be displaying?</p>		
a		Capers syndrome
b		Lycanthropy
c		Cotard syndrome
d	*	Autoscopic psychosis
e		Folie à deux
<p>A 40-year-old woman with a history of chaotic interpersonal relationships enters psychoanalytic psychotherapy. She alternates between periods in which she idealizes the therapist and the progress of the therapy and periods of unrelenting anger when she is convinced that the therapist is unhelpful and that the therapeutic work is worthless. Which of the following defense mechanisms is being used by the patient in this scenario?</p>		
a		Reaction formation
b		Denial
c		Projection
d		Projective identification
e	*	Splitting
<p>A patient comes to the psychiatrist for treatment of his posttraumatic stress disorder (PTSD), which he developed from his experiences escaping the World Trade center collapse. He is adamantly opposed to taking medications. He chooses EMDR (eye movement desensitization and reprocessing) as his treatment of choice. Which of the following describes this treatment regiment?</p>		
a		The patient is taught stress management techniques with EEG monitoring
b		The patient is asked to relive the stressful events while scanning relaxation materials
c		The patient concentrates on slowing his blink rate while processing the stressful event
d		The patient follows a small light projected on the ceiling to achieve a deeply relaxed state
e	*	The patient focuses on the lateral movement of the therapist’s finger while maintaining a mental image of the stressful event
<p>A 45-year-old man is diagnosed as having diabetes and will require insulin. His physician explains the use of the medication and tells the patient that he will need to be seen at frequent intervals until his glucose levels come under good control. The patient has always been somewhat hostile with the physician, but upon hearing this news, he says angrily, “You doctors are always the same! You always want control—of my time, of my money, and now of my every action!” As far as the physician knows, this patient has never had an unpleasant encounter with a physician before. Which of the following is the most likely explanation for the patient’s reaction to his doctor?</p>		
a		The patient is becoming delusional
b	*	The patient is experiencing transference to this authority figure

c		The patient is splitting
d		The patient is becoming manic
e		The patient is anticipating being rejected by his physician
A 45-year-old woman comes to the psychiatrist requesting help in coping with her life. The patient states both of her parents have recently been diagnosed with cancer and her husband has just instituted divorce proceedings. She states she feels overwhelmed and anxious, with bouts of crying and panic attacks. Which one of the following therapies should be offered to this patient?		
a		Medication management
b		Psychoanalytic psychotherapy
c		Psychodynamic psychotherapy
d		Family therapy
e	*	Supportive psychotherapy
In the above patient, which of the following signs or symptoms should push the physician to recommend insight-oriented psychodynamic psychotherapy once the patient's life had returned to a less-stressful state?		
a		Poor reality testing
b	*	High tolerance for frustration
c		Organically based cognitive dysfunction
d		Low intelligence
e		Poor impulse control
A 32-year-old woman presented to the psychiatric emergency room after a suicide attempt in which she swallowed a bottle of aspirin. On the inpatient unit it was noted that she was stealing needles and injecting feces under her skin to cause infections. She has a long history of multiple surgical procedures for unclear reasons. Which of the following guidelines is most useful for therapy with patients with this disorder?		
a		Appoint a psychiatrist as the primary gatekeeper for all medical and psychiatric treatments
b	*	Consider using face-saving behavioral strategies to promote healing
c		Aggressively and directly confront this patient's behavior and her illness
d		Discharge the patient from the hospital as soon as possible
e		Use invasive diagnostic procedures early to get a quick diagnosis of any presenting physical signs or symptoms
What is the most common reason that psychotherapy for personality disorders is so difficult to carry out successfully?		
a		The traits are often ego-dystonic
b		The patients are usually too sick to use psychotherapy
c		These disorders respond better to medication than to psychotherapy
d	*	The patients often see the source of their problems in others, not themselves
e		The patients do not have the ego strength for weekly meetings
Under hypnosis, a woman who was sexually abused by her father throughout most of her childhood sobbingly pleads, "Daddy, please don't hurt me." At the end of the session, she states that she understands better why she always had a strong sense of revulsion when any man touched her. This experience is an example of which of the following?		
a		Conversion disorder
b		Histrionic personality traits
c		Visual hallucination
d		Reaction formation
e	*	Abreaction
A patient in psychodynamic therapy has been coming late to the last few sessions and complaining in the sessions that he has nothing to talk about. His therapist points out that up until several weeks ago they were making very rapid progress into uncovering some of the difficult thoughts and feelings the patient had about his parents. What therapeutic principle best exemplifies the recent changes in the patient's behavior?		
a		Counter transference
b		Ego strength
c		Abreaction
d		Projective identification

e	*	Resistance
<p>A 24-year-old woman with bulimia joins an eating disorder support group on the advice of her psychiatrist. After years of being deeply ashamed of her disorder and keeping it secret, she is relieved to hear that others in the group have binged and purged as she has. Which of the following terms best describes this phenomenon, which is common in selfhelp groups?</p>		
a	*	Universalization
b		Group cohesion
c		Multiple transference
d		Shared belief system
e		Validation
<p>A 22-year-old student is in therapy because he has a long history of chaotic interpersonal relationships, episodes of psychosis, and multiple hospitalizations. He has attempted suicide three times, mostly precipitated by his feeling overwhelmed in some social setting. One session, he comes to his therapist greatly upset and anxious because he forgot to study some material that will be on an upcoming examination. The therapist reminds the patient that he has done well on previous examinations and suggests that they spend the session devising a study plan for the time the patient has left before the test. Such an intervention is commonly used in which of the following therapies?</p>		
a		Psychoanalysis
b		Object relation psychotherapy
c		Cognitive-behavioral therapy
d	*	Supportive psychotherapy
e		Interpersonal psychotherapy
<p>A 37-year-old man comes to the psychiatrist for treatment of a depressed mood. The patient has anhedonia, anergia, decreased concentration, obsessive ruminations of guilt, insomnia, and a 5-lb weight loss over the past 2 weeks. He avoids going out in public secondary to the belief that people won't like him. In the psychiatrist's office, he was helped to verbalize the fact that whenever he met new people, his immediate reaction was to believe that these people could see he was "a loser." This last is a verbalization of which kind of behavior, often seen in patients with this diagnosis?</p>		
a	*	Automatic thought
b		Delusion
c		Obsession
d		Avoidance
e		Modeling
<p>In the vignette above, the patient's verbalization that "when people see me they think I'm a loser" is most often used directly in the context of which kind of therapy?</p>		
a		Psychodynamic psychotherapy
b		Family therapy
c	*	Cognitive therapy
d		Behavioral therapy
e		Supportive psychotherapy
<p>A 36-year-old woman comes to see a psychiatrist with the chief complaint, "I feel like I'm going to die, I get so anxious." She describes occasions when she feels her heart beat faster, and then suddenly she becomes overwhelmed with the notion that she is going to die or go crazy. She notes that she hyperventilates, her fingers and toes tingle, and she feels as if her heart is going to break because it beats so fast. Which of the following should the psychiatrist, a cognitive therapist, urge the patient to do during their visit?</p>		
a		Recognize that a past history of trauma probably contributes to these symptoms
b	*	Recreate the panic attack
c		Talk through the nature of the emotional supports that the patient has in her life
d		Take medication to suppress the panic attacks, thus lessening her anxiety
e		Free-associate feelings and thoughts about the panic attacks themselves
<p>A 26-year-old man comes to the psychiatrist because he becomes extremely anxious in social situations. He is unable to talk to anyone and experiences sweaty palms and a rapid heartbeat. Which of the following treatment options will provide the most effective and longest lasting results for this patient?</p>		

a		Psychodynamic psychotherapy
b		Treatment with an antidepressant
c		Psychoanalysis
d	*	Cognitive-behavioral therapy
e		Treatment with an anxiolytic
<p>A 45-year-old woman comes to a therapist with the chief complaint of feeling depressed. The therapist asks the patient to talk about her experiences, both in daily life and in the past. As the therapy progresses, the patient realizes that much of her depressive emotion comes from her feelings of abandonment as a child, when her mother was hospitalized for a long illness and was thus unavailable. The patient sees the therapist once a week. The therapist uses primarily clarification, confrontation, and interpretation as tools. Which of the following therapies is this patient most likely undergoing?</p>		
a	*	Dynamic psychotherapy
b		Cognitive therapy
c		Behavioral therapy
d		Psychoanalysis
e		Experiential-humanistic psychotherapy
<p>A patient perceives his analyst as wise, caring, and helpful. During his session, he talks at length about his warm feelings toward the therapist. Which of the following is the most appropriate next step the analyst should take?</p>		
a		Tell the patient that he does not really feel this way—he is experiencing transference
b		Tell the patient that his positive feelings cannot be reciprocated
c		Tell the patient that these feelings are not helpful in the service of the therapy
d		Tell the patient that underneath the positive feelings are undoubtedly negative ones
e	*	Ask the patient to explore related feelings he has about the topic
<p>A patient starts complaining of chest pain and coughing whenever her therapist confronts her. She insists, however, that she is not at all distressed or angry.</p>		
a		Distortion
b		Repression
c		Reaction formation
d		Sublimation
e	*	Somatization
<p>A woman feels jealous and hurt when, at a family gathering, her husband flirts with her younger cousin. She makes a conscious decision to put her feelings aside and to wait for a more appropriate moment to confront her husband and convey her emotions.</p>		
a		Somatization
b		Intellectualization
c	*	Suppression
d		Isolation of affect
e		Introjection
<p>A young man gets into an argument with his teacher. Although he is very upset, he remains silent as she chastises him severely and calls him a failure as a student. Once he gets home from school, the young man picks a fight with his younger brother over nothing and begins screaming at him.</p>		
a		Distortion
b		Repression
c		Reaction formation
d	*	Displacement
e		Projective identification
<p>A 34-year-old man is deeply envious of his younger but much more successful brother. Although it is difficult for him to admit, he believes the younger brother was their parents' favorite as well. He tells his friends that his younger brother is envious of his good looks and successes with women, even though there is some evidence that this is not so.</p>		
a		Intellectualization
b		Suppression

c		Isolation of affect
d		Introjection
e	*	Projection
<p>A 28-year-old woman is in psychotherapy for a long-standing depressed mood and poor self-esteem. One day during the session, the therapist yawns because she is very tired, though she is interested in what the patient has to say. The patient immediately bursts into tears, saying that the therapist must be bored and uninterested in her and must have been so for quite some time.</p>		
a	*	Distortion
b		Repression
c		Reaction formation
d		Identification with the aggressor
e		Projective identification
<p>A man who, as a child, was beaten by his parents for every small infraction nonetheless idealizes them and describes them as “good parents who did not spoil their children.” He is baffled and angry when he is ordered to start parenting classes after the school nurse reports that his children consistently come to school with bruises.</p>		
a		Distortion
b		Repression
c		Reaction formation
d	*	Identification with the aggressor
e		Projective identification
<p>A 52-year-old man is hospitalized after a severe myocardial infarction. On the second day in the hospital, when his physician comes by on rounds, the patient insists on jumping out of bed and doing several pushups to show the physician that “they can’t keep a good man down—there is nothing wrong with me!”</p>		
a		Distortion
b		Repression
c		Projective identification
d	*	Denial
e		Somatization
<p>A 24-year-old man comes to the therapist after being discharged from the hospital following treatment for a psychotic episode. The patient is currently stable on antipsychotic medication. He visits the therapist every other week and during the sessions he describes troubles in his relationship with his parents and in finding a job, and his occasional hallucinations. The therapist responds empathically to his difficulties and occasionally makes a suggestion as to how he might handle his job search more effectively.</p>		
a		Insight-oriented psychodynamic psychotherapy
b	*	Supportive psychotherapy
c		Short-term psychodynamic psychotherapy
d		Psychoanalysis
e		Cognitive therapy
<p>A 22-year-old man comes to the therapist with the chief complaint of incredible anxiety during multiple-choice examinations. He reports that he becomes unable to focus, begins to sweat, and is unable to retrieve the information he knows he has learned. During sessions, the therapist hooks the patient up to a machine that measures galvanic skin response and trains the patient in relaxation techniques.</p>		
a		Insight-oriented psychodynamic psychotherapy
b		Supportive psychotherapy
c	*	Behavioral therapy
d		Experiential-humanistic therapy
e		Eclectic or integrated therapy
<p>A 35-year-old woman comes to the therapist because she feels pessimistic about her life and is unable to enjoy her successful job and two healthy children. She has multiple symptoms, including feeling chronically depressed, anxious, phobic, and compulsive. She has a history of childhood sexual abuse. She notes that these problems have been long standing. The therapist teaches the patient relaxation skills and begins to have her talk about her childhood sexual abuse.</p>		
a		Insight-oriented psychodynamic psychotherapy

b		Behavioral therapy
c		Experiential-humanistic therapy
d	*	Eclectic or integrated therapy
e		Supportive psychotherapy
<p>A 48-year-old woman comes to the psychiatrist because she has an overwhelming fear of spiders. She has had this fear her entire life, but it has increased now secondary to living in a wooded area where there are greater numbers of them. She wishes to get rid of this phobia. Which of the following actions should the psychiatrist take next?</p>		
a		Prescribe alprazolam
b		Prescribe bupropion
c		Prescribe propranolol
d	*	Have the patient create a hierarchical list of feared situations involving spiders
e		Engage the patient in psychodynamic psychotherapy to get at the root of her arachnophobia
<p>A 42-year-old woman comes to the psychiatrist asking for help with recovering a memory from her past. She was in a bad car accident and had become obsessed with knowing whether or not she had seen before impact the car that had hit her. She asked to be treated with hypnosis to recover this memory. Which of the following are relatively contraindicated in the use of hypnosis?</p>		
a		A history of panic attacks
b	*	The presence of paranoid delusions
c		Avoidant personality disorder
d		Pregnancy
e		Major depression
<p>A patient in psychotherapy is always anxious to please. Recently, he stated that he has begun to feel frightened in the presence of the therapist and that he has had fantasies about the analyst attacking him. Subsequently, the patient talks about his father and his lifelong struggle to please him at any cost. After listening to these comments, the therapist says that the patient's fantasies about him appear to be closely connected with the patient's way of relating to his father. The therapist also says that the passive and compliant relationship the patient has with his idealized father may represent a reaction to his fear of his father's retaliation. These comments best represent which kind of therapeutic intervention?</p>		
a		Confrontation
b	*	Interpretation
c		Clarification
d		Desensitization
e		Flooding
<p>A 29-year-old woman is in psychodynamic psychotherapy for a longstanding inability to have close and meaningful relationships. During her sessions with the therapist, she often comes 10 minutes late or misses sessions altogether. At the beginning of the next session after a session has been missed, the therapist points out this behavior to the patient. These comments best represent which kind of therapeutic intervention?</p>		
a	*	Confrontation
b		Interpretation
c		Clarification
d		Desensitization
e		Flooding
<p>The parents of a 20-year-old schizophrenic are having difficulty dealing with their son's decline in function. Once a good student with friends and a social life, the son now spends his days barricaded in his room, mumbling to himself, or watching the street with binoculars. Which of the following family interventions would be most helpful in this situation?</p>		
a	*	Teaching the parents about reducing expressed emotions in the family's interactions
b		Unmasking the family game and freeing the identified patient from the role of symptom bearer
c		Encouraging the parents to openly discuss their feelings of loss and disappointment with their son
d		Discussing the secondary gains provided by the son's symptoms
e		Discussing the parents' marital problems and how the son's disorder affects them
<p>A 27-year-old man comes to the physician with the chief complaint of premature ejaculation. He has been</p>		

<p>married for 4 months but has been unable to consummate the marriage because of his sexual problem. No organic cause for his premature ejaculation was found on work-up. Which of the following treatments will be most helpful for the man's premature ejaculation?</p>		
a		Exploration of the husband's relationship with his domineering mother
b		Discussion of the wife's unexpressed masochistic fantasies
c		Interpretation of the husband's dreams
d	*	Squeeze technique and stop-and-start technique
e		Instructing the husband to masturbate several times a day with the goal to reach an orgasm as fast as possible
<p>A 49-year-old man comes to the doctor with high blood pressure and anxiety. Preferring to try something other than medication at first, the patient agrees to try another approach. He is attached to an apparatus that measures skin temperature and emits a tone proportional to the temperature. Which of the following techniques is being used with this patient?</p>		
a		Hypnosis
b		Progressive muscle relaxation
c		Autogenic techniques
d		Placebo
e	*	Biofeedback
<p>A 45-year-old man, with no prior psychiatric history, comes to see a therapist. He states that for the past 6 weeks he has been unable to sleep well because he is "stuck." He notes that he has been offered a job that is a large step up from his current one and that this is making him very nervous. While he has never seen a therapist before, is very successful at work, and has a good relationship with his wife, he reports that he gets very anxious when thinking about this job. He comments that his father was not so successful in the job market, and perhaps this is why the patient cannot move forward. The therapist agrees with the patient's assessment. What kind of therapy is most likely to be used with this patient?</p>		
a		Psychoanalysis
b		Cognitive therapy
c	*	Short-term dynamic psychotherapy
d		Supportive psychotherapy
e		Experiential-humanistic therapy
<p>A high school teacher is respected and loved by both his students and his colleagues because he can easily defuse tense moments with an appropriate light remark and he always seems to be able to find something funny in any situation. Which of the following defense mechanisms is this man using?</p>		
a		Displacement
b		Denial
c		Reaction formation
d	*	Humor
e		Suppression
<p>A young woman with no previous psychiatric history develops an incapacitating fear of driving after being involved in a minor automobile accident.</p>		
a		Psychoanalysis
b		Brief individual psychotherapy
c		Cognitive therapy
d	*	Behavioral therapy
e		Family therapy
<p>A 40-year-old, married, successful businessman with a satisfying family life becomes preoccupied with thoughts of becoming involved with a younger woman. He has no prior psychiatric history and no other complaints.</p>		
a		Psychoanalysis
b	*	Brief individual psychotherapy
c		Cognitive therapy
d		Behavioral therapy
e		Family therapy

A 16-year-old girl begins acting out sexually and skipping school. These symptoms coincide with the onset of frequent arguments between her parents, who have been threatening marital separation.		
a		Psychoanalysis
b		Brief individual psychotherapy
c		Cognitive therapy
d		Behavioral therapy
e	*	Family therapy
An intelligent 25-year-old single woman who has a successful career complains of multiple failed relationships with men, unhappiness, and a wish to sort out her life. A previous experience in individual psychotherapy was somewhat helpful.		
a	*	Psychoanalysis
b		Brief individual psychotherapy
c		Cognitive therapy
d		Behavioral therapy
e		Family therapy
A 29-year-old woman comes to a cognitive therapist with a 6-month history of sudden feelings that she is going to die. The patient reports that during these episodes her pulse races, she feels short of breath, and she gets chest pain. She notes that she feels like she is going to die on the spot and therefore has begun to restrict her movement outside the house so that she can remain near a phone in case she needs to call an ambulance. Which of the following treatment interventions should the therapist employ first to begin to help this patient with her problem?		
a		Taking the patient to a crowded place and preventing her escape until her anxiety has peaked
b		Teaching the patient to hyperventilate as soon as she starts feeling anxious
c	*	Educating the patient about the harmless nature of the physical symptoms experienced during a panic attack
d		Taking the patient through a series of imaginary exposures in the therapist's office
e		Replying empathically to the patient about the suffering that must be endured with panic attacks
A physician with a very busy practice feels satisfied and fulfilled when he can make a difference in the lives of his patients. Which of the following defense mechanisms is being used, according to psychoanalytic theory?		
a		Reaction formation
b	*	Altruism
c		Sublimation
d		Asceticism
e		Idealization
An 18-year-old girl comes to the psychiatrist because she pulls out her hair in patches when she is anxious or upset. She is taught to make a tight fist whenever she has this impulse rather than pull out her hair. Which of the following techniques is this?		
a	*	Habit reversal training
b		Extinction
c		Simple conditioning
d		Flooding
e		Desensitization
A 34-year-old man comes to the psychiatrist complaining of marital problems, which seemed to begin just after the death of his mother. In therapy, it is discovered that the patient had an intensively ambivalent relationship with his mother. However, when he discusses his mother, the patient appears unemotional and detached. Which of the following defense mechanisms is this patient using?		
a		Projection
b	*	Isolation of affect
c		Splitting
d		Reaction formation
e		Projective identification
A 32-year-old man comes to a therapist with the chief complaint of not being able to have a successful and happy relationship with a woman. During the course of the therapy, it becomes obvious that the patient has		

<p>deep-seated anger against women, even though he is consciously unaware of it. Around the time that this interpretation is being worked on in therapy, the patient begins to go to bars and drink to excess—something he had not previously done. When confronted about the behavior, he denies that this has anything to do with what is going on in the therapy, though the therapist does not believe this to be true. Which of the following best describes this patient’s new behavior?</p>		
a	*	The patient is acting out
b		The patient is acting in
c		The patient is experiencing a new onset of substance abuse disorder
d		The patient is seeking to find a relationship
e		The patient is in a fugue state
<p>Interpersonal psychotherapy was developed in the 1970s by Gerard Klerman as a time-limited treatment for major depressive disorders. Which of the following does this type of therapy focus on?</p>		
a		Childhood losses
b	*	Current relationships
c		Intrapsychic conflicts
d		Making the unconscious conscious
e		Correcting distorted beliefs
<p>A young woman with obsessive-compulsive disorder has suffered from contamination fears for years, and now her hands are raw from so much washing. Her therapist takes her to the bathroom and asks her to touch the toilet seat. Afterward, he stops her from washing her hands. The patient’s anxiety rapidly increases, and after a peak, declines. Which of the following is the name of this technique?</p>		
a	*	Exposure
b		Desensitization
c		Counterconditioning
d		Operational conditioning
e		Functional behavioral analysis
<p>A 30-year-old woman presents to the psychiatrist with a 2 month history of difficulty in concentrating, irritability, and depression. She has never had these symptoms before. Three months prior to her visit to the psychiatrist, the patient noted that she had experienced a short-lived flulike illness with a rash on her calf, but has noted no other symptoms since then until the mood symptoms began. Her physical examination was within normal limits. Which of the following is the most likely diagnosis?</p>		
a		Neurosyphilis
b		Chronic meningitis
c	*	Lyme disease
d		Creutzfeldt-Jakob disease
e		Prion disease
<p>Which of the following medications should be used to treat the patient above?</p>		
a		Penicillin
b		Antiviral medication
c		Amphotericin B
d	*	Doxycycline
e		Prozac for depressed mood (ie, treat the depressed mood only)
<p>A 37-year-old woman comes to the physician with a chief complaint of a depressed mood. The patient states she has anhedonia, anergia, a 10-lb weight loss in the last 3 weeks, and states she “just doesn’t care about anything anymore.” She also admits to suicidal ideation without intent or plan. Which of the following physiologic disturbances will likely also be found in this patient?</p>		
a		Decreased hypothalamic-pituitary adrenal (HPA) activity
b		Increased lymphocyte proliferation in response to mitogens
c		Decreased core body temperature during sleep
d	*	Increased phasic REM sleep
e		Increased anterior brain metabolism on PET scan
<p>The patient in the case above is started on an SSRI. After 1 week of the medication, no improvement is seen and the dosage is raised to the maximum recommended level. For how many weeks should this new dosage be</p>		

maintained before determining that the drug trial is unsuccessful if there is no improvement shown?		
a		1 to 2 weeks
b	*	4 to 5 weeks
c		8 to 9 weeks
d		12 to 13 weeks
e		16 or more weeks
A 25-year-old woman delivers a healthy baby boy by Caesarean section. She notes over the next week that she has become irritable and is not sleeping very well. She worries that her child will die and fantasizes that if the child died, she would kill herself as well. She reports not being able to sleep, and has lost 10 lb within 1 week. Over the course of the following week, she begins to investigate how she might commit suicide and calls a friend to see whether the friend will babysit so that the woman will not be leaving the child alone should this occur. Which of the following is the most likely diagnosis?		
a	*	Postpartum depression
b		Postpartum psychosis
c		Uncomplicated bereavement
d		Postpartum blues
e		Generalized anxiety disorder
A 25-year-old man comes to the psychiatrist with a chief complaint of depressed mood for 1 month. His mother, to whom he was very close, died 1 month ago, and since that time he has felt sad and been very tearful. He has difficulty concentrating, has lost 3 lb, and is not sleeping soundly through the night. Which of the following is the most likely diagnosis?		
a		Major depression
b		Dysthymia
c		Posttraumatic stress disorder
d		Adjustment disorder
e	*	Uncomplicated bereavement
A 32-year-old woman is brought to the emergency room by the police after she was found standing in the middle of a busy highway, naked, commanding the traffic to stop. In the emergency room she is agitated and restless, with pressured speech and an affect that alternates between euphoric and irritable. Her father is contacted and states that this kind of behavior runs in the family. Which of the following is the most likely diagnosis?		
a		Delirium
b	*	Bipolar disorder, manic
c		Bipolar disorder, mixed state
d		Cyclothymia
e		Schizophrenia
The resident on call decides to start the patient above on a medication to control this disease. The patient refuses the medication, stating that she has taken it in the past and it causes her to be constantly thirsty and break out in pimples and makes her food taste funny. Which of the following medications is being discussed?		
a		Valproic acid
b		Haloperidol
c		Carbamazepine
d	*	Lithium
e		Sertraline
A 28-year-old woman is diagnosed with bipolar disorder, manic type, when she was hospitalized after becoming psychotic, hypersexual, severely agitated, and unable to sleep. She is started on a medication in the acute phase of her illness. Which of the following medications, recommended for acute use in manic patients, is recommended to be continued on into maintenance therapy?		
a		Aripiprazole
b		Lamotrigine
c	*	Lithium
d		Olanzapine
e		Ziprasidone

A 30-year-old man comes to the psychiatrist for the evaluation of a depressed mood. He states that at least since his mid-20s he has felt depressed. He notes poor self-esteem and low energy, and feels hopeless about his situation, though he denies suicidal ideation. He states he does not use drugs or alcohol, and has no medical problems. His last physical examination by his physician 1 month ago was entirely normal. Which of the following treatment options should be tried first?	
a	ECT
b	Hospitalization
c	Psychoanalysis
d	* Venlafaxine
e	Amoxapine
A 26-year-old man comes to the physician with the chief complaint of a depressed mood for the past 5 weeks. He has been feeling down, with decreased concentration, energy, and interest in his usual hobbies. Six weeks prior to this office visit, he had been to the emergency room for an acute asthma attack and was started on prednisone. Which of the following is the most likely diagnosis?	
a	Mood disorder secondary to a general medical condition
b	* Substance-induced mood disorder
c	Major depression
d	Adjustment disorder
e	Dysthymia
What percentage of new mothers is believed to develop postpartum depression?	
a	<1%
b	* 10% to 15%
c	25% to 30%
d	35% to 40%
e	>50%
How long after a stroke is a patient at a higher risk for developing a depressive disorder?	
a	2 weeks
b	2 months
c	6 months
d	1 year
e	* 2 years
A 22-year-old college student calls his psychiatrist because for the past week, after cramming hard for finals, his thoughts have been racing and he is irritable. The psychiatrist notes that the patient's speech is pressured as well. The patient has been stable for the past 6 months on 500 mg of valproate twice a day. Which of the following is the most appropriate first step in the management of this patient's symptoms?	
a	Hospitalize the patient
b	Increase the valproate by 500 mg/day
c	* Prescribe clonazepam 1 mg qhs
d	Start haloperidol 5 mg qd
e	Tell the patient to begin psychotherapy one time per week
A 24-year-old woman, 5 days after delivery of a normal, full-term infant, is brought to the obstetrician because she is so tearful. She states that her mood is quite labile, often changing within minutes. She has trouble sleeping, both falling asleep and awakening early. She notes anhedonia, stating she doesn't enjoy "much of anything" right now. Which of this patient's symptoms point preferentially to a postpartum depression?	
a	Time—that is, 5 days post delivery
b	Tearfulness
c	Labile mood
d	Insomnia
e	* Anhedonia
A 28-year-old woman sees her physician with the chief complaint of a depressed mood. She also notes that she is sleeping more than usual—up to 14 hours per night—but does not feel rested and that she feels tired and fatigued all the time. She has gained 14 lb in the last month, something that she is very unhappy about, but she says that she seems to have such a craving for sweets that the weight gain seemed inevitable. Which of the	

following is the most likely diagnosis?	
a	Mood disorder secondary to a general medical condition
b	Substance-induced mood disorder
c	Cyclothymia
d	* Seasonal affective disorder
e	Dysthymic disorder
A 38-year-old woman with bipolar disorder has been stable on lithium for the past 2 years. She comes to her psychiatrist's office in tears after a 2-week history of a depressed mood, poor concentration, loss of appetite, and passive suicidal ideation. Which of the following is the most appropriate next step in the management of this patient?	
a	Start the patient on a second mood stabilizer
b	Start the patient on a long-acting benzodiazepine
c	Stop the lithium and start an antidepressant
d	* Start an antidepressant and continue the lithium
e	Stop the lithium and start an antipsychotic
A 27-year-old woman has been feeling blue for the past 2 weeks. She has little energy and has trouble concentrating. She states that 6 weeks ago she had been feeling very good, with lots of energy and no need for sleep. She says that this pattern has been occurring for at least the past 3 years, though the episodes have never been so severe that she couldn't work. Which of the following is the most likely diagnosis?	
a	Borderline personality disorder
b	Seasonal affective disorder
c	* Cyclothymic disorder
d	Major depression, recurrent
e	Bipolar disorder, depressed
A 19-year-old woman comes to the psychiatrist for a history of anger and irritability, which occurs on monthly on an average. During this time the patient also reports feeling anxious and "about to explode," which alternates rapidly with crying spells and angry outbursts. The patient notes during this time she can't concentrate and sleeps much more than she usually needs to do. During the several days these symptoms last, the patient must skip most of her classes because she cannot function. Which of the following is the most likely diagnosis?	
a	Adjustment disorder with depressed mood
b	Major depression
c	* Premenstrual dysphoric disorder
d	Dysthymic disorder
e	Depressive personality disorder
A 42-year-old woman sees her physician because she has been depressed for the past 4 months. She also notes that she has gained 20 lb without trying to. She notes that she does not take pleasure in the activities that she once enjoyed and seems fatigued most of the time. These symptoms have caused the patient to withdraw from many of the social functions that she once enjoyed. The physician diagnoses the patient with hypothyroidism and starts her on thyroid supplementation. Six weeks later, the patient's thyroid hormone levels have normalized, but she still reports feeling depressed. Which of the following is the most appropriate next step in the management of this patient?	
a	Recommend that the patient begin psychotherapy
b	Increase the patient's thyroid supplementation
c	* Start the patient on an antidepressant medication
d	Tell the patient that she should wait another 6 weeks, during which time her mood will improve
e	Take a substance abuse history from the patient
A 54-year-old man sees a physician complaining of a depressed mood and inability to sleep for the past 3 weeks. He tells the physician that in the past when he has had similar episodes, he was placed on a monoamine oxidase inhibitor, which proved effective. The physician diagnoses the patient with major depression and agrees to use an MAOI. Which of the following foods must be completely avoided by this patient while on this medication?	
a	Licorice
b	Coffee

c		Chocolate
d	*	Cheddar cheese
e		Soy sauce
<p>A 64-year-old man is admitted to the psychiatric unit after an unsuccessful suicide attempt. Following admission, he attempts to cut his wrists three times in the next 24 hours and refuses to eat or drink anything. He is scheduled to have electroconvulsive therapy (ECT) because he is so severely depressed that an antidepressant is deemed too slow acting. Which of the following side effects should the patient be informed is most common after ECT?</p>		
a	*	Headache
b		Palpitations
c		Deep venous thromboses
d		Interictal confusion
e		Worsening of the suicidal ideation
<p>A 14-year-old boy is brought to the psychiatrist because for the past 15 months he has been irritable and depressed almost constantly. The boy notes that he has difficulty concentrating, and he has lost 5 lb during that time period without trying. He states that he feels as if he has always been depressed, and he feels hopeless about ever feeling better. He denies suicidal ideation or hallucinations. He is sleeping well and doing well in school, though his teachers have noticed that he does not seem to be able to concentrate as well as he had previously. Which of the following is the most likely diagnosis?</p>		
a		Major depression
b	*	Dysthymic disorder
c		Mood disorder secondary to a general medical condition
d		Normal adolescence
e		Cyclothymia
<p>A 29-year-old man is brought to the hospital because he was found running around on the streets with no shoes on in the middle of winter, screaming to everyone that he was going to be elected president. Upon admission to the hospital, he was stabilized on olanzapine and lithium and then discharged home. Assuming the patient is maintained on the olanzapine and the lithium, which of the following tests should be performed at least once per year?</p>		
a		MRI of the brain
b		Liver function tests
c	*	Creatinine level
d		Rectal exam to look for the presence of blood in the stool
e		ECG
<p>A 45-year-old woman comes to her physician for help with her insomnia. She states “ever since my husband died, I just can’t sleep.” The patient states her 57-year-old husband died suddenly of a heart attack 9 weeks ago. Since that time, the patient has had a very depressed mood, had been crying, has lost interest in activities, is fatigued, and has insomnia. Which of the following symptoms, if present, should make the physician think this patient has a major depression instead of bereavement?</p>		
a		The patient feels that she would be better off dead
b	*	The patient has marked functional impairment
c		The patient has lots of guilt about not recognizing that the chest pain her husband was having was the start of a heart attack
d		The patient has mild psychomotor retardation
e		The patient reports hearing the voice of her dead husband calling her name twice
<p>A 10-year-old boy is brought to the psychiatrist by his mother. She states that for the past 2 months he has been increasingly irritable, withdrawn, and apathetic. He has been refusing to do his homework, and his grades have dropped. Which of the following is the best next step in management?</p>		
a		The child should be hospitalized
b		The child should be started in supportive psychotherapy
c		The mother should be warned that the child will likely turn out to be bipolar (67% chance)
d	*	The child should receive an antidepressant medication
e		The child should receive lithium and an antidepressant

A 35-year-old woman is seeing a psychiatrist for treatment of her major depression. After 4 weeks on fluoxetine at 40 mg/day, her psychiatrist decides to try augmentation. Which of the following is the most appropriate medication?		
a	*	Lithium
b		Sertraline
c		An MAO inhibitor
d		Clonazepam
e		Haloperidol
Which of the following is a relative contraindication for ECT?		
a	*	Space-occupying lesion in the brain
b		Pregnancy
c		Hypertension
d		Seizure disorder
e		Status post–myocardial infarction 6 months earlier
A 32-year-old man is admitted to the psychiatric unit after his wife brought him to the emergency room in a severe major depression. The patient signs himself in voluntarily because he “didn’t think he is safe” at home. Which of the following factors most increases a patient’s risk of suicide while on the inpatient unit?		
a	*	The patient is in his first week of hospitalization
b		Staff morale is high on the unit
c		The patient is admitted in early July (new residents are on the unit)
d		The patient is started on an SSRI the first day on the unit
e		The patient is told he will be evaluated for ECT
A middle-aged woman presents with a variety of cognitive and somatic symptoms, fatigue, and memory loss. She denies feeling sad, but her family physician is aware of this patient’s lifelong inability to identify and express feelings. He suspects she is depressed. Which of the following results is most likely to confirm a diagnosis of depression?		
a	*	Reduced metabolic activity and blood flow in both frontal lobes on PET scan
b		Diffuse cortical atrophy on CAT scan
c		Atrophy of the caudate on MRI
d		Prolonged REM sleep latency in a sleep study
e		Subcortical infarcts on MRI
A 32-year-old man is being treated for a severe major depression. Which of the following symptoms, if present, is one of the most accurate indicators of long-term suicidal risk?		
a		Revenge fantasies
b		Presence of rage in the patient
c	*	Hopelessness
d		Presence of guilt
e		The patient has a need for punishment
An elderly man has been profoundly depressed for several weeks. He cries easily and is intensely preoccupied with trivial episodes from his past, which he considers unforgivable sins. This patient awakens every morning at 3 AM and cannot go back to sleep. Anything his family has tried to cheer him up has failed. He has completely lost his appetite and appears gaunt and emaciated.		
a		Atypical depression
b		Double depression
c		Cyclothymic disorder
d	*	Melancholic depression
e		Schizoaffective disorder
A young woman, who has felt mildly unhappy and dissatisfied with herself for most of her life, has been severely depressed, irritable, and anhedonic for 3 weeks.		
a		Atypical depression
b	*	Double depression
c		Cyclothymic disorder
d		Melancholic depression

e		Schizoaffective disorder
<p>For the past 6 weeks, a middle-aged woman's mood has been mostly depressed, but she cheers up briefly when her grandchildren visit or in coincidence with other pleasant events. She is consistently less depressed in the morning than at night. When her children fail to call on the phone to inquire about her health, her mood deteriorates even more. She sleeps 14 hours every night and has gained 24 lb.</p>		
a	*	Atypical depression
b		Double depression
c		Cyclothymic disorder
d		Melancholic depression
e		Schizoaffective disorder
<p>Since he moved to Maine from his native Florida 3 years earlier, a college student has had great difficulty preparing for the winter-term courses. He starts craving sweets and feeling sluggish, fatigued, and irritable in late October. These symptoms worsen gradually during the following months, and by February he has consistently gained several pounds. His mood and energy level start improving in March, and by May he is back to baseline.</p>		
a		Atypical depression
b		Double depression
c		Cyclothymic disorder
d		Melancholic depression
e	*	Seasonal affective disorder
<p>A 23-year-old woman arrives at the emergency room complaining that, out of the blue, she had been seized by an overwhelming fear, associated with shortness of breath and a pounding heart. These symptoms lasted for approximately 20 minutes, and while she was experiencing them, she feared that she was dying or going crazy. The patient has had four similar episodes during the past month, and she has been worrying that they will continue to recur. Which of the following is the most likely diagnosis?</p>		
a		Acute psychotic episode
b		Hypochondriasis
c	*	Panic disorder
d		Generalized anxiety disorder
e		Posttraumatic stress disorder
<p>A middle-aged man is chronically preoccupied with his health. For many years he feared that his irregular bowel functions meant he had cancer. Now he is very worried about having a serious heart disease, despite his physician's assurance that the occasional "extra beats" he detects when he checks his pulse are completely benign. Which of the following is the most likely diagnosis?</p>		
a		Somatization disorder
b	*	Hypochondriasis
c		Delusional disorder
d		Pain disorder
e		Conversion disorder
<p>A 20-year-old woman comes to her primary care doctor with multiple symptoms which are present across several organ systems. She has seen five doctors in the past 3 months, and has had six surgeries since the age of 18.</p>		
a	*	Somatization disorder
b		Conversion disorder
c		Hypochondriasis
d		Body dysmorphic disorder
e		Pain disorder
<p>A 24-year-old woman from a rural and low socioeconomic background with a fifth-grade education develops sudden left-arm paralysis that is not compatible with known neural patterns.</p>		
a		Somatization disorder
b	*	Conversion disorder
c		Hypochondriasis
d		Body dysmorphic disorder

e		Pain disorder
A 49-year-old man calls his physician repeatedly demanding a workup for his severe back pain. The physical examination is within normal limits and a CT of his back is also normal, but this is only temporarily reassuring to the patient.		
a		Somatization disorder
b		Conversion disorder
c	*	Hypochondriasis
d		Body dysmorphic disorder
e		Pain disorder
A 17-year-old girl presents to a physician complaining that her face is “out of proportion” and that she looks like “Mr Hyde—like a monster.” On examination, the girl is a pleasant-looking young woman with no facial deformities of any kind.		
a		Somatization disorder
b		Conversion disorder
c		Hypochondriasis
d	*	Body dysmorphic disorder
e		Pain disorder
A 45-year-old woman presents to her physician with a chief complaint of a severe headache that is increasing in severity over the past 3 weeks. The patient states that 1 month ago she was in an auto accident and was diagnosed with a concussion. The patient states that the headache has been increasing since then and she is completely unable to work. The MRI of her head is normal.		
a		Somatization disorder
b		Conversion disorder
c		Hypochondriasis
d		Body dysmorphic disorder
e	*	Pain disorder
A 28-year-old taxi driver is chronically consumed by fears of having accidentally run over a pedestrian. Although he tries to convince himself that his worries are silly, his anxiety continues to mount until he drives back to the scene of the “accident” and proves to himself that nobody lies hurt in the street. This behavior best exemplifies which of the following?		
a	*	A compulsion secondary to an obsession
b		An obsession triggered by a compulsion
c		A delusional ideation
d		A typical manifestation of obsessive-compulsive personality disorder
e		A phobia
A young woman, who has a very limited memory of her childhood years but knows that she was removed from her parents because of their abuse and neglect, frequently cannot account for hours or even days of her life. She hears voices that alternately plead, reprimand, or simply comment on what she is doing. Occasionally, she does not remember how and when she arrived at a specific location. She finds clothes she does not like in her closet, and she does not remember having bought them. Her friends are puzzled because sometimes she acts in a childish dependent way and at other times becomes uncharacteristically aggressive and controlling. These symptoms are most commonly seen in which of the following disorders?		
a		Dissociative amnesia
b		Depersonalization disorder
c		Korsakoff dementia
d	*	Dissociative identity disorder
e		Schizophrenia
A 34-year-old secretary climbs 12 flights of stairs every day to reach her office because she is terrified by the thought of being trapped in the elevator. She has never had any traumatic event occur in an elevator; nonetheless, she has been terrified of them since childhood. Which of the following is the most likely diagnosis?		
a		Social phobia
b		Performance anxiety

c		Generalized anxiety disorder
d	*	Specific phobia
e		Agoraphobia
Which of the following is the treatment of choice for the patient described in the previous vignette?		
a		Imipramine
b		Clonazepam
c		Propranolol
d	*	Exposure therapy
e		Psychoanalysis
A 23-year-old woman presents to her physician with the chief complaint that she is anxious about the way she looks. She notes that for “as long as she can remember,” she has been obsessed about the fact that something must be wrong with her face. She notes that her eyes are too far apart and her nose is misshapen. She states that this concern is “ruining her life” because she spends all her time isolated from others so that they cannot see her face. The physician did not notice anything unusual about the patient’s face, but the patient cannot be consoled by this statement. Which of the following is the most likely diagnosis?		
a	*	Body dysmorphic disorder
b		Delusional disorder
c		Obsessive-compulsive disorder
d		Somatization disorder
e		Hypochondriasis
A 26-year-old woman comes to the psychiatrist with a 1-month history of severe anxiety. The patient states that 1 month ago she was a “normal, laid-back person.” Since that time she rates her anxiety an 8 on a scale of 1 to 10, and also notes she is afraid to leave the house unless she checks that the door is locked at least five times. Which of the following medical conditions could commonly cause this kind of symptom presentation?		
a		Hyperglycemia
b		Crohn’s disease
c	*	Hyperparathyroidism
d		Fibromyalgia
e		Peptic ulcer disease
A 33-year-old man comes to his physician for an HIV test. The test is positive. The patient has no signs or symptoms of AIDS. Which of the following psychiatric diagnoses may develop in as many as 25% of patients informed of a positive HIV test?		
a	*	Adjustment disorder with anxiety
b		PTSD
c		Bipolar disorder, manic
d		Panic disorder
e		Hypochondriasis
A 45-year-old policeman who has demonstrated great courage on more than one occasion while on duty is terrified of needles.		
a		Agoraphobia
b		Panic disorder
c		Obsessive-compulsive disorder
d	*	Specific phobia
e		Acute stress disorder
For several months, a 32-year-old housewife has been unable to leave her house unaccompanied. When she tries to go out alone, she is overwhelmed by anxiety and fears that something terrible will happen to her and nobody will be there to help.		
a	*	Agoraphobia
b		Panic disorder
c		Obsessive-compulsive disorder
d		Social phobia
e		Adjustment disorder
A 17-year-old girl blushes, stammers, and feels completely foolish when one of her classmates or a teacher asks		

her a question. She sits at the back of the class hoping not to be noticed because she is convinced that the other students think she is unattractive and stupid.		
a		Agoraphobia
b		Panic disorder
c		Obsessive-compulsive disorder
d	*	Social phobia
e		Adjustment disorder
Two years after she was saved from her burning house, a 32-year-old woman continues to be distressed by recurrent dreams and intrusive thoughts about the event.		
a		Somatization disorder
b		Dissociative fugue
c	*	Posttraumatic stress disorder
d		Body dysmorphic disorder
e		Dysthymia
A 20-year-old student is very distressed by a small deviation of his nasal septum. He is convinced that this minor imperfection is disfiguring, although others barely notice it.		
a		Somatization disorder
b		Specific phobia
c		Dissociative identity disorder
d	*	Body dysmorphic disorder
e		Dysthymia
A nun is found in a distant city working in a cabaret. She is unable to remember anything about her previous life.		
a		Somatization disorder
b		Specific phobia
c		Dissociative identity disorder
d		Obsessive-compulsive disorder
e	*	Dissociative fugue
A 35-year-old woman is often late to work because she must shower and dress in a very particular order or else she becomes increasingly anxious.		
a		Somatization disorder
b		Specific phobia
c		Dissociative identity disorder
d	*	Obsessive-compulsive disorder
e		Dissociative fugue
For the past 3 years, a 24-year-old college student has suffered from chronic headaches, fatigue, shortness of breath, dizziness, ringing ears, and constipation. He is incensed when his primary physician recommends a psychiatric evaluation because no organic cause for his symptoms could be found.		
a	*	Somatization disorder
b		Specific phobia
c		Dissociative identity disorder
d		Obsessive-compulsive disorder
e		Dissociative fugue
A woman washes her hands hundreds of times a day out of a fear of contamination. She cannot stop herself, although her hands are raw and chafed.		
a		Antipsychotic
b		Antianxiety agent (non-benzodiazepine)
c		Tricyclic antidepressant
d		Mood stabilizer
e	*	SSRI
A Vietnam veteran startles and starts hyperventilating whenever he hears a sharp noise.		
a		Antipsychotic

b		Antianxiety agent (non-benzodiazepine)
c		Tricyclic antidepressant
d		SSRI
e	*	Beta-blocker
<p>A middle-aged bank teller with a past history of alcohol abuse, who describes himself as a chronic worrier, has been promoted to a position with increased responsibilities. Since the promotion, he has been constantly worrying about his job. He fears his superiors have made a mistake and they will soon realize he is not the right person for that position. He ruminates about unlikely future catastrophes, such as not being able to pay his bills and having to declare bankruptcy if he is fired. He has trouble falling asleep at night and suffers from acid indigestion.</p>		
a		Antipsychotic
b	*	Antianxiety agent (non-benzodiazepine)
c		Tricyclic antidepressant
d		Mood stabilizer
e		SSRI
<p>A talented 21-year-old violinist's musical career is in jeopardy because he becomes acutely anxious whenever he is asked to play in front of an audience.</p>		
a		Antipsychotic
b		Tricyclic antidepressant
c		Mood stabilizer
d		SSRI
e	*	Beta-blocker
<p>A 24-year-old woman comes to the psychiatrist with a 2-month history of short episodes of "feeling like I am going to die." During these episodes, she also notes feelings of dizziness and nausea, along with a feeling of choking. She describes these episodes as very frightening and she is terrified of having another. She denies substance use of any medical problems. Which of the following treatment regimens should be started?</p>		
a		Imipramine
b		Fluoxetine
c		Phenelzine
d	*	Paroxetine and alprazolam
e		Bupirone and citalopram
<p>A 47-year-old man with a master's degree in chemistry lives alone in a halfway house and subsists on panhandling and collecting redeemable cans. Ten years ago he lost his job in a large firm because he was found to have repeatedly stolen company money and used it to bet on horse racing. Afterward, he had several other jobs but always lost them because he stole money. He also stole and borrowed money from friends and relatives. When asked about this behavior, the patient stated that he felt very guilty about it but "couldn't seem to stop" himself. Which of the following diagnoses best fits this patient's symptoms?</p>		
a		Antisocial personality disorder
b		Conduct disorder
c	*	Pathological gambling
d		Fugue state
e		Kleptomania
<p>A 7-year-old girl is brought to the physician because her parents note that she gets up at night and, still asleep, walks around the house for a few minutes before returning to bed. When she is forced to awaken during one of these episodes, she is confused and disoriented. Her parents are afraid that she will accidentally hurt herself during one of these episodes. Which of the following is the most appropriate intervention the physician should recommend?</p>		
a	*	Tell the parents to maintain a safe environment and monitor the patient's symptoms
b		Start the patient on a low dose of benzodiazepines at night
c		Start the patient on a low dose of a tricyclic antidepressant
d		Tell the parents that the child would benefit from cognitive psychotherapy
e		Admit the child to the hospital and obtain an EEG
<p>A 65-year-old woman lives alone in a dilapidated house, although her family members have tried in vain to</p>		

<p>move her to a better dwelling. She wears odd and out-of-fashion clothes and rummages in the garbage cans of her neighbors to look for redeemable cans and bottles. She is very suspicious of her neighbors. She was convinced that her neighbors were plotting against her life for a brief time after she was mugged and thrown onto the pavement by a teenager, but now thinks that this is not the case. She believes in the “power of crystals to protect me” and has them strewn haphazardly throughout her house. Which of the following is the most likely diagnosis?</p>		
a		Autism
b		Schizophrenia, paranoid type
c	*	Schizotypal personality disorder
d		Avoidant personality disorder
e		Schizoid personality disorder
<p>A 17-year-old man comes to the physician because he has been falling asleep in inappropriate places, even though he has been getting enough rest at night. The patient states that he has fallen asleep while eating and driving. He notes that he stays asleep approximately 20 minutes and when he first wakes up, he is unable to move. He notes that sometimes he can even fall asleep while standing, and has been told by others that during those times he simply drops to the floor suddenly. He is fitted with a portable monitor, and it is found that during these episodes he enters an REM sleep stage immediately. Which of the following is the most likely diagnosis?</p>		
a	*	Narcolepsy
b		Sleep apnea
c		Primary hypersomnia
d		Kleine-Levin syndrome
e		REM sleep behavior disorder
<p>A 32-year-old man is diagnosed with a major depression. He and his psychiatrist discuss starting an antidepressant. The patient is concerned about the chance for impairment of his ability to get an erection on these kinds of medications. Which of the following medications should the patient be started on to treat his depression but avoid these symptoms?</p>		
a		Imipramine
b		Phenelzine
c	*	Fluoxetine
d		Desipramine
e		Clomipramine
<p>An attractive and well-dressed 22-year-old woman is arrested for prostitution, but on being booked at the jail, she is found to actually be a male. The patient tells the consulting physician that he is a female trapped in a male body and he has felt that way since he was a child. He has been taking female hormones and is attempting to find a surgeon who would remove his male genitals and create a vagina. Which of the following is the most likely diagnosis?</p>		
a		Homosexuality
b	*	Gender identity disorder
c		Transvestic fetishism
d		Delusional disorder
e		Schizophrenia
<p>A 38-year-old man comes to his physician with complaints of impaired ejaculation. He is on the following medications: perphenazine, digoxin, and propranolol. He is also receiving methadone treatment and admits to periodic cannabis use. Which substance is the most likely culprit in his problems with ejaculation?</p>		
a	*	Perphenazine
b		Digoxin
c		Propranolol
d		Methadone
e		Cannabis
<p>Every 4 or 5 weeks, a usually well-functioning and mild-mannered 35-year-old woman experiences a few days of irritability, tearfulness, and unexplained sadness. During these days, she also feels fatigued and bloated and eats large quantities of sweets. Which of the following is the most likely diagnosis?</p>		

a		Cyclothymia
b		Borderline personality disorder
c		Dissociative identity disorder
d	*	Premenstrual dysphoric disorder
e		Minor depressive disorder
A 65-year-old retired steelworker who has never had any sexual dysfunction experiences difficulty in obtaining and maintaining an erection shortly after he starts taking a medication prescribed by his primary care physician. Which of the following medications is most likely to cause such a side effect?		
a	*	Propranolol
b		Amoxicillin
c		Lorazepam
d		Bupropion
e		Thyroid hormones
A 38-year-old married man comes to the psychiatrist because he felt his “sexuality is out of control.” He notes that he never feels that he has had enough sex, even though he masturbates 3 to 4 times per day and has sex with his wife daily. He states he has tried to stop but feels he can not control the behavior. He feels a lot of guilt about this, especially when he masturbates at his workplace. Which of the following medications would be most helpful to this man?		
a		Benzodiazepines
b	*	SSRIs
c		Antipsychotics
d		Mood stabilizers
e		Buspirone
A demanding 25-year-old woman begins psychotherapy stating that she is both desperate and bored. She reports that for the past 5 or 6 years she has experienced periodic anxiety and depression and has made several suicidal gestures. She also reports a variety of impulsive and self-defeating behaviors and sexual promiscuity. She wonders if she might be a lesbian, though most of her sexual experiences have been with men. She has abruptly terminated two previous attempts at psychotherapy. In both cases she was enraged at the therapist because he was unwilling to prescribe anxiolytic medications. Which of the following is the most likely diagnosis?		
a		Dysthymia
b		Histrionic personality disorder
c		Antisocial personality disorder
d	*	Borderline personality disorder
e		Impulse control disorder not otherwise specified
A 36-year-old woman comes to her physician for help with weight reduction. Her BMI is Which of the following disorders is she most at risk for at this weight?		
a		Leukemia
b	*	Breast cancer
c		Colon cancer
d		Pseudogout
e		Rheumatoid arthritis
A 28-year-old woman begins seeing a psychiatrist because, she says, “I am just so very lonely.” Her speech is excessively impressionistic and lacks specific detail. She flirts constantly with the physician and is “hurt” when the therapist does not notice her new clothes or hairstyle.		
a		Paranoid
b		Schizotypal
c		Schizoid
d		Narcissistic
e	*	Histrionic
A 42-year-old man comes to the psychiatrist at the insistence of his boss because he constantly misses important deadlines. The man states that everyone at work is lazy and that no one lives up to his own standards for perfection. He is angry when the physician starts the interview 3 minutes later than the appointed time. He		

notes that he is always fighting with his wife because he is a “pack rat” and is unable to throw anything out. During the interview, he appears very rigid and stubborn.		
a	<input type="checkbox"/>	Paranoid
b	<input type="checkbox"/>	Schizotypal
c	<input type="checkbox"/>	Histrionic
d	<input type="checkbox"/>	Antisocial
e	<input checked="" type="checkbox"/>	Obsessive-compulsive
A 34-year-old woman comes to the psychiatrist on the advice of her mother, because the patient still lives at home and will not make any decisions without her mother’s reassurance. The patient’s mother accompanies the patient to the appointment. She states that the patient becomes anxious when her mother must leave the home because the patient is terrified that her mother will die and the patient will have to take care of herself, something she feels incapable of doing.		
a	<input type="checkbox"/>	Paranoid
b	<input type="checkbox"/>	Schizotypal
c	<input type="checkbox"/>	Antisocial
d	<input type="checkbox"/>	Obsessive-compulsive
e	<input checked="" type="checkbox"/>	Dependent
A 25-year-old high school dropout has been arrested more than 12 times for various assault, fraud, and attempted murder charges. He has been in many physical fights, usually after he got caught cheating at cards. On examination, he seems relaxed and even cocky, and he shows no remorse for his actions.		
a	<input type="checkbox"/>	Paranoid
b	<input type="checkbox"/>	Histrionic
c	<input checked="" type="checkbox"/>	Antisocial
d	<input type="checkbox"/>	Obsessive-compulsive
e	<input type="checkbox"/>	Dependent
This temperament type is noted for being industrious and determined. Being lazy and spoiled is not a characteristic of this type.		
a	<input type="checkbox"/>	Harm avoidance
b	<input type="checkbox"/>	Novelty seeking
c	<input type="checkbox"/>	Reward dependence
d	<input checked="" type="checkbox"/>	Persistence
This temperament type is noted for being open, sentimental, and affectionate. Opposite characteristics not seen in this temperament type are aloofness, detachment, and independence.		
a	<input type="checkbox"/>	Harm avoidance
b	<input type="checkbox"/>	Novelty seeking
c	<input checked="" type="checkbox"/>	Reward dependence
d	<input type="checkbox"/>	Persistence
This temperament type is noted for being impulsive and extravagant. It is not noted for being deliberate or thrifty.		
a	<input type="checkbox"/>	Harm avoidance
b	<input checked="" type="checkbox"/>	Novelty seeking
c	<input type="checkbox"/>	Reward dependence
d	<input type="checkbox"/>	Persistence
This temperament type is often seen as fearful, shy, and fatigable. It is not known for being seen as daring, outgoing, or energetic.		
a	<input checked="" type="checkbox"/>	Harm avoidance
b	<input type="checkbox"/>	Novelty seeking
c	<input type="checkbox"/>	Reward dependence
d	<input type="checkbox"/>	Persistence
A 52-year-old man comes to the psychiatrist with complaints of problems sleeping. He has problems falling asleep, tossing and turning for several hours before finally getting to sleep. The next day the patient is tired, and this has caused him some problems at work. The patient denies signs or symptoms of major depression. Which of the following is the best sleep hygiene recommendation to help this patient sleep?		

a		Eat a larger meal near bedtime
b		Take daytime naps when possible
c	*	Get up at the same time every day
d		Watch television in bed until sleepy
e		Begin a graded program of exercise in the early evening
<p>A 21-year-old man comes to the physician because of excessive sleepiness. He states that for the past 4 months he becomes so sleepy that he must sleep, even when he is in the middle of an important meeting. These episodes occur daily and the patient must sleep for 10 to 20 minutes at each episode. The patient also says that on several occasions he has had a sudden loss of muscle tone during which his knees become weak and he drops to the floor. He remains conscious during these episodes. He denies any substance abuse or medical problems. Which of the following is the most appropriate treatment to be started?</p>		
a		Benzphetamine
b		Valproic acid
c		Lithium
d	*	Modafinil
e		Nasal continuous positive airway pressure
<p>A young librarian has been exceedingly shy and fearful of people since childhood. She longs to make friends, but even casual social interactions cause her a great deal of shame and anxiety. She has never been at a party, and she has requested to work in the least active section of her library, even though this means lower pay. She cannot look at her rare customers without blushing, and she is convinced that they see her as incompetent and clumsy. Which of the following personality disorders is most likely?</p>		
a		Schizotypal
b	*	Avoidant
c		Dependent
d		Schizoid
e		Paranoid
<p>Which anxiety disorder is most likely to be confused with the personality disorder described in the vignette above?</p>		
a		Generalized anxiety disorder
b		Specific phobia
c		Agoraphobia
d	*	Social phobia
e		Obsessive-compulsive disorder
<p>A 38-year-old man is seen by a psychiatrist because he has recurrent and intense sexually arousing fantasies involving wearing women's clothing. He notes that at first, he could wear women's underwear in his own home when he masturbated, and that this was sufficient. He now notes that he increasingly has the urge to wear women's clothes in public and masturbate somewhere less private. He comes in for help because he does not want to be caught at this behavior, though he is intensely attracted to it. He notes that he is a heterosexual, but that this cross-dressing behavior is sexually exciting to him. Which of the following disorders best describes this patient's symptoms?</p>		
a		Exhibitionism
b		Frotteurism
c		Sexual masochism
d	*	Transvestic fetishism
e		Gender identity disorder
<p>A 48-year-old male has been unable to have intercourse with his wife of 20 years since she disclosed to him that she was having an affair with his younger and more attractive work partner. He continues having spontaneous nocturnal erections. This patient's sexual dysfunction is most likely caused by which of the following?</p>		
a		An organic disorder
b	*	A psychogenic determinant
c		A form of paraphilia
d		An irreversible psychodynamic process

e		A sexual identity disorder
<p>A 21-year-old man comes to the psychiatrist with the complaint of chronic unhappiness. He states that his usual mood is unhappy, and his self-esteem is always low. He states he spends time brooding and worrying about all manner of issues, in particular over his own inadequacy. He states he is pessimistic about things as a general rule, and feels guilty a lot because he is “such a bad friend.” Which of the following is the most likely diagnosis?</p>		
a	*	Personality disorder NOS
b		Dysthymic disorder
c		Major depression
d		Avoidant personality disorder
e		Generalized anxiety disorder
<p>A young woman presents to the emergency room vomiting bright red blood. Once she is medically stable, the intern who performs her physical examination notices that the enamel of her front teeth is badly eroded and her parotid glands are swollen. Which of the following best describes the source of these medical complications?</p>		
a		Inadequate caloric intake
b	*	Purging
c		Laxative abuse
d		Diuretic abuse
e		Ipecac toxicity
<p>An off-Broadway actor consistently bores his friends and acquaintances by talking incessantly about his exceptional talent and his success on the stage. He does not seem to realize that other people do not share his high opinion of his acting talent and are not interested in his monologues. When a director criticizes the way he delivers his lines during rehearsal, the actor goes into a rage and accuses the director of trying to jeopardize his career out of jealousy. Which personality disorder represents the most likely diagnosis?</p>		
a		Histrionic
b	*	Narcissistic
c		Borderline
d		Paranoid
e		Antisocial
<p>The patient in the vignette above seeks out a psychiatrist because, he says, “It is depressing when no one understands your talent.” Which of the following treatments would be most appropriate?</p>		
a		Medication with an SSRI
b		Medication with a tricyclic antidepressant
c		Group psychotherapy with patients from a wide range of other diagnoses
d		Psychoanalysis
e	*	Psychodynamic psychotherapy
<p>A 52-year-old woman is diagnosed with breast cancer that is metastatic to her bones. She comes to the psychiatrist for help in managing her depressed mood and anxiety secondary to this diagnosis. Which of the following would most likely indicate an increased vulnerability to suicide if found in this patient, in addition to her anxiety and depressed mood?</p>		
a		The extent of the cancer’s spread to her bones
b		The location of the bone metastases to her bones
c	*	A feeling of a loss of control
d		How much pain she has with the metastases (even though it is currently well-controlled)
e		A history of social phobia
<p>A 3-year-old girl’s preferred make-believe game is playing house with her dolls. She loves to experiment with her mother’s makeup and states that when she grows up, she will be a mommy. She is very offended when someone mistakes her for a boy. This scenario best demonstrates that which of the following is well established at this girl’s age?</p>		
a		Theory of the mind
b		Sexual orientation
c	*	Gender identity
d		Gender neurosis

e		Gender dysphoria
A woman complains about her husband moving his legs constantly while he sleeps. She ends up being kicked several times every night. The husband has no memory of this nighttime activity, but he reports that he wakes up tired every morning despite getting what he considers an adequate amount of sleep (7 to 8 hours per night).		
a		Primary hypersomnia
b		Narcolepsy
c		Sleep terror disorder
d		Circadian sleep disorder
e	*	Periodic limb movement disorder
Because of her job's requirements, a per diem nurse works different shifts almost every week. She is constantly sleepy and fatigued. However, even when she has days off, she has great difficulty falling asleep at night and remaining asleep for more than 2 to 3 hours at a time.		
a		Primary hypersomnia
b		Narcolepsy
c		Sleep terror disorder
d	*	Circadian sleep disorder
e		Primary insomnia
For the past 2 years a 28-year-old man has found himself in many dangerous or embarrassing situations because of his inconvenient habit of falling abruptly asleep in the middle of any activity. Once he hit a pole because he fell asleep while driving. His wife still teases him for "taking a nap" while they are having sex. The man reports that he starts dreaming as soon as his eyes close, and when he wakes up, 10 to 20 minutes later, he feels wide awake and refreshed.		
a		Primary hypersomnia
b	*	Narcolepsy
c		Sleep terror disorder
d		Circadian sleep disorder
e		Primary insomnia
A young man has felt consistently sleepy during the day for as long as he can remember. Although he sleeps from 9 to 11 hours every night, he wakes up unrefreshed and needs to take a nap at least once a day in order to function. According to his wife and bed partner, he does not snore and he does not kick her while sleeping. Aside from the difficulties caused by his chronic sleepiness, his history is unremarkable.		
a	*	Primary hypersomnia
b		Narcolepsy
c		Sleep terror disorder
d		Circadian sleep disorder
e		Primary insomnia
A 24-year-old woman drops out of college after 2 weeks. When asked why, she states that although she would desperately like to have friends, she is afraid to approach anyone because "they would think I'm just a nerd." Furthermore, in the middle of a class, one of the professors asked her a question and she became extremely uncomfortable. She has never had a significant relationship with anyone other than her parents and sister.		
a		Paranoid
b		Schizotypal
c		Schizoid
d		Dependent
e	*	Avoidant
A 32-year-old man comes to the psychiatrist because he is anxious about his new job. He notes that he previously held a job shelving books in the back of a library, but because of budget cuts he has been forced to interact with customers. He states he doesn't like being around people and prefers being by himself. He appears emotionally cold and detached during the interview.		
a		Paranoid
b		Schizotypal
c	*	Schizoid
d		Narcissistic

e		Borderline
A 19-year-old man comes to the psychiatrist because he can't leave the house without checking the stove, furnace, and water heater 25 times in a specific order. He notes that while he hates to perform this behavior, if he does not, he feels overwhelmingly anxious. It sometimes takes him 3 hours to leave the house in the morning because of this behavior.		
a		Paranoid
b		Schizotypal
c		Schizoid
d		Narcissistic
e	*	No personality disorder apparent
A 32-year-old woman is admitted to the obstetrics ward to deliver a normal full-term infant. Ten hours after the delivery, she tries to steal the infant out of the nursery because she believes that the government of Myanmar is after her and will steal her child. When confronted by a nurse, she attempts to scratch the nurse and grab her child.		
a		Antisocial
b		Obsessive-compulsive
c		Dependent
d		Avoidant
e	*	No personality disorder apparent
A 19-year-old man is brought to the emergency room by his distraught parents, who are worried about his vomiting and profuse diarrhea. On arrival, his pupils are dilated, his blood pressure is 175/105 mm Hg, and his muscles are twitching. His parents report that these symptoms started 2 hours earlier. For the past few days he has been homebound because of a sprained ankle, and during this time he has been increasingly anxious and restless. He has been yawning incessantly and has had a runny nose. Which of the following drugs is this man most likely to be withdrawing from?		
a		Heroin
b		Alcohol
c	*	PCP
d		Benzodiazepine
e		Cocaine
The physician tells this patient from the vignette above that the withdrawal symptoms will peak how long after stopping the use of this substance?		
a		6 hours
b		15 hours
c	*	48 hours
d		3 days
e		1 week
A 28-year-old woman is seen for postpartum blues by the psychiatrist. She states she is depressed because she "did this to her child." The infant has growth retardation, microphthalmia, short palpebral fissures, midface hypoplasia, a short philtrum, a thin upper lip, and microcephaly. Which is the most likely diagnosis of the mother (besides the postpartum blues)?		
a		Bipolar disorder
b		Major depression
c		Hypochondriasis
d	*	Alcohol dependence
e		Cocaine dependence
A 50-year-old man is brought to the emergency department by ambulance. His respirations are shallow and infrequent, his pupils are constricted, and he is stuporous. He was noted to have suffered a grand mal seizure in the ambulance. Which of the following drugs is this man most likely to have overdosed on?		
a		Cocaine
b		LSD
c	*	Meperidine
d		PCP

e		MDMA (Ecstasy)
After ensuring adequate ventilation for the patient in the previous vignette, which of the following interventions should be next?		
a	*	Intravenous naloxone
b		Intravenous phenobarbital
c		Intravenous diazepam
d		Forced diuresis
e		Intramuscular haloperidol
A 22-year-old man arrives at an emergency room accompanied by several friends. He is agitated, confused, and apparently responding to frightening visual and auditory hallucinations. The patient is put in restraints after he tries to attack the emergency room physician. The patient's friends report that he had "dropped some acid" 6 or 7 hours earlier. How much longer will intoxication with this substance last?		
a	*	1 to 6 hours
b		8 to 12 hours
c		14 to 18 hours
d		20 to 24 hours
e		26 to 30 hours
A college freshman, who has never consumed more than one occasional beer, is challenged to drink a large quantity of alcohol during his fraternity house's party. In a nontolerant person, signs of intoxication usually appear when the blood alcohol level reaches what range?		
a	*	20 to 30 mg/dL
b		100 to 200 mg/dL
c		300 mg/dL
d		400 mg/dL
e		500 mg/dL
A 27-year-old man is seen in the emergency room after getting into a fight at a local bar and being knocked unconscious. Upon his arrival in the emergency room, he is alert and oriented X He states that he smokes marijuana 2 to 3 times per week and has done so for years. The last time he smoked was 2 days prior to admission to the emergency room. He also admits using PCP 5 days previously, and he took some of his wife's alprazolam the day prior to coming to the emergency room. Which of the following test results would likely be seen if the patient's urine were tested for substances of abuse in the emergency room?		
a	*	Marijuana +; PCP +; Alprazolam +
b		Marijuana +; PCP -; Alprazolam +
c		Marijuana +; PCP +; Alprazolam -
d		Marijuana -; PCP -; Alprazolam -
e		Marijuana +; PCP +; Alprazolam +
A 35-year-old man stumbles into the emergency room. His pulse is 100 beats per minute, his blood pressure is 170/95 mm Hg, and he is diaphoretic. He is tremulous and has difficulty relating a history. He does admit to insomnia the past two nights and sees spiders walking on the walls. He has been a drinker since age 19, but has not had a drink in 3 days. Which of the following is the most likely diagnosis?		
a		Alcohol-induced psychotic disorder
b		Wernicke's psychosis
c	*	Alcohol withdrawal delirium
d		Alcohol intoxication
e		Alcohol idiosyncratic intoxication
Which of the following is the most appropriate initial treatment for the patient from the previous vignette?		
a		Intramuscular haloperidol
b		Intramuscular chlorpromazine
c		Oral lithium
d	*	Oral chlordiazepoxide
e		Intravenous naloxone
A 45-year-old housewife has been drinking in secret for several years. She started with one or two small glasses of Irish cream per night to help her sleep, but, over time, her nightly intake has increased to four to five shots of		

hard liquor. Now she needs a few glasses of wine in the early afternoon to prevent shakiness and anxiety. During the past year, she could not take part in several important family events, including her son's high school graduation, because she was too ill or she did not want to risk missing her nightly drinking. She is ashamed of her secret and has tried to limit her alcohol intake but without success. Which of the following is the most likely diagnosis?	
a	Alcohol abuse
b	Alcohol addiction
c	Addictive personality disorder
d	* Alcohol dependence
e	Alcohol-induced mood disorder
A 26-year-old woman presents to the psychiatrist with a 1 month history of severe anxiety. She states that before 1 month ago she was a 'normal, laid-back person.' Since that time she rates her anxiety as an 8 on a scale of 1-10. She notes she is afraid to leave the house unless she checks that the door is locked at least 5 times. Which of the following substance-related conditions would most likely cause these kinds of symptoms?	
a	Alcohol intoxication
b	Nicotine withdrawal
c	Caffeine withdrawal
d	* Cocaine intoxication
e	PCP intoxication
A 37-year-old woman is admitted to an inpatient treatment program for withdrawal from heroin. Eighteen hours after her last injection of heroin, she becomes hypertensive, irritable, and restless. She also has nausea, vomiting, and diarrhea. Which medication would be best to treat some of the symptoms of opioid withdrawal?	
a	Chlordiazepoxide
b	Haloperidol
c	Paroxetine
d	Phenobarbital
e	* Clonidine
A 36-year-old woman comes to the emergency room after she is found unresponsive at a party. Urine toxicology is positive for cocaine. Upon awakening, the patient is interviewed and is found to have a history consistent with cocaine abuse. Which of the following is this patient at an increased risk for having?	
a	* Death by suicide
b	Avoidant personality disorder
c	ADHD
d	Bipolar disorder—mania
e	Mild mental retardation
Three policemen, with difficulty, drag an agitated and very combative young man into an emergency room. Once there, he is restrained because he reacts with rage and tries to hit anyone who approaches him. When it is finally safe to approach him, the resident on call notices that the patient has very prominent vertical nystagmus. Shortly thereafter, the patient has a generalized seizure. Which of the following substances of abuse is most likely to produce this presentation?	
a	Amphetamine
b	* PCP
c	Cocaine
d	Meperidine
e	LSD
A 64-year-old man is admitted to the emergency room after he was witnessed having a seizure on the sidewalk. Postictally, the patient was noted to be agitated and disoriented. Vital signs include: blood pressure 165/105 mm Hg, pulse 120 beat/min. From the following list, which is the most likely diagnosis?	
a	Cocaine intoxication
b	* Alcohol withdrawal
c	PCP withdrawal
d	Cocaine withdrawal
e	Alcohol intoxication

In the vignette above, which of the following medications is most likely to be helpful to this patient postictally?		
a		Librium IM
b		Haloperidol po
c		Clonidine po
d		Haloperidol IM
e	*	Lorazepam IM
A 20-year-old man is admitted to the emergency department after an automobile accident, in which his friend drove their car into a light pole. In the emergency department, the man smells strongly of alcohol, and his blood alcohol level is 300 mg/dL. However, he does not show any typical signs of intoxication. His gait is steady, his speech is clear, and he does not appear emotionally disinhibited. Which of the following is the most likely explanation for such a presentation?		
a		The adrenaline generated in the patient because of the effects of the car crash has counteracted the alcohol in his system
b		A value of 300 mg/dL is below the intoxication level
c	*	The man has developed a tolerance to the effects of alcohol
d		There has been a laboratory error
e		The man has recently used cocaine, whose effects counteract the effects of alcohol intoxication
A woman swallows two amphetamines at a party and quickly becomes disinhibited and euphoric. Afterward, she slaps a casual acquaintance because she takes a benign comment as a major offense and starts raving about being persecuted. What mechanism is most responsible for these behaviors?		
a	*	Increased release of dopamine and norepinephrine in the synaptic cleft
b		Inhibition of catecholamine reuptake
c		Activation of NMDA receptors
d		Blockade of dopamine receptors
e		Sensitization of GABA receptors
A 25-year-old woman is dropped on the doorstep of a local emergency room by two men who immediately leave by car. She is agitated and anxious, and she keeps brushing her arms and legs "to get rid of the bugs." She clutches at her chest, moaning in pain. Her pupils are wide, and her blood pressure is elevated. Which of the following substances is she most likely using?		
a		Alcohol
b		Heroin
c		Alprazolam
d		LSD
e	*	Cocaine
A 22-year-old woman comes to the physician with complaints of problems in sleeping. She notes that she has a hard time falling asleep, and when she does finally get to sleep, she awakens multiple times during the night. The patient says that this problem has been getting worse over the last 2 months. She states that she has also noted that she feels both nervous and fatigued during the day. Her mental status examination is otherwise normal. Toxicology screen is negative. Which of the following is the most likely diagnosis?		
a		Sleep apnea
b		Marijuana intoxication
c	*	Caffeine-induced sleep disorder
d		ADHD
e		Major depression
A 22-year-old Asian woman becomes flushed and nauseated immediately after drinking half a glass of wine. She is noted to have slurred speech, ataxia, and nystagmus as well. She is brought to the emergency department by her concerned friends. Which of the following is the most likely diagnosis?		
a		Conversion disorder
b		Panic disorder
c		Histrionic personality disorder
d		Factitious disorder with physical symptoms
e	*	Alcohol intoxication
A 35-year-old man comes to the psychiatrist for treatment of his heroin addiction. He has been an addict for		

over 6 years, and has been injecting heroin for 5 of those 6 years. Three previous attempts at quitting have all been unsuccessful. Which of the following medications is the best option for this man?		
a	*	Methadone
b		Levomethadyl
c		Buprenorphine
d		Naloxone
e		Naltrexone
A 55-year-old man comes to his physician because he wants to stop smoking. He tells the physician that he is desperate to stop because his wife was just diagnosed with emphysema. The patient is willing to work with the physician on behavioral strategies to quit smoking but would also like some medications to help. Which of the following medications should the physician prescribe for this patient?		
a		Lithium
b		Clonazepam
c		Methylphenidate
d	*	Bupropion
e		Amitriptyline
A 22-year-old man is brought to the emergency room after his friends noted he became agitated and was “acting crazy” at a party. The patient was belligerent and agitated in the emergency room as well. On physical examination, vertical nystagmus, ataxia, and dysarthria were noted. The patient has no previous mental or physical disorders. Which of the following is the best treatment option to give immediately?		
a		Continuous nasogastric suction
b	*	Minimization of sensory inputs
c		Urinary acidification
d		Thorazine po
e		Naltrexone IM
A 16-year-old male with a long record of arrests for breaking and entering, assault and battery, and drug possession is found dead in his room with a plastic bag on his head. For several months he had been experiencing headaches, tremors, muscle weakness, unsteady gait, and tingling sensations in his hands and feet. These symptoms (and the manner in which the boy died) suggest that he was addicted to which of the following substances?		
a		PCP
b		Cocaine
c		Methamphetamine
d	*	An inhalant
e		Heroin
A 13-year-old girl is brought to the emergency department by her mother because the girl thinks she is “going crazy.” The girl states that at a friend’s party several hours previously she was given a white tablet to take, which she did. She is now agitated and restless and convinced that she can fly. She also notes that she is having visual, auditory, and tactile hallucinations. On examination, she is noted to have tachycardia, tremors, hypertension, and mydriasis. Which of the following substances did she most likely ingest?		
a		Cannabis
b		Heroin
c		Cocaine
d		MDMA (Ecstasy)
e	*	LSD
A 29-year-old man is brought to the psychiatrist by his wife because she is concerned about his increasing anger, irritability, and hostility over the past 4 months. The patient denies that any of these symptoms are problematic. On physical examination, the patient is noted to have bilateral muscle hypertrophy, especially in the upper body area, and an elevated fat-free mass index. Which of the following substances is most likely being abused by this man?		
a		Amphetamines
b		Alcohol
c	*	Anabolic-androgenic steroids

d		Cocaine
e		PCP
A 16-year-old girl was brought to the emergency department by her mother, after the girl admitted that she had taken an unknown drug at a neighborhood party. The drug was identified as 3,4-methylenedioxymethamphetamine (MDMA), often known as Ecstasy. Which of the following side effects should the physician tell the patient's mother is common with use of this drug?		
a		Anhedonia
b	*	Bruxism
c		Hypotension
d		An increased appetite
e		Suspiciousness and paranoia
A 22-year-old man continues to use alcohol on a once-weekly basis, despite the fact that every time he uses it he does something embarrassing, which he regrets. This has led him to lose some of his friends because they do not want to be around him when such behavior occurs.		
a		Tolerance
b		Potential
c		Withdrawal
d		Dependence
e	*	Substance abuse
A 36-year-old cocaine user notices that the longer he uses the drug, the more of it he requires to achieve the same effect.		
a	*	Tolerance
b		Potential
c		Withdrawal
d		Dependence
e		Addiction
A 22-year-old woman passes out in a bar after one drink of wine. She normally can drink two glasses before she feels any effects from the alcohol. Her psychiatrist has recently started her on a new medication for her nerves.		
a		Tolerance
b	*	Potential
c		Withdrawal
d		Dependence
e		Addiction
A 25-year-old man is brought to the emergency room after he became unconscious at a party. In the emergency room, the patient's respirations are 8/min. and he is unresponsive. Eye witnesses at the party state the patient was observed taking several kinds of pills, drinking alcohol, and snorting cocaine. The patient is given a total of 1.5 mg of flumazenil, at which time he gradually awakens. Which of the following drugs was most likely the agent in this patient's unconsciousness?		
a		Tolerance
b		Potential
c		Withdrawal
d	*	Dependence
e		Addiction
A 40-year-old man comes to the emergency room with symptoms of tachycardia, diaphoresis, mydriasis, and hyperthermia. He also shows muscle twitching and clonus. His medications include a protease inhibitor (for AIDS) and fluoxetine 20 mg daily which was started 1 week ago. What is the problem which most likely brought this man into the emergency room?		
a		AIDS dementia
b		Encephalopathy
c	*	Serotonin syndrome
d		Delirium
e		Anticholinergic crisis
In the vignette above, what is the most likely pathophysiology of this disease process?		

a		The pathophysiology is unknown
b		The patient overdosed on fluoxetine
c		The patient overdosed on his protease inhibitor
d		There is increased sensitivity to these medicines with decreased organic capacity, leading to a delirium
e	*	The protease inhibitor inhibits the metabolism by P450, thus increasing the level of the SSRI
A 32-year-old man is started on Lithium after being diagnosed with bipolar disorder. His psychiatrist explains the risks and benefits of the drug and tells the patient that the drug can affect several organs in the body and he will need blood tests every 6 months. Which of the following labs should be drawn that often on this patient?		
a		T3RU
b	*	TSH
c		BUN
d		CBC
e		No labs need to be drawn with this frequency
An 85-year-old man is brought to the psychiatrist by his wife. She states that for the last 4 months, since the death of his son, the patient has been unable to sleep, has lost 20 lb, has crying spells, and in the last week has been starting to talk about suicide. She notes that he has numerous other medical problems, including prostatic hypertrophy, hypertension, insulin-dependent diabetes, and a history of myocardial infarction. Which of the following medications is most appropriate for the treatment of this patient?		
a		Doxepin
b		Clonazepam
c	*	Sertraline
d		Tranlycypromine
e		Amitriptyline
A 12-year-old boy is very distraught because every time he thinks or hears the word God or passes in front of a church, swear words pop into his mind against his will. He also feels compelled to repeat the end of every sentence twice and to count to 20 before answering any question. If he is interrupted, he has to start from the beginning. Which of the following medications has been proven effective with this disorder?		
a		Alprazolam
b	*	Clomipramine
c		Propranolol
d		Phenobarbital
e		Lithium
A 7-year-old boy is brought to the physician with a 1-year history of making careless mistakes and not listening in class and at home. He is easily distracted and forgetful and loses his schoolbooks often. He is noted to be fidgety, talking excessively, and interrupting others. Which of the following medications is most likely to help with this boy's symptoms?		
a		Haloperidol
b		Alprazolam
c		Lithium
d	*	Methylphenidate
e		Paroxetine
A patient with schizophrenia is being treated with clozapine. He is told he needs an initial CBC, then weekly CBCs for the first 6 months of treatment, which he agrees to do. Four months into the therapy, the patient's WBC count is noted to be 3250 per mm. The patient complains of a mild sore throat. Which of the following actions should the physician take first?		
a	*	Start twice per week CBCs with differential counts. Continue the clozapine
b		Interrupt the clozapine therapy. Get daily CBCs with differential. Restart the clozapine after the CBC normalizes
c		Discontinue the clozapine immediately. Place the patient in protective isolation
d		Consult with a hematologist to determine the appropriate antibiotic therapy
e		Repeat the CBC in 1 week, if the level of WBCs drops again, discontinue clozapine
A 36-year-old man is admitted to the hospital after a suicide attempt, in which he swallowed his entire bottle of lithium pills. In the emergency room, he is noted to be stuporous, with a lithium level of 4.5 meq/L. His urine		

output is noted to be less than one-half what would normally be expected for a patient of his age. Which of the following procedures should be performed next?		
a		Administration of normal saline IV
b	*	Emergency dialysis
c		Administration of benztropine IM
d		Cardiac monitoring
e		Administration of flumazenil
A 32-year-old man comes to the physician with complaints of insomnia. He states for the past 3 weeks he has had difficulty going to sleep, though once he finally gets to sleep, he stays asleep without difficulty. The patient states that he is having no other difficulties. The patient has a past history of alcohol dependence, though he has been sober for over 3 years. Which of the following medications is the best choice to prescribe to help the patient with his sleep?		
a	*	Ramelteon
b		Trazodone
c		Zolpidem
d		Triazolam
e		Zaleplon
In the patient in the vignette above, it is most important to rule out which of the following medical problems before using the desired sleep aid?		
a		Mild COPD
b		Kidney failure
c	*	Severe hepatic impairment
d		Heart disease
e		Seizure disorder
A 57-year-old woman is seeing a psychiatrist for her bipolar disorder. She is started on carbamazepine. Which of the following tests should be done every 3 months during her second year of treatment with this drug?		
a		Platelet count
b		Serum electrolytes
c	*	SGOT
d		ECG
e		Urinalysis
A 52-year-old woman is brought to the emergency room after her husband finds her unresponsive at home. The patient left behind a suicide note, and two empty bottles of pills (sertraline and lorazepam) plus an empty bottle of vodka were found next to the patient. In the emergency room the patient's vital signs are: blood pressure 90/60 mm Hg, pulse 60 beats/min, respirations 6 breaths/min. Which of the following medications is most likely to be helpful in the emergency room setting in this situation?		
a		Acamprosate
b		Zolpidem
c	*	Flumazenil
d		LAAM
e		Disulfiram
A 32-year-old woman comes to the psychiatrist because she is "tired of worrying all the time." She notes that she can't control the worrying, and that she worries about everything; money, her children, who will run the country, "even stupid things." She also reports she has difficulty sleeping and concentrating, and is frequently irritable. She reports that her physician put her on a benzodiazepine to help her sleep, but that it "doesn't work." She requests buspirone, which she read about on-line. Why is this drug a poor choice for this patient?		
a		Her disorder is better treated by another drug
b	*	She has been taking benzodiazepines
c		No drug has been proven effective for her disorder
d		The first-line treatment for this disorder is an SSRI
e		She needs psychotherapy before any drug can be helpful
A 48-year-old woman with a past history of recurrent psychotic depression is admitted to a locked ward during a relapse. On the day of admission, she is placed on nortriptyline 50 mg and risperidone 2 mg at bedtime. Ten days		

later, the patient reports with great concern that her nipples are leaking. Which class of medications is most commonly known to cause this condition?		
a		Benzodiazepines
b	*	Neuroleptics
c		Serotonin reuptake inhibitors
d		Antiseizure medications with mood-stabilizing properties
e		Beta-blockers
Which of the following mechanisms is responsible for the condition in the previous vignette?		
a		Excessive release of monoamines in the synaptic cleft
b		Blockage of serotonin reuptake
c		Activation of NMDA receptors
d	*	Dopamine receptor blockade
e		Sensitization of GABA receptors to the agonistic effects of endogenous GABA
A 44-year-old woman comes to the psychiatrist for treatment of a major depression. Her BMI is She states she has lost 50 lb in the past year and is determined not to gain it back. Which of the following medications would be the best choice to treat her depression, given these circumstances?		
a		Amitriptyline
b		Doxepin
c		Nortriptyline
d		Phenelzine
e	*	Sertraline
A 41-year-old woman comes to the physician for her yearly physical examination. She states her medications include hydrochlorothiazide, omeprazole, and atorvastatin (Lipitor). In addition, she is taking St. John's wort and ginseng. These two alternative medications are most commonly used by many patients for which of the following symptoms?		
a		As an antispasmodic
b	*	For depressed mood
c		To improve appetite
d		To improve concentration
e		For headaches
A 30-year-old woman is diagnosed as bipolar. At the same time that this illness is diagnosed, it is discovered that she is pregnant. Which of the following drugs has the highest risk to the fetus if used?		
a	*	Valproic acid
b		Lithium
c		Chlorpromazine
d		Haloperidol
e		Fluoxetine
A 35-year-old woman with bipolar disorder has been stable on lithium for 2 years. For the past 3 months, she has been easily fatigued, more sensitive to cold, and excessively sleepy. Her hair is dry and brittle, and her face is puffy. Which of the following lab results will most likely be found?		
a	*	Elevated TSH
b		Elevated liver function tests
c		Leukopenia
d		Blunted cortisol response to ACTH
e		Hypocholesterolemia
A 25-year-old woman with bipolar disorder develops a high fever with chills, bleeding gums, extreme fatigue, and pallor 3 weeks after starting on carbamazepine. Which of the following is she most likely experiencing?		
a		Stevens-Johnson syndrome
b	*	Acute aplastic anemia
c		Serotonin syndrome
d		Neuroleptic malignant syndrome
e		Malignant hyperthermia

A 28-year-old woman is brought to the emergency room after her mother called an ambulance. The patient has a history of chronic schizophrenia, which is being treated with antipsychotics. The dosage was recently increased on these medications. In the emergency room the patient has a temperature of 39.44°C (103°F), is rigid, and has a blood pressure alternating between 120/65 and 100/70. Which of the following levels should be closely monitored?		
a		WBC
b	*	Creatine phosphokinase (CPK)
c		Platelet levels
d		Creatinine clearance
e		Antipsychotic levels
A 24-year-old woman comes to the emergency room with complaints of feeling “stiffness and twisting” of her neck and jaw. She describes these symptoms as very uncomfortable and completely involuntary. She has not had these symptoms previously. Her medications include: lithium and trifluoperazine. The patient looks uncomfortable, and her jaw and neck are tense and twisted. Which of the following actions should the physician take first in the emergency room setting?		
a		Gastric lavage for lithium overdose
b	*	Benzotropine IM
c		Diphenhydramine po
d		Trifluoperazine po
e		Draw a lithium level
A 42-year-old man is diagnosed with a psychotic depression and is started on imipramine and perphenazine. When he develops a dystonia, he is begun on benztropine 2 mg/day. One week later, his wife reports that the patient has become unusually forgetful and seems disoriented at night. On physical examination, the man appears slightly flushed, his skin and palms are dry, and he is tachycardic. He is oriented to name and place only. He showed none of these symptoms during his last appointment. Which of the following is the most likely diagnosis?		
a	*	Anticholinergic syndrome
b		Neuroleptic malignant syndrome
c		Extrapyramidal side effect
d		Akathisia
e		Dementia
A 36-year-old woman is diagnosed with a paranoid delusional disorder after she repeatedly called police to her home, convinced the neighbors were about to harm her by electrocuting her in her sleep. She is started on olanzapine. Which of the following side effects is this patient at greater risk for while on this medication?		
a		Increased sweating
b		Neuroleptic malignant syndrome
c		Insomnia
d	*	Glucose abnormalities
e		Hyponatremia
A 56-year-old woman who was diagnosed with paranoid schizophrenia in her early twenties has received daily doses of various typical neuroleptics for many years. For the past 2 years, she has had symptoms of tardive dyskinesia. Discontinuation of the neuroleptic is not possible because she becomes aggressive and violent in response to command hallucinations when she is not medicated. Which of the following actions should be taken next?		
a		Start the patient on benztropine
b		Start the patient on amantadine
c		Start the patient on propranolol
d		Start the patient on diphenhydramine
e	*	Switch the patient to clozapine
A 27-year-old man is started on several new medications for treatment of a depressed mood. He returns to the physician's office after 2 weeks stating that on two separate occasions his wife noted that he got up from bed, went to the kitchen, and consumed large quantities of food in the middle of the night. The patient has no memory of this behavior. Which one of the following drugs could have been given that can produce this paradoxical response?		

a		Sertraline
b		Lorazepam
c	*	Zolpidem
d		Fluoxetine
e		Valproic acid
A 23-year-old man was admitted to a psychiatric inpatient service for treatment of auditory hallucinations of a command nature, telling him to kill himself. He is started on perphenazine. One day later he is noted to be increasingly anxious and pacing the halls. He states he feels as if he “has to move” and that pacing helps a little. He denies that his mind is racing. Which of the following actions should the psychiatrist take next?		
a		Increase the patient’s perphenazine
b		Discontinue the perphenazine
c		Give Vitamin E po
d		Give diphenhydramine
e	*	Give propranolol
A 53-year-old man is admitted to psychiatry after a serious suicide attempt. He remains nearly catatonic on the unit, refusing to either eat or drink. He also remains quite suicidal, and requires one-to-one observation at all times. Which of the following is the most appropriate treatment?		
a		Tricyclic + SSRI in combination
b		SSRI at a higher than normal dose
c		SSRI + antipsychotic
d		Transcranial magnetic stimulation
e	*	ECT
The patient in the vignette above is to be given ECT. Which of the following anesthetic agents should be used prior to the procedure?		
a		Fentanyl
b		Chloral hydrate
c	*	Methohexital
d		Alprazolam
e		Amobarbital
A 25-year-old man is brought to the emergency room after taking a large overdose of benzodiazepines. He is treated with flumazenil and slowly awakens. Shortly thereafter, he has a seizure. Which of the following is the most likely precipitant?		
a		Alcohol withdrawal
b		Flumazenil overdose
c		Opioid withdrawal
d	*	Preexisting seizure disorder
e		Insufficient flumazenil dose
A 72-year-old man develops acute urinary retention and blurred vision after taking an antidepressant for 3 days. Which of the following medications is most likely to cause such side effects?		
a		Venlafaxine
b		Paroxetine
c		Bupropion
d		Nefazodone
e	*	Amitriptyline
A 43-year-old woman comes to the physician because she wants a medication to help her stop smoking. On history, it is also found that she meets the criteria for a hypoactive sexual desire disorder. Which of the following medications will be the most helpful for this patient?		
a		SSRI + nicotine patch
b	*	Bupropion
c		SSRI alone
d		Carbamazepine
e		MAOI + nicotine patch
A 9-year-old girl is brought to the physician because she is noted to be easily distractible and fidgety and is		

generally difficult to get focused at school. The physician starts the girl on Ritalin. Which of the following cautions about the drug should the physician give the child's mother?		
a		Do not give the medication with food
b	*	Do not give the medication after noon
c		Do not give the medication with other medications
d		The medication may cause photosensitivity
e		The medication may precipitate mania
An 8-year-old boy has been constantly clearing his throat and blinking his eyes for the past 3 weeks. He has had these symptoms intermittently for several years and has never been completely free of them for more than a day or two. Which of the following medications should be considered first?		
a		Alprazolam
b		Methylphenidate
c	*	Haloperidol
d		Amitriptyline
e		Lithium
During a 2-month period, a 72-year-old woman who has senile dementia becomes increasingly withdrawn, shows little interest in food, has trouble sleeping, and appears to become more severely demented. Her medical status is unchanged. Which of the following is the most appropriate course of treatment?		
a		Diphenhydramine at bedtime to improve sleep
b		Diazepam three times daily
c		Imipramine at night
d		Perphenazine at bedtime
e	*	Sertraline in the morning
A 34-year-old woman with a history of alcohol abuse has her first relapse after 2 years of sobriety. Fearing that she may not be able to stay away from alcohol, she asks her primary care physician to prescribe disulfiram. The following week, she arrives at the emergency room with facial flushing, hypotension, tachycardia, nausea, and vomiting. She denies any recent ingestion of alcohol. Which of the following is most likely to have caused her symptoms?		
a		Aged cheese
b	*	Cough syrup
c		An overripe mango
d		Two 30-mg tablets of pseudoephedrine
e		A bar of chocolate
The effect of disulfiram depends on which of the following mechanisms?		
a		Monoamine oxidase inhibition
b		Lactate dehydrogenase inhibition
c		Dopamine receptor blockade
d		α_2 -Receptor antagonism
e	*	Acetaldehyde dehydrogenase inhibition
A 24-year-old man comes to see his physician after he is involved in a serious car crash because he fell asleep while driving. For several years, he has had severe daytime sleepiness, episodes of falling asleep without warning, and hypnagogic hallucinations. Which of the following is the most appropriate medication for this patient?		
a		Melatonin
b		Clonazepam
c	*	Methylphenidate
d		Thyroxine
e		Bromocriptine
For several weeks, a 72-year-old retired physician with Parkinson disease and mild dementia has been talking about "those horrible people that come to bother me every night." He is convinced that someone is plotting against him, and he has nailed his window shut for fear of intruders. More recently, he has started showing signs of thought disorder, mostly in the evening and at night. Which of the following antipsychotic medications is best to use on a patient with Parkinson disease?		

a		Haloperidol
b		Perphenazine
c		Fluphenazine
d	*	Clozapine
e		Chlorpromazine
A 38-year-old woman is being seen by her psychiatrist for the treatment of her bipolar disorder. She is taking carbamazepine and sertraline and has been well-controlled. At her last visit, her carbamazepine level was above therapeutic. She states she has not taken extra, but has recently started taking another medication prescribed by her physician. Which of the following medications is most likely to increase carbamazepine concentrations in this manner?		
a		Theophylline
b	*	Erythromycin
c		Warfarin
d		Cisplatin
e		Hormonal contraceptives
A 29-year-old woman with a previous diagnosis of bipolar disorder is hospitalized during an acute manic episode. She is elated, sexually provocative, and speaks very fast, jumping from one subject to another. She tells the nurses that she has been chosen by God to be "the second virgin Mary." BUN, creatinine, electrolytes, TSH, and an ECG are within normal limits. What other test is necessary before starting the patient on lithium?		
a	*	Pregnancy test
b		Total bilirubin
c		EEG
d		Iron-binding capacity
e		Chest x-ray
After appropriate tests are obtained to the patient in the previous vignette, lithium treatment is started. Within what time interval does this medication come to steady state with regular administration?		
a		Less than 24 hours
b		1 to 4 days
c	*	5 to 8 days
d		2 to 3 weeks
e		1 to 2 months
A 25-year-old woman with schizophrenia is started on an antipsychotic medication to control her symptoms. While her hallucinations decrease on the medication, she notes that she feels as if her "skin is crawling" and her legs "want to move by themselves." She is very uncomfortable with these symptoms and paces the floor continuously because of them. Her psychiatrist recommends propranolol to help control these symptoms. For which of the following comorbid medical conditions would this medication be contraindicated for this patient?		
a		Obesity
b	*	Asthma
c		Alcohol abuse
d		Hypertension
e		Breast cancer
Which of the following hormones is most commonly used in the adjuvant treatment of depression?		
a		Progesterone
b		Cortisol
c		ACTH
d	*	Levothyroxine
e		Prolactin
A 32-year-old woman is prescribed nortriptyline for her first episode of major depression. The initial dose is 25 mg at bedtime, gradually increased over the next week to 50 mg at bedtime. Two days after the dosage increase, the woman develops urinary retention, blurred vision, and severe constipation. Her blood level is 280 ng/mL (recommended therapeutic window is 50 to 150 ng/mL) 12 hours after the last dose. Which of the following best explains this toxic blood level?		
a		The patient smokes 15 cigarettes a day

b		The patient takes carbamazepine 200 mg three times a day to treat trigeminal neuralgia
c		The prescribed dose is excessively high
d		The patient has taken 800 mg of ibuprofen for headaches every day for the past week
e	*	The patient is a poor metabolizer
A patient with refractory schizophrenia has been almost free of active psychotic symptoms and has been functioning considerably better since he was placed on clozapine 500 mg/day, but he has experienced two episodes of grand mal seizure. Which of the following steps should be taken next?		
a		Discontinue the clozapine and begin another antipsychotic
b		Decrease the clozapine
c		Stop the clozapine and start valproic acid
d		Add Tegretol to the clozapine
e	*	Temporarily stop the clozapine and start phenobarbital
A patient reports that she has become depressed with the onset of winter every year for the past 6 years. Which of the following treatments is most likely to be helpful?		
a	*	Phototherapy
b		Biofeedback
c		Electroconvulsive therapy
d		Benzodiazepines
e		Steroid medication
A 19-year-old girl is taken hostage with other bystanders during an armed robbery. She is freed by police intervention after 10 hours of captivity, but only after she has witnessed the shooting death of two of her captors. Months after this event, she has flashbacks and frightening nightmares. She startles at every noise and experiences acute anxiety whenever she is reminded of the robbery. Which of the following medications would most likely help decrease this patient's hyperarousal?		
a	*	Clonidine
b		Methylphenidate
c		Bupropion
d		Valproate
e		Thioridazine
A 72-year-old man with a long history of recurrent psychotic depression is hospitalized during a relapse. He has prostatic hypertrophy, coronary heart disease, and recurrent orthostatic hypotension. Which of the following is the most appropriate antipsychotic medication for this patient?		
a		Chlorpromazine
b		Clozapine
c		Thioridazine
d	*	Haloperidol
e		Olanzapine
A 47-year-old businessman who has taken paroxetine 40 mg/day for 6 months for depression leaves for a 2-week business trip overseas and forgets his medication at home. Since his depression has been in full remission for at least 3 months, he decides to stop the treatment without talking with his psychiatrist. Two days later, he becomes very irritable, tearful, dizzy, and nauseated. He shivers and feels like he has a bad cold. Which of the following is the most likely cause of such symptoms?		
a		Relapse of his major depression
b		Serotonin syndrome
c	*	SSRI discontinuation syndrome
d		Manic episode
e		Jet lag
The benzodiazepines' action depends on their interaction with which of the following receptors?		
a	*	GABA
b		Serotonin
c		NMDA-glutamate
d		Dopamine
e		Acetylcholine

A 42-year-old woman with atypical depression who has responded well to an MAOI presents to an emergency room with severe headache. Her blood pressure is 180/110 mm Hg. She states that she has been carefully avoiding high-tyramine foods as she was told, but she admits that a friend gave her two tablets of a cold medication shortly before her symptoms started. Which of the following over-the-counter medications is contraindicated with MAOI treatment?		
a	*	Pseudoephedrine
b		Acetaminophen
c		Diphenhydramine
d		Ibuprofen
e		Guaifenesin
If the woman's symptoms from the vignette above were caused by a dietary indiscretion, which of the following foods would be the most probable cause of her symptoms?		
a	*	A slice of pepperoni pizza
b		A bagel with cream cheese
c		A chocolate candy bar
d		A glass of red wine
e		A cup of coffee
A 28-year-old woman is embarrassed by her peculiar tendency to collapse on the floor whenever she feels strong emotion. Since this disorder is caused by REM sleep intrusion during daytime, a neurologist prescribes a medication that reduces and delays REM sleep. Which of the following medications did the neurologist most likely prescribe?		
a		Clonazepam
b		Methylphenidate
c		Pimozide
d	*	Desipramine
e		L-dopa
A mentally retarded male adolescent who has been increasingly aggressive and agitated receives several consecutive IM doses of haloperidol, totaling 30 mg in 24 hours, as a chemical restraint. The next day, he is rigid, confused, and unresponsive. His blood pressure is 150/95 mm Hg, his pulse is 110 beats/min, and his temperature is 38.9°C (102°F). Both his WBC count and CPK levels are very high. Which of the following is the most likely diagnosis?		
a		Acute dystonic reaction
b		Neuroleptic-induced Parkinson disease
c		Malignant hyperthermia
d	*	Neuroleptic malignant syndrome
e		Catatonia
Which of the following medications can be effective in treating the condition from the vignette above?		
a	*	Bromocriptine
b		Carbamazepine
c		Chlorpromazine
d		Lithium
e		Propranolol
A 7-year-old boy who wets the bed at least three times a week and has not responded to appropriate behavioral interventions is diagnosed with ADHD. Which of the following medications is indicated to treat both disorders?		
a		Bupropion
b		Dextroamphetamine
c		Clonidine
d		Risperidone
e	*	Imipramine
A 47-year-old man comes to a physician for treatment of his impotence. He has had a 20-year history of IDDM, well-controlled, and a 12-year history of alcohol dependence, though he has been sober for 3 years. He is prescribed sildenafil. Which of the following adverse effects is most commonly associated with this drug?		
a		Hypoglycemia

b		Ketoacidosis
c		Liver failure
d	*	Myocardial infarction
e		Arteritic anterior ischemic optic neuropathy (NAION)
Which of the following serum level ranges is the target for lithium use in acute mania?		
a		0.5 to 1.0 meq/L
b	*	1.0 to 1.5 meq/L
c		1.5 to 2.0 meq/L
d		2.0 to 2.5 meq/L
e		2.5 to 3.0 meq/L
Which of the following cardiovascular effects can be most problematic secondary to TCA use?		
a		Decreased myocardial contractility
b	*	Slowing of cardiac conduction
c		Increased risk for cardiac ischemia
d		Toxic cardiomyopathy
e		Thickening of mitral valve cusps
A 35-year-old painter is very frustrated by a fine tremor of her hands that worsens when she works and causes her to smudge her paintings. She was started on a medication several months ago after she had begun to believe that she was the "next Picasso." During that time, she was also hypersexual and bought a car on her husband's credit card.		
a		Parkinsonian tremor
b		Akathisia
c		Rabbit syndrome
d	*	Lithium-induced tremor
e		Akinesia
An 18-year-old male is admitted to a locked psychiatric unit after he assaulted his father. He is convinced that his family members have been replaced with malevolent aliens and hears several voices that comment on his actions and call him demeaning names. Two days after initiating treatment, he develops a painful spasm of the neck muscles and his eyes are forced into an upward gaze.		
a		Parkinsonian tremor
b		Akathisia
c		Neuroleptic malignant syndrome
d	*	Dystonia
e		Anticholinergic syndrome
A 55-year-old man was diagnosed with a mental illness at the age of 18. At that time, he was noted to have hallucinations of two men commenting on his behavior and delusions that God was going to punish him for not finishing college. Once started on medications, the hallucinations and delusions lessened, though he remained socially isolative and apathetic. After 35 years on the same medication, he has a coarse, pill-rolling tremor that worsens at rest and improves during voluntary movements.		
a	*	Parkinsonian tremor
b		Akathisia
c		Neuroleptic malignant syndrome
d		Dystonia
e		Anticholinergic syndrome
A 45-year-old woman with schizoaffective disorder has received neuroleptic medications, antidepressants, and mood stabilizers for at least 20 years. She presents with very rapid chewing movements. Other facial muscles, her trunk, and extremities are not affected, and her tongue does not dart in and out of her mouth when she is asked to protrude it.		
a		Parkinsonian tremor
b		Seizure activity
c	*	Rabbit syndrome
d		Lithium-induced tremor
e		Akinesia

In order to successfully sue for medical malpractice, a plaintiff must prove four elements. Three of these elements are negligent performance of patient care, harm to the patient as a direct result of the physician's actions, and damage or harm to the patient. Which of the following is the fourth element?		
a		The patient was not informed of the actions the physician was taking
b		The patient was not in agreement with the treatment plan
c		Notes were not kept in an orderly and complete fashion
d	*	There was a duty on the part of the physician to treat the patient
e		There was intent to harm the patient
A 56-year-old woman in the last stages of amyotrophic lateral sclerosis asks for her life support to be stopped and to be allowed to die. Her family members disagree with her decision and go to court to keep the patient alive. A psychiatric evaluation finds the patient mentally sound and fully able to understand the consequences of her decision. Which of the following actions should be taken next?		
a		The family's desires overrule the patient's wishes, so the patient's life support should be continued
b		Terminating one's life is illegal, so the patient's life support should be continued
c		A guardian must be appointed to make decisions on behalf of the patient so that a neutral third party can decide this issue
d		Since the patient's life expectancy is more than 2 weeks, she cannot be allowed to die and her life support should be continued
e	*	The patient is competent, and as such she has the right to refuse unwanted medical treatment—her life support should be withdrawn
An emaciated 26-year-old man is brought to the emergency room by the local police late one night in the dead of winter. The police tell the psychiatrist on call that the man was preaching loudly at a nearby busy intersection, sometimes walking into traffic to approach drivers while dressed only in a thin robe despite the freezing temperatures. On interview, the psychiatrist notes that the man displays delusions of special connections to God and discounts any concern for his physical safety, as he will leave his fate to God. The patient refuses voluntary admission, stating that he must get back to his divine mission. On what grounds would the emergency room psychiatrist be most justified in hospitalizing the patient involuntarily?		
a	*	The patient is so disorganized as to be unable to attend to his basic physical needs
b		The patient is suffering from acute psychosis
c		The patient is at risk for causing harm to other people
d		The patient's psychiatric disorder is likely to worsen in the future without treatment
e		The patient's behavior could be interpreted as actively suicidal
The patient in the vignette above is admitted to the hospital involuntarily. On the inpatient unit, he is noted to be mild-mannered and soft-spoken. He refuses all forms of treatment, stating that God is his only healer. While the patient is not particularly disruptive and not aggressive in any way, staff are nevertheless concerned about his refusal of treatment. In fact, he is noted to be trying very persistently to "convert" the other patients and staff on the unit, sometimes to their marked irritation. A decision is made by the staff to medicate the patient against his will. Subsequently, members of the patient's family bring suit against the clinical team working with the patient. On what grounds would the lawsuit initiated by the family most likely be brought?		
a		The involuntary treatment violated the family's constitutional rights
b		The treatment violated the family's religious beliefs
c	*	The patient had a right to refuse treatment because he was not in any immediate danger
d		The treatment could have caused side effects
e		The patient did not have a history of aggressive behavior
The family of a 49-year-old chronic schizophrenic male brings a lawsuit against the community mental health center where he has been treated for the past 14 years. They express concern that the patient has developed some persistent chewing movements of his mouth, over which he appears to have no control. On what grounds would such a lawsuit most likely be successful?		
a	*	The patient had not been given adequate disclosure of the risks and benefits of his treatment
b		The patient received improper medication
c		The patient received excessively high doses of medications
d		The family had not given informed consent for the treatment
e		The doctors had not told the family that the treatment was potentially harmful.

A 46-year-old man is on a ventilator and has been irreversibly and severely brain damaged as a result of a motorcycle accident. Prior to the crash, he had told his wife during conversations about this kind of incapacity that he would not wish to have the life support withdrawn because he said he had “seen stories of medical miracles occurring where people awoke from these states.” He had not, however, signed a living will. The patient’s parents are requesting that the life support be withdrawn because they cannot bear to see their son existing in this manner. Which of the following actions should be taken (and why), given these circumstances?	
a	The life support should be withdrawn because the parents wish it and no living will has been signed by the patient
b	The life support should be withdrawn because there is no hope of the patient’s recovery
c	* The life support should be continued because the patient’s wishes are clearly known, even though there is no living will
d	The life support should be continued because in the absence of a living will, a hospital will get sued if it is withdrawn
e	The case should be heard in front of a court so that the decision can be made by a neutral third party
A 4-year-old boy is brought to the emergency room by his mother secondary to a fracture of his left femur. The mother states that the boy fell down the stairs at home, and that he has “always been clumsy.” X-rays of the boy’s leg confirm the fracture, and physical examination reveals bruises of various ages on the boy’s chest and abdomen. Which of the following should the physician do first?	
a	Arrange for a comprehensive psychiatric evaluation of the child
b	* Ensure the child’s safety
c	Report the case to the appropriate child-family social service department
d	Order a complete skeletal survey (x-rays) of the child
e	Request social work intervention
The landmark decision in Tarasoff I held that a therapist has an obligation to do which of the following?	
a	Protect the confidentiality of information obtained during therapy
b	Notify the police when a patient is involved in illegal activities
c	Report a minor’s sexual activity to the patient’s parents
d	* Warn the potential victim of a potentially violent patient
e	Seek informed consent from patients who are given neuroleptic medications
Which of the following is the most common cause of malpractice claims in psychiatric practice?	
a	* Improper treatment resulting in physical injury
b	Homicide
c	Sexual involvement between physician and patient
d	Failure to treat psychosis
e	Improper certification in hospitalization
A 63-year-old physician comes to a psychiatrist because he “just can’t handle it anymore.” The physician states he had to tell a patient that she is dying, and it “tore him apart.” He is concerned that he will be unable to care for this patient well because his own feelings keep getting in the way. Which of the following best describes a risk factor for physicians to develop such aversive reactions to the care of dying patients?	
a	The physician feels professionally secure
b	The physician has a healthy extended family
c	The physician can tolerate high levels of ambiguity
d	* The physician identifies the patient with someone in his own life
e	The physician has resolved grief issues
Which of the following statements refers to the principle of beneficence?	
a	* Prevent harm and promote well-being
b	Do no harm
c	Treat indigent patients without monetary compensation
d	Provide universal health care
e	Build the patient-doctor relationship on trust
In Tarasoff II, the second decision by the California Supreme Court on the case, the original Tarasoff ruling was revised by the addition of which of the following?	
a	Requiring the warning of only identifiable potential victims

b		Imposing legal liability on police
c		Requiring hospitalization of patients deemed dangerous
d	*	Instituting a duty to protect potential victims, not just warn them
e		Requiring use of neuroleptic medication to treat potentially dangerous patients
<p>A 72-year-old psychiatrist is being sued by his patient for abandonment. The suit states that the physician told the patient he was retiring with 2 months notice. He provided the patient with three phone numbers of other psychiatrists in town, all of whom had agreed to see the patient, and all of whom took the patient's insurance. Two of these three physicians were female. Does this patient have a valid claim of abandonment?</p>		
a		Yes—the notice should have been at least 6 months
b		Yes—more than three referral numbers should have been given
c		Yes—all psychiatrists that were given as possible new doctors should have been male
d		Yes—the psychiatrist should have introduced the patient to her new patient before he retired
e	*	No—adequate notice and follow up care were given
<p>A 57-year-old man is seeing a psychiatrist for the treatment of his major depression. During the course of his treatment, the man describes in great detail the fact that he has molested several children. Some of these molestations occurred decades previously, but one, according to the patient, is ongoing, involving a 10-year-old boy who lives in an apartment next door to the patient. Which of the following actions should the psychiatrist take next?</p>		
a		The psychiatrist should take no action outside the therapeutic setting but, rather, try to explore the unconscious determinants of this patient's behavior
b		The psychiatrist should take no action outside the therapeutic setting because the patient is protected by confidentiality laws
c		The psychiatrist should admit the patient to a psychiatric hospital and call the boy's parents to alert them to the danger
d		The psychiatrist should call the police and have them apprehend the patient at the next treatment session
e	*	The psychiatrist should immediately report the patient's behavior to the appropriate state agency
<p>A 24-year-old woman sues her psychiatrist for abandonment because he retired from practice. She states that her mental condition has deteriorated significantly since he left because he had provided her care for over 5 years and knew her "better than anyone." She states that the psychiatrist gave her 6 months' notice of his retirement and gave her the names of four psychiatrists whom he had determined had treatment openings for new patients. She states that she had seen one of the psychiatrists on the list 1 month after her original psychiatrist retired, but that this new psychiatrist did not know her very well. Which of the following is the most likely outcome of this lawsuit?</p>		
a		The psychiatrist will be found guilty of dereliction of duty
b		The psychiatrist will be found guilty of abandonment because he did not give notice of his retirement early enough
c		The psychiatrist will be found not guilty of abandonment but will be censured for unethical treatment of his patient
d	*	The psychiatrist will be found not guilty of abandonment, since he provided his patient with reasonable notice and a reasonable effort to find her a new therapist
e		The psychiatrist will be found guilty of abandonment because he did not make sure that his patient had actually seen another psychiatrist before his retirement
<p>A 78-year-old man chooses his wife to be his surrogate for decision making because he has been diagnosed with Alzheimer disease and knows that he will not be capable of making such decisions in the future. Two years later, the disease is fairly advanced, and the patient is hallucinating at night, which often disrupts his ability to sleep. The patient's physician recommends a low dose of an antipsychotic medication for the patient. How should the patient's wife make the decision whether or not to have the medication administered?</p>		
a		The wife should use her own best judgment based on what she would want done for herself in the same situation
b	*	The wife should use substituted judgment, which requires her to decide what to do, based on what the patient would have wished if he were capable of making the decision
c		The wife should use the best-interests approach, which means that she should make the decision based on what could reasonably be assumed to be in the patient's best interest

d		The wife should follow the physician's recommendation, whatever it is, because the physician can be assumed to have the patient's best interests at heart
e		The wife should consult with another physician about the use of a new medication before she makes any decisions
A 43-year-old woman with a long history of schizophrenia complains of a loss of night vision. Which of the following medications is most likely responsible?		
a		Haloperidol
b	*	Thioridazine
c		Risperidone
d		Chlorpromazine
e		Clozapine
A 28-year-old man with a history of a psychiatric admission 6 months previously is seen in the emergency department with a painful erection, which he says has persisted for 18 hours. Which of the following is the best next step?		
a	*	Epinephrine injection into the penis
b		Follow-up in 12 hours
c		Oral benzodiazepines and careful observation
d		Magnetic resonance imaging of the lumbosacral spine
e		IM injection of benzotropine
A 57-year-old woman complains of feeling dizzy when she gets up in the morning and when standing. She takes imipramine each evening for depression. Which of the following is the most likely cause of her symptoms?		
a		Hypovolemia from decreased appetite
b		Hypoglycemia
c		Diabetes insipidus
d	*	Alpha-adrenergic blockade
e		Dehydration
A 34-year-old man is seen in the emergency department with a headache, dizziness, and blood pressure of 210/150 mm Hg. He has no medical problems, states that he feels fine, and says that last night he even had a nice meal with wine. Which of the following medications is he most likely taking?		
a		Bupropion
b		Lithium
c		Amitriptyline
d	*	Phenelzine
e		Fluoxetine
A 22-year-old college student with a history of depression is being treated with sertraline. He enjoys drinking beer on the weekends. Which of the following side effects is most likely to occur?		
a		Alcohol potentiation
b		Alcohol withdrawal
c	*	Sexual dysfunction
d		Diabetes insipidus
e		Serotonin syndrome
Because of the side effects of his original antidepressant, the college student in question II.5 is switched to another agent. He comes to the emergency department several days later with muscle spasms, confusion, fever, tachycardia, and hypertension. Which of the following is the most likely cause?		
a	*	Serotonin syndrome
b		Cocaine intoxication
c		Meningitis
d		Alcohol withdrawal (delirium tremens)
e		Neuroleptic malignant syndrome (NMS)
A 17-year-old adolescent suffers from bulimia nervosa and is very depressed. She is also suffering from insomnia and apathy. Which of the following medications should be avoided?		
a		Fluoxetine

b		Trazodone
c		Imipramine
d	*	Bupropion
e		Amitriptyline
A 32-year-old woman has been taking medication (the name of which she does not remember) for her psychiatric condition. She complains of excessive thirst and urinating “all the time.” Which of the following is the most likely diagnosis?		
a	*	Bipolar disorder
b		Major depression
c		Panic disorder
d		Schizophrenia
e		Social phobia
A 29-year-old man who “hears voices” at times complains of fever and chills. His temperature is 102°F (38.9°C) with no findings of infection. His white blood cell count is 800 cells/mm ³ . Which of the following medications is most likely responsible?		
a		Haloperidol
b		Risperidone
c	*	Clozapine
d		Thioridazine
e		Fluphenazine
A 38-year-old woman is admitted to the hospital for an elective hysterectomy. On hospital day 3, she experiences auditory and visual hallucinations, has tremors, and is agitated. Which of the following would be the best therapy?		
a		Selective serotonin reuptake inhibitor (SSRI)
b		Propranolol
c		Imipramine
d	*	Benzodiazepine
e		Atypical antipsychotic
A 35-year-old African American woman with bipolar disorder delivers a male newborn who has spina bifida. Which of the following is the most likely etiology?		
a		Advanced maternal age
b	*	Mood-stabilizing medication
c		Folate excess
d		Ethnicity
e		Maternal malnutrition
A 39-year-old man tries to commit suicide by taking an overdose of amitriptyline tablets. He is rushed to the emergency room where resuscitation is attempted but fails. Which of the following is most likely to be noted during the attempted resuscitation or the autopsy?		
a		Massive coronary artery occlusion
b		Aortic valve stenosis
c	*	Electrocardiographic conduction abnormalities
d		Cardiac tamponade
e		Massive pulmonary embolism
A 70-year-old woman presents to her primary care provider complaining of fatigue for the past 7 weeks. She admits to difficulty falling asleep, a poor appetite with a 10-lb weight loss, and thoughts of wanting to die. She admits to having had symptoms similar to these on several occasions in the past, but “never this bad.” Her medical problems include asthma and high cholesterol. She uses an albuterol inhaler only as needed. Which of the following symptoms is necessary in order to make a diagnosis of major depressive disorder?		
a	*	Depressed mood
b		Decreased appetite
c		Excessive guilt
d		Fatigue
e		Suicidal ideation

A 44-year-old woman comes to your office for a follow-up visit. She recently received a diagnosis of major depressive disorder and began treatment with citalopram (an SSRI) 6 weeks ago. She claims to feel “happy again,” without further depression, crying spells, or insomnia. Her appetite has improved, and she has been able to focus at work and enjoy time with her family. Although she experienced occasional headaches and loose stools at the beginning of her treatment, she no longer complains of any side effects. Which of the following is the most appropriate next step in her treatment?	
a	Consider a different class of antidepressants
b	Discontinue the citalopram
c	Increase the dose of citalopram
d	Lower the dose of citalopram
e	* Maintain the current dose of citalopram
Which of the following side effects common to SSRIs is the woman most likely to complain of in the future?	
a	* Anorgasmia
b	Headaches
c	Insomnia
d	Nausea
e	Tremor
The woman has remained on the citalopram, and she is tolerating it well, but she worries about “always having to take medication.” What is her risk of recurrence if she is not maintained on antidepressant medication?	
a	0% to 10%
b	10% to 25%
c	25% to 50%
d	* 50% to 85%
e	85% to 100%
A 54-year-old, psychotic, homeless man is brought into the emergency department by the police for medical clearance, after being picked up for aggressive behavior and disorderly conduct. He has a history of alcoholism, substance abuse, as well as poorly controlled diabetes and hypertension. Which of the following symptoms is most specific to a diagnosis of schizophrenia, as opposed to other etiologies of psychosis?	
a	Auditory hallucinations
b	* Belief that one has the power of an alien species
c	Catatonic symptoms
d	Depression
e	Inappropriate affect
A 46-year-old man presents with a long-standing belief that his thoughts are being taken from his head and used to create a blockbuster movie. He is certain that the government is involved because they often communicate with him through a microchip they have implanted in his brain. Although he feels frustrated at being taken advantage of, he denies any significant depressive symptoms and is often able to enjoy playing cards with his peers at the group home.	
a	Major depression with psychotic features
b	Schizoaffective disorder
c	* Schizophrenia
d	Psychosis secondary to a general medical condition
e	Substance-induced psychotic disorder
A 78-year-old man presents with 4 weeks of significant depression following the sudden, unforeseen death of his wife of 35 years. He reports difficulty sleeping, a 10-lb weight loss, frequent crying spells, and profound guilt over surviving her. For the last several days, he has been convinced that his body is literally decaying. He admits to seeing his wife’s face during the day, as well as hearing her voice telling him to kill himself and join her.	
a	* Major depression with psychotic features
b	Schizoaffective disorder
c	Schizophrenia
d	Psychosis secondary to a general medical condition
e	Substance-induced psychotic disorder

A 27-year-old woman states that for approximately 6 months she has believed that Michael Jackson is in love with her. She insists that he has professed his intentions to marry her through messages in his song lyrics. She has written numerous letters to him and loitered around his home, resulting in several arrests. She is irritated because, although he won't meet with her in person, he often calls her name outside her window when no one else is around. For the past several weeks, she has slept approximately only 2 hours a night but still has enough energy to continuously redecorate her apartment in preparation for her wedding to Mr. Jackson. She admits to feeling "on top of the world" because Michael Jackson has chosen her and that she "can't stop talking about it."	
a	Major depression with psychotic features
b	* Schizoaffective disorder
c	Schizophrenia
d	Psychosis secondary to a general medical condition
e	Substance-induced psychotic disorder
A 28-year-old man describes a persistent fear of speaking in public. Although he does not have difficulty with one-on-one situations, when giving a lecture he becomes extremely anxious, worrying that he will be humiliated. He relates one episode in which he was forced to speak at the last minute, which resulted in his experiencing panic, shaking, abdominal cramps, and a fear that he would defecate on himself. Because of this problem, he has been held back from promotion at his place of business. Which of the following is the most likely diagnosis?	
a	Generalized anxiety disorder
b	Panic disorder with agoraphobia
c	Panic disorder without agoraphobia
d	* Social phobia
e	Specific phobia
A 40-year-old woman presents with complaints of not being able to leave her house. For the past 5 years, she has had increasing difficulty traveling far from home. She constantly worries that she will not be able to get help if she "freaks out." In fact, she has had numerous unprovoked episodes of intense fear, associated with shortness of breath, chest pain, diaphoresis, and dizziness, that lasted for 20 minutes. She is convinced that if she drives too far from home, she will have an attack and not be able to obtain help. Which of the following is the most likely diagnosis?	
a	Generalized anxiety disorder
b	* Panic disorder with agoraphobia
c	Panic disorder without agoraphobia
d	Social phobia
e	Specific phobia
A 25-year-old woman describes a lifelong history of being "scared of heights." She becomes uncomfortable when higher than three stories and whenever traveling or shopping becomes preoccupied with knowing the heights of buildings. On finding herself at a significant elevation, she has severe anxiety symptoms such as trembling, lightheadedness, numbness and tingling, and a fear of dying. Which of the following is the most likely diagnosis?	
a	Generalized anxiety disorder
b	Panic disorder with agoraphobia
c	Panic Disorder without agoraphobia
d	Social phobia
e	* Specific phobia
The chief complaint of a 33-year-old man is, "I'm going to have a heart attack like my father." He explains that his father died of a myocardial infarction at 45 years of age. He is convinced that he is experiencing angina attacks consisting of nervousness, sweating, palpitations, flushing, and numbness in his hands and lasting approximately 5 minutes. He is anxious about having these symptoms and, despite negative results from a cardiology workup, remains certain that he will suffer a heart attack. His behavior and lifestyle have not been otherwise affected. Which of the following is the most likely diagnosis?	
a	Generalized anxiety disorder
b	Panic disorder with agoraphobia
c	* Panic Disorder without agoraphobia

d		Social phobia
e		Specific phobia
<p>An 18-year-old man presents with 3 days of an irritable mood, decreased sleeping, talkativeness, increased energy, and distractibility. He has no personal or family psychiatric history and no current medical problems. His mental status examination is remarkable for psychomotor agitation and an irritable affect. He is paranoid but denies delusions or hallucinations. His physical examination is notable for a slightly elevated pulse rate and blood pressure as well as markedly dilated pupils bilaterally. The result of his urine toxicology screening is positive for cocaine.</p>		
a		Bipolar disorder, manic
b		Major depression
c		Mood disorder due to a general medical condition
d	*	Substance-induced mood disorder
e		Adjustment disorder with depressed mood
<p>A 39-year-old woman presents with 1 month of a gradually worsening depressed mood, with increased sleeping, low energy, and difficulty concentrating, but no appetite or weight changes. Her medical history is significant for multiple sclerosis, but she is currently not taking any medication. Her mental status examination is notable for psychomotor slowing and a depressed affect. Her physical examination demonstrates several different sensory and motor deficits.</p>		
a		Bipolar disorder, manic
b		Major depression
c	*	Mood disorder due to a general medical condition
d		Substance-induced mood disorder
e		Adjustment disorder with depressed mood
<p>A 52-year-old male executive presents with an onset of depression, early-morning awakening, decreased energy, distractibility, anhedonia, poor appetite, and weight loss for the past 3 months. His symptoms began shortly after he suffered a myocardial infarction. Although he did not experience significant sequelae, he has felt less motivated and fulfilled in his life and work, believing that he is now “vulnerable.” As a result, he does not push himself as he used to, and his output is beginning to decline.</p>		
a		Bipolar disorder, manic
b	*	Major depression
c		Mood disorder due to a general medical condition
d		Substance-induced mood disorder
e		Adjustment disorder with depressed mood
<p>An 80-year-old woman without a psychiatric history is examined after a left-sided cerebral vascular accident has left her paralyzed on her right side. Since her stroke, she complains of an absence of pleasure in anything that she formerly enjoyed. She describes frequent crying spells, increased sleeping, a decreased appetite with weight loss, and feelings of hopelessness and helplessness.</p>		
a		Bipolar disorder, manic
b		Major depression
c	*	Mood disorder due to a general medical condition
d		Substance-induced mood disorder
e		Adjustment disorder with depressed mood
<p>A 36-year-old man with a past history of a major depressive episode is brought into the emergency room by the police after stopping traffic on the highway proclaiming that he is “the Messiah.” His wife is contacted who states that he has been walking throughout the house all night for the last 4 nights, talking “nonstop,” and starting many home repair projects that remain unfinished. She believes that he is taking sertraline for his depression and propranolol for high blood pressure. His blood alcohol level is less than 10, and his urine toxicology screen is negative.</p>		
a	*	Bipolar disorder, manic
b		Major depression
c		Mood disorder due to a general medical condition
d		Substance-induced mood disorder
e		Adjustment disorder with depressed mood

Which of the following medications would be the best choice for treating nonpsychotic mania in a 10-year-old boy?	
a	Accutane (isotretinoin)
b	Beclomethasone
c	Lithium
d	* Divalproex
e	Risperidone
A 16-year-old girl has been admitted with a 3-week history of sudden irritability, impulsive buying, and disappearing at night with older men. Her need for sleep is decreased; she has flight of ideas and grandiose thoughts about being an advisor to a presidential candidate. Routine admission labs indicate she is pregnant. Which of the following is a statement that should be made to her parents?	
a	Treatment with an SSRI antidepressant is a reasonable alternative to mood stabilizers in a pregnant girl
b	Given the fact that she is pregnant, she should be kept secluded on an inpatient unit during the first trimester of pregnancy with no medications
c	* An atypical antipsychotic may be the best choice for managing both psychotic features and mood disturbance associated with her bipolar disorder, especially during the first trimester
d	Psychotherapy will have little role in the treatment of her bipolar disorder
e	Lithium, divalproex, and carbamazepine are all reasonable firstchoice mood stabilizers for this patient
Parents of a 10-year-old boy note that their son does well at school or with his family until he is not allowed to do something he wants to do. When this occurs, he will get irritable, impulsively aggressive and agitated for several hours. Once he calms, or gets his way, he is pleasant again. Based on DSM-IV-TR and AACAP guideline this patient should be diagnosed as having which of the following?	
a	* A recurrent pattern of sudden outbursts of anger associated with authority figure limit setting is best diagnosed as oppositional defiant disorder
b	Many juveniles with bipolar disorder have a presentation of severe mood dysregulation with multiple, intense, prolonged mood swings every day consisting of short periods of euphoria followed by longer periods of irritability, so this patient may be diagnosed with bipolar disorder-mania
c	The adolescent meets full DSM-IV-RT mania criteria, so according to AACAP practice parameters he may be diagnosed with bipolar disorder-mania
d	The patient may be given the diagnosis of bipolar disorder-mania because even in adults bipolar disorder is characterized by sudden, reactive mood swings to situational stresses
e	Hypomania criteria (with irritability) may be substituted for full mania criteria in most youths and that is what this patient is manifesting
A 48-year-old woman presents to a psychotherapist. The patient lives a very secluded life, largely consumed by working nights as a security guard, and taking care of her elderly mother. She complains of feeling lonely, and is aware that she has a great deal of difficulty relating to other people. Which of the following conditions would most distinguish her issues from a person with schizoid personality disorder?	
a	Family history of a cousin with schizophrenia
b	* A desire to engage in interpersonal relationships
c	Lack of hallucinations or delusional thinking
d	Her gender
e	A history of abstinence from alcohol
A patient with schizoid personality disorder comes to his primary care physician with chief complaints of polyuria and polydipsia. He is found to have insulin-dependent diabetes. Which of the following interventions by the physician is likely to be most well received by this patient?	
a	Asking the patient to bring in a relative so that he can describe the treatment regimen to both of them at the same time
b	Referring the patient to a therapist so that he can talk about the difficult nature of the diagnosis
c	* Giving the patient detailed written information about the disease and telling him, the physician will be available to answer any questions
d	Referring the patient to a group that helps its members learn about diabetes and to better deal with their illness
e	Scheduling frequent appointments with the patient so that all the treatment details can be explained on a

		one-to-one basis
<p>A woman with schizoid personality disorder was involved in a motor vehicle accident in which she was rear-ended by another car. The driver of the other car refused to take responsibility for the accident and hired a lawyer to provide his defense. The woman spends hours each day thinking about the specifics of the accident, including such details as the color of the cars involved and what each party to the accident was wearing. Which of the following defense mechanisms, common to patients with schizoid personality disorder, is the woman using?</p>		
a		Sublimation
b		Undoing
c		Projection
d	*	Intellectualization
e		Introjection
<p>An 80-year-old man undergoes an evaluation for dementia versus depression. His caregiver describes a history of gradually worsening depressed mood and confusion, with poor appetite, weight loss, poor self-care, and irritability. On his cognitive examination, he is alert and oriented to person and place but not to time. His concentration is impaired, and he displays poor short-term memory despite adequate recall. His effort is poor overall, and he often responds to questions stating, "I don't know." Which of the following features is more consistent with a depressive illness than with dementia?</p>		
a		Poor concentration
b	*	Poor effort during the interview
c		Poor self-care
d		Poor short-term memory
e		Poor appetite
<p>A 76-year-old woman with a history of major depressive disorder, recurrent, presents to her family practice physician with a history of 4 months of increasing depression, associated with terminal insomnia, decreased appetite, 15 lb weight loss, fatigue, difficulty concentrating, and feelings of helplessness. She denies suicidal ideation, hallucinations, or delusions. She feels these symptoms are similar to those she had in the past. Her last episode was 30 years ago, when she was successfully treated with nortriptyline, but she has not taken any psychotropics since that time. She has high blood pressure, diabetes, and hyperlipidemia, but she has no other physical complaints, and her physical examination and laboratory studies are unremarkable. After a great deal of discussion, she agrees to restart nortriptyline. When compared with the treatment of her last episode of major depression, which of the following statements is most accurate regarding medication management of this episode?</p>		
a		Fewer side effects
b		Higher doses
c		Lower blood levels
d	*	More drug-drug interactions
e		More treatment resistance
<p>Which of the following is the best indication for using ECT in this patient?</p>		
a		Multiple medical problems
b	*	Psychotic symptoms
c		Recurrent episodes
d		Suicidal ideation without a plan
e		Significant neurovegetative symptoms
<p>You are consulted to evaluate an 84-year-old, widowed woman on the medical ward. She has a prior history of major depressive disorder, recurrent, and she was admitted for a syncopal episode. She was found to be extremely malnourished and has not been taking her antidepressant for many months. She describes having all the neurovegetative symptoms of depression and to not eating or drinking for days. When questioned about this, she admits to purposely "starving myself" as she believes that God is punishing her for directly causing the terrorist attacks of September 11, 2001. In fact, she has been "following God's instructions," which tell her to kill herself in atonement. Which of the following treatments would be the most appropriate for this patient?</p>		
a		Antidepressant only
b		Antipsychotic only

c	*	Electroconvulsive therapy only
d		Psychotherapy only
e		Psychotherapy plus antidepressant
Which symptom is more likely to be found in a patient with social phobia-related panic attacks than in a patient with a primary panic disorder?		
a		Paresthesias
b		Derealization
c		Shortness of breath
d	*	Expected occurrence
e		Palpitations
Which of the following is the treatment of choice for social phobia?		
a	*	Behavior therapy
b		SSRIs
c		Electroconvulsive therapy
d		Psychoanalysis
e		Divalproex sodium (Depakote)
Social phobia differs from specific phobia in which of the following ways?		
a	*	Focus or nature of the fear
b		Duration of the illness
c		Absence of panic attacks
d		Degree of avoidance of the situation
e		Recurrent nature of the fear
A 39-year-old man presents to the emergency room at the behest of his girlfriend, who reports that he has not slept in 3 days. The patient speaks extremely rapidly, and switches topic so frequently as to be incomprehensible. His affect is happy and elevated, but he quickly snaps and becomes belligerent when he is accidentally bumped by a nurse. Which of the following symptoms would most likely distinguish this patient's presentation from PCP intoxication?		
a		Disorganized thoughts
b		Hostile or violent behavior
c	*	Nystagmus
d		Hallucinations
e		Pressured speech
A 15-year-old boy is brought to the emergency department by the police due to violent, psychotic behavior. Phencyclidine intoxication is confirmed via urine toxicology. Which of the following treatment interventions is associated with the lowest risk of adverse complications?		
a		Low-potency, traditional antipsychotic agents to treat hallucinations
b	*	Intravenous antihypertensive agents to treat hypertension
c		Benzodiazepines for agitation
d		Gastric lavage to remove unabsorbed, excess drug
e		Full-leather restraints to prevent harm to self or others
An obtunded, young woman is discovered by the police sitting in the middle of the street, and is subsequently brought to the emergency department. She is unable to verbalize any history. Which of the following sets of findings is most indicative of PCP intoxication?		
a	*	Nystagmus, muscle rigidity, cannabinoids present on urine toxicology
b		Dilated pupils, bradycardia, runny nose
c		Pinpoint pupils, tachycardia, orthostatic hypotension
d		Ocular nerve palsy, cardiac arrhythmias, pseudobulbar palsy
e		Hallucinations, heart block, lower limb weakness
You are consulted to evaluate a 45-year-old, married woman who was admitted to the surgical service 2 days ago for an appendectomy. The procedure went well, but she was found to be tearful, stating "I wish I were dead." On obtaining further history, she is quite cooperative and talkative. She is questioned about her earlier comments, and she states that she "wanted attention, I guess." She is upset that her husband is not with her in the hospital; she has "never been away from him" for this long since they started dating when the patient was		

16 years old. She feels helpless and is having a difficult time being active in her care. She feels overwhelmed regarding her postsurgical and discharge instructions, and the nursing staff has become frustrated with her constant “need for reassurance.” Although at times she is tearful during the interview, she denies prior or recent pervasive depressive or neurovegetative symptoms and is not actively suicidal. Which of the following is the most appropriate approach to this patient?	
a	Encourage her to learn more about her surgery and become more proactive in her care
b	Persuade her to become less dependent on her husband
c	Persuade her husband to come spend more time with her at the hospital
d	* Spend regular, short periods of time with her to discuss discharge planning and aftercare
e	Transfer her to the psychiatric unit
A diagnosis of GAD is made for a 41-year-old female accountant who has had moderate but distressing symptoms for several years. She has strong negative feelings about taking any psychotropic medication, even after being educated about pharmacologic treatment options. Which of the following would be the most efficacious treatment option?	
a	Cognitive-behavioral therapy only
b	Psychoanalysis only
c	Psychoeducation only
d	Supportive psychotherapy only
e	* Cognitive-behavioral therapy with an SSRI, venlafaxine, or buspirone
A 38-year-old man without past medical history presents to his family physician with the chief complaint of “I’m having ulcers.” His history, however does not appear to be consistent with gastritis, ulcers, or reflux. After further questioning, he describes ongoing headaches for 8 months, along with difficulty sleeping. Although he denies any specific or recent stressors, he admits to “always being a worry-wart,” worrying about many different aspects of his life. He only has been taking ranitidine over the counter as needed. He drinks one to two glasses of wine 1 to 2 days per week and denies drug use. Based on his likely diagnosis, which of the following additional psychiatric disorders are most likely to also be present in this patient?	
a	Antisocial personality disorder
b	* Dysthymic disorder
c	Factitious disorder
d	Schizophrenia
e	Somatization disorder
A 45-year-old woman with alcohol dependence in full remission is referred to your practice. She has a history of GAD and was recently prescribed a benzodiazepine by her internist. Which of the following is the most appropriate treatment for her?	
a	Add SSRI
b	Buspirone monotherapy
c	Continue benzodiazepine
d	* Selective serotonin reuptake inhibitor monotherapy
e	Switch to a long-acting benzodiazepine
A 62-year-old man presents to his primary care physician at the insistence of his wife. The man states that there is nothing wrong with him, but that he has not been sleeping nearly as much as he used to, often needing less than 2 hours of sleep a night. His wife notes that he has been exceedingly irritable, has been charging excessive amounts of money on their credit cards, and has been talking about running in a marathon, although he has never expressed such an interest before. The patient has no previous psychiatric or medical history. He denies the use of drugs or alcohol. Which of the following courses of action should the physician take first?	
a	Admit to the hospital
b	Order a urinalysis for drugs of abuse
c	* Perform a complete physical examination
d	Start a mood-stabilizing drug
e	Start an antipsychotic drug
An 18-year-old man is brought to the emergency department by his friends after he started a fight with one of them and subsequently was knocked unconscious. On awakening, the patient states that he was fighting for the “freedom of the world” and that he was told by “the voices in his head” that his friends held the key to winning	

<p>the battle. The patient is irritable and restless and paces around in the emergency department. He is unable to sit still for the interview and prefers to stand up, keeping his back to the door as he speaks with the physician. The patient's friends state that he has been withdrawing from them and his schoolwork over the past 18 months and that they think he has become "odd." They report that his mood has become irritable only over the past several days. They say that he hoards random scraps of paper in his room and that his grades have dropped dramatically over the past 6 months. The results of a toxicology screening are negative, as are those of a physical examination, although the examination was limited because of poor cooperation on the part of the patient. Which of the following is the most likely diagnosis?</p>	
a	Bipolar disorder, manic
b	Mood disorder secondary to a general medical condition
c	Schizoaffective disorder
d	* Schizophrenia
e	Substance-induced mood disorder
<p>A 24-year-old woman with a diagnosis of bipolar disorder, manic, is treated with a mood stabilizer (lithium) and haloperidol, an antipsychotic. Which of these medications should be discontinued first once her condition has been stabilized?</p>	
a	Both should be discontinued simultaneously once the patient's condition is stable
b	* Haloperidol because of the risk of extra pyramidal side effects
c	Haloperidol because of the risk of habituation
d	Lithium because of the risk of renal damage
e	Lithium because of the risk of weight gain
<p>A 33-year-old woman with bipolar disorder is 22 weeks pregnant. She has been taking valproic acid for her symptoms. Which of the following is the most likely abnormality that might be found on an ultrasound examination, due to the effects of the mood stabilizer?</p>	
a	Fetal abdominal wall defect
b	Fetal microcephaly
c	Fetal renal dysplasia
d	* Fetal spina bifida
e	Fetal Tetralogy of Fallot
<p>A 17-year-old high school senior is referred to a psychiatrist by his counselor because of academic difficulty. Although he had always been an honors student, this past year his grades have quickly dropped, especially in mathematics. When questioned, he reveals the new onset of "superstitions" involving numbers. When presented with certain numbers, he feels compelled to count forwards and then backwards to and from that number. He becomes anxious about not completing this task, although he is unable to state a particular consequence. If interrupted, he must begin all over again. He realizes that there is "no good reason" for his behavior, but is unable to stop it. As a result of this, he not only feels "tortured," but he may need to repeat this year in school. He denies any past psychiatric history. He had an appendectomy at age 15 and takes no medications. He does not drink alcohol or use tobacco products or illicit drugs. Which of the following treatments has demonstrated effectiveness in treating this condition?</p>	
a	Cognitive-behavioral therapy
b	* Individual and family cognitive-behavioral therapy plus pharmacotherapy
c	Pharmacotherapy alone
d	Family therapy
e	Psychodynamic psychotherapy plus pharmacotherapy
<p>A 28-year-old man presents with a 12-year history of regular alcohol use. Although he has been able to maintain employment as a truck driver, he often drives when "buzzed" in order to make his deadlines. He has been reprimanded on numerous occasions for failure to perform his job adequately, and this has led to increasing conflict with his wife. He denies any recent increase in drinking or any withdrawal symptoms, but he does admit to not getting "as drunk as I used to" following consumption of the same amount of alcohol. Which of the following factors in his history is the most specific for alcohol dependence?</p>	
a	Driving while intoxicated
b	Marital conflicts
c	* Not becoming intoxicated as easily

d		Occupational problems
e		12-year history of regular alcohol use
<p>A 24-year-old woman states that her alcohol consumption is two glasses of wine or margaritas three times during the week and five vodka drinks on Friday and Saturday evenings. This pattern has been going on for nearly a year. She denies any impairment at work as a result of the drinking. She says she is “social” and goes out frequently. Further discussion reveals episodes of blacking out during drinking that have occurred five times in the previous 8 months. She describes these events as “having no recollection of leaving one bar and heading to the next.” Which of the following questions is the most specific in screening this patient for alcohol dependence?</p>		
a	*	Have you ever attempted to cut down on your drinking?
b		How frequently do you drink?
c		How much do you drink per day?
d		When did you start drinking regularly?
e		Do you drink hard liquor or beer and wine only?
<p>A 48-year-old woman is brought to the emergency department. She is unresponsive to questions, stumbles around the room, and is agitated. On physical examination, you notice that she smells of alcohol, and she is not cooperative during the remainder of the examination. Administration of what medicine would be the most appropriate initial treatment?</p>		
a		Benzodiazepine
b		Disulfiram
c		Glucose
d	*	Thiamine
e		An antipsychotic agent
<p>A 60-year-old man is brought to the emergency room by his wife for “confusion.” She reluctantly confides to the staff that he is a “heavy drinker,” that he had drunk up to a case of beer almost every day for the past 30 years. Although he has not changed his alcohol intake significantly, over the past year he has eaten less, preferring alcohol to large meals. She has noticed a gradual weight loss as a result. His last drink was earlier this day. Which of the following would be the most likely finding on the mental status examination of this patient?</p>		
a	*	Confabulation
b		Delusions
c		Elevated affect
d		Fluctuating consciousness
e		Loose associations
<p>Which of the following is an associated disorder in the family histories of patients with schizotypal personality disorder?</p>		
a		Alcohol dependence
b		Bipolar disorder
c		Hypochondriasis
d		Panic disorder
e	*	Schizophrenia
<p>Which of the following features must be present in a patient’s history for schizotypal personality disorder to be diagnosed?</p>		
a		The patient must have a history of active substance use
b		The patient must have a history of auditory hallucinations
c	*	The patient must have a history of cognitive and perceptual distortions
d		The patient must have a history of intense, short-lived friendships
e		The patient must have a history of suicidal ideation
<p>A 25-year-old man with schizotypal personality disorder comes to his psychiatrist with a chief complaint of a depressed mood. He notes that since losing his job as an astrologer, he has been depressed and unable to sleep. He states that although his mood is usually fairly low (4 out of a possible 10), it has lately been a constant. The patient also notes problems with concentration and energy level and has experienced several crying spells. He reports he had premonitions that certain foods could heal him, so he has been mixing “magical potions” and</p>		

eating “magical foods.” A mental status examination reveals an oddly dressed man with constricted affect, ideas of reference, unusual beliefs, and some mild paranoia. Which of the following medications is most likely to be helpful to this patient?	
a	Ambien for insomnia
b	Divalproex for mood disturbance
c	* Escitalopram for depressive symptoms
d	Risperidone for paranoia
e	Ziprasidone for ideas of reference
A 50-year-old homeless veteran is brought to the emergency department by companions; he is not sure why he is there. He is clearly euphoric but also agitated and somewhat paranoid; he says he “feels fantastic” but is wary of answering any questions. On physical examination, the patient exhibits a moderately elevated blood pressure and pulse rate. He is most likely intoxicated with which of the following substances?	
a	Alcohol
b	Barbiturates
c	Benzodiazepines
d	* Cocaine
e	Opiates
After his euphoria and paranoia resolve, patient is able to give a more complete history. He describes a 5-year history of almost daily crack cocaine use, with no periods of sobriety lasting for greater than several weeks. During these periods, he felt “depressed,” with an increased appetite, disrupted sleep, difficulty concentrating, and fatigue. He denies alcohol or other drug use, and his psychiatric review of systems is otherwise negative. Which of the following would be the most appropriate initial treatment for this patient?	
a	Antidepressant
b	Dopamine antagonist
c	Dopamine agonist
d	Mood stabilizer
e	* Narcotics Anonymous
A 71-year-old woman with a history of early Alzheimer disease is hospitalized with pneumonia. During the course of the hospitalization, her family and primary physician notice a distinct worsening of her memory and alertness. Which of the following procedures would be the most sensitive in establishing a diagnosis of delirium?	
a	Chest radiograph
b	* Computerized tomography scan of the brain
c	Electrocardiogram
d	Electroencephalogram (EEG)
e	CBC with differential
A 52-year-old man is hospitalized for triple CABG and subsequently develops a delirium. He has a history of one closed head injury with loss of consciousness, as well as past alcohol abuse with 7 years of sobriety under his belt. Which of the following factors is most likely the prime contributory factor in the development of his delirium?	
a	His age
b	Hospitalization
c	Status post cardiac surgery
d	* History of head injury
e	History of alcohol abuse
An 82-year-old man with a history of vascular dementia is brought to the hospital for increased agitation and urinary tract infection (UTI). Which of the following features most distinguishes effects of a delirium from dementia?	
a	Altered level of consciousness
b	Behavioral disturbances
c	* Cognitive deficits
d	Disorientation
e	Presence of hallucinations

A 10-year-old girl is brought in for treatment by her father following the death of her mother 6 weeks previously because of an unexpected heart attack. The father is worried because the child is not sleeping well, has lost 7 lb because of a decreased appetite, seems to be tired much of the time, and is preoccupied with memories of her mother. He notes that she cannot concentrate on her usual favorite television shows and has lost interest in many of her previous social activities. The patient reports that she deeply misses her mother, but she also smiles in recalling many pleasant memories of their life together. Which of the following is the most likely diagnosis?	
a	Adjustment disorder with depressed mood
b	Major depression
c	* Normal bereavement
d	Sleep disorder
e	Dysthymic disorder
A 17-year-old honors student is brought to the emergency department by his parents. In the last academic quarter, his grades have suddenly dropped, he is irritable with friends and family, he has no energy, he doesn't go to bed until 1 AM, and he has a poor appetite. He also has auditory hallucinations in which a man's voice tells him that he is a "lazy bastard" and that his family "would be better off with him dead." Which of the following would be the most appropriate initial pharmacologic treatment plan?	
a	Benzodiazepine
b	* Antidepressant and antipsychotic medications
c	Antidepressant medication
d	Antipsychotic medication and a benzodiazepine
e	Antidepressant medication and lithium
Psychotic depression is diagnosed in a 14-year-old boy, and he is treated with an antipsychotic agent, risperidone, and an antidepressant. Three months later, his mood symptoms have resolved, and he is no longer psychotic. Which of the following best describes the next step?	
a	Both medications should be discontinued via a taper
b	* The antipsychotic medication should be discontinued via a taper
c	The antidepressant medication should be discontinued via a taper
d	Both agents should be continued for 6 to 9 months
e	The antipsychotic medication should be stopped immediately
A 14-year-old girl's family brings her to treatment against her wishes. The family reports she has a very short temper, argues with them and teachers at school daily, often refuses requests at both settings, and usually blames her teachers or her parents for the behaviors she is showing. She denies being depressed, anxious or any psychotic symptoms. With this information, what might be the best diagnosis?	
a	Antisocial personality disorder
b	Borderline personality disorder
c	* Oppositional defiant disorder
d	Conduct disorder
e	Posttraumatic stress disorder
Which of the following treatment is best employed to treat the comorbid depressive symptoms of an adolescent with CD?	
a	Multisystemic therapy
b	Attendance in group therapy
c	* An antidepressant medication
d	Treatment of the family to address the underlying reasons for the depression
e	Helping the adolescent change schools
A 24-year-old woman is called into the head office of the agency where she works and told that her chronic lateness in completing her assignments will result in her dismissal if she does not change her behavior. The patient really loves her job, and the news comes as a major blow. That night at home, she tells her boyfriend in great detail about each and every step of the meeting and spends the entire night thinking about her job. The boyfriend tells her that she does not "look" particularly upset. Which of the following defense mechanisms is being used by this woman?	
a	Undoing

b		Displacement
c	*	Intellectualization
d		Rationalization
e		Splitting
<p>A 23-year-old medical student makes lists of all the tasks that he must accomplish each day. He spends hours studying and refuses to go out with his colleagues even when there are no tests on the immediate horizon, preferring to spend his time looking at specimens in the laboratory. He keeps meticulous notes during all his classes and prefers to attend every lecture, not trusting his colleagues to take notes for him. He is doing well in school and has a girlfriend who is also a medical student. Which of the following disorders does this student most likely have?</p>		
a		Obsessive-compulsive disorder (OCD)
b		Obsessive-compulsive personality disorder
c	*	Obsessive-compulsive traits
d		Schizoid personality disorder
e		Paranoid personality disorder
<p>A 26-year-old woman comes to see a psychiatrist because she has been taking showers for 6 to 7 hours every day. She explains, "It all starts when I wake up. I am sure I am covered in germs, and if I don't wash, I will get sick. If I don't wash, I get paralyzed with anxiety. Once I'm in the shower, I have to shower in a particular order. If I mess up, I have to start over, and this takes hours and hours. My skin is cracking and bleeding because I spend so much time in the water." Which of the following disorders does this patient most likely have?</p>		
a	*	Obsessive-compulsive disorder
b		Obsessive-compulsive personality disorder
c		Obsessive-compulsive traits
d		Paranoid personality disorder
e		Schizoid personality disorder
<p>A 36-year-old businessman who survived a serious car accident 4 months ago complains of "jitteriness" when driving to work and is currently using public transportation because of his anxiety. He has found himself "spacing out" for several minutes at a time at work and having difficulty concentrating on his job. He has trouble sleeping at night, has lost 4 lb because of a decreased appetite, and admits that his job performance is slipping. Which of the following is the most likely diagnosis?</p>		
a	*	Major depression
b		Panic disorder
c		Social phobia
d		Specific phobia
e		Temporal lobe epilepsy
<p>A 22-year-old woman is referred to your office by her family physician for evaluation of "depression." Her primary care doctor is unsure whether she is suffering from dysthymic disorder or a major depressive disorder. Which of the following characteristics is more consistent with dysthymic disorder versus major depression?</p>		
a		Episodic course
b		Numerous neurovegetative symptoms
c		Presence of psychotic symptoms
d		Severe impairment in functioning
e	*	Symptoms are of a low intensity
<p>The patient is evaluated fully and determined to have dysthymic disorder. Which of the following medications is the most appropriate first-line treatment for her?</p>		
a		Desipramine
b		Lithium
c		Lorazepam
d		Phenelzine
e	*	Sertraline
<p>A 75-year-old man is brought in by his daughter to a psychiatrist for an evaluation. He has become increasingly forgetful over the past year, missing engagements with his children and grandchildren. He is also unable to</p>		

remember directions, resulting in his becoming lost when driving alone. He has no psychiatric history, although his wife died 14 months ago. His medical history is significant for poorly controlled hypertension. Which of the following additional features is necessary in order to accurately diagnose dementia?	
a	Agitation
b	Fluctuation in consciousness
c	Radiographic findings
d	Hallucinations
e	* Another cognitive deficit
A 42-year-old woman describes a 20-year history of numerous physical complaints, including joint pain, dysuria, headaches, chest pain, nausea, vomiting, irregular menses, and double vision. Although they do not all occur at the same time, she has been suffering from one or more of these problems throughout her adult life. Many workups have been done for her, and she has undergone repeated hospitalizations, but no specific cause has yet been found. She is extremely anxious and has become significantly disabled as a result. Which of the following is the most likely diagnosis?	
a	Body dysmorphic disorder
b	Hypochondriasis
c	Pain disorder
d	* Somatization disorder
e	Conversion disorder
A 26-year-old woman presents to her physician with the chief complaint of, "I have epilepsy." She states that for the past 3 weeks she has had seizures almost daily. She describes the episodes as falling on the ground, followed by shaking her arms and legs uncontrollably. These events last for approximately 10 minutes. She is unable to otherwise move during the time, although she denies any loss of consciousness, bladder, or bowel functions. She has never injured herself during these, but as a result she has been unable to continue her job. She is somewhat bothered as she received a promotion 1 month ago. Which of the following is the most likely diagnosis?	
a	Body dysmorphic disorder
b	* Conversion disorder
c	Hypochondriasis
d	Seizure disorder
e	Somatization disorder
A 36-year-old male is referred to a primary care physician for evaluation of his complaints. He is convinced that he has colon cancer despite being told that it is unlikely because of his young age. He occasionally notices blood on the toilet paper and has abdominal cramps when he eats too much. A review of the records demonstrates numerous prior appointments in connection with the same or similar complaints, including repeatedly negative results from tests for occult fecal blood and normal results from colonoscopies. He continues to be worried about dying of cancer and requests another colonoscopy. Which of the following is the most likely diagnosis?	
a	Body dysmorphic disorder
b	* Hypochondriasis
c	Pain disorder
d	Somatization disorder
e	Disorder
A 39-year-old man is evaluated by mental health services in prison. He has a history of multiple arrests as both an adult and as a juvenile. After several interviews, a diagnosis of antisocial personality disorder is confirmed. He has a history of multiple psychiatric hospitalizations after suicide attempts, and was in special education programming as a child. Which psychiatric diagnosis is most likely to have occurred comorbidly in such an individual?	
a	Attention-deficit/hyperactivity disorder
b	Cocaine dependence
c	Traumatic brain injury
d	Major depression
e	* Conduct disorder

A 16-year-old adolescent female is incarcerated in a juvenile detention facility. She is currently charged with theft, apparently to support her and her boyfriend's drug habit. She has had multiple involvements with child and family services for running away from home, where she apparently had been sexually abused by her mother's boyfriend. She has a diagnosis of posttraumatic stress disorder (PTSD). Prior to the onset of the abuse, she was doing extremely well in school, in an accelerated program. Which of the following factors speaks most strongly against a diagnosis of antisocial personality disorder?		
a		Her concurrent diagnosis of PTSD
b		Her gender
c	*	Her age
d		Antisocial acts committed to support a drug habit
e		Apparent high intelligence
A 39-year-old man with antisocial personality disorder, incarcerated for life after murdering a man, has a multitude of somatic complaints over the course of several years. Yearly physical examinations never show anything physically wrong with him, yet he complains of a variety of aches and pains, neurologic symptoms, and gastrointestinal distress. He does not enjoy the time he spends in the jail's infirmary. Which of the following is the most likely explanation for this patient's complaints?		
a		He is malingering
b		He has developed a psychotic disorder
c	*	He has developed a somatization disorder
d		He has an undiagnosed physical illness
e		He has an undiagnosed anxiety disorder
A 17-year-old adolescent female is seen in your office after her friends noticed some strange behavior. The patient reports to you that in addition to some long-term depression issues, she has begun to experience some other disturbing events. She reports that over the last 2 months she has been hearing voices—both at work and at home—of people who she does not think are there. She doesn't recognize these voices. Sometimes they just give a dialogue of what she is doing, but, more disturbing to her is when they start saying horrible things about her and tell her to do things she does not want to do. You start her on olanzapine and she returns in 1 week and the voices have gone entirely for 2 or 3 days. However, she continues to experience severe mood symptoms. Her Hamilton Depression rating scale score places her in the moderate to severe range for depression. What should you do next?		
a		Inform the patient that these symptoms are the negative symptoms common to the disorder
b		Refer the patient for supportive psychotherapy
c	*	Treat the patient with fluoxetine (an SSRI)
d		Increase the dose of the antipsychotic
e		Add a mood stabilizer to the regimen
A 28-year-old man is brought to a psychiatrist complaining that he has been hearing voices for the past several weeks. He says that he also heard these voices 3 years ago. He notes that his mood is "depressed" and rates it 3 on a scale of 1 to 10 (with 10 being the best he has ever felt). He does not recall if his mood was depressed the last time he had psychotic symptoms. Which of the following actions should the physician take next?		
a	*	Obtain more detailed information about the time course of the psychotic symptoms and the mood symptoms
b		Treat the patient with an antipsychotic agent
c		Treat the patient with an antidepressive medication
d		Request a urine toxicology screening
e		Refer the patient to supportive psychotherapy
A 40-year-old man with schizoaffective disorder has been hospitalized in an inpatient psychiatry unit for the third time in the last 5 years. During each episode, he becomes noncompliant in taking his medications, develops manic symptoms and auditory hallucinations, and then becomes violent. In the inpatient unit, he physically threatens other patients and staff and is generally agitated. He is put in isolation to help quiet him. The patient is prescribed a mood stabilizer and an antipsychotic medication. Which of the following medications might also help relieve this patient's acute agitation?		
a		Buspirone
b		Fluoxetine

c		Chloral hydrate
d	*	Lorazepam
e		Benzotropine
A 47-year-old man with hemophilia presents to his physician with new onset symptoms including hallucinations (he hears his dead grandmother calling his name). He has no prior psychiatric history. He realizes the symptoms are odd, but he is not overly disturbed by them. He is diagnosed with HIV/AIDS. Which of the following management strategies should be tried first?		
a		Begin the patient on a low-potency typical antipsychotic
b		Begin the patient on an atypical antipsychotic
c		Admit the patient to the psychiatric unit for stabilization and treatment
d		Suggest the patient begin psychodynamic psychotherapy as soon as possible
e	*	Try to treat the HIV/AIDS aggressively
A 30-year-old woman is brought to her physician by her brother, who states that the woman has been having numerous psychiatric symptoms. These include hearing voices, seeing “ghosts,” and tasting a sour taste even when she hasn’t eaten anything. On mental status examination by the physician, the patient is also noted to have problems with her reality testing and loose associations. Which of the patient’s symptoms are most indicative of a psychosis secondary to a general medical condition?		
a		Auditory hallucinations
b		Impairment in reality testing
c	*	Gustatory hallucinations
d		Thought disorder (ie, the loose associations)
e		Visual hallucinations
A 25-year-old man sustained head trauma as a result of his car hitting a tree. After all other causes have been eliminated, it is determined that he has developed psychotic hallucinations because of the head trauma. Which of the following medications is most likely to be helpful in treating this patient’s psychosis?		
a		Lithium
b		Valproic acid
c	*	Risperidone
d		Valium
e		Sertraline
A 9-year-old boy is referred to a psychiatrist because of poor school performance. He has been tested for learning disabilities but none are present, with an IQ in the high normal range. The teacher reports that it is hard to hold his attention. In addition, he appears hyperactive and fidgety at school, which disrupts the class. However, he does not purposefully go out of his way to disobey the teacher. His parents have noticed no difficulties at home, but his soccer coach has noticed attention problems during practice, and his Sunday school teacher has trouble teaching him because of distractibility. Which of the following is the most likely diagnosis for this patient?		
a	*	ADHD, combined type
b		ADHD, predominantly hyperactive type
c		ADHD, predominantly inattentive type
d		Oppositional defiant disorder
e		No diagnosis, because the ADHD symptoms must be reported in the home
A 6-year-old boy with an early, ongoing history of distractibility, hyperactivity, and impulsivity is diagnosed with ADHD. He is treated with methylphenidate. Three weeks later he is brought in and his inattention and hyperactivity is much better. The mother also notes that he has a small bald spot from where he has begun repeatedly rubbing his head. You periodically observe him to suddenly raise his hand to the spot, rub back and forth once, and put his hand down. There is no rash but the area is hairless. The most likely diagnosis is which of the following?		
a		Alopecia secondary to stimulant
b		Drug allergy with contact dermatitis
c	*	Stimulant-induced complex motor tic
d		Scabies
e		Attention-seeking behavior

Atomoxetine is a relatively new drug used for the treatment of ADHD. Which of the following represents the advantage of using atomoxetine over Ritalin?		
a		Atomoxetine has a shorter half-life
b		Atomoxetine is available in a generic form that is less costly than Ritalin
c		Atomoxetine appears to have less of a potential for abuse than does Ritalin
d	*	Atomoxetine's effects begin working immediately to reduce symptoms of ADHD
e		Atomoxetine can be taken on an empty stomach
Bulimia differs from anorexia nervosa in which of the following ways?		
a		Patients with bulimia tend to be low achievers in academics compared to patients with anorexia
b	*	Patients with bulimia may not have any symptoms until early adulthood while anorexia typically begins in early adolescence
c		Patients with bulimia are less likely to abuse alcohol and have less emotional lability than patients with anorexia
d		Bulimic patients tend to be overweight, whereas anorexic patients are underweight
e		Patients with bulimia are more resistant to receiving help and often must be forced to see a therapist
A 34-year-old woman presents with a 10-year history of episodes in which she eats large quantities of food, such as eight hamburgers and three quarts of ice cream, at a single sitting. Because of her intense feelings of guilt, she then repeatedly induces vomiting. This cycle repeats itself several times a week. She is extremely ashamed of her behavior but says, "I can't stop doing it." On examination, which of the following physical findings is most likely to be seen?		
a	*	Dental caries
b		Lanugo
c		Muscle wasting
d		Obesity
e		Body weight at less than the 10th percentile of norma
A 28-year-old male assembly-line worker comes in for treatment after developing symptoms a few days after a serious factory accident in which he was knocked unconscious by a machine. He was medically cleared directly following the event but later developed nightmares about the accident. He says he has been very anxious, fears returning to work, and is thinking about seeking disability pay. He has refused to talk to his wife about the incident, because it "makes it worse." Being around large objects also frightens him, since he is worried he will be hit in the head again and he notes that he thinks about the accident constantly. What is the most likely diagnosis?		
a	*	Acute stress disorder
b		Adjustment disorder
c		Factitious disorder
d		Generalized anxiety disorder
e		Posttraumatic stress disorder
Treatment of ASD should focus primarily on which of the following?		
a		Biofeedback
b		Debriefing the individual about the event
c	*	Mobilizing social supports
d		Pharmacologic treatments, such as selective serotonin reuptake inhibitors
e		Psychotherapy
Acute stress disorder is diagnosed in a 32-year-old woman who witnessed her fiancée being shot to death in a robbery attempt. She has difficulty sleeping and feels that she is not emotionally attached to anything around her. She also has repetitive flashbacks of the event and avoids going near the location where the incident occurred. Which of the following medications might be helpful to this patient over the short term?		
a		Buspirone
b		Paroxetine
c		Risperidone
d		Valproate
e	*	Zolpidem
A 25-year-old man comes to the hospital with symptoms of gastrointestinal distress, muscle aches, rhinorrhea,		

lacrimation, and an anxious mood. He states that he “wants to kick this thing once and for all.” Which of the following medications would be most helpful in ameliorating his symptoms?		
a		Antabuse
b		Haloperidol
c		Naloxone
d		Lorazepam
e	*	Clonidine
A 42-year-old woman is determined to “kick her heroin habit” at home without the use of methadone or any other prescription drug. Of the following over-the-counter medications, which is most likely to be of benefit to this patient as she goes through opioid withdrawal?		
a		Acetaminophen
b	*	Ibuprofen
c		Benadryl (diphenhydramine)
d		Pseudoephedrine
e		Dextromethorphan
A 32-year-old man with a long-standing heroin addiction has recently started maintenance treatment with methadone. Three days after starting the methadone regimen, he is experiencing some craving, diarrhea, and mild sweating. His urine toxicology screen is negative for any opiates besides methadone. Which of the following is the most appropriate course of action?		
a	*	Increase the dose of methadone
b		Decrease the dose of methadone
c		Keep the dose of methadone the same and assure the patient that the symptoms will subside
d		Write a prescription for clonidine to be taken along with the methadone
e		Put the patient on a 1-week methadone taper program and refer him to Narcotics Anonymous
A 63-year-old woman returns to her family physician with continuing headaches for 9 months. She describes the pain as “constant.. always with me,” around her entire scalp. She does not appreciate much variation throughout the day, and she cannot name any aggravating or alleviating factors. Although she occasionally feels light-headed when in severe pain, she denies photophobia, visual changes, nausea, or vomiting. She is especially upset about the headaches as she retired in the past year and has been unable to visit her infant granddaughter. Complete neurologic examinations, computerized tomography, magnetic resonance imaging, laboratory studies, and lumbar punctures have been unremarkable. Which of the following is her most likely diagnosis?		
a		Factitious disorder
b		Hypochondriasis
c		Malingering
d	*	Pain disorder
e		Somatization disorder
A 35-year-old woman with histrionic personality disorder has seen her psychotherapist once a week for the past year. During a session, the therapist tells the patient that he is going to be on vacation the following 2 weeks. When he returns from the vacation, the patient tells him that she felt he abandoned her and says, “You didn’t even bother to tell me that you would be away.” This lapse in memory can best be described as which defense mechanism common to patients with histrionic personality disorder?		
a		Sublimation
b		Splitting
c		Undoing
d	*	Repression
e		Displacement
A 23-year-old woman with a diagnosis of histrionic personality disorder comes to see her physician for the chief complaint of frequent headaches. As the (male) physician is taking the patient’s history, he notices that she is frequently reaching across the desk to touch his arm as he talks to her, as well as leaning far forward in her seat to be nearer to him. Which of the following responses is the most appropriate from the physician?		
a		Tell the patient to stop touching him immediately
b		Move his seat further from the patient so that she cannot reach him

c		Tell the patient that she will be referred to a female physician
d	*	Tell the patient that he understands her fear about her headaches, but touching him is not appropriate
e		Tell the patient he understands her gratitude in this situation
A 20-year-old woman comes to see a psychiatrist at the insistence of her mother, who states that her daughter just “isn’t herself.” The patient has dressed in brightly colored clothes and worn large amounts of makeup for the past 3 weeks. She acts overtly seductive toward her colleagues at work, is more distractible, and is easily irritated. She also sleeps less, claiming that she “no longer needs it.” Which of the following diagnoses best fits this patient’s presentation?		
a		Histrionic personality disorder
b		Borderline personality disorder
c	*	Bipolar disorder, mania
d		Narcissistic personality disorder
e		Delusional disorder
Adjustment disorder is diagnosed in a 45-year-old woman who was fired from a job she held for 20 years. She undergoes supportive psychotherapy. Nine months later, she is seen by her physician, but none of her symptoms have resolved. During this time, she has found another job that is similar to her first position in duties and salary. Which of the following is the most likely diagnosis?		
a		Adjustment disorder
b		Posttraumatic stress disorder
c	*	Major depressive disorder
d		Bipolar disorder
e		Schizoaffective disorder
A 52-year-old man presents to his primary care physician after the death of his wife from breast cancer 2 months ago. He complains of depression, inconsolable sadness, frequent crying, and an inability to focus upon his work and usual activities. Which of the following treatments would likely be most helpful for him?		
a	*	Supportive psychotherapy
b		Family therapy
c		A selective serotonin reuptake inhibitor antidepressant
d		Psychoanalysis
e		Behavioral modification therapy
A 27-year-old woman and her 7-year-old son present to a mental health center for treatment. The patients were passengers in the back of the family car, when they were struck by a semitractor trailer, which killed the father and an older sister. Both mother and son endorse significant depressive symptoms. Which of the following symptoms would most likely differ between the presentations of these two patients?		
a	*	Irritability
b		Suicidal thoughts
c		Flashbacks
d		Insomnia
e		Inattention
Which of the following is most likely the motivation behind the behavior displayed in factitious disorder?		
a		The motivation is unconscious and thus the patient is unaware of it
b		Desire to avoid jail
c	*	Desire to take on the patient role
d		Desire to obtain compensation
e		Desire to obtain narcotics
Which type of personality disorder is most likely to occur comorbidly with factitious disorder?		
a		Antisocial
b		Avoidant
c	*	Borderline
d		Obsessive-compulsive
e		Schizoid
Which of the following scenarios is most consistent with factitious disorder?		
a		Feigning psychosis to avoid criminal charges

b		Lying about back pain to receive time off from work
c		Pseudoseizures in the context of a family conflict
d	*	Placing feces in urine to receive treatment for a urinary tract infection
e		Recurrent fears of having a serious illness
Which of the following is the most useful approach for patients with factitious disorder?		
a		Confronting their feigning of symptoms
b		Discharging them from the hospital
c	*	Establishing a therapeutic alliance
d		Pharmacotherapy
e		Referring them to legal authorities
A young child wakes up in the middle of the night screaming, frightened, and running to his parents room in this state. He is consolable and recalls a frightening dream in the morning at breakfast. In which stage of sleep did this nightmare likely occur?		
a		Stage 1
b		Stage 2
c		Stage 3
d	*	Rapid eye movement sleep
e		Light sleep
A parent brings his child to the pediatrician's office because of concerns regarding sleep. The child is 3 years old and often wakes up at night screaming loudly, appearing very frightened, striking out when touched, and inconsolable. She remembers none of this when she wakes the next morning. Which of the following pathologies is likely associated with this condition?		
a		Posttraumatic stress disorder
b		Major depressive disorder
c		Acute asthma
d		Acute cystitis
e	*	Restless leg syndrome
The pediatrician orders a sleep study on this patient which documents the presence of sleep-disordered breathing, a commonly concurrent phenomenon with sleep terrors. What treatment for the sleep terror might best be considered at this point?		
a		A selective serotonin reuptake inhibitor
b		A benzodiazepine sleeping agent
c	*	Adenoidectomy or tonsillectomy
d		Reassuring the parents that patient will not harm herself
e		Restraining the patient in bed
A 33-year-old married physician presents to your primary care practice with complaints of "depression." On interview, he denies pervasive feelings of sadness or anhedonia, and he has not had any change in appetite or weight, or any problems concentrating. He has felt tired much of the time for the past 6 weeks, with ongoing, multiple awakenings during the night. On further questioning, he reveals that these difficulties began when he was involved in a malpractice suit after the death of a patient. He was "up obsessing about it" prior to the trial when his sleep disturbance began. Although the suit was dropped, he continues to wake up frequently, worrying about not being able to fall back asleep. He denies medical problems, alcohol, or drug use. Which of the following is the most likely diagnosis for this patient?		
a		Breathing-related sleep disorder
b		Circadian rhythm sleep disorder
c		Major depressive disorder
d	*	Primary insomnia
e		Narcolepsy
A patient comes to her physician stating that for the last 6 months, since she started a new job, she has difficulty getting up in time for work. She notes that she is not tired around bedtime, and so she stays up for several hours playing computer games. When she finally does go to sleep, she has time to sleep for only 4 to 5 hours before she has to get up to go to work. She then finds herself groggy in the morning and fatigued throughout the day. This problem is interfering with her work at her job and thus is causing her distress. Prior to starting her new		

office job, the patient worked evening hours as a bartender and did not have a problem with sleeping. She takes no medications and uses no substances that could explain her sleep problems. The results of her physical examination are normal. Which of the following is the most likely diagnosis for this patient?		
a		Breathing-related sleep disorder
b	*	Circadian rhythm sleep disorder
c		Primary hypersomnia
d		Primary insomnia
e		Narcolepsy
A 28-year-old women comes to your clinic after being seen by her primary care doctor and several specialists. She complains that for the last 2 years she has experienced headaches, back and joint pain, abdominal pain with nausea and bloating, numbness and tingling in her upper extremities, and irregular menses. No physical cause for her symptoms can be found. The patient is insistent that she just can't work anymore due to "her pain" and wants you to sign a sick leave request form. Which of the following might help rule out somatization disorder?		
a		Age of this patient
b		Presence of four pain symptoms
c	*	Patient feels she can't work
d		Symptoms can't be explained by a medical condition
e		Symptoms lasting for 2 years
A 35-year-old woman with somatization disorder comes to see a new doctor. Prior to seeing this physician, she obtained complete evaluations from at least four clinics. The most important part of the treatment plan for this patient is which of the following?		
a		A trial of analgesics
b		Antidepressant medication
c	*	Establishing a schedule for regular visits
d		Explain symptoms are due to psychological factors
e		Intensive psychodynamic psychotherapy
For a diagnosis of somatization disorder, which of the following criteria must be met?		
a		External motivation for symptoms (avoid work or financial gain)
b		Patient is without significant impairment
c		Symptoms are intentionally feigned or produced
d	*	Symptoms begin prior to age 30
e		Symptoms last less than 6 months
A 29-year-old married female with a prior history of major depression, with postpartum onset, in remission, has given birth to her second child 5 days ago. She describes intense but transient periods of sadness with crying spells since the delivery. While she has been able to enjoy moments with her infant daughter, she worries that she will be "a bad mother." Her sleep is disrupted with resultant fatigue, but her appetite and concentration are adequate. Although she is concerned that her depression will result in harm to her child, she denies any homicidal ideation. She also denies suicidal ideation or hallucinations. She has no medical problems and is not taking any medications except prenatal vitamins. Which of the following is the most likely diagnosis?		
a		Bipolar disorder
b		Major depressive disorder, recurrent, with postpartum onset
c	*	Postpartum blues
d		Postpartum psychosis
e		Cyclothymia
A 29-year-old woman gives birth to her first child, a boy. One week after the delivery, her husband calls his wife's obstetrician to tell him that he is concerned about his wife's behavior. The husband states the wife sits by herself in the bedroom almost continually. She tends to the baby only if reminded to do so by her husband, and when she holds the baby, she does so stiffly. The husband states the wife has told him that the baby is "evil" and that she is "satanic" for having the child. Which of the following should the obstetrician tell the husband?		
a	*	Come to the emergency room with his wife and child as soon as possible
b		Come to an outpatient appointment to the obstetrician with his wife and child in 1 week
c		Not to worry since such behavior will likely subside in the next few days
d		Ask the wife's mother to come to the house (if she is available) to help the wife with the child care

e		Ask the wife to bring her baby to parenting classes as soon as possible
<p>A 50-year-old woman with past diagnoses of schizoaffective disorder, bipolar type, complains of “nervous tics.” She denies significant affective symptoms but complains of chronic auditory hallucinations of “whispers” without commands. No suicidal or homicidal ideation is present. On examination, she is noted to be sticking her tongue in and out of her mouth and to have repetitive, rhythmic movements of her hands and feet. Choose the most likely diagnos.</p>		
a		Acute dystonic reaction
b		Akathisia
c		Neuroleptic malignant syndrome
d		Parkinsonism
e	*	Tardive dyskinesia
<p>A 27-year-old African American man is admitted for acute psychotic symptoms, consisting of command hallucinations to harm others, paranoid delusions, and agitation. He is begun on olanzapine 30 mg daily. After several days, he becomes calmer and withdrawn. When approached by the nurses, he is found to be lying in bed, eyes open but not responsive. He is noted to be sweating but is resistant to being moved. His vital signs demonstrate temperature of 101.4°F, blood pressure 182/98, pulse 104/min, and respiration 22/min. Choose the most likely diagnos.</p>		
a		Acute dystonic reaction
b		Akathisia
c	*	Neuroleptic malignant syndrome
d		Parkinsonism
e		Tardive dyskinesia
<p>A 43-year-old divorced female veteran with schizophrenia is being followed in an outpatient community mental health clinic after being discharged from the hospital. Her medications have subsequently been increased to risperidone 3 mg in the AM and 4 mg in the PM. She has some paranoia and ideas of reference, but she denies auditory or visual hallucinations. Her mental status examination is significant for significant psychomotor slowing, with little spontaneous speech, but with a coarse tremor of her hands bilaterally. Her gait is wide-based and shuffling. Her stated mood is “fine,” although her affect appears blunted, with little expression. Choose the most likely diagnos.</p>		
a		Acute dystonic reaction
b		Akathisia
c		Neuroleptic malignant syndrome
d	*	Parkinsonism
e		Tardive dyskinesia
<p>A 32-year-old single, Caucasian man is admitted with the diagnosis of psychotic disorder, not otherwise specified, rule-out bipolar disorder. After 10 days, he is finally stabilized on valproic acid 2 g daily and aripiprazole 30 mg daily. The nurses are concerned his medications need to be increased or switched as he has been recently sleeping less and more agitated. Upon examination, he admits to feeling “edgy,” but he denies racing thoughts, increased energy, paranoia, or delusions. He states “I just can’t stop walking; I feel like I’m going crazy.” Choose the most likely diagnos.</p>		
a		Acute dystonic reaction
b	*	Akathisia
c		Neuroleptic malignant syndrome
d		Parkinsonism
e		Tardive dyskinesia
<p>A 22-year-old, single graduate student with narcissistic personality disorder is admitted to a hospital after a car accident in which his right femur is fractured. A medical student has been assigned to follow the patient, but when she enters the room and introduces herself as a medical student, the patient states, “Oh, I wouldn’t let a medical student touch me—I need someone with much more experience than you.” Which of the following statements by the medical student is most likely to lead to a successful interview with this patient?</p>		
a		I know this will be boring for you, but it’s just one of the things that you will have to put up with in the hospital
b		I know you must be scared to be in the hospital, but you will be safe here

c	*	I'm told that you are a very articulate person, and so I'm hoping you'll teach me what I need to know
d		I understand that you think you deserve only the best, but I have been assigned to you
e		Please don't make this difficult, I have to interview you as part of my job
A 36-year-old man with narcissistic personality disorder calls your office asking for an appointment with the "best therapist in the clinic." One of his complaints is difficulties in his relationships with his colleagues. The patient states "They are not giving him the credit he deserves for his accomplishments at the law firm." What is the most likely reason the patient is seeking treatment?		
a	*	Anger
b		Anxiety
c		Attempting to identify with others
d		Grandiose thinking
e		Seeking medication
When examining a patient with possible Tourette disorder, you should inquire carefully about a family history of which of the following disorders?		
a	*	Obsessive-compulsive disorder
b		Sleep terror disorder
c		Primary insomnia
d		Developmental disability
e		Parkinson disease
A 9-year-old child presents with a history of motor and vocal tics with obsessive-compulsive symptoms that is worse in the winter and early spring months. Which of the following pathologies would be most important to rule out before starting treatment of Tourette disorder?		
a	*	Streptococcal infection
b		Environmental allergies
c		Autism
d		Marijuana abuse
e		Rett disorder
The patient's parents have been searching on the internet for information about Tourette disorder and its treatment. They have a concern about tardive dyskinesia and would like to have the physician prescribe a medication which will minimize that risk. Which of the following medications, given the parents' concern, is the best choice for this patient?		
a		Pimozide
b	*	Clonidine
c		Risperdal (risperidone)
d		Haloperidol
e		Clozaril (clozapine)
A patient with ADHD is treated with methylphenidate during the school year. After several months of treatment, his teachers and parents note that he has developed both motor and vocal tics. What should be the first course of action for these symptoms?		
a		Begin treatment with haloperidol
b		Discontinue the use of methylphenidate
c	*	Switch medication to atomoxetine
d		Reduce the dose of methylphenidate
e		Administer an anticonvulsant
A 62-year-old man with a history of diabetes mellitus, chronic COPD, hepatitis C, peripheral neuropathy, and a pacemaker for control of cardiac arrhythmia complains of new-onset episodic anxiety occurring over the past 3 weeks. He has no history of anxiety symptoms. Episodes of intense anxiety tend to occur in the daytime, last for 30 minutes to 1 hour, and are accompanied by hyperventilation and a sense of "palpitations," as well as some confusion and disorientation. Which of the following should be excluded from your differential diagnosis?		
a	*	Panic disorder
b		Episodic hypoglycemia
c		Hypoxia caused by COPD
d		Hypoxia caused by arrhythmia

e		Hepatic encephalopathy
<p>A 45-year-old man with schizophrenia, type II diabetes, and alcohol and cocaine dependence comes to the emergency department 2 hours after drinking half of a fifth of whiskey and smoking cocaine, after which he fell and hit his head. He describes losing consciousness for several minutes. He states that he feels extremely anxious, saying, "I can't calm down." In the emergency department, he is noted to be hyperventilating. Which of the following tests should be performed immediately?</p>		
a	*	Blood glucose level determination
b		Thyrotropin (TSH) level determination
c		Abdominal ultrasound examination
d		Test for human immunodeficiency virus (HIV) disease
e		Urine toxicology screen
<p>Generalized anxiety disorder secondary to a medical condition is diagnosed in a 23-year-old woman after she began having obsessions and compulsions after falling from a horse. Although her head trauma was treated, and she apparently suffered no sequelae, her obsessions and compulsions have continued. If an SSRI is given, which of the following medication side effects will most likely develop?</p>		
a		Orthostatic hypotension
b		An increase in the QT interval
c	*	Anorgasmia
d		Tardive dyskinesia
e		Seizures
<p>A 29-year-old patient complains of sudden episodes in which she experiences tachycardia, an intense sense of fear, paresthesias, tremors, and shortness of breath that begin suddenly and cease after 5 to 10 minutes without any other intervention. She has three or four per week. The most likely diagnosis is which of the following?</p>		
a		Myocardial infarction
b		Asthma
c		Hyperthyroidism
d		Agoraphobia
e	*	Panic attacks
<p>A 16-year-old girl is brought to a physician by her mother, who states that her daughter has been losing weight steadily. The adolescent denies there is a problem and states that she is in no way underweight. The physician determines that the girl is 5 ft 6 in tall and weighs 90 lb. Which of the following laboratory tests is most helpful in assessing the severity of starvation in this patient?</p>		
a		Complete blood count and differential white blood cell count
b		Thyroid function studies
c		Serum potassium level
d	*	Determination of albumin level
e		Liver function studies
<p>Despite her protestations, the adolescent in the vignette above is diagnosed with anorexia. After stabilization of her nutritional status on a specialized inpatient unit, she is discharged home, with plans for followup therapy as an outpatient. Which of the following treatments have been shown to be effective in treating anorexia nervosa as an outpatient?</p>		
a		Psychodynamic psychotherapy
b	*	Family therapy
c		Brief supportive therapy
d		Group therapy
e		Insight-oriented psychotherapy
<p>Anorexia nervosa has been diagnosed in a 14-year-old girl, and she has been admitted to an inpatient psychiatric unit for treatment. On admission, she is found to be 5 ft 4 in tall and to weigh 82 lb. Over the next week in the hospital, she is weighed daily. She gains 4 lb the first day but subsequently loses 1 lb, and so at the end of the week she weighs 85 lb. It is discovered that the patient exercises all night long and hides all her food in napkins. What might account for the 4-lb weight gain early in the hospital stay?</p>		
a		Early treatment motivation
b	*	Excessive intake of water before the first weigh-in

c		A decrease in metabolism, resulting in weight gain
d		Scale error
e		Patient binged on the first day but was unable to purge until after her first weigh-in
A 23-year-old pregnant woman complains of an inability to feel her legs. She wonders if the fetus is grabbing her spinal cord. Although she does not appear concerned about her condition, on further questioning she admits that her pregnancy was unplanned and that it has been a source of stress for her and her husband. Her neurologic examination is unremarkable except for decreased sensation below her waist. The results of a computed tomography scan and magnetic resonance imaging of her brain and spine are normal. Choose the one descriptor (A–E) that best describes the situation		
a		Factitious disorder
b		Malingering
c	*	Conversion disorder
d		Somatization disorder
e		Hypochondriasis
A 50-year-old man is referred to a physician because he has ongoing migraine headaches. His headaches are chronic and bilateral, are worse with loud noises and light, and occur without aura or vomiting. His physical examination is unremarkable except that the patient does not appear to be in significant distress. When he is presented with various options for treatment, including nonsteroidal anti-inflammatory medications, he becomes angry, demanding that Tylenol with codeine is the only thing that has ever helped him. When he is told that nonnarcotic medications should be tried first, he accuses the doctor of not believing him and storms out of the clinic. Choose the one descriptor (A–E) that best describes the situation		
a		Factitious disorder
b	*	Malingering
c		Conversion disorder
d		Somatization disorder
e		Hypochondriasis
A 45-year-old man complains of lower back pain and weakness in his legs after lifting heavy boxes while at work. He says that he has not been able to go to work for several days. He requests treatment and a letter excusing him from work. On examination, he is found to have significant lumbar pain without spasms. The strength in his legs is decreased because of a lack of effort. His reflexes are within normal limits. Choose the one descriptor (A–E) that best describes the situation		
a		Factitious disorder
b	*	Malingering
c		Conversion disorder
d		Somatization disorder
e		Hypochondriasis
A 38-year-old woman comes in for evaluation of an abscess on her thigh. Her chart documents frequent outpatient and hospital visits. She is admitted, her abscess is drained, and she is treated with antibiotics. Culture studies demonstrate microorganisms consistent with fecal matter, and a further physical examination reveals many old scars, presumably self-inflicted. Choose the one descriptor (A–E) that best describes the situation:		
a	*	Factitious disorder
b		Malingering
c		Conversion disorder
d		Somatization disorder
e		Hypochondriasis
Which of the following factors is most likely associated with a more positive prognosis for autistic disorder?		
a		Physical development/performance IQ
b		Family socioeconomic status
c	*	Language development/verbal IQ
d		Presence of a seizure disorder
e		Sibling order
A 4-year-old boy who is an only child starts preschool. His parents are quite nervous about this and describe themselves as protective and over involved. However, they are looking forward to seeing him more involved		

with school, as he has had little peer interaction prior to this because he is an only child, and he has never shown much of an interest in interacting with others. He has never used many words which the parents attribute to his isolation as an only child. They tell the teacher he has always done best with a strict schedule and doesn't tolerate changes well. He has always seemed to have a very narrow repertory of play—focusing primarily on spinning objects such as tops and balls. He comes to the classroom for the first time and runs right to these toys and does not say goodbye to his mother, nor even acknowledge she is leaving. Other children attempt to play with him but his response is to either ignore them or get angry at their advances. This last response in someone with autism might best be described as which of the following?

- | | | |
|---|---|----------------------------|
| a | | Rigidity |
| b | | Stereotyped behavior |
| c | * | Lack of social reciprocity |
| d | | Poor language development |
| e | | Obsessional thinking |

A 29-year-old man is sent to a counselor at his Employee Assistance Program, upon the urging of his supervisor. The patient had been working the night shift, but was recently promoted to a position on the day shift, with new supervisory responsibilities. Subsequently, his job performance has dropped off significantly. The patient states that since his transfer, he has been so nervous at work that he has not been able to think straight. He reports that his mood at home has been good, but that he knows he will fail at the new job because, "I have always been such a dope when it comes to working with other people." After several sessions, the counselor diagnoses the patient with avoidant personality disorder. Which of the following would be the most helpful in assisting the patient to manage his anxiety in regards to his new job?

- | | | |
|---|---|---|
| a | | Tell the patient that he needs to be more confident in his skills during this transition and "suck it up" |
| b | * | Engage the patient in cognitive therapy to help him deal with his distorted thinking |
| c | | Give the patient a beta-blocker to help him control his anxiety |
| d | | Prescribe a benzodiazepine |
| e | | Tell the patient that he is probably not ready for this job if he is this anxious |

A 24-year-old man presents to a therapist. Which of the following statements made by the patient is most consistent with avoidant personality disorder?

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|---|---|--|
| a | * | "I have a couple of close friends, but it seems like I just don't get most people" |
| b | | "I'm usually fine around people. It's just when I'm around a lot of people I've never met before that I get freaked out" |
| c | | "I'm afraid that people are plotting against me" |
| d | | "My mom thinks I have a problem with people. I can take them or leave them" |
| e | | "My girlfriend thinks I have a problem with people, like with her friends. What do you think?" |

Which statement best characterizes the difference between patients with avoidant personality disorders and those with schizoid personality disorders?

- | | | |
|---|---|--|
| a | | Patients with avoidant personality disorders have fewer friends than those with schizoid personality disorders |
| b | | Patients with avoidant personality disorders have higher self-esteem than those with schizoid personality disorders |
| c | * | Patients with avoidant personality disorders would like to have friends more than patients with schizoid personality disorders |
| d | | Patients with avoidant personality disorders are better at accepting criticism than patients with schizoid personality disorders |
| e | | Patients with avoidant personality disorders are less anxious than are patients with schizoid personality disorders |

A 35-year-old woman is engaged in psychotherapy to address her avoidant personality disorder. In particular, she is distressed by her inability to maintain a romantic relationship with a man. During the course of treatment, the therapist learns that her father was alcoholic, and was physically abusive to the patient and her mother. Which defense mechanism best describes the patient's behavior?

- | | | |
|---|--|---------------------|
| a | | Undoing |
| b | | Splitting |
| c | | Isolation of affect |

d		Idealization
e	*	Displacement
A 10-year-old boy presents with episodes of somatic complaints, anxiety, and crying at school which resolves when he is sent home. He won't go anywhere without his mother. Which of the interventions would be appropriate in the plan of treatment?		
a		Place on home-bound tutoring to be provided by the school district
b		Prescribe lorazepam prn for anxiety episodes
c	*	Place the patient on fluoxetine in low dose
d		Immediately restrict access to the mother until anxiety symptoms cease
e		Reassure the mother that the patient is going through "a phase" and that this will pass with little impact on youth' subsequent life
Children or adolescents with separation anxiety disorder are at higher risk for which other psychiatric disorder?		
a		Malingering
b		Somatization disorder
c		Bipolar disorder
d		Learning disability
e	*	Major depression
When starting an SSRI, such as fluoxetine, in an adolescent patient with separation anxiety disorder, the Food and Drug Administration (FDA) recommends the clinician monitor closely for which of the following?		
a		Hypovolemia
b		Hypertension
c		Anorexia
d	*	Suicidal thoughts
e		Delusions
A man who appears to be approximately 70 years of age is brought to the emergency department by the police. He was picked up after he tried to order food in a restaurant but had no money to pay the bill. He is oriented to place and time and gives his name as "Bill," but he cannot remember where he lives, his telephone number, or the names of his family members. He does recall that he served in the Pacific during World War II and that he was raised in rural New Hampshire. The results of his physical examination are essentially normal, and his routine laboratory tests reveal mild anemia. Which of the following is the most likely diagnosis?		
a		Dissociative amnesia
b		Dissociative fugue
c		Alcohol dependence
d	*	Dementia
e		Dissociative identity disorder
Dissociative fugue is distinguished from dissociative amnesia by which of the following?		
a		The presence of retrograde amnesia
b	*	Travel far from home or family
c		A precipitating traumatic event
d		Creation of multiple identities
e		Loss of consciousness
A 38-year-old woman has adopted a new identity in a city 120 miles away from her hometown and has no memory of her prior life. Apparently, this event was precipitated by confrontation of her addiction to gambling and a threat of divorce. Which of the following could be a predisposing factor in her illness?		
a	*	History of head trauma
b		History of an anxiety disorder
c		Birth of a baby within 3 months
d		Female gender
e		Presence of a gambling addiction
A 35-year-old man is brought to a psychiatrist's office by his wife. He had previously suffered a major depressive episode 2 years prior, and ceased medications 6 months ago. More recently, the patient had been working many overtime hours for several weeks to complete a project at work, and had slept much less than normal without apparent ill effect. When the project was completed, the patient continued to sleep little, and		

shifted his activities to socializing and drinking with his work colleagues. The patient admits he has not drunk this heavily since college. For the past few days, the patient has “crashed” back into depression. Which of the following is the most likely explanation for this patient’s condition?	
a	Exacerbation of major depression
b	Substance-induced mood disorder (alcohol)
c	* Bipolar disorder
d	Adjustment disorder
e	Circadian rhythm sleep disorder
A 22-year-old woman presents to the emergency department with complaints of depression and suicidal ideation. She admits that up until 24 hours ago, she was heavily abusing cocaine. Which of the following findings would be most common with this presentation?	
a	Miosis, slurred speech, drowsiness
b	Nystagmus, hypertension, muscle rigidity
c	Conjunctival injection, increased appetite, dry mouth
d	* Fatigue, increased appetite, vivid and unpleasant dreams
e	Mydriasis, gooseflesh, rhinorrhea, muscle aches
A 23-year-old man is referred from an outpatient drug rehabilitation program to a psychiatrist for depression. The patient endorses having used “everything I can get my hands on, as often as I can get it.” A drug screen is positive for a substance. The psychiatrist however doubts that the drug identified is responsible for the patient’s symptoms of depression. Which of the following drugs is most likely to be present on the drug screen?	
a	* Cannabis
b	Cocaine
c	Alcohol
d	Methamphetamine
e	Inhaling spray paint or “huffing”
A 27-year-old female teacher with no psychiatric history comes in for treatment with the complaint that a recent relationship with a boyfriend has failed; she states that she has had long-standing problems maintaining relationships with men and wishes to find “a solution.” Since the breakup 4 weeks previously, she has had difficulty getting to sleep and frequently wakes up at 3 AM. She has no appetite and has lost 7 lb. She complains that her concentration in the classroom has deteriorated, that she has lost interest in her students, and that she often has crying spells during the day. She has withdrawn from friends and colleagues recently. Which one of the following diagnoses should the clinician consider first?	
a	Sleep disorder
b	* Major depressive episode
c	Neurosis
d	Bipolar disorder
e	Borderline personality disorder
A 24-year-old male engineering student comes to the counseling center because of “problems with sex.” He is heterosexual and able to engage in casual relationships. While he experiences normal sexual excitement, when the opportunity for intercourse occurs, he becomes anxious and cannot maintain an erection. He can masturbate without difficulty, and his family physician has told him that he is “completely normal physically.” Upon further history, the patient states that his father was a military officer who was absent for significant periods of time while the patient was in his early school years; the patient was an only child who was very close to his mother. He denies pervasive depression and has no psychiatric history. Which of the following is the most appropriate treatment for this patient?	
a	Cognitive-behavioral therapy (CBT)
b	Antidepressant medication
c	* Psychodynamic psychotherapy
d	Interpersonal therapy
e	Dialectical behavioral therapy
A 47-year-old man is admitted to a psychiatric unit for depression with suicidal ideation and detoxification. He has a long history of dependence upon both alcohol and cocaine. Which of the following signs is most characteristic of early alcohol withdrawal?	

a		Decreased blood pressure
b		Hypersomnia
c		Persistent hallucinations
d	*	Tremor
e		Increased appetite
<p>A 54-year-old man is admitted to the hospital for elective surgery. He has been through alcohol rehabilitation, but has continued to struggle with his drinking. He alerts the primary service taking care of him that he has continued to drink up to the time of his admission. In what time frame after cessation of all drinking is he at most risk for delirium tremens?</p>		
a		6 to 8 hours
b		8 to 12 hours
c		12 to 24 hours
d	*	24 to 72 hours
e		Over 1 week
<p>An elderly woman presents to the emergency department due to a hip fracture. She reports that she “hasn’t been feeling very well,” recently, and is vague and hard to pin down regarding details. You think that there might be the odor of alcohol on her breath, and suspect alcohol abuse versus dependence. Which of the following findings would be most supportive of your concern?</p>		
a		A healed scar from a previous fall several years ago
b		Microcytic anemia
c	*	Elevated gamma-glutamyl transpeptidase
d		Slightly elevated aspartate aminotransferase (AST), with normal alanine aminotransferase (ALT)
e		Mini-Mental State Examination score of 28/30
<p>A 63-year-old man presents to the emergency department with complaints of anxiety. He describes a long history of daily, heavy, alcohol use, and 2 days ago “quit cold turkey.” He appears visibly tremulous, flushed, and diaphoretic. His temperature, blood pressure, and pulse rate are elevated. The results of his physical examination are otherwise unremarkable, but his laboratory tests demonstrate low serum albumin and low protein levels, as well as an elevated prothrombin time/partial prothrombin time value. He is admitted to the medical service for alcohol detoxification. Which of the following medications would be most appropriate in treating this patient?</p>		
a		Alprazolam
b		Chlordiazepoxide
c		Diazepam
d	*	Lorazepam
e		Clonazepam
<p>A 35-year-old man being seen for major depression shares that he enjoys dressing as a woman and masturbating in private. He finds cross-dressing very arousing sexually but is married and his wife has become aware of this. She is very upset and there have been marital problems over his behavior. At work and in other settings he functions in typical male roles and activities. He has had two sexual experiences with men before he got married. He feels very committed to his marriage and finds his wife sexually attractive. The best diagnosis for this patient would be which of the following?</p>		
a		Mixed personality disorder with schizotypal and borderline features
b		Gender identity disorder
c	*	Transsexual fetishism
d		No diagnosis as bisexuality is not a psychiatric disorder
e		Body dysmorphic disorder
<p>Gender identity disorder with a sexual attraction to males has been diagnosed in a 15-year-old boy sent to a psychiatrist. His parents are extremely unhappy with the boy’s insistence on wearing women’s clothes and want the psychiatrist to provide therapy “so that he won’t think like this any more.” The boy is willing to talk to the psychiatrist but only if he can discuss the problems caused by the social ostracism he endures because of his wish to be a woman. Which of the following actions should the psychiatrist take?</p>		
a		Inform the patient that his gender dysphoria will likely remit in time with psychotherapy alone
b	*	Inform the patient that psychotherapy has been found to be helpful but that sexual reassignment surgery

		is also an option once he is an adult
c		Inform the parents that their child will likely only experiment with homosexual behavior and will turn to heterosexuality once he is an adult
d		Inform the parents that they should forbid their son to wear women's clothes
e		Inform the patient's school that mechanisms must be put in place to reduce his social ostracism
A 29-year-old man with a diagnosis of gender identity disorder wishes to undergo sex reassignment surgery. Which of the following treatment steps is strongly related to a positive outcome of sex reassignment?		
a		Screening the patient for psychopathology
b		Treating the patient with an antidepressant before surgery
c		Treating the patient with hormones
d	*	Real-life experience in the community
e		Ongoing supportive psychotherapy
A 36-year-old man comes to a physician's office with a chief complaint that "people are out to hurt me." Despite being reassured by his wife that this is untrue, the patient is convinced that men are observing his behavior and actions at home and at work, using telescopic lenses and taping devices. He has torn apart his office on more than one occasion looking for "bugs." The patient's wife says that this behavior is relatively new, appearing somewhat suddenly after the patient was robbed on the way to his car approximately 6 months previously. Which of the following symptoms best describes what the patient is experiencing?		
a		Ideas of reference
b		Hallucinations
c	*	Paranoid delusions
d		Paranoid ideations
e		Thought disorder
A 42-year-old woman undergoing psychotherapy storms into her therapist's office for her session and angrily accuses the therapist of "trying to undermine her intelligence." After a discussion with the therapist, it becomes clear that it is the patient who is second-guessing herself, thereby "undermining" her own intelligence. Which of the following defense mechanisms is this patient using?		
a		Denial
b		Identification with the aggressor
c		Intellectualization
d	*	Projection
e		Reaction formation
A 55-year-old, unresponsive woman is brought to the emergency department after an apparent suicide attempt. Earlier that day, she refilled her monthly prescription for a benzodiazepine, which she had been prescribed for panic disorder. The empty pill bottle was found on her nightstand by the paramedics. Concurrent ingestion of which of the following substances is most likely to worsen the prognosis of her overdose?		
a		Cannabis
b		Cocaine
c		Citalopram
d	*	Alcohol
e		Lysergic acid diethylamide (LSD)
Patients with which level(s) of mental retardation are capable of holding jobs?		
a		All levels
b	*	Mild only
c		Moderate and mild.
d		Severe, moderate, and mild.
e		Individuals with mental retardation are unable to hold jobs
Which of the following is the most common cause of mental retardation?		
a		Fragile X syndrome
b		Genetic deficits
c	*	Idiopathic or unknown
d		In utero exposure to toxins
e		Lead intoxication

An 18-year-old boy has benefitted from training in social and occupational skills but has been unable to progress beyond the second-grade level in academic subjects. He needs supervision and guidance when under mild social or economic stress. Which level of mental retardation is being described?		
a		Mild
b	*	Moderate
c		Severe
d		Profound
e		Borderline level of intellectual functioning
A 17-year-old boy presents with a complaint of his “legs giving out” for 1 week. During each episode he experiences a generalized painful sensation and within a few seconds he becomes weak and unable to move his arms and legs. The episodes last a few minutes. The patient is in the 11th grade earning B’s and C’s. His parents have recently separated after a long period of verbal abuse toward each other. His physical examination and neurologic workup are unremarkable. Laboratory studies are normal. Which of the following characteristics most distinguishes his diagnosis from other somatoform disorders?		
a		Symptoms are not fully explained by a medical cause
b		Symptoms are not intentionally produced
c	*	Symptoms involve only motor or sensory neurologic deficits
d		Psychological factors are related to symptom production
e		Secondary gain is involved
A 42-year-old man returns to his internist for the fourth time in 5 months with the same symptoms of intermittent numbness of his fingers and indigestion. Although his medical workup has been unremarkable, this has failed to reassure him. He is now concerned that he has celiac disease and requests a gastrointestinal (GI) consultation. Which of the following is the most likely diagnosis?		
a		Conversion disorder
b		Factitious disorder
c		Malingering
d	*	Hypochondriasis
e		Body dysmorphic disorder
A 32-year-old woman is admitted for 2nd and 3rd degree burns of her right hand which she attributes to accidentally spilling hot oil while she was cooking dinner. Upon evaluation, the surgeon recognizes the patient as a woman he had treated for a similar burn on the same hand 3 months ago. Her medical records reveal that this is her sixth burn-related injury in 2 years. Which of the following is the most likely diagnosis?		
a		Conversion disorder
b	*	Factitious disorder
c		Malingering
d		Hypochondriasis
e		Body dysmorphic disorder
A married pharmacist comes in for treatment at the insistence of his wife, who was disturbed to find that he was wearing some of her undergarments under his clothes. He admitted to her that he often masturbates when wearing her underwear and fantasizes about wearing it while having intercourse with her. Which of the following words best define this paraphilia?		
a		Exhibitionism
b		Fetishism
c	*	Transvestism
d		Voyeurism
e		Masochism
Which of the following is a poor prognostic indicator in the treatment of fetishists?		
a		A stable adult relationship
b	*	Presence of another paraphilia
c		Normal intelligence
d		Self-referral for treatment
e		History of sexual relations without the paraphilia
A 23-year-old man comes to his physician asking for sexual reassignment surgery. He states that for “as long as		

I can remember” he has felt that he was born in the wrong body. He states that he believes that “truly I am a woman” and is disgusted by his male body habitus. He wishes to have his penis removed, and would like female breasts and genitalia. He considers himself a heterosexual because he is attracted to men. Which of the following best describes this man?		
a		He has a paraphilia
b		He has fetishism
c	*	He is a transsexual
d		He is having a psychotic delusion
e		He is a sadist
A 55-year-old man complains of inability to achieve an erection. He has been worried about his health recently and takes antihypertensive medication. Which of the following would most likely differentiate between an organic and psychiatric condition?		
a		A lower-extremity myographic examination
b		Magnetic resonance imaging of the lumbosacral spine
c	*	An erection on awakening in the morning
d		The interpretation of projective tests
e		An electroencephalographic reading
A 19-year-old girl is brought to the emergency department by her friends, who are worried that she is not behaving normally. They suspect that she was experimenting with some type of drug, but are unsure what. Which of the following syndromes would be most consistent with amphetamine intoxication?		
a		Flushed face, slurred speech, unsteady gait
b	*	Anorexia, diaphoresis, pupillary dilation
c		Prominent hallucinations, pupillary dilation, incoordination
d		Miosis, slurred speech, drowsiness
e		Hyperphagia, conjunctival injection, tachycardia
In the previous case, urine toxicology confirms intoxication with amphetamines. Which of the following withdrawal syndromes would be expected?		
a		Diarrhea, piloerection, yawning
b		Delirium, autonomic hyperactivity, visual or tactile hallucinations
c	*	“Crash” of mood into depression, lethargy, increased appetite
d		Tremor, headache, hypertension
e		Postural hypotension, psychomotor agitation, insomnia
A 20-year-old man is brought to a mental health center by his parents, who are at their wit’s end due to their son’s drug problem. The son is sullen and completely uncommunicative. The parents, who are extremely naïve to the world of street drugs can only guess by his behavior that he is abusing “uppers.” Which of the following findings might help differentiate between the abuse of cocaine versus amphetamine?		
a		Rhinorrhea
b		“Track marks” on his arms
c		Severe smoker’s cough and respiratory problems
d	*	Extremely poor dentition
e		Weight loss
A 24-year-old woman with BPD is admitted to a psychiatric hospital because of suicidal ideation. The physician on call tells the patient about all the rules and regulations in the unit and that “Although it is a great place to get better, it is a lot of work.” Which of the following is this physician attempting to do with this patient?		
a	*	Decrease idealization of the unit and the hospitalization
b		Discourage the patient from splitting
c		Dissuade the patient from signing in voluntarily
d		Encourage the patient to seek admission elsewhere
e		Investigate the patient’s motivation for desiring admission
A 24-year-old woman is seen in the emergency department after superficially cutting both her wrists. Her explanation is that she was upset because her boyfriend of 3 weeks just broke up with her. When asked about other relationships, she says that she has had numerous sexual partners, both male and female, but none of them		

lasted more than several weeks. Which type of psychotherapy might she be most likely to respond to?		
a	*	Dialectical behavioral therapy
b		Interpersonal psychotherapy
c		Parent assertiveness training
d		Psychopharmacotherapy
e		Supportive psychotherapy
A 22-year-old man with BPD loses his job at a local restaurant, the first job he held for longer than a month. His mother dies suddenly 3 weeks later. One month after his mother's death, the patient tells his therapist, whom he has been seeing once a week, that he has trouble sleeping and wakes up at 3 AM and is unable to go back to sleep. He has lost 13 lb in 5 weeks without trying to do so. He reports low energy and a decreased interest in his usual hobbies. He states that he feels depressed but then grins and says, "But I'm always depressed, aren't I?" Based on his history, which of the following should the clinician do next?		
a		Ask the patient to keep a sleep log
b		Begin seeing the patient for daily psychotherapy
c		Hospitalize the patient
d		Start treating the patient with a mood stabilizer such as carbamazepine
e	*	Start treating the patient with an antidepressant such as paroxetine
A 15-year-old girl with a history of major depressive disorder (MDD) comes to your primary care office for a routine visit. When you walk into the examining room, you notice that she is withdrawn with her head bent down. She displays poor eye contact and barely speaks during your interview. She admits that she uses marijuana approximately twice per week and cuts on her arm when stressed. Her mother reveals that she is particularly worried as the girl's paternal uncle committed suicide 10 years ago. You suspect that she is having a recurrence of depressive symptoms and are concerned about her risk for suicide. Which of the following factors most increases this patient's risk of committing suicide?		
a		Cutting behavior
b		Gender
c	*	Presence of depression
d		Relative who committed suicide
e		Substance use
A 15-year-old girl with a history of major depressive disorder (MDD) comes to your primary care office for a routine visit. When you walk into the examining room, you notice that she is withdrawn with her head bent down. She displays poor eye contact and barely speaks during your interview. She admits that she uses marijuana approximately twice per week and cuts on her arm when stressed. Her mother reveals that she is particularly worried as the girl's paternal uncle committed suicide 10 years ago. You suspect that she is having a recurrence of depressive symptoms and are concerned about her risk for suicide. Further history is obtained, and the patient reveals that she has, in fact, been feeling more depressed recently, with difficulty sleeping, low appetite, fatigue, and problems concentrating. While she had suicidal ideation during her previous major depressive episode, she denies it at this visit. At this time, she also denies self-injurious urges. Which of the following would be the most appropriate plan for treatment?		
a		Admit her to the hospital given her history and potential risk
b		Ask your psychiatric colleague to assess her at their next available intake
c	*	Prescribe antidepressant medications with a follow-up appointment in 2 weeks
d		Refer her to a social worker for psychotherapy
e		Tell the mother you will follow up with her at your next routine visit
A mother brings her 7-year-old son to you because she is worried that he sits up in bed in the middle of the night and screams. She says that at those times he is inconsolable but eventually falls back to sleep. Which of the following is the most likely diagnosis?		
a		Intermittent explosive disorder
b		Narcolepsy
c		Nightmare disorder
d	*	No rapid eye movement (NREM) sleep arousal disorder, sleep terror type
e		NREM sleep arousal disorder, sleepwalking type
A mother brings her 7-year-old son to you because she is worried that he sits up in bed in the middle of the		

night and screams. She says that at those times he is inconsolable but eventually falls back to sleep. During which stage of sleep do these episodes most likely occur?		
a		Stage 1
b		Stage 2
c	*	Stages 3 to 4
d		Rapid eye movement (REM) stage
e		Any stage
A 17-year-old girl with a history of asthma presents for a physical examination prior to entering college. You note that she appears angry. Upon further questioning, you learn that she has felt irritable for the past 6 months since breaking up with her boyfriend of 2 years. She says she feels tired all the time and comes home from school every day, lies on the couch, and watches YouTube videos. Her grades have dropped because she cannot concentrate. Despite her fatigue, she complains of difficulty sleeping. She has lost 12 lb over the last 6 months. She reports that she quit the senior celebration committee, no longer “hangs out” with her friends, cannot imagine things will improve, and is considering not going to college. Her physical and laboratory examination is normal. Which of the following medications would be the most appropriate to treat this patient?		
a		Carbamazepine (Tegretol)
b		Imipramine (Tofranil)
c		Lithium
d		Olanzapine (Zyprexa)
e	*	Sertraline (Zoloft)
A 17-year-old girl with a history of asthma presents for a physical examination prior to entering college. You note that she appears angry. Upon further questioning, you learn that she has felt irritable for the past 6 months since breaking up with her boyfriend of 2 years. She says she feels tired all the time and comes home from school every day, lies on the couch, and watches YouTube videos. Her grades have dropped because she cannot concentrate. Despite her fatigue, she complains of difficulty sleeping. She has lost 12 lb over the last 6 months. She reports that she quit the senior celebration committee, no longer “hangs out” with her friends, cannot imagine things will improve, and is considering not going to college. Her physical and laboratory examination is normal. According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5), which of the following symptoms in this patient differentiate her disorder from that in an adult?		
a		Anhedonia
b		Decreased concentration
c		Insomnia
d	*	Irritable mood
e		Weight loss
Parents bring their 6-year-old boy to the clinic at the request of the boy’s teachers. The teachers report that he is quiet in class. When he does talk, he frequently makes errors with verb tense. His parents recall that his speech was delayed. On examination, the boy is friendly and cooperative. His speech is clear, but he uses simple sentences with a limited vocabulary. Otherwise, his physical and laboratory examination is normal. Which of the following is the most likely diagnosis?		
a		Childhood-onset fluency disorder
b	*	Language disorder
c		Social (pragmatic) communication disorder
d		Specific learning disability
e		Speech sound disorder
Parents bring their 6-year-old boy to the clinic at the request of the boy’s teachers. The teachers report that he is quiet in class. When he does talk, he frequently makes errors with verb tense. His parents recall that his speech was delayed. On examination, the boy is friendly and cooperative. His speech is clear, but he uses simple sentences with a limited vocabulary. Otherwise, his physical and laboratory examination is normal. By what age would failure to speak 200 words be most consistent with a speech delay in this patient?		
a		1 year
b		2 years
c	*	3 years
d		4 years

e		5 years
<p>A 15-year-old boy without prior psychiatric history is on his school concert trip. He is brought to a local emergency room because of the acute onset of increased anger, agitation, and paranoia. On interview, he reports feeling unsafe because a government agency is spying on him. Which of the following tests would be the most important to order first?</p>		
a		Electroencephalogram (EEG)
b		Glucose tolerance test
c		Positron emission tomography (PET)scan of his head
d		Thyroid function tests
e	*	Urine toxicology screen
<p>A 15-year-old boy without prior psychiatric history is on his school concert trip. He is brought to a local emergency room because of the acute onset of increased anger, agitation, and paranoia. On interview, he reports feeling unsafe because a government agency is spying on him. All appropriate laboratory evaluations and studies come back within normal limits. Which of the following diagnoses would be most consistent with this patient's presentation?</p>		
a		Anorexia nervosa
b	*	Bipolar disorder, manic
c		Borderline personality disorder
d		Generalized anxiety disorder
e		Major depressive disorder
<p>An 8-year-old boy is referred to you by a school nurse because he has been complaining of stomachaches every morning in school. On interviewing the boy's mother, you learn that he does not like to go to school, insists on coming home immediately after school each day, and sleeps in his parents' bed at night. The mother denies other complaints. Which of the following is the most likely diagnosis?</p>		
a		Post-traumatic stress disorder (PTSD)
b		Reactive attachment disorder
c	*	Separation anxiety disorder
d		Social anxiety disorder (social phobia)
e		Specific phobia
<p>An 8-year-old boy is referred to you by a school nurse because he has been complaining of stomachaches every morning in school. On interviewing the boy's mother, you learn that he does not like to go to school, insists on coming home immediately after school each day, and sleeps in his parents' bed at night. The mother denies other complaints. Which of the following would you most likely find in this patient's history?</p>		
a		Low levels of parental control
b	*	Parent with an anxiety disorder
c		Parents with a warm and accepting style
d		Secure attachment
e		Temperament characterized by sociability and extroversion
<p>A 16-year-old boy is brought to the pediatric emergency department by his grandmother who reports he is not acting like himself. He reports that he feels "incredibly great" and does not need a doctor because he has powers to heal himself of all sickness. He speaks rapidly and his grandmother reports he has not slept more than 6 hours over the past 3 days. She reports that he appears extremely revved up and hyperactive.</p>		
a		Attention-deficit/ hyperactivity disorder(ADHD)
b	*	Bipolar disorder, most recent episode manic
c		Major depressive disorder with psychotic features
d		Panic disorder
e		Schizophrenia
<p>A 16-year-old boy is brought to the pediatric emergency department by his grandmother who reports he is not acting like himself. He reports that he feels "incredibly great" and does not need a doctor because he has powers to heal himself of all sickness. He speaks rapidly and his grandmother reports he has not slept more than 6 hours over the past 3 days. She reports that he appears extremely revved up and hyperactive. Which of the following is the most likely diagnosis?</p>		
a		Alcohol

b		Cannabis
c	*	Cocaine
d		Heroin
e		Phencyclidine (PCP)
<p>A 9-year-old boy walks into your office accompanied with his mother. They are arguing about his wanting a new portable video gaming system. His mother, exasperated with her son's behavior, tells you that they were late because it took him a long time to finally agree to get into the car to come to the appointment with you. Alone with you in your office, he appears irritated and refuses to answer your questions or look up from his lap. After 10 minutes, he tells you about the "annoying kids" in his class and how they "made me get in trouble." Further history from the mother reveals that, despite the above behavior, he has never been violent or destructive, and he has not had any legal problems. Which of the following is the most likely diagnosis?</p>		
a		Agoraphobia
b		Attention-deficit/ hyperactivity disorder (ADHD)
c		Conduct disorder
d		Generalized anxiety disorder (GAD)
e	*	Oppositional defiant disorder (ODD)
<p>A 15-year-old girl who is a competitive figure skater presents with concerns about her weight. She believes that she would be a better skater if she could lose weight and feels very upset and frustrated that she has failed in her attempts. The girl reluctantly admits that she sometimes eats "a whole lot" of food at one time such as a quart of ice cream, a large bag of potato chips, and a jar of peanut butter. You also notice abrasions on the back of her right hand.</p>		
a	*	"Tell me about the scratches on your hand"
b		"I've noticed the cuts on your hand. Are you trying to hurt yourself?"
c		"How did the scratches happen?"
d		"I see you have scratches on your hand. Do you have a cat?"
e		"Sometimes I see girls who make themselves throw up. Have you ever done that?"
<p>A 15-year-old girl who is a competitive figure skater presents with concerns about her weight. She believes that she would be a better skater if she could lose weight and feels very upset and frustrated that she has failed in her attempts. The girl reluctantly admits that she sometimes eats "a whole lot" of food at one time such as a quart of ice cream, a large bag of potato chips, and a jar of peanut butter. You also notice abrasions on the back of her right hand. Which of the following opening statements would be the most appropriate? Which of the following laboratory abnormalities would you most likely find in this patient?</p>		
a		Elevated iron
b		Elevated protein
c		Hyperchloremia
d	*	Hypokalemia
e		Hyponatremia
<p>Which of the following types of psychotherapy would likely be the most effective for this particular patient?</p>		
a	*	Cognitive-behavioral therapy
b		Family therapy
c		Group therapy
d		Psychoanalysis
e		Psychodynamic psychotherapy
<p>An 8-year-old boy with a history of major depressive disorder (MDD) treated with fluoxetine (Prozac) is brought to the emergency department after running into the street in front of a car on the way home from school. He is physically unharmed, but refused to speak to the emergency room doctor. You are asked to consult as you are on your psychiatry rotation. The emergency room doctor is suspicious that the boy's behavior reflected underlying suicidal impulses. Which of the following opening statements would be the most valuable in facilitating the boy's discussion of the situation?</p>		
a		"You sure were lucky the car swerved at the last minute"
b		"You weren't trying to actually get hit by the car, were you?"
c		"What were you thinking when you ran into the street?"
d	*	"It sounds like quite a day. Can you tell me about what happened after school today?"

e		“Children who try to hurt themselves are very confused. Are you confused?”
An 8-year-old boy with a history of major depressive disorder (MDD) treated with fluoxetine (Prozac) is brought to the emergency department after running into the street in front of a car on the way home from school. He is physically unharmed, but refused to speak to the emergency room doctor. You are asked to consult as you are on your psychiatry rotation. The emergency room doctor is suspicious that the boy’s behavior reflected underlying suicidal impulses. Which of the following symptoms of MDD would be more likely in this patient compared to an adolescent with MDD?		
a		Drug use
b		Hopelessness
c		Hypersomnia
d	*	Psychomotor agitation
e		Weight change
Which of the following would be this child’s most likely method of attempting suicide?		
a		Firearms
b	*	Hanging
c		Jumping from a significant height
d		Stabbing
e		Substance ingestion
An 11-year-old boy with enuresis presents to the clinic for routine follow-up. His bedwetting had not responded to behavioral interventions, so you had previously initiated treatment with intranasal desmopressin (Ddvp) after completion of a full physical and laboratory examination. Which of the following signs/ symptoms would be the most likely adverse effect?		
a	*	Headache
b		Hypotension
c		Liver toxicity
d		Sedation
e		Tremor
A 9-year-old boy with a history of panic disorder treated with cognitive-behavioral therapy is brought to your office by his mother because he has been irritable and depressed. On physical examination, the boy appears depressed but otherwise normal. Laboratory examination is normal. What would be the likelihood of this patient having a comorbid major depressive disorder (MDD)?		
a		5%
b	*	15%
c		25%
d		50%
e		75%
A 9-year-old boy with a history of panic disorder treated with cognitive-behavioral therapy is brought to your office by his mother because he has been irritable and depressed. On physical examination, the boy appears depressed but otherwise normal. Laboratory examination is normal. After a thorough history and mental status examination, you diagnose the boy with MDD and decide to initiate treatment with fluoxetine. You inform the boy and his mother of possible adverse effects of fluoxetine. Which of the following would be the most likely side effect?		
a		Hypotension
b		Liver toxicity
c	*	Nausea
d		Sedation
e		Weight gain
A 30-month-old girl is brought to the clinic by her mother for a routine visit. The mother tells you that the girl seems to avoid affection, often does not look her in the eye, has stopped speaking in preschool, and does not really engage with her preschool peers nor with her 5-year-old brother. She continues to make odd, repetitive movements with her hands, and prefers to line her toys up. She becomes acutely distressed when routines are changed. The child’s physical examination is unremarkable, but you note that she does not seem to cry when she trips over your examination stool, keeping her attention on aligning your colored pencils. Which of the		

following is the most likely diagnosis?		
a	*	Autism spectrum disorder (ASD)
b		Intellectual disability (ID)
c		Rett syndrome
d		Selective mutism
e		Social (pragmatic) communication disorder
A 30-month-old girl is brought to the clinic by her mother for a routine visit. The mother tells you that the girl seems to avoid affection, often does not look her in the eye, has stopped speaking in preschool, and does not really engage with her preschool peers nor with her 5-year-old brother. She continues to make odd, repetitive movements with her hands, and prefers to line her toys up. She becomes acutely distressed when routines are changed. The child's physical examination is unremarkable, but you note that she does not seem to cry when she trips over your examination stool, keeping her attention on aligning your colored pencils. The mother asks you about prognosis for her daughter's condition. Which of the following is the most positive prognostic factor?		
a		Comorbid epilepsy
b		Engagement in social skills training
c	*	Functional language by 5 years of age
d		Intellectual disability
e		Presence of catatonic symptoms
A 12-year-old boy is referred by the court for evaluation. He skips school, stays out late at night, and verbally abuses his parents. He has run away from home on three separate occasions, prompting his parents to call the police. He has been caught shoplifting and has been in numerous physical fights with his peers. Upon further history, which of the following would most likely be found in this patient?		
a	*	Absence of a biological father
b		Absence of a biological mother
c		Mother with an anxiety disorder
d		Patient being an only child
e		Parents who do not use corporal punishment
A 12-year-old boy is referred by the court for evaluation. He skips school, stays out late at night, and verbally abuses his parents. He has run away from home on three separate occasions, prompting his parents to call the police. He has been caught shoplifting and has been in numerous physical fights with his peers. Which of the following personality disorders is this boy most likely to develop?		
a	*	Antisocial personality disorder
b		Avoidant personality disorder
c		Paranoid personality disorder
d		Schizoid personality disorder
e		Schizotypal personality disorder
A 10-year-old girl who has recently been diagnosed with diabetes mellitus type I is referred to you by her pediatrician for an evaluation. You notice that she seems sad. Her parents are concerned about her being depressed. Consideration is given for diagnosing adjustment disorder with depressed mood versus major depressive disorder (MDD).		
a		Symptoms cause marked distress or significant impairment in functioning
b		Symptoms develop following an identifiable stressor
c		Symptoms develop within 3 months of the onset of the stressor
d	*	Symptoms do not persist for more than 6 months following termination of the stressor
e		Symptoms do not represent normal bereavement
A 10-year-old girl who has recently been diagnosed with diabetes mellitus type I is referred to you by her pediatrician for an evaluation. You notice that she seems sad. Her parents are concerned about her being depressed. Consideration is given for diagnosing adjustment disorder with depressed mood versus major depressive disorder (MDD). Which of the following criteria for the diagnosis of adjustment disorder most distinguishes it from MDD? Approximately what percentage of children who are diagnosed with diabetes mellitus type I develop adjustment disorder following their medical diagnosis?		
a		1%

b		5%
c		10%
d	*	33%
e		75%
<p>A 9-year-old boy is referred to you for evaluation because of repeated teasing at school related to his inappropriate peer interactions. The teachers report that at any time, without warning, the boy will make a disruptive sound or shout out in class. They describe him as polite and neat but restless and jumpy. Which of the following is the most likely diagnosis?</p>		
a		Conduct disorder
b		Oppositional defiant disorder
c		Panic disorder
d		Separation anxiety disorder
e	*	Tourette disorder
<p>A 9-year-old boy is referred to you for evaluation because of repeated teasing at school related to his inappropriate peer interactions. The teachers report that at any time, without warning, the boy will make a disruptive sound or shout out in class. They describe him as polite and neat but restless and jumpy. Which of the following medications would be the most appropriate to prescribe initially?</p>		
a		Bupropion (Wellbutrin)
b	*	Clonidine (Catapres)
c		Haloperidol (Haldol)
d		Paroxetine (Paxil)
e		Venlafaxine (Effexor)
<p>A 7-year-old boy with leukemia is referred to you because of concerns about his mood. His parents report that he fluctuates between appearing depressed and acting angry. At times, he plays quietly in his room, but at other times he displays anger outbursts, often hitting his 4-year-old brother. His mother admits that she has decreased her expectations of him, and feels that since he is ill he should not receive any punishments. Which of the following methods would be the most effective way to engage his mother in a discussion regarding the role of her actions on the boy's behavior?</p>		
a	*	Acknowledge her guilt and anxiety about her son's illness and explain the importance of providing limits and structure for his emotional well-being
b		Empathize with the trauma of having a sick child
c		Refer her to a parent support group
d		Sit quietly and make no comments about her parenting style
e		Tell her that treating her son like a baby is hurting him emotionally
<p>A 7-year-old boy with leukemia is referred to you because of concerns about his mood. His parents report that he fluctuates between appearing depressed and acting angry. At times, he plays quietly in his room, but at other times he displays anger outbursts, often hitting his 4-year-old brother. His mother admits that she has decreased her expectations of him, and feels that since he is ill he should not receive any punishments. It is determined that the boy is suffering from major depressive disorder. You discuss both psychopharmacologic and psychotherapeutic treatment options, but she is concerned about his ongoing leukemia treatment. Which of the following approaches would be the most appropriate regarding treating both his leukemia and major depression?</p>		
a		Treat the depression prior to the leukemia
b		Treat the depression after the leukemia
c	*	Treat the depression concurrently with the leukemia
d		Treat the leukemia first and the depression will resolve
e		(Treat the leukemia as treating the depression will not be effective in the setting of a malignancy)
<p>An 8-year-old boy presents to your office for a routine visit. One month earlier, you diagnosed him with Tourette disorder and prescribed medication. He and his parents report that the medication has been helpful. Which of the following disorders would this patient be most likely to develop?</p>		
a		Autism spectrum disorder
b		Bipolar disorder
c		Language disorder

d	*	Obsessive-compulsive disorder (OCD)
e		Separation anxiety disorder
<p>An 8-year-old boy presents to your office for a routine visit. One month earlier, you diagnosed him with Tourette disorder and prescribed medication. He and his parents report that the medication has been helpful. Prior infection with which of the following would be most likely found in the history of this patient?</p>		
a		Haemophilus influenzae
b		Influenza virus
c		Parainfluenza virus
d		Respiratory syncytial virus
e	*	Streptococcus pyogenes
<p>An 8-year-old boy with a family history of tic disorders is referred to you for an evaluation of behavioral difficulties in school. His teachers report that he is unable to sit still, constantly fidgets, and is unable to complete class work because he is so easily distracted. When he completes his work, it is often done carelessly and is frequently not turned in. The teachers also note that he blurts out replies and has a hard time during quiet time. The boy's mother reports that he has always had a lot of energy. Preparing to leave for school in the morning is challenging because of her son's disorganization and forgetfulness. Otherwise, she has no complaints. She denies that her son produces any repetitive movements or sounds. Which of the following is the most likely diagnosis?</p>		
a	*	Attention-deficit/ hyperactivity disorder(ADHD)
b		Bipolar disorder
c		Conduct disorder
d		Oppositional defiant disorder
e		Unspecified disruptive behavior disorder
<p>An 8-year-old boy with a family history of tic disorders is referred to you for an evaluation of behavioral difficulties in school. His teachers report that he is unable to sit still, constantly fidgets, and is unable to complete class work because he is so easily distracted. When he completes his work, it is often done carelessly and is frequently not turned in. The teachers also note that he blurts out replies and has a hard time during quiet time. The boy's mother reports that he has always had a lot of energy. Preparing to leave for school in the morning is challenging because of her son's disorganization and forgetfulness. Otherwise, she has no complaints. She denies that her son produces any repetitive movements or sounds. The patient is subsequently treated for the above condition. He returns to an appointment after several weeks, now with repetitive grimacing and blinking movements, which have resulted in his getting teased in school. Which of the following classes of medications is most likely to be responsible?</p>		
a		Benzodiazepines
b		D2 antagonists
c		Monoamine oxidase inhibitors (MAOIs)
d		Selective serotonin reuptake inhibitors(SSRIs)
e	*	Stimulants
<p>A 6-year-old boy is referred to you by his school to evaluate his difficulty with keeping up with reading and math despite his above average intelligence. It is suspected that he suffers from a learning disorder, so further testing and evaluation is indicated. Which of the following findings would be required for a diagnosis of specific learning disorder with impairment in reading?</p>		
a		The child has an above average IQ(intelligence quotient) but below average reading achievement
b		The child has an average IQ and below average reading achievement
c	*	The child's reading achievement is substantially below the child's IQ
d		The child's reading achievement is substantially above the child's IQ
e		The child's reading achievement and IQ are both below average
<p>A 6-year-old boy is referred to you by his school to evaluate his difficulty with keeping up with reading and math despite his above average intelligence. It is suspected that he suffers from a learning disorder, so further testing and evaluation is indicated. What would be the approximate risk of this child having a comorbid psychiatric disorder?</p>		
a		5%
b		10%

c		25%
d	*	50%
e		75%
<p>An 8-year-old child is referred to you for an evaluation of bed-wetting. Several behavioral interventions have been attempted, including eliminating fluid intake in the evening, scheduled awakenings at night to use the bathroom, and a urine alarm (a bell and pad). These techniques have been unsuccessful, and the child continues to urinate in bed every night. What is the likelihood of this patient having a comorbid mental illness?</p>		
a		5%
b		10%
c	*	20%
d		50%
e		75%
<p>An 8-year-old child is referred to you for an evaluation of bed-wetting. Several behavioral interventions have been attempted, including eliminating fluid intake in the evening, scheduled awakenings at night to use the bathroom, and a urine alarm (a bell and pad). These techniques have been unsuccessful, and the child continues to urinate in bed every night. Which of the following medications would be the most appropriate to prescribe to treat this patient?</p>		
a		Benzotropine (Cogentin)
b	*	Desmopressin (Ddavp)
c		Methylphenidate (Ritalin)
d		Paroxetine (Paxil)
e		Trazodone (Desyrel)
<p>Which of the following would be the most likely side effect of methylphenidate?</p>		
a		Hypotension
b	*	Insomnia
c		Liver toxicity
d		Tremor
e		Weight gain
<p>What is the likelihood that this patient will significantly benefit from the methylphenidate?</p>		
a		10%
b		25%
c		33%
d		50%
e	*	70%
<p>Despite education and reassurance, the mother remains opposed to stimulant medications but still wishes her son to receive pharmacologic treatment for his ADHD. Which of the following medications would be the most appropriate to prescribe?</p>		
a		Aripiprazole (Abilify)
b	*	Atomoxetine (Strattera)
c		Citalopram (Celexa)
d		Mixed amphetamine salts (Adderall)
e		Valproic acid (Depakote)
<p>During a routine office visit, the mother of a 37-month-old girl tells you that she is concerned her daughter's behavior. Since the birth of her son 4 months earlier, the mother states that her daughter has been more irritable and angry. The child has told her mother that she does not want the baby anymore and to take him back. The mother is especially concerned because her daughter tried to bite the baby the week before. Which of the following statements would be the most appropriate response to this mother?</p>		
a		"If you simply ignore your daughter's behavior, it will pass"
b	*	"It is understandable that your daughter is angry and experiences jealousy with the new baby joining the family"
c		"The next time she tries to bite him, you should bite her back so she knows how it feels"
d		"Tell your daughter she is being a very bad girl and you won't love her if she bites the baby"
e		"Tell your daughter that she needs to love the baby and be a wonderful big sister"

During a routine office visit, the mother of a 37-month-old girl tells you that she is concerned her daughter's behavior. Since the birth of her son 4 months earlier, the mother states that her daughter has been more irritable and angry. The child has told her mother that she does not want the baby anymore and to take him back. The mother is especially concerned because her daughter tried to bite the baby the week before. Which of the following tasks would this girl be able to perform at her current age?		
a		Acknowledge her angry and competitive feelings toward her sibling
b	*	Be able to state her age and gender
c		Count to
d		Recognize that water poured from one glass into another of a different size is the same volume
e		Ride a bicycle
A 4-year-old boy is referred to you for evaluation because he has poor social relatedness. Upon interview, he appears healthy and well-kempt. He grabs your office key off your desk. At your office door, he takes the key and locks and unlocks your door repeatedly. Despite attempts to redirect and distract him, he remains preoccupied with this task. After about 10 minutes, you attempt to take the key away from him and he becomes extremely upset, making an insistent, piercing cry. In which of the following areas would you most likely expect additional difficulties in this patient?		
a		Attention
b		Fine motor skills
c		Gross motor skills
d	*	Imaginary play
e		Potty training progress
A 4-year-old boy is referred to you for evaluation because he has poor social relatedness. Upon interview, he appears healthy and well-kempt. He grabs your office key off your desk. At your office door, he takes the key and locks and unlocks your door repeatedly. Despite attempts to redirect and distract him, he remains preoccupied with this task. After about 10 minutes, you attempt to take the key away from him and he becomes extremely upset, making an insistent, piercing cry. Which of the following qualities would be most associated with a more favorable prognosis in this child?		
a		Easily toilet trained
b		Interested in mechanical toys
c		Organized in play
d	*	Reciprocal conversation
e		Reciting songs and poems from memory
A 17-year-old girl comes to your office for a routine visit. She states that she feels fine and offers no complaints. On physical examination, you find that her weight is 92 lb and her height is 65 in. One year earlier, her weight was 126 lb, and height 65 in. After further discussion, you learn that she is terrified of gaining weight and believes that she is fat and needs to lose more weight. She additionally reports that she has not menstruated in the past 6 months. Which of the following laboratory abnormalities are you most likely to find in this patient?		
a	*	Hypercholesterolemia
b		Hyperkalemia
c		Hypocarotenemia
d		Increased thyroid-stimulating hormone(TSH)
e		Leukocytosis
A 17-year-old girl comes to your office for a routine visit. She states that she feels fine and offers no complaints. On physical examination, you find that her weight is 92 lb and her height is 65 in. One year earlier, her weight was 126 lb, and height 65 in. After further discussion, you learn that she is terrified of gaining weight and believes that she is fat and needs to lose more weight. She additionally reports that she has not menstruated in the past 6 months. Which of the following complications would be the most likely indication for admitting this patient to the hospital?		
a		Anemia
b	*	Arrhythmia
c		Bradycardia
d		Hypotension

e		Lanugo
<p>An 8-month-old boy is brought to the clinic by his mother. She complains that her son has been experiencing screaming and crying fits when she leaves him with a babysitter. She says that in the past he did not object to being left with a babysitter and asks you why he becomes so upset now, and what she can do about it. Which of the following statements would be the most appropriate response?</p>		
a		“This behavior is characteristic of autistic children”
b		“It is possible that your son has separation anxiety disorder”
c		“This behavior suggests that you’re not spending enough time with your son”
d		“It sounds as though your son is overly attached to you”
e	*	“This behavior is normal at your son’s age and will pass with time”
<p>An 8-month-old boy is brought to the clinic by his mother. She complains that her son has been experiencing screaming and crying fits when she leaves him with a babysitter. She says that in the past he did not object to being left with a babysitter and asks you why he becomes so upset now, and what she can do about it. Which of the following diagnoses would be most appropriate if the boy in the previous question (Question 52) were an 8-year-old boy with similar behavior?</p>		
a		Agoraphobia
b		Normal behavior
c		Obsessive-compulsive disorder
d	*	Separation anxiety disorder
e		Social anxiety (social phobia)
<p>A 10-year-old boy is referred to you due to extreme difficulties in school. He has been held back a grade and is still not passing his classes. During the course of your evaluation, you learn that the boy hears voices telling him that he is stupid and to leave the classroom. Afraid to disobey, he goes to the bathroom frequently. He also has difficulty falling asleep at night because the voices keep him awake. In addition, you learn that the boy believes others can read his thoughts. Physical and laboratory examinations are normal. You suspect that the boy may be suffering from schizophrenia. Which of the following items in his history would be most consistent with your provisional diagnosis?</p>		
a		Always social and outgoing
b	*	Father with schizotypal personality disorder
c		Parents getting divorced
d		Recently transferred schools
e		Recently used marijuana
<p>A 10-year-old boy is referred to you due to extreme difficulties in school. He has been held back a grade and is still not passing his classes. During the course of your evaluation, you learn that the boy hears voices telling him that he is stupid and to leave the classroom. Afraid to disobey, he goes to the bathroom frequently. He also has difficulty falling asleep at night because the voices keep him awake. In addition, you learn that the boy believes others can read his thoughts. Physical and laboratory examinations are normal. You suspect that the boy may be suffering from schizophrenia. Which of the following features would indicate a poorer prognosis in this patient?</p>		
a		Acute onset
b		Affective symptoms
c		Good premorbid adjustment
d	*	Onset before the age of 13 years
e		Well-differentiated symptoms
<p>A 9-year-old girl with a family history of bipolar disorder is referred to you by her school because of disruptive behavior in class that has been worsening over the past 3 months. Her teachers report that her energy level is high, and she is markedly more distractible. She is also sleeping more poorly and is increasingly more intrusive into her siblings’ personal space. Both attention-deficit/ hyperactivity disorder (ADHD) and a manic episode are considered. Which of the following symptoms would be more consistent with ADHD rather than mania?</p>		
a		Distractibility
b		Impulsivity
c	*	Low self-esteem
d		Motoric hyperactivity

e		Pressured speech
<p>A 9-year-old girl with a family history of bipolar disorder is referred to you by her school because of disruptive behavior in class that has been worsening over the past 3 months. Her teachers report that her energy level is high, and she is markedly more distractible. She is also sleeping more poorly and is increasingly more intrusive into her siblings' personal space. Both attention-deficit/ hyperactivity disorder (ADHD) and a manic episode are considered. If this child's school is unable to manage her behavior in her classroom despite outpatient treatment and medication, which of the following long-term options would be the most optimal school placement?</p>		
a		Home schooling
b		Parochial school
c		School for children with learning disabilities
d		Residential treatment
e	*	Therapeutic day school
<p>A 9-year-old girl with a family history of bipolar disorder is referred to you by her school because of disruptive behavior in class that has been worsening over the past 3 months. Her teachers report that her energy level is high, and she is markedly more distractible. She is also sleeping more poorly and is increasingly more intrusive into her siblings' personal space. Both attention-deficit/ hyperactivity disorder (ADHD) and a manic episode are considered. Further history and evaluation over time result in the diagnosis of bipolar disorder, most recent episode manic. Which of the following medications would be the most appropriate treatment?</p>		
a		Bupropion (Wellbutrin)
b		Duloxetine (Cymbalta)
c		Methylphenidate (Ritalin)
d		Mixed amphetamine salts (Adderall)
e	*	Valproic acid (Depakote)
<p>An 8-year-old boy is brought to your office by his mother for evaluation of an upper respiratory infection. The mother mentions that her son has started wetting the bed again. In addition, she mentions that the boy's grandmother died recently and wonders if this is affecting him. At which of the following ages would a child normally be able to appreciate that death is irreversible?</p>		
a		2 years
b		3 years
c		5 years
d	*	7 years
e		12 years
<p>An 8-year-old boy is brought to your office by his mother for evaluation of an upper respiratory infection. The mother mentions that her son has started wetting the bed again. In addition, she mentions that the boy's grandmother died recently and wonders if this is affecting him. Which of the following defense mechanisms is the boy most likely employing when he is wetting the bed?</p>		
a		Acting out
b		Denial
c	*	Regression
d		Repression
e		Somatization
<p>A 12-year-old boy with Tourette disorder comes to your office for a routine visit. Two weeks earlier, you had prescribed clonidine for his illness. The boy reports that his tics have subsided slightly since starting the clonidine, but he complains about the medicine. Which of the following adverse effects is this boy most likely experiencing?</p>		
a		Dry mouth
b		Hypotension
c		Nausea
d	*	Sedation
e		Tremor
<p>A 12-year-old boy with Tourette disorder comes to your office for a routine visit. Two weeks earlier, you had prescribed clonidine for his illness. The boy reports that his tics have subsided slightly since starting the</p>		

clonidine, but he complains about the medicine. The parents bring in the boy's 7-year-old brother for evaluation. After further history is obtained, he is diagnosed with attention deficit/ hyperactivity disorder (ADHD). Which of the following classes of medications would be the most appropriate choice for the brother?		
a		Antipsychotic
b		Monoamine oxidase inhibitor (MAOI)
c		Serotonin-specific reuptake inhibitor(SSRI)
d	*	Stimulant
e		Tricyclic antidepressant (TCA)
A 6-year-old boy is brought to the emergency department by his mother, who reports that he was playing on some steps in front of the house when he slipped and fell. She tells you that she is concerned that he might have broken his arm. An x-ray of the boy's arm shows a fracture of the ulna, as well as signs of several old fractures of varying ages. Which of the following is the most appropriate course of action?		
a		Recommend calcium supplements and a multivitamin daily
b		Refer the boy to an orthopedist for further evaluation
c		Set the current broken bone in a cast and have the boy see his pediatrician for follow-up care
d	*	Tell the boy that you notice that he has had multiple broken bones and ask him how each of these fractures happened
e		Tell the mother that you notice that the boy has had multiple broken bones and recommend that she limit the boy's sports activities
The mother of a 6-year-old boy calls and asks you for advice. She says that her son still sucks his thumb, and she is concerned about this behavior. Which of the following suggestions for her to do is the most appropriate?		
a		Ask the dentist to construct a mouth appliance that will deter sucking
b		Coat her son's thumb in hot pepper sauce
c		Give him gum frequently
d		Ignore the behavior
e	*	Implement a behavioral system to reward stopping
A 14-year-old girl presents to her pediatrician complaining that she has been "freaking out." The girl describes episodes of shaking, gasping for air, and feeling like she is going to die. The feelings intensify for a few minutes and resolve spontaneously. These episodes have occurred at various times, in various situations, and the girl is worried that she is going crazy. A complete history and physical examination does not reveal any further relevant symptoms or signs. Which of the following is the most appropriate pharmacologic treatment?		
a		Aripiprazole
b		Carbamazepine
c		Duloxetine
d	*	Sertraline
e		Valproic acid
A 14-year-old girl presents to her pediatrician complaining that she has been "freaking out." The girl describes episodes of shaking, gasping for air, and feeling like she is going to die. The feelings intensify for a few minutes and resolve spontaneously. These episodes have occurred at various times, in various situations, and the girl is worried that she is going crazy. A complete history and physical examination does not reveal any further relevant symptoms or signs. Prior to prescribing medications, which of the following should the pediatrician order next?		
a		Electrocardiogram (ECG)
b		Electroencephalogram (EEG)
c		Neurology consult
d		Pulmonary function tests
e	*	Routine laboratory studies
A 5-year-old girl diagnosed with lupus is seen by her female pediatrician for a routine visit. After returning home from the clinic, the girl asks her friend to "play doctor." Which of the following defense mechanisms best describes this behavior?		
a		Displacement
b		Dissociation
c	*	Identification

d		Rationalization
e		Reaction formation
A 10-year-old girl with a history of asthma is brought to the clinic after a recent increase in her asthma symptoms. During the visit, you learn that she is being physically beaten by her mother's boyfriend on a regular basis. Under which of the following circumstances does the law require mandatory reporting by a physician of suspected child abuse?		
a	*	In all cases
b		Only in cases in which the child shows behavioral manifestations of abuse
c		Only when consent of a parent or guardian is obtained
d		Only when the physician believes it is in a child's best interest
e		Only when the physician has examined all children in the family
A 10-year-old girl with a history of asthma is brought to the clinic after a recent increase in her asthma symptoms. During the visit, you learn that she is being physically beaten by her mother's boyfriend on a regular basis. Which of the following manifestations would be the most likely outcome of the abuse?		
a		Aggression
b		Dissociative disorder
c		Generalized anxiety disorder
d	*	Major depressive disorder
e		Post-traumatic stress disorder
A 4-year-old boy is referred to you because he will not speak in preschool. Over the course of about 2 months, he gradually stopped talking. His mother reports that he initially objected to going to preschool, but now no longer complains. She states that at times her son is quiet and stays in his room, but that she has not otherwise noticed a significant change in his speech or behavior. Which of the following is the most likely diagnosis?		
a		Major depressive disorder (MDD)
b		Persistent depressive disorder (dysthymia)
c	*	Selective mutism
d		Separation anxiety disorder
e		Social anxiety disorder (social phobia)
A 2-year-old boy is referred to you for evaluation due to the suspicion that the child is the victim of abuse secondary to factitious disorder imposed by another. Which of the following family members is the most likely perpetrator fabricating the illness?		
a		Father
b		Brother
c	*	Mother
d		Sister
e		Uncle
A frustrated mother brings her 14-year-old son to a child psychiatrist after he is expelled from three high schools in 1 year. She reports the boy has tried twice to set his school on fire, has slashed school bus tires, and has broken into the principal's office to steal athletic trophies. In addition, he has been suspended numerous times for getting into fights with other students. She shudders and tearfully relates that she recently caught him singeing one of the family cats with a cigarette butt. Which of the following personality disorders is this boy most at risk of developing in the future?		
a	*	Antisocial
b		Borderline
c		Histrionic
d		Obsessive-compulsive
e		Schizotypal
An 8-year-old boy is brought in by his mother who complains that she cannot get her son to listen to her. She is frustrated because he frequently ignores her requests and instructions. Consideration is given toward the diagnosis of oppositional defiant disorder (ODD). Which of the following features would best support the diagnosis in this child?		
a		Aggression to people
b		Depressive symptoms

c	*	Disobedience toward teachers
d		Lack of participation in tasks requiring attention
e		Violation of rules
A 13-year-old girl is seen by her psychiatrist 1 year after an automobile accident. She demonstrates intact language ability and complex motor skills. She has no identifiable abnormalities in the perception of stimuli, but she has lost the ability to read since the accident. Which of the following deficits is she most likely demonstrating?		
a		Agnosia
b	*	Alexia
c		Anomia
d		Aphasia
e		Apraxia
A 10-year-old girl without significant medical history is brought by her father to the pediatrician for evaluation. Over the past school year, she has been having increasing difficulties going to sleep. Although she has “always had bedtime rituals,” they have extended in complexity and length. Most of her time in the evening is now spent going around the house numerous times, locking and unlocking the doors and windows. While she knows the chances of a burglary are slim, she is extremely anxious about her safety, and she “can’t stop” the urges to perform these behaviors. As a result, she only obtains 5 hours of sleep, and she has been falling asleep in class with diminishing grades. Which of the following therapeutic interventions is considered the first-line treatment for this disorder?		
a	*	Cognitive-behavioral therapy (CBT)
b		Family therapy
c		Group therapy
d		Short-term psychodynamic therapy
e		Supportive therapy
Match the severity level of intellectual disability with the patient’s adaptive functioning. A 14-year-old boy who has limited attainment of conceptual skills, has spoken language limited to single words or phrases, requires support for all activities of daily living, requires supervision at all times, and who cannot make responsible decisions regarding the well-being of others.		
a		No intellectual disability
b		Mild intellectual disability
c		Moderate intellectual disability
d	*	Severe intellectual disability
e		Profound intellectual disability
Match the severity level of intellectual disability with the patient’s adaptive functioning. An 8-year-old girl who has no obvious deficits in learning, is equally mature as her peers, is able to perform daily living tasks without support, and has sound judgment.		
a	*	No intellectual disability
b		Mild intellectual disability
c		Moderate intellectual disability
d		Severe intellectual disability
e		Profound intellectual disability
Match the severity level of intellectual disability with the patient’s adaptive functioning. An 11-year-old boy who has difficulties in academic skills of writing, reading, and math, is immature in social situations, and who has difficulties with regulating emotions and behavior in age-appropriate fashion. While he is able to provide his own personal care, he requires support in more complex daily living tasks, judgment, and organization.		
a		No intellectual disability
b	*	Mild intellectual disability
c		Moderate intellectual disability
d		Severe intellectual disability
e		(Profound intellectual disability)
Match the severity level of intellectual disability with the patient’s adaptive functioning. A 17-year-old boy whose conceptual skills consistently lag behind those of his peers, and, while he has difficulties perceiving or		

interpreting social cues and utilizes less complex spoken language, is able to retain basic language for social communication. He can care for his basic personal needs after extensive teaching, but would eventually require considerable support from co-workers and supervisors to manage responsibilities in the future.		
a		No intellectual disability
b		Mild intellectual disability
c	*	Moderate intellectual disability
d		Severe intellectual disability
e		(Profound intellectual disability)
Match the age range with the corresponding developmental milestone. Focus on following the rules.		
a		Infant (0–18 months)
b		Toddler (18–36 months)
c		Preschool age (3–6 years)
d	*	School age (7–12 years)
e		Adolescence (13–17 years)
Match the age range with the corresponding developmental milestone. Establishing self as autonomous, separate from caregiver, by practicing leaving and returning to the caregiver.		
a		Infant (0–18 months)
b	*	Toddler (18–36 months)
c		Preschool age (3–6 years)
d		School age (7–12 years)
e		Adolescence (13–17 years)
Match the age range with the corresponding developmental milestone. Establishing trust in the world through responsiveness and empathy of a caregiver.		
a	*	Infant (0–18 months)
b		Toddler (18–36 months)
c		Preschool age (3–6 years)
d		School age (7–12 years)
e		Adolescence (13–17 years)
Match the age range with the corresponding developmental milestone. Preoccupation with superheroes who represent idealized caregivers as a result of conflicted feelings toward caregivers.		
a		Infant (0–18 months)
b		Toddler (18–36 months)
c	*	Preschool age (3–6 years)
d		School age (7–12 years)
e		Adolescence (13–17 years)
Match the age range with the corresponding developmental milestone. The development of the ability to think about and manipulate ideas abstractly.		
a		Infant (0–18 months)
b		Toddler (18–36 months)
c		Preschool age (3–6 years)
d		School age (7–12 years)
e	*	Adolescence (13–17 years)
Match the age range with the corresponding developmental milestone. The development of the ability to apply reasoning so that the child is not limited only by perceptions.		
a		Infant (0–18 months)
b		Toddler (18–36 months)
c		Preschool age (3–6 years)
d	*	School age (7–12 years)
e		Adolescence (13–17 years)
A 22-year-old single man is referred to you for a 1-year history of strange behavior characterized by talking to the television, accusing local police of bugging his room, and carrying on conversations with himself. His mother describes a 3-year history of progressive withdrawal from social activities, and reports the patient		

dropped out of college and since has been living in his room at home. Attempts to hold a job as a busboy at a local restaurant have abruptly ended after disputes with the employers. What is the prevalence of this patient's likely illness in the general population?		
a		1%
b	*	1%
c		2%
d		3%
e		5%
A 22-year-old single man is referred to you for a 1-year history of strange behavior characterized by talking to the television, accusing local police of bugging his room, and carrying on conversations with himself. His mother describes a 3-year history of progressive withdrawal from social activities, and reports the patient dropped out of college and since has been living in his room at home. Attempts to hold a job as a busboy at a local restaurant have abruptly ended after disputes with the employers. The patient's mother informs you that he has an identical twin brother. What is the likely chance of the patient's twin also having the same illness?		
a		1%
b		10%
c		20%
d	*	50%
e		100%
A 40-year-old man with schizophrenia comes for his regular outpatient medication management appointments. He reports that over the last week his intestines and heart have been removed. He has subsequently withdrawn and been staying in his basement apartment, avoiding friends and family members. When asked about his lack of getting out in the world, he responds, "What world? There is no world!" Which of the following terms best describes this symptom?		
a		Capers syndrome
b	*	Cotard syndrome
c		Folieà deux
d		Fregoli delusion
e		Major depressive disorder
A 40-year-old man with schizophrenia comes for his regular outpatient medication management appointments. He reports that over the last week his intestines and heart have been removed. He has subsequently withdrawn and been staying in his basement apartment, avoiding friends and family members. When asked about his lack of getting out in the world, he responds, "What world? There is no world!" Upon returning for a follow-up visit 15 days later, the patient now claims that "cyborg alien robots" that look identical to his parents have recently replaced his mother and father. Which of the following terms best describes this symptom?		
a	*	Capers syndrome
b		Cotard syndrome
c		Delusional disorder
d		Folieà deux
e		Fregoli delusion
A 32-year-old woman with a history of depression as a teenager, now 6 days postpartum, is brought into the emergency room by her husband. She has not slept for the past several days, even while the newborn is napping. She has been irritable, and has been pacing in the middle of the night and weeping, while talking to no one in particular. Yesterday she began to ignore the infant, but today she volunteered that the child "is the Antichrist and must be destroyed." She admits to you that she wants to smother the infant in a humane way to prevent the apocalypse. Which of the following diagnoses is the most likely?		
a	*	Bipolar disorder
b		Delusional disorder
c		Major depressive disorder (MDD) with psychotic features
d		Schizoaffective disorder
e		Schizophrenia
An 18-year-old college freshman without prior psychiatric history is brought to the emergency room after being found on her dormitory roof dressed only in her underwear, despite freezing temperatures. Campus police		

<p>report she was flapping her hands and climbing the banister on the roof, stating to an unseen other, “I will do as you command—soar to my death to fulfill your prophecy!” She accused the policemen of being “Satan’s horsemen” and cursed as she was being taken down. Her roommates confirm that for the past 5 weeks the patient has been acting bizarrely, and her speech has been increasingly disorganized. You plan to obtain collateral information from her family. Which of the following features would you be most likely to find in her history?</p>		
a		Head trauma
b		Low intelligence
c		Neglectful mother
d		Physical or sexual abuse
e	*	Progressive social withdrawal
<p>An 18-year-old college freshman without prior psychiatric history is brought to the emergency room after being found on her dormitory roof dressed only in her underwear, despite freezing temperatures. Campus police report she was flapping her hands and climbing the banister on the roof, stating to an unseen other, “I will do as you command—soar to my death to fulfill your prophecy!” She accused the policemen of being “Satan’s horsemen” and cursed as she was being taken down. Her roommates confirm that for the past 5 weeks the patient has been acting bizarrely, and her speech has been increasingly disorganized. You plan to obtain collateral information from her family. She is admitted to the psychiatric unit. Her physical examination is unremarkable, and her blood alcohol is undetectable. Her urine toxicology results come back positive for cannabis, which she confirms she started smoking about 3 months ago. Which of the following would be the most appropriate provisional diagnosis?</p>		
a		Brief psychotic disorder
b		Schizophreniform disorder
c		Schizophrenia
d		Substance-induced mood disorder
e	*	Substance-induced psychotic disorder
<p>An 18-year-old college freshman without prior psychiatric history is brought to the emergency room after being found on her dormitory roof dressed only in her underwear, despite freezing temperatures. Campus police report she was flapping her hands and climbing the banister on the roof, stating to an unseen other, “I will do as you command—soar to my death to fulfill your prophecy!” She accused the policemen of being “Satan’s horsemen” and cursed as she was being taken down. Her roommates confirm that for the past 5 weeks the patient has been acting bizarrely, and her speech has been increasingly disorganized. You plan to obtain collateral information from her family. She was started on appropriate treatment. One year later this woman returns to your office with her mother for follow-up. Her symptoms remitted within a month. However, she has not done well in her freshman year and for the past several months has continued to experience worsening social isolation and amotivation. While she has not used any substances since she last saw you, she reluctantly admits to occasionally hearing the devil communicating with her. She tries to ignore the communication, and has taken to arranging her books in a certain manner to prevent his controlling her thoughts. On her mental status examination she makes poor eye contact and her affect is blunted. Her mother reports that the patient now rarely calls home, though before she’d do so twice weekly. Which of the following is the most likely diagnosis?</p>		
a		Brief psychotic disorder
b		Schizophreniform disorder
c	*	Schizophrenia
d		Substance-induced mood disorder
e		Substance-induced psychotic disorder
<p>A 42-year-old woman presents to a therapist with a history of dramatic mood swings since early adolescence, where she will quickly become deeply depressed for hours to days, usually in response to separation from a loved one. She also admits to “rage attacks,” where she will break items, scream, or scratch herself superficially on her arms. She intermittently binge drinks and has frequently engaged in unprotected sexual intercourse with new partners. Others describe her “reactive” and intense. Which of the following defense mechanisms does this patient most likely employ?</p>		
a		Altruism
b		Intellectualization

c	*	Splitting
d		Sublimation
e		Undoing
<p>The family of a 26-year-old patient with schizophrenia brings him in for follow-up. He was initially diagnosed at age 25 after a psychotic break that, in retrospect, followed a protracted course of increasing isolation and amotivation. Despite difficulties, he was able to graduate from college and hold a full-time job by age He reports intermittent hallucinations, but has been able to maintain independent living and part-time employment. On examination, he is a disheveled man who articulates a multitude of delusional beliefs with a sophisticated vocabulary. Which of the following characteristics in this patient is most strongly associated with a better overall prognosis?</p>		
a		Age at presentation
b		Gender of patient
c		Insidious symptom onset
d		Predominantly positive symptoms
e	*	Premorbid functioning
<p>A 36-year-old patient with no previous psychiatric history is brought to the emergency room by his family. For the past month he has not been eating regularly and has isolated himself in the apartment where he lives alone. Two months ago he stopped fishing, and reported feeling like a burden on his fiancée. On mental status examination, he displays psychomotor retardation and rarely blinks. He responds in the negative to any question asked. On physical examination, he appears in no acute distress, is a febrile, marginally hypotensive, and mildly tachycardic. He resists your motions with strength proportional to what you exert and crudely mimics your movements. His laboratory studies are unremarkable. Which of the following diagnoses is the most likely?</p>		
a	*	Catatonia associated with major depressive disorder
b		Catatonia associated with schizophrenia
c		Hypothyroidism
d		Neuroleptic malignant syndrome
e		Unspecified catatonia
<p>A 36-year-old patient with no previous psychiatric history is brought to the emergency room by his family. For the past month he has not been eating regularly and has isolated himself in the apartment where he lives alone. Two months ago he stopped fishing, and reported feeling like a burden on his fiancée. On mental status examination, he displays psychomotor retardation and rarely blinks. He responds in the negative to any question asked. On physical examination, he appears in no acute distress, is a febrile, marginally hypotensive, and mildly tachycardic. He resists your motions with strength proportional to what you exert and crudely mimics your movements. His laboratory studies are unremarkable. Recognizing the clinical situation in front of you, you admit the patient to the psychiatric ward for inability to care for self. Which of the following treatments would be best started immediately?</p>		
a		Amitriptyline
b		Electroconvulsive therapy (ECT)
c		Lithium
d	*	Lorazepam
e		Sertraline
<p>A 49-year-old bank teller with no known psychiatric history is referred to your office by her internist for an evaluation. For the past 2 months, she has been increasingly convinced that a well-known music star is in love with her and that they have had an ongoing affair. She is well-groomed, and there is no evidence of thought disorder or hallucinations. She has been functioning well at work and in other social relationships. Which of the following is the most likely diagnosis?</p>		
a		Brief psychotic disorder
b	*	Delusional disorder
c		Paranoid personality disorder
d		Schizophrenia
e		Schizophreniform disorder
<p>A 46-year-old divorced woman with a history of major depressive disorder is admitted to your inpatient psychiatric unit following an intentional acetaminophen overdose. She has had multiple psychiatric</p>		

<p>hospitalizations with similar presentations. The patient reports a 3-week history of insomnia, difficulty concentrating, low energy, hopelessness, and a decreased appetite. She has been unable to work recently because of her depression and has lost interest in activities she once enjoyed. She has no history of manic episodes. Her past psychiatric history is significant for a prior episode of depression after the birth of her second child. She has undergone treatment with several adequate trials of medications, including augmentation with lithium, yet she has continued to have residual symptoms of depression. She has never been treated with psychotherapy. In the past she has experienced auditory hallucinations when her depression was most severe. Her medical history is significant for hypothyroidism, which is adequately managed with levothyroxine. She also had prior surgery after a leg fracture from a suicide attempt where she jumped out of a window. Which of the following factors would be most influential in your recommending electroconvulsive therapy (ECT) for this patient?</p>	
a	Concurrent thyroid dysfunction with adequate treatment
b	History of associated psychotic symptoms with prior depression
c	History of peripartum depression
d	Severe depression that has not responded to several medications
e	* Treatment-resistant depression with recurrent suicidal ideation
<p>A 46-year-old divorced woman with a history of major depressive disorder is admitted to your inpatient psychiatric unit following an intentional acetaminophen overdose. She has had multiple psychiatric hospitalizations with similar presentations. The patient reports a 3-week history of insomnia, difficulty concentrating, low energy, hopelessness, and a decreased appetite. She has been unable to work recently because of her depression and has lost interest in activities she once enjoyed. She has no history of manic episodes. Her past psychiatric history is significant for a prior episode of depression after the birth of her second child. She has undergone treatment with several adequate trials of medications, including augmentation with lithium, yet she has continued to have residual symptoms of depression. She has never been treated with psychotherapy. In the past she has experienced auditory hallucinations when her depression was most severe. Her medical history is significant for hypothyroidism, which is adequately managed with levothyroxine. She also had prior surgery after a leg fracture from a suicide attempt where she jumped out of a window. The indications for ECT are discussed with the patient, as well as the risks, benefits, and side effects. She asks appropriate questions and consents to ECT. Further medical history is explored prior to beginning the procedure. Which of the following conditions would be a relative contraindication to proceed?</p>	
a	Coronary artery disease, with a myocardial infarction 2 years ago
b	Implanted pacemaker for periodic arrhythmia
c	* Incidentally found frontal meningioma measuring 10 cm in diameter
d	Second-trimester pregnancy
e	Traumatic brain injury sustained in teenage years
<p>A 34-year-old white male is referred by his primary care physician for depression. Upon initial interview, he complains of feeling "blue." His mental status examination reveals a disheveled appearance, depressed mood, psychomotor retardation, and suicidal ideation without plan. His thought processes are significant for thought blocking and some slowing. Deficits with remote and short-term memory are noted. Judgment and insight are also impaired. Your provisional diagnosis is major depressive disorder. Which type of sleep disturbance you would most expect to see in this patient?</p>	
a	Decreased response to sedative drugs
b	* Early morning awakening
c	Increased rapid eye movement (REM) stage latency
d	Sleeping too deeply (difficulty being awakened)
e	Sleeping too lightly (awakened too easily)
<p>A 34-year-old white male is referred by his primary care physician for depression. Upon initial interview, he complains of feeling "blue." His mental status examination reveals a disheveled appearance, depressed mood, psychomotor retardation, and suicidal ideation without plan. His thought processes are significant for thought blocking and some slowing. Deficits with remote and short-term memory are noted. Judgment and insight are also impaired. Your provisional diagnosis is major depressive disorder. Which of the following metabolic changes would be most likely found in this patient?</p>	
a	Decreased monoamine oxidase (MAO) activity

b		Increased catecholamine activity
c	*	Increased cortisol secretion
d		Increased sex hormones
e		Increased immune functions
<p>A 35-year-old man is being treated for major depressive disorder with paroxetine. He has missed his last two appointments, leaving messages telling you that "I've been spectacular!" His wife has since called you to report that her husband has been spending money on frivolous items and overdrew the couple's bank account. She states that her husband now quickly becomes agitated and angry. During the interview in your office, the patient questions your credentials and accuses you of being more loyal to his wife than to him. Most of the interview is spent interrupting the patient as you try to decipher his rapid speech. In his rant he threatens to cut the brake lines on his mother-in-law's car because he feels she has been intruding in his marriage. Which of the following is the next most appropriate step?</p>		
a		Discharge the patient home as he refuses admission, but see him tomorrow
b	*	Escort the patient (with police assistances needed) to the nearest emergency room
c		Inform the mother-in-law that she is in danger
d		Inform the police that a threat has been made against the mother-in-law
e		Tell the wife to have the mother-in-law stay with her
<p>A 35-year-old man is being treated for major depressive disorder with paroxetine. He has missed his last two appointments, leaving messages telling you that "I've been spectacular!" His wife has since called you to report that her husband has been spending money on frivolous items and overdrew the couple's bank account. She states that her husband now quickly becomes agitated and angry. During the interview in your office, the patient questions your credentials and accuses you of being more loyal to his wife than to him. Most of the interview is spent interrupting the patient as you try to decipher his rapid speech. In his rant he threatens to cut the brake lines on his mother-in-law's car because he feels she has been intruding in his marriage. After addressing the above situation, the patient is subsequently started on valproic acid. Which of the following additional pharmacologic interventions would be the most appropriate?</p>		
a		Check a serum paroxetine level
b		Cross taper the paroxetine to nortriptyline
c	*	Discontinue the paroxetine
d		Initiate bupropion
e		Initiate lorazepam
<p>A new patient comes to your office for a psychiatric evaluation. He describes many years where he experiences episodes of 5 to 7 days of feeling very depressed, with insomnia, low energy, and poor concentration. He denies any suicidal ideation or prior attempts. Upon further history he reveals additional periods where "I feel the opposite," with decreased sleep, elevated energy, feeling "on top of the world," and increased sex drive. These times last 1 to 2 weeks, and he denies any paranoia, delusions, or hallucinations. Despite these recurrent episodes, he has always been able to function adequately, although they remain distressing to him. He denies any drug or alcohol use, and he has no significant medical problems. Which of the following diagnoses is most likely?</p>		
a		Bipolar I disorder
b		Bipolar II disorder
c	*	Cyclothymic disorder
d		Double depression
e		Persistent depressive disorder
<p>A new patient comes to your office for a psychiatric evaluation. He describes many years where he experiences episodes of 5 to 7 days of feeling very depressed, with insomnia, low energy, and poor concentration. He denies any suicidal ideation or prior attempts. Upon further history he reveals additional periods where "I feel the opposite," with decreased sleep, elevated energy, feeling "on top of the world," and increased sex drive. These times last 1 to 2 weeks, and he denies any paranoia, delusions, or hallucinations. Despite these recurrent episodes, he has always been able to function adequately, although they remain distressing to him. He denies any drug or alcohol use, and he has no significant medical problems. The patient returns within 4 weeks, and he now describes worsening depression for the past 3 weeks, with ongoing insomnia, poor appetite, little energy, anhedonia, and poor concentration. He also admits to passive suicidal ideation without plan. Which of the</p>		

following would be the most likely diagnosis?		
a		Bipolar I disorder
b	*	Bipolar II disorder
c		Cyclothymic disorder
d		Double depression
e		Persistent depressive disorder
A 26-year-old female presents to the psychiatric emergency department in an acutely distressed, nervous state. She complains of terrible anxiety, and the emergency department staff is unable to calm her down or gain an adequate history from the patient. On physical examination, she is slightly diaphoretic, tachycardic, and her pupils are mildly dilated. She is on no medications. Which of the following tests would be the most useful in determining the etiology of her symptoms?		
a		Blood glucose
b		Catecholamine metabolites
c		Electrocardiogram (ECG)
d		Thyroid function
e	*	Urine toxicology
A 26-year-old female presents to the psychiatric emergency department in an acutely distressed, nervous state. She complains of terrible anxiety, and the emergency department staff is unable to calm her down or gain an adequate history from the patient. On physical examination, she is slightly diaphoretic, tachycardic, and her pupils are mildly dilated. She is on no medications. Which of the following substances would be most likely to appear on her urine toxicology results?		
a		Caffeine
b		Cannabis
c	*	Cocaine
d		Opiates
e		LSD
A 46-year-old man is admitted to the hospital for elective cholecystectomy. On hospital day 4, he is noted to be a febrile, but acutely diaphoretic, tachycardic, hypertensive, tremulous, and agitated. He tears out his sutures and insists on leaving against medical advice (AMA). He is apparently hallucinating, judging from his insistence that he be allowed to “squash those bugs on the wall” (there are none). Which of the following diagnoses is the most likely?		
a		Brief psychotic disorder
b	*	Delirium
c		Delusional disorder
d		Functional neurological symptom disorder
e		Postoperative sepsis
A 46-year-old man is admitted to the hospital for elective cholecystectomy. On hospital day 4, he is noted to be a febrile, but acutely diaphoretic, tachycardic, hypertensive, tremulous, and agitated. He tears out his sutures and insists on leaving against medical advice (AMA). He is apparently hallucinating, judging from his insistence that he be allowed to “squash those bugs on the wall” (there are none). Which of the following medications would be most appropriate to treat his condition?		
a		Diazepam
b		Disulfiram
c	*	Lorazepam
d		Phenobarbital
e		Phenytoin
A 46-year-old man is admitted to the hospital for elective cholecystectomy. On hospital day 4, he is noted to be a febrile, but acutely diaphoretic, tachycardic, hypertensive, tremulous, and agitated. He tears out his sutures and insists on leaving against medical advice (AMA). He is apparently hallucinating, judging from his insistence that he be allowed to “squash those bugs on the wall” (there are none). If untreated, what would be his most likely mortality rate?		
a		5%
b		10%

c	*	30%
d		50%
e		60%
<p>A 62-year-old woman presents to the nursing home where you work as a consulting psychiatrist. She has a history of a bilateral temporal lobectomy for intractable seizures. After a few weeks at the new facility, in addition to her short-term memory difficulties, the staff reports that she has become extremely docile and displays very little emotion. She has a large appetite and compulsively puts both food and nonfood items in her mouth. She also displays sexual disinhibition, often walking out of her room without her pants on. Which of the following clinical conditions best describes her behavior?</p>		
a		Arnold–Chiari syndrome
b	*	Klüver–Bucy syndrome
c		Möbius syndrome
d		Pick disease
e		Punch-drunk syndrome
<p>A 62-year-old woman presents to the nursing home where you work as a consulting psychiatrist. She has a history of a bilateral temporal lobectomy for intractable seizures. After a few weeks at the new facility, in addition to her short-term memory difficulties, the staff reports that she has become extremely docile and displays very little emotion. She has a large appetite and compulsively puts both food and nonfood items in her mouth. She also displays sexual disinhibition, often walking out of her room without her pants on. Neuroimaging would most likely show damage to which temporal lobe structure?</p>		
a	*	Amygdala
b		Hippocampus
c		Inferior horn of the lateral ventricle
d		Insula
e		Superior temporal gyri
<p>A 22-year-old woman presents with fatigue for 4 months. She also reports irritability and poor energy, with dismal sleep and poor concentration. She has maintained a rigorous exercise routine, as she states it makes her feel good to run off her boyfriend’s cooking. Her oral intake has sharply dropped and she has lost a significant amount of weight, but she explains that she “hasn’t been as hungry” due to increased stress. Her thyroid studies are normal, her CBC reveals anemia, and she is not pregnant, in fact stating that she hasn’t had a period in several months. Upon further questioning, which of the following qualities would you most expect to find in her social history?</p>		
a		Her parents likely praise her successes
b		She has a legal history significant for reckless driving
c		She has aspired to be a model
d		She is of low socioeconomic status
e	*	She is a scholastically gifted perfectionist
<p>A 22-year-old woman presents with fatigue for 4 months. She also reports irritability and poor energy, with dismal sleep and poor concentration. She has maintained a rigorous exercise routine, as she states it makes her feel good to run off her boyfriend’s cooking. Her oral intake has sharply dropped and she has lost a significant amount of weight, but she explains that she “hasn’t been as hungry” due to increased stress. Her thyroid studies are normal, her CBC reveals anemia, and she is not pregnant, in fact stating that she hasn’t had a period in several months. Which of the following diagnoses is the most likely?</p>		
a	*	Anorexia nervosa
b		Avoid ant/ restrictive food intake disorder (ARFID)
c		Bulimia nervosa
d		Exercise-induced amenorrhea
e		Obsessive-compulsive disorder (OCD)
<p>A 23-year-old college student has been suffering with frequent episodes of feeling “utter doom” for the past 3 months. During these periods, he also experiences tremulousness, sweating, dizziness, and tingling in his extremities. He reports having these attacks at least once a week and is now becoming fearful of attending classes lest he has an episode. Which of the following medications would be the most appropriate for immediate relief of his symptoms?</p>		

a	*	Alprazolam (Xanax)
b		Chlordiazepoxide (Librium)
c		Divalproex sodium (Depakote)
d		Fluoxetine (Prozac)
e		Phenelzine (Nardil)
<p>A 36-year-old graduate student comes to your office because of difficulty sleeping since breaking up with his fiancée 5 months ago. He is spending at least 2 hours in bed thinking about his ex-fiancée and what he could have done differently. His concentration is worsening and he's having difficulties completing his coursework. While he feels down, he is not suicidal, and he is seeking support of friends in the post-breakup period. He is attending most classes. He describes feeling tense overall, especially when he is at a bar. He is having more trouble relaxing and has noted the new onset of low back and shoulder pain. Which of the following is the most likely diagnosis?</p>		
a		Acute stress disorder
b	*	Adjustment disorder
c		Generalized anxiety disorder
d		Major depressive disorder
e		Normal reaction
<p>A 36-year-old graduate student comes to your office because of difficulty sleeping since breaking up with his fiancée 5 months ago. He is spending at least 2 hours in bed thinking about his ex-fiancée and what he could have done differently. His concentration is worsening and he's having difficulties completing his coursework. While he feels down, he is not suicidal, and he is seeking support of friends in the post-breakup period. He is attending most classes. He describes feeling tense overall, especially when he is at a bar. He is having more trouble relaxing and has noted the new onset of low back and shoulder pain. Seven months later, your patient's mood has worsened, and he feels worthless and hopeless that he will never find another girlfriend. He has lost a few pounds and has not resumed dating, preferring to isolate himself in his studio apartment. He is still feeding his dog, but he has had to miss increasing amounts of work because he just can't get himself to get ready for class. Which of the following is the most likely diagnosis?</p>		
a		Acute stress disorder
b		Adjustment disorder
c		Generalized anxiety disorder
d	*	Major depressive disorder
e		Normal reaction
<p>A 21-year-old college student is brought to your office by her parents after completing her spring semester with uncharacteristically low grades. Her parents report that since the spring session ended 2 months ago their daughter has been staying in her room, but is irritable when they try to engage her in conversation. She is not interested in family barbecues or being a counselor for the park district soccer camp. After her parents leave the examination room, your patient discloses she has been feeling depressed since a month before final examinations, and her concentration and sleep have been "horrible." She had suicidal thoughts after she got her report card back, but denies them currently. She also admits to drinking alcohol to make herself feel better, and her intake ranges from 3 to 4 beers or shots of liquor most days of the week. Aside from likely alcohol use disorder, which of the following diagnoses is the most appropriate at this time?</p>		
a		Acute stress disorder
b		Adjustment disorder
c		Amotivation syndrome
d		Major depressive disorder (MDD)
e	*	Substance-induced mood disorder
<p>A 37-year-old woman, who works the night shift at a local grocery store taking inventory, reports that her childhood and college years were uneventful but happy. She spends most of her time alone when she is not at work. She does not venture out of her house and her social contacts are limited to work-related interactions with coworkers. She is an avid plant lover, and she spends most of her free time taking care of her indoor nursery. She reports that she is quite content with her life. Which of the following is the most likely diagnosis for this patient?</p>		
a		Agoraphobia

b		Autism spectrum disorder
c		Avoidant personality disorder
d	*	Schizoid personality disorder
e		Schizotypal personality disorder
<p>An 18-year-old, pregnant, human immunodeficiency virus (HIV)–positive woman presents for the treatment of opiate use disorder. She reports using heroin for the last 8 months with substantial (but unsuccessful) efforts to quit for the last 4 months. She is now homeless and has recently been arrested for shoplifting. Which of the following pharmacological therapies would be the most appropriate at this time?</p>		
a		Buprenorphine
b		Clonidine
c		Haloperidol
d	*	Methadone
e		Naloxone
<p>A 47-year-old woman transfers care to your office. She has a long history of recurrent depression. She also has a history since her early twenties that is significant for intermittent command auditory hallucinations and persecutory delusions that are often present even when her affective symptoms are in remission. She holds a part time job and lives independently. She has been compliant with medications and has not been hospitalized since a suicide attempt over 7 years ago. Which of the following is the most likely diagnosis?</p>		
a		Bipolar disorder with psychotic features
b		Major depressive disorder with psychotic features
c	*	Schizoaffective disorder
d		Schizophrenia
e		Schizophreniform disorder
<p>A 42-year-old business executive presents for his first contact with a mental health provider. He reports that for the last 4 months he has been feeling depressed. His low-energy level and poor motivation are affecting his job performance and the CEO of his company advised him to “take a couple of weeks off.” The patient reports that he started feeling down when his wife discovered that he was involved in his third extramarital affair. Since then he has moved into a small apartment by himself. He is sleeping almost 12 hours every night, has a poor appetite, and is experiencing financial difficulty due to indiscriminate purchases. He laments the loss of his former self. He reports that he used to have several periods of time per year, lasting for up to 1 week, when he only needed 4 to 5 hours of sleep, had large amounts of energy, spoke quickly, and could “party all night and work all day.” Which of the following diagnoses is most likely in this case?</p>		
a		Bipolar I disorder
b	*	Bipolar II disorder
c		Borderline personality disorder
d		Major depressive disorder
e		Narcissistic personality disorder
<p>A 52-year-old woman who has been treated with medication for 3 years for a chronic mood disorder reports dry mouth, trouble urinating, and occasional dizziness when she gets out of bed. Which of the following medications is she most likely being prescribed?</p>		
a		Divalproex sodium
b		Fluoxetine
c	*	Imipramine
d		Lithium
e		Phenelzine
<p>A 72-year-old man is brought in by his wife to your geriatric psychiatry clinic. The patient’s wife is concerned about his progressive confusion over the last year. She is particularly distressed that he repeatedly asks the same questions throughout the day. Her husband has become increasingly unsteady on his feet and needs to use a walker when they go out. She wonders if these symptoms may be related to the meningitis he suffered from 3 years ago. Which of the following symptoms or signs would most likely be found in this patient?</p>		
a		Elevated opening pressure upon lumbar puncture
b		Frontal release signs
c	*	History of incontinence

d		Oculomotor difficulties
e		Perseveration
<p>A 72-year-old man is brought in by his wife to your geriatric psychiatry clinic. The patient's wife is concerned about his progressive confusion over the last year. She is particularly distressed that he repeatedly asks the same questions throughout the day. Her husband has become increasingly unsteady on his feet and needs to use a walker when they go out. She wonders if these symptoms may be related to the meningitis he suffered from 3 years ago. Which of the following would most likely be found on neuroimaging with computed tomography (CT) in this patient?</p>		
a		Cerebellar atrophy
b	*	Dilated lateral ventricles
c		Focal subcortical hypointensities
d		Frontoparietal atrophy
e		Frontotemporal atrophy
<p>A 69-year-old woman is brought to your geriatric psychiatry clinic by her husband. She denies anything is wrong, but he is concerned that for the past year or so she has been less able to recall things she reads about in her magazines. She used to be in charge of grocery shopping, but over the past year or so she has been leaving things off the list, and her husband has taken over the job since the patient can't seem to organize it anymore. She is no longer able to keep track of the couple's finances, and there have been several occasions when her son found her wandering outside, a number of houses away. She is otherwise healthy, and takes a multivitamin daily. Her physical examination is unremarkable. Mental status examination reveals a healthy appearing woman who is cooperative with your questions, and laughs when she cannot recall any of the three items you ask her to repeat. Her attention is intact. She has some difficulties naming objects. She states her mood as "good" and her affect is euthymic and full range. Which of the following is the most appropriate provisional diagnosis?</p>		
a		Delirium
b		Major depressive disorder
c	*	Major neurocognitive disorder
d		Mild neurocognitive disorder
e		Normal pressure hydrocephalus
<p>A 69-year-old woman is brought to your geriatric psychiatry clinic by her husband. She denies anything is wrong, but he is concerned that for the past year or so she has been less able to recall things she reads about in her magazines. She used to be in charge of grocery shopping, but over the past year or so she has been leaving things off the list, and her husband has taken over the job since the patient can't seem to organize it anymore. She is no longer able to keep track of the couple's finances, and there have been several occasions when her son found her wandering outside, a number of houses away. She is otherwise healthy, and takes a multivitamin daily. Her physical examination is unremarkable. Mental status examination reveals a healthy appearing woman who is cooperative with your questions, and laughs when she cannot recall any of the three items you ask her to repeat. Her attention is intact. She has some difficulties naming objects. She states her mood as "good" and her affect is euthymic and full range. A workup is performed. Her laboratory values are unremarkable, and a CT scan of her brain demonstrates diffuse cortical atrophy and normal ventricles. Which of the following diagnoses is most likely?</p>		
a	*	Major neurocognitive disorder due to Alzheimer disease
b		Major neurocognitive disorder due to Lewy body disease
c		Major neurocognitive disorder due to traumatic brain injury
d		Major neurocognitive disorder due to vascular disease
e		Unspecified major neurocognitive disorder
<p>A 69-year-old woman is brought to your geriatric psychiatry clinic by her husband. She denies anything is wrong, but he is concerned that for the past year or so she has been less able to recall things she reads about in her magazines. She used to be in charge of grocery shopping, but over the past year or so she has been leaving things off the list, and her husband has taken over the job since the patient can't seem to organize it anymore. She is no longer able to keep track of the couple's finances, and there have been several occasions when her son found her wandering outside, a number of houses away. She is otherwise healthy, and takes a multivitamin daily. Her physical examination is unremarkable. Mental status examination reveals a healthy appearing woman who is cooperative with your questions, and laughs when she cannot recall any of the three items you ask her to</p>		

repeat. Her attention is intact. She has some difficulties naming objects. She states her mood as “good” and her affect is euthymic and full range. If the patient’s CT scan revealed a preponderance of atrophy in the frontal and temporal regions, which of the following behavioral manifestations would be most likely?		
a		Decline in object naming
b		Memory problems
c		Poor organization
d	*	Social disinhibition
e		Word finding difficulty
A 48-year-old man has been drinking up to 6 beers per night during the week and up to 12 beers a night on the weekend. A year ago, he had his driver’s license suspended for drunk driving. His marriage is failing because of these difficulties. Last month, he was diagnosed with a gastric ulcer as a result of alcohol consumption. He admits to an alcohol problem and has tried to stop on numerous occasions. He finds that he experiences insomnia if he does not drink for more than 2 days. Which of the following features of this case suggests a severe versus moderate alcohol use disorder?		
a		High quantity of alcohol consumed on a regular basis
b		History of legal problems
c		Inability to stop drinking despite knowing the harmful effects
d		Marital conflict due to drinking
e	*	Number of difficulties he is experiencing
A 26-year-old computer programmer without previous psychiatric history has been married for 4 years. His wife is expecting their first child. She reports that 3 months ago the patient became preoccupied with the idea that she became pregnant by another man. During this time, he began missing work and isolated himself in his bedroom. His affect has progressively become more blunted. Recently, he believes that his wife is carrying a child conceived by extraterrestrial forces. He urged her to have an abortion and she refused. The patient denies any history of significant alcohol or illicit substance use and his recent medical evaluation was within normal limits. Which of the following is the most appropriate diagnosis?		
a		Brief psychotic disorder
b		Delusional disorder
c		Major depressive disorder with psychotic features
d	*	Schizophreniform disorder
e		Schizophrenia
A 27-year-old woman was involved in a train derailment 2 weeks ago. Since that event, she has felt down, has not slept well, has experienced repeated and intrusive thoughts of the accident, and has recurrent nightmares. Lately, she has changed her commute to avoid the train, even though this adds 3 hours to her commute daily. When on the train she has an acute increase in her anxiety. She also often becomes “jumpy” whenever she hears the train going by her home. Which of the following diagnoses is the most appropriate for this patient?		
a	*	Acute stress disorder
b		Adjustment disorder
c		Generalized anxiety disorder (GAD)
d		Posttraumatic stress disorder (PTSD)
e		Major depressive disorder (MDD)
A 40-year-old woman with a 20-year history of schizophrenia presents to the psychiatric emergency department after a suicide attempt by carbon monoxide poisoning. She has ongoing command hallucinations to harm herself, and has acted on them at least 10 times since her initial diagnosis. She also has persistent delusions that she is responsible for world disasters, which is why she must eliminate herself as the source of pain and suffering in the world. She has been tried on both typical and atypical antipsychotics, though none have been effective in fully eliminating her psychotic symptoms. Her level of functioning remains poor, and she presently lives in a group home. Which of the following is this patient’s most likely lifetime risk of suicide?		
a		1%
b		5%
c	*	10%
d		30%
e		50%

A 40-year-old woman with a 20-year history of schizophrenia presents to the psychiatric emergency department after a suicide attempt by carbon monoxide poisoning. She has ongoing command hallucinations to harm herself, and has acted on them at least 10 times since her initial diagnosis. She also has persistent delusions that she is responsible for world disasters, which is why she must eliminate herself as the source of pain and suffering in the world. She has been tried on both typical and atypical antipsychotics, though none have been effective in fully eliminating her psychotic symptoms. Her level of functioning remains poor, and she presently lives in a group home. Which of the following medications would be the most appropriate to prescribe for this patient?

- | | | |
|---|---|--------------|
| a | * | Clozapine |
| b | | Fluphenazine |
| c | | Haloperidol |
| d | | Lithium |
| e | | Ziprasidone |

A 27-year-old internal medicine resident generally dislikes working in an outpatient clinic. Today, however, he is looking forward to his clinical work because one of his appointments is a follow-up visit for a single, attractive 31-year-old woman who is finishing her antibiotic regimen for treatment of pneumonia. Which of the following terms best describes this doctor's response to his patient?

- | | | |
|---|---|----------------------|
| a | * | Counter transference |
| b | | Empathy |
| c | | Identification |
| d | | Projection |
| e | | Transference |

A 31-year-old woman was admitted to a psychiatric unit after attempting suicide by overdose. She had recently broken up with her boyfriend of 4 months. She also describes episodes of mood lability, marked by feelings of depression and anger directed toward the psychiatric resident who completed the rotation 5 days after her admission. When the resident left, she reported that she was having urges to cut her wrists. She has had numerous admissions for suicidal gestures and a lifelong history of tumultuous romantic relationships. As the patient nears her discharge date, she reports that "all the staff hates me except for Dr. Johnson." Dr. Johnson, a medical student, had a recent difference of opinion with the nursing staff regarding the patient's discharge. Which of the following diagnoses is the most likely for this patient?

- | | | |
|---|---|---------------------------------|
| a | * | Borderline personality disorder |
| b | | Cyclothymic disorder |
| c | | Histrionic personality disorder |
| d | | Major depressive disorder (MDD) |
| e | | Schizoaffective disorder |

A 31-year-old woman was admitted to a psychiatric unit after attempting suicide by overdose. She had recently broken up with her boyfriend of 4 months. She also describes episodes of mood lability, marked by feelings of depression and anger directed toward the psychiatric resident who completed the rotation 5 days after her admission. When the resident left, she reported that she was having urges to cut her wrists. She has had numerous admissions for suicidal gestures and a lifelong history of tumultuous romantic relationships. As the patient nears her discharge date, she reports that "all the staff hates me except for Dr. Johnson." Dr. Johnson, a medical student, had a recent difference of opinion with the nursing staff regarding the patient's discharge. Which of the following would be the most appropriate outpatient treatment for this patient?

- | | | |
|---|---|--------------------------|
| a | | Antidepressants |
| b | | Benzodiazepines |
| c | | Group psychotherapy |
| d | * | Individual psychotherapy |
| e | | Mood stabilizers |

A 31-year-old woman was admitted to a psychiatric unit after attempting suicide by overdose. She had recently broken up with her boyfriend of 4 months. She also describes episodes of mood lability, marked by feelings of depression and anger directed toward the psychiatric resident who completed the rotation 5 days after her admission. When the resident left, she reported that she was having urges to cut her wrists. She has had numerous admissions for suicidal gestures and a lifelong history of tumultuous romantic relationships. As the

patient nears her discharge date, she reports that “all the staff hates me except for Dr. Johnson.” Dr. Johnson, a medical student, had a recent difference of opinion with the nursing staff regarding the patient’s discharge. In this patient, which type of psychotherapy would be the most efficacious?		
a		Cognitive-behavioral therapy (CBT)
b	*	Dialectical behavioral therapy (DBT)
c		Group therapy
d		Psychoanalysis
e		Psychodynamic therapy
A 34-year-old woman presents for the treatment of her severe, medication-refractory, major depressive disorder. After reviewing her past psychiatric history and interviewing the patient, you conclude that she would be appropriate for ECT. In discussing the effects of ECT with the patient, which of the following should you tell her is the most likely side effect?		
a	*	Amnesia
b		Aspiration
c		Cardiac arrhythmias
d		Convulsion fractures
e		Psychosis
A 34-year-old woman presents for the treatment of her severe, medication-refractory, major depressive disorder. After reviewing her past psychiatric history and interviewing the patient, you conclude that she would be appropriate for ECT. For the best possible outcome, how many treatments is this patient likely to require?		
a		2
b		4
c	*	10
d		15
e		20
A 38-year-old woman presents to your clinic telling you that she has had disturbing, recurrent thoughts about harming her 7-month-old infant. She imagines using a knife to stab her child , but she has no desire to hurt her child. As a result of having these distressing thoughts, she has removed all sharp objects from her kitchen. Because of this, she has not been able to prepare meals at home and has chosen to buy fast food or take out for the family meals. She feels very anxious regarding these, although she has not shared these thoughts with her husband. Which of the following diagnoses would be the most likely for this patient?		
a		Delusional disorder
b	*	Obsessive-compulsive disorder
c		Obsessive-compulsive personality disorder
d		Schizophrenia
e		Schizotypal personality disorder
A 38-year-old woman presents to your clinic telling you that she has had disturbing, recurrent thoughts about harming her 7-month-old infant. She imagines using a knife to stab her child , but she has no desire to hurt her child. As a result of having these distressing thoughts, she has removed all sharp objects from her kitchen. Because of this, she has not been able to prepare meals at home and has chosen to buy fast food or take out for the family meals. She feels very anxious regarding these, although she has not shared these thoughts with her husband. Which of the following would be the most appropriate first-line pharmacotherapy for this condition?		
a		Lithium
b		Lorazepam
c	*	Fluvoxamine
d		Haloperidol
e		Nortriptyline
A 72-year-old woman is brought to the emergency department from a nursing home for poor oral intake. She is a febrile, has a pulse of 95, and a blood pressure of 90/ Mental status examination (MSE) reveals an awake and alert, but frail, malnourished and dehydrated woman who is oriented to person only. She reports that the president is George Bush. She is easily distracted and cannot recall any of three items after a few minutes. She is irritable and swings at the staff when they try to insert an IV. The team starts IV fluids as blood and urine are sent to the laboratory. A chest x-ray is unremarkable, as is the head CT. One hour later, she is calmer and		

reports the correct day, time, and place; she is less distractible. Labs are remarkable for leukocytosis and dirty urinalysis. Aside from cystitis, which of the following is the most appropriate diagnosis for the patient?		
a	*	Delirium
b		Major depressive disorder
c		Major neurocognitive disorder due to Alzheimer disease
d		Substance-induced neurocognitive disorder
e		Unspecified neurocognitive disorder
A 72-year-old woman is brought to the emergency department from a nursing home for poor oral intake. She is a febrile, has a pulse of 95, and a blood pressure of 90/ Mental status examination (MSE) reveals an awake and alert, but frail, malnourished and dehydrated woman who is oriented to person only. She reports that the president is George Bush. She is easily distracted and cannot recall any of three items after a few minutes. She is irritable and swings at the staff when they try to insert an IV. The team starts IV fluids as blood and urine are sent to the laboratory. A chest x-ray is unremarkable, as is the head CT. One hour later, she is calmer and reports the correct day, time, and place; she is less distractible. The patient is subsequently admitted, but tries to hit several staff as they tend to her; she also repeatedly tries to get out of bed and demands to be let go. Which of the following would be the most appropriate immediate pharmacologic management for this patient?		
a		Diphenhydramine
b	*	Haloperidol
c		Lorazepam
d		Phenobarbital
e		Valproic acid
A 72-year-old woman is brought to the emergency department from a nursing home for poor oral intake. She is a febrile, has a pulse of 95, and a blood pressure of 90/ Mental status examination (MSE) reveals an awake and alert, but frail, malnourished and dehydrated woman who is oriented to person only. She reports that the president is George Bush. She is easily distracted and cannot recall any of three items after a few minutes. She is irritable and swings at the staff when they try to insert an IV. The team starts IV fluids as blood and urine are sent to the laboratory. A chest x-ray is unremarkable, as is the head CT. One hour later, she is calmer and reports the correct day, time, and place; she is less distractible. Which of the following would be the most appropriate long-term treatment of this patient?		
a	*	Antibiotic therapy
b		Chest x-ray every 6 months
c		CT head every 6 months
d		Indwelling Foley catheter
e		Intravenous fluid s
A 72-year-old woman is brought to the emergency department from a nursing home for poor oral intake. She is a febrile, has a pulse of 95, and a blood pressure of 90/ Mental status examination (MSE) reveals an awake and alert, but frail, malnourished and dehydrated woman who is oriented to person only. She reports that the president is George Bush. She is easily distracted and cannot recall any of three items after a few minutes. She is irritable and swings at the staff when they try to insert an IV. The team starts IV fluids as blood and urine are sent to the laboratory. A chest x-ray is unremarkable, as is the head CT. One hour later, she is calmer and reports the correct day, time, and place; she is less distractible. Which of the following is the most likely 6-month mortality of the diagnosis in Question 58?		
a		5%
b		15%
c	*	20%
d		35%
e		45%
You are a research psychiatrist conducting a doubleblind, placebo-controlled trial of a new antidepressant. You have enrolled 200 patients in the study, all of whom meet the criteria for uncomplicated major depression. You plan to randomize 100 patients to a placebo medication and the other 100 patients to the experimental antidepressant. Of the 100 patients taking the placebo, approximately how many patients would be expected to improve after 6 weeks?		
a		5

b		10
c	*	30
d		50
e		70
<p>You are a research psychiatrist conducting a doubleblind, placebo-controlled trial of a new antidepressant. You have enrolled 200 patients in the study, all of whom meet the criteria for uncomplicated major depression. You plan to randomize 100 patients to a placebo medication and the other 100 patients to the experimental antidepressant. Of the 100 patients taking the experimental antidepressant (assuming this drug is as efficacious as standard antidepressants), approximately how many patients would be expected to improve after 6 weeks?</p>		
a		10
b		30
c		50
d	*	60
e		80
<p>Your patient is a 38-year-old divorced Catholic male with a month long history of depressed mood, anhedonia, initial insomnia, low energy, and poor appetite. He admits to suicidal ideation with a plan to overdose for the past several days, and he has gathered pills this morning. Upon further history, he admits to similar symptoms 5 years prior, also with a prior suicide attempt by overdosing. He drinks 1 beer weekly and denies illicit drugs. He is on no other medications except for a multivitamin. He is subsequently admitted after being medically cleared. What percentage of patients with this illness eventually commit suicide?</p>		
a		1%
b		5%
c	*	10%
d		20%
e		30%
<p>Your patient is a 38-year-old divorced Catholic male with a month long history of depressed mood, anhedonia, initial insomnia, low energy, and poor appetite. He admits to suicidal ideation with a plan to overdose for the past several days, and he has gathered pills this morning. Upon further history, he admits to similar symptoms 5 years prior, also with a prior suicide attempt by overdosing. He drinks 1 beer weekly and denies illicit drugs. He is on no other medications except for a multivitamin. He is subsequently admitted after being medically cleared. Which of the following characteristics of this patient is the number one predictor of a future completed suicide?</p>		
a		Age
b		Gender
c	*	Previous attempt
d		Relationship status
e		Religion
<p>A 32-year-old single successful Wall Street executive tells you that on weekends he likes to visit a dominatrix. His regular, paid appointment with this person is described as humiliating and somewhat painful but also very sexually arousing. While he admits that this behavior “may be weird to some people,” he enjoys it, can afford it, and it doesn’t interfere with his work or other hobbies. Which of the following diagnoses is the most appropriate?</p>		
a		Fetishistic disorder
b		Frotteuristic disorder
c	*	No diagnosis
d		Sexual masochism disorder
e		Sexual sadism disorder
<p>A 28-year-old woman complains of falling asleep during the day. This problem has been occurring for 3 months and is now interfering with her work as a telephone operator as she falls asleep two or three times a day while speaking with customers. At times, she finds herself falling asleep at her desk, and she is awakened when her head hits the computer console in front of her. Oddly enough, she reports, this can happen when she becomes particularly stressed out, for example, if she is managing many calls. The patient also states that this disturbance has not improved despite her sleeping 8 hours each night. Which of the following is the most likely diagnosis?</p>		

a		Circadian rhythm sleep–wake disorder
b		Hypersomnolence disorder
c		Insomnia disorder
d	*	Narcolepsy
e		Nightmare disorder
<p>A 28-year-old woman complains of falling asleep during the day. This problem has been occurring for 3 months and is now interfering with her work as a telephone operator as she falls asleep two or three times a day while speaking with customers. At times, she finds herself falling asleep at her desk, and she is awakened when her head hits the computer console in front of her. Oddly enough, she reports, this can happen when she becomes particularly stressed out, for example, if she is managing many calls. The patient also states that this disturbance has not improved despite her sleeping 8 hours each night. Which of the following is the most appropriate pharmacotherapy for this condition?</p>		
a		Bupropion (Wellbutrin)
b		Fluoxetine
c		Lorazepam
d	*	Methylphenidate (Ritalin)
e		Phenelzine
<p>A 28-year-old woman presents for her annual gynecology appointment. She complains that in the week before her period, she often experiences marked anger and irritability and argues more with her boyfriend. She also reports diminished energy and concentration, and is sleeping more than is usual for her. These symptoms, in addition to breast tenderness and headaches, always remit in the week after her menses is finished. Which of the following is the most likely diagnosis?</p>		
a		Major depressive disorder
b		No diagnosis
c		Persistent depressive disorder
d	*	Premenstrual dysphoric disorder (PMDD)
e		Premenstrual syndrome (PMS)
<p>A 37-year-old accountant presents to the primary care clinic with complaints of insomnia. He admits to feeling “blue” for 6 weeks since getting passed over for promotion. Since that time, he has had poor sleep, often awakening early in the morning. He also has had a decreased appetite with a 15-lb weight loss, poor energy, guilt over “not being good enough,” and he has been distracted at work. He admits to passive suicidal thoughts without a plan. Which of the following would be the likely course of this patient’s illness if not treated?</p>		
a		3 to 6 months
b		3 to 7 months
c	*	6 to 13 months
d		9 to 15 months
e		12 to 18 months
<p>A 36-year-old man is brought to the emergency department in respiratory arrest. On examination, he is bradycardic and unresponsive, with constricted pupils bilaterally. There are no other obvious injuries on the patient, but no one is immediately available to provide collateral history. There is suspicion that the patient’s condition may be the result of an overdose. Which of the following drugs is most likely to cause this presentation?</p>		
a		Alcohol
b		Cocaine
c	*	Heroin
d		Inhalants
e		Phencyclidine (PCP)
<p>A 36-year-old man is brought to the emergency department in respiratory arrest. On examination, he is bradycardic and unresponsive, with constricted pupils bilaterally. There are no other obvious injuries on the patient, but no one is immediately available to provide collateral history. There is suspicion that the patient’s condition may be the result of an overdose. Which of the following would be most important to administer immediately?</p>		
a		Acetylcysteine

b		Deferoxamine
c		Methadone
d		Methylene blue
e	*	Naloxone
<p>A 30-year-old male veteran from Operation Iraqi Freedom/ Operation Enduring Freedom presents to the mental health clinic at the urging of his wife. While stationed in Iraq on his third deployment, his unit was hit by a roadside bomb. He saw a fellow Marine killed, while he and several other members of the command sustained nonlethal injuries. Since that time, he has had chronic insomnia with ongoing nightmares of the event as well as occasional flashbacks. He describes always feeling “on edge,” avoiding crowds, and becoming easily startled with loud noises. He admits to regular alcohol use, especially when his symptoms are worse. He feels detached from events with his family, preferring to isolate himself. Which of the following is the most appropriate treatment to begin for this patient?</p>		
a		Atypical antipsychotic
b		Benzodiazepine
c		Lithium
d	*	Serotonin-specific reuptake inhibitor(SSRI)
e		Valproic acid
<p>A 40-year-old married woman is referred by her internist to a psychologist for further treatment. She presents an 8-month history of recurrent bouts of “terror,” associated with chest pain, tachypnea, tremors, flushing, nausea, and fears of impending doom. These episodes last for approximately 15 minutes and do not have a particular trigger. As a result, she has had increasing difficulty traveling far from her home due to concerns over having further attacks in public. Despite adequate treatment with sertraline, she remains symptomatic and in significant distress. Which of the following psychotherapies would be the most appropriate for her condition?</p>		
a	*	Cognitive-behavioral therapy (CBT)
b		Eye movement desensitization and reprocessing (EMDR)
c		Insight-oriented therapy
d		Interpersonal psychotherapy
e		Supportive psychotherapy
<p>You are treating a 48-year-old married female on the inpatient medical unit for pyelonephritis; she has responded well to appropriate antibiotic therapy and has been a febrile for the last 24 hours. You inform her of likely discharge if she continues to improve. The next morning, however, she complains of feeling feverish and achy, and having dysuria again. The nursing staff reports that she has a sudden fever of 103°F. You treat the fever with acetaminophen and perform a physical examination, order chest x-rays, draw blood, and order a urinalysis with culture. While you are awaiting these results, the nurse informs you that she witnessed the patient dipping her thermometer into a hot cup of tea before her temperature was taken. Which of the following diagnoses most likely accounts for this woman’s behavior?</p>		
a	*	Factitious disorder
b		Functional neurological symptom disorder
c		Illness anxiety disorder
d		Malingering
e		Somatic symptom disorder
<p>You are treating a 48-year-old married female on the inpatient medical unit for pyelonephritis; she has responded well to appropriate antibiotic therapy and has been a febrile for the last 24 hours. You inform her of likely discharge if she continues to improve. The next morning, however, she complains of feeling feverish and achy, and having dysuria again. The nursing staff reports that she has a sudden fever of 103°F. You treat the fever with acetaminophen and perform a physical examination, order chest x-rays, draw blood, and order a urinalysis with culture. While you are awaiting these results, the nurse informs you that she witnessed the patient dipping her thermometer into a hot cup of tea before her temperature was taken. Which of the following is the most likely motivator of this patient’s behavior?</p>		
a		Conscious desire to assume sick role
b		Conscious desire to avoid work
c	*	Unconscious desire to assume sick role
d		Unconscious desire to avoid work

e		Unconscious conflict producing symptoms
<p>A 32-year-old man is brought to the psychiatric emergency department by the police after having been arrested for public nudity. On mental status examination, the patient cannot sit down and is only partly cooperative. He interrupts the interview several times demanding to contact his lawyer, "because my rights given to me by God and ordained by the Jeffersonians have been infringed." His sister indicates that this patient has been treated for at least two episodes of major depression in the past, one of which resulted in a suicide attempt. He is currently a computer programmer, but has been increasingly stressed at work. One month ago, his girlfriend broke up with him, and since then he has been increasingly irritable. Over the past 2 weeks he has maxed out his credit card from online gambling sites, which he has continued to visit over the past four consecutive nights. Laboratory tests show a negative drug screen and alcohol levels. Which of the following is the most likely diagnosis?</p>		
a		Adjustment disorder
b	*	Bipolar disorder
c		Brief psychotic disorder
d		Cyclothymic disorder
e		Major depressive disorder (MDD)
<p>A 32-year-old man is brought to the psychiatric emergency department by the police after having been arrested for public nudity. On mental status examination, the patient cannot sit down and is only partly cooperative. He interrupts the interview several times demanding to contact his lawyer, "because my rights given to me by God and ordained by the Jeffersonians have been infringed." His sister indicates that this patient has been treated for at least two episodes of major depression in the past, one of which resulted in a suicide attempt. He is currently a computer programmer, but has been increasingly stressed at work. One month ago, his girlfriend broke up with him, and since then he has been increasingly irritable. Over the past 2 weeks he has maxed out his credit card from online gambling sites, which he has continued to visit over the past four consecutive nights. Laboratory tests show a negative drug screen and alcohol levels. Which of the following would be the most appropriate pharmacologic treatment for this patient?</p>		
a		Carbamazepine
b		Haloperidol
c		Lamotrigine
d	*	Lithium
e		Sertraline
<p>A 68-year-old man without prior psychiatric history, but with a history of hypertension, hyperlipidemia, and arthritis is admitted for a new left middle cerebral artery stroke. Which of the following psychiatric symptoms would be the most likely as a result?</p>		
a		Anxiety
b	*	Depression
c		Mania
d		Obsessions
e		Panic attacks
<p>A 45-year-old woman with no previous psychiatric history is admitted to neurology for the treatment of an acute multiple sclerosis flare. She does not smoke, drink alcohol, or use other illicit drugs. She is started on appropriate therapy and by the third day her initial lower extremity weakness has resolved. However, she also begins to act strangely, and asks you to change her room to prevent the "ninjas outside from creeping in and stealing my soul." She also tells you the nurses have been poisoning her medicine. Which of the following diagnoses would be the most likely?</p>		
a		Adjustment disorder
b		Bipolar disorder
c		Psychotic disorder due to multiple sclerosis
d		Schizophrenia
e	*	Substance-induced psychotic disorder
<p>A 42-year-old man presents with a history of recurrent episodes of major depression, with one prior hospitalization. For the past several months he has felt increasingly depressed, with insomnia, low appetite, little energy, crying spells, and poor concentration. He is not taking any current medications. He states that he</p>		

has been on fluoxetine, paroxetine, sertraline, and venlafaxine in the past, and, while they've all been efficacious, he has stopped them due to significant erectile dysfunction. Which of the following medications would be the most appropriate to prescribe?		
a		Aripiprazole
b	*	Bupropion
c		Citalopram
d		Lithium
e		Sertraline
A 33-year-old male with a history of frequent fighting, aggression, impulsivity, and suicide attempts is referred to a research facility. He receives multiple tests and studies. Upon cerebrospinal fluid (CSF) analysis, decreased metabolites of which of the following neurotransmitters would most likely be seen as compared to individuals without his problems?		
a		Dopamine
b		Gamma-aminobutyric acid (GABA)
c		Glutamate
d		Norepinephrine
e	*	Serotonin
A 38-year-old woman with multiple sclerosis of moderate severity has had symptoms of depression and memory loss increasing over the last year. On mental status examination, you notice a blunted affect and decreased speed of mental processing. A magnetic resonance imaging (MRI) examination is most likely to reveal which of the following?		
a		Global cerebral atrophy
b	*	Multiple plaques in frontal white matter
c		Normal brain
d		Periventricular lacunar infarcts
e		Ventricular enlargement
An 80-year-old widowed woman is admitted to the hospital for "confusion." On examination she is somnolent, though earlier in the morning she had been alert and aware. She is uncooperative, hostile, and hallucinating. Her insight and memory are poor. The primary team wishes to know if she is "delirious or demented." Which of the following signs/ symptoms in this patient is the most specific for delirium?		
a		Combativeness
b	*	Fluctuating consciousness
c		Poor memory
d		Psychosis
e		Uncooperativeness
A happily married graduate student comes to your clinic with complaints of insomnia. She has been unable to fall asleep because she ruminates about grades, money, her relationship, and her young children. She has always been concerned about these, but lately her worries have gotten out of control. She is unable to relax and feels constant tension in her muscles. While she denies symptoms of panic attacks, she has noticed an increase in headaches and gastrointestinal disturbances over the past few months. She denies any problems with mood. She denies any recent stressors, changes to her routine, or changes to her husband's routine. Which of the following is the most likely diagnosis?		
a		Adjustment disorder
b	*	Generalized anxiety disorder
c		Obsessive-compulsive disorder
d		Panic disorder
e		Social anxiety disorder (social phobia)
You are a research psychiatrist who is studying signs and symptoms associated with certain psychiatric disorders, and notice a category of patients who have sensory gating deficits, short-term memory difficulties, and abnormalities in smooth-pursuit eye movements. Which of the following diagnoses is most likely to be found in this patient population?		
a		Attention-deficit/ hyperactivity disorder (ADHD)
b		Major depressive disorder (MDD)

c		Obsessive-compulsive disorder (OCD)
d		Posttraumatic stress disorder (PTSD)
e	*	Schizophrenia
<p>A 23-year-old single medical student comes to your office complaining of difficulty sleeping, excessive worry about his studies, his relationship with his parents, and that his girlfriend of 2 years is going to break up with him despite being happy with their relationship. He feels irritable at times, and has significant muscle tension. Because of these symptoms, his grades have suffered. He does not report a depressed mood. You diagnose him with generalized anxiety disorder, and prescribe a combination of psychotherapy and a selective serotonin reuptake inhibitor (SSRI). Three months later, the patient comes back to your office reporting that his mood has been down in the dumps, and he feels like he may never feel better. Recently, he has been thinking that life was not worth living anymore and has passive thoughts of suicide. He reports ongoing thoughts of overdosing on pills. Which of the following would be the most appropriate next step?</p>		
a		Call his parents and arrange a family meeting
b		Discontinue his SSRI and have him return in 1 week
c	*	Refer the patient to the psychiatric emergency department
d		Schedule weekly outpatient visits
e		Switch the SSRI and have him follow-up with you in 1 month
<p>A 36-year-old married white female presents to the emergency room with a 2-month history of depression, terminal insomnia, fatigue, decreased appetite, anhedonia, and excessive guilt. She feels hopeless and reluctantly admits to suicidal ideation for the past week, with thoughts of “taking all of my medicines.” After further questioning, she states that “I would never do it” as she is a devout Catholic who attends church regularly. Which of the following characteristics most increases this particular patient’s risk of suicide?</p>		
a		Age
b		Gender
c	*	Hopelessness
d		Marital status
e		Religion
<p>A 29-year-old married white woman with a past medical history of recurrent migraines is brought to the psychiatric emergency department by her husband who reports that, despite feeling depressed 2 months ago and being compliant with prescribed treatment, she now has been acting bizarre for several days. On initial interview, the patient states, “I feel superbly supreme, and you have no idea what an amazing person I am!” The patient is talking so rapidly that you cannot interrupt her. Her husband reports that the patient has not slept in over a week, and during the same time period, she has put a down payment for a car, has purchased a diamond tennis bracelet, and has booked an extravagant vacation. Which of the following is the most likely diagnosis?</p>		
a		Anxiety disorder
b	*	Bipolar and related disorder
c		Neurocognitive disorder
d		Psychotic disorder
e		Somatic symptom disorder
<p>A 29-year-old married white woman with a past medical history of recurrent migraines is brought to the psychiatric emergency department by her husband who reports that, despite feeling depressed 2 months ago and being compliant with prescribed treatment, she now has been acting bizarre for several days. On initial interview, the patient states, “I feel superbly supreme, and you have no idea what an amazing person I am!” The patient is talking so rapidly that you cannot interrupt her. Her husband reports that the patient has not slept in over a week, and during the same time period, she has put a down payment for a car, has purchased a diamond tennis bracelet, and has booked an extravagant vacation. You suspect a medication is the cause for her current condition, but neither she nor her husband recall the medication prescribed 2 months ago. Which of the following medications is the most likely etiology?</p>		
a	*	Amitriptyline
b		Clonazepam
c		Fluoxetine
d		Lithium
e		Sertraline

A 62-year-old male patient with schizophrenia is brought into the emergency department by the police for trespassing. Upon interview, he tells the physician that over the past 3 weeks his television has been giving him coded messages. Which of the following terms best describes this phenomenon?		
a		Hallucination
b	*	Idea of reference
c		Illusion
d		Thought broad casting
e		Thought insertion
A 45-year-old patient tells her doctor that after hearing that her husband died, she could not remember leaving her office and going home. In every other respect, her memory is intact. Which of the following types of amnesia is this an example of?		
a		Continuous
b		Generalized
c	*	Localized
d		Retrograde
e		Selective
A 75-year-old man comes to your office complaining of poor sleep since his wife's death 1 month ago. Since that time, he has been unable to fall asleep, and he has felt "down." He is slightly more isolative now, as many of the activities he enjoyed doing were with his wife. His appetite is decreased, but he is still bathing and cooking. He sometimes feels guilty that she died before him, and is angry with God that he is alive with no "soul mate" anymore. He sometimes hears the voice of his deceased wife encouraging him to move on, and he denies suicidal ideation. Which of the following is the most appropriate diagnosis at this time?		
a		Adjustment disorder with depressed mood
b	*	Bereavement
c		Major depressive disorder
d		Persistent complex bereavement disorder
e		Schizophrenia
A 75-year-old man comes to your office complaining of poor sleep since his wife's death 1 month ago. Since that time, he has been unable to fall asleep, and he has felt "down." He is slightly more isolative now, as many of the activities he enjoyed doing were with his wife. His appetite is decreased, but he is still bathing and cooking. He sometimes feels guilty that she died before him, and is angry with God that he is alive with no "soul mate" anymore. He sometimes hears the voice of his deceased wife encouraging him to move on, and he denies suicidal ideation. Which of the following would be the most appropriate treatment for this patient?		
a		Hospitalize the patient immediately
b		Prescribe an antidepressant
c		Prescribe an antipsychotic
d	*	Refer for brief supportive therapy
e		Refer for cognitive-behavioral therapy
When asked about his level of education, a 48-year-old man with a history of schizoaffective disorder, depressed type, spends the next 5 minutes describing his high school building, friends he had at the time, clubs he joined, and eventually his high school graduation ceremony. He concludes by saying, "And that was the end of my schooling." Which of the following terms does this response best demonstrate?		
a	*	Circumstantiality
b		Loosening of associations
c		Perseveration
d		Pressured speech
e		Tangentiality
In her psychiatrist's office, a patient suddenly lowers herself to the floor, begins flailing about wildly, then flings a garbage pail against the wall, and runs out of the office. Immediately afterward, she returns. She is alert and oriented, yet does not remember the incident. Which of the following types of seizures is the most likely?		
a		Complex partial seizure
b		Jacksonian seizure
c	*	Nonepileptic seizure

d		Temporal lobe seizure
e		Tonic-clonic seizure
A 26-year-old man newly diagnosed with narcolepsy explains that he has episodes of falling down without any loss of consciousness, precipitated by laughter or anger. Which of the following terms best describes this symptom?		
a		Catalepsy
b	*	Cataplexy
c		Hypersomnia
d		Hypnagogic hallucinations
e		Sleep paralysis
A 21-year-old man with newly diagnosed schizophrenia has been compliant with his medications and is less psychotic. At his next follow-up appointment, he is noted to be restless and constantly moving. He states that he feels as if he has to be moving all the time and is uncomfortable if he sits still. Which of the following side effects is he most likely experiencing?		
a	*	Akathisia
b		Akinesia
c		Dystonia
d		Rabbit syndrome
e		Tardive dyskinesia
A 21-year-old woman complains of recurrent episodes where she has extreme anxiety, along with palpitations, dizziness, nausea, abdominal cramps, diarrhea, tingling of her fingers, shortness of breath, and fearing she may die. These periods last under 30 minutes, and they've been increasing in frequency. She is unable to predict when they will occur, but, as a result, she is often worried about having another attack, and she has been unwilling to leave her apartment for several weeks. She drinks 1 to 2 drinks of alcohol per month and denies illicit drug use. She has no medical problems, is only on oral contraceptives, and her physical and laboratory workup are negative. Which of the following would be the most appropriate treatment?		
a		Bupirone
b		Lithium
c		Lorazepam
d		Valproic acid
e	*	Venlafaxine
A 46-year-old man with a history of hypertension and hyperlipidemia presents to his primary care doctor with complaints that "I'm drinking too much." He gives a long history of binges over 4 to 5 days at a time, where he will drink 1 to 2 pints of gin per day. He has had several DUIs and is at risk of losing his job. In addition, his drinking has put a strain on his marriage. Unfortunately he has been unable to maintain sobriety for any significant period of time. He is "stressed out" because of the consequences of his drinking, and he admits to chronic, intermittent insomnia. He has a good appetite, however, and his energy is adequate unless he is significantly hungover. He feels helpless but denies suicidal ideation. Which of the following medications would be most appropriate to prescribe for this patient?		
a	*	Acamprosate
b		Bupropion
c		Citalopram
d		Lithium
e		Olanzapine
A 46-year-old man with a history of hypertension and hyperlipidemia presents to his primary care doctor with complaints that "I'm drinking too much." He gives a long history of binges over 4 to 5 days at a time, where he will drink 1 to 2 pints of gin per day. He has had several DUIs and is at risk of losing his job. In addition, his drinking has put a strain on his marriage. Unfortunately he has been unable to maintain sobriety for any significant period of time. He is "stressed out" because of the consequences of his drinking, and he admits to chronic, intermittent insomnia. He has a good appetite, however, and his energy is adequate unless he is significantly hungover. He feels helpless but denies suicidal ideation. Two weeks later this same patient is seen in the emergency room after being picked up by the police for disturbing the peace and wandering. On examination he appears confused, has nystagmus, and an unsteady gait. Which of the following should be		

administered immediately?		
a		Glucose
b		Haloperidol
c		Lorazepam
d		Naltrexone
e	*	Thiamine
A 36-year-old man presents to the emergency department after being found without clothing in the street. He has multiple excoriations all over his body, is paranoid and agitated, and states that bugs are crawling all over him. His vitals are as follows: T-1, BP-160/ 93, P-105, R-Which of the following substances would be most likely found in his laboratory results?		
a		Alcohol
b		Cannabis
c	*	Cocaine
d		Opiates
e		PCP
A 72-year-old married male with a history of hypertension, borderline diabetes, hyperlipidemia, and coronary artery disease is brought in by his wife. Over the past year he has become increasingly forgetful, misplacing his keys, getting lost while driving, and starting to wander. When confronted with these situations he becomes defensive, making up excuses for his behavior. His sleep is erratic, but he is eating well and enjoys watching his favorite movies on the television. His wife describes extreme mood liability, where he will be laughing and then crying. He denies suicidal ideation. He doesn't drink alcohol and denies drug use. He was a prior smoker but quit 20 years ago. His physical examination and labs are unremarkable. As part of his workup, an MRI of his brain is ordered. What would be the most likely finding?		
a		Atrophy of brainstem and cerebellum
b		Atrophy of frontal and temporal lobes
c		Enlarged ventricles
d		Global atrophy
e	*	Periventricular white-matter lesions
A 72-year-old married male with a history of hypertension, borderline diabetes, hyperlipidemia, and coronary artery disease is brought in by his wife. Over the past year he has become increasingly forgetful, misplacing his keys, getting lost while driving, and starting to wander. When confronted with these situations he becomes defensive, making up excuses for his behavior. His sleep is erratic, but he is eating well and enjoys watching his favorite movies on the television. His wife describes extreme mood liability, where he will be laughing and then crying. He denies suicidal ideation. He doesn't drink alcohol and denies drug use. He was a prior smoker but quit 20 years ago. His physical examination and labs are unremarkable. Which of the following would best describe his clinical course?		
a		Continued improvement
b		No improvement or worsening
c		Rapid decline
d		Steady decline
e	*	Step-wise deterioration
An 86-year-old woman with multiple medical problems and a recent hip fracture is admitted to the intensive care unit. While in the unit, she awakens at night and mistakes her intravenous (IV) pole for a family member coming for a visit. She then becomes agitated, attempting to pull out her IV and get out of the hospital bed. Which of the following approaches is the most important in the ultimate management of this patient?		
a		Administer diphenhydramine
b		Administer haloperidol
c		Administer lorazepam
d		Apply soft restraints
e	*	Determine and correct the underlying condition
A 24-year-old graduate student in philosophy is referred by his student health center for a psychiatric evaluation. Although he claims to have had similar but attenuated symptoms in childhood, since beginning his thesis, he describes an acute worsening of fears that he will contract HIV. While he understands the modes and		

risks of contraction and practices safe sex, he is unable to “get rid of these thoughts.” As a result, he feels compelled to wash his hands many times per day, even to the point of their becoming raw and bleeding. Despite his insight that his concerns are irrational, he is not able to stop the behaviors. A positron emission tomography (PET) scan of this patient’s brain would most likely demonstrate increased activity in which of the following structures?

a		Amygdala
b	*	Caudate nucleuss
c		Cerebellum
d		Hippocampus
e		Parietal lobes

A 70-year-old widowed man without significant medical history is brought in by his daughter due to concerns about his being able to adequately care for himself. He has been found lost in the downtown area on several occasions, attempting to walk into strangers’ houses, as well. He is unable to cook for himself but is unable to calculate the correct amount for purchases. His daughter has noticed that he is dizzy when standing up and has a wide-based, slow walk. Upon interview, he appears disheveled and smells of urine. He is friendly and cooperative overall, although easily distracted and confused. While he knows his name, he believes the year is 1950. When confronted about his memory difficulties, he states that there are small gnomes living in his furniture, who play tricks on him by moving items around in his condominium. According to the daughter, he rarely drinks alcohol, does not smoke tobacco, and has never used illicit drugs. Which of the following diagnoses is most likely?

a		Major front temporal neurocognitive disorder
b		Major neurocognitive disorder due to Alzheimer disease
c	*	Major neurocognitive disorder with Lewy bodies
d		Major vascular neurocognitive disorder
e		Substance-induced major neurocognitive disorder

A 70-year-old widowed man without significant medical history is brought in by his daughter due to concerns about his being able to adequately care for himself. He has been found lost in the downtown area on several occasions, attempting to walk into strangers’ houses, as well. He is unable to cook for himself but is unable to calculate the correct amount for purchases. His daughter has noticed that he is dizzy when standing up and has a wide-based, slow walk. Upon interview, he appears disheveled and smells of urine. He is friendly and cooperative overall, although easily distracted and confused. While he knows his name, he believes the year is 1950. When confronted about his memory difficulties, he states that there are small gnomes living in his furniture, who play tricks on him by moving items around in his condominium. According to the daughter, he rarely drinks alcohol, does not smoke tobacco, and has never used illicit drugs. The above patient is appropriately diagnosed and then placed in an intermediate care facility. Eight months later he is brought by the daughter because the nursing home is having increasing difficulty caring for him. He is more confused, responding to internal stimuli, and easily agitated, striking at nursing staff and his daughter. Which of the following medications would be most appropriate to prescribe in this case?

a		Amitriptyline
b		Clonazepam
c		Diphenhydramine
d	*	Donepezil
e		Haloperidol

A 36-year-old woman presents with complaints of a depressed mood for the past month. She reports poor sleep, little appetite with weight loss, low energy, decreased concentration, and little libido. She admits to feeling hopeless and suicidal, although she denies a specific plan or intent. She is subsequently begun on paroxetine 20 mg at bedtime. Which of the following symptoms would be most likely to improve the earliest?

a		Decreased libido
b		Depressed mood
c		Hopelessness
d	*	Poor sleep
e		Suicidal ideation

A 35-year-old man complains to his therapist that his new partner enjoys sexual activity only when inflicting

pain on him. This disturbs and frustrates the patient. Which of the following best describes the behavior exhibited by his partner?		
a		Exhibitionistic disorder
b		Frotteuristic disorder
c		Sexual masochism disorder
d	*	Sexual sadism disorder
e		Transvestic disorder
An anxious 23-year-old Asian male university student presents to student health services claiming that his penis is shrinking into his abdomen. Despite reassurances from the staff and the physician, he remains convinced of this belief. Which of the following syndromes is this patient most likely suffering from?		
a		Capers syndrome
b	*	Koro
c		Kuru
d		Taijin-kyofusho
e		Zar
A 21-year-old male college student is evaluated by his college student health center after being arrested for masturbating outside of a sorority window late at night. He admits to having watched a particular female student inside the building over a period of several months. Which of the following is the most likely diagnosis?		
a		Exhibitionistic disorder
b		Frotteuristic disorder
c		Gender dysphoria
d		Transvestic disorder
e	*	Voyeuristic disorder
A 45-year-old separated female is brought by her brother into the emergency room with the chief complaint of "strange behavior." She has been living with her brother for the past 2 years, and she stopped her medications 12 months ago. The brother states that over the past 6 months she has become increasingly paranoid and delusional, believing that the neighbors are spying on her. She insists that the Chinese government is using her as an agent to combat terrorism, and that they communicate their instructions via a wireless signal transmitted directly to her brain. She is often noticed to be talking when no one else is in her room. In addition, over the past month she has been staying up most of the night, pacing around the house and attempting to construct an anti-terrorism machine, using parts of various household electronics. She states that it is important that she alone completes her mission, that she is the most senior spy in the organization with a top-secret clearance "that only the President and I possess." Her brother has had a hard time calming her down as she speaks too quickly to follow, goes from one topic to another, and "won't sit still." Which of the following diagnoses would be the most likely for this patient?		
a		Bipolar disorder
b		Delusional disorder
c		Major depressive disorder with psychotic features
d	*	Schizoaffective disorder
e		Schizophrenia
A 63-year-old Vietnam veteran with posttraumatic stress disorder (PTSD) presents to the outpatient mental health clinic. He has been prescribed numerous medications over the years, and he has recently been taking citalopram 40 mg daily. He denies side effects and strongly believes this has been the "most effective" medication he has taken. While he denies intrusive thoughts or overt flashbacks, he continues to have severe nightmares several times per week which significantly interfere in his sleep. He remains "jumpy" at times, and because of this doesn't attend functions where there are large crowds. He has not used alcohol or drugs in 18 years, and he denies any suicidal ideation. Which of the following medications would be the most beneficial to prescribe for augmentation?		
a		Alprazolam
b		Bupropion
c	*	Prazosin
d		Risperidone
e		Valproic acid

A 63-year-old Vietnam veteran with posttraumatic stress disorder (PTSD) presents to the outpatient mental health clinic. He has been prescribed numerous medications over the years, and he has recently been taking citalopram 40 mg daily. He denies side effects and strongly believes this has been the “most effective” medication he has taken. While he denies intrusive thoughts or overt flashbacks, he continues to have severe nightmares several times per week which significantly interfere in his sleep. He remains “jumpy” at times, and because of this doesn’t attend functions where there are large crowds. He has not used alcohol or drugs in 18 years, and he denies any suicidal ideation. In addition to medications, this patient wishes to pursue “talk therapy.” Which of the following forms of psychotherapy would be the most appropriate to recommend?		
a		Behavior therapy
b	*	Cognitive processing therapy
c		Cognitive therapy
d		Dialectical behavioral therapy
e		Psychodynamic psychotherapy
A 23-year-old graduate student comes to the psychiatric emergency room complaining of anxiety. She has never been seen by a psychiatrist before and is not taking any medications Her vital signs are notable for a heart rate of 110 beats/ min. She is also slightly diaphoretic and has mildly dilated pupils. Given her present state, which area of this patient’s brain would most likely demonstrate increased activity?		
a		Amygdala
b		Basal ganglia
c		Hippocampus
d	*	Locus ceruleus
e		Thalamus
You are asked to give a psychiatric consultation on a 28-year-old woman with systemic lupus erythematosus who was admitted to the medical service. After you see her, one of your medical colleagues tells you that she will no longer speak to any of them because she “hates all of them” and now insists on seeing you because you are the “best doctor in the hospital.” Which of the following terms best describes the patient’s behavior?		
a		Acting out
b		Externalization
c		Regression
d	*	Splitting
e		Sublimation
A 42-year-old woman with recurrent episodes of major depression is admitted to a medical unit after a car accident that rendered her unconscious. The patient regains consciousness after 3 days and corroborates that she was, indeed, on an antidepressant, but she says she also cannot remember which one. She is started on paroxetine (Paxil) for her depression. Two days after beginning this medication, she develops tachycardia, diaphoresis, and myoclonic jerks. The neurotransmitter most likely associated with the above reaction is synthesized in which of the following central nervous system structures?		
a		Caudate nucleus
b		Locus ceruleus
c		Nucleus accumbens
d	*	Raphe nucleus
e		Substantia nigra
A 26-year-old man with schizophrenia is being discharged from his third admission to the psychiatric unit in 3 years. This most recent stay was prompted by acute exacerbation of command auditory hallucinations and paranoia that resulted in bizarre behaviors such as lying in the middle of the road and berating customers that cost him his restaurant job. His symptoms are improved with pharmacotherapy, which he is tolerating, with mild side-effects of sedation that are gradually improving. Which of the following time periods most accurately describes when his risk of suicide is the highest?		
a		At his first psychotic break
b		During his first hospitalization
c		In the week preceding this hospitalization
d		In the week while he is hospitalized
e	*	In the weeks following hospitalization

<p>You are asked to review neuropsychological testing for a 19-year-old patient who is failing classes at his local community college. His results indicate an intelligence quotient (IQ) of He is has a group of peers but is often immature, and his friends often prevent him from being taken advantage of as he is very gullible. He takes care of his physical needs but parents ensure that he has enough groceries and need to remind him to check his bank account balance. Which of the following is the most appropriate diagnosis?</p>		
a	*	Mild intellectual disability
b		Moderate intellectual disability
c		No diagnosis (normal intellectual functioning)
d		Severe intellectual disability
e		Profound intellectual disability
<p>A 38-year-old male thinks that he is a “failure and will never find a partner” whenever he feels rejected. He often finds himself getting depressed and isolating himself when he thinks like this. His therapist thinks that it would be a good idea for him to make a log of the situations, his immediate thoughts, his immediate feelings, alternate responses to those thoughts and feelings, and re-rate his feelings after completing the exercise so they can be examined during their sessions. Which of the following types of therapeutic approaches is the therapist most likely using?</p>		
a	*	Cognitive–behavioral
b		Expressive
c		Hypnotherapy
d		Psychoanalysis
e		Psychodynamic
<p>A 38-year-old male thinks that he is a “failure and will never find a partner” whenever he feels rejected. He often finds himself getting depressed and isolating himself when he thinks like this. His therapist thinks that it would be a good idea for him to make a log of the situations, his immediate thoughts, his immediate feelings, alternate responses to those thoughts and feelings, and re-rate his feelings after completing the exercise so they can be examined during their sessions. Which of the following terms refers to the immediate thoughts (e.g., “I am a failure”) that the patient experiences and records in this type of therapy?</p>		
a	*	Automatic thoughts
b		Core beliefs
c		Ego strengths
d		Projections
e		Unconscious thoughts
<p>A 43-year-old man is chastised at work. When he comes home, his friend asks him how his day went. He responds angrily saying that a “real friend wouldn’t be so nosy.” Which of the following defense mechanisms most likely characterizes this reaction?</p>		
a		Denial
b	*	Displacement
c		Humor
d		Intellectualization
e		Isolation of affect
<p>A 20-year-old woman diagnosed with borderline personality disorder thinks of her therapist as “the best person I’ve ever known.” The next week, the therapist announces that he will be going on vacation. The patient becomes enraged and states that he is “the cruelest doctor in the world!” Which of the following defense mechanisms best characterizes this reaction?</p>		
a		Devaluation
b		Idalization
c		Intellectualization
d		Repression
e	*	Splitting
<p>A 16-year-old boy has just lost his mother and father in a car accident. In your office, he talks philosophically about death and its implications. When asked how he feels about his parents’ death, he responds by saying that “it is the nature of things to pass away.” Which of the following defense mechanisms best demonstrates this patient’s inability to talk directly about his emotional experience concerning personal loss?</p>		

a		Denial
b	*	Intellectualization
c		Projection
d		Suppression
e		Undoing
A 44-year-old woman with schizophrenia is struggling with paranoia, auditory hallucinations, and delusions. She lives with her mother but has a poor relationship with her. She tells you that everyone wants her to spend a lot of money and buy drugs. Which of the following responses would be the most useful?		
a		“Well, deciding for yourself is best”
b		“If you buy drugs, I’ll call the police”
c		“Perhaps we should look at what your mother would think about that”
d	*	“Why do you think everyone wants you to do that?”
e		“No, they don’t”
A 44-year-old woman with schizophrenia is struggling with paranoia, auditory hallucinations, and delusions. She lives with her mother but has a poor relationship with her. She tells you that everyone wants her to spend a lot of money and buy drugs. You decide that supportive therapy would be helpful to this patient. Which of the following would be the most appropriate goal of supportive therapy for this patient?		
a		Correcting faulty ideas
b		Exploring the feeling of meaninglessness in life
c		Investigating the freedom of individuals
d		Personality change
e	*	Strengthening of defenses
A 32-year-old psychiatry resident is in psychoanalysis 4 days per week. He is encouraged to lie on the couch and say “whatever comes to mind.” Which of the following analytic techniques does this best represent?		
a	*	Free association
b		Hypnosis
c		Repression
d		Thought records
e		Transference
A psychotherapist has been meeting regularly with a 10-year-old boy for 18 months. During one of the therapy sessions, she finds herself feeling very angry at the patient after he reports “beating up” his little brother. Which of the following phenomena is the psychotherapist most likely exhibiting?		
a	*	Counter transference
b		Extinction
c		Interpretation
d		Resistance
e		Transference
In an acute inpatient psychiatric unit, the resident psychiatrist is in charge of leading a group consisting of patients newly admitted to the ward. During group discussion she asks two participants to act out a scenario, describe their feelings about the situation, and then explore the individual conflicts which arose. Which of the following techniques of psychotherapy does this most represent?		
a		Feed back
b		Free association
c		Go-around
d	*	Psychodrama
e		Resistance
A 28-year-old female patient who is addicted to opioid analgesics states that she has been upset with family for not continuing to support her financially and allowing her to stay with them. She has been unemployed for many years since leaving college. They recently told her that she should be more independent; they want her to start working and find a place to live. In her next therapy session, she tells her therapist that she understands why they would say that, but then goes on to describe a fight with her boyfriend, stating she wants to break up with him because he is not supportive of her. Her therapist asks if it is possible she is upset at her parents for wanting her to be more independent but expressing this anger toward her boyfriend instead. Which of the		

following therapeutic techniques best describes the therapist's response?		
a		Counter transference
b		Empathy
c	*	Interpretation
d		Paradoxical intervention
e		Working through
<p>A 28-year-old female patient who is addicted to opioid analgesics states that she has been upset with family for not continuing to support her financially and allowing her to stay with them. She has been unemployed for many years since leaving college. They recently told her that she should be more independent; they want her to start working and find a place to live. In her next therapy session, she tells her therapist that she understands why they would say that, but then goes on to describe a fight with her boyfriend, stating she wants to break up with him because he is not supportive of her. Her therapist asks if it is possible she is upset at her parents for wanting her to be more independent but expressing this anger toward her boyfriend instead. The patient's family members and close friends work with the therapist and join the patient in a session. During the meeting, they tell her about her maladaptive behaviors and how they have affected her and her family negatively. They then give her an ultimatum, whereby if she does not get treatment for her addiction they will not continue to support her. Which of the following techniques best describes this scenario?</p>		
a		Behavioral therapy
b		Family therapy
c		Group therapy
d	*	Intervention
e		Relapse prevention
<p>A 24-year-old female patient with a history of generalized anxiety disorder presents for therapy. In a previous session she reluctantly discussed how much she did not like her new step-mother and didn't approve of her father marrying her. This session she reports that her step-mother is in the hospital and she has been spending most of the past few days at the hospital caring for her, buying many get-well gifts and inserting herself in her step-mother's care. Which of the following concepts best describes this behavior?</p>		
a		Abreaction
b		Dependency
c		Projection
d	*	Reaction formation
e		Splitting
<p>A 34-year-old male is referred by his job because of ongoing interpersonal conflicts. During the interview, he appears very focused on his health, his attractiveness to others, and his success at work. When confronted with his difficulties, he becomes defensive, blaming others, and accusing them of being "jealous of me." He describes himself as "better" than his friends and colleagues and admits to taking advantage of others in order to "get what I deserve." Which of the following treatment modalities would be the most appropriate for this patient?</p>		
a		Anger management
b	*	Combined individual and group therapy
c		Psychoanalysis
d		Psychopharmacotherapy
e		Social skills training
<p>A 29-year-old woman has been depressed for 2 months prior to seeking medical attention. She believes that nobody likes her even though she is always cordial, and that there is nothing she can do to change the way other people perceive her. Therefore, when she is around people she feels tense and uncomfortable and has started avoiding leaving the house. Which of the following cognitive-behavioral therapy (CBT) interventions would most directly target the physical feelings she has around people?</p>		
a		Cognitive restructuring
b		Exposures
c		Keeping a mood diary
d		Keeping a thought record
e	*	Progressive muscle relaxation

After several weeks, a 40-year-old female patient who is in psychodynamic psychotherapy begins to show up late and miss appointments; each time this happens she has a reason for doing so. However, the therapist begins to feel that her behavior is interfering with her treatment. The therapist is not sure if the patient understands that her behavior is inappropriate and potentially damaging to her therapy. Which of the following topics would be the most important to review with the patient before making an interpretation of her behavior?		
a	*	Boundaries and rules defining the way in which therapy is conducted
b		Focus on the therapeutic goals
c		Method used to change the patient's maladaptive thoughts
d		Patient's need for attention
e		Reasons the patient is late to the appointments
A 45-year-old man presents to your outpatient clinic handicapped by a fear of parking lots and fields. The fear started 4 months prior to this visit. At the beginning of cognitive therapy, he tells you that his behavior is constantly being scrutinized and criticized by other people. He claims that he cannot change his behavior, because if he does, others will think he is a fool. Which of the following would be the most appropriate response?		
a		"That's silly. People will not think you are a fool"
b		"Yes, I can see that"
c	*	"What makes you think that others are constantly scrutinizing your behavior?"
d		"How can you possibly think other people care enough about you to constantly scrutinize your behavior?"
e		"Well, maybe you are a fool. Have you ever thought of that?"
A 32-year-old female in therapy describes how she feels that she should have a life partner; and since she is not currently dating, she is unlikely to ever get married and is therefore unlovable. Her therapist points out to her that she has had a few meaningful long-term relationships in the past and that she has dated as recently as a couple of months ago. The therapist also explains that many people may not date, but this does not mean they are unlovable or will never get married. Which of the following terms best describes the therapeutic intervention described above?		
a		Clarification
b		Confrontation
c		Empathy
d		Interpretation
e	*	Reframing
An 18-year-old, single man presents to your office complaining that he cannot pass a movie theater without stopping, going inside, and buying candy. This behavior is troublesome to him and interferes with his daily activities, resulting in his being constantly late to other appointments. You decide to help the patient with behavior therapy. Which of the following would be the most appropriate focus of the therapy?		
a		Analyzing the patient's relationships
b	*	Decreasing the maladaptive behavior of stopping by movie theaters
c		Examining the patient's negative eating habits
d		Exploring the patient's childhood traumas
e		Working on resolving the patient's unconscious conflicts
An 18-year-old, single man presents to your office complaining that he cannot pass a movie theater without stopping, going inside, and buying candy. This behavior is troublesome to him and interferes with his daily activities, resulting in his being constantly late to other appointments. You decide to help the patient with behavior therapy. Which of the following behavioral interventions would be the most helpful in this case?		
a		Aversion therapy
b		Environmental modification
c	*	Exposure and response training
d		Modeling
e		Relaxation training
A 39-year-old man presents to your office complaining of chronic "stress," anxiety, and poor sleep. He also admits to intermittent headaches, which you diagnose as tension headaches. You recommend behavioral therapy for reduction of his headaches. Which of the following behavioral techniques would be most		

appropriate for this patient?		
a		Aversive stimuli
b	*	Biofeedback
c		Negative reinforcement
d		Stimulus control
e		Systematic desensitization
A 32-year-old male complains of ongoing depression for the past month which he attributes to the breakup with his fiancée. He has been having insomnia, decreased appetite, and low energy, although he denies anhedonia or problems concentrating. He also denies any suicidal ideation. He has just started to date someone else within the last week. After discussion with the patient, it is decided to utilize both medication and interpersonal psychotherapy for his depression. Which of the following goals would be the most likely focus of his psychotherapy?		
a		Character change
b	*	Clarifying communication patterns
c		Strengthening defenses
d		Interpreting transference
e		Pointing out resistance
A 32-year-old male complains of ongoing depression for the past month which he attributes to the breakup with his fiancée. He has been having insomnia, decreased appetite, and low energy, although he denies anhedonia or problems concentrating. He also denies any suicidal ideation. He has just started to date someone else within the last week. After discussion with the patient, it is decided to utilize both medication and interpersonal psychotherapy for his depression. Which of the following techniques would be most likely utilized during this patient's therapy?		
a		Dream interpretation
b		Defense analysis
c		Free association
d		Hypnosis
e	*	Role playing
A 22-year-old college student presents complaining of having "no goals" in his life, not doing as well as he could in school, and desiring but having no serious long-term romantic relationships. He has not chosen a major and states that his indecision is paralyzing him from "moving on with the rest of my life." After discussing various forms of psychotherapy with the patient, you recommend psychoanalysis four times per week. Which of the following is the most important reason for the frequency of psychoanalysis?		
a		Allow the patient to get enough support during the course of their treatment
b	*	Allow transference to build between patient and therapist
c		Complete homework frequently to better learn about their issues
d		Prevent conflicts from arising between the therapist and patient
e		Require more intensive treatment due to severity of mental illness
A 22-year-old college student presents complaining of having "no goals" in his life, not doing as well as he could in school, and desiring but having no serious long-term romantic relationships. He has not chosen a major and states that his indecision is paralyzing him from "moving on with the rest of my life." After discussing various forms of psychotherapy with the patient, you recommend psychoanalysis four times per week. Which of the following would be the most important tool in his psychoanalysis?		
a		Altering cognitive distortions
b		Altering maladaptive behaviors
c	*	Interpretation of transference
d		Interpreting dreams
e		Solving interpersonal problems
A male therapist has been working with a female patient for over 3 years, enabling her to improve her self-esteem and confidence, and to eventually divorce her emotionally abusive husband 1 year ago. The patient continually thanks the therapist and explains that she is sexually attracted to the therapist. He is initially taken aback and then somewhat flattered by her sexual interest. However, he also realizes that he feels a strong attraction to her and feels the need to care for her. Which of the following would be the most appropriate next		

step for the therapist to take?		
a		Act cold , show less empathy, and set more rigid boundaries during sessions
b		Explore the patient’s feeling in order to increase her erotic transference
c		Ignore the patient’s disclosure of her sexual attraction
d	*	Seek supervision with a mentor or colleague
e		Terminate or fire the patient from his care
You are seeing a 25-year-old man in cognitive–behavioral therapy who suffers from generalized anxiety disorder, as well as epilepsy. He often talks about the many dreams he has while in his sessions, and he is having a hard time with the restructuring of maladaptive thoughts. You decide that hypnosis may be helpful as an adjunctive therapy for this patient, as he has been hypnotized before with good results and you have a skillful hypnotist in your clinic. The patient is hopeful that hypnosis will be beneficial for him again. Which of the following characteristics is the best predictor of response to hypnosis in this patient?		
a		Patient has a lot of dreams
b	*	Patient is responsive to suggestion
c		Patient’s diagnosis
d		Patient with low seizure threshold
e		Trained hypnotist will be doing his treatment
You are seeing a 25-year-old man in cognitive–behavioral therapy who suffers from generalized anxiety disorder, as well as epilepsy. He often talks about the many dreams he has while in his sessions, and he is having a hard time with the restructuring of maladaptive thoughts. You decide that hypnosis may be helpful as an adjunctive therapy for this patient, as he has been hypnotized before with good results and you have a skillful hypnotist in your clinic. The patient is hopeful that hypnosis will be beneficial for him again. The patient is started in hypnosis, but there is a concern as to whether he is in a trance during the sessions. Which of the following indicators would be most likely increased in a trance state?		
a	*	Amnesia
b		Pain perception
c		Pulse
d		Reflexes
e		Respirations
You are treating an 11-year-old boy for oppositional defiant disorder and have heard from the parents that his disorder has had a significant impact on the family dynamics. They have two older children who often feel left out and feel distanced from the family unit. You recommend a trial of family therapy. In this case, which of the following would be the most appropriate focus of the family therapy?		
a		Assigning roles in a household
b		Early childhood experiences
c		Impulsive behavior
d	*	Relationship patterns
e		Unconscious conflicts
A 32-year-old man presents for psychotherapy. He denies pervasive depression or anxiety symptoms, but he has had a string of failed relationships. He blames the problem on “his sabotaging things” when the women “start to get serious.” He is clearly ambivalent about his desire to “settle down” with someone. According to Erik Erikson, which of the following stages of development is the patient most likely in?		
a		Trust versus mistrust
b		Autonomy versus shame
c		Initiative versus guilt
d	*	Intimacy versus isolation
e		Identity versus role confusion
A 9-year-old boy with attention-deficit/ hyperactivity disorder (ADHD), predominantly hyperactive/ impulsive presentation, presents to your office accompanied by his mother. He is currently on methylphenidate (Ritalin) and they both wonder if there is something else that can be done to help the patient. Despite some benefit and tolerability, the child continues to have difficulty with completing homework and following instructions at school and at home. He has also recently gotten into a minor physical fight with a peer. Parent management training is recommended for the parents. Which of the following aims best illustrates how parent management		

training will help the family?		
a		Focusing on maladaptive communication in the family
b		Focusing on the family's interpersonal relationships
c	*	Increasing parental use of positive reinforcement to increase desired behaviors
d		Interpreting parent's negative cognitions about the patient
e		Teaching parents to positively reframe a negative experience
A 14-year-old boy with attention-deficit/ hyperactivity disorder (ADHD) is frequently late for school and forgets to do his chores around the house due to his disorganization. His parents are fed up with him and ask you what they can do to help change his behavior. Which of the following represents the most helpful behavioral tool for patients with ADHD?		
a	*	A chart of behaviors to be rewarded by parents
b		Aversion therapy
c		Interpretation of maladaptive behaviors
d		Positively reframing a negative experience
e		Punishment
A 25-year-old unmarried man in his fourth year of medical school presents to your office complaining of not being able to remain in a relationship with a girlfriend for longer than 3 months. He says that he would like an insight-oriented therapy, and you agree that this form of therapy would help him. You decide to treat this patient with brief psychodynamic psychotherapy. Which of the following factors would best predict a positive outcome with brief psychodynamic psychotherapy in this particular patient?		
a		Age
b		Gender
c		Marital status
d	*	Motivation for change
e		Socioeconomic status
A 25-year-old unmarried man in his fourth year of medical school presents to your office complaining of not being able to remain in a relationship with a girlfriend for longer than 3 months. He says that he would like an insight-oriented therapy, and you agree that this form of therapy would help him. You decide to treat this patient with brief psychodynamic psychotherapy. Which of the following aspects best distinguishes his specific type of psychotherapy from other forms of therapy?		
a		Correcting cognitive errors
b	*	Identification of a focal conflict
c		Interpreting dreams
d		Interpreting resistance
e		Modifying maladaptive behaviors
A 20-year-old man is currently in college and has completed the first semester of his sophomore year. Halfway into the second semester, his grades drop from As to Fs over a 3-month period. He becomes increasingly isolated and paranoid, believing that the government is after him because he has solved "all theological problems" through direct communication with God. He is started on olanzapine 10 mg by mouth (PO) daily and is tentatively diagnosed with schizophreniform disorder. He recovers after 4 months but has another relapse 6 months later in the absence of an elevated, irritable, or depressed mood. He is then given a diagnosis of schizophrenia and referred for medication management and therapy. After a few weeks of therapy, the patient experiences a worsening of his psychotic symptoms. Which type of therapy was he most likely referred to?		
a		Behavioral therapy
b		Family therapy
c		Group psychotherapy
d	*	Psychoanalytic psychotherapy
e		Supportive psychotherapy
A 50-year-old man is in psychoanalysis because he feels stagnant in his personal life. He notes he is not having any problems with his work or relationship with his wife, although he feels that he has never had more than a platonic relationship with her. While he feels capable and confident in most spheres of his life, including his relationships, he feels like he is at a "road block" in therapy and does not know how to proceed. He has, however, mentioned a reoccurring dream about his wife turning into his mother and taking care of him. The		

therapist thinks that interpreting his dream may be a good tool to use in therapy. Which of the following uses of his dream would be the most appropriate in this case?		
a		Interpreted by the analyst to subliminally influence the mind of the patient
b	*	Provide information about psychic conflicts
c		Represent the conscious framework for behavior
d		Used to alter cognitive errors
e		Used to change behavior
You have been assigned to lead a dialectical behavioral therapy group for patients with borderline personality disorder. During the group one of the patients relates a story about getting into a fight with her mother. Afterward she was so despondent she had thoughts about cutting herself. Instead of responding, she watched her favorite comedy movie. Which of the following skills did the patient most likely employ?		
a		Cognitive restructuring
b	*	Distress tolerance
c		Emotion regulation
d		Interpersonal effectiveness
e		Mindfulness
A 33-year-old woman presents to the emergency department saying that she wants to kill herself. She has felt increasingly depressed for many months, with late insomnia, poor appetite, weight loss, distractibility, and fatigue. She currently feels hopeless and helpless, and has a plan to overdose on pills that she has stockpiled at home. Other than her feelings of helplessness and hopelessness, which of the following cognitive difficulties would she most likely also exhibit?		
a		Begging the question
b		Circular reasoning
c		Personalization
d	*	Rigid , black-or-white thinking
e		Selective abstraction
A 33-year-old woman presents to the emergency department saying that she wants to kill herself. She has felt increasingly depressed for many months, with late insomnia, poor appetite, weight loss, distractibility, and fatigue. She currently feels hopeless and helpless, and has a plan to overdose on pills that she has stockpiled at home. After hospitalization, which of the following forms of psychotherapy would be the most appropriate to help minimize this patient's suicidality?		
a		Behavioral therapy
b	*	Cognitive therapy
c		Hypnosis
d		Interpersonal psychotherapy
e		Paradoxical therapy
In the context of a women's group, one member has been frequently side talking. As the facilitator, you bring this up during the group. The member states she only does this because you don't give enough time for each member to talk. The other group members agree with her. Which of the following stages of group formation is this group most likely in at this time?		
a		Forming
b	*	Storming
c		Norming
d		Performing
e		Adjourning
A 38-year-old lawyer is referred for behavioral therapy because of extreme social anxiety which is interfering in his ability to litigate. In his early therapy sessions, he is told to make a hierarchy of situations that make him anxious. The therapist then begins working with him by first exposing him to the least anxiety provoking items on the list and then gradually increasing the severity. Which of the following therapeutic techniques is the therapist most likely utilizing?		
a		Aversion
b		Flooding
c		Modeling

d		Suggestion
e	*	Systematic desensitization
A 47-year-old, divorced male has been attending psychotherapy for 8 months due to ongoing “stress” and conflicts at work. During most of his therapy sessions, the psychiatrist responds to his comments with empathic responses. Which type of psychotherapy is the psychiatrist most likely utilizing in this case?		
a		Behavioral
b		Cognitive
c		Dynamic
d		Existential
e	*	Supportive
The case manager for a 35-year-old man that you are treating contacts you to discuss concerns regarding a change in your patient’s behaviors. You learn from the case manager that the patient has been making provocative sexual comments toward her over the past month. During your session, the patient expresses concern that his case manager is somehow conspiring against him and he plans to do something about it. On further questioning, he becomes increasingly irritable and abruptly storms out of your office. You hear him in the hallway exclaiming, “That woman, I’m going to stab her and she won’t bother me anymore!” Your first course of action should be which of the following?		
a		Attempt to contact the patient over the next several hours to discuss the intent of his threat toward his case manager
b		Contact the patient’s family and let them know about his threats toward the case manager
c		Inform the police of the content of your previous sessions and his recent threat toward the case manager
d	*	Notify the case manager of the potential danger
e		Respect the patient’s confidentiality and wait until your next scheduled appointment with him to discuss his feelings
The case manager for a 35-year-old man that you are treating contacts you to discuss concerns regarding a change in your patient’s behaviors. You learn from the case manager that the patient has been making provocative sexual comments toward her over the past month. During your session, the patient expresses concern that his case manager is somehow conspiring against him and he plans to do something about it. On further questioning, he becomes increasingly irritable and abruptly storms out of your office. You hear him in the hallway exclaiming, “That woman, I’m going to stab her and she won’t bother me anymore!” “That woman, I’m going to stab her and she won’t bother me anymore!” The legal precedent that guides the appropriate course of action in this case is which of the following?		
a		Durham v. United States
b		O’Connor v. Donaldson
c		Rogers v. Commissioner of the Department of Mental Health
d		Rouse v. Cameron
e	*	Tarasoff v. Regents of University of California
Two years ago, you were the anesthesiologist involved in a cesarean delivery of a baby born with cerebral palsy. You had heard from your obstetrical colleague that the family was planning to sue, and today a process server delivers papers notifying you that the family has brought an action against the physicians involved in the surgery, including you. In medical malpractice cases, the plaintiff must establish which of the following?		
a		Burden of proof beyond a reasonable doubt
b		Clear and convincing evidence of wrongdoing
c		Criminal intent
d		Criminal mischief
e	*	Harm or damage
Two years ago, you were the anesthesiologist involved in a cesarean delivery of a baby born with cerebral palsy. You had heard from your obstetrical colleague that the family was planning to sue, and today a process server delivers papers notifying you that the family has brought an action against the physicians involved in the surgery, including you. Which of the following behaviors best protects a physician against a malpractice suit?		
a		Having the patient sign a “no harm” contract
b		Hiring a malpractice attorney to examine the physician’s treatment practices
c	*	Maintaining a good therapeutic alliance with the patient

d		Refusing to prescribe medications that may have adverse effects
e		Seeing the patient in clinic on a weekly basis
Two years ago, you were the anesthesiologist involved in a cesarean delivery of a baby born with cerebral palsy. You had heard from your obstetrical colleague that the family was planning to sue, and today a process server delivers papers notifying you that the family has brought an action against the physicians involved in the surgery, including you. When determining medical malpractice, the term “standard of care” refers to the use of medical and psychiatric treatments that are:		
a		End orsed by the American Medical Association
b		Evidence based
c		Safe and free from any potential negative side effects
d		The most current treatments available
e	*	Used by average, reasonable practitioners in similar circumstances
An 80-year-old widow with a history significant for schizophrenia was recently diagnosed with end-stage hepatic cancer. She is concerned about the disposition of her estate and does not want her family to receive any of her money. She plans to donate her entire estate to the local humane society. Which of the following is most important in establishing a legally valid will?		
a		Conservatorship of estate
b		Informed consent
c		Lack of mental illness
d	*	Testamentary capacity
e		Witnesses at the signing of a will
An 80-year-old widow with a history significant for schizophrenia was recently diagnosed with end-stage hepatic cancer. She is concerned about the disposition of her estate and does not want her family to receive any of her money. She plans to donate her entire estate to the local humane society. The patient’s family hires an attorney to challenge the validity of her will. Which of the following items, if present, would undermine this patient’s competence to make a will?		
a		Inability to read and write
b	*	Paranoid delusions regarding the patient’s family
c		Patient’s nondelusional explanation of why she wants to donate her estate to the local humane society
d		Presence of a diagnosable psychiatric disorder
e		Refusal to undergo treatment recommended by her primary care physician
A 23-year-old man with no prior psychiatric history is charged with murdering his next-door neighbor. His friends note that he became increasingly isolative and suspicious of others in the weeks prior to the crime. The examining psychiatrist reported that the man harbored paranoid delusions regarding his neighbor and noted that his thought process was too disorganized to complete the examination. Which of the following legal standards is the current basis for establishing an insanity defense?		
a	*	American Law Institute test (Model Penal Code)
b		Durham rule
c		Irresistible impulse rule
d		M’Naghten rule
e		Product rule
A 23-year-old man with no prior psychiatric history is charged with murdering his next-door neighbor. His friends note that he became increasingly isolative and suspicious of others in the weeks prior to the crime. The examining psychiatrist reported that the man harbored paranoid delusions regarding his neighbor and noted that his thought process was too disorganized to complete the examination. Criminal responsibility requires demonstration of the criminal act along with which of the following elements?		
a		Diminished mental capacity
b	*	Manresa
c		Modus operandi
d		Psychiatric disorder
e		Witness to the act
An obese 54-year-old woman presents via ambulance to the emergency department complaining of severe substernal chest pain lasting 40 minutes, profuse sweating, and nausea. Her vital signs are blood pressure 195/		

96 mm Hg, heart rate 63 beats/ min, respiratory rate 18 breaths/ min, temperature 8°F. An electrocardiogram reveals 3-mm ST-segment elevations in leads V4, V5, and V Cardiac enzymes and laboratory workup are pending. You suspect a lateral wall myocardial infarction and recommend immediate thrombolytic therapy. The patient exclaims, “You’re crazy if you think I’m going let some intern care for me! My family will drive me across town to the private hospital!” The patient then jumps from the gurney and begins walking toward the exit. Which of the following is the most appropriate next step?	
a	Admit the patient to the cardiology service on a physician emergency certificate
b	Allow the patient to leave against medical advice
c	Detain the patient until the results of the cardiac enzymes are available
d	* Detain the patient until you can assess her ability to provide informed consent
e	Sedate the patient and begin thrombolytic therapy
An obese 54-year-old woman presents via ambulance to the emergency department complaining of severe substernal chest pain lasting 40 minutes, profuse sweating, and nausea. Her vital signs are blood pressure 195/96 mm Hg, heart rate 63 beats/ min, respiratory rate 18 breaths/ min, temperature 8°F. An electrocardiogram reveals 3-mm ST-segment elevations in leads V4, V5, and V6 Cardiac enzymes and laboratory workup are pending. You suspect a lateral wall myocardial infarction and recommend immediate thrombolytic therapy. The patient exclaims, “You’re crazy if you think I’m going let some intern care for me! My family will drive me across town to the private hospital!” The patient then jumps from the gurney and begins walking toward the exit. On further evaluation, the patient demonstrates a thorough understanding of the information you have given to her and appreciates the consequences of not being treated immediately. The appropriate next step is which of the following?	
a	Admit the patient to the cardiology service on a physician emergency certificate
b	* Allow the patient to leave against medical advice
c	Detain the patient until the results of the cardiac enzymes are available
d	Detain the patient so that her family can make decisions on her behalf
e	Sedate the patient and begin thrombolytic therapy
A 19-year-old man with a history significant for bipolar I disorder is charged with assaulting a police officer. This is the man’s fifth arrest in the past 4 months for aggression toward an authority figure. The assigned attorney has informed the forensic psychiatrist involved in the case that the patient has been noncooperative and belligerent while attempting to prepare for his defense. The attorney also questions whether the patient has an understanding of the severity of his crime given his acute mental state and lack of formal education. Which of the following items would be consistent with the assertion that the patient is incompetent to stand trial?	
a	* Failure to comprehend the criminal charges
b	History of prior assault charges
c	Inability to provide informed consent
d	Inability to read and write
e	Presence of a diagnosable mental illness
A 35-year-old man is brought to the emergency room by his family for threatening to shoot his mother in the chest. Urine toxicology is negative for cocaine, phencyclidine (PCP), or opioids, and his blood alcohol level is You learn from the patient’s family that for several days he has been threatening to kill his mother and has even written notes about how he would execute his plan. On mental status examination (MSE), the patient’s speech is loud, pressured, and threatening toward the emergency department staff. Family history is significant for a bipolar spectrum disorder. The patient states that he has not done anything wrong and demands to be released immediately. Which of the following next steps would be the most appropriate?	
a	Arrange for a police hold given the patient’s potential for violence
b	* Involuntarily admit the patient to an inpatient psychiatric ward
c	Medicate the patient with a mood stabilizer and arrange for outpatient follow-up
d	Notify the police about the patient’s homicidal threats
e	Warn the patient’s mother about the patient’s threats
You are the psychiatrist on duty when a man, arrested by the police for assaulting his wife, is brought into the emergency room for an evaluation. The man’s behavior is wild and unpredictable. He refuses to answer your questions and accuses you of having an affair with his wife. At one point he picks up a chair and looks menacingly at a nurse before being subdued by police officers. Detectives tell you that the man has been	

arrested in the past for aggression toward family members, and that the only chance of his avoiding jail time that night is to be admitted to the psychiatric unit. However, the man makes it clear that he does not want to stay in the hospital. Which of the following should justify the physician's decision to involuntarily admit the patient?		
a		History of prior psychiatric hospitalization
b	*	Imminent threat to others
c		Medication noncompliance
d		Presence of a diagnosable mental disorder
e		Refusal to follow-up with psychiatric outpatient services
You are the psychiatrist on duty when a man, arrested by the police for assaulting his wife, is brought into the emergency room for an evaluation. The man's behavior is wild and unpredictable. He refuses to answer your questions and accuses you of having an affair with his wife. At one point he picks up a chair and looks menacingly at a nurse before being subdued by police officers. Detectives tell you that the man has been arrested in the past for aggression toward family members, and that the only chance of his avoiding jail time that night is to be admitted to the psychiatric unit. However, the man makes it clear that he does not want to stay in the hospital. Administering the Haldol without the patient's consent directly challenges which of the following ethical principles?		
a	*	Autonomy
b		Beneficence
c		Confidentiality
d		Justice
e		Nonmaleficence
A 36-year-old woman with delusional disorder is brought to the emergency room by police after she was found trespassing on the Governor's private estate. She claims she has been having an affair with the Governor and demands that he acknowledge he is the father of her 5-year-old son. This is the third time the patient has been caught stalking the Governor. The patient is subsequently admitted to the inpatient unit and discharged several days later to her parents with whom she lives. The Governor ultimately decides to pursue charges against the woman. The woman's attorney employs a forensic psychiatrist to evaluate the woman and render an opinion about her mental status at the time of the crime. Which of the following statements regarding her incarceration is most accurate if found not guilty by reason of insanity?		
a		She will not serve any time and will be released with close psychiatric follow-up
b		She will serve half her criminal sentence incarcerated and the other half in a locked psychiatric facility
c		She will serve her original criminal sentence once she is deemed sane
d		She will serve less time than if found guilty
e	*	She will serve more time in a locked psychiatric unit than she would in prison if she were found guilty
A 9-year-old girl is brought to the pediatric emergency department by her parents for evaluation of a persistent cough. She is withdrawn and complains of a "scratchy throat." Vital signs are stable and the patient is afebrile. On examination, the lungs are clear to auscultation bilaterally and the posterior oropharynx is clear. There are multiple bruises on her buttocks and back. A chest x-ray demonstrates several rib fractures in different stages of healing. Her parents report that their daughter is quite active with her younger siblings and often gets into fights with them. The patient agrees with her parents. Which of the following is the most likely diagnosis?		
a		Age-appropriate "rough play"
b		Major depressive disorder
c	*	Physical abuse
d		Sexual abuse
e		Somatic symptom disorder
A 9-year-old girl is brought to the pediatric emergency department by her parents for evaluation of a persistent cough. She is withdrawn and complains of a "scratchy throat." Vital signs are stable and the patient is afebrile. On examination, the lungs are clear to auscultation bilaterally and the posterior oropharynx is clear. There are multiple bruises on her buttocks and back. A chest x-ray demonstrates several rib fractures in different stages of healing. Her parents report that their daughter is quite active with her younger siblings and often gets into fights with them. The patient agrees with her parents. Which of the following is the most appropriate next step?		
a		Confront the siblings about their behavior

b		Discharge the patient with follow-up in 1 week to reevaluate her bruises
c	*	Notify Child Protective Services
d		Refer for family therapy to address the issue of rough play
e		Treat the patient with penicillin
<p>A 17-year-old girl presents to your office complaining of a burning vaginal discharge. She informs you that she has been involved in a consensual sexual relationship with her boyfriend and is worried that she has contracted a sexually transmitted disease (STD). You start the patient on antibiotics. Three days later, you discover that the culture of. A few days later, you receive a call from the patient's parents demanding to know why their daughter was seen in your office. Which of the following is the most appropriate next step? Her vaginal discharge grew <i>Neustria gonorrhoeae</i>.</p>		
a		Alert the parents that their daughter is at risk for human immunodeficiency virus (HIV) and should be tested
b		Ask the parents about their daughter's sexual history
c		Explain to the parents that their daughter has contracted an STD and requires immediate antibiotic treatment
d		Find out the boyfriend's name and telephone number to confirm the history
e	*	Maintain confidentiality by disclosing no information, but encourage the patient to discuss this issue with her parents
<p>A 17-year-old girl presents to your office complaining of a burning vaginal discharge. She informs you that she has been involved in a consensual sexual relationship with her boyfriend and is worried that she has contracted a sexually transmitted disease (STD). You start the patient on antibiotics. Three days later, you discover that the culture of her vaginal discharge grew <i>Neisseria gonorrhoeae</i>. At the patient's next follow-up visit, she requests to be tested for HIV. She reports that her boyfriend recently tested negative, but given her admitted promiscuity, she wonders if she has contracted HIV. Which of the following should be done prior to administering the HIV test?</p>		
a		Directly inform the patient's boyfriend that he is at risk for HIV
b	*	Explain to the patient how the test is performed and interpreted, along with information on confidentiality and how you will proceed if the result is positive
c		Inform the department of public health of your intent to administer an HIV test
d		Notify her parents about the patient's request for an HIV test
e		Perform a pregnancy test
<p>A 44-year-old man with insulin-dependent diabetes mellitus and end-stage renal failure has been on dialysis for several years while awaiting a kidney transplant. He feels as though he has "waited long enough" and does not want to continue "living tied to a machine." After several family meetings and consultations with other physicians, he informs you that he no longer wishes to be dialyzed. You obtain a psychiatric consult that concludes no evidence of a mood or thought disorder. The family is upset with the patient's decision and demands that you continue to administer dialysis until a transplant is available. Which of the following is the most appropriate next step?</p>		
a		Coerce the patient into continuing treatment
b		Continue dialysis until you convince the ethics committee to support the family's decision
c		Encourage the family to dissuade the patient from withholding treatment
d	*	Respect the patient's wishes and discontinue dialysis
e		Tell the patient that a transplant will arrive soon and encourage him to remain in treatment
<p>A 40-year-old surgical attending is admitted to the medical unit after developing severe right flank pain. Further workup confirms a diagnosis of nephrolithiasis. One of the surgical residents asks you about the attending's condition in order that adequate coverage can be arranged. Which of the following is the most appropriate next step?</p>		
a		Arrange a conference between your medical attending and the surgical house staff
b		Inform the surgical resident of the attending's condition and length of stay
c		Reveal only the estimated length of stay
d		Tell the surgical resident that you will not say anything, but she could take a look in the attending's chart
e	*	Tell the surgical resident to address all concerns directly to the attending

A 43-year-old man is referred to you for continued treatment of depression after his release from jail. The court mandated psychiatric treatment while he is on probation. The patient's probation officer calls you for information regarding his condition, progress, and treatment compliance. Which of the following is the most appropriate response?	
a	Correspond with the probation officer only through written documents
b	Discuss the case with the probation officer because the treatment is court mandated
c	Ignore the request altogether because psychiatric treatment bears no relation to law enforcement
d	Limit your discussion with the probation officer to only treatment compliance because the rest of the information is confidential
e	* Obtain a confidentiality waiver from the patient before speaking to the probation officer
A 23-year-old woman with a known history of heroin use is admitted for intravenous (IV) antibiotic treatment for infective endocarditis. The nurse informs you that the patient was accidentally given the wrong antibiotic but has suffered no adverse reaction. Which of the following is the most appropriate next step?	
a	Encourage the patient to seek legal action because a critical mistake has occurred
b	Enforce the "no harm, no disclosure" rule
c	First report the mistake to the hospital advisory committee
d	* Inform the patient that she was given the wrong medication
e	Notify the patient's family of the mistake
A 38-year-old woman is admitted to the oncology unit with severe aplastic anemia. She appears pale and weak. Vital signs indicate a blood pressure of 110/ 75 mm Hg and a pulse of 110/ min. Hematocrit 18%. On MSE, cognition is intact and there is no evidence of a mood or psychotic disturbance. The patient states that she is a Jehovah's Witness and refuses any blood transfusion on the basis of her religious beliefs. Which of the following is the most appropriate next step in the treatment of this patient?	
a	Administer packed red blood cells
b	* Explain the implications of no treatment but respect the patient's refusal for treatment
c	Persuade the patient that she must accept the transfusion
d	Refer the case to the hospital's ethics committee
e	Refer the patient for involuntary psychiatric treatment based on her life-threatening decision
The parents of a newborn with Down syndrome find their daughter to be lethargic and minimally responsive. Medical evaluation is significant for the following cerebrospinal fluid findings: opening pressure of 100 mm Hg, white blood cell count of 5,000/ μ L (predominantly neutrophils), protein more than 40 mg/ dL, glucose content more than 40 mg/ dL, and Gram stain positive for bacteria. You suspect group B streptococcal meningitis and recommend IV antibiotic therapy. The parents feel as though their child will ultimately have a poor quality of life and request that treatment be withheld. Which of the following is the most appropriate next step?	
a	Refer the case to the ethics committee for review at their next scheduled meeting
b	Repeat the lumbar puncture to verify the diagnosis
c	Respect the parents' wishes because they are the primary decision makers
d	* Start intravenous antibiotics against the parents' wishes
e	Threaten to report the parents to child protective services unless they change their decision
You are a psychiatrist who hosts a morning radio show dedicated to educating the general public about mental illness. During a question and answer segment, a caller phones in to ask about your opinion regarding a prominent politician whose recent erratic behaviors have gained significant media attention. The caller asks you directly whether you believe the politician has a bipolar spectrum disorder. Which of the following responses is the most appropriate?	
a	Comment in written form only
b	* Offering a psychiatric diagnosis in such instances is unethical
c	Provide an "off-the-record" or anonymous opinion
d	State your diagnosis but indicate that other problems may account for the symptoms
e	Stating your opinion publicly is legitimate as long as the politician is not your patient
An 84-year-old widowed man with severe major neurocognitive disorder (dementia), for whom you have been the primary care physician for years, is diagnosed with hepatocellular carcinoma. The patient does not have an advance directive and never designated a power of attorney. Psychiatric consultation concludes that the patient	

is unable to make an informed decision regarding treatment options, and you turn to his family for guidance. The patient's oldest son is adamant that his father receive chemotherapy, while the two younger daughters feel that he should not suffer the adverse effects of chemotherapy "especially because he's so demented." Which of the following is the next appropriate step?	
a	Abide by the daughters' wishes because the patient's quality of life is already poor
b	Abide by the son's wishes because he is the oldest
c	Ask the patient which family member he would like to designate power of attorney
d	* Consult the hospital's ethics committee
e	Let the patient decide whether or not to proceed with treatment
A 27-year-old woman who is 3 months postpartum is brought to the emergency room by her husband and mother with concerns that the patient "is not acting like herself." The husband informs the consulting psychiatrist that for the past few weeks the patient has been increasingly irritable, withdrawn, and crying almost daily. He doesn't understand why the patient is behaving like this given that the pregnancy was planned and the patient was looking forward to having a family. The patient tearfully admits that this is her first child and that she is overwhelmed with the responsibilities of being a new mother. On further questioning, she hesitantly confesses to intrusive thoughts of suffocating her child and sometimes worries about being alone with the baby. She denies suicidal ideation or auditory/ visual hallucinations. The patient is willing to seek outpatient treatment but adamantly refuses voluntary admission. Her mother states that the patient is "just exhausted" and that "everything will be fine after she gets some rest." Which of the following is the most appropriate next step?	
a	Administer a stat dose of lorazepam 2 mg IM and reevaluate when the patient is more calm
b	* Admit the patient involuntarily
c	Call Child Protective Services because the infant is at risk of harm
d	Discharge the patient and inform the husband and mother to bring the patient back to the hospital if her symptoms do not improve in the next few weeks
e	Give the patient a 2-week supply of fluoxetine to treat her depression and then arrange outpatient follow-up
A physician is at a community fair with her spouse when a patient approaches the psychiatrist to say hello. The spouse does not recognize the patient. The patient does not introduce himself to the spouse, nor does the physician acquaint the two. After a brief conversation, the patient politely excuses himself and leaves. On the way home, the spouse asks, "Who was that man you were talking to earlier?" The physician should do which of the following?	
a	Answer the spouse's question truthfully
b	Ask the spouse to guess the identity of the person
c	Inform the spouse that he must first promise not to reveal the identity of the patient before answering the question
d	* Inform the spouse that revealing such information would compromise confidentiality
e	Lie to the spouse to protect the identity of the patient
You have been treating a female patient who has been seeing you for psychodynamic psychotherapy for approximately 6 months. Near the end of the suggested course of treatment, the patient reports that she feels markedly better about her progress and attributes her improvement to your expertise. Prior to the last session, she confesses that she has always found you attractive and that she would like begin an intimate relationship with you. You feel flattered by the patient's sexual interest and are surprised by your own interest in the patient. Which of the following is the most appropriate course of action?	
a	* Decline participation in the relationship because sex with a former psychiatric patient is unethical
b	Engage in sexual relations because sex with a current or former psychiatric patient is ethical
c	Engage in sexual relations because sex with a former psychiatric patient is permissible only if you do not exploit your past position of authority
d	Engage in sexual relations because there is no established professional code of ethics regarding sex with psychiatric patients
e	Inform the patient that the professional code of ethics requires that you wait 1 year after termination before you can ethically engage in sexual relations
You have been treating a female patient who has been seeing you for psychodynamic psychotherapy for approximately 6 months. Near the end of the suggested course of treatment, the patient reports that she feels	

markedly better about her progress and attributes her improvement to your expertise. Prior to the last session, she confesses that she has always found you attractive and that she would like begin an intimate relationship with you. You feel flattered by the patient's sexual interest and are surprised by your own interest in the patient. Which of the following would be the most appropriate course of action if the above patient were your medical or surgical patient?		
a	*	Decline participation in the relationship because sex with a current patient is unethical
b		Engage in sexual relations because sex with a current nonpsychiatric patient is ethical
c		Engage in sexual relations because sex with a current nonpsychiatric patient is permissible only if you do not exploit your past position of authority
d		Engage in sexual relations because there is no established professional code of ethics regarding sex with nonpsychiatric patients
e		Inform the patient that the professional code of ethics requires that you wait 1 year after termination before you can ethically engage in sexual relations
A 52-year-old man, for whom you have been the primary care physician for the last 20 years, was recently diagnosed with amyotrophic lateral sclerosis. The disease has rapidly progressed and he has experienced multiple respiratory complications that likely will require a tracheotomy. Severe muscle weakness and atrophy are apparent in all limbs. The patient states that there is no meaning in continuing without his physical capacities. He asks for your help in ending his life in a humane and dignified manner. His MSE is unremarkable and there is no evidence of any psychiatric disorder. You discuss the patient's request with his family and they unanimously support his desire to "end the suffering." Which of the following would be the most appropriate course of action?		
a		Ignore the patient's request
b		Provide the patient with information regarding how to effectively end his life
c		Provide the patient with enough medication refills to provide a lethal dose
d	*	Refuse to participate in assisting the patient with suicide and focus on responding to the patient's end-of-life issues
e		Respect the patient's wishes by helping him end his life in a painless and respectful manner
You are an inpatient psychiatrist treating a patient with bipolar I disorder. The patient has a long history of medication noncompliance resulting in severe, persecutory delusions during his manic episodes. After 1 week of treatment, you receive a phone call from hospital administration informing you that the patient's insurance will not cover the cost of an additional inpatient stay. You are encouraged to discharge the patient so that the hospital will not have to incur these costs. You feel, however, that the patient requires more time on the inpatient unit because of safety concerns. Which of the following actions would be the most appropriate?		
a		Contact the insurance company without the patient's permission and request coverage for additional days
b		Ensure that the patient is established with a caseworker to supervise the patient in the community before discharge
c		Establish follow-up at the patient's outpatient community mental health facility prior to discharge
d	*	Keep the patient on the unit as long as medically necessary
e		Speak with the inpatient social worker to determine whether the patient is eligible for a loan
You receive a subpoena from an attorney representing a party that has filed a lawsuit against one of your patients. The subpoena pertains to releasing the medical records of your patient. Which of the following is the most appropriate next step?		
a		Contact the attorney who obtained the subpoena to discuss the process of releasing the medical information
b	*	Do not release the information and contact your patient regarding the subpoena
c		Release the medical records directly to the presiding judge
d		Release the medical records upon receiving the subpoena
e		Request that the patient sign a release of information form and turn over the records
You receive a subpoena from an attorney representing a party that has filed a lawsuit against one of your patients. The subpoena pertains to releasing the medical records of your patient. A court hearing has been organized by your patient's attorney to quash the subpoena you have been issued. At the hearing, the judge rules that you should release the entire medical record even though your patient has not consented to the release		

of information. Which of the following would be the most appropriate next step?	
a	Appeal to the state's Supreme Court to block the release of the medical record
b	Refuse to disclose the patient's medical record regardless of the court orders
c	Release only information that will not incriminate your patient
d	* Release the complete medical record to the judge
e	Work out a plan of legal action with your patient
A court-appointed forensic psychiatrist is evaluating a man charged with armed robbery to determine whether he is competent to stand trial. During the interview, the defendant confesses to murdering a woman 3 years ago and hiding her body in an undisclosed area. Which of the following actions would be the most appropriate?	
a	* Avoid details of the defendant's prior criminal history in the report
b	Encourage the defendant to speak with his attorney about the murder
c	Immediately notify authorities of the defendant's confession
d	Include this detail in the final report
e	Withdraw from the case
A 28-year-old woman with major depressive disorder has been seeing you for weekly psychotherapy and has failed to pay her bill for 2 months. Which of the following is the most appropriate next step?	
a	Contact the patient's family to determine if the patient is financially stable
b	Contract with a billing collector to demand immediate payment
c	Inform the patient that you will not see her if she doesn't pay for her treatment
d	* Inquire as to the reasons she has been avoiding payment at the patient's next visit
e	Terminate the treatment
A wealthy 46-year-old male banker is in psychotherapy with you for treatment of a single episode of major depression. After significant improvement in his symptoms, he offers you the opportunity to take part in one of his financial ventures. The investment appears to be sound and fairly lucrative. Which of the following is the most appropriate response to the banker?	
a	"Because your depression is improved, it would be appropriate for us to be business partners"
b	"I can invest with you only when our treatment is nearing its end"
c	* "I have to decline; it potentially may interfere with our treatment relationship"
d	"It is probably a bad idea; I'm already committed in other investments"
e	"Thank you for thinking about me. I'd be honored to invest with you"
A 23-year-old Caucasian Catholic woman with a history of major depressive disorder and multiple medical illnesses presents to your office after arguing with her husband. She is a stay-at-home mother of four children and admits that she is unable to work because of her medical limitations. She reports that her husband does not allow her to visit with friends or family without his consent and generally does not help with childcare or other household duties and obligations. As a result, she is becoming increasingly resentful, depressed, and isolative. During the session, she admits to thoughts of killing herself. Of note, she has a past history of an overdose attempt with aspirin. Which of the following is her strongest risk factor for suicide?	
a	Age
b	Gender
c	Marital status
d	* Past history of suicide attempt
e	Terminal medical illness
A 23-year-old Caucasian Catholic woman with a history of major depressive disorder and multiple medical illnesses presents to your office after arguing with her husband. She is a stay-at-home mother of four children and admits that she is unable to work because of her medical limitations. She reports that her husband does not allow her to visit with friends or family without his consent and generally does not help with childcare or other household duties and obligations. As a result, she is becoming increasingly resentful, depressed, and isolative. During the session, she admits to thoughts of killing herself. Of note, she has a past history of an overdose attempt with aspirin. Which one of the following, if documented, would mostly likely legally protect a physician in the event of a patient suicide?	
a	A written "no self-harm" contract signed by the patient
b	* An assessment of suicide risk and protective factors
c	The patient's missed appointments

d		The patient's refusal to consider pharmacological treatments
e		The patient's verbal promise to seek medical attention if feeling suicidal
<p>A 36-year-old man with a history of bipolar I disorder is brought to the emergency department by police after stabbing a patron in a bar room brawl. His blood alcohol level was 320 upon arrival, and the patient required intramuscular (IM) Haldol for agitation. The patient has no recollection of the event, and the victim died 2 hours later. The patient has a history of assault while being manic. He currently participates in weekly psychotherapy sessions and attends his medication management appointments every month. His lawyer has chosen to assert an insanity plea in defense of the patient. Which of the following factors is most likely to undermine his assertion of the insanity defense?</p>		
a		Inability to recall the event
b		Mental disease or defect
c		Prior history of assault
d	*	Voluntary intoxication
e		Violent nature of the crime
<p>You are a forensic psychiatrist hired as an expert witness by the defense attorney of a mentally ill patient charged with criminal misconduct. The attorney is seeking your help in convincing the jury that the patient was mentally ill at the time of the crime. Which of the following is your primary responsibility as an expert witness?</p>		
a		Countering evidence of criminal responsibility
b		Establishing reasonable doubt
c		Evaluation, diagnosis, and initiation of treatment of the accused
d		Obtaining a not guilty by reason of insanity verdict
e	*	Rendering an opinion based on reasonable medical certainty
<p>A 48-year-old man is involuntarily admitted to the hospital after an acute manic episode. The patient is hyperactive, demanding, and increasingly talkative on the unit. He becomes intrusive, not able to be redirected, and demands immediate release. You explain to him that you feel he is gravely disabled and unable to care for himself. He disagrees with you and demands "due process." On which of the following legal principles is the patient's request for a hearing based?</p>		
a		Actus reus
b	*	Habeas corpus
c		Mens rea
d		Parens patriae
e		Rights under the Fourth Amendment
<p>A 48-year-old man is involuntarily admitted to the hospital after an acute manic episode. The patient is hyperactive, demanding, and increasingly talkative on the unit. He becomes intrusive, not able to be redirected, and demands immediate release. You explain to him that you feel he is gravely disabled and unable to care for himself. He disagrees with you and demands "due process." The court agrees that the patient is severely disabled and in need of acute medical management. You initiate treatment with quetiapine and his symptoms of mania markedly diminish. The patient requests immediate discharge and agrees to follow up with a partial hospitalization program. You feel that he would benefit from further inpatient treatment but is no longer gravely disabled or a threat for self harm. Which of the following is the next most appropriate step?</p>		
a		Appease the patient by increasing smoking privileges
b		File for another court hearing to detain the patient further
c		Ignore the patient's request because he has been committed by the court
d		Persuade the patient to stay for a few more days
e	*	Release the patient to the partial hospitalization program
<p>You are consulted by the medical team to evaluate a woman on the medical unit who suffers from a major neurocognitive disorder (dementia). The internist believes that she requires a central line for fluids and medication, but is unsure if she is able to fully comprehend the risks and benefits of the procedure. The team is requesting help in determining her capacity to give informed consent. Which of the following components is the most important in obtaining informed consent in this case?</p>		
a		Ability to read and write
b		Absence of mental illness
c		Involving family members in this discussion

d		Petitioning a court to establish the patient's competence
e	*	Raising alternative treatment options
<p>You are consulted by the medical team to evaluate a woman on the medical unit who suffers from a major neurocognitive disorder (dementia). The internist believes that she requires a central line for fluids and medication, but is unsure if she is able to fully comprehend the risks and benefits of the procedure. The team is requesting help in determining her capacity to give informed consent. The family is subsequently contacted about her condition, and they request a meeting with the treatment team. During the meeting, the patient's eldest son notifies you that the patient did create a living will approximately 1 year ago, but they are unsure whether it would be useful. Which of the following would you tell them best describes the purpose of a living will?</p>		
a		Absolves personal responsibility
b		Arranges for funeral services and distributing her estate
c	*	Establishes personal preferences regarding end-of-life issues
d		Prevents the patient from changing her mind about life support if she becomes terminally ill
e		Requests physician-assisted suicide if she becomes terminally ill
<p>A 28-year-old man involved in a motor vehicle accident brings a lawsuit against the driver. Emergency department records do not show any physical injuries, but the patient is claiming to suffer from posttraumatic stress disorder (PTSD). You are asked to evaluate the patient's symptoms. He complains of distressing dreams of the accident, having flashbacks while awake, and avoiding the intersection where the accident occurred. His symptoms have lasted for 3 months. Past psychiatric history is significant for major depressive disorder, impulsivity, and violent behavior. He has been incarcerated numerous times, showing a blatant disregard for the law. On MSE, the patient is likable and cooperative. His mood is reported as being depressed and he currently denies any hallucinations or delusions. Which of the following items from your evaluation of the patient most raises your suspicion regarding a diagnosis of malingering?</p>		
a		Duration of symptoms
b		Flashbacks while awake
c		History of major depressive disorder
d		Lack of physical injuries
e	*	Prior incarcerations
<p>One of your patients consistently misses appointments without giving you advance notice. After numerous failed attempts at resolving this issue with the patient, you realize that the patient's behavior is not changing and you decide to discharge the patient from your care. Which of the following most appropriately describes what you should do?</p>		
a		Contact the patient's family/ friends to request their help in improving the patient's attendance
b		Notify the patient's insurance company that she is discharged from your care
c		Notify your staff that the patient is not to be given further appointments
d		Write a letter to the patient notifying her that she has been discharged effective immediately due to her failure to comply with treatment
e	*	Write a letter to the patient stating that she will be discharged in 60 days due to her failure to comply with treatment
<p>You are asked by the court to provide a forensic evaluation for a child custody case. The child had been living with his biological mother and stepfather since birth. Recently, the child's stepfather passed away from lung cancer leaving the unemployed mother alone to raise the child. The child's biological father, who is a renowned orthopedic surgeon in the community, is requesting full custody because he asserts that he is better able to financially support the child. The child's mother refuses to relinquish custody due to concerns that leaving her household will emotionally impact the child. She also implies that the father has "anger problems" and voices suspicion as to whether he is, in fact, the biological father. Which of the following factors would be the most important in determining which parent should get custody?</p>		
a	*	Who can provide for the best interests of the child?
b		Who has the highest level of education?
c		Who is in the best mental and physical health?
d		Who is the most financially stable?
e		Who is the biological parent?

You are an internal medicine resident who has been assigned to rotate through the inpatient medical service for the next 2 months. Shortly after you begin, you notice that one of your colleagues consistently comes to work late and smells of alcohol. Sometime later, you notice that your colleague has been making increasingly careless mistakes and missing important meetings and discussions. Occasionally, you observe that his hands shake when he is documenting his notes or holding his charts. You are concerned that he may have an alcohol use disorder. Which of the following is the most appropriate course of action?	
a	Confront the colleague and demand that he seek addiction counseling services
b	Contact the Drug Enforcement Administration to rescind his license
c	Do nothing so as to avoid personal liability
d	* Notify the hospital's committee for impaired physicians
e	Notify the local police
A 29-year-old man with a history of bipolar disorder presents to the psychiatric emergency department saying that he is the king of "Pumbar" and needs everyone's allegiance for the upcoming war with the Martians. In the past few days, he has slept a total of 3 hours but says that he is not tired. He has spent all of his money soliciting phone sex. Now, he is agitated, demanding, and threatening. Which of the following is the best treatment for this patient in the acute setting?	
a	Carbamazepine (Tegretol)
b	Divalproex sodium (Depakote)
c	* Haloperidol (Haldol)
d	Hydroxyzine (Atarax)
e	Lithium
A 29-year-old man with a history of bipolar disorder presents to the psychiatric emergency department saying that he is the king of "Pumbar" and needs everyone's allegiance for the upcoming war with the Martians. In the past few days, he has slept a total of 3 hours but says that he is not tired. He has spent all of his money soliciting phone sex. Now, he is agitated, demanding, and threatening. After treating the patient acutely, a medication is required for ongoing treatment of his bipolar disorder. You find that he has a history of agranulocytosis. Which of the following medications would be the best choice for his treatment?	
a	Antipsychotic medication
b	Carbamazepine
c	Divalproex sodium
d	* Lithium
e	Lorazepam (Ativan)
A 44-year-old woman presents to her primary care doctor with multiple complaints, including weakness in her lower extremities, bloating, headaches, intermittent loss of appetite, and back pain. A careful review of symptoms reveals many other vague symptoms. Her complaints date back to adolescence and she has seen many doctors. Thorough workups, including an exploratory laparotomy, have failed to uncover any clear, anatomic, or physiologic cause. Which of the following is the best approach to this patient?	
a	Tell her any physical workup is unnecessary
b	Tell her to come back in 1 month and, if the symptoms are still present, you will initiate a physical workup
c	Tactfully ask her why she is inventing symptoms
d	* Assess her for other psychiatric illnesses
e	Initiate a physical workup and arrange for follow-up in a year's time
A 44-year-old woman presents to her primary care doctor with multiple complaints, including weakness in her lower extremities, bloating, headaches, intermittent loss of appetite, and back pain. A careful review of symptoms reveals many other vague symptoms. Her complaints date back to adolescence and she has seen many doctors. Thorough workups, including an exploratory laparotomy, have failed to uncover any clear, anatomic, or physiologic cause. Which of the following personality disorders would most likely be comorbid in the above patient?	
a	Avoidant
b	Borderline
c	* Obsessive-compulsive
d	Schizoid

e		Schizotypal
<p>A 50-year-old single man has increasingly become a concern to his neighbors. He works at a comic book store, dresses in odd, outdated clothes, and displays poor eye contact. Although he tends to keep to himself, he has told neighborhood children that there are witches who live down the street. Which of the following is the most likely diagnosis?</p>		
a		Bipolar disorder
b		Borderline personality disorder
c		Schizoid personality disorder
d		Schizophrenia
e	*	Schizotypal personality disorder
<p>A 50-year-old single man has increasingly become a concern to his neighbors. He works at a comic book store, dresses in odd, outdated clothes, and displays poor eye contact. Although he tends to keep to himself, he has told neighborhood children that there are witches who live down the street. The patient's brother brings him to a doctor because, since the death of their mother, the patient's paranoia has caused him to question his neighbors' activities. He has since moved into a hotel that he could not afford in order to get away from the "spies" living next door. Which of the following is the most appropriate intervention?</p>		
a	*	Antipsychotic
b		Benzodiazepine
c		No treatment
d		Psychodynamic psychotherapy
e		Selective serotonin reuptake inhibitor(SSRI)
<p>A 25-year-old female college graduate is brought to her doctor by her mother. Described as "odd" since she lost her job a year ago, the patient has complained of hearing voices and believes that her body is receiving Wi-Fi communications for a counterterrorist operation. Her mother notes she has been isolating herself in her room. She is alert and oriented but suspicious and guarded on examination. Her affect is flat and her speech reveals loose associations. A complete medical workup is negative. Which of the following symptoms is considered a "negative symptom" in this patient's presentation?</p>		
a		Auditory hallucinations
b		Delusions
c	*	Flat affect
d		Loose associations
e		Paranoia
<p>A 25-year-old female college graduate is brought to her doctor by her mother. Described as "odd" since she lost her job a year ago, the patient has complained of hearing voices and believes that her body is receiving Wi-Fi communications for a counterterrorist operation. Her mother notes she has been isolating herself in her room. She is alert and oriented but suspicious and guarded on examination. Her affect is flat and her speech reveals loose associations. A complete medical workup is negative. The patient is started on medication and many of her symptoms improve. She begins a new job and does well. One year later, she is brought to her doctor floridly psychotic, actively hearing voices, and extremely paranoid. She believes that her boss is trying to kill her. She has an upper respiratory viral illness that she believes to be the work of a foreign government. She discontinued her medication 4 weeks ago because she felt too sedated. In the past year, her cigarette smoking habit has decreased to one pack per day. What is the most likely cause of her exacerbation?</p>		
a		A reaction to the viral illness
b		Decreased cigarette smoking
c	*	Medication noncompliance
d		Stress from work
e		Treatment refractory illness
<p>A 44-year-old man complains to his doctor that he is always tired and is having difficulty getting out of bed in the morning. Upon questioning, he reveals he has three or four drinks each night and perhaps more on the weekends, but denies he has any problem with alcohol. A diagnosis of alcohol use disorder is made and the patient comes to your office in acute alcohol withdrawal. He subsequently has a withdrawal seizure and is admitted to the intensive care unit. Which of the following laboratory findings would be most likely found in this patient?</p>		

a		Decreased prothrombin time
b	*	Elevated or depressed liver enzymes
c		High blood -alcohol level
d		Hypermagnesemia
e		Thrombocytosis
<p>A 44-year-old man complains to his doctor that he is always tired and is having difficulty getting out of bed in the morning. Upon questioning, he reveals he has three or four drinks each night and perhaps more on the weekends, but denies he has any problem with alcohol. A diagnosis of alcohol use disorder is made and the patient comes to your office in acute alcohol withdrawal. He subsequently has a withdrawal seizure and is admitted to the intensive care unit. Which of the following medications would be most important to administer?</p>		
a		Diazepam
b		Haloperidol
c	*	Lorazepam
d		Phenytoin
e		Valproic acid
<p>A 28-year-old woman is brought to the emergency department for active suicidal ideation with a plan to overdose on acetaminophen. She has no history of a psychiatric illness but endorses many criteria for major depressive disorder (MDD), including poor sleep for the past 2 weeks. She recently lost her job and fears that she may not be able to pay her rent. Attempts to obtain collateral information have been unsuccessful. You believe the patient requires inpatient evaluation but her insurance company denies authorization for inpatient care, alternatively authorizing eight outpatient visits with a psychiatrist. You speak to the weekend on-call physician-reviewer and report that the patient remains unsafe and wishes to be discharged. Upon learning that the patient does not have a history of psychiatric illness, the reviewer fails to authorize inpatient care, despite your assessment. Which of the following is the most appropriate intervention?</p>		
a		Administer an antipsychotic medication and reevaluate the patient in 1 hour
b	*	Admit the patient on an emergency certificate to an inpatient facility
c		Begin antidepressant therapy and arrange for outpatient follow-up the next day
d		Explain to the patient that her insurance company did not authorize hospitalization and discharge her with follow-up care
e		Prescribe a medication to help her sleep, arrange for follow-up care, and discharge her from the hospital
<p>A 34-year-old woman suffering from severe major depressive disorder is admitted to the hospital due to worsening depressive symptoms and acute suicidality. She has had multiple trials of medications without significant improvement. A course of electroconvulsive therapy (ECT) is determined to be the next appropriate step. While undergoing the ECT, the treatment team wishes to monitor improvement in her depression. Which of the following tests has the greatest reliability and validity for this purpose?</p>		
a	*	Beck Depression Inventory
b		Draw-A-Person Test
c		Halstead -Reitan Neuropsychological Battery
d		Rorschach Test
e		Thematic Apperception Test (TAT)
<p>A 34-year-old woman suffering from severe major depressive disorder is admitted to the hospital due to worsening depressive symptoms and acute suicidality. She has had multiple trials of medications without significant improvement. A course of electroconvulsive therapy (ECT) is determined to be the next appropriate step. After one of her treatments, the patient complains of memory impairment. Which of the following tests would be the most appropriate to assess her complaint?</p>		
a		Beck Depression Inventory
b	*	Brown-Peterson Task
c		Bulimia Test—Revised
d		Eating Disorder Inventory 2 (EDI-2)
e		State-Trait Anxiety Inventory
<p>A 67-year-old woman with a history of depression presents to your office for evaluation. Her symptoms of poor appetite, insomnia, low energy, and feelings of hopelessness have worsened recently. She has been on several different serotonin-specific reuptake inhibitors (SSRIs), which you learn have not resulted in complete</p>		

remission of her symptoms. Which of the following medications would be the most appropriate to prescribe?		
a		Citalopram
b		Fluvoxamine
c		Paroxetine
d		Sertraline
e	*	Venlafaxine
A 29-year-old woman presents to the emergency department with her 3-year-old child reporting that the child suffered a seizure while at home. Hospital records verify that this is the third emergency department visit in as many weeks for the same presentation. Neurologic workup for seizure disorder was negative. Initiation of an anticonvulsant has been ineffective. The mother becomes very frustrated, demanding that her son be admitted to the hospital for further testing. Based on the above presentation, which of the following diagnoses is most likely in the child?		
a		Conversion disorder
b		Factitious disorder
c	*	No diagnosis
d		Seizure disorder
e		Separation anxiety disorder
A 29-year-old woman presents to the emergency department with her 3-year-old child reporting that the child suffered a seizure while at home. Hospital records verify that this is the third emergency department visit in as many weeks for the same presentation. Neurologic workup for seizure disorder was negative. Initiation of an anticonvulsant has been ineffective. The mother becomes very frustrated, demanding that her son be admitted to the hospital for further testing. The mother is additionally most likely to suffer from which of the following?		
a		Bipolar disorder
b		Epilepsy
c	*	Major depressive disorder
d		Posttraumatic stress disorder (PTSD)
e		Schizophrenia
A 26-year-old man is being evaluated in the emergency department for sudden onset of chest pressure and dyspnea. This is his third emergency department visit for similar symptoms for which he reports "I feel like I'm going to die." An electrocardiogram (ECG) and stress test were normal. Urine toxicology was negative. The patient denies risk factors for heart disease and does not have a family history of heart disease. Which of the following is the most likely diagnosis?		
a		Acute myocardial infarction
b		Acute stress disorder
c		Delirium
d		Hypochondriasis
e	*	Panic disorder
A 26-year-old man is being evaluated in the emergency department for sudden onset of chest pressure and dyspnea. This is his third emergency department visit for similar symptoms for which he reports "I feel like I'm going to die." An electrocardiogram (ECG) and stress test were normal. Urine toxicology was negative. The patient denies risk factors for heart disease and does not have a family history of heart disease. Which of the following medications is the most efficacious in the treatment of this illness?		
a		Clonidine (Catapres)
b		Haloperidol
c		Lithium
d		Propranolol
e	*	Sertraline (Zoloft)
A woman being treated for major depression is brought to the emergency department after being found unconscious by a neighbor. The neighbor states that over the past few days the woman had been complaining of severe headaches. She also mentions that the woman often enjoys red wine. The woman's blood pressure is recorded as 220/ 110 mm Hg. Which of the following should be administered immediately?		
a	*	Alpha-blocker
b		Beta-blocker

c		Bromocriptine (Parlodel)
d		Calcium channel blocker
e		Dantrolene sodium (Dantrium)
A 38-year-old man with schizophrenia has had numerous hospitalizations and many trials with various antipsychotic medications. He continues to be symptomatic, with derogatory auditory hallucinations, paranoia regarding his neighbors, and poor self-care. He denies suicidal or homicidal ideation. He has recently been started on clozapine (Clozaril), with significant improvement in his condition. He does not drink alcohol or use illicit drugs, and he denies additional medical history. Which of the following adverse effects is associated with this medication?		
a		Bradycardia
b		Galactorrhea
c		Hypertension
d	*	Seizures
e		Weight loss
A 38-year-old man with schizophrenia has had numerous hospitalizations and many trials with various antipsychotic medications. He continues to be symptomatic, with derogatory auditory hallucinations, paranoia regarding his neighbors, and poor self-care. He denies suicidal or homicidal ideation. He has recently been started on clozapine (Clozaril), with significant improvement in his condition. He does not drink alcohol or use illicit drugs, and he denies additional medical history. Which of the following blood tests will require frequent, regular monitoring for this patient?		
a		Calcium level
b	*	Complete blood count with differential
c		Electrolytes
d		Thyroid function tests
e		Urinalysis
You admit an 83-year-old widowed female for further evaluation as she is no longer able to care for herself at home. She has lost 30 lb in the past year, has poor hygiene, and admits to increasing forgetfulness. Which of the following tests would best help to make the correct diagnosis?		
a		Blessed Rating Scale
b	*	Folstein Mini-Mental State Examination(MMSE)
c		Geriatric Rating Scale
d		Glasgow Coma Scale
e		Mental Status Examination (MSE)
You admit an 83-year-old widowed female for further evaluation as she is no longer able to care for herself at home. She has lost 30 lb in the past year, has poor hygiene, and admits to increasing forgetfulness. Which of the following disorders would be most important to rule out as a cause of her clinical presentation?		
a		Generalized anxiety disorder
b	*	Major depressive disorder
c		Obsessive-compulsive disorder
d		Panic disorder
e		Posttraumatic stress disorder
A 35-year-old patient is encouraged to seek “professional help” by his coworkers. He denies pervasive depression or anxiety, but upon interview he is oddly dressed, expresses unusual beliefs and thinking, some paranoia regarding his coworkers’ motivations, and has few close friends. He denies delusions or hallucinations, and there is no suicidal or homicidal ideation. Which of the following diagnoses is the most appropriate to consider?		
a		Avoidant personality disorder
b		Narcissistic personality disorder
c		Paranoid personality disorder
d		Schizoid personality disorder
e	*	Schizotypal personality disorder
A 28-year-old separated woman is referred from her primary care doctor for evaluation for depression. While she admits to occasional periods of dysphoria, she claims to “always feel empty inside.” Upon further		

questioning she demonstrates a pervasive pattern of unstable relationships, poor self-image, impulsiveness, and irritability. Which of the following diagnoses is the most appropriate to consider?		
a		Antisocial personality disorder
b	*	Borderline personality disorder
c		Dependent personality disorder
d		Histrionic personality disorder
e		Schizoid personality disorder
A 28-year-old single man with a 10-year history of schizophrenia has been taking his medications regularly. He now presents with worsening hallucinations and prominent thought disorganization. Which of the following neuropsychological tests would best determine his ability to organize and correctly process information?		
a		Bender Gestalt Test
b		Draw-A-Person Test
c		Luria-Nebraska Neuropsychological Battery
d		Mini-Mental State Examination
e	*	Wisconsin Card Sorting Test (WCST)
A 28-year-old single man with a 10-year history of schizophrenia has been taking his medications regularly. He now presents with worsening hallucinations and prominent thought disorganization. The above test measures functioning at which of the following lobes of the brain?		
a		Cerebellar
b	*	Frontal
c		Occipital
d		Parietal
e		Temporal
A 30-year-old woman without prior psychiatric history is brought to the emergency department by the police after being arrested for "breach of the peace." The woman was observed acting irrationally at a local business where she demanded to speak with the president of the company claiming that she had new ideas for product development. The patient reports that she has not slept for days and that her mood is "fabulous." Urine human chorionic gonadotropin is positive. Illicit substances were not detected. Which of the following additional findings would most likely be present in her history or mental status examination (MSE)?		
a		Daytime sleepiness
b		Depressed affect
c	*	Racing thoughts
d		Visual hallucinations
e		Weight loss
A 30-year-old woman without prior psychiatric history is brought to the emergency department by the police after being arrested for "breach of the peace." The woman was observed acting irrationally at a local business where she demanded to speak with the president of the company claiming that she had new ideas for product development. The patient reports that she has not slept for days and that her mood is "fabulous." Urine human chorionic gonadotropin is positive. Illicit substances were not detected. Which of the following medical disorders can also present with similar symptoms?		
a		Cirrhosis
b		Diabetes mellitus
c		Hyperglycemia
d		Rheumatoid arthritis
e	*	Thyroid disorder
A 24-year-old man with a history of seizure disorder, alcohol, and cocaine use disorder has been incarcerated for assaultive behavior. The patient is evaluated by a neurologist, who prescribes phenytoin (Dilantin). Which of the following side effects is most likely associated with this medication?		
a		Ebstein anomaly
b	*	Gingival hyperplasia
c		Hepatic failure
d		Hypertension
e		Leukocytosis

A 24-year-old man with a history of seizure disorder, alcohol, and cocaine use disorder has been incarcerated for assaultive behavior. The patient is evaluated by a neurologist, who prescribes phenytoin (Dilantin). The patient returns 1 month later for a follow up examination and reports that he experienced a generalized seizure. Laboratory investigation reveals that the phenytoin level is 5 mg/ dL (normal, 10–20 mg/ dL). Which of the following is the most appropriate intervention at this time?		
a		Add a benzodiazepine
b		Add phenobarbital
c	*	Assess compliance
d		Discontinue phenytoin and begin divalproex sodium
e		Increase the phenytoin dose
A 24-year-old woman with a history of schizophrenia tells you that she would like to become pregnant. Her husband has no history of mental illness. What do you tell her is the chance of her offspring developing schizophrenia?		
a		1%
b		2%
c		5%
d		8%
e	*	12%
A 28-year-old married female patient is admitted to the hospital with bizarre behavior and disorganized thinking. Consideration is given to a diagnosis of schizophreniform disorder. To help with the diagnosis, the patient is administered a test that consists of viewing a set of 10 inkblots sequentially. The examiner scores the patient's responses to the blots by noting the content of the perception, the area of the blot that forms the basis of the response, and the aspects of the area that are used to form the response. In which of the following classes does this projective test belong?		
a	*	Associations
b		Choice of ordering
c		Completions
d		Constructions
e		Self-expression
A mother and her 17-year-old son present to your psychiatric clinic seeking family therapy. The mother reports that she and her son have a tumultuous relationship and are constantly arguing with each other. The son admits that about a year ago he disclosed to his mother that he is gay. He feels that because of his mother's strong religious beliefs, she has not accepted his sexuality and this has been the source of tension in their relationship. The mother firmly believes that her son is "just confused" and needs counseling. She has heard of a particular therapy that can change the sexual orientation of an individual and asks that you conduct this on her son. Which of the following is the appropriate next step?		
a		Ask the son if he is willing to pursue this treatment
b		Engage the son in this therapy based off on what you know
c	*	Inform the mother that such therapy is unethical
d		Learn more about the treatment first and ask the family to return when you are knowledgeable enough to conduct this
e		Refer the family to a therapist who specializes in such treatments
An 18-year-old man is referred to his college counseling center due to failing grades. It is determined that he has stopped attending classes, preferring to remain in his dorm room. His roommates claim that he stays up "all night," with little apparent sleep. The patient claims that he has discovered something that will make him a millionaire. On mental status examination, he appears diaphoretic with psychomotor agitation. His speech is rapid and his affect is euphoric. He denies suicidal or homicidal ideation but displays significant grandiosity. His insight is poor. Which of the following is the most likely diagnosis?		
a		Cannabis intoxication
b	*	Cocaine (stimulant) intoxication
c		MDD with psychotic features
d		Schizoaffective disorder
e		Schizophrenia

An 89-year-old married woman with no prior psychiatric history but a history of multiple medical problems is admitted for failure to thrive. Upon history, the patient does not seem acclimated to her surroundings. Which of the following tests would best help to determine her level of confusion?		
a		Fargo Map Test
b		Spatial Orientation Memory Test
c		Stroop Test
d	*	Temporal Orientation Test
e		Wisconsin Card Sorting Test
A Malaysian man is brought into custody by the police after murdering his friend. While he does not remember committing the act, he does recall being insulted by him at an earlier time. Which of the following conditions is most associated with this presentation?		
a	*	Amok
b		Dhat
c		Ganser syndrome
d		Koro
e		Latah
A 26-year-old woman is diagnosed with schizophrenia. The psychiatrist decides to treat her symptoms with a high-potency antipsychotic medication. While her symptoms appear to improve on the medication, she develops acute, painful muscle spasms of her jaw. Which of the following medications should be added?		
a	*	Benztropine (Cogentin)
b		Cholinergic agonist
c		Clozapine
d		Methylphenidate (Ritalin)
e		Risperidone (Risperdal)
A 26-year-old woman is diagnosed with schizophrenia. The psychiatrist decides to treat her symptoms with a high-potency antipsychotic medication. While her symptoms appear to improve on the medication, she develops acute, painful muscle spasms of her jaw. Despite compliance with the above regimen, the patient continues to suffer with extrapyramidal symptoms. As a result of this, she abruptly stops taking her antipsychotic medication. It is decided to switch to another medication. Which of the following medications would be the most appropriate choice?		
a		Haloperidol
b		Loxapine (Loxitane)
c		Perphenazine (Trilafon)
d		Pimozide (Orap)
e	*	Quetiapine
A 30-year-old woman presents with a history of chronic but rapid and intense mood swings, feelings of emptiness, low self-esteem, chronic suicidal ideation, as well as frequent but brief sexual relationships, anger outbursts, and self-mutilation. Which of the following disorders is this patient most likely to be suffering from?		
a		Avoidant personality disorder
b		Bipolar disorder
c	*	Borderline personality disorder
d		Dependent personality disorder
e		Narcissistic personality disorder
A 30-year-old woman presents with a history of chronic but rapid and intense mood swings, feelings of emptiness, low self-esteem, chronic suicidal ideation, as well as frequent but brief sexual relationships, anger outbursts, and self-mutilation. The above patient is referred for dialectical behavioral therapy (DBT). Which of the following techniques is the most important in her therapy?		
a		Aversion
b		Eye-movement desensitization and reprocessing (EMDR)
c		Flooding
d	*	Homework
e		Systematic desensitization
A 21-year-old man presents with a 7-month history of bizarre behavior, paranoid delusions, and auditory		

hallucinations that comment on his appearance. After a thorough evaluation, you diagnose him with schizophrenia and prescribe haloperidol 5 mg bid. One week later, the patient returns for a follow-up examination and reports that, although his symptoms have improved, he now experiences muscle stiffness in his arms and neck. You prescribe benztropine 1 mg bid and schedule a follow-up appointment in 2 weeks. One week later, the patient's mother calls you and reports that her son is more agitated and confused. Physical examination reveals tachycardia, dilated pupils, and flushed skin. Which of the following would be the most appropriate next step?		
a	*	Discontinue benztropine and prescribe amantadine (Symmetrel)
b		Increase haloperidol to 5 mg bid
c		Increase benztropine to 2 mg bid
d		Discontinue haloperidol and prescribe risperidone
e		Prescribe lorazepam 1 mg bid
A 25-year-old single woman who carries the provisional diagnosis of dependent personality disorder is referred for psychological testing. You decide to administer the Rorschach. Which of the following aspects of this type of psychological testing would be the most important in this case?		
a		Ask specific questions with itemized responses
b		Determine how a patient feels about you
c	*	Lack of structure allows for a variety of responses
d		Provide numerical scores
e		Results allow for easy statistical analysis
A 25-year-old single woman who carries the provisional diagnosis of dependent personality disorder is referred for psychological testing. You decide to administer the Rorschach. You additionally decide to administer the Minnesota Multiphasic Personality Inventory 2 (MMPI-2). Which of the following aspects of this type of psychological testing would be the most important in this case?		
a		Assesses test-taking attitudes
b		Instructions are unambiguous in nature
c	*	Items designed to separate normal subjects from those with psychiatric illness
d		More sensitive in picking up gender specific issues
e		Most researched and with normative data
A 28-year-old male medical student is found to have an enlarged testicle during a routine physical examination. The student reports that it has been gradually enlarging for several months. The physician asks why he did not report these findings earlier. "I'm sure it's nothing," the student replies. Which of the following types of responses does this most likely represent?		
a		Confidence
b	*	Denial
c		Rationalization
d		Repression
e		Suppression
A 45-year-old Asian-American woman is brought to the emergency department by her husband, who reports that for the past 3 days his wife has not been sleeping well, has been experiencing bad dreams, and appears "in a daze" with a sense of feeling "numb." The patient endorses feeling anxious but does not know why. She has been unable to perform her usual activities of daily living, poorly concentrating on tasks and frequently "jumping" when startled. One week ago, the patient was discharged from the hospital after experiencing an anaphylactic reaction to IV contrast dye while undergoing an imaging procedure for sinusitis. Although she cannot recall specifics, her husband verifies the history, adding that the doctors "thought she was going to die." Upon returning to the hospital, she experiences intense fear about revisiting the same hospital from which she was recently discharged. Which of the following is the most appropriate diagnosis?		
a	*	Acute stress disorder
b		Adjustment disorder
c		Generalized anxiety disorder (GAD)
d		Major depressive disorder (MDD)
e		Posttraumatic stress disorder (PTSD)
A 40-year-old woman without past psychiatric history is admitted to the hospital for the treatment of		

depression. During morning rounds, the patient appears unresponsive and does not, indeed, respond to verbal stimuli. There are no signs of trauma or overdose. A review of her chart reveals that the patient was well the night before and went to sleep without incident. You determine that the patient's unresponsiveness is psychogenic. Which of the following findings is most likely to be apparent on her examination?	
a	Abnormal electroencephalogram (EEG)
b	* Cold-caloric-induced nystagmus
c	Decreased respirations
d	Elevated temperature
e	Nonsaccadic eye movements
A 24-year-old woman is referred by her family practice doctor after the Christmas holiday. She gives a significant history of fatigue, weight gain, and hyperphagia during the winter months. She describes a "sad mood," poor sleep, problems concentrating, and "can't wait" until her vacation to Florida. Which of the following is the most likely diagnosis?	
a	Acute stress disorder
b	Generalized anxiety disorder
c	* Major depressive disorder with seasonal pattern
d	Persistent depressive disorder (dysthymia)
e	Sun downing syndrome
A 27-year-old woman is brought to the emergency department by her parents, who report that their daughter is unable to recall her name. The emergency department physician reports that a complete neurologic workup is within normal limits. Collateral information reveals that the patient had episodes in which she would take unplanned trips, sometimes for days or weeks, without notice, and would return unable to recall the episode. A review of her medical chart notes a past history of possible sexual abuse as a child. Urine toxicology is negative and she does not take any medications. Which of the following is the most likely diagnosis?	
a	Delirium
b	* Dissociative amnesia with dissociative fugue
c	Major depressive disorder
d	Partial complex seizures
e	Posttraumatic stress disorder
A 20-year-old college student is referred for testing to evaluate poor academic performance. He reports that he has always "struggled" to pass his classes despite studying for many hours. He attends all of his lectures and is able to pay attention, yet he does not seem to be able to adequately learn the material. You suspect he has a learning disorder. Which of the following tests would be the most appropriate to help determine this patient's problem?	
a	Draw-A-Person Test
b	Minnesota Multiphasic Personality Inventory 2 (MMPI-2)
c	* Wechsler Adult Intelligence Scale— Revised (WAIS-R)
d	Wechsler Intelligence Scale for Children (WISC)
e	Wechsler Memory Test (WMT)
A 20-year-old college student is referred for testing to evaluate poor academic performance. He reports that he has always "struggled" to pass his classes despite studying for many hours. He attends all of his lectures and is able to pay attention, yet he does not seem to be able to adequately learn the material. You suspect he has a learning disorder. Which of the following formulas is used to calculate the intelligence quotient (IQ)?	
a	Actual IQ/ theoretical IQ \times 100
b	Chronological age/ performance IQ \times 100
c	* Mental age/ chronological age \times 100
d	Mental age/ full-scale IQ \times 100
e	Performance IQ/ verbal IQ \times 100
A 26-year-old female graduate student reports to you a 4-week history of a depressed mood that has caused her significant difficulty in attending her classes. The patient reports difficulty falling asleep at night, reduced appetite and weight loss, poor energy, and passive suicidal ideation. A careful review of her history reveals that for the past 2 years she also experienced brief and distinct periods of an elevated and expansive mood, a decreased need for sleep, and an increase in activities, although she was still able to function adequately. Which	

of the following is the most likely diagnosis?		
a		Bipolar I disorder
b	*	Bipolar II disorder
c		Cyclothymic disorder
d		Major depressive disorder
e		Persistent depressive disorder (dysthymia)
You are asked to evaluate a 30-year-old male prisoner who reports a depressed mood and suicidal ideation. During your interview and mental status examination, you note that the prisoner doesn't give correct or specific answers, responding instead to your questions with approximate answers. Which of the following is the most appropriate diagnosis?		
a		Capers syndrome
b		Dissociative amnesia
c	*	Ganser syndrome
d		Major neurocognitive disorder (dementia)
e		Munchausen syndrome
A 75-year-old man is admitted to the hospital following a serious suicide attempt. The patient exhibits clinical features of depression with severe neurovegetative symptoms and has a past history of suicide attempts. The medical chart reveals that he is prescribed levodopa/ carbidopa, atorvastatin, aspirin, and nifedipine for a cardiac arrhythmia. He remains extremely helpless and hopeless, with little appetite, and ongoing suicidal ideation with several lethal plans. Which of the following treatments would be the most appropriate?		
a		Diazepam (Valium)
b	*	Electroconvulsive therapy (ECT)
c		Nortriptyline (Pamelor)
d		Risperidone
e		Supportive psychotherapy
A 38-year-old woman presents to your office with an 8-week history of symptoms of depressed mood with an increased appetite and 10-lb weight gain, hypersomnia, a "heavy feeling" in her body, and rejection sensitivity. Upon further questioning she admits to being able to brighten when spending time in activities she usually enjoys. She reports to you that she recently enrolled in graduate school and is having trouble with many of her classes. Which of the following diagnoses is the most likely?		
a		Adjustment disorder
b	*	Major depression with atypical features
c		Major depression with melancholic features
d		Persistent depressive disorder (dysthymia)
e		Sleep disorder
A 33-year-old man changes his first name to honor a musician whom he idolizes. He recently bought the same guitar as the musician and formed a rock band to play his music. During practice, the man dresses like his idol. Which of the following defense mechanisms does this behavior best represent?		
a		Fixation
b		Idealization
c	*	Identification
d		Projection
e		Regression
A 60-year-old man with schizophrenia sits motionless in his chair. The patient is mute and reacts very little to his environment. His eyes appear fixated on a distant object. At times, he assumes bizarre postures and imitates the movements of others. Which of the following is the best description of his behavior?		
a		Absence seizure
b		Catalepsy
c		Cataplexy
d	*	Catatonia
e		Partial complex seizure
A 37-year-old married male presents with a history of multiple depressive episodes. For the past 5 weeks he has felt sad, with crying spells, terminal insomnia, low energy, but increased appetite and weight gain. He has had		

passive suicidal ideation of “wanting to die” but denies any plan or intent. Upon discussion with the wife present, they both confirm a past episode where for several weeks last year he was “up,” with increased energy, little sleep, wanting to have sex several times per day, talking fast, gambling a large sum of money, and attempting to remodel the home despite having no experience. He denies hallucinations or paranoia. He occasionally drinks one to two glasses of wine on weekends and denies any illicit drug use. He has not been taking any medications recently as he thought he could “tough it out.” Which of the following medications would likely be the most appropriate to begin?		
a		Haloperidol
b	*	Lamotrigine
c		Lithium
d		Sertraline
e		Valproic acid
A 42-year-old healthy man is undergoing a lot of stress at his work. As a result, he is having a difficult time falling and staying asleep. His primary care doctor has since prescribed him a medication to help with his insomnia. While he is sleeping better, he calls one morning several weeks later with complaints of a very painful penile erection which has lasted throughout the evening. Which of the following medications has most likely been prescribed?		
a		Fluoxetine (Prozac)
b		Nortriptyline (Pamelor)
c		Paroxetine (Paxil)
d		Sertraline (Zoloft)
e	*	Trazodone (Desyrel)
A 42-year-old healthy man is undergoing a lot of stress at his work. As a result, he is having a difficult time falling and staying asleep. His primary care doctor has since prescribed him a medication to help with his insomnia. While he is sleeping better, he calls one morning several weeks later with complaints of a very painful penile erection which has lasted throughout the evening. Which of the following is the most appropriate next step?		
a		Tell him to decrease the dose
b		Tell him to stop the medication and restart in 3 days
c		Tell him to stop the medication and monitor his condition
d	*	Tell him to stop the medication and go immediately to the emergency room
e		Tell him to stop the medication and have sexual intercourse or masturbate
A 66-year-old man reports a history of excessive worry about his daughter since she moved away from the area 1 year ago. His wife of 43 years verifies his complaint, adding “he worries about everything.” Recently, his wife made plans to travel abroad to visit friends. The patient is unable to accompany his wife because of chronic obstructive pulmonary disease caused by years of heavy smoking and is very anxious about her leaving. He reports subsequent difficulty falling asleep, excessive daytime fatigue, and trouble concentrating at work. Which of the following medications would be the most appropriate to treat his symptoms?		
a		Alprazolam (Xanax)
b	*	Buspirone (BuSpar)
c		Diazepam (Valium)
d		Lorazepam (Ativan)
e		Propranolol (Inderal)
A 66-year-old man reports a history of excessive worry about his daughter since she moved away from the area 1 year ago. His wife of 43 years verifies his complaint, adding “he worries about everything.” Recently, his wife made plans to travel abroad to visit friends. The patient is unable to accompany his wife because of chronic obstructive pulmonary disease caused by years of heavy smoking and is very anxious about her leaving. He reports subsequent difficulty falling asleep, excessive daytime fatigue, and trouble concentrating at work. Several weeks later, the patient reports that the medication you prescribed has helped everything but his difficulty falling asleep. He reports that during the past week he has slept only 4 hours per night. After careful consideration, you decide to begin a trial of a 1-week supply of medication to help his insomnia. Which of the following medications would be the most appropriate to prescribe?		
a		Diphenhydramine (Benadryl)

b		Lorazepam (Ativan)
c		Oxazepam (Serax)
d		Temazepam (Restoril)
e	*	Zaleplon (Sonata)
<p>A 25-year-old woman with a history of major depressive disorder, single episode, in remission is admitted to the hospital for removal of a fibroid. Her procedure is completed without difficulty, but upon discharge, she is still experiencing significant pain. She has no other medical problems or allergies. She is currently taking oral contraceptives and a monoamine oxidase inhibitor (MAOI) for her depression. Which of the following analgesics should be most avoided in this patient?</p>		
a		Acetaminophen
b		Codeine
c		Ibuprofen
d	*	Meperidine
e		Oxycodone
<p>A 25-year-old woman with a history of major depressive disorder, single episode, in remission is admitted to the hospital for removal of a fibroid. Her procedure is completed without difficulty, but upon discharge, she is still experiencing significant pain. She has no other medical problems or allergies. She is currently taking oral contraceptives and a monoamine oxidase inhibitor (MAOI) for her depression. Two months later the patient returns for a follow-up visit and reports that she is pregnant. Which of the following interventions is the most appropriate?</p>		
a		Continue the MAOI
b		Discontinue the MAOI
c	*	Discontinue the MAOI and initiate treatment with fluoxetine after 2 weeks
d		Discontinue the MAOI during the first trimester only
e		Discontinue the MAOI and begin maintenance ECT
<p>A 62-year-old homeless man presents to the emergency department with confusion, agitation, impaired gait, and nystagmus. His vital signs are stable and an ophthalmologic examination is within normal limits. The patient is unable to recall the date and has difficulty sustaining attention. Which of the following is the most appropriate initial intervention?</p>		
a		Administer IV dextrose
b	*	Administer parenteral thiamine
c		Obtain a computed tomographic scan of the brain
d		Perform a breathalyzer
e		Perform a lumbar puncture
<p>You are a community psychiatrist who is seeing a patient for the first time. The patient informs that he has just moved into the area and needs to establish himself with a psychiatrist to continue his treatment for depression and anxiety. On further evaluation, you learn that he was previously arrested for child pornography and served several years in prison. He is currently in therapy to address this issue. You are surprised to find that after the disclosure, you feel angry toward the patient as you have two young daughters of your own. You are concerned about whether it may be difficult for you to treat the patient in an unbiased, nonjudgmental manner because of his criminal history. Which of the following is the next most appropriate step?</p>		
a		Continue to see the patient but limit the time spent with him
b		Immediately refer the patient to another physician in your clinic
c		Inform the patient that you are unable to see him and refer him back to the community
d		Obtain the patient's therapy records so that you are aware of his progress
e	*	Seek a consultation with an experienced colleague regarding your feelings toward the patient.
<p>A 39-year-old executive without psychiatric history but a history of hypertension reports drinking up to six cups of caffeinated coffee per day. He boards a plane scheduled for an 18-hour flight on which only decaffeinated beverages are served. Which of the following symptoms is he most likely to experience?</p>		
a		Depressed mood
b	*	Headache
c		Irritability
d		Muscle cramping

e		Nausea
<p>A 25-year-old man with a history of schizophrenia presents to the emergency department with severe muscle stiffness and an elevated temperature. His caseworker claims that he is compliant with his medications and denies that he uses alcohol or drugs. His vital signs demonstrate elevated temperature, blood pressure, and pulse. The patient appears confused and is diaphoretic. A urine toxicology screen is negative. Which of the following is the most important intervention?</p>		
a		Administer bromocriptine
b		Administer IV dantrolene sodium
c		Administer naloxone (Narcan)
d		Apply cooling blankets
e	*	Discontinue medications
<p>A 25-year-old man with a history of schizophrenia presents to the emergency department with severe muscle stiffness and an elevated temperature. His caseworker claims that he is compliant with his medications and denies that he uses alcohol or drugs. His vital signs demonstrate elevated temperature, blood pressure, and pulse. The patient appears confused and is diaphoretic. A urine toxicology screen is negative. Which of the following laboratory abnormalities is most likely to be present in this patient?</p>		
a		Anemia
b		Decreased transaminases
c		Elevated blood urea nitrogen (BUN)
d	*	Elevated creatinephosphokinase (CPK)
e		Leukopenia
<p>An 18-year-old man is brought to the emergency department by the paramedics after being involved in a motor vehicle accident. His medical chart reports a history of substance use. Which of the following tests can most likely confirm the diagnosis of chronic substance use with physical dependence?</p>		
a		Breath analysis
b		Elevated heart rate
c	*	Naloxone injection
d		Serum liver function studies
e		Urine toxicology screen
<p>A 72-year-old man without prior psychiatric history presents to the outpatient clinic with a recent history of memory difficulty. The patient has had a stable level of consciousness and denies any current or past substance use. He has not been prescribed any new medications. The medical chart reveals a history of megaloblastic anemia and a subtotal gastrectomy for severe peptic ulcer disease. Which of the following initial interventions is the most appropriate?</p>		
a		Discuss long-term extended-care facility admission
b		Obtain a forensic examination to evaluate competency
c		Obtain a neurologic consult
d		Order a magnetic resonance imaging scan of the brain
e	*	Order a thorough laboratory workup
<p>A 37-year-old woman presents to the emergency department complaining of severe diarrhea, nausea, and a coarse tremor. The medical chart notes a history of bipolar I disorder. Which of the following would be the most appropriate initial intervention?</p>		
a		Obtain renal function studies
b	*	Obtain a serum medication level
c		Obtain a urine pregnancy test
d		Obtain a urine toxicology screen
e		Prescribe antidiarrheal medication
<p>A 72-year-old man is brought into the emergency room via ambulance after suffering what is suspected to be a stroke in his right parietal region. Which of the following areas would be most likely to have deficits due to the stroke?</p>		
a		Long-term implicit memory
b		Long-term procedural memory
c		Tactile memory

d		Verbal memory
e	*	Visual nonverbal memory
A 72-year-old man is brought into the emergency room via ambulance after suffering what is suspected to be a stroke in his right parietal region. Which of the following tests would best identify the abnormality in that region?		
a		Minnesota Multiphasic Personality Inventory 2
b	*	Rey–Osterrieth Test
c		Rorschach Test
d		Wechsler Intelligence Scales
e		Wisconsin Card Sorting Test
A 32-year-old married man is diagnosed with bipolar I disorder. Various treatment options are discussed, and he agrees to begin lithium carbonate to treat his symptoms of mania. Which of the following tests is the most important to order prior to initiating treatment with lithium?		
a	*	BUN and creatinine
b		CBC
c		ECG
d		Liver function studies
e		Thyroid-stimulating hormone
A 27-year-old woman has been prescribed fluoxetine for depression for the past year. She comes to you complaining of medication side effects and wishes to discontinue her antidepressant. As her physician, you discuss with her the appropriate risks and benefits, and you discontinue her treatment. Two weeks later, she returns complaining of depressive symptoms characterized by sleep and appetite changes, poor concentration, and a depressed mood for most of the day. You determine that she is experiencing a recurrent major depressive episode and decide to prescribe her a different class of medication to treat her symptoms. After discussing the appropriate precautions with her, you prescribe an MAOI. Within 1 week, she begins experiencing irritability, abdominal pain and diarrhea, and autonomic instability characterized by hypertension and tachycardia. Her temperature is 5°F. The patient also reports experiencing jerking of her muscles and vivid visual hallucinations of colorful flowers spinning toward the sky. She states that she has followed your directions carefully while taking this medication. Which of the following conditions most likely account for this presentation?		
a		Hallucinogen intoxication
b		Malignant hyperthermia
c		Neuroleptic malignant syndrome (NMS)
d	*	Serotonin syndrome
e		Tyramine-induced hypertensive crisis
A 17-year-old girl is referred to the school nurse for frequent episodes of vomiting in the bathroom during lunch breaks. Her friends report that, despite always talking about wanting to lose weight, she eats “twice as much as anybody else.” The parents are called to the school and recall that a recent bill from their charge account at the local pharmacy indicated a large number of laxative purchases. The girl reports that her mood is fine, and her records at school indicate that she is an above-average student. Which of the following medical complications would be most likely in this patient?		
a		Acidosis
b	*	Dental carries
c		Diarrhea
d		Hyperkalemia
e		Hyperchloremia
A 17-year-old girl is referred to the school nurse for frequent episodes of vomiting in the bathroom during lunch breaks. Her friends report that, despite always talking about wanting to lose weight, she eats “twice as much as anybody else.” The parents are called to the school and recall that a recent bill from their charge account at the local pharmacy indicated a large number of laxative purchases. The girl reports that her mood is fine, and her records at school indicate that she is an above-average student. Which of the following medications would be the most appropriate initial treatment for her symptoms?		
a		Bupropion
b	*	Citalopram

c		Lithium
d		Risperidone
e		Valproic acid
A 70-year-old man with multiple medical problems is suspected to have had a stroke, affecting his ability to speak. Which of the following tests would best assess the nature of his speech difficulty?		
a		Bender Gestalt Test
b	*	Boston Diagnostic Aphasia Examination
c		Folstein MMSE
d		Sentence Completion Test
e		Stroop Test
A 16-year-old female high school student is referred by her parents for an evaluation. One year prior to the evaluation, the girl began restricting her food intake and started a rigorous exercise program to improve her appearance. Aspiring to be a model, the girl lost 25 lb but remained preoccupied with her appearance despite weighing only 85 lb. Her friends reported that she constantly referred to herself as being “fat” and did not seem interested in dating. The girl continued to lose weight and was reluctant to discuss her condition. Which of the following complications would be the most likely in this patient?		
a		Diarrhea
b		Heat intolerance
c		Leukocytosis
d		Menorrhagia
e	*	Osteoporosis
A 16-year-old female high school student is referred by her parents for an evaluation. One year prior to the evaluation, the girl began restricting her food intake and started a rigorous exercise program to improve her appearance. Aspiring to be a model, the girl lost 25 lb but remained preoccupied with her appearance despite weighing only 85 lb. Her friends reported that she constantly referred to herself as being “fat” and did not seem interested in dating. The girl continued to lose weight and was reluctant to discuss her condition. Which of the following would be the most likely prediction of a good outcome in this patient?		
a		10%
b		20%
c	*	50%
d		75%
e		90%
A 70-year-old woman reports a depressed mood and insomnia 1 month following the death of her husband. Immediately after his death, she began to feel that she would be “better off dead,” although denies any active suicidal ideation. For the first several weeks she had a reduced appetite with a several pound weight loss, but this has improved. At times, she believes that she can hear his voice calling to her. She denies any feelings of worthlessness but feels guilty about not being able to do the right things for him before he died. She occasionally gets distracted and forgets that he has died. She is able to brighten when speaking about spending time with her grandchildren. When talking with others, she believes that her feelings are normal. Which of the following is the most likely diagnosis?		
a		Adjustment disorder with depressed mood
b	*	Bereavement
c		Major depressive episode
d		Persistent depressive disorder (dysthymia)
e		Schizoaffective disorder
A 70-year-old woman reports a depressed mood and insomnia 1 month following the death of her husband. Immediately after his death, she began to feel that she would be “better off dead,” although denies any active suicidal ideation. For the first several weeks she had a reduced appetite with a several pound weight loss, but this has improved. At times, she believes that she can hear his voice calling to her. She denies any feelings of worthlessness but feels guilty about not being able to do the right things for him before he died. She occasionally gets distracted and forgets that he has died. She is able to brighten when speaking about spending time with her grandchildren. When talking with others, she believes that her feelings are normal. Which of the following is the most appropriate course of action?		

a		Admission to a hospital
b		Evaluate for a sleep disorder
c	*	No treatment
d		Prescribe antidepressant medication
e		Prescribe sedative-hypnotic medication
<p>A 25-year-old man reports a 5-year history of excessive hand washing and a preoccupation with feeling clean. The thought of contracting an infectious disease persists throughout the day even though he makes attempts to ignore it. His condition has progressively worsened and has caused significant impairment while at work and at home. Which of the following medications would be the best initial choice to treat his symptoms?</p>		
a	*	Antidepressant
b		Antiepileptic
c		Antipsychotic
d		Benzodiazepine
e		Lithium
<p>A 28-year-old woman with no psychiatric history is arrested for shoplifting. She claims she does not remember details of the crime, and that for “a while” she has had trouble recalling details from things she’s recently read. You are called to assess her, but want to ensure she’ll give good effort on testing. Which of the following tests would be the most appropriate to administer?</p>		
a		Benton Visual Retention Test
b		Clock Drawing
c	*	Test of Memory Malinger
d		Wechsler Intelligence Scale
e		Wisconsin Card Sorting Test
<p>A 52-year-old obese man experiences excessive daytime sleepiness and a depressed mood. His wife reports that he snores loudly and is restless while sleeping. There is no evidence of regular alcohol or illicit substance use, and the patient does not have a prior psychiatric history. Which of the following diagnoses would be the most likely cause of his symptoms?</p>		
a		Circadian rhythm sleep–wake disorder
b		Major depressive disorder
c	*	Obstructive sleep apnea hypopnea
d		Rapid eye movement (REM) sleep behavior disorder
e		Restless legs syndrome
<p>A 52-year-old obese man experiences excessive daytime sleepiness and a depressed mood. His wife reports that he snores loudly and is restless while sleeping. There is no evidence of regular alcohol or illicit substance use, and the patient does not have a prior psychiatric history. Which of the following is the treatment of choice for his symptoms?</p>		
a		Antidepressant medication
b		Benzodiazepine medication
c	*	Breathing air under positive pressure
d		Nasal surgery
e		Uvulopalatoplasty
<p>A 60-year-old male patient with schizophrenia who has been stable for years on a low-potency antipsychotic agent begins experiencing parkinsonian-like side effects. His physician prescribes a drug to alleviate some of these side effects. One week later, the patient is seen in the emergency department with dilated pupils, dry mouth, warm skin, and tachycardia. He is also experiencing the new onset of visual hallucinations. Which of the following would be the most appropriate medication to administer?</p>		
a	*	Anticholinesterase
b		Atropine
c		Benzodiazepine
d		Dantrolene sodium
e		Haloperidol
<p>A 60-year-old male patient with schizophrenia who has been stable for years on a low-potency antipsychotic agent begins experiencing parkinsonian-like side effects. His physician prescribes a drug to alleviate some of</p>		

these side effects. One week later, the patient is seen in the emergency department with dilated pupils, dry mouth, warm skin, and tachycardia. He is also experiencing the new onset of visual hallucinations. After the appropriate intervention, the patient experiences nausea and vomiting and subsequently has a seizure. Which of the following medications should be administered next?		
a	*	Atropine
b		Epinephrine
c		Lorazepam
d		Physostigmine
e		Prochlorperazine (Compazine)
A 40-year-old woman complains of 3 to 4 months of feeling sad, with trouble falling asleep, decreased appetite and some weight loss, difficulty concentrating at work, and fatigue. She admits to suicidal ideation without specific plan or intent. There is no history of mania. She also mentions longstanding and repetitive thoughts where she worries about “germs.” As a result, she washes her hands very frequently, sometimes ending up with cracked and chapped skin. She realizes that her worries are unrealistic, but she cannot keep from doing it. Which of the following medications would be the most appropriate to prescribe?		
a		Buspirone
b		Clomipramine (Anafranil)
c		Doxepin (Sinequan)
d	*	Fluvoxamine (Luvox)
e		Phenelzine (Nardil)
A 56-year-old man with a long history of alcohol use disorder and elevated liver function tests is ordered by the court to enroll in an inpatient detoxification program for his alcohol use disorder after numerous DWIs. After 2 days in treatment, he begins to experience tremors, sweating, flushing, and anxiety. Which of the following medications would be the most appropriate to prescribe?		
a		Alprazolam
b		Chlordiazepoxide (Librium)
c		Disulfiram (Antabuse)
d	*	Lorazepam
e		Phenobarbital
A 56-year-old man with a long history of alcohol use disorder and elevated liver function tests is ordered by the court to enroll in an inpatient detoxification program for his alcohol use disorder after numerous DWIs. After 2 days in treatment, he begins to experience tremors, sweating, flushing, and anxiety. Shortly after this time, the man begins to report visual hallucinations and becomes agitated. Which of the following medications should be prescribed to treat these symptoms?		
a		Fluoxetine
b		Haloperidol
c		Lithium
d	*	Lorazepam
e		Sertraline
A 48-year-old woman successfully completes an inpatient program for alcohol detoxification for which she was prescribed chlordiazepoxide. Upon discharge, the patient is prescribed disulfiram. Soon after discharge, the patient attends an office party where she admits to having a few drinks. She has been compliant with her prescribed medication and does not have any active medical problems. Which of the following symptoms is she most likely to experience?		
a		Blurred vision
b		Euphoria
c		High blood pressure
d		Urinary retention
e	*	Vomiting
A 22-year-old man with a history of bipolar disorder is prescribed lithium carbonate to treat his symptoms. During a weekend rugby tournament, he hurts his knee and an orthopedic physician prescribes a medication to reduce his symptoms of pain and swelling. Although the patient reports relief from this medication, he begins to experience abdominal pain, diarrhea, and drowsiness. Which of the following medications would most likely		

contribute to the production of these symptoms?		
a		Acetaminophen
b		Aspirin
c		Codeine
d	*	Ibuprofen
e		Meperidine
A 32-year-old newly married man with a past history of major depressive disorder presents with a 4-week history of depression, insomnia, anergia, poor concentration, and anhedonia. He has had passive suicidal ideation without a plan, as well. He has not taken citalopram for several years, and, despite remission of his symptoms, he had significant sexual dysfunction when taking it. He wishes to restart a medication but is greatly concerned about the impact on his marriage. Which of the following medications would be the most appropriate?		
a		Citalopram
b		Fluvoxamine
c		Paroxetine
d	*	Mirtazapine
e		Venlafaxine
A patient who is human immunodeficiency virus (HIV)-positive reports 4 weeks of a depressed mood, low energy, poor sleep, and hopelessness. His appetite is negligible, and he has been refusing to eat or drink anything for 2 days. Which of the following medications would be the most appropriate to prescribe?		
a		Bupropion
b		Buspirone
c		Fluoxetine
d	*	Methylphenidate
e		Sertraline
A 43-year-old woman presents with a new history of depressive symptoms, including insomnia, poor appetite and weight loss, low energy, and distractibility. On mental status examination she is asked to count backward by 7's, beginning at 100. Which of the following aspects is being assessed by this test?		
a	*	Attention
b		Fund of knowledge
c		Mathematics skills
d		Remote memory
e		Verbal memory
A 19-year-old college student reports that he and his friends have been experimenting with "huffing" on campus. His roommate reports that he has been accumulating typewriter correction fluid, nail polish remover, and model airplane glue. Which of the following would he most likely experience during intoxication?		
a		Conjunctival injection
b	*	Depressed reflexes
c		Diminished response to pain
d		Increased appetite
e		Staring into space
A 19-year-old college student reports that he and his friends have been experimenting with "huffing" on campus. His roommate reports that he has been accumulating typewriter correction fluid, nail polish remover, and model airplane glue. Which of the following is the most effective treatment for this type of drug abuse?		
a	*	Abstinence
b		Antidepressant agents
c		Antipsychotic agents
d		Dialectic behavioral therapy
e		Exposure and response prevention
A 30-year-old man with schizophrenia is brought in with his mother, with whom he lives. His medical chart documents numerous but adequate medication trials including risperidone, olanzapine, quetiapine, and haloperidol. Despite his compliance he continues to have significant paranoia, delusions, and auditory hallucinations, telling him that he is going to die. He has no other medical problems, and both he and his mother		

deny any alcohol or drug use. Which of the following medications would be the most appropriate to prescribe for this patient?		
a		Aripiprazole
b	*	Clozapine
c		Fluphenazine
d		Quetiapine
e		Ziprasidone
You are treating a 32-year-old woman for bipolar I disorder with a combination of medications. She develops hair loss which eventually resolves on its own. Which of the following medications is most likely responsible for this side effect?		
a		Carbamazepine
b		Clozapine
c	*	Divalproex sodium
d		Olanzapine (Zyprexa)
e		Ziprasidone (Geodon)
A 34-year-old man is referred by his internist for depression. For the past 2 months he has been suffering from anhedonia, crying spells, frequent awakenings, poor appetite, and low energy. He is subsequently diagnosed with a major depressive episode and recommended to begin citalopram 20 mg daily. After discussion of the risks and benefits of the medication, he expresses concern about possible sexual dysfunction as he is currently in a new relationship with a coworker. Which of the following symptoms are the most likely with this medication?		
a	*	Decreased libido
b		Premature ejaculation
c		Priapism
d		Retrograde ejaculation
e		Sexually transmitted disease
A 21-year-old male college student without prior medical or psychiatric history is evaluated for poor work performance. The student reports to the dean that he finds it hard to follow through with assignments and is easily distracted by environmental stimuli. The dean comments to the student about how frequently he interrupts others during conversations and observes that it seems that the student is not paying attention to what he is saying. Overall, his grades are poor except in the class he considers “the most interesting class I have ever had.” He often forgets required materials for classes and his assignments are frequently late. The student’s parents report that he was evaluated for similar difficulties while in public school, but he seemed to improve when the family moved out of the area and he attended private school. Which of the following is the most likely diagnosis?		
a	*	Attention-deficit/ hyperactivity disorder(ADHD)
b		Bipolar I disorder
c		Bipolar II disorder
d		Conduct disorder
e		Learning disorder
A 21-year-old male college student without prior medical or psychiatric history is evaluated for poor work performance. The student reports to the dean that he finds it hard to follow through with assignments and is easily distracted by environmental stimuli. The dean comments to the student about how frequently he interrupts others during conversations and observes that it seems that the student is not paying attention to what he is saying. Overall, his grades are poor except in the class he considers “the most interesting class I have ever had.” He often forgets required materials for classes and his assignments are frequently late. The student’s parents report that he was evaluated for similar difficulties while in public school, but he seemed to improve when the family moved out of the area and he attended private school. The patient is prescribed methylphenidate for the above symptoms. After an adequate trial and dose, he continues to display some symptoms which interfere with his school functioning, although he denies significant side effects. Which of the following actions would be the most appropriate next step?		
a		Add a low-dose amphetamine
b		Add an antidepressant

c		Add an anxiolytic medication
d	*	Discontinue methylphenidate and prescribe a mixed amphetamine compound
e		Discontinue methylphenidate and prescribe an antidepressant
A 35-year-old woman presents with episodic anxiety and complaints that occasionally when hearing something for the first time, that she has actually heard it before. She expresses her concern that she is “going crazy.” Which of the following terms best describes this phenomenon?		
a	*	Déjà intend
b		Déjà vu
c		Folie à deux
d		Jamais vu
e		La belle indifférence
A 19-year-old man is brought to the emergency department by the police for an evaluation. The written police report states that the patient has been calling 911 for the past 5 weeks, reporting that he is being spied on by aliens from a distant planet. The patient reports that he is receiving messages from the aliens through his computer and that he hears voices in his head commenting on his appearance. He has not been sleeping well at night because he has been “guarding his bedroom.” You note that his affect is flat, and he appears tired during your examination. A urine toxicology screen is negative. Which of the following is the most likely diagnosis?		
a		Bipolar I disorder with psychotic features
b		Brief psychotic disorder
c		Major depressive disorder (MDD) with psychotic features
d		Schizoaffective disorder
e	*	Schizophreniform disorder
An 18-year-old woman with recently diagnosed schizophrenia is acutely psychotic and in labor with her first child. The obstetrics service requests a psychiatric consultation for an appropriate and safe medication to use in order to control the patient’s psychotic symptoms. Which of the following would be the best choice?		
a		Chlorpromazine (Thorazine)
b	*	Haloperidol (Haldol)
c		Loxapine (Loxitane)
d		Perphenazine (Trilafon)
e		Thioridazine (Mellaril)
A 34-year-old man is seen in the emergency department with a headache, dizziness, and blood pressure of 210/150 mm Hg. He has no medical problems, states that he feels fine, and says that last night he even had a nice meal with wine. Which of the following medications is he most likely taking?		
a		Bupropion
b		Lithium
c		Amitriptyline
d	*	Phenelzine
e		Fluoxetine
A 22-year-old college student with a history of depression is being treated with sertraline. He enjoys drinking beer on the weekends. Which of the following side effects is most likely to occur?		
a		Alcohol potentiation
b		Alcohol withdrawal
c	*	Sexual dysfunction
d		Diabetes insipidus
e		Serotonin syndrome
Because of the side effects of his original antidepressant, the college student is switched to another agent. He comes to the emergency department several days later with muscle spasms, confusion, fever, tachycardia, and hypertension. Which of the following is the most likely cause?		
a	*	Serotonin syndrome
b		Cocaine intoxication
c		Meningitis
d		Alcohol withdrawal (delirium tremens)
e		Neuroleptic malignant syndrome (NMS)

A 17-year-old adolescent suffers from bulimia nervosa and is very depressed. She is also suffering from insomnia and apathy. Which of the following medications should be avoided?		
a		Fluoxetine
b		Trazodone
c		Imipramine
d	*	Bupropion
e		Amitriptyline
A 54-year-old male presents for a consultation due to sudden onset of seizures. On examination, the patient is noted to be slightly delirious and is not able to give a coherent history. Collateral information reveals that he was taking diazepam up to 30 mg every day to “calm his nerves.” He bought these pills from someone off the street and has not been able to obtain any pills for the past 2 days. His wife mentions that he has been irritable and agitated over the past 12 hours and then had a sudden onset of “seizures” after which she called Cessation of benzodiazepines after chronic use may cause all of the following except:		
a		Depersonalization and derealization
b		Perceptual disturbances
c		Anxiety
d		Constipation
e	*	Rhinorrhea
A 24-year-old salesperson is referred for an evaluation because of difficulty dealing with customers because she gets “so nervous and anxious that my mind goes blank.” A careful evaluation reveals that she has social phobia. She is motivated to obtain treatment and continue doing her job. All of the following are effective interventions except:		
a		Selective serotonin reuptake inhibitors (SSRIS)
b		Flooding
c		Modeling
d		Systematic desensitization
e	*	Electroconvulsive therapy (ect.)
Phobia is an anxiety disorder that can be severe and debilitating. All of the following features are noted in phobias except:		
a	*	Higher incidence of major depressive disorder
b		Patients usually come from stable families
c		Patients tend to have anxious and/or dependent traits
d		In general, phobias are more common in women
e		Phobias are usually triggered by major life events
Anxiety disorders are more common in women compared to men. However, not all phobias (which is an anxiety disorder) are more common in women. All of the following have a higher incidence in women compared to men except:		
a		Needle phobia
b	*	Social phobia
c		Animal phobia
d		Hospital phobia
e		Claustrophobia
Numerous theories have been put forward to explain the pathogenesis of phobias. All of the following theories explain phobias to some extent except:		
a		Concept of “preparedness”
b		Classical conditioning
c	*	Neurodevelopmental theory
d		Operant conditioning
e		Observational learning
Anxiety is a normal emotional response, and a degree of anxiety is necessary for survival. Pathological anxiety is distinguished from a normal emotional response by all of the following characteristic features except:		
a		Autonomy
b	*	Physical health status

c		Intensity
d		Duration
e		Behavior
Which of the following structures is the main source of the brain'sadrenergic innervations?		
a		Nucleus raphe
b	*	Locus ceruleus
c		Nucleus of Meynert
d		Midbrain
e		Medial temporal lobe
According to the Epidemiologic Catchment Area (ECA) study, which of the following is the most common anxiety disorder in the United States?		
a		Panic disorder
b		Simple phobia
c		Agoraphobia
d	*	Social phobia
e		Generalized anxiety disorder
A 65-year-old male experiences a panic attack for the first time in his life. He had a stroke recently and has other cardiac problems including angina and atrial fibrillation. The treating physician makes a diagnosis of organic anxiety syndrome. All of the following are the features of organic anxiety syndrome except:		
a		Onset of symptoms after 35 years of age
b	*	Family history of anxiety disorders
c		No history of childhood anxiety disorders
d		Poor response to the usual treatments of panic disorder
e		No avoidance behavior
According to the National Ambulatory Medical Survey, all of the following are true regarding anxiety disorders in primary care settings except:		
a		High rates of anxiety symptoms in patients with chest pain, dyspnea, and dizziness
b		Presenting problem in 11% of patients visiting primary care physicians
c		A common psychiatric disorder in primary care physicians' office
d	*	A majority of these patients have serious medical problems
e		High utilizers of primary care physicians' time and resources
According to the Diagnostic and Statistical Manual of Mental Disorders, 4-th edition (DSM-IV), patients with generalized anxiety disorder (GAD) have excessive anxiety and worry on more days than not for a period of at least:		
a		2 weeks
b		2 months
c		6 weeks
d	*	6 months
e		4 weeks
All of the following are true about specific phobias except:		
a		If the patient is under 18 years of age, the phobia should last for longer than 6 months
b		Natural environment phobias (heights, water) have an onset in childhood
c	*	Situational phobias (elevators, airplanes) have an onset in the mid-50s
d		Lifetime prevalence varies between 10% to 11%
e		Cognitive behavior therapy (CBT) and other psychological interventions are found to be effective
According to the DSM-IV, all of the following are true regarding posttraumatic stress disorder (PTSD) except:		
a		Symptoms should last for more than 1 month
b	*	There are four subtypes: acute, subacute, chronic, and delayed onset
c		The individual is exposed to a traumatic event
d		The response to the traumatic event involves intense fear, horror, or helplessness
e		Acute stress disorder is a different diagnosis
According to the DSM-IV, the diagnostic criteria for acute stress disorder emphasize a group of symptoms that		

are not included in the criteria for PTSD. These include:		
a	*	Dissociative symptoms
b		Psychotic symptoms
c		Neurotic symptoms
d		Depressive symptoms
e		Cognitive symptoms
A 28-year-old female was diagnosed to have PTSD after she was assaulted and raped 6 months ago. Over the next 2 years, despite extensive therapy and pharmacological treatment, the response was suboptimal. She was later diagnosed to have major depressive disorder and substance abuse problems. Which of the following is the most common comorbid condition in women with PTSD?		
a		Substance abuse
b	*	Depression
c		Obsessive compulsive disorder
d		Psychotic disorders
e		None of the above
According to the DSM IV, chronic PTSD cannot be diagnosed unless the patient has PTSD symptoms for a period of at least:		
a		6 months
b		1 year
c		2 years
d	*	3 months
e		1 month
Which of the following medications have been found to be effective in the treatment of PTSD symptoms?		
a		SSRIs
b		Mood stabilizers
c		Beta-blockers
d		Antipsychotics
e	*	All of the above
Psychological interventions are considered to be equally, if not more important than pharmacological interventions in the treatment of PTSD. All of the following psychological interventions have been found to be effective in the treatment of PTSD except:		
a		Supportive psychotherapy
b	*	Psychoanalytic psychotherapy
c		Cognitive behavioral therapy
d		Group therapy
e		Eye movement desensitization and reprocessing therapy
According to the DSM-IV, all of the following are included in the diagnostic criteria for somatization disorder except:		
a		Four pain symptoms
b		Two gastrointestinal symptoms other than pain
c		One sexual symptom
d		One pseudoneurologic symptom
e	*	Symptoms beginning after the age of 30 years
A 35-year-old woman is seen by a neurologist for impaired coordination. However, a detailed neurologic examination reveals nothing abnormal. A careful history reveals that starting at the age of 18, she has been having multiple physical symptoms including pain symptoms, gastrointestinal symptoms, and irregular menstruation. Despite extensive tests, however, nothing abnormal was detected. All of the following are more likely suggestive of a somatization disorder except:		
a	*	Family history of histrionic personality
b		Early onset of symptoms
c		Chronic course
d		Multiorgan system involvement
e		Absence of laboratory, radiologic, and physical abnormalities

Which of the following is the most common somatoform disorder?		
a		Conversion disorder
b		Somatization disorder
c	*	Pain disorder
d		Hypochondriasis
e		Body dysmorphic disorder
All of the following are recognized subtypes of conversion disorder except:		
a	*	Gastrointestinal problems
b		Motor symptoms or deficit
c		Sensory symptoms or deficit
d		Seizures or convulsions
e		Mixed presentation
All of the following are characteristic features of conversion disorder except:		
a		Patients are usually suggestible
b		Symptoms appear or exacerbated following severe stress
c	*	Patients believe that they have serious underlying illness
d		Symptoms are not feigned
e		Usually occurs between the age of 10 to 35 years
A 34-year-old female is admitted to the neurology in-patient unit for further assessment and management of “episodes of shaking of whole body followed by drooling of saliva and eyes rolling upward.” An extensive workup including an admission to an epilepsy monitoring unit at an outside hospital did not find anything abnormal. There is no family history of seizure disorder, but one of her neighbors was diagnosed with seizure disorder recently. Collateral information reveals that the patient is under a lot of stress because of a recent divorce and problems at her workplace. The psychiatry consult team believes the patient has conversion disorder. All of the following are true about conversion disorders except:		
a		Usual age of onset is between 10 to 35 years
b		The symptoms tend to conform to the patient’s own idea of illness
c	*	Paralysis, aphonia, and blindness are associated with bad prognosis
d		Remission is usually noticed within 2 weeks after hospitalization
e		Recurrence rate is as high as 20% to 25% within the first year
According to the DSM-IV, to make a diagnosis of hypochondriasis, the symptoms should last for at least:		
a		2 weeks
b		2 months
c		6 weeks
d	*	6 months
e		1 month
All of the following are true about hypochondriasis except:		
a	*	More common in women
b		Onset in early adulthood
c		Course is chronic with waxing and waning of symptoms
d		The belief of having a serious illness is not of delusional intensity
e		The symptoms can involve more than one organ system
Factitious disorder with predominant physical signs and symptoms is also known as:		
a		Hypochondriasis
b	*	Münchhausen syndrome
c		Münchhausen syndrome by proxy
d		Somatoform disorder
e		Factitious disorder not otherwise specified
According to the DSM-IV, all of the following are required to diagnose factitious disorder except:		
a		Intentional production or feigning of physical or psychological signs or symptoms
b		Motivation for the behavior is to assume the sick role
c		External incentives for the behavior are absent

d	*	Medical tests are negative
e		None of the above
<p>A 30-year-old male is seen in the ED for acute abdominal pain, nausea, vomiting, and diarrhea. He mentions that he has not been able to “keep anything down for the past 4 days.” On examination, however, he is not dehydrated, and his vital signs are normal. On examination of the abdomen, the patient complains of tenderness and screams at deep palpation. Review of old medical records indicates that he has been seen in the ED at least four times in the past 3 months for similar symptoms. The ED physician strongly suspects factitious disorder. All of the following are true about factitious disorders except:</p>		
a		A desire to assume a sick role
b		No external incentives for the behavior
c	*	Good prognosis, once the condition is diagnosed
d		Intentional production of signs and symptoms
e		Exact prevalence is unknown
<p>The average number of personality states in dissociative identity disorder is:</p>		
a		3
b	*	13
c		30
d		33
e		10
<p>The relationship between mitral valve prolapse (MVP) and panic disorder can be best described as:</p>		
a		Important to recognize and treat MVP in panic disorder
b		High clinical relevance
c		Patients with panic disorder are predisposed to develop MVP
d	*	Higher incidence of MVP in patients with panic disorder
e		Panic disorder is very well controlled if MVP is corrected
<p>A 46-year-old male is admitted to a general medical unit for unexplained recurrent episodes of hypoglycemia. The primary team requests a psychiatry consultation because the patient’s story “just does not add up.” The patient is not too happy to see someone from the psychiatry department, but he was more than willing to talk to many doctors from other specialties. He reluctantly agrees to see a psychiatrist and tells him how sick he is and appears quite familiar with medical terminology. He appears to have above average intelligence with strong dependency traits. The nurse interrupts the psychiatrist and tells him that she found insulin-filled syringes underneath the patient’s bed. The patient is very upset and decides to leave the hospital. The most likely diagnosis in this patient is:</p>		
a		Somatization disorder
b		Hypochondriasis
c	*	Factitious disorder
d		Malingering
e		Münchhausen syndrome by proxy
<p>A 34-year-old male is brought to the emergency department (ED) by police for “found wandering in the road and not knowing his name or address.” The ED requests both neurology and psychiatry consultations because of the patient’s “bizarre presentation.” The patient is neither able to recall his personal information nor is he able to explain if he even lives in that city. The social worker somehow manages to obtain collateral information. She states that he is from a nearby town, and according to the family members, he was “normal” until a severe earthquake hit the town recently; there is no history of any substance abuse, and family members are concerned. What is the most likely diagnosis?</p>		
a		Dissociative amnesia
b	*	Dissociative fugue
c		Transient global amnesia
d		Malingering
e		Dissociative identity disorder
<p>All of the following are true about depersonalization disorder except:</p>		
a		More common in women than men
b		Onset is usually in late adolescence or early adulthood

c		May last from days to weeks
d	*	Reality testing is impaired
e		Up to 50% of people have transient depersonalization symptoms at some point
Anxiety disorders are common and patients present with different clusters of symptoms. The DSM IV-Text Revision (TR) lists how many anxiety disorders?		
a		10
b	*	12
c		6
d		4
e		13
Social stressors can be precipitating or perpetuating factors in the pathogenesis of many anxiety disorders. In panic disorders, however, this is not necessarily the case. What is the only social factor that has been identified as contributing to the development of panic disorder?		
a		Recent history of death in the family
b	*	Recent history of separation or divorce
c		Lack of friends
d		Unsupportive family
e		Recent history of witnessing a panic attack
SSRIs are considered first-line treatment in PTSD. However, several different classes of medicines are also used in the treatment of PTSD. All of the following medications are considered to be useful in the treatment of PTSD except:		
a		Anticonvulsants
b		Monoamine oxidase inhibitors (MAOIs)
c	*	Melatonin
d		Propranolol
e		Antipsychotics
Genetic influence is considered to be important in various anxiety disorders. Which of the following phobias show a strong familial tendency?		
a	*	Blood-injection-injury
b		Animal
c		Heights/elevators
d		Spiders/insects
e		Social
Which of the following is true about blood-injection-injury phobia?		
a		Twice as common in women than men
b		Low familial inheritance
c		Severe tachycardia and hypertensive response
d		Easily treated
e	*	Bradycardia and hypotension often follow the initial tachycardia
A 42-year-old male with severe, debilitating obsessive-compulsive disorder (OCD) has tried all options for OCD but none of them were helpful. He has seen several psychiatrists who found the patient to be resistant to pharmacotherapy, psychotherapy, and ECT. Psychosurgery was considered to be the next step. What is the most common psychosurgical procedure for OCD?		
a	*	Cingulotomy
b		Subcaudate tractotomy
c		Caudate nucleus ablation
d		Internal capsule stimulation
e		Frontal tractotomy
A 56-year-old male is seen by a neurologist for "severe tension headaches." The neurologist finds the patient to be anxious and holding his muscles taut. The patient further mentions that he was involved in a car accident and was trapped in his car for several hours before he was rescued. This happened 5 months ago, and since then, he has not been able to drive because he is "scared" and has nightmares about the accident. He also complains of difficulty in sleeping, inability to concentrate at work, and feels nervous and on edge all the time and cannot		

relax his muscles. He avoids watching movies or television shows that involve automobile accidents. What is this patient's most likely diagnosis?		
a		Acute PTSD
b		Acute stress disorder
c	*	Chronic PTSD
d		Major depressive disorder
e		Panic disorder
All of the following are true about phobias in children except:		
a		Phobias are a persistent and compulsive dread of and preoccupation with the feared object or situation
b		The DSM-IV classifies phobias as anxiety disorders
c		The number of fears typically peaks at age 11 years
d		Parental education is an important aspect in the management of childhood phobias
e	*	Situational types of phobias have an onset in the fourth decade of life
All of the following are true about the psychological profile of patients with factitious disorder except:		
a		Problems with self-identity
b		Dependence traits
c		Self-importance
d		No formal thought disorder
e	*	High frustration tolerance
Which of the following helps in distinguishing malingering and factitious disorders?		
a		Age of onset
b	*	Secondary gain
c		Deliberate production of symptoms
d		Course of illness
e		Response to confrontation
The condition brainwashing included in the DSM-IV under the category of "dissociative disorders, not otherwise specified" is characterized by all of the following except:		
a		Occurs mostly in the setting of political reforms
b		Often seen in people subjected to prolonged and intense coercive persuasion
c	*	Confrontation of the brainwashed subject is found to be helpful in treatment
d		Coercive techniques include isolation and induction of fear
e		Validation is an important tool in the treatment
Body dysmorphic disorder is associated with all of the following defense mechanisms except:		
a	*	Denial
b		Repression
c		Distortion
d		Symbolization
e		Dissociation
Factitious disorder is associated with all of the following defense mechanisms except:		
a		Repression
b		Identification
c	*	Sublimation
d		Symbolization
e		Regression
Brain imaging studies have shown certain abnormalities in anxiety disorders. One of the consistent abnormalities found in patients with posttraumatic stress disorder (PTSD) is with the:		
a	*	Hippocampus
b		Frontal lobe
c		Occipital lobe
d		Brain stem
e		Parietal lobe
Cynophobia refers to:		

a		Fear of cats
b	*	Fear of dogs
c		Fear of spiders
d		Fear of caffeine
e		Fear of enclosed places
Kinetophobia refers to:		
a		Fear of kites
b		Fear of standing
c		Fear of falling
d	*	Fear of movement
e		Fear of running
A 30-year-old female with GAD and panic disorder complains of palpitations and “hearing” her own heartbeats all the time. Cardiac studies in subjects with anxiety disorders have shown all of the following abnormalities except:		
a		Decreased deceleration after stress
b		High beat-to-beat fluctuation
c		Higher baseline heart rate
d		Higher subjective awareness of heartbeats
e	*	Increased deceleration after stress
The following neurotransmitter abnormalities are detected in anxiety disorders except:		
a		Increased platelet MAO activity
b		Increased activity of central noradrenaline
c	*	Increased central gamma-aminobutyric acid (GABA) activity
d		Increased circulating adrenaline
e		Increased circulating noradrenaline
In patients with anxiety spectrum disorders, all of the following abnormalities have been found except:		
a	*	Decreased skin conductance
b		Panic response to sodium lactate infusion
c		Increased cutaneous blood flow
d		Decreased splanchnic blood flow
e		Decreased habituation following electrodermal stimulation
Several studies have shown an association between MVP and panic disorder. All of the following are true about MVP and panic disorder except:		
a		The incidence of MVP in the general population is 5% to 20%
b		The incidence of MVP in patients with panic disorder is up to 40% to 50%
c	*	MVP causes panic attacks
d		MVP and panic may represent a part of primary autonomic syndrome
e		None of the above
A 22-year-old anxious female is referred to a psychologist by her neurologist for specific phobia. The patient would like to know if there are any factors that would result in less than ideal response in her case. All of the following are predictors of a good response except:		
a		Good relaxation response
b	*	Free-floating anxiety
c		Good motivation
d		No secondary gain from the phobia
e		Willing to practice relaxation
A 46-year-old woman is frustrated and angry with her neurologist because he recommended a psychiatry evaluation for what she describes as “medical problems.” She complains of dizziness, nausea, palpitations, abdominal pain, and sweating, but no one is able to give her the right treatment. She was seen by an ear specialist, a cardiologist, and a gastroenterologist, but nothing abnormal was detected. She was hoping that a neurologist would find a cause for her symptoms. She also states that these symptoms occur in episodes without any precipitating factors, last for 20 to 30 minutes, and she feels as if she is “about to die.” The most probable diagnosis in this woman is:		

a		GAD
b		Major depressive disorder
c		MVP
d	*	Panic disorder
e		Ménière's disease
<p>56-year-old anxious executive calls 911 at 5:00 AM because he woke up with chest tightness and shortness of breath. He was scared that he was having a heart attack, and he also reported feeling dizzy, trembling, and his heart was pounding. He thought he was going to die. The symptoms subsided in 20 minutes, however, and by the time the emergency medical services arrived, he was sitting in his living room and in no distress. The patient's electrocardiogram reading was normal, and his cardiac enzymes were also found to be normal. What is the most likely diagnosis?</p>		
a	*	Nocturnal panic attack
b		PTSD
c		Psychophysiological insomnia
d		Somatization disorder
e		Myocardial infarction
<p>Of all the different phobias, specific phobias are the most common phobias. All of the following are false about specific phobias except:</p>		
a		More common in men
b	*	More common in women
c		Phobic avoidance is uncommon
d		Onset in adult life
e		Treatment is usually not effective
<p>Bupirone is an effective drug used to treat anxiety disorders. What is its main mechanism of action?</p>		
a		5HT-1A antagonist
b		5HT-2C antagonist
c	*	5HT-1A agonist
d		Norepinephrine reuptake inhibition
e		MAOI
<p>The term ruphobia refers to:</p>		
a		Fear of being raped
b		Fear of reptiles
c	*	Fear of dirt
d		Fear of falling
e		Fear of traveling
<p>A 76-year-old male patient is admitted to an acute psychiatric unit for severe suicidal ideation. He admits to feeling hopeless and refuses to contract for safety. He has a history of noncompliance with treatment and is refusing to take any medicines. He has severe psychomotor retardation and stops eating and drinking. A reasonable choice of treatment in this patient would be:</p>		
a		Persuade the patient to take antidepressants
b		Wait and watch for the patient to change his mind
c		Consider feeding against his will
d	*	Electroconvulsive treatment (ECT)
e		Intensive psychotherapy
<p>A 22-year-old female is self-referred for an evaluation to rule out bipolar disorder. She complains of rapid mood swings with uncontrollable anger and irritability. During the assessment, it is noted that she has not had any sustained relationships for many years and feels empty. She fears abandonment by her friends and blames others for making her feel angry. What is the most important differential diagnosis in this patient?</p>		
a		Major depressive disorder
b	*	Borderline personality disorder
c		Histrionic personality
d		Depressive personality
e		Generalized anxiety disorder

A 56-year-old female is admitted to an acute psychiatric inpatient unit for severe depression. The patient was ruminating about suicide and guilt feelings that were distressing her. She is “convinced” that she has committed sin and deserved to be punished, although there was nothing in her history to justify this. The resident doctor thinks that the patient is obsessed with thoughts of guilt and feels that the patient has a primary obsessional disorder. A trial of antidepressant medication was not helpful despite trying a high dose. The attending physician explains that patient is not obsessional but severely depressed because:		
a		She has suicidal ideation
b		She has indeed committed sin and is now depressed
c	*	She is distressed by the guilt feelings and is “convinced” of the sin
d		The attending physician thinks so
e		Antidepressants alone were not effective
A 62-year-old female with seasonal affective disorder prefers “nonmedical” treatment for depression. She tried cognitive behavioral therapy with limited success. She likes the idea of bright light therapy and is willing to spend 30 to 40 minutes every morning in front of the light therapy unit. For light therapy to be effective, the intensity of the light should ideally be:		
a		1,000 lux
b	*	10,000 lux
c		100,000 lux
d		500 lux
e		5,000 lux
All of the following support the norepinephrine deficiency hypothesis for depression except:		
a		Decreased norepinephrine-mediated release of growth hormone in response to clonidine
b		Decreased cyclic adenosine monophosphate (camp) turnover in platelets following stimulation with clonidine
c		Increased platelet alpha 2-adrenergic receptor binding
d		Increased beta-adrenergic receptors in depression and subjects who committed suicide
e	*	Decreased levels of camp in cerebrospinal fluid (CSF)
Several biomarkers were investigated for depression, but none of them had a high specificity. One of the consistent findings in depression, however, is abnormally elevated cortisol levels. This is thought to be secondary to:		
a		Primary hypersecretion of cortisol
b		Primary hypersecretion of adrenocorticotrophic hormone (ACTH)
c	*	Primary hypersecretion of corticotrophin-releasing factor (CRF) by the hypothalamus
d		Higher incidence of diabetes in depression
e		Higher incidence of adrenal tumors in depression
A 56-year-old male with a history of chronic recurrent depression is bothered by a recent news article that mentions increased mortality in patients with depression because of increased incidence of a variety of health problems and infections. He would like to know if this is true. According to the psychoimmunology theory, the higher incidence of infections and other chronic conditions is because:		
a		Patients with depression do not take care of themselves
b		Patients with depression do not receive adequate care because they have mental illness
c		Antibiotics are not as effective in depressed patients compared to others without depression
d	*	Hypothalamic-pituitary-adrenal (HPA) dysfunction causes immune suppression
e		Increased T-cell replication
Research in subjects with depression has revealed several immunological abnormalities that are in turn responsible for increased morbidity and mortality. All of the following findings are true except:		
a		Decreased natural killer cells
b		Decreased interleukin-2
c	*	Decreased absolute neutrophil count
d		Decreased T-cell replication
e		Increased monocyte activity
A 63-year-old male with major depressive disorder complains of difficulty falling asleep and early morning awakenings. He is otherwise healthy and does not have any physical health problems. He is referred for a sleep		

study. The sleep architecture in this patient is likely to show all of the following except:		
a		Decrease in sleep efficiency (total duration of sleep/total duration of time in bed multiplied by 100 or the percentage of time in bed spent asleep)
b		Increase in the total duration of rapid eye movement (REM) sleep
c		Decrease in the latency to the onset of REM sleep
d	*	Increased latency to the onset of REM sleep
e		Impaired sleep continuity
Brain imaging studies in depression have revealed some interesting facts that have enhanced our understanding of the pathophysiology of depression. All of the following were found in brain imaging studies in subjects with depression except:		
a	*	Decreased volume of parietal lobes
b		Decreased volume of frontotemporal lobes
c		Decreased caudate size
d		Increased ventricular size
e		Decreased blood flow in the dorsolateral prefrontal cortex
One of the criteria for the diagnosis of major depressive disorder is weight loss that is unintentional. The criteria for weight loss specify that:		
a		Loss of any amount of weight is significant
b	*	Loss of 5% or more of the body weight in the past 1 month
c		Loss of 10% or more of body weight in the past 1 month
d		Loss of 10% of body weight in the past 2 weeks
e		Loss of 5% of the body weight in the past 2 weeks
The manifestation of depression symptoms are slightly different in different age groups and also in men and women. Agitated depression is a term more commonly used to describe depression in which group of patients?		
a		Young children
b		Adolescents
c		Adults
d		Women
e	*	Elderly
A 32-year-old female presents with low mood and lack of interests. After careful history and extensive collateral information, the treating psychiatrist makes a diagnosis of atypical depression. All of the following are the features of atypical depression except:		
a	*	Intense, unstable emotions
b		Increased appetite
c		Increased sleep
d		Mood reactivity
e		Rejection sensitivity
The term double depression is used to describe:		
a		Major depressive disorder superimposed on grief reaction
b	*	Major depressive disorder superimposed on dysthymia
c		Major depressive disorder; patient not responding to treatment
d		Major depressive disorder with psychosis
e		Major depressive disorder with anxiety
A 36-year-old Caucasian male is stable on lithium for bipolar disorder for the past 4 years. During his routine visit with his family physician, he complains of fatigue and lack of motivation. He is also feeling very cold during this winter and has gained weight. He wonders if he is getting depressed again. What is the next most appropriate step to take in this case?		
a		Diagnose depression, and start the patient on antidepressants
b		Obtain the patient's lithium levels
c	*	Check the patient's thyroid-stimulating hormone (TSH) levels
d		Discontinue lithium
e		Consider ect.

All of the following are true regarding suicide risk except:		
a		High in single men living alone
b		High in alcohol abuse/dependence
c	*	Low in patients with schizophrenia
d		High in mixed anxiety-depressive disorder
e		High in subjects with hopelessness
Seasonal affective disorder is characterized by all of the following except:		
a		Depression in winter months
b		Hypomania or even mania can occur in summer months
c		Associated with hypersomnia
d	*	Associated with anorexia
e		Response to bright light therapy in some patients
Mania can be associated with all of the following features except:		
a		Sometimes associated with depression symptoms
b		Can be triggered by antidepressants
c		Irritability is a recognized symptom
d	*	Is always followed by depression
e		Can occur during bereavement
A 46-year-old female who is 6 weeks postpartum complains of feeling low in her mood and having crying spells, lack of motivation, and feelings of hopelessness for the past 4 weeks. She is diagnosed to have postpartum depression. Which of the following is true about postpartum depression?		
a		Risk of infanticide is minimal
b		Selective serotonin reuptake inhibitors (SSRIs) are contraindicated
c	*	Risk of depression during subsequent pregnancies is increased.
d		Suicide risk is low.
e		Hospital admission is rarely required.
All of the following are features of bipolar affective disorder except:		
a		Has a genetic basis
b		Associated with increased risk of suicide
c	*	Women tend to have more manic episodes than depression episodes
d		More common in men than in women
e		Equally common in all social classes
All of the following drugs are associated with depression except:		
a		Levetiracetam
b		Propranolol
c		Fenfluramine
d		Corticosteroids
e	*	Isoniazid
All of the following are true about depression in the elderly except:		
a		May present as dementia
b		More common in the early stages of dementia
c		Can present as agitation
d	*	Does not respond to SSRIs
e		Can be associated with cerebrovascular disease
All of the following are suggestive of depressive pseudodementia rather than dementia except:		
a		Anhedonia
b		Nihilistic delusions
c	*	Disorientation to time
d		Lack of appetite
e		Worthlessness
All of the following psychotropic medications are likely to cause sedation except:		
a		Haloperidol

b		Mirtazapine
c		Quetiapine
d	*	Venlafaxine
e		Olanzapine
Which of the following conditions are associated with a higher risk of depression?		
a		Hypothyroidism
b		Alzheimer's disease
c		Parkinson's disease
d		Stroke
e	*	All of the above
All of the following are true about depression except:		
a		More common in women than in men
b		Higher incidence in first-degree relatives of patients with bipolar disorder
c	*	More common in prepubertal girls compared with prepubertal boys
d		Bright light therapy is effective in some patients with seasonal affective disorder
e		ECT is a considered a safe and effective treatment
All of the following are true regarding major depressive disorder, severe with psychosis except:		
a		High risk of suicide
b		Responds well to ECT
c		Can present with paranoia
d		Nihilistic delusions are often present
e	*	Antipsychotics are not effective
All of the following are features of lithium toxicity except:		
a	*	Fine tremors
b		Disorientation
c		Diarrhea
d		Vomiting
e		Drowsiness
All of the following are used as augmenting agents in the treatment of depression except:		
a		Thyroxine
b	*	Propranolol
c		Pindolol
d		Lithium
e		Bright light therapy
Which of the following SSRIs is least likely to cause serotonin discontinuation syndrome?		
a		Paroxetine
b		Citalopram
c		Escitalopram
d	*	Fluoxetine
e		Sertraline
Of all the tricyclic antidepressants, which of the following has the most potent serotonin reuptake inhibition activity?		
a	*	Clomipramine
b		Imipramine
c		Amitriptyline
d		Nortriptyline
e		Desipramine
In the diagnosis of major depressive disorder, one of the criteria is weight loss. According to the Diagnostic and Statistical Manual of Mental Disorders, 4-th edition (DSM-IV), what is considered as weight loss?		
a		Loss of at least 10 lbs
b		Loss of at least 5 lbs
c		Loss of at least 10% of body weight in the past 1 month

d	*	Loss of at least 5% of body weight in the past 1 month
e		Loss of at least 5% of body weight in the past 2 weeks
Which of the following symptoms has to be present to diagnose major depressive disorder?		
a		Depressed mood or loss of interest/pleasure
b	*	Lack of energy or motivation
c		Lack of appetite
d		Hopelessness
e		Guilt or worthlessness
What is the relapse rate for major depressive disorder after two episodes?		
a		50%
b		50% to 70%
c	*	70% to 90%
d		100%
e		30%
A 22-year-old female with major depressive disorder refuses to take any antidepressant medications because she is not interested in any “mindaltering medicines.” She is willing to try St. John’s wort, however, because it is a “natural herbal supplement.” All of the following are true about St. John’s wort except:		
a		Can cause serotonin syndrome
b	*	Found to be effective in moderate-to-severe depression
c		Effective in mild depression
d		Can lower the levels of oral contraceptive pills
e		Possible mechanism of action is by inhibiting the serotonin reuptake
What is the most common form of thought disorder in patients with schizophrenia?		
a	*	Loose associations
b		Circumstantiality
c		Tangentiality
d		Flight of ideas
e		Prolivity
A 46-year-old male with treatment-resistant schizophrenia is started on clozapine after unsuccessful trials of two other atypical antipsychotics and one typical antipsychotic. He shows signs of response but unfortunately develops seizures when he begins taking a higher dose. What is the incidence of seizures in patients taking clozapine at a dose greater than 600 mg per day?		
a		1%
b		10%
c	*	5%
d		15%
e		25%
All of the following drugs can cause psychotic symptoms similar to schizophrenia except:		
a		Ecstasy
b	*	Opiates
c		Phencyclidine
d		Ketamine
e		Lysergic acid diethylamide (LSD)
All of the following are considered to be risk factors for neuroleptic-induced tardive dyskinesia except:		
a	*	Male gender
b		Brain injury
c		Mood disorder
d		Old age
e		Long duration of treatment
All of the following are characteristic features of a delusion except:		
a		Firmly held belief
b	*	Consistent with an individual’s cultural context

c		No basis in reality
d		Believed by the subject despite evidence to the contrary
e		All of the above
Bleuler's four A's of schizophrenia include all of the following except:		
a		Loosening of associations
b		Inappropriate affect
c	*	Altruism
d		Autism
e		Ambivalence
Which of the following illicit drugs can lead to a full range of symptoms similar to that seen in patients with schizophrenia?		
a		Ecstasy
b		Alcohol
c		Marijuana
d	*	Phencyclidine
e		Opiates
The first rank-symptoms of schizophrenia were described by:		
a	*	Schneider
b		Bleuler
c		Kraepelin
d		Freud
e		Jung
According to the Diagnostic and Statistical Manual of Mental Disorders, 4-th edition (DSM-IV), the duration criteria to make a diagnosis of schizophrenia is:		
a		1 month
b	*	6 months
c		2 months
d		2 weeks
e		6 weeks
The prevalence of schizophrenia is:		
a		10%
b	*	1%
c		5%
d		0,1%
e		2%
All of the following are true about schizophrenia except:		
a		Stressful life events appear to trigger schizophrenia at an earlier age in vulnerable individuals
b		Equally prevalent in both men and women
c	*	Females have an earlier age of onset compared to males
d		In the northern hemisphere, schizophrenic patients are more likely to have been born between January and April
e		Substance abuse is common in patients with schizophrenia
A 32-year-old male with chronic paranoid schizophrenia, in full remission is married and living a productive life. He and his wife decide to have children, but would like to know the probability of his children developing schizophrenia. Which of the following statements is correct?		
a		The risk is similar to that of general population (1%)
b		The risk is about 50%
c		The risk is much lower than the general population because he will be able to recognize the early signs of schizophrenia and seek prompt treatment for his child
d	*	The risk is about 10%
e		The risk is about 100%
All of the following support the theory of dopamine hyperactivity in schizophrenia except:		

a		Dopamine receptor antagonists are effective antipsychotic agents
b		Dopamine-releasing agents such as cocaine produce psychosis
c	*	Atypical antipsychotics such as quetiapine act at serotonin receptors and decrease psychotic symptoms
d		All of the above
e		None of the above
Which of the following theories has been proposed to explain the etiology of schizophrenia?		
a		Viral infection during pregnancy
b		Serotonin dysfunction
c		Dopamine hyperactivity
d		Diathesis and stress model
e	*	All of the above
All of the following are considered as negative symptoms of schizophrenia except:		
a		Alogia
b		Apathy
c		Affect flattening
d	*	Paranoia
e		Anhedonia
All of the following features predict a good prognosis in patients with schizophrenia except:		
a		Acute onset
b		Later age of onset
c	*	Negative symptoms
d		Female gender
e		Good social support
The suicide rate of patients with schizophrenia is:		
a	*	10%
b		20%
c		The same as the general population (11/100,000)
d		50%
e		5%
Which of the following is true about expressed emotions (EE) in schizophrenia?		
a		High EE is associated with bad prognosis
b		Family therapy is useful
c		Criticism, hostility, and overinvolvement are considered to be high EE
d	*	All of the above
e		None of the above
A 24-year-old male is admitted to a psychiatry in-patient unit for social isolation, lack of emotions, and alogia. The resident doctor considers a diagnosis of schizophrenia because of these negative symptoms. However, he also realizes that he has to consider other causes of negative symptoms in this patient before attributing all of those symptoms to schizophrenia. All of the following should be considered in the differential diagnosis of negative symptoms of schizophrenia except:		
a		Depression
b		Side effects of typical antipsychotics
c		Drug abuse
d	*	Generalized anxiety disorder (GAD)
e		Hypothyroidism
According to the DSM-IV, all of the following are recognized subtypes of schizophrenia except:		
a		Paranoid type
b		Disorganized type
c	*	Delusional type
d		Catatonic type
e		Undifferentiated type
According to the DSM-IV, all of the following are recognized subtypes of delusional disorder except:		

a		Persecutory type
b		Somatic type
c		Jealous type
d		Grandiose type
e	*	Disorganized type
According to the DSM-IV, the duration criteria for brief psychotic disorder is:		
a	*	At least 1 day but less than 1 month
b		At least 1 week but less than 1 month
c		At least 6 months
d		Minimum of 2 months
e		Minimum of 6 hours
Which of the following subtypes of schizophrenia has the worst prognosis?		
a		Paranoid type
b	*	Disorganized type
c		Catatonic type
d		All of the above
e		None of the above
Which of the following abnormalities are often seen in patients with schizophrenia?		
a		Decreased neuronal density
b		Decreased brain volume
c		Increased sizes of lateral and third ventricles
d		Decreased size of temporal lobe
e	*	All of the above
All of the following psychological interventions have been found to be helpful in patients with schizophrenia except:		
a	*	Psychodynamic psychotherapy
b		Family therapy
c		Supportive psychotherapy
d		Group therapy
e		Cognitive behavioral therapy
A 56-year-old chronic schizophrenic patient who is on haloperidol for more than 30 years would like to know more about “atypical” antipsychotics. He mentions that one of his friends at the group home was recently prescribed this medication, and his psychiatrist told the other patient that these “new” medicines are better than haloperidol. Which of the following statements about atypical antipsychotics is true?		
a		They have antagonistic properties at both dopamine and serotonin receptors
b		They are also known as second-generation antipsychotics
c		There is a decreased incidence of extrapyramidal side effects
d		There is a decreased elevation of prolactin levels.
e	*	All of the above
All of the following are atypical antipsychotics except:		
a		Aripiprazole
b		Risperidone
c		Ziprasidone
d	*	Fluphenazine
e		Quetiapine
One of the common side effects associated with antipsychotics, both typical and atypical, is weight gain. Of all the typical antipsychotics, which of the following is considered as “weight-neutral”?		
a	*	Molindone
b		Perphenazine
c		Haloperidol
d		Chlorpromazine
e		Pimozide

A 48-year-old chronic schizophrenic male is admitted to the in-patient unit again for relapse. He is known to be noncompliant with medicines necessitating the fourth admission in the past 6 months. He is homeless again, and all efforts to find assisted living failed because he just walks out of these facilities and prefers to stay on the streets. Which of the following interventions are reasonable in a patient like this?	
a	Consider depot antipsychotics
b	Consider referral to Assertive Community Treatment (ACT) program
c	Consider compliance therapy
d	* All of the above
e	None of the above
A 46-year-old male is stable on low-dose haloperidol for chronic schizophrenia. Recently, he was diagnosed to have comorbid depression and was started on fluoxetine 20 mg. He calls the physician with complaints of stiffness in his arms and legs. What is the possible cause for this symptom?	
a	Malingering: the patient would like to stop taking antidepressant medicine
b	* Increased levels of haloperidol because of fluoxetine
c	Fluoxetine is causing extrapyramidal side effects
d	Decreased levels of haloperidol are causing extrapyramidal side effects
e	Increased levels of fluoxetine because of haloperidol
A young couple that recently adopted a child finds out that the child's father was an alcoholic. Although they do not know everything about the child's family, they are concerned about the risk for the child to become an alcoholic. All of the following are known to increase the risk for alcoholism except:	
a	Biological relative with alcohol problems
b	History of posttraumatic stress disorder (PTSD)
c	Male gender
d	* Adoptive parents with alcohol problems
e	History of benzodiazepine abuse
Alcohol withdrawal symptoms can result in serious medical complications, which can be life threatening. All of the following are recognized medical complications of alcohol withdrawal except:	
a	Seizures
b	Coma
c	Hypertension
d	* Hypomagnesemia
e	Hyperglycemia
Motivational interview is often used to determine the patient's motivation to change in the treatment of substance abuse/dependence disorders. All of the following are stages in the theory of change except:	
a	Action
b	Maintenance
c	Contemplation
d	Precontemplation
e	* Reaction
All of the following are associated with opiate withdrawal except:	
a	Rhinorrhea
b	Lacrimation
c	Yawning
d	* Flashbacks
e	Sweating
All of the following are features of hallucinogen perceptions persisting disorder (HPPD) except:	
a	It is recognized by the Diagnostic and Statistical Manual of Mental Disorders, 4-th edition (DSM-IV)
b	Characterized by persisting perception disturbances
c	Mainly visual perceptions are affected
d	Can persist for years after hallucinogen abuse is stopped
e	* Risperidone is found to be effective
What is the characteristic feature of chronic marijuana abuse?	

a	*	Amotivational syndrome
b		Seizures
c		Wernicke's encephalopathy
d		HPPD
e		Stroke
A 32-year-old male is brought to the emergency department (ED) by the emergency medical service (EMS) after they received a call about this young man who was found lying unresponsive at a bus stop. The patient is found to have pinpoint pupils, and the ED resident notices needle stick marks on the left forearm, leg, and on both femoral vein areas in the groin. He suspects opiate intoxication. All of the following are features of opiate intoxication except:		
a		Constipation
b		Miosis
c	*	Tachycardia
d		Pruritis
e		Anorexia
A 24-year-old male is brought to the ED by the EMS after his friends call 911 following his complaints of chest pain. The patient describes a "crushing chest pain" around the left side of the chest and denies ever having had similar pain. He also denies any drugs use but soon admits to using amphetamines. All of the following are features of amphetamine abuse except:		
a	*	Miosis
b		Seizures
c		Delirium
d		Myocardial ischemia
e		Stroke
A 24-year-old male is found to be delirious walking on the street and screaming. When police approach him, he becomes extremely violent. He is restrained and brought to the hospital where he is sedated with a combination of haloperidol and lorazepam. A sample of urine is obtained by catheterization, and analysis shows phencyclidine (PCP) and marijuana. All of the following are seen in PCP intoxication except:		
a		Paranoia
b		Unpredictable intermittent violence
c	*	Decreased pain threshold
d		Hyperacusis
e		Agitation
All of the following are true about PCP except:		
a		Do not try to talk the patient down unless PCP is cleared
b		Dose-dependent effects are noted
c	*	Acts as an N-methyl-D-aspartic acid (NMDA) receptor agonist
d		Detected in blood/urine for up to 1 week
e		Agitation is common
All of the following can be seen in patients with chronic alcohol abuse except:		
a		Optic atrophy
b		Hepatic cirrhosis
c		Flapping tremors
d	*	Campbell de Morgan spots
e		Brain atrophy
A 36-year-old Asian immigrant comes to the ED with complaints of heart racing, nausea, and feeling sick. He also mentions that he had some alcohol to drink with his friends, and this is the first time he has had alcohol in his life. He spent all his life in China and moved to the United States only 2 weeks ago. On examination, his face is flushed red. His urine toxicology screen is negative for any other illicit drugs. What is the most likely cause of this patient's presentation?		
a		Alcohol dehydrogenase deficiency
b	*	Aldehyde dehydrogenase deficiency
c		Illicit drug use that did not show up on the urine toxicology screen

d		Malingering
e		Panic attack
A 42-year-old male who is on disulfiram for alcohol dependence would like to stop taking it because he believes he has developed sufficient “inner strength” and does not want to depend on a pill to keep him sober. If he does relapse, how long should he avoid alcohol after stopping disulfiram?		
a		1 month
b		2 days
c	*	1 week
d		6 months
e		1 year
All of the following are true about methadone maintenance programs except:		
a		Pregnant women are eligible for methadone maintenance if they are physically dependent on opiates
b		Special licensure is required for the facility where methadone is dispensed for opiate dependence
c	*	The half-life of methadone is 48 hours
d		Federal regulations allow a maximum methadone dose of 120 mg per day
e		Methadone maintenance programs have been found to be beneficial not just for the individuals with opiate abuse problems but also for society as a whole
Which of the following statements is true about opiate abuse/dependence?		
a		Heroin abuse and dependence is six times more common in men than in women
b		Twin studies have shown that monozygotic twins are more likely to be concordant for opiate abuse than dizygotic twins
c		Comorbid psychiatric disorders are very common in individuals with opiate dependence
d		Opiate dependence is associated with a higher mortality rate compared with the general population
e	*	All of the above
Which of the following is associated with fetal alcohol syndrome?		
a		Small for gestational age
b		Learning disabilities
c		Hyperactive behavior
d		Cardiac defects
e	*	All of the above
All of the following are features of caffeine withdrawal except:		
a		Headache
b		Sleep disturbances
c		Nervousness
d		Irritability
e	*	Paranoia
A 32-year-old alcoholic was started on disulfiram after he requests his psychiatrist to start him on this medication because he wants to stop drinking alcohol forever. However, he relapses within few days and comes to the ED with severe nausea, vomiting, and complaints of feeling dizzy. What is the mechanism of action of disulfiram?		
a		Central nervous system stimulant
b	*	Aldehyde dehydrogenase inhibitor
c		Alcohol dehydrogenase inhibitor
d		Acetyl-coenzyme A inhibitor
e		Mechanism of action is not known
A 72-year-old male is brought to the ED following a 911 call by his wife. She mentions that her husband had a “seizure-like” episode that lasted for few minutes. She also tells the ED physician that her husband has substance abuse problems, but about a day ago, he decided to quit cold turkey. All of the following statements about alcohol withdrawal seizures are true except:		
a		Rarely proceed to status epilepticus
b		Occur within 24 to 48 hours after the last drink
c		Generalized tonic-clonic seizures

d	*	Second seizure is a rule rather than exception
e		Benzodiazepines are often used for treatment of seizures
All of the following features help differentiate alcohol hallucinosis from delirium tremens except:		
a		Normal pupillary reaction
b	*	Visual hallucinations
c		Lack of tremors
d		Clear consciousness
e		Rapid onset
One of the management strategies involved in the treatment of alcoholism is to make an intervention at an appropriate time. All of the following are stages involved in behavioral change except:		
a		Contemplation
b		Action
c	*	Reaction
d		Precontemplation
e		Relapse
All of the following are used in opiate detoxification except:		
a		Buprenorphine
b		Clonidine
c		Methadone
d		Lofexidine
e	*	Chlordiazepoxide
All of the following are true regarding naltrexone except:		
a		Used in long-term treatment of opiate abuse
b		Acts as an opiate antagonist
c		Major side effect is hepatotoxicity
d	*	Liver functions should be checked once every 3 months after starting naltrexone
e		Need to discontinue the medicine for at least 5 days if narcotic analgesia is necessary
A 52-year-old male is admitted to a medical unit for an ulcer on his foot. Two days after admission, he was found to tolerate the intravenous antibiotics well and has no fever. However, he becomes restless and appears slightly confused. He also complains of insomnia, and the nurse notices that he is diaphoretic, with an elevated heart rate and blood pressure. Physical examination reveals a coarse tremor of the upper extremities, and his reflexes are described as “brisk.” What is the most likely diagnosis?		
a	*	Alcohol withdrawal
b		Opiate withdrawal
c		Methamphetamine withdrawal
d		Nicotine withdrawal
e		Marijuana withdrawal
A 36-year-old pregnant woman is admitted to the medical unit for possible infection associated with intravenous heroin injection. She admits to heroin dependency. She is now 5 months into her pregnancy and would like to “quit heroin for good.” What is the best course of action in this patient?		
a		Allow her to continue to use heroin, as withdrawal can be dangerous
b	*	Methadone maintenance
c		Naltrexone
d		Advise her to stop heroin and start supportive therapy
e		Buprenorphine
A 52-year-old male is seen in the ED for acute exacerbation of chronic schizophrenia. He is fairly compliant with quetiapine 600 mg and takes it every night. He mentions that he has a problem with polysubstance use, and whenever he uses drugs, he will miss quetiapine for few days and end up in the ED. He is noticed to be internally stimulated and appears to be motivated to seek help. What is the ideal course of action in this patient?		
a		Admit him to an acute psychiatric in-patient unit
b		Admit him to a chemical-dependency unit
c	*	Admit him to a dual-diagnosis unit

d		Start him on an intensive outpatient treatment program
e		Restart quetiapine, and discharge him from the ED
An intern on the neurology in-patient unit wonders if there is a good scale to monitor heroin withdrawal in a patient he is taking care of for suspected multiple sclerosis. Which of the following is a good instrument to monitor opioid withdrawal?		
a		Cut down, annoyed, guilt, eye-opener (CAGE)
b		Michigan Alcohol Screening Test (MAST)
c		Beck Depression Inventory (BDI)
d		Alcohol Use Disorders Identification Test (AUDIT)
e	*	Clinical Opioid Withdrawal Scale (COWS)
Which of the following has the most reinforcing effects, that is, the greatest potential to become addicted?		
a	*	Cocaine
b		Alcohol
c		Marijuana
d		Heroin
e		Nicotine
A 23-year-old female is diagnosed with first-episode depression following several stressors in her life. She is willing to start medication and wonders if there is a medication that will also help her to quit smoking. Which of the following medications have been found to be effective in both depression and nicotine addiction?		
a	*	Bupropion
b		Buprenorphine
c		Duloxetine
d		Paroxetine
e		Sertraline
The wife of a 53-year-old alcoholic states that it is becoming increasingly hard for her and her children to cope with the consequences of her alcoholic husband. She wonders if she can find some support as she goes through this process until her husband is sober again. Which of the following is a good option for her?		
a		Alcoholics Anonymous
b	*	Al-Anon
c		Narcotics Anonymous
d		Adult Children Anonymous
e		All of the above
Which of the following statements about exhibitionism is true?		
a		Equally common in men and women
b	*	Low recidivism following a first conviction
c		Common in the elderly
d		None of the above
e		None of the above
Pathological fire setting or arson behavior is associated with all of the following except:		
a		Antisocial behaviors
b		Psychotic disorders
c		Sexual pleasure in some
d		Multiple personality or dissociative identity disorder
e	*	All of the above
What proportion of people commit suicide after committing a homicide?		
a	*	One-third
b		Two-thirds
c		Three-fourths
d		One-fifth
e		Two-fifths
All of the following are false about transvestites except:		
a		Strong desire to be a female

b		They are usually homosexuals
c		Have gender identity disorder
d	*	Usually married
e		Cross dress in public
An arsonist is more likely to reoffend if:		
a		The offender is psychotic
b		The offender has a learning disability
c		Sexual excitement is associated with arson behavior
d	*	All of the above
e		None of the above
The most important predictor of future violence is:		
a		Male gender
b		Low social class
c	*	Past history of violence
d		Access to guns
e		Alcohol abuse
All of the following are true about people with seizure disorder and violence except:		
a		More likely to be aggressive against people who they know rather than strangers
b		More likely to be aggressive within the first few hours to days after seizure onset
c	*	Among violent offenders, the prevalence of seizure disorder is no higher than in the general population
d		All of the above
e		None of the above
All of the following are true about transsexualism except:		
a		Disorder of gender identity
b		Convinced that they are of the opposite sex
c		Wish to alter the external genitalia and physical features
d	*	Disorder of gender role behavior
e		None of the above
Testamentary capacity refers to:		
a		Ability to decide on health-related issues
b	*	Ability to make a legal will
c		Ability to consent for treatment
d		All of the above
e		None of the above
Which of the following are the essential components of informed consent?		
a		Knowledge of the risks and benefits of the proposed interventions
b		Knowledge of the risks and benefits of the alternative interventions
c		Knowledge of the risks and benefits of no intervention
d		Ability to understand that consent is a voluntary process
e	*	All of the above
Tarasoff's law deals with:		
a		Informed consent
b	*	Duty to warn
c		Protection of confidentiality
d		First do no harm
e		Ability to form intent
Tarasoff's II law deals with:		
a		Informed consent
b		Duty to warn
c	*	Duty to protect a potential victim
d		First do no harm
e		Ability to form intent

Habeas corpus deals with:		
a		ability to form intent
b		protection of confidentiality
c		informed consent
d		duty to warn
e	*	curtailment of liberty
A 56-year-old female with multiple sclerosis decides to file a malpractice suit against her neurologist and psychiatrist for negligence. She believes that her physicians missed the diagnosis for a number of years until now. To prove dereliction of duty, the plaintiff has to show that:		
a		Physician had a duty to care
b		Deviation from standard practice of care occurred
c		Deviation from the standard practice of care caused the damage
d		Damage to her health resulted directly from action/inaction of the physician
e	*	All of the above
An 82-year-old female with stroke is admitted to the neurology intensive care unit. She requests discharge to home instead of going to the rehabilitation center as recommended by the neurologist. A psychiatrist is consulted to determine if the patient is competent to make the decision about her health. To determine if a person is competent to make a particular decision, all of the following criteria are important except:		
a		Understanding of the information
b		Appreciation of the risks and benefits
c		Ability to arrive at the decision after rational thinking
d		Ability to communicate the decision
e	*	All of the above
A 32-year-old male is charged with assaulting another patient without any provocation, in an inpatient unit. His lawyer, however, makes an argument that the patient is not competent to stand trial because of all of the following reasons. Which of the following reasons given by his lawyer make this person incompetent to stand trial?		
a	*	Lack of capacity to understand the charges brought against him
b		Has depression that is only in partial remission
c		Has mild mental retardation
d		Has substance abuse problems
e		All of the above
A 30-year-old male is prosecuted for assaulting a teenager with a knife. His lawyer argues that his client is diagnosed with schizophrenia and was "psychotic" when the incident occurred. The patient's lawyer then mentions the Right-Wrong Test, which is also known as:		
a	*	Model Penal Code
b		Tarasoff's I law
c		Tarasoff's II law
d		Guilty but insane
e		Incompetent to stand trial
A 26-year-old female is arrested for shoplifting and assaulting the cashier. Her lawyer pleads insanity defense because of chronic mental illness. All of the following are associated with increased criminal/aggressive behavior except:		
a		Antisocial personality disorder
b		Alcohol abuse
c		Illicit drug abuse
d		Some patients with schizophrenia
e	*	Panic disorder
Which of the following statements are true about violence and schizophrenia?		
a		Increases with comorbid substance abuse
b		Untreated patients, especially with paranoia are at a higher risk for violence
c		Majority of patients are not violent
d		Violence is not a symptom of schizophrenia

e	*	All of the above
A 32-year-old female is charged with first-degree murder for drowning her two children aged 4 and 2 years old. The defense pleads “not guilty by reason of insanity” because the defendant was suffering from postpartum psychosis. All of the following are true about postpartum psychosis except:		
a		Incidence: one in 1,000 child births
b		Follows first childbirth, majority of the times
c		Risk of suicide and infanticide is high
d		Risk of recurrence is high
e	*	All of the above
According to the Diagnostic and Statistical Manual of Mental Disorders, 4 th edition (DSM-IV), all of the following are the characteristic features of anorexia nervosa except:		
a	*	Body mass index (BMI) of less than 19
b		Intense fear of gaining weight
c		Body image disturbance
d		Amenorrhea
e		None of the above
According to the DSM-IV, all of the following are the characteristic features of bulimia nervosa except:		
a		Recurrent episodes of binge eating
b		Recurrent inappropriate compensatory behavior to prevent weight gain
c	*	Binge eating and compensatory behaviors occur at least twice a week for 6 months
d		Self-evaluation unduly influenced by body weight and shape
e		The disturbance does not occur exclusively during episodes of anorexia nervosa
All of the following are the characteristic features of binge eating disorder except:		
a		Recurrent episodes of binge eating for at least 2 days per week in the last 6 months
b		Absence of inappropriate compensatory behavior to prevent weight gain
c		Binge eating episodes are associated with marked distress
d	*	BMI greater than 40
e		The disturbance does not occur exclusively during episodes of anorexia nervosa
A 23-year-old female with anorexia nervosa is admitted to the hospital for the third time in the past 12 years for electrolyte imbalance. Her worried parents want to know more about the course of the disorder and the mortality rate for anorexia nervosa. Which of the following is NOT TRUE about eating disorders?		
a	*	The annual mortality rate for anorexia nervosa is 5%
b		Full recovery in anorexia nervosa is 50%
c		Full recovery in bulimia nervosa is 50%
d		Twenty percent of patients with an eating disorder have a chronic course
e		Patients with a binge eating disorder have a more favorable outcome compared to patients with other eating disorders
All of the following electrolyte abnormalities are commonly found in anorexia nervosa except:		
a	*	Hyperchloremia
b		Hypokalemia
c		Elevated blood urea nitrogen
d		Hypomagnesemia
e		Hypophosphatemia
A 19-year-old female’s parents are worried that the physicians have made an incorrect diagnosis of anorexia nervosa. They insist that their daughter’s weight loss is because of something “neurological” because they believe the weight loss occurred only after she had a head injury 3 years ago. However, the patient has all the characteristic features of anorexia nervosa, and the treating physician orders a brain magnetic resonance imaging (MRI) scan just to make sure he is not missing anything. What is the most likely finding on a brain MRI in patients with anorexia nervosa?		
a		No abnormalities on brain MRI
b		Atrophy of appetite center in hypothalamus
c		Hypertrophy of satiety center in hypothalamus
d	*	Increased ventricular-brain ratio

e		Frontal lobe atrophy
All of the following are true regarding anorexia nervosa except:		
a		Mean age of onset is 17 years
b		Prevalence in late adolescence and early adulthood is 0.5% to 1.0%
c	*	About 70% of anorexia nervosa patients are females
d		Genetic and environmental factors are responsible
e		More common in industrial countries
All of the following are true about bulimia nervosa except:		
a		Usually begins in adolescence or early adult life
b		Prevalence in adolescence and young adult females is 1% to 3%
c		About 90% of bulimia nervosa patients are female
d	*	Patients are typically obese
e		Two subtypes: purging and nonpurging type
Cognitive behavioral therapy (CBT) has been found to be most effective in which of the following eating disorders?		
a	*	Bulimia nervosa and binge eating disorder
b		Anorexia nervosa and bulimia nervosa
c		Anorexia nervosa
d		Anorexia nervosa and binge eating disorder
e		None of the above
The only FDA-approved medication for the treatment of eating disorders is:		
a		Sertraline
b		Paroxetine
c		Citalopram
d	*	Fluoxetine
e		Escitalopram
Which of the following antidepressants is contraindicated in patients with eating disorders?		
a		Effexor
b	*	Bupropion
c		Duloxetine
d		Fluoxetine
e		Citalopram
Which of the following is found in patients with bulimia nervosa?		
a		Higher incidence of substance abuse
b		Higher incidence of depression
c		Impulsivity
d		Enlarged parotid glands
e	*	All of the above
It is not uncommon to see patients with more than one eating disorder. What percentage of patients with anorexia nervosa go on to develop bulimia nervosa?		
a	*	50%
b		90%
c		10%
d		25%
e		75%
Substance abuse is found to be associated with eating disorders, especially bulimia nervosa. Which of the following is the most commonly abused substance in patients with bulimia nervosa?		
a		Amphetamines
b		Opiates
c	*	Alcohol
d		Cannabis
e		Cocaine

Amenorrhea is one of the diagnostic features of anorexia nervosa. Which of the following sexual hormonal abnormalities is found in patients with anorexia nervosa?		
a		Estrogen
b		Luteinizing hormone
c		Gonadotropin-releasing hormone
d		Follicles-stimulating hormone
e	*	All of the above
Which of the following is considered to be a poor prognostic factor in patients with anorexia nervosa?		
a	*	Late age of onset
b		Family members open to participate in patient care
c		Early age of onset
d		No suicidal behavior
e		No previous hospitalization
A 23-year-old female with bulimia nervosa who induces vomiting almost every day visits a dentist for “teeth problems.” Which of the following is commonly seen on oral examination of bulimia patients?		
a		Loss of teeth
b		Smoothing of molar occlusion surface
c		Erosion of fillings
d	*	Enamel erosions on the lingual surface of incisors
e		All of the above
Which of the following psychotherapeutic techniques have been found to have the most beneficial effects in patients with bulimia nervosa with no comorbid conditions?		
a	*	Cognitive behavioral therapy
b		Psychodynamic psychotherapy
c		Solution-focused therapy
d		Psychoanalytic psychotherapy
e		All of the above
Which of the following is the only Food and Drug Administration (FDA)-approved medication for the treatment of bulimia nervosa?		
a		Paroxetine
b		Bupropion
c		Citalopram
d		Mirtazapine
e	*	Fluoxetine
Which of the following is true about eating disorders?		
a		Anorexia nervosa is more common in women than in men
b		Anorexia nervosa is associated with a high mortality rate
c		Bulimia nervosa is often seen in association with cluster B personality traits
d		Reports of sexual abuse are more common in patients with eating disorders
e	*	All of the above
A 56-year-old male is brought to the emergency department (ED) by the emergency medical Services (EMS) from a methadone clinic. According to the methadone clinic nurse, the patient walked in with opiate withdrawal symptoms and mentioned that he has missed methadone for 3 days and that he usually takes 80 mg of methadone per day. The patient became drowsy and unarousable when he was given 80 mg of methadone. What should the methadone clinic have done prior to administering methadone?		
a		Examine the patient, and make sure he is having opiate withdrawal
b		Try to contact the methadone clinic from where he gets methadone and confirm the dose
c		If not able to contact the program, give a low dose of methadone and titrate according to withdrawal symptoms
d		Monitor the patient after he receives methadone
e	*	All of the above
The number of suicides per 100,000 population per year in the United States is:		

a		100
b	*	11
c		21
d		30
e		1000
A 32-year-old female is brought to the ED by the EMS following a 911 call by her husband. He mentions to the ED physician that his wife delivered a healthy baby girl 3 weeks ago. She was sad and tearful and felt “gloomy” for the first few days after delivery. Over the past 2 weeks, however, she appears to be suspicious of visitors including her mother and sister who recently visited her. She has started “staring at the baby” and gets distressed. A urine toxicology screen is negative, and the patient has no past psychiatric history. She has no significant medical problems. When the ED physician asks her how she feels about the baby, she starts crying. What is the most important first step in the management of this patient?		
a		Start the patient on antidepressant medication and discharge home
b		Start the patient on antipsychotic medication and discharge home
c		Give her clonazepam and discharge home
d	*	Admit the patient immediately to the psychiatry inpatient unit
e		The patient is just stressed; reassure and discharge her home
Which of the following statements about suicide and gender is true?		
a		Gunshots are the number one cause of death in suicide in both men and women
b		Although women attempt suicide more often, men are four times more likely to complete suicide
c		Women attempt suicide twice as often as men
d		Most suicides are preventable
e	*	All of the above
All of the following statements about bipolar disorder and suicide are true except:		
a		25% to 50% of patients with bipolar disorder attempt suicide at least once
b		The suicide rate in the first year off lithium treatment is 20 times that during treatment
c	*	Most bipolar patients who die by suicide do not communicate their suicidal state to others
d		Lithium has shown to decrease the suicide behaviors associated with bipolar disorder
e		History of suicide attempt is a good predictor of a future suicide attempt
Alcohol is a factor in what percentage of suicides?		
a		10%
b	*	30%
c		50%
d		5%
e		15%
Approximately what percentage of patients with schizophrenia commit suicide?		
a	*	10%
b		20%
c		40%
d		5%
e		25%
A 36-year-old female is brought to the ED by her boyfriend after she told him that she took a “handful of Valium (diazepam)” after an argument with him. On examination, the patient responds mildly to even a painful stimulus, and her respiratory rate is 6 breaths per minute. Which of the following is helpful in reversing the effects of benzodiazepines in this patient?		
a		Naloxone
b		Pralidoxime
c		Benzotropine
d	*	Flumazenil
e		N-acetylcysteine
An 82-year-old male is brought in by the EMS to the ED for agitation and confusion. He was noted to be talking to himself and misperceived the nurse as a “thug trying to steal” from him and punched him in the face. An urgent psychiatric consultation was requested. Further workup reveals that he has a urinary tract infection.		

Over the next 3 days, as the urinary tract infection cleared, the patient returned to his usual pleasant demeanor and apologized to the nurse. Which of the following other medical conditions can present as psychiatric emergencies?		
a		Hypercalcemia
b		Addison's disease
c		Cushing's syndrome
d		Thyrotoxicosis
e	*	All of the above
Which of the following neurotransmitters is implicated in violent behavior?		
a		Serotonin
b		Dopamine
c		Norepinephrine
d		Acetylcholine
e	*	All of the above
Which of the following is the most significant risk factor for suicide?		
a	*	Psychiatric disorder
b		Death of a loved one
c		Loss of job
d		Lack of home
e		Conflicts at work
Which of the following disorders is associated with increased risk of mood disorders and suicide?		
a		Multiple sclerosis
b		Huntington's disease
c		Epilepsy
d		Brain injury
e	*	All of the above
Which of the following medical disorders is associated with the highest risk of suicide?		
a		Epilepsy
b		Huntington's disease
c	*	AIDS
d		Cancer
e		Brain injury
The risk of suicide is highest among which of the following professionals?		
a	*	Dentists
b		Police officers
c		Physicians
d		Nurses
e		Social workers
Which of the following increases the risk of suicide?		
a		Comorbid substance abuse
b		History of childhood sexual abuse
c		Impulsivity and aggression
d		Old age
e	*	All of the above
According to the Diagnostic and Statistical Manual of Mental Disorders, 4 th edition (DSM- IV), which one of the following is a diagnostic criterion for mental retardation?		
a		Onset before age 12 years
b	*	Onset before age 18 years
c		Deficit in at least one area of adaptive functioning
d		IQ below 60
e		Absence of a mental illness
An adult with moderate mental retardation has the mental age of a person with a chronological age of:		

a		3 years
b		6 years
c	*	9 years
d		12 years
e		15 years
Mild mental retardation is thought to be much more common in general population but is often undiagnosed. Which of the following is true about mild mental retardation?		
a	*	It is diagnosed when the IQ is <u>70</u> but more than
b		Subjects can only perform simple elementary tasks
c		Most people with this condition live in supported supervised care settings
d		They constitute about 3% to 4% of those classified as mentally retarded
e		They never learn to read or write
Mental retardation is associated with various other physical and mental health problems. Which of the following conditions are more frequently seen in patients with mental retardation?		
a		Visual impairment
b		Speech problems
c		Hearing difficulty
d		Cerebral palsy
e	*	All of the above
Seizure disorders are often seen in individuals with mental retardation. The prevalence of seizures in individuals with severe mental retardation can be up to:		
a		5% to 10%
b		10% to 15%
c	*	30% to 50%
d		70% to 80%
e		90%
What is the most common cause of mental retardation in the general population?		
a		Fragile X syndrome
b	*	Down's syndrome
c		Central nervous system (CNS) trauma
d		Edward's syndrome
e		Alcoholism in mother
What is the most common inherited cause of mental retardation?		
a	*	Fragile X syndrome
b		Down's syndrome
c		CNS trauma
d		Edward's syndrome
e		Alcoholism in mother
Down's syndrome is associated with various physical and mental abnormalities. Which of the following is NOT a feature of Down's syndrome?		
a		Single palmar crease
b		Atlantoaxial instability
c	*	Long thin hands
d		Early dementia
e		Oblique palpebral fissures
Fragile X syndrome is associated with various physical and mental abnormalities. Which of the following is not a feature of Fragile X syndrome?		
a		Large head
b		Short stature
c		Hyperextensible joints
d		Macro-orchidism
e	*	Cat-like cry

All of the following are features of Prader-Willi syndrome except:		
a		Hyperphagia
b		Hypotonia
c	*	Hypersexual behavior
d		Mental retardation
e		Small hands and feet
Which of the following is NOT a feature of Rett syndrome?		
a		Normal development in the first 1 to 2 years of life
b		Autistic traits
c		Characteristic hand movements
d	*	More common in males
e		Increased incidence of seizure disorder
Which of the following is a feature of Lesch-Nyhan syndrome?		
a		Macrocephaly
b		Micrognathia
c	*	Self-mutilation
d		Compulsive overeating
e		Café-au-lait spots
All of the following are seen in individuals with Asperger's syndrome except:		
a		Stilted speech
b		Eccentric lifestyle
c	*	Above average intelligence
d		Unusual speech
e		Restricted interests and behaviors
Individuals with mental retardation have a higher incidence of certain mental health problems. However, which of the following conditions is rarely seen in individuals with mental retardation?		
a		Anxiety
b		Behavioral problems
c		Schizophrenia
d	*	Anorexia nervosa
e		Epilepsy
Seizure disorders are common in individuals with mental retardation, particularly in severe mental retardation. Which of the following is NOT true regarding seizure disorder in these patients?		
a		It is often difficult to achieve good control of seizures
b	*	It frequently causes schizophrenia-like psychosis
c		It can accelerate intellectual deterioration
d		Polypharmacy is often required for adequate control
e		It rarely results in violence
A 30-year-old normally pleasant male with Down's syndrome, who has a relatively good quality of life and reasonable social/occupational skills, is found to be aloof, frustrated, and not functioning well. What is the differential diagnosis for this presentation?		
a		Depression
b		Hypothyroidism
c		Dementia
d		Hearing loss
e	*	All of the above
A 13-year-old patient with Down's syndrome with moderate mental retardation tests positive for a sexually transmitted disease. The treating physician suspects abuse at the group home, and reports the incident to child protective services for further investigation. Which of the following is true about children with mental retardation and sexual abuse?		
a		They are at equal risk of being abused as children with normal intelligence
b		Sex education should be discouraged

c		They do not benefit from supportive psychotherapy
d	*	They may not disclose if they have been abused
e		They should be discouraged from talking about their abusive experiences
Sexual abuse in children with mental retardation is common but underreported. Which of the following is NOT a feature of sexual abuse in children with mental retardation?		
a		It can result in disruptive behavior
b		It can result in stereotyped behaviors
c	*	It presents in the same way as children without mental retardation
d		Regression of abilities is sometimes noticed
e		It can result in sophisticated sexualized behaviors
Depression in individuals with mental retardation can present with all of the following except:		
a		Self-injurious behavior
b		Limited interaction with others
c	*	Euphoria
d		Tearfulness
e		Appetite disturbance
Individuals with mental retardation present with unique challenges when it comes to the diagnosis and treatment of physical and mental health problems. Which of the following techniques has been found to be helpful in assessing individuals with mental retardation?		
a		Leading questions are unhelpful
b		Collateral information from more than one source is often helpful
c		More than one interview session is sometimes required
d		Some individuals are more comfortable in writing or drawing their problems
e	*	All of the above
Physical aggression is sometimes common in certain individuals with mental retardation. All of the following techniques have been found to be helpful in treating aggressive behaviors in patients with mental retardation except:		
a		Multidisciplinary approach is most useful
b		It can be done either on an inpatient or outpatient basis
c	*	Pharmacotherapy should be avoided
d		Simultaneous introduction of two treatment modalities should be avoided
e		Treatment should focus on the underlying etiology
All of the following are true about Asperger's syndrome except:		
a		Stereotyped behaviors
b		Verbal deficits are more common than nonverbal deficits
c	*	Relatives are at a higher risk for schizophrenia
d		Motor coordination problems may be seen
e		Limited social skills
Which of the following statements regarding Asperger's syndrome is true?		
a		It can easily be differentiated from autism
b		Prevalence is less than classic autism
c		No genetic contribution
d		It resolves in adulthood
e	*	It can be associated with attention-deficit hyperactivity disorder (ADHD)
Individuals with Down's syndrome often develop dementia in their 40s. The proportion of people with Down's syndrome who develop neurofibrillary tangles in the brain by the age of 50 is approximately:		
a		25%
b		35%
c		50%
d		75%
e	*	100%
The chromosomal abnormality in Down's syndrome is located on:		

a	*	21
b		5
c		20
d		18
e		6
According to the Diagnostic and Statistical Manual of Mental Disorders, 4 th edition (DSM- IV), which one of the following is a diagnostic criterion for mental retardation?		
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d		75%
e	*	100%
The chromosomal abnormality in Down's syndrome is located on:		
a	*	21
b		5
c		20
d		18
e		6
A 45-year-old female admitted to a general medical unit is found to be anxious and has tremors. A psychiatry and neurology consultation is requested. The consultation teams suspect hyperthyroidism as the cause of both anxiety and tremors. What is the most common cause of hyperthyroidism?		
a		Hashimoto's disease
b	*	Grave's disease
c		Administration of exogenous thyroid
d		Thyroid-stimulating hormone (TSH) secreting pituitary adenoma
e		None of the above
Mental health problems are not uncommon in rehabilitation patients. What is the most common reason for psychiatric consultation in rehabilitation medicine?		
a		Anxiety
b		Pain
c	*	Depression
d		Psychosis
e		Posttraumatic stress disorder
Cortisol has a significant impact on mood, and Cushing's syndrome is often associated with psychiatric disturbances. What is the most common psychiatric manifestation in patients with Cushing's syndrome?		
a		Mania
b		Psychosis
c		Anxiety
d		Panic attacks
e	*	Depression
What is the most common psychiatric condition seen in patients with hyperparathyroidism?		
a		Mania
b	*	Depression
c		Psychosis
d		Anxiety
e		Panic attacks
Which of the following percentages represent the most likely prevalence of psychiatric problems in patients with diabetes mellitus?		
a		50%
b	*	30% to 70%
c		20%
d		80%

e		100%
Which of the following is not a psychiatric manifestation of hyperthyroidism?		
a		Depression
b		Anxiety
c		Psychosis
d	*	Opiate dependence
e		Cognitive impairment
A 56-year-old male with inflammatory bowel disease is prescribed a course of steroids. She is reluctant to take them, however, because one of her friends “became crazy and was admitted to the hospital” after taking steroids for rheumatoid arthritis. All of the following are associated with increased risk of psychiatric problems with steroid treatment except:		
a	*	Male gender
b		Higher dose
c		Longer duration of therapy
d		Previous psychiatric illness
e		Depressed mood
Which of the following is TRUE regarding selective serotonin reuptake inhibitors (SSRIs) in premenstrual dysphoric disorder (PMDD)?		
a		They cannot be combined with hormonal treatments
b		They are poorly tolerated by patients with PMDD
c		They inhibit ovulation
d	*	They can be used exclusively in the luteal phase
e		They have fewer side effects in premenstrual dysphoric disorder
Vitamin B12 deficiency is implicated in a variety of disorders. All of the following are true about vitamin B12 deficiency except:		
a		Macrocytic anemia
b	*	Strongly associated with depression
c		Polyneuropathy
d		Dementia
e		Memory impairment
Wilson’s disease is characterized by both neurologic and psychiatric symptoms. All of the following are true about Wilson’s disease except:		
a		Cognitive impairment
b	*	Autosomal dominant disorder
c		Seizures
d		Changes in personality
e		Rigidity and dystonia
According to the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) criteria, all of the following are features of PMDD except:		
a		Pelvic discomfort
b		Irritability
c	*	Symptoms begin soon after menstruation
d		Carbohydrate craving
e		Symptoms present for 2 consecutive months
Which of the following is true about PMDD?		
a		It has a prevalence of 30%
b		PMDD indicates abnormal ovarian function
c		Symptoms are more severe in middle-aged women
d	*	It is linked to abnormal serotonergic function
e		It is not associated with sexual abuse
Porphyria disorders are characterized by neurologic and psychiatric manifestations, and the diagnosis is often a challenge unless the clinician has a high index of suspicion. All of the following are true of porphyria disorders		

except:		
a		Peripheral neuropathy may be seen
b	*	Elevated ceruloplasmin is diagnostic
c		Benzodiazepines may be used for treatment
d		Symptoms may sometimes resemble schizophrenia
e		Acute intermittent porphyria is the most common form
Prion disorders are characterized by a variety of neuropsychiatric features. Which of the following is true about prion disorders?		
a	*	They are more common in men than women
b		Patients have a normal electroencephalogram (EEG) reading
c		The onset of Creutzfeldt-Jakob disease (CJD) is typically in adolescence
d		Human prion disorders are always inherited
e		The familial form is autosomal recessive
Patients with end-stage renal disease (ESRD) are at a high risk of psychiatric disorders and often present a challenge regarding diagnosis and management. All of the following are true in patients with ESRD undergoing dialysis except:		
a		Adjustment disorder can lead to behavioral problems
b	*	Major depression is the most common psychiatric diagnosis
c		Adjustment disorders can influence physical outcome
d		Restless legs are common
e		Lack of energy and insomnia are less indicative of depression than in nondialysis patients
Which of the following is NOT true about cognitive therapy in hospital consultation-liaison settings?		
a		It helps with cognitive restructuring
b		It helps modify negative automatic thoughts about physical illness
c		It helps patients regain control of their illness
d	*	It tries to explore the psychodynamic issues
e		Empathy is an important aspect
Depression is characterized by both biological and psychological symptoms. Patients with medical illness often have certain symptoms that are also noticed in depression. Which of the following is NOT useful in diagnosing depression in the patient on a medical inpatient unit?		
a		Hopelessness
b		Inappropriate guilt feelings
c		Depressed mood
d	*	Sleep disturbance
e		Suicidal thoughts
Psychiatric disorders are more common in patients with diabetes mellitus than in the general population. All of the following are true in patients with diabetes mellitus except:		
a		Treatment of comorbid psychiatric conditions leads to better outcomes
b	*	SSRIs cause severe hyperglycemia
c		Lithium has been used safely in patients without renal disease
d		Sodium valproate can give false-positive urine tests for glucose
e		Amitriptyline is sometimes used in the treatment of diabetic neuropathy
A majority of the psychotropic medications are metabolized in the liver, and therefore, psychiatric treatment in patients with hepatic failure presents with unique challenges. Which of the following statements is true regarding the treatment of depression in hepatic disease?		
a		Fluoxetine is not cleared by hepatic enzymes
b	*	Lithium is the mood stabilizer of choice in the presence of hepatic failure
c		SSRIs are contraindicated in liver disease
d		Paroxetine causes minimal inhibition of hepatic enzymes
e		Half-lives of drugs are reduced in liver disease
Delirium in hospital settings is associated with increased morbidity and mortality rates. Which of the following is true about delirium?		

a		It rarely involves mood symptoms
b		It includes a narrow range of psychiatric symptoms
c		Clouding of consciousness is sufficient for the diagnosis
d	*	Attention disturbance is the core cognitive disturbance
e		The sleep-wake cycle is preserved
Delirium, characterized by waxing and waning of consciousness can present in hyperactive/agitated and hypoactive forms. Which of the following is true of hypoactive delirium?		
a		Psychotic symptoms are rare
b		Poor response to antipsychotics
c	*	Frequently missed in practice
d		Better prognosis than agitated delirium
e		The patient is commonly unarousable
All of the following are true regarding delirium except:		
a		Iatrogenic delirium is common
b		Involvement of the patient and relatives in the management should be encouraged
c		More common in the elderly
d	*	Not associated with higher morbidity and mortality rates after discharge from the hospital
e		Reduction of risk factors can prevent further episodes
Wernicke's encephalopathy is characterized by all of the following except:		
a		Gait ataxia
b		Ophthalmoplegia
c	*	Memory loss out of proportion relative to other cognitive impairments
d		Confusion
e		None of the above
All of the following are true about Korsakoff's syndrome except:		
a		It can be caused by continuous vomiting
b		Chronic alcoholism is a common cause
c		Memory loss out of proportion relative to other cognitive impairments
d	*	Clouding of consciousness is characteristic
e		Immediate memory is preserved
Human immunodeficiency virus (HIV) infection can cause a variety of physical, neurological, and mental symptoms. It can manifest itself as all of the following except:		
a		Hypomania
b	*	Alzheimer's disease
c		Depression
d		Panic attacks
e		Schizophreniform psychosis
All of the following are true regarding HIV encephalopathy except:		
a		Symptoms of subcortical dementia
b		Depressive symptoms
c		Movement disorders
d	*	Well-demarcated, asymmetrical lesions in the brain
e		Memory and psychomotor speed impairment
Which of the following statements is TRUE about suicide in medically ill patients?		
a		Most terminally ill patients develop a psychiatric disorder
b		Most terminally ill patients are at risk of suicide
c	*	Anger is an important factor in suicide
d		Mental illness is not common in patients who commit suicide
e		Suicide in medically ill patients is not preventable
One of the most important questions psychiatrists ask a patient is about past history of suicide attempt. The risk of completed suicide in a person who has made a previous suicide attempt is:		
a		Two times higher

b		25 times higher
c		50 times higher
d		100 times higher
e	*	75 times higher
Confidentiality is an important aspect of any doctor-patient relationship, and it is more important when it comes to mental health services. Which of the following is NOT an exception to confidentiality between a psychiatrist and the patient?		
a		Child abuse
b		Danger to self or others
c		Intent to commit a crime
d	*	Communication with other physicians not involved in the care of the patient
e		Competency procedures
The neurology team requests a psychiatric consultation for competency on a 56-year-old male with suspected depression and cognitive impairment. Which of the following statements is true regarding competency?		
a		Most depressed patients are incompetent
b		Cognitively impaired patients do not have the capacity to make decisions
c		Competency is a clinical determination
d		Capacity and competency are the same
e	*	Capacity to consent is issue and situation specific
Which of the following is true regarding advance directives?		
a	*	Advance directives are a means for making future health care decisions in the event of incompetence
b		Power of attorney is valid even if the person becomes incompetent
c		Durable power of attorney does not empower an agent to make decisions even if the principal becomes incompetent
d		Healthcare proxy is illegal
e		None of the above
Seclusion and restraint, although undesirable, are sometimes used when absolutely necessary. Which the following is not an indication to the use of seclusion and restraint?		
a		To prevent harm to the patient or others
b	*	Staff shortages
c		To assist in treatment
d		To prevent significant disruption to the treatment program
e		To decrease sensory stimulation
All of the following are true about depression associated with medical illness except:		
a	*	Earlier age of onset
b		No increased rates of family history of depression
c		No increased rates of alcoholism in family members
d		Less likely to result in suicide
e		Good response to treatment
Patients with strokes are thought to be at a higher risk of depression and other psychiatric problems. Depression following stroke is more likely to be associated with a lesion in which of the following regions of the brain?		
a		Left occipital
b		Left temporal
c	*	Left frontal
d		Right parietal
e		Right frontal
Dementia affects 20% to 30% of patients with AIDS. What type of dementia is typically seen in patients with AIDS?		
a		Alzheimer's dementia
b	*	Subcortical dementia
c		Lewy body dementia
d		Infectious dementia

e		Vascular dementia
What is the most common neuropsychiatric complication seen in hospitalized patients with AIDS?		
a		Depression
b		Dementia
c		Psychosis
d		Mania
e	*	Delirium
Which of the following is commonly seen in AIDS dementia complex?		
a		Psychosis
b		Aphasia
c		Agnosia
d	*	Word-finding difficulties
e		Steady gait
Substance abuse is frequently seen in individuals with HIV infection. Use of which of the following is associated with high HIV risk behaviors?		
a		Marijuana
b		Alcohol
c		Lysergic acid diethylamide (LSD)
d	*	Crack cocaine
e		None of the above
Electroconvulsive therapy (ECT) is a well-established, safe, and effective treatment for depression. Which of the following is also true about ECT?		
a	*	It can be administered to patients with epilepsy
b		It is contraindicated in patients with Parkinson's disease
c		Seizures are the most common cause of death in patients who undergo ECT
d		The use of bilateral electrodes reduces the risk of cognitive deficits
e		ECT is contraindicated in catatonia
A 56-year-old obese male admitted to the medical unit for exacerbation of asthma is found to wake up several times at night gasping for air. He also reports daytime sleepiness and fatigue. The nurse reports that at night, the patient snored loudly, and his oxygen saturation dropped to the low 60s, and when she woke him up, the saturations went back to the low 90s. What is the most likely diagnosis in this patient?		
a		Exacerbation of asthma at night
b	*	Sleep apnea
c		Nightmare disorder
d		Obesity hypoventilation syndrome
e		Periodic limb movement disorder
A 76-year-old male admitted to the neurology inpatient unit for further assessment and stroke management is found to be screaming in the middle of the night. He could not recognize the nursing staff or the on-call resident and appears to be confused. He mistakes the resident's stethoscope to be a snake and tries to run away from his room. The resident believes that the patient is delirious and tries to calm down the patient's wife who is scared. Which of the following is affected in delirium?		
a		Attention
b		Consciousness
c		Perception
d		Cognition
e	*	All of the above
A 64-year-old male admitted to the hospital for a hip replacement procedure ends up with renal failure. He develops complications and is found to be delirious. Even after 3 weeks of intensive care by the treatment team, he continues to be confused and misperceives things. What is the percentage of patients who have delirium for more than 1 month?		
a		5%
b		10%
c	*	15%

d		20%
e		50%
All of the following can aggravate delirium except:		
a	*	Clock in the room
b		Hearing impairment
c		Visual impairment
d		Quiet environment
e		Similar environment regardless of the time of the day
Which of the following statements is true about the use of benzodiazepines in the management of delirium?		
a		It is the treatment of choice for delirium related to alcohol or benzodiazepine withdrawal
b		Few controlled studies have evaluated the efficacy of benzodiazepines as a monotherapy in general cases of delirium
c		The combination of intravenous haloperidol and benzodiazepine is more effective than either of the drugs on their own
d		Benzodiazepines alone can worsen delirium in some elderly patients
e	*	All of the above
Which of the following statements is true about delirium?		
a		ECT can cause delirium
b		Anticholinergic medications have been implicated as a cause of delirium
c		Intravenous haloperidol results in fewer extrapyramidal side effects compared to oral or intramuscular administration
d		Benzodiazepines are contraindicated in cases of delirium associated with hepatic insufficiency
e	*	All of the above
All of the following are true about delirium in the elderly except:		
a		Delirium is more common in the elderly
b		Low doses of antipsychotics are recommended in the treatment of delirium in elderly
c		Medications with anticholinergic side effects often cause delirium in the elderly
d		Nursing home patients are at increased risk of delirium
e	*	All of the above
According to the Diagnostic and Statistical Manual of Mental Disorders, 4 th edition (DSM-IV), all of the following are the characteristic symptoms of schizophrenia except:		
a		Hallucinations
b		Disorganized speech
c		Delusions
d		Disorganized behavior
e	*	Low mood
According to the DSM-IV, the duration criterion for the diagnosis of schizophrenia is:		
a	*	6 months
b		1 month
c		3 months
d		1 week
e		2 months
All of the following are features of schizophrenia, disorganized type except:		
a		Insidious onset and continuous course
b		Disorganized speech
c		Disorganized behavior
d		Flat or inappropriate affect
e	*	Prominent delusions and hallucinations
According to the DSM-IV, all of the following are recognized features of schizophrenia, catatonic type except:		
a		Motor immobility
b		Excessive motor activity
c	*	Disorganized behavior

d		Echolalia or echopraxia
e		Extreme negativism
According to the DSM-IV, the duration criterion for the diagnosis of schizophreniform disorder is:		
a	*	At least 1 month but less than 6 months
b		At least 6 months
c		Less than 1 month
d		More than 12 months
e		At least 1 week but less than 1 month
All of the following are considered to be good prognostic features of schizophrenia except:		
a		Prominent psychotic symptoms within 4 weeks of onset of change in behavior
b	*	Disorganized speech
c		Confusion at the height of psychotic episode
d		Good premorbid functioning
e		Absence of blunted or flat affect
According to the DSM-IV, the diagnostic features of schizoaffective disorder include all of the following except:		
a		An uninterrupted period of illness during which there is an episode of mood disorder and characteristic symptoms of schizophrenia
b	*	Delusions or hallucinations for at least 4 weeks in the absence of prominent mood symptoms
c		Mood episode present for a substantial portion of the total duration of the illness
d		The disturbance is not caused by substance abuse or a general medical condition
e		Can be specified as bipolar type or depressive type
According to the DSM-IV, all of the following are diagnostic features of delusional disorder except:		
a		Nonbizarre delusions
b	*	Duration of at least 3 months
c		Criteria for characteristic symptoms (criterion A) of schizophrenia are never met
d		Apart from the impact of delusions, function is not markedly impaired
e		Duration of mood episodes (if present) is brief relative to the total duration of delusional beliefs
According to the DSM-IV, to make a diagnosis of brief psychotic disorder, at least one of the following symptoms has to be present except:		
a		Delusions
b		Hallucinations
c		Disorganized speech
d		Disorganized behavior
e	*	Negative symptoms
According to the DSM-IV, which of the following symptoms has to be present to diagnose major depressive disorder?		
a	*	Depressed mood or loss of interest/pleasure in daily activities
b		Lack of energy or motivation
c		Suicide ideation or homicide ideation
d		Hopelessness or helplessness
e		Guilt or worthlessness
According to the DSM-IV, all of the following symptoms are included in the diagnostic criteria for major depressive disorder except:		
a		Depressed mood
b		Suicide ideation
c		Lack of concentration
d		Fatigue
e	*	Decreased need to sleep
According to the DSM-IV, one of the criterion to diagnose major depressive disorder is either significant weight loss or weight gain. A change of more than what percentage is considered to be a significant change in weight?		

a		10%
b	*	5%
c		15%
d		7,5%
e		20%
The symptoms of major depressive disorder and bereavement are often similar. Sometimes, even an experienced clinician might have a problem in distinguishing the two conditions. There are certain clinical features, however, that are not found in bereavement but are often found in patients with major depressive disorder. All of the following are suggestive of major depressive disorder rather than bereavement except:		
a		Symptoms lasting for more than 2 months after bereavement
b		Marked functional impairment
c		Worthlessness
d	*	Helplessness
e		Suicide ideation
Major depressive disorder is a common condition with a high recurrence rate. Treatment with antidepressant medication decreases both the frequency and duration of episodes of major depressive disorder. How long does an episode of untreated depression last for?		
a		12 months
b		2 years
c		3 months
d	*	6 months or longer
e		Less than 6 months
According to the DSM-IV, the duration criterion for the diagnosis of major depressive disorder is:		
a		4 weeks
b	*	2 weeks
c		8 weeks
d		10 weeks
e		1 week
According to the DSM-IV, the duration criterion (if the patient is not hospitalized) for the diagnosis of a manic episode is:		
a		4 days
b		2 weeks
c		4 weeks
d		2 days
e	*	1 week
According to the DSM-IV, the duration criterion for the diagnosis of a hypomanic episode is:		
a		10 days
b		2 weeks
c		4 weeks
d		3 months
e	*	4 days
According to the DSM-IV, the essential criterion for the diagnosis of a manic episode is:		
a		Irritable mood
b		Expansive mood
c	*	Irritable or expansive mood
d		Grandiosity
e		Flight of ideas
According to the DSM-IV, the duration criterion for the diagnosis of dysthymic disorder in adults is:		
a	*	2 years
b		2 months
c		1 year
d		2 weeks

e		6 months
The term double depression is often used to indicate:		
a		Major depressive disorder lasting for more than 2 years
b	*	Dysthymic disorder with superimposed episode of major depressive disorder
c		Major depressive disorder not responding to electroconvulsive therapy (ECT)
d		Major depressive disorder with some features of hypomania
e		Major depressive disorder with psychotic features
According to the DSM-IV, the diagnostic criteria for bipolar disorder II include all of the following except:		
a		One or more major depressive episodes
b		At least one hypomanic episode
c	*	At least one manic episode
d		Mood symptoms not better accounted for by schizoaffective disorder
e		Course specification
According to the DSM-IV, all of the following are the diagnostic features of cyclothymic disorder except:		
a		Numerous periods of hypomanic and depressive symptoms for at least 2 years
b		Duration criterion in children and adolescents are at least 1 year
c		Absence of symptoms for no more than 2 months during the 2-year period in adults
d	*	At least one major depressive episode
e		Symptoms cause significant distress or impairment
According to the DSM-IV, the criterion for rapid cycling as a course specifier for bipolar I or bipolar II disorder is:		
a	*	At least four episodes of mood disturbance in the previous 12 months
b		At least four episodes of mood disturbance in 1 month
c		Cycling from depression to mania every month
d		Less than 1 month between each episode of mood disturbance
e		At least eight episodes of mood disturbance in the previous 12 months
According to the DSM-IV, all of the following are diagnostic criteria for the diagnosis of personality disorder except:		
a		An enduring pattern of inner experience and behavior
b		Clinically significant distress or impairment
c		Onset traced to at least adolescence or early adulthood
d	*	Behavior consistent with the individual's culture
e		Behavior is pervasive
Personality disorders are grouped into three clusters based on descriptive similarities. Cluster A includes all of the following except:		
a	*	Schizoaffective
b		Schizoid
c		Paranoid
d		Schizotypal
e		None of the above
Personality disorders are grouped into three clusters based on descriptive similarities. Cluster B includes all of the following except:		
a		Antisocial
b		Borderline
c	*	Dependent
d		Histrionic
e		Narcissistic
Personality disorders are grouped into three clusters based on descriptive similarities. Cluster C includes all of the following except:		
a		Avoidant
b		Dependent
c		Obsessive-compulsive

d	*	Antisocial
e		None of the above
<p>A 46-year-old male reports to his psychiatrist in distress and frustration. He states that all of his life he has been a victim of untrustworthy friends and feels reluctant to confide in others. He also believes that others are exploiting him, and he would never forgive his family members for the insults he suffered because of them. He also believes that his wife is cheating on him, although he has never found any evidence. A detailed mental status assessment does not reveal any evidence of schizophrenia, mood disorders with psychotic features, or any other psychotic disorders. What is this patient's most likely diagnosis?</p>		
a		Borderline personality disorder
b		Schizoid personality disorder
c		Schizotypal personality disorder
d	*	Paranoid personality disorder
e		Obsessive-compulsive personality disorder
<p>A 34-year-old male comes in reluctantly to see a psychiatrist because his family believes he has mental illness. The patient, however, thinks that he is fine. The family members report that as long as they remember, the patient has little interest in meeting others, pleasurable activities, or having girlfriends/sexual relationships. He often appears detached, prefers solitary activities, and does not have a desire for close relationships. A detailed mental status assessment does not reveal any evidence of schizophrenia, mood disorders with psychotic features, or any other psychotic disorders. What is this man's most likely diagnosis?</p>		
a		Narcissistic personality disorder
b	*	Schizoid personality disorder
c		Schizotypal personality disorder
d		Dependent personality disorder
e		Obsessive-compulsive personality disorder
<p>A 40-year-old male is referred from his workplace for a psychiatric evaluation. His colleagues noted him to be "bizarre" and "eccentric, suspicious of others." On assessment, it appears this individual has some ideas of reference and believes in telepathy. His speech was overelaborate and circumstantial. His affect was constricted and his behavior peculiar. He remained anxious and uncomfortable throughout the interview. A detailed mental status assessment did not reveal any evidence of schizophrenia, mood disorders with psychotic features, or any other psychotic disorders. What is this subject's most likely diagnosis?</p>		
a		Narcissistic personality disorder
b		Schizoid personality disorder
c	*	Schizotypal personality disorder
d		Paranoid personality disorder
e		Avoidant personality disorder
<p>A 28-year-old male is brought in for a psychiatric evaluation by his parents. The parents "cannot understand why he is doing this." They mention that he was doing well until the age of 10 years after which he started getting into trouble for breaking laws. He started lying and became impulsive and aggressive. He has no remorse and a complete disregard for the safety of self and others. A detailed mental status assessment does not reveal any evidence of schizophrenia, mood disorders with psychotic features, or any other psychotic disorders. What is this subject's most likely diagnosis?</p>		
a		Narcissistic personality disorder
b		Schizoid personality disorder
c		Schizotypal personality disorder
d	*	Antisocial personality disorder
e		Paranoid personality disorder
<p>A 24-year-old female comes for a psychiatric evaluation because her husband has threatened her with "the marriage will end if there is no change in behavior." During the evaluation, it appears that she has a pattern of unstable and intense relationships, identity disturbance, and impulsivity. She has made "hundreds of suicide threats" and cut her wrist several times. She feels "empty" most of the time and has difficulty controlling her anger. A detailed mental status assessment does not reveal any evidence of schizophrenia, mood disorders with psychotic features, or any other psychotic disorders. What is the most likely diagnosis in this subject?</p>		
a		Narcissistic personality disorder

b	*	Borderline personality disorder
c		Schizotypal personality disorder
d		Antisocial personality disorder
e		Histrionic personality disorder
<p>A 36-year-old male comes for a psychiatric evaluation because he believes there is something wrong with him. He joined a new company a few months ago and has been having serious problems with his boss. At his previous workplace, he did not have any problems, and in fact, he was very much liked by everyone. During the evaluation, there was no evidence of any Axis I or Axis II disorder. He describes his boss, Mr. D as “always craving for attention,” and others see the boss’s interactions with female workers as inappropriate and seductive. Mr. D’s speech is impressionistic but lacks details; he dramatizes and exaggerates emotions and is sometimes very suggestible; his emotions are shallow but shift rapidly; and he is very conscious about his physical appearance. What is the most likely diagnosis of his boss’s personality?</p>		
a		Narcissistic personality disorder
b		Borderline personality disorder
c		Schizotypal personality disorder
d		Obsessive-compulsive personality disorder
e	*	Histrionic personality disorder
<p>A 54-year-old male is admitted to the neurology inpatient unit for unexplained weakness in his right arm. Within hours of admission to the unit, the nursing staff, residents, and fellow patients say they have had enough of this patient. The attending neurologist noticed that the patient has an exaggerated sense of self-importance and believes only the “neurology chief, not residents or fellows” should see him. He has unreasonable expectations of everyone and a sense of entitlement. The neurologist suspects an Axis I disorder but did not find any evidence of mood, anxiety, or psychotic disorders. What is the most likely diagnosis in this subject?</p>		
a	*	Narcissistic personality disorder
b		Borderline personality disorder
c		Schizotypal personality disorder
d		Obsessive-compulsive personality disorder
e		Histrionic personality disorder
<p>A 34-year-old male is brought in for a psychiatric evaluation by his wife because she believes that her husband is a very nice and caring individual but has a lot of social inhibitions and avoids activities that involve interpersonal contacts. He is preoccupied with being criticized by others and feels inadequate. Although he is a good-looking intelligent man, he believes he is socially inept and will not get involved with people unless he is certain of being liked. A detailed mental status assessment does not reveal any evidence of schizophrenia, mood disorders with psychotic features, or any other psychotic disorders. What is the most likely diagnosis in this subject?</p>		
a		Paranoid personality disorder
b	*	Avoidant personality disorder
c		Schizotypal personality disorder
d		Obsessive-compulsive personality disorder
e		Histrionic personality disorder
<p>A young couple is seen for marital therapy by a psychiatrist. During the course of therapy, it becomes clear that the husband is unhappy because his wife has difficulty making trivial decisions and does not want to assume responsibilities. She almost never disagrees with him because she fears losing him. She has difficulty in doing anything on her own and is preoccupied by the fears of being left alone to take care of herself. She also goes to excessive lengths to obtain support from others and sees relationships as a source of care and support. A detailed mental status assessment does not reveal any evidence of schizophrenia, mood disorders with psychotic features, or any other psychotic disorders. What is the most likely diagnosis in this subject?</p>		
a		Paranoid personality disorder
b		Avoidant personality disorder
c	*	Dependent personality disorder
d		Obsessive-compulsive personality disorder
e		Histrionic personality disorder
<p>A young couple is seen for marital therapy by a psychiatrist. The wife states that it is becoming increasingly</p>		

difficult for her to stay in the marriage because of her husband's behavior. She states her husband is preoccupied with orderliness and perfectionism to the point it makes her crazy. He is very devoted to his work and is not involved in any leisure activities. He is inflexible about morality, ethics, and is reluctant to delegate tasks to others. He is very rigid and constantly thinks about rules, tasks, and lists. A detailed mental status assessment does not reveal any evidence of schizophrenia, mood disorders with psychotic features, or any other psychotic disorders. What is the most likely diagnosis in this subject?		
a		Schizoid personality disorder
b		Avoidant personality disorder
c		Dependent personality disorder
d	*	Obsessive-compulsive personality disorder
e		Schizotypal personality disorder
A 20-year-old male is referred for further assessment and management for suspected intellectual impairment. An IQ test reveals an overall score of This puts him in which of the following categories?		
a		Normal
b	*	Mild mental retardation
c		Moderate mental retardation
d		Severe mental retardation
e		Profound mental retardation
According to the DSM-IV, all of the following are included in the diagnostic features of Asperger's syndrome except:		
a		Impairment in social interaction
b		Restricted repetitive and stereotyped patterns of behavior
c	*	Significant delay in language
d		Normal age-appropriate self-help skills
e		Absence of other specific pervasive developmental disorders
According to the DSM-IV, to diagnose autistic disorder, the abnormalities in at least one of the three areas of social interaction, language, or symbolic play must be present prior to the age of:		
a	*	3 years
b		6 years
c		7 years
d		6 months
e		1 year
According to the DSM-IV, to diagnose attention-deficit hyperactivity disorder (ADHD), some hyperactive-impulsive or inattentive symptoms that cause impairment must have been present before the age of:		
a		3 years
b		12 years
c	*	7 years
d		5 years
e		1 year
The DSM-IV specifies three subtypes of ADHD, based on the predominant symptom pattern in the past 6 months. These include all of the following except:		
a		ADHD, combined type
b	*	ADHD, disruptive type
c		ADHD, predominantly inattentive type
d		ADHD, predominantly hyperactive-impulsive type
e		None of the above
According to the DSM-IV, conduct disorder is characterized by behaviors in which basic rights of others or rules are violated. These patterns of behaviors fall into the following categories except:		
a		Aggression to people and animals
b		Destruction of property
c		Deceitfulness or theft
d		Serious violations of rules
e	*	Hyperactivity-impulsivity

According to the DSM-IV, all of the following are diagnostic features of oppositional defiant disorder except:	
a	Hostile and defiant behavior
b	Lasts at least 12 months
c	Behavior results in significant impairment in social, academic, or occupational functioning
d	Criteria for conduct disorder are not met
e	* If 18 years or older, criteria for antisocial personality disorder are not met
According to the DSM-IV, all of the following are included in the criteria for substance dependence except:	
a	Tolerance
b	Withdrawal
c	Unsuccessful efforts to cut down
d	* Cessation of use on obtaining information on the harmful effects of the substances
e	Cessation of important social, occupational activities in preference to using the substance
According to the DSM-IV, all of the following are characteristic features of anorexia nervosa except:	
a	* Body mass index (BMI) of less than 19
b	Intense fear of gaining weight
c	Body image disturbance
d	Amenorrhea
e	None of the above
According to the DSM-IV, all of the following are characteristic features of bulimia nervosa except:	
a	Recurrent episodes of binge eating
b	Recurrent inappropriate compensatory behavior to prevent weight gain
c	* Binge eating and compensatory behaviors occur at least twice a week for 6 months
d	Self-evaluation unduly influenced by body weight and shape
e	The disturbance does not occur exclusively during episodes of anorexia nervosa
A 20-year-old Caucasian female diagnosed with paranoid schizophrenia was started on an atypical antipsychotic. She is concerned that the antipsychotic medication will cause weight gain. Which of the following is the most accurate statement regarding weight gain and antipsychotics?	
a	No significant weight gain is observed with atypical antipsychotics
b	Weight gain occurs mainly in the first 2 weeks
c	* Weight gain is related to the pretreatment body mass index (BMI)
d	All antipsychotics cause the same amount of weight gain
e	Weight gain is associated with clinical improvement
Benzodiazepine withdrawal symptoms include all of the following except:	
a	Depersonalization and derealization
b	Perceptual disturbances
c	Anxiety
d	Constipation
e	* Rhinorrhea
Which of the following antipsychotics also has an antidepressant effect?	
a	* Flupentixol
b	Chlorpromazine
c	Haloperidol
d	Trifluoperazine
e	Fluphenazine
A 46-year-old male is referred to a neurologist for tingling and burning sensations in his feet. He also has a history of depression and has been on many antidepressant medications. The neurologist diagnoses him to have peripheral neuropathy after a detailed history and physical examination. Which of the following classes of antidepressants can cause peripheral neuropathy?	
a	Selective serotonin reuptake inhibitors (SSRIs)
b	Tricyclic antidepressants
c	Serotonin and norepinephrine reuptake inhibitors
d	* Monoamine oxidase inhibitors (MAOIs)

e		Norepinephrine reuptake inhibitors
A 48-year-old male patient with treatment-resistant depression has tried all the antidepressants except for MAOIs. He is currently on an SSRI. You would like to get the patient off the SSRI before starting MAOIs because of the risk of serotonin syndrome. Which of the following SSRIs needs the longest washout period before switching over to MAOIs?		
a		Paroxetine
b	*	Fluoxetine
c		Citalopram
d		Sertraline
e		Escitalopram
A neurologist is consulted by a psychiatrist to assess a 42-year-old depressed female with recent onset of "muscle twitches." She was taking citalopram 80 mg, and duloxetine 40 mg was recently added because of suboptimal response to citalopram alone; she denies any alcohol or substance abuse. On examination, the neurologist notes that the patient is slightly disoriented and also has mild tremors and hyperreflexia. What is the most likely cause of the "muscle twitches" in this patient?		
a	*	Serotonin syndrome
b		Alcohol withdrawal syndrome
c		Neuroleptic malignant syndrome
d		Malingering
e		Encephalitis
Serotonin syndrome is characterized by a spectrum of signs and symptoms. According to Hunter criteria for serotonin syndrome, the patient must have taken a serotonergic agent and should have at least one symptom. All of the following are listed in Hunter criteria except:		
a		Tremor and hyperreflexia
b		Spontaneous clonus
c		Inducible clonus plus agitation or diaphoresis
d		Ocular clonus plus agitation or diaphoresis
e	*	Temperature above 32°C plus ocular clonus or inducible clonus
Which of the following tricyclic antidepressants has a strong serotonin reuptake inhibition effect?		
a		Amitriptyline
b		Nortriptyline
c		Imipramine
d		Clomipramine
e	*	Doxepin
Which of the following antidepressants blocks reuptake of dopamine?		
a		Venlafaxine
b	*	Bupropion
c		Buspirone
d		Mirtazapine
e		Fluoxetine
Which of the following medications is associated with depression?		
a	*	Methyl dopa
b		Procyclidine
c		Tryptophan
d		Flupentixol
e		Testosterone
Which of the following is used as an augmenting agent in the treatment of depression?		
a		Propranolol
b	*	Pindolol
c		Metoprolol
d		Sotalol
e		None of the above

The advancement in central nervous system (CNS) pharmacology is attributed to the better understanding of neurotransmitters and neuroreceptors. Which of the following is TRUE about neuroreceptors?		
a		5-HT _{2A} antagonists enhance rapid eye movement (REM) sleep
b		5-HT _{1A} antagonists are anxiolytic
c		Most typical antipsychotics are D ₂ agonists
d	*	D ₂ receptors are found in the limbic system
e		Alpha-2 adrenergic agonists cause increased norepinephrine release
A majority of psychotropic drugs are considered to be lipophilic. All of the following are true about lipophilic drugs except:		
a		They are rapidly absorbed
b		They have a large volume of distribution
c		They have a high first-pass aspect
d	*	They cross the blood-brain barrier slowly
e		They are completely absorbed
The hepatic cytochrome P450 system is important in drug metabolism. All of the following induce hepatic cytochrome P450 enzymes except:		
a		Alcohol
b		Smoking
c		Carbamazepine
d	*	Paroxetine
e		Isoniazid
Serotonin is considered as one of the most important neurotransmitters in the regulation of various psychophysiological functions. Serotonin is thought to be involved in all of the following except:		
a		Aggressive behavior
b		Sleep and wakefulness
c	*	Muscle tone
d		Weight gain
e		Sexual behavior
A 46-year-old male with alcohol-induced cirrhosis is admitted to the neurology in-patient unit for seizure disorder. He becomes agitated following an argument with the nurse and requests "some benzodiazepines" as they have helped him in the past "to relax." Which of the following benzodiazepines is safe in patients with hepatic insufficiency i.e., the elimination of which of the following benzodiazepines is NOT influenced by liver disease?		
a		Midazolam
b	*	Lorazepam
c		Chlordiazepoxide
d		Alprazolam
e		Diazepam
Benzodiazepines act by:		
a		Increasing K _v channel opening
b		Decreasing the frequency of opening of Na _v channels
c		Increasing the frequency of opening of Na _v channels
d		Increasing the duration of opening of Cl _v channels
e	*	Increasing the frequency of opening of Cl _v channels
A 34-year-old female who is breast-feeding her 2-month-old infant would like to know if she can restart diazepam as needed, that her family physician had prescribed her many years ago. She states that it helps her control acute stress-related anxiety. All of the following are true about diazepam except:		
a		Peak plasma concentrations are reached in 30 to 90 minutes
b	*	Intramuscular absorption is faster than oral
c		It is highly lipid soluble
d		It is about 90% to 95% protein bound
e		It is secreted in breast milk

Which of the following is NOT a side effect of benzodiazepines?		
a		Ataxia
b		Postural hypotension
c		Drowsiness
d		Amnesia
e	*	Nightmares
The following are recognized to be associated with benzodiazepine use except:		
a	*	Induction of hepatic microsomal enzymes
b		Leucopenia
c		Eosinophilia
d		Change in plasma cortisol
e		Respiratory depression
Benzodiazepines are often used in combination with SSRIs in the treatment of panic disorder until the full effects of SSRIs are realized. Among other variables, the choice of benzodiazepines depends on the drug's half-life. Which of the following has the longest half-life?		
a		Alprazolam
b		Oxazepam
c		Temazepam
d	*	Flurazepam
e		Lorazepam
Which of the following benzodiazepines have the US Food and Drug Administration (FDA) approval as hypnotic medications for insomnia?		
a		Triazolam
b		Temazepam
c		Estazolam
d	*	All of the above
e		None of the above
All of the following are common symptoms associated with benzodiazepine withdrawal except:		
a	*	Paranoia
b		Tremors
c		Derealization
d		Tinnitus
e		Depersonalization
A 56-year-old male with a history of chronic benzodiazepine use for insomnia is brought to the emergency department (ED) by his daughter with complaints of sedation, incoherence, and problems with coordination. His daughter states that he had been using diazepam 10 to 20 mg every night for many, many years. She also recalls that a few days ago her father saw his family physician and got a new medication for some other problem. The ED physician checks the current medication list and believes the patient has benzodiazepine overdose. Which of the following can increase the levels of benzodiazepines?		
a		Topiramate
b	*	Cimetidine
c		Phenytoin
d		Carbamazepine
e		Rifampicin
The use of benzodiazepines during pregnancy especially during the first trimester is associated with several complications in the fetus. All of the following are known to occur following benzodiazepine use during pregnancy except:		
a		Cleft lip
b		Cleft palate
c		Respiratory depression
d	*	Absent arms and legs
e		Neonatal withdrawal symptoms

All of the following changes in sleep and sleep architecture are associated with benzodiazepine use except:		
a		Decrease in sleep latency
b		Increase in total sleep time
c		Decrease in REM sleep
d	*	Decrease in stage II sleep
e		Increase in sleep spindles
A 38-year-old business executive from Japan comes to the United States for a meeting. He is worried, however, that he will not be able to do a good presentation because he is not able to sleep at night. He sees a physician who prescribes a short-acting hypnotic for 3 days to help him sleep, but the patient is worried that he might develop “addiction.” How long does it usually take to develop tolerance to benzodiazepines?		
a		Two days of daily use
b	*	Two to 3 weeks of daily use
c		One to 2 months of intermittent use
d		Four to 6 months of daily use
e		One year of daily use
A person taking benzodiazepines can have cross-tolerance to which of the following?		
a		Antipsychotics
b		SSRIs
c		MAOIs
d	*	Alcohol
e		Noradrenergic reuptake inhibitors
All of the following are true about benzodiazepine dependence except:		
a		It is more common with rapidly acting drugs
b		It is more common in patients with history of other substance abuse
c	*	It is less likely in patients with passive and dependent personality traits
d		Withdrawal symptoms begin from 24 to 48 hr after last use to 3 weeks after last use depending on the half-life of the drug
e		Withdrawal symptoms can sometimes be fatal
A 26-year-old female with bipolar disorder, stable on lithium would like to know the effects of lithium on the fetus if she becomes pregnant. Lithium administration during pregnancy is associated with which of the following?		
a	*	Epstein’s anomaly
b		Depression in the infant
c		Neural tube defects
d		Hyperglycemia in the newborn
e		Phacomelia
A 28-year-old male with a complicated psychiatric history is on multiple psychotropic medications. His psychiatrist requests a neurology consultation for ataxia. A review of the patient’s current medication list shows that he is on the following medications. Which of these drugs can produce ataxia at therapeutic doses?		
a		Imipramine
b	*	Carbamazepine
c		Quetiapine
d		Chlorpromazine
e		Fluoxetine
A 38-year-old male presents with multiple symptoms. A detailed history and physical examination leads to a suspicion of benzodiazepine withdrawal. The physician is not sure, however, if the symptoms are because of benzodiazepine withdrawal or anxiety disorder. All of the following are more likely to be secondary to benzodiazepine withdrawal rather than anxiety except:		
a		Sensory hyperawareness
b		Tremors
c		Dysphoria
d	*	Difficulty to stop worrying
e		Tongue fasciculations

All of the following are recognized side effects of benzodiazepines except:		
a		Ataxia
b		Confusional state
c	*	Acute dystonia
d		Aggression
e		Drowsiness
All of the following are true about benzodiazepines except:		
a		They potentiate Gamma-aminobutyric acid (GABA)
b		They may have hangover effects
c		They modulate chloride channel flow
d		They are used to abort seizures
e	*	Their effects are antagonized by naloxone
All of the following drugs can cause tremors except:		
a		Amitriptyline
b	*	Diazepam
c		Lithium
d		Haloperidol
e		Phenelzine
A 75-year-old female with headaches is prescribed a low dose of amitriptyline, which was gradually increased. Although she reports feeling better, she complains about dry mouth and difficulty in swallowing. All of the following are side effects of tricyclic antidepressants except:		
a		Blurred vision
b		Tachycardia
c		Tremors
d		Impotence
e	*	Diarrhea
Tricyclic antidepressants can result in severe toxicity at high doses. Which of the following tricyclics has a therapeutic window?		
a		Amitriptyline
b	*	Nortriptyline
c		Protriptyline
d		Imipramine
e		Clomipramine
A 72-year-old female with chronic major depressive disorder is brought to the ED by ambulance for confusion and disorientation. She has been taking amitriptyline for the past 36 years for depression. The ED physician suspects possibility of accidental tricyclic antidepressant overdose. All of the following are true about tricyclic antidepressant overdose except:		
a		Gastric aspiration is helpful
b		Intravenous sodium bicarbonate is often used
c		Cardiac monitoring is important
d		Convulsions can occur
e	*	Tricyclics have a high therapeutic index
Which of the following tricyclics is a secondary amine?		
a		Clomipramine
b	*	Desipramine
c		Amitriptyline
d		Imipramine
e		Doxepin
A 37-year-old male with headaches, insomnia, and depression is prescribed a tricyclic antidepressant with the hope of treating all of these problems with one medication. Two days after starting treatment, he calls the physician with complaints of dry mouth and blurred vision. Which of the following tricyclics has the most anticholinergic effects?		

a		Clomipramine
b	*	Amitriptyline
c		Nortriptyline
d		Desipramine
e		Amoxapine
A 56-year-old female with postural hypotension and chronic migraine headaches is prescribed amitriptyline. The patient reports improvement in headaches but mentions an increase in dizziness symptoms, especially when she gets out of bed in the morning. Which of the following drugs has the least effect on blood pressure?		
a		Amitriptyline
b		Clomipramine
c	*	Nortriptyline
d		Imipramine
e		Desipramine
Nortriptyline is one of the very few psychotropic medications that is known to have a therapeutic window. The most effective therapeutic plasma concentrations for nortriptyline are in the range of:		
a		150 to 200 ng/mL
b		200 to 250 ng/mL
c	*	50 to 150 ng/mL
d		115 to 150 ng/mL
e		25 to 50 ng/mL
A 52-year-old female presents with depressed mood and diminished interests for the past 2 months. Her appetite has increased and so has her weight. She reports sleeping up to 15 hours per day but continues to feel tired. She mentions that typically her mood gets worse during the winter and she feels better during summer months. What would be the most appropriate antidepressant to prescribe for this patient?		
a		Fluoxetine
b		Paroxetine
c		Mirtazapine
d	*	Bupropion
e		Trazodone
A 56-year-old male with recurrent depression resistant to standard antidepressant medications is started on phenelzine and advised dietary and other restrictions. The patient has a hard time understanding why he would develop hypertensive crisis if he eats cheese. The hypertensive crisis seen with MAOIs are caused by the patient's inability to deaminate:		
a		Tryptophan
b		Leucine
c	*	Tyramine
d		Tyrosine
e		Tranlycypromine
All of the following foods are contraindicated in individuals taking MAOIs except:		
a		Cheese
b	*	Bananas
c		Red wine
d		Yeast extracts
e		Aged meats
A 54-year-old male on phenelzine for depression presents with confusion and agitation. On examination, he is diaphoretic, and his reflexes are brisk. His partner reports that the physician had recently started taking a new medication, sumatriptan, for migraine headaches. The patient is most likely having:		
a		Rhabdomyolysis
b		Neuroleptic malignant syndrome
c		Respiratory infection
d		Cheese reaction
e	*	Serotonin syndrome
When switching from an SSRI to an MAOI, a washout period of at least 2 weeks is recommended for all of the		

following, except:		
a		Citalopram
b		Paroxetine
c		Venlafaxine
d	*	Fluoxetine
e		Sertraline
All of the following are true about mirtazapine except:		
a		It has antihistamine effects
b		It is a central presynaptic alpha-2 adrenergic receptor antagonist
c		Sedation is a common side effect
d	*	It decreases appetite
e		It rarely causes agranulocytosis
Which of the following antidepressants has the shortest half-life?		
a		Fluoxetine
b		Paroxetine
c		Sertraline
d	*	Fluvoxamine
e		Citalopram
All of the following are known side effects of SSRIs except:		
a		Diarrhea
b		Stomach upset
c		Change in appetite
d	*	Cardiac arrhythmias
e		Headaches
Which of the following is a common side effect of SSRIs?		
a	*	Anorgasmia
b		Hypertension
c		Urinary hesitancy
d		Alopecia
e		Itching
All of the following can be caused by SSRIs except:		
a		Nausea
b		Diarrhea
c		Agitation
d		Akathisia
e	*	Premature ejaculation
A 46-year-old male is very unhappy that when he missed two doses of paroxetine, he felt nauseous, anxious, irritable, and agitated. He requests his physician to prescribe a medication that is unlikely to cause these symptoms if he accidentally misses any dose of medication. Discontinuation syndrome is least likely to be associated with:		
a	*	Fluoxetine
b		Citalopram
c		Venlafaxine
d		Sertraline
e		Fluvoxamine
An 86-year-old female with coronary artery disease and congestive heart failure is admitted to the neurology department after a stroke. She is on multiple medications, and the neurologist attending to her diagnosed her to have clinical depression. He decides to start her on an SSRI. One of the important considerations in choosing an appropriate SSRI in this patient includes:		
a		Affinity for opiate receptors
b		Potency in inhibiting 5-HT reuptake
c		Selectivity in inhibiting 5-HT reuptake

d		Inhibition of dopamine reuptake
e	*	Inhibition of hepatic cytochrome P450 isoenzymes
What is the most common adverse effect reported with SSRIs use?		
a		Constipation
b	*	Nausea
c		Diarrhea
d		Tremor
e		Headaches
Priapism is most commonly associated with which of the following antidepressant medications?		
a	*	Trazodone
b		Paroxetine
c		Effexor
d		Wellbutrin
e		Amitriptyline
The antidepressant effect of trazodone is because of its action at which of the following receptors?		
a		Histamine receptors
b		Muscarinic receptors
c	*	5-HT _{2A} receptors
d		Dopamine receptors
e		Norepinephrine receptors
Which of the following is NOT a side effect of trazodone?		
a		Priapism
b		Orthostatic hypotension
c		Drowsiness
d	*	Seizures
e		Headaches
Lithium is primarily excreted through which of the following organ systems?		
a		Lungs
b	*	Kidneys
c		Sweat
d		Feces
e		Liver
A 54-year-old male with chronic recurrent depression is admitted to the hospital for confusion and disorientation. A review of his medications shows that he is on lithium. Further collateral history from his psychiatrist reveals that he was getting depressed again recently, and he had in fact decreased his food intake due to lack of appetite but continued to take lithium as prescribed. What is the most likely cause for this patient's confusion?		
a	*	Lithium toxicity
b		Worsening of depression
c		Dementia
d		Psychosis
e		Postictal confusion
All of the following drugs are lipophilic except:		
a	*	Lithium
b		Haloperidol
c		Nortriptyline
d		Propranolol
e		Diazepam
Clozapine is indicated for treatment-resistant schizophrenia. All of the following are dose-limiting side effects of clozapine except:		
a	*	Agranulocytosis
b		Sedation

c		Seizures
d		Hypotension
e		All of the above
Although agranulocytosis associated with clozapine is considered to be largely an idiosyncratic reaction, certain risk factors have been identified. All of the following are considered to increase the risk of agranulocytosis except:		
a		Female gender
b		Older age
c		Low baseline white cell count
d		First few months of treatment
e	*	African American race
Which of the following medications is generally not administered with clozapine?		
a		Escitalopram
b	*	Clonazepam
c		Sertraline
d		Risperdal
e		Propranolol
A 52-year-old female with schizophrenia who was in remission with olanzapine decided to stop taking olanzapine because of a 30-pound weight gain in the past 3 months since she started taking olanzapine. She is now back in the inpatient unit with paranoia and auditory hallucination but refuses to take olanzapine because of weight gain. Which of the following antipsychotics is least likely to cause weight gain?		
a		Risperidone
b	*	Molindone
c		Haloperidol
d		Chlorpromazine
e		Clozapine
Which of the following medications, in combination with neuroleptics, can increase the risk of neuroleptic malignant syndrome (NMS)?		
a	*	Lithium
b		Valproic acid
c		Lamotrigine
d		Clonazepam
e		Benzatropine
Although NMS is typically associated with neuroleptics, other drugs can cause symptoms that are very similar to NMS. Which of the following drugs are known to cause symptoms similar to NMS?		
a		Reserpine
b		Metoclopramide
c		Methylphenidate
d		Lithium
e	*	All of the above
All of the neuroleptics are known to decrease the seizure threshold to some extent. Which of the following neuroleptics causes the largest decrease in seizure threshold?		
a		Olanzapine
b		Risperidone
c		Molindone
d	*	Clozapine
e		Aripiprazole
A 24-year-old female with rapid-cycling bipolar disorder is in remission with carbamazepine. She has a new boyfriend and would like to start taking birth control pills. What is the effect of carbamazepine on birth control pill levels in the blood?		
a	*	Decreases the levels of birth control pills
b		Increases the levels of birth control pills

c		No effect on the levels of birth control pills
d		None of the above
e		All of the above
Which of the following medications can increase serum lithium levels?		
a		Ibuprofen
b		Diclofenac sodium
c		Spirolactone
d		Tetracycline
e	*	All of the above
Which of the following are noted in electrocardiogram (EKG) with lithium?		
a		T-wave flattening
b		T-wave inversion
c		Prolongation of atrioventricular conduction
d	*	All of the above
e		None of the above
Which of the following antidepressant medications is available in the parenteral form?		
a		Citalopram
b	*	Amitriptyline
c		Fluoxetine
d		Doxepin
e		Sertraline
Which of the following antidepressant medications should be avoided in patients with Parkinson's disease?		
a	*	Amoxapine
b		Amitriptyline
c		Bupropion
d		Fluoxetine
e		Venlafaxine
Which of the following SSRIs has the most anticholinergic effects?		
a	*	Paroxetine
b		Fluoxetine
c		Sertraline
d		Fluvoxamine
e		Citalopram
A 65-year-old male with narrow-angle glaucoma is diagnosed to have major depressive disorder and is considered for antidepressant medications. All of the following antidepressants are considered to be relatively safe except:		
a	*	Paroxetine
b		Venlafaxine
c		Bupropion
d		Trazodone
e		Nefazodone
A 28-year-old female is diagnosed to have seasonal affective disorder. She is not keen to try antidepressants but is willing to try bright light therapy. She would like to know how quickly she can expect a response. What is the average length of time for patients to show response to bright light therapy in seasonal affective disorder?		
a		8 weeks
b		4 weeks
c		2 months
d	*	2 to 4 days
e		30 days
A 36-year-old male with a history of drug abuse is admitted to the hospital for disorientation and possible psychosis. Over the next 2 days, he is noticed to be doing well on the unit. The night before planned discharge, however, he is noted to be hallucinating again and becomes extremely agitated. Intermittent psychotic episodes		

are noticed in the next 2 to 3 weeks. The resident decides to take another look at this patient's medical records and checks for his urine toxicology on admission. Given the above presentation, what is it most likely to show?		
a		Amphetamines
b		Benzodiazepines
c		Cocaine
d		Marijuana
e	*	Phencyclidine (PCP)
Which of the following benzodiazepines is metabolized in the gastrointestinal tract prior to its absorption?		
a		Clonazepam
b		Diazepam
c	*	Clorazepate
d		Alprazolam
e		Temazepam
Bupropion is known to decrease the seizure threshold. What is the incidence of seizures in patients taking bupropion in doses greater than 450 mg per day?		
a		0,4%
b		4%
c	*	2%
d		0,2%
e		10%
The incidence of aplastic anemia with carbamazepine is:		
a		One in 1,000
b		One in 10,000
c		One in 100,000
d	*	One in 20,000
e		One in 5,000
All of the following are side effects associated with use of the clozapine except:		
a	*	Hyperprolactinemia
b		Weight gain
c		Sedation
d		Seizures
e		Hypotension
Aripiprazole has all of the following FDA approvals except for the treatment of:		
a		Schizophrenia
b		Acute agitation in schizophrenia
c		Mixed bipolar disorder
d		Manic bipolar disorder
e	*	Acute agitation in depression
All of the following are true regarding aripiprazole except:		
a		Half-life of 75 hours
b		Partial agonist at D2 and 5-HT1A
c		It is a substrate of CYP2D6 and 3A4
d	*	Indicated for dementia-related psychosis
e		Can lower seizure threshold
A 72-year-old female with panic disorder was prescribed paroxetine and clonazepam. Her past medical history is significant for seizure disorder, which is treated with phenytoin. During the follow-up appointment, the patient complains of unsteady gait. On examination, except for unsteady gait, no focal neurological abnormalities are noted. What is the most likely cause for unsteady gait in this patient?		
a		Paroxetine
b	*	Clonazepam
c		Phenytoin
d		Phenytoin toxicity

e		All of the above
<p>A 26-year-old Asian American male with mental retardation is evaluated for aggressive behavior. The patient was tried on several antipsychotic and mood stabilizers with no benefit. His mother mentions to you that she tried carbamazepine 500 mg, which she got from one of her colleagues at work. It has worked well for her colleague's son who also has similar problems. Before prescribing carbamazepine for this patient, which of the following blood tests should you perform?</p>		
a		Thyroid-stimulating hormone (TSH) levels
b	*	HLA-B*1502
c		HLA-DQB106
d		Cortisol levels
e		Prolactin levels
<p>All of the following are true about carbamazepine except:</p>		
a		Can cause syndrome of inappropriate antidiuretic hormone secretion (SIADH)
b		It induces its own metabolism
c	*	Eliminated by extrahepatic metabolism
d		Reduces levels of valproic acid
e		Plasma levels are not an accurate indicator of toxicity
<p>A 62-year-old male with bipolar disorder presents with complaints of double vision. On reviewing his medications, he was noted to be on lithium. His psychiatrist has been prescribing lithium for more than 20 years, and the patient's most recent lithium levels done 4 weeks ago were within normal range. The patient would like to know more about lithium side effects. The following are the recognized side effects of lithium at a therapeutic dose except:</p>		
a		Thirst
b		Fine tremors
c		Polydipsia
d	*	Diplopia
e		Erection problems
<p>An 18-year-old male has been taking paroxetine for the past 8 weeks for anxiety disorder. He forgets to pick up the refill and does not take paroxetine for more than 48 hours. He calls the physician's office and complains of anxiety, irritability, and feeling uncomfortable. He is worried that he has become "hooked on the medicine." All of the following are true regarding antidepressant discontinuation syndromes except:</p>		
a		More common with short half-life drugs
b		Most of them can cause discontinuation syndrome
c		Abrupt discontinuation is a risk factor
d	*	Indicate that the patient is dependent on these medicines
e		Cause irritability, insomnia, and restlessness
<p>A 36-year-old anxious executive complains of difficulty falling and staying asleep because of the "stress" associated with several deadlines at his workplace. He believes that lack of sleep at night is affecting his performance during the day and makes him more worried at night. He was prescribed a short course of eszopiclone and referred for relaxation therapy. After a week, he calls, however, and mentions that his insomnia is getting worse. The patient has not tried eszopiclone because he is now "worried about getting dependent on sleeping medicines." All of the following are true about eszopiclone except:</p>		
a		Potential for tolerance exists
b		It is thought to bind preferentially to the alpha subunit of the GABABDZ receptor complex
c	*	It is a benzodiazepine derivative
d		Dose to be reduced in the elderly
e		The FDA has approved this drug for "long-term" use
<p>A 54-year-old male with generalized anxiety disorder (GAD) was prescribed buspirone. He calls the doctor's office after 2 weeks and complains of persistent anxiety. One of the features of treatment with buspirone the patient should be aware is:</p>		
a		It can cause dependence
b	*	It takes 4 to 6 weeks for symptomatic relief
c		Causes sedation

d		Sexual dysfunction is not common
e		Low doses are effective
A 32-year-old female with panic disorder is terrified by panic attacks and requests immediate symptomatic relief. The panic attacks are debilitating, and she is not able to function. She is otherwise fit and healthy and has no history of any substance abuse or dependence. A reasonable approach would be:		
a		Intensive psychodynamic psychotherapy
b		Combination of bupropion and clonazepam
c		Start the patient on any SSRI
d		Start the patient on an SSRI and refer to cognitive behavioral therapy (CBT)
e	*	Start the patient on a combination of an SSRI for the long term and low-dose clonazepam for a short duration
A 26-year-old schizophrenic African American male is administered 10 mg of haloperidol following an episode of acute agitation and aggressive behavior in the emergency department (ED). After a few hours, he is noticed to have sustained contraction of the neck muscles and complains of severe pain. All of the following are true about dystonia except:		
a		More common in men than in women
b		More common in younger than older individuals
c	*	Is more common than akathisia in patients treated with neuroleptics
d		Treated with lorazepam or diphenhydramine hydrochloride
e		Can cause trismus
A 52-year-old male admitted to an acute psychiatric unit for psychosis and agitation is given 10 mg intramuscular (IM) haloperidol. Later in the evening, the resident on call is called by the nursing staff, as the patient was noticed to be having muscle rigidity and fever. He suspects neuroleptic malignant syndrome (NMS). All of the following are features of NMS except:		
a	*	Clear consciousness
b		Muscle rigidity
c		Elevated temperature
d		Leukocytosis
e		Elevated creatine kinase levels
A 42-year-old male with bipolar disorder is admitted to the hospital for acute mania. He is pacing up and down the hallway and agitating other patients. He believes he has divine powers and offers to "cure everyone." All of the following drugs are effective in the treatment of the acute phase of mania except:		
a		Lithium
b	*	Lamotrigine
c		Olanzapine
d		Valproic acid
e		Haloperidol
What is the mechanism of action of venlafaxine?		
a		Inhibition of reuptake of dopamine
b		5-HT ₁ receptor agonist
c	*	Inhibition of reuptake of serotonin and noradrenaline
d		Stimulation of glutamate receptors
e		Inhibition of gamma-aminobutyric acid (GABA) receptors
A 48-year-old male with profound mental retardation is noted to be sexually aggressive and inappropriate. He has sexually assaulted several patients and staff members in the nursing home. The physicians decide to administer cyproterone acetate after getting permission from the family members and the legal guardian. All of the following are true about cyproterone acetate except:		
a		Used in the treatment of sexually disinhibited behavior in the context of mental illness
b		Decreases the erectile response to stimulation
c		Can be given orally or IM
d	*	More effective in older men with low testosterone levels
e		Has been used in to control sexual disinhibition in mentally retarded people
A 48-year-old female with bipolar disorder is considered for treatment with lithium. After discussing the risks,		

benefits, and alternatives, the patient agrees to take lithium. All of the following tests are relevant in this patient except:		
a		Pregnancy test
b		Tsh
c		Urea and creatinine
d		Electrocardiogram (EKG)
e	*	Liver function tests
A 48-year-old male with treatment-resistant schizophrenia has been relatively stable for the past 6 months on clozapine. On a routine follow-up visit, the patient is noticed to be depressed with lack of appetite, difficulty staying asleep, problems with concentration, energy, and motivation. He also complains of feeling helpless and worthless. The treating physician decides to start antidepressant medication. Which of the following antidepressants would mandate particular caution in this patient?		
a	*	Mirtazapine
b		Fluoxetine
c		Sertraline
d		Citalopram
e		Trazodone
A 38-year-old male with a history of coronary artery disease was diagnosed with psychosis not otherwise specified following an episode of paranoia associated with third-person auditory hallucinations. The patient was started on an atypical antipsychotic (ziprasidone 20 mg twice per day). The pharmacy requests an EKG before they could dispense ziprasidone. What is the most important feature to look for on the EKG in this patient?		
a	*	QTc interval
b		Heart rate
c		Signs of ischemia
d		Signs of old infarction
e		Signs of hypokalemia
Serotonin discontinuation syndrome is caused by abrupt discontinuation of an SSRI. However, different SSRIs cause varying severities of symptoms. Which of the following SSRIs is least likely to cause discontinuation syndrome?		
a		Sertraline
b		Citalopram
c		Escitalopram
d		Paroxetine
e	*	Fluoxetine
A 46-year-old female with GAD admits to using alcohol to “control anxiety.” She requests her physician to prescribe diazepam because it helped one of her friends. Her physician refuses to prescribe any benzodiazepines, however, because of her substance abuse history. Instead, he prescribes her buspirone. Buspirone acts by:		
a		5-HT _{2C} agonist
b	*	5-HT _{1A} agonist
c		5-HT _{1A} antagonist
d		GABA agonist
e		Serotonin reuptake inhibition
A 57-year-old male was treated for depression with an SSRI. He made a less-than-full recovery despite taking the highest recommended dose. The treating physician thinks about using an augmenting agent. All of the following can be used except:		
a		Thyroxine
b		Lithium
c		Tryptophan
d	*	Propranolol
e		Pindolol
Serotonin deficiency is thought to be one of the most important causes of depression. All of the following facts support the serotonin deficiency hypothesis for depression except:		

a		Decreased 5-HT platelet uptake
b		Decreased plasma tryptophan levels
c		Decreased 5-hydroxy-indoloacetic acid (5-HIAA) levels in cerebrospinal fluid
d	*	Decreased 5-HIAA levels in brain
e		Blunted 5-HT1-mediated prolactin release in response to L-tryptophan
A 36-year-old obese female with a history of bulimia characterized by binge eating and induced vomiting is admitted to a psychiatry inpatient unit following an overdose of an acetaminophen (Tylenol). She is diagnosed to have major depressive disorder. Which of the following is the least appropriate choice of antidepressant in this patient?		
a		Fluoxetine
b	*	Bupropion
c		Venlafaxine
d		Citalopram
e		Sertraline
Clozapine, a potent atypical antipsychotic is associated with the adverse effect of agranulocytosis. What is the incidence of agranulocytosis in patients taking clozapine?		
a		5%
b		10%
c		3% to 5%
d	*	1% to 2 %
e		10% to 15 %
Which of the following statements are true about the pharmacological treatment of generalized anxiety disorder (GAD)?		
a		SSRIs can cause temporary worsening of some of the symptoms
b		It usually takes about 4 to 6 weeks to notice any significant improvement
c		Beta-blockers are helpful mainly because of their peripheral effect
d		If benzodiazepines are used at all, a relatively longer half-life drugs are preferred
e	*	All of the above
A 56-year-old male with panic disorder takes almost 60 mg of clonazepam to “get rid of bad panic attack.” His wife calls 911 because he is not responding now, and he is breathing very shallow. Which of the following statements regarding benzodiazepine intoxication is true?		
a	*	Flumazenil is the treatment of choice
b		A single dose of flumazenil reverses all the symptoms of benzodiazepine intoxication permanently
c		Benzodiazepine intoxication is never fatal
d		Short half-life benzodiazepines are less likely to cause intoxication
e		CYP450-1A2 is very important in the metabolism of benzodiazepines
All of the following statements regarding lamotrigine are true except:		
a		Rapid increase in dose is more likely to cause rash
b		Has been found to be effective in bipolar depression
c	*	Promotes glutamate release
d		It is thought to stabilize sodium channels
e		The usual starting dose in patients with bipolar depression is 25 mg once per day
Which of the following statements regarding lithium are true?		
a		It is a monovalent cation
b		Dialysis is one of the treatments in overdose
c		It is thought to affect second messenger systems
d		Can cause leucocytosis
e	*	All of the above
Which of following statements about acamprosate are true?		
a		It is a taurine derivative
b		It is an N-methyl-D-aspartate (NMDA) antagonist
c		It is contraindicated in severe hepatic damage

d		It helps with abstinence in alcohol dependence
e	*	All of the above
A 45-year-old registered nurse would like to quit smoking because her new workplace has a no-smoking policy. Although she never bothered to learn how nicotine affects her health despite smoking for more than 20 years, she is now interested in knowing more about nicotine and believes that this knowledge will help her to quit smoking. Which of the following statements about nicotine are true?		
a		It increases dopamine release in the nucleus accumbens
b		It is a stimulant
c		Bupropion has been found to be effective in smoking cessation
d		Nicotine primarily acts at nicotinic acetyl receptors
e	*	All of the above
Defense mechanism in psychotherapy refers to:		
a		Fending off an argument by not talking
b		Conscious effort to block unpleasant emotions
c	*	Unconscious, intrapsychic process
d		Psychological turmoil
e		All of the above
Ego ideal in psychotherapy refers to:		
a		Id
b		Ego
c		Defense mechanism
d	*	Part of superego that aspires to have higher morals and values
e		Based on pleasure principle
Oedipus complex refers to:		
a		Internalization of maternal figure
b		Develops at the age of 10 years
c		Occurs in boys
d	*	Internalization of father figure
e		Proposed by Sigmund Freud
The three stages of development proposed by Margaret Mahler include all of the following except:		
a		Separation-individuation phase
b		Autistic phase
c		Symbiotic phase
d	*	All of above
e		None of the above
Alexithymia refers to:		
a		Difficulty reading
b		Total inability to read
c		Difficulty with writing
d		Difficulty understanding spoken language
e	*	Inability to verbalize feelings
Aaron Beck's cognitive triad in depression includes:		
a		Negative cognitions about self
b		Negative cognitions about the world
c		Negative cognitions about the future
d	*	All of the above
e		None of the above
All of these features are characteristic of obsessions except:		
a	*	Urge to perform a behavior
b		Persistent intrusive thoughts
c		Insight that the thoughts belong to self
d		Not amenable to logic

e		Persistent intrusive impulse or idea
All of these features are characteristic of compulsions except:		
a		Urge to perform a behavior
b		Difficulty in resisting the behavior
c		Worsening of anxiety on resisting the urge
d	*	Worsening of anxiety on performing the behavior
e		Relief of anxiety on performing the behavior
Cognitive behavioral therapy (CBT) is effective in treating which of the following conditions?		
a		Major depressive disorder
b		Generalized anxiety disorder (GAD)
c		Panic disorder
d		Social phobia
e	*	All of the above
The theory of learned helplessness was proposed to explain which of the following disorders?		
a		Alcohol abuse
b	*	Depression
c		Phobia
d		GAD
e		Posttraumatic stress disorder
Flooding in the behavioral component of CBT refers to:		
a	*	Sudden exposure to the most anxiety-provoking stimulus
b		Relaxation in water
c		Exposure to painful stimulus until the undesired behavior is terminated
d		Gradual exposure to the most anxiety-provoking stimulus
e		Challenge dysfunctional beliefs
The use of disulfiram in the treatment of alcoholism is an example of:		
a		Punishment
b		CBT
c	*	Aversion therapy
d		Systematic desensitization
e		Flooding
One of the symptoms that differentiates depression from bereavement is:		
a		Appetite disturbance
b		Sleep disturbance
c		Lack of concentration
d		Crying spells
e	*	Worthlessness
Systematic desensitization refers to:		
a	*	Gradual exposure to anxiety-provoking stimulus
b		Sudden exposure to anxiety-provoking stimulus
c		Application of electric shocks until the undesired behavior is extinguished
d		Modification of dysfunctional beliefs and attitudes
e		Group therapy
Which of the following statements are true about dialectical behavior therapy (DBT)?		
a		Designed by Marsha Linehan
b		Goal is to reduce self-harm and hospitalizations
c		Manual-driven therapy
d		Helpful in borderline personality disorder patients
e	*	All of the above
All of the following are features of CBT except:		
a		Focus on dysfunctional beliefs and attitudes
b		Based on principles of learning and cognitive theory

c		Homework is often part of the treatment plan
d	*	Considers childhood experiences, abuse
e		Goal setting is an important part of the treatment
Which of the following conditions respond to CBT?		
a		Obsessive-compulsive disorder (OCD)
b		Panic disorder
c		Depression
d		GAD
e	*	All of the above
All of the following are characteristics of group therapy except:		
a		The participants have a similar problem
b		Goal is to establish premorbid function
c	*	No prescreening is necessary
d		Acceptance is an important therapeutic factor
e		Therapist acts as a guide
Which of the following statements is true about hypnosis?		
a		Paranoia is a contraindication
b		Effective in pain disorders
c		Subject's ability to dissociate is important
d		Trust between the therapist and subject is important
e	*	All of the above
All of the following are true about Freud's psychosexual model of development except:		
a		It deals from birth to 18 years of age
b	*	There are six stages of development
c		The goal of each stage is to derive pleasure and relieve pain
d		The phallic stage is also known as the genital stage
e		The latency stage lasts from 6 to 11 years of age
The prevalence of personality disorders in the general population is:		
a		20%
b		1%
c	*	5% to 10%
d		20% to 40%
e		30% to 60%
What is the most common defense mechanism in patients with paranoid personality disorders?		
a		Regression
b		Suppression
c		Denial
d	*	Projection
e		Reaction formation
According to the Diagnostic and Statistical Manual of Mental Disorders, 4 th edition (DSM-IV), violent behavior is a characteristic feature of all of the following disorders except:		
a	*	Paranoid personality disorder
b		Borderline personality disorder
c		Antisocial personality disorder
d		Intermittent explosive disorder
e		Conduct disorder
All of the following are known to increase the risk of antisocial behavior except:		
a		Substance abuse
b		Family history of alcoholism
c	*	Adoption
d		Childhood abuse
e		Easy access to guns

A 26-year-old female presents to the emergency department (ED) with superficial scratches on her left forearm. While in the ED, she gets into an argument with the nurse and swears at her. When the doctor comes to see her, however, she becomes very pleasant and tells him that he is the best doctor she has ever seen. The ED physician feels very good about this but suspects the patient has borderline personality traits. All of the following defense mechanisms are commonly seen in patients with borderline personality disorder except:

a		Idealization and devaluation
b		Projection
c		Projective identification
d		Acting out
e	*	Reaction formation

All of the following defense mechanisms are commonly seen in individuals with obsessive-compulsive personality disorders except:

a		Reaction formation
b		Undoing
c		Isolation of affect
d	*	Projection
e		Rationalization

Which of the following conditions can cause catatonia?

a		Viral encephalitis
b		Head injury
c		Cerebrovascular disorders
d		Brain tumors
e	*	All of the above

All of the following are features of Huntington's disease except:

a	*	Autosomal recessive
b		Abnormality on chromosome 4
c		Dementia
d		Chorea
e		Anticipation

What is the trinucleotide repeat sequence characteristic of Huntington's disease?

a	*	CAG
b		AAG
c		CCG
d		GCC
e		ACC

Which of the following psychiatric disorders is very common in patients with cardiovascular disorders?

a		Mania
b		Hypomania
c		Psychosis
d	*	Depression
e		Phobia

Which of the following conditions can cause dementia?

a		Hypercalcemia
b		Vitamin B12 deficiency
c		Hypothyroidism
d		Normal pressure hydrocephalus
e	*	All of the above

All of the following are features of pellagra except:

a	*	Thiamine deficiency
b		Psychiatric disturbances
c		Dermatitis
d		Diarrhea

e		Dementia
Rapid eye movement (REM) sleep behavior disorder (RBD) is associated with a higher incidence of which of the following disorders?		
a		Strokes
b		Seizures
c	*	Synucleinopathies
d		Depression
e		Psychosis
A 72-year-old male is consulted for grimacing, tongue protrusion, and lipsmacking movements. He was diagnosed with schizoaffective disorder when he was 40 years old and has been taking trifluoperazine since then. The neurologist diagnoses him to have tardive dyskinesia. All of the following are risk factors for tardive dyskinesia except:		
a		Old age
b		Diffuse brain damage
c		Duration of antipsychotic treatment
d	*	Affective psychosis
e		Substance abuse
All of the following are associated with a higher risk of mental illness in children except:		
a		Living in inner cities
b		Learning disability
c		Physical disability
d	*	Adoption
e		Chronic physical illness
Untreated attention-deficit hyperactivity disorder (ADHD) in children is associated with an increased risk of:		
a		Conduct disorder
b		Substance abuse
c		Poor academic performance
d		Increase in motor vehicle accidents
e	*	All of the above
A 56-year-old female with a history of depression characterized by psychomotor retardation is treated with venlafaxine. Although she responds well to the medication, she complains of “uncomfortable sensations” in her legs during the evening. These symptoms worsen gradually to the point that she finds it hard to fall asleep because she has to walk or shake her legs to get rid of these sensations. The treating psychiatrist diagnosed her to have restless legs syndrome (RLS) precipitated by venlafaxine and considers changing the antidepressant. Which of the following antidepressant medications is not associated with RLS?		
a		Escitalopram
b	*	Bupropion
c		Mirtazapine
d		Fluvoxamine
e		Paroxetine
A 32-year-old male is diagnosed to have attention-deficit disorder (ADD) after neuropsychological testing. He states that he is happy because “finally, there is some explanation” to all the problems he has had with concentration and memory all his life. He also states that as a child, he was not just having attention problems but he was also “very hyperactive.” However, the symptoms of hyperactivity have subsided over the past decade. He states that he was “self-medicating” with stimulants including methylphenidate that he got off the streets and sometimes drank large quantities of alcohol to “calm” himself. He was admitted twice to an alcohol rehabilitation center. Which of the following will be the first choice to treat ADD in this patient?		
a		Methylphenidate
b		Amphetamines
c		Provigil
d	*	Atomoxetine
e		All of the above
Freud’s psychosexual model of development includes all the following stages except:		

a		Adolescence
b		Anal phase
c		Oral phase
d	*	Oedipus complex
e		Genital phase
Which of the following statements about separation anxiety disorder is true?		
a		Found in 1% of adolescents
b		Equally common in both boys and girls
c		Found in 4% of school-age children
d		CBT is effective
e	*	All of the above