

Sample Test Questions

____ 1. You are on your Psychiatry rotation. A 32-year-old Caucasian female, Ms. Thymia, presents to your attending's office complaining: "I think I might be a little depressed." She further explains her boyfriend of 2 years broke up with her about 6 weeks ago and since that time she has "felt down" and is having some mild problems with regard to concentrating at work. Your attending asks you her diagnosis. You reply:

- a. Adjustment Disorder
- b. Major Depressive Disorder
- c. Bipolar Disorder
- d. Dysthymic Disorder
- e. Cyclothymic Disorder

____ 2. Ms. Thymia returns two years later, while you are an intern, and states, "Doc I remember you. Since the last time I saw you I am still feeling down. I've felt this way most of the day almost everyday since I last saw you. You know, I have trouble sleeping and I'm not hungry either." Your diagnosis now is:

- a. Adjustment Disorder
- b. Major Depressive Disorder
- c. Bipolar Disorder
- d. Dysthymic Disorder
- e. Cyclothymic Disorder

____ 3. Ms. Thymia returns to the ER where you are doing your rotation, and during this interview you note her speech is rapid, you cannot get a word in edgewise with her, she is pacing, she states she has gone without any sleep for the past three nights and she is not the least bit tired. She tells you she is going to run for President of the United States, and she has taken all her life savings and bought a large limousine to drive her around because she realizes now how important she is. You now suspect:

- a. Adjustment Disorder
- b. Major Depressive Disorder
- c. Bipolar Disorder
- d. Dysthymic Disorder
- e. Cyclothymic Disorder

Analysis and Answers to the Sample Test Questions

All answers are referenced via page number(s) to the text *The Goldman Guide To Psychiatry*.

1) Let us look at this question. Here we have Ms. Thymia telling us she thinks she might be a little depressed. Is this a major depressive episode, the key component to major depressive disorder? Do we see disturbance in the neurovegetative functioning inventory indices of: sleep, appetite, memory, concentration, energy, and/or libido? Do we see a loss of interest in life's activities? Do we hear of suicidal ideations? Is the individual still functioning in life: work, home, and/or play? What she describes for us is a readily identifiable psychosocial stressor (break up with her boyfriend of 2 years) within the past 3 months (6 weeks ago) with some decrease in mood. She is not disrupted in daily activities as she notes her single neurovegetative disturbance (loss of concentration) is occurring AT WORK. Hence, she is still getting up in the morning, getting dressed, and going to work. The facts presented meet the criteria of an **adjustment disorder**. For a dysthymic disorder, this must have persisted for at least two years for an adult, and one year for a child/adolescent. We are given no facts for mood fluctuations as in bipolar disorder and cyclothymic disorder. [Pages 11-12]

2) Miss Thymia presents to us again. In this question the time frame has changed: now the facts present symptoms persisting for two years. The disturbances in neurovegetative functioning inventory indices (NVFII) are limited to two: sleep and appetite. Ms. Thymia notes she has felt this way "most of the day, every day" for "the past two years." Is this a major depressive episode? No—remember, there must be a disturbance in at least five areas of the NVFII, plus loss of interest in daily activities and/or suicidal ideations. So what do we have? This is a chronic decrease in mood persisting in an adult for two years most of the day every day, with disturbance in sleep and appetite: **dysthymic disorder**. [Page 12]

3) In this question Ms. Thymia returns to the ER demonstrating over activation in speech, movement, thought, and action: speech is rapid and pressured (you cannot get a word in edgewise), she is pacing, she is not sleeping and is not tired as a result

7) Ms. Jones is experiencing a “waxing and waning” change in her sensorium. She is returning to her normal state in the morning, and showing a worsening in the late afternoon when the sun is going down (“sun downing”). These are all classic symptoms not of dementia, which is slow in onset and progressive; these are the classic symptoms of **delirium**, which has a more sudden onset with a waxing and waning presentation.

	DELIRIUM	DEMENTIA
Course of Condition	Waxing and waning until underlying medical cause identified and treated	Progressive (in rare instances it may be static)
Designation	Syndrome: caused by underlying medical condition or other identifiable source	Disease
Hallmark disruptions	3 C’s of Cognition, Concentration, Consciousness (Disturbance of Consciousness)	4 A’s of Agnosia, Amnesia, Aphasia, Apraxia (Disturbance of Cognitive function)
Identifying disturbance	Disruption in consciousness	Disruption in cognitive function
Onset	Rapid	Progressive
Reversibility of Condition	Typically reversible	Typically irreversible (only 3% of dementias are reversible)
Sundowning	Common	May occur later as illness progresses

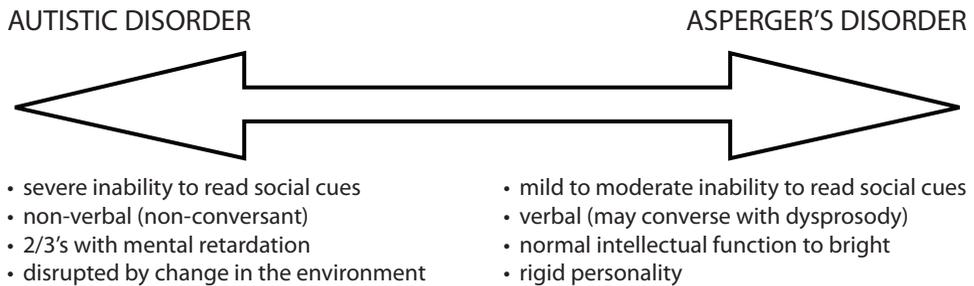
[Pages 162-164]

8) When you see the triad of ataxia (disturbance in gait), dementia (decline in cognition/cognitive skills), and urinary incontinence (wetting oneself), you must think normal pressure hydrocephalus (NPH). What is NPH? It is one of the 3% of **reversible dementias**. [Page 165]

9) In this question you are confronted with the decision tree of somatoform disorder versus factitious disorder versus malingering. What is the difference? In somatoform disorder the symptoms and the underlying cause(s) occur at an un-

Remember anxious school refusal/school phobia are related to separation anxiety.

Remember autism and Asperger's are on the same continuum with autism being at one end as most severe and Asperger's at the other end being less severe and allowing for social functioning.



Remember tic disorder is due to a tic: a sudden, repetitive, nonrhythmic, stereotyped motor movement. Tourette's disorder is comprised of both motor and vocal tic(s) even though they need not occur at the same time. Vocal tics are due to the involuntary production of sounds from the nose, throat, or mouth.

Remember the elimination disorders of enuresis (bed wetting) and encopresis (losing feces).

Remember anorexia nervosa (restricting food intake) and bulimia nervosa (bingeing and purging via vomiting) typically have onset in adolescence and predominate among females.

Goldman's Freud in a Nutshell

Remember that Sigmund Freud, a neurologist by training, created the *structural theory* of Id, Ego, and Superego, along with the defense mechanisms, as well as the *topographical theory* of Conscious, Preconscious, and Unconscious.

Remember that the defense mechanisms (the original seven) serve at an unconscious level.

Remember that Freud's theories did not include the subconscious. Freud wrote of the unconscious.

Substance Use Disorders

Remember *abuse* criteria are:

- Recurrent use results in failure to fulfill obligations for work, school, home
- Recurrent use renders situations physically hazardous (driving or utilizing machinery)
- Recurrent substance-related legal problems (DUI's)
- Recurrent use continues despite social or interpersonal problems being caused or worsened

Remember *dependence* criteria are:

- There is a persistent desire or unsuccessful attempt(s) to cut down use
- Social/Academic activities are reduced due to substance use
- Continued use despite physical or psychological problem 2° to the substance use
- Tolerance: diminished effect over time; need to increase the amount used or increase the frequency of times the substance is used
- Withdrawal: physical discomfort, seizures, psychological discomfort if the substance use is discontinued
- Large amounts of time are spent trying to procure the substance of choice

Remember *intoxication* symptoms vary based upon the substance—don't forget about caffeine intoxication (coffee, tea, chocolate); more than 2-3 cups of brewed coffee can lead to caffeine intoxication.

Remember there is abuse/dependence potential for lawfully prescribed medications.

Alcohol Withdrawal Types and Symptoms

TYPE OF WITHDRAWAL	SYMPTOMS	ONSET	PEAK	RESOLUTION
Uncomplicated	Discomfort	12-18 hours	1-2 days	5-7 days
Complicated	Seizures (rum fits)	7-36 hours	2-7 days	7 days
Extreme	Delirium tremens	2-3 days	4-5 days	2 weeks

THE MENTAL STATUS EXAMINATION

- Can you tell me your name? [Orientation to Person]
- Can you tell me what city we are in? What county? What state? [Orientation to Place]
- Can you tell me what month it is right now? [Orientation to Time]
- Can you tell me what year it is? [Orientation to Time]
- Can you tell me what day it is? The day of the week and today's date? [Orientation to Time]
- Can you tell me who the president of the United States is today? [Recent Memory]
- Can you tell me who was president immediately before him or her? [Intermediate Memory]
- And do you remember who it was immediately before that? [Longer Term Memory]
- And how about immediately before that? [Remote Memory]
- I am going to ask you to spell a word for me. Can you spell the word WORLD?
- Now can you spell that word backward? [Testing Concentration]
- You know what an apple is and you know what an orange is. How are they alike? How are they similar? [Testing Abstract Thinking]
- You know what a cat is and you know what a dog is. How are they alike? How are they similar? [Testing Abstract Thinking]
- You know what a knife is and you know what a fork is. How are they alike? How are they similar? [Testing Abstract Thinking]
- You know what a fly is and you know what a tree is. How are they alike? How are they similar? [Testing Abstract Thinking]
- I am going to give you 3 words and ask you to tuck them away into your memory; I will come back to them in about 5 minutes and ask you to recall them. They are "blue, chair, friendship." Then ask the patient to repeat them and record that the patient heard the words and properly repeated them, thus showing intact registration. Proceed with the MSE, keeping track of the time, and ask the patient to recall the 3 words 5 minutes later.

Now I am going to ask you the Big 6, then the Big 3, and then 1 main question, the big one, okay?

What follows are questions about the 6 neurovegetative functioning inventory indices *to assess the criteria for depressive disorder, bipolar disorder,*