Q.1 A 28 years old unmarried male diagnosed as patient of chronic schizophrenia has been treated with Haloperidol, Olanzapine, and Quetiapine without any response for the last 6 years. He has rapidly gained weight in the last few months.

a) What could be the reasons for the poor response?
b) What is the likely pathophysiological basis of the rapid gain in weight in this patient?
c) In the light of current evidence, what options would you suggest to the patient for his weight reduction?

Q.2 A forty years old lady is offered antidepressant treatment for a moderate depressive episode. Please respond to her following queries.

a) "What is the chance of my 17 year old daughter developing this disease"?
b) "Will I become dependent on the prescribe drug? Can I safely quit them"?
c) "What will be the course of my illness if I don't take the prescribe treatment"?
d) "For how long should I take the medication"?
e) "What are chances of relapse if I complete the entire duration of treatment"?
Q.3 A 19 years old boy was brought to psychiatry OPD with many self inflicted cuts on forearms, thighs and bruises on forehead. Patient has had a history of mood swings, impulsivity, episodes of self harm followed by feelings of regret. Parents told that patient's mood has always been unpredictable and that he was quarrelsome ever since his childhood. There is history of substance abuse and childhood sexual abuse. He frequently asks the question “who am I?”

a) What is your provisional diagnosis?
b) Enlist 3 differential diagnoses.
c) What pharmacological options would you consider in light of current evidence and guidelines?
d) Mention the different psychological therapies that you may consider to help this patient.

Q.4 A 45 years old lady is a known case of psychiatric illness for the last 15 years. There is history of episodes of fatigue, listlessness, increased sleep and appetite interspersed with episodes of overactivity, talkativeness, overdressing and singing. She has been stable on medication for the last 1 year but is complaining of weight gain, tiredness and lethargy for past 4 months. Her BP is 140/90 mmHg and her pulse is 56 per min. She has tremors on both hands. Her mood is euthymic on MSE.

a) What is most likely diagnosis and explanation of her presentation?
b) What specific clinical queries would you raise in history
c) What specific lab tests would you request for and why?
d) Write a prescription for this patient to treat her condition from here on.
Q.5 Mr. Y is a 40 years old male, married for the last 8 years, father of 5 children, shopkeeper by occupation says during interview “My wife who is 26 years old is not loyal to me. She has illegal relations with a teenager boy who visits home in my absence and is her cousin in relation. Whenever I make a phone call from shop, home phone is busy. I’ve repeatedly found semen stains on undergarments of my wife. I believe that children are not mine. Whenever I come home she is well groomed with all sorts of cosmetics applied to face. I keep her locked in room till I return from my shop and I keep on changing the locks”.

a) What further questions would you ask from the patient?
b) What is your provisional diagnosis?
c) What will be an evidence base management plan of this patient?

Q.6 A 25 years old female presents at emergency department with sudden inability to move her right arm. The family is not forthcoming to tell the history in details and gives vague accounts of patient’s distress over a marriage proposal. Neurological examination reveals no abnormality they look a little suspicious.

a) What is the most likely provisional diagnosis and list of differential diagnosis that you will consider?
b) What is the likely etiology of this disorder?
c) What will be your management plan?
d) What will be the key principles that you will highlight in the informational care center with the patient and family?
Q.7 A 9 years old boy has been brought to you by his mother with history of irritability and overactive behavior. He is markedly restless in the classroom and fails to focus on the lessons. He frequently forgets things in school, doesn't sit for more than half an hour to watch TV unlike his younger brother. During the interview the child is unable to stand still and refuses to answer any questions.

a) What is the most likely diagnosis?  
b) Enlist the areas of assessment in this case?  
c) What are the common comorbid psychiatric conditions in this disorder?  
d) What are various pharmacological options for treatment?

Q.8 A 67 years old male patient is brought to psychiatric OPD with the complaints of insidious onset of forgetfulness, visual hallucinations, frequent falls and variations in attention and alertness. On physical examination patient is found to have tremors, rigidity and difficulty in initiating movement.

a) What is your provisional diagnosis? Give points in the favor of your diagnosis in three lines.  
b) What will be your differential diagnosis?  
c) How will you investigate this case?  
d) How will you proceed with pharmacological management according to recent international guidelines?
Q. 9 Mr X is 18 years old single, school fallout who has been apprehended following a failed attempt by him to blow himself up with a suicide jacket in a busy Street. During his summary trial in a military court the individual has openly expressed his desire to repeat the action, and has stated that he is "on a holy mission". The police reports that the individual tends to lie extensively. The court approaches you for an opinion on his mental health.

a) In the light of current evidence and references on the subject what is the likely view that you will form on the mental health of this suicide bomber?

b) What are the key psychosocial risk factors that you will look for in the individual?

Q. 10 Parents have brought their 8 years old child with two years history of mischievous behavior, telling lies, killing animals and setting fire to objects but gradually it came into notice that child's acts were more than a simple mischief; telling lie, stealing household items, fighting with other kids, angry outbursts, killing animals, setting fire.

a) What is the most likely diagnosis?

b) What environmental factors could have caused this condition?

c) How would you manage this case?

d) Mention the factors that will predict the prognosis of this case.
Q.11  3, 4-methylenedioxymethamphetamine MDMA (ecstasy), is known for its therapeutic as well as abuse potential.

a) What is the mechanism of action that forms the basis of its use as well as abuse?
b) List the potential therapeutic uses of this drug in medicine with references.

Q.12 A young 32 year married male presents with feeling of sexual inadequacy. He was married a year ago but has been unable to consummate his marriage on account of his inability to sustain erection.

a) What key areas will you cover in history and examination?
b) What psychometric tests can be employed for his assessment?
c) What psychological interventions will you offer to this patient?
d) What medication may improve his symptom and what is its mechanism of action

Q.13 A 40 year old young fashion designer presents with clouding of consciousness, disorientation, marked tremors and vivid hallucinations. On examination, he has congested eyes, fluctuating blood pressure and an enlarged liver.

a) What is the most likely diagnosis?
b) Enlist psychometric instruments that can be used to assess his condition.
c) How will you manage this case?

Q.14 A young female presented in the OPD with amenorrhea, excessive weight loss and episodes of severe vomiting. On examination she has a BP of 90/60 mmHg, bradycardia and scar marks on the back of her fingers. She has a BMI of 15.

a) What is the most likely diagnosis and differential diagnosis?
b) What will be the contents of an informational care session for family regarding the causes, nature and contributing factors of this illness?
c) What will be her prognosis?
Q.15 A 29 year old primigravida is referred to you by Gyn-Obs department. She was admitted through OPD yesterday with complaints of insomnia, overactivity, undressing in public, raising slogans and singing at the top of her voice for the past 10 days. She was also having lower abdominal pain but no risk to pregnancy was found on obstetric workup. She is 32 weeks pregnant and there is no previous psychiatric history.

a) What is the most likely diagnosis?
b) How will you manage this case in terms of acute treatment?
c) How will you modify the treatment plan in the puerperal period?

Q.16 A 25 year old man has been diagnosed with Schizophrenia and has been on Tab Haloperidol 20 mg /day. In his follow up visit after two weeks patient has difficulty to rest at one place. The psychiatrist notices restlessness and constant crossing/uncrossing of legs.

a) What is most likely diagnosis?
b) Which psychometric scale will you apply to rate this phenomena?
c) How will you manage this condition?

Q.17 A 35 years old lady presented to you with 5 years history of generalized anxiety disorder for the review of her treatment plan. According to her she has used several treatments including tricyclics, SSRIs, trifluoperazine, and benzodiazepines for a long time with no sustained effect. For last six months she is not taking any treatment and is doing yoga and meditation, but her anxiety features are not under control and have now started to interfere with her social and occupational life.

a) Identify two pharmacological options with minimal or no addiction potential that she can be offered.
b) List the common side effects, doses and mechanism of action of both these drugs.
Q.18 Last December a private school's children became victim of a brutal terrorist attack. You have been approached to organize mental health support for the school.

a) What will be the key principles of your programme in the short run?
b) Outline psychosocial interventions appropriate in early phase and late phase of your plan.

Q.19 A 33 years old truck driver reported to the hospital with history of fever, body aches and weakness. Detailed history reveals that he had been using alcohol and cannabis for the past 12 years. He further disclosed that he had been having frequent sexual contacts with female commercial sex workers. He never used condom while having sexual intercourse and has been treated 4 times in the past for yellowish discharge from the urethra. On lab investigations he is found to be HIV positive.

a) What are the psychological reactions that you expect in the patient following the diagnosis of AIDS?
b) Enumerate the neuropsychiatric sequel that this patient may go through.
c) List the key areas that you would cover in your interaction with the family of the patient.

Q.20 A 28 year old male patient is admitted in psychiatry ward with complaints of eating insects, wearing bangles, having stitched skin of his forearms, believing that this could strengthen him. He occasionally wears female dresses. These complaints began 8 years back after he had a severe accident while driving in which he remained unconscious for half a day. There is no previous history of any psychiatric illness.

a) Make a list of differential diagnosis?
b) What are the points in the favor of your first differential diagnosis?
c) How would you manage this case?

The End