

PSYCHIATRY

Mini-OSCE and Final



ARCHIVE



Syllabus

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History & MSE

1. 72 female patient comes with her daughter due to loss of memory, forgetting, her daily activities and managing finances. MMSE done: oriented to place and person but not time, registers 3 objects but recalls 1, incorrectly calculates serial 7 but knows common objects, all other domains intact (coping, three-stage command, language, writing). What is her total result?

Answer: MMSE is 18, moderate dementia

2. 72 female patient with loss of memory, forgetting, managing finances. MMSE: oriented to place and person but not time, registers 3 objects but recalls 1, incorrectly calculates serial 7. Total result?

Answer: MMSE is 18, moderate dementia

3. In the mental state examination, the patient's ability to understand the relationship between self and environment-including recognizing the examiner's role-is termed:

- A. Thought process
- B. Judgment
- C. Insight
- D. Memory
- E. Perception

Answer: C. Insight

4. In the mental state examination, the domain concerned with the speed and coherency c thought is:

- A. Thought content
- B. Orientation
- C. Insight
- D. Judgment
- E. Thought form

Answer: E. Thought form

5. In the mental state examination, "insight" refers to the patient's:

- A. Capacity to make treatment decisions
- B. Awareness of having a mental disorder and its implications
- C. Speed and coherence of thought
- D. Ability to plan and organize activities
- E. Recognition of sensory distortions

Answer: B. Awareness of having a mental disorder and its implications

6. Not included in the standard mental status examination is:

- A. Appearance
- B. Thought content
- C. Mood and affect
- D. Insight
- E. Intelligence quotient (IQ)

Answer: E. Intelligence quotient (IQ)

History & MSE

1. Insight meaning?

B) Patient knowledge that he has illness

2. Affect is type of the following?

C) Mood

3. Alexithymia meaning?

A) Inability or difficulty in describing or being aware of one's emotions or mood

4. Asking the patient to tell proverbs is a test for?

B) abstract thinking

5. In MSE, what is concerned with speed and coherency of thought?

Thought form

6. Which of the following represents perception and environment aware of the examiner and surroundings?

Insight

7. Not included in the mental state examination:

IQ

8. Definition of concrete thinking:

abstract thought and its type of thought prosing

9. Loose of association is present most commonly in:

A) Schizophrenia

10. Emotions are examined under this category?

D) Affect

WAREED

1. All of the following are considering as good prognostic for schizophrenia EXCEPT?

Gradual onset

2. Abnormal, repetitive goal-directed behavior?

Mannerism

3. A person is talking about his father death while he is laughing, Dx?

Incongruity of affect

4. Derailment is a disorder of which component?

Thought

5. Which one of these is a disorder of perception?

Hallucination

6. Description of tangentiality refers to?

Thoughts

7. Hallucination is a disorder of?

Thought content (marked as NOT true)

8. Poverty of speech is related to?

Thought content (marked as wrong)

9. How do you test abstract thinking?

Using proverbs

Signs & Symptoms

A case that showed the description of Catalepsy posturing, extracampine visual hallucination, formication.

Answer: (No answer provided in archive)

4. A case that showed a description of Ambendence, depersonalization, perceptual delusions.

Answer: (No answer provided in archive)

5. 36-year-old patient with 10 years of schizophrenia. He expresses distorted facial expressions. The examiner raised the patient's hand above head and shows no resistance with movement. He repeats the same sentence "I'm not here, I'm not here", "it's all inside, it's all inside". He responds to TV by words and gestures. When asked why, he answers that the TV controls him.

Answer: Grimacing, catalepsy, preservation, delusion of control

6. Patient brought to psychiatric clinic due to behavioral abnormalities. He starts moving his hands toward and away from a glass of water repeatedly, as if unsure whether to pick it up. When asked what he sees, he says: "I see tiny people, about this small (shows with fingers), walking on the table." He also says "when the moon is knitting my wall, the clock rhythm rum." He takes everything personally when the TV is open.

Answer: Ambendancy, liliptin hallucination, clang association, persecutory delusion

36-year-old patient with schizophrenia, distorted facial expressions, raised hand shows no resistance, repeats same sentence, responds to TV as if controlled.

Answer: Grimacing, waxy flexibility, preservation, delusion of control

Patient moving hands toward and away from a glass repeatedly, unsure whether to pick it up. Sees tiny people walking on table. Says "when the moon is knitting my wall, the clock rhythm rum."

Answer: Ambendancy, liliptin hallucination, derailment,

Patient moving hands toward and away from a glass repeatedly, unsure whether to pick it up. Sees tiny people walking on table. Says "when the moon is knitting my wall, the clock rhythm rum."

Answer: Ambendancy, liliptin hallucination, derailment, perceptual delusion

9. The moon kicking the walls and the clock hum in rhythm (terms question).

Answer: (Likely clang association or derailment)

Signs & Symptoms

11. Patient reports sudden loss of muscle tone in the face when laughing, but remains fully conscious and able to interact. Most likely diagnosis?

Answer: Cataplexis fully

47. The psychiatry term for a person who has the ability to make treatment decisions:

- A. Insight
- B. Judgment
- C. Management
- D. Capacity
- E. Autonomy

Answer: D. Capacity

48. The term for a person's ability to make informed treatment decisions is:

- A. Judgment
- B. Insight
- C. Management capacity
- D. Autonomy
- E. Capacity

Answer: E. Capacity

49. The false belief that one is a very important person or has great talent is called:

- A. Delusion of reference
- B. Delusion of control
- C. Delusion of nihilism
- D. Delusion of grandeur
- E. Delusional perception

Answer: D. Delusion of grandeur

50. An irrational belief that one is being harmed or persecuted is known as:

- A. Grandiose delusion
- B. Somatic delusion
- C. Referential delusion
- D. Persecutory delusion
- E. Nihilistic delusion

Answer: D. Persecutory delusion

1. Case of person belief that he owned the world what is your diagnosis: **Grandeur delusion**

2. A patient on antipsychotic started to experience restlessness and he says he is unable to sit still? B) **Akathisia**

3. Difficulty recognizing words with slow inaccurate reading is called: **Dyslexia**

10. A negative sign of schizophrenia? C)

Alogia

11. Nihilistic delusion: **false feeling that self or body is nonexistent or ending**

12. Two voices or more talk to another referring to the patient as "he" or "she" -

Third person hallucination

13. Voices commenting on patients actions?

Third person hallucination

14.2 sounds discussing his action: **3rd person hallucinations**

15. Tactile hallucinations are most common with? A) **alcohol withdrawal**

16. Reemergence of symptoms when the medication is discontinued: B) **withdrawal**

17. Meaning of tolerance: **Markedly diminished effect with continued use of the same amount of the substance**

18. Meaning of egodystonic: **opposite of thoughts and behaviors that are conflicting with the needs and goals of the ego**

Signs & Symptoms

1. Irritability, poor concentration, sleep problems, all of the following should be considered in the differential diagnosis, EXCEPT? **Social anxiety disorder**
2. Behavioral symptom of stress? **Appetite changes**
3. Fixed false believe that events, remarks are directed at oneself? **Delusion of reference**
4. Abnormal, repetitive goal-directed behavior? **Mannerism**
5. Most prominent symptom seen in Mania that is not in schizophrenia? **Flight of ideas**
6. Patient on antipsychotic started to experience restlessness and unable to sit still?
Akathisia
7. Patient talking with excessive details, but reaching the point in the end? **Circumstantiality**
8. Repetitive monotonous non-goal directed movements? **Stereotypy**
9. A patient who has motiveless resistance to all attempts to be moved or to all instructions? **Negativism**
10. Perceptual disturbance? **Formication**
11. Which is not a symptom of hypomania? **Grandiose delusions**
12. Inability or difficulty in describing or being aware of one's emotions or mood?
Alexithymia
13. Not negative symptom of schizophrenia? **Alogia (marked as NOT negative)**
14. One of the following is a negative symptom? **Flat affect**

Mood disorders

1)What is the neuroendocrine disturbance that most commonly exists with MDD?

Answer: Elevated cortisol with HPA hyperactivity

2)What drug is given in a depressive episode of bipolar?

Answer: Lamotrigine

3) A patient has hypomania and depression but didn't meet criteria for bipolar I or II?

Answer: Cyclothymia

4)All are factors that indicate poor prognosis for MDD, except?

- a)Double depression
- b)Comorbid disorder
- c)Abrupt or acute onset

ans:c

5)A patient experienced severe depression for 5 months, fully recovered for 3 months, then another depressive episode for 4 months. Most appropriate diagnosis?

Answer: Recurrent major depressive disorder

6)One is true about bipolar 2 and cyclothymia?

Answer: Not meet full manic and depressive episode

7)Which condition is considered a poor prognosis in depression?

- a)Single episode
- b)Postpartum onset
- c)Seasonal pattern
- d)Double depression

ans:d

8)A patient with MDD, suicidal ideation, not responded to SSRI. Most rapidly acting treatment?

- a)MAOIS
- b)ECT
- c)TCAs
- d)lithium

Ans:b

9)Which depressive symptom shows diurnal variation, worst in early morning?

- a)Mood
- b>Sleep
- c)Appetite
- d)Psychomotor activity
- e)Energy

and:a

Mood disorders

10) Which differentiates a manic episode from hypomanic episode?

- a) Duration 4 days
- b) Symptoms noticeable by others
- c) Causes marked impairment or hospitalization
- d) Increased goal-directed activity

Ans:c

11) All are DSM-5 criteria for manic episode EXCEPT?

Answer: Duration of at least 4 consecutive days

12) A woman with postpartum depression. Which antidepressant is safe during lactation?

Answer: Sertraline

13) Good prognostic factors in major depressive disorder include all of the following except:

- A. Acute onset with identifiable stressor
- B. Short duration of episode
- C. Good social support
- D. Severe depression
- E. Absence of psychotic features

ANS:D

14) Which of the following is a good prognostic factor in major depressive disorder?

- A. Severe depression
- B. Acute onset with identifiable stressor
- C. Chronic course lasting >2 years
- D. Presence of psychotic features
- E. Poor social support

Ans:B

15) Which of the following is not a DSM-5 criterion for persistent depressive disorder (dysthymia)?

- A. Feelings of hopelessness
- B. Poor concentration
- C. Psychomotor agitation
- D. Low energy or fatigue
- E. Sleep disturbance

Ans:c

16) A subclinical depressive disorder, lasting more than 2 years but not meeting full criteria for major depression, is called:

- A. Cyclothymic disorder
- B. Persistent depressive disorder
- C. Dysthymia
- D. Adjustment disorder with depressed mood
- E. Double depression

27. A subclinical depressive disorder with chronically depressed mood for at least 2 years in adults (1 year in children/adolescents) and insidious onset is known as:

A. Cyclothymic disorder B. Dysthymic personality disorder C. Persistent depressive disorder
D. Major depressive disorder, mild
Answer: C. Persistent depressive disorder

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Ans:B

Mood disorders

17) According to the SAD PERSONS scale for suicide risk, which is not one of the mnemonic's "SAD PERSONS" items?

- A. Sex (male)
- B. Age (<19 or >45)
- C. Depression
- D. Previous attempt
- E. Low socioeconomic status

Ans: E

18) Which of the following features is not a predictor of a bipolar course rather than a unipolar depressive course?

- A. Marked psychomotor agitation during depressive episodes
- B. Family history of bipolar disorder
- C. Early age at onset
- D. Psychotic features during depression
- E. Double depression

Ans: E

19) Good prognostic factor in MDD:

Severe depression

20) Percentage of suicide in depressed patient?

15%

21) Most prominent symptom seen in Mania that is not in schizophrenia?

Flight of ideas

22) Sleep disorder in mania?

Decreased need for sleep

23) Which is not a symptom of hypomania:

Grandiose delusions

24) Delusion of grandiosity associated with?

Mania

25) Which of these does not happen in mania:

Anhedonia

26) When a person is very talkative as in mania, this is called:

Logorrhea

27) All of the following considered Bad prognostic factor for MDD except ?

- A. Double depression
- B. Co-morbid physical disease
- C. Chronic ongoing stress
- D. Poor drug compliance
- E. Severe depression

Ans: E

OCD

1- What differentiates kleptomania from OCD Hoarding?

having an urge, then gratification and pleasure

2- Poor prognosis of OCD?

Hoarding symptoms

Contamination

3- Correct about OCD?

Hyperactivity of orbitofrontal cortex and caudate nucleus

one fourth have comorbid depression

hyperactive amygdala

4- Correct about OCD?

Early onset

Good insight

Hoarding behavior

Response to treatment

5- Which medication is used for treatment-resistant OCD?

Clomipramine

Chlorpromazine

Haloperidol

Fluoxetine

Risperidone

6- Most common comorbidity in OCD?

MDD

GAD

Bipolar

Substance use

7- Which statement about pharmacological treatment of OCD is correct?

Response in 2-3 weeks

Response in 4-6 weeks, max 8-16 weeks

8- FDA approved drug for OCD?

Aripiprazole

OCD

9- OCD good prognosis **Late onset**

10- Which drug is FDA approved for OCD? **Fluvoxamine**

11- All of these drugs are FDA approved for OCD except: **Clozapine**

12- All of these drugs are FDA approved for OCD except? **Clomipramine**

13- Not FDA approved for OCD treatment: **Venlafaxine**

14- Poor prognosis in OCD? **Yielding to compulsions**

15- Not poor prognosis in OCD? **Episodic symptoms**

16- Best description for OCD? **Recurrent repetitive behaviors to reduce stress**

17- Good prognosis for OCD: **Late onset**

18- Postpartum woman with thoughts of hurting her baby, knows it is wrong so removes harmful objects from kitchen... Diagnosis: **OCD**

Dementia

1- What distinguishes Lewy body from Alzheimer's dementia?

visual hallucination and REM sleep disturbance

2- Which antipsychotic is contraindicated in Parkinson's disease and Lewy Body Dementia?

Quetiapine

Clozapine

Olanzapine

Haloperidol

3- Early diagnostic feature of Lewy Body Dementia?

Vivid, well-formed visual hallucinations

4- Lewy body both character parts to diagnose?

Fluctuating cognition + visual hallucinations

5- What type of dementia causes behavioural changes, agnosia symptoms?

frontotemporal

Alzheimer's

LBD

vascular

6- How to differentiate delirium from dementia?

Delirium is acute in onset

7- Correct about dementia?

Alzheimer's most common in <65

frontotemporal dementia commonly presents before age 65

8- Frontotemporal Dementia (FTD)?

Progressive visual hallucinations

Severe short-term memory loss

Marked personality changes and socially inappropriate behavior

Early gait abnormalities

Dementia

9- Which feature best differentiates delirium from dementia?

Memory impairment

Fluctuating level of consciousness

Hallucinations

Disorientation

10- All true about Alzheimer disease EXCEPT? Intact personality

11- Difference between delirium and dementia? Loss of Consciousness

12- Old patient presented with fluctuating cognitive performance and consciousness, parkinsonism, complex hallucinations, recurrent falls and syncope, what is the type of dementia? Lewy bodies

13- A 68 years old patient complaining of significant impairment in memory, recurrent syncope and fainting, most likely diagnosis? Dementia with Lewy Bodies

14- Which of the following is Not associated with Dementia? Loss of Consciousness

15- Not clinical features of dementia? Fluctuating of consciousness

16- Drug not used specifically in the treatment of dementia? Olanzapine

17- Not present in Lewy body dementia: Blindness

18- How to differentiate between delirium and dementia? Consciousness

19- All of the following about delirium are true except: Chronic

20- Wrong about delirium? It is chronic

21- Which of the following is specific about delirium? Acute onset

22- Which of these is an NMDA receptor antagonist drug? Memantine

23- All of the following are drugs for dementia except: Guanfacine

Personality disorders

Q1) A 42-year-old senior accountant presents due to ongoing conflicts at work. Extremely punctual, meticulous, insists all tasks follow strict procedures. Spends hours reviewing reports line by line, focusing on minor details while neglecting outcomes. Meetings must start exactly on time. Family life strained due to rigid scheduling. Acknowledges his behavior causes tension but insists his methods are correct.

Answer: Obsessive-compulsive personality disorder (OCPD)

Q2) A 40-year-old man is extremely meticulous at work, spending hours checking every detail and following rules rigidly, even when it delays task completion. Refuses to delegate tasks. Very distrustful of coworkers' judgment. Which personality disorder?

Answer: Cluster C, Obsessive-Compulsive Personality Disorder (OCPD)

Q3) Which of the following is a characteristic of Dependent Personality Disorder?

- A. Perfectionism that prevents task completion
- B. Difficulty expressing disagreement with others because of fear of loss of support or approval
- C. Requires four or more criteria
- D. Excessive devotion to work at expense of leisure

Answer: B

Q4) According to DSM-5, all are criteria for Narcissistic Personality Disorder EXCEPT:

- A. Grandiose sense of self-importance
- B. Preoccupation with fantasies of unlimited success
- C. Belief they are "special"
- D. Marked impulsivity and frequent mood swings
- E. Need for excessive admiration

Answer: D

Q5) A male with anxiety that people will reject him, started to avoid social situations and didn't get any panic attack.

Answer: Avoidance personality disorder (Avoidant personality disorder)

Q6) A 15-year-old young male sets fire, bullies others, impulsive action. What personality disorder?

Answer: Conduct disorder (Note: This is a childhood disorder, not a personality disorder, but listed under personality disorders in the archive)

Q7) Which of the following is a characteristic of schizoid personality disorder?

- A. Desire for close relationships
- B. Emotional coldness and detachment
- C. Dramatic, attention-seeking behavior
- D. Grandiose sense of self-importance
- E. Intense fear of criticism

Answer: B

Personality disorders

Which of the following is true about schizoid personality disorder?

- A. Delusions of grandiosity
- B. Failure to conform to social norms
- C. Coldness of emotion and indifference to social relationships
- D. Excessive need for attention
- E. Impulsive disregard for social expectations

Answer: C

A person who wears very odd clothing, believes he has psychic powers (clairvoyance, telepathy), and experiences severe social anxiety most likely meets criteria for which personality disorder?

- A. Paranoid personality disorder
- B. Schizoid personality disorder
- C. Borderline personality disorder
- D. Antisocial personality disorder
- E. Schizotypal personality disorder

Answer: E.

In schizotypal personality disorder, in addition to eccentric appearance and social anxiety, patients characteristically exhibit:

- A. Grandiose delusions
- B. Magical thinking and odd beliefs
- C. Auditory hallucinations
- D. Persistent depressive symptoms
- E. Compulsive rituals

Answer: B.

In schizotypal personality disorder, in addition to odd beliefs and magical thinking, which of the following features is characteristic?

- A. Fear of abandonment
- B. Grandiosity
- C. Social withdrawal and discomfort with close relationships
- D. Recurrent suicidal behavior
- E. Pervasive distrust and suspicion of others

Answer: C.

True about schizoid personality disorder

- A. Failure to conform to social norms
- B. Delusion of grandiosity
- C. Excessive need for approval
- D. Failure to experience social rejection
- E. Limited emotional expression and indifference to social relationships

Answer: E

Personality disorders

one of these is not found in schizoid personality disorder?

- A. detachment from social relationships
- B. restricted range of expression of emotions
- C. emotional coldness, detachment
- D. Recurrent and intense mood swings

Answer : D

-A case of borderline personality disorder what is the effective therapy: **DBT**

Person with odd behavior and magical thinking , lack of close friends believes in superstitions, what is his diagnosis?

- A) Schizoid
- B) Schizotypal
- C) Anti social
- D) border line

Answer : B

schizoid personality disorder:

- a- Limited emotion and indifference to social relationships**
- b- failure to conform social norms
- c- failure social rejection
- d- delusion of grandiosity

Answer : A

. A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity ?

Borderline personality disorder

How to differentiate between paranoid personality disorder and paranoid schizophrenia delusional disorder?

Pervasive pattern of symptom ?

- Patient has schizotypal personality disorder, what other feature does he have?

- Odd belief and magical thinking

a person who wears very odd clothes, thinks he is a psychic (clairvoyance, telepathy, superstitiousness), has severe social anxiety, what kind of personality disorder does he have?

Schizotypal personality disorder

Personality disorders

- not a criteria for schizotypal disorder:

- a-Odd beliefs or magical thinking
- b-indifferent to the praise or criticism
- c-Suspiciousness or paranoid ideation
- d-Inappropriate or constricted affect
- e-Lack of close friends

Answer :b

Person with odd behavior and magical thinking , lack of close friends believes in superstitions, what is his diagnosis?

- A- Schizoid
- B- Schizotypal
- C- Schizophrenia
- D- Delusional disorder
- E- Paranoid

Answer :B

Difference between Paranoid personality disorder & paranoid schizophrenia/delusional disorder?

Pervasive pattern of symptoms

Case about characteristics of personality disorder : **Obsessive compulsive personality**

All are features of antisocial personality except ? **attempts of self-harm**

- **typical case of borderline personality disorder**
- **typical case of schizotypal personality disorder**

Schizophrenia & schizoaffective

Q1: What makes a full criterion A in schizophrenia?

- A. Disorganized speech and decreased emotional expression
- B. 2 types of hallucination
- C. 2 types of dementia

Answer: A

Q2: A married 25-year-old female. Poor prognosis in schizophrenia

- A. Insidious onset
- B. Married
- C. Age
- D. Acute precipitating factor
- E. Negative symptoms

Answer: e

Q3: In psychotic illness, what makes a good prognosis?

- A. Having a history of mood disorder
- B. Family history of schizophrenia

Answer: a

Q4: 25-year-old female, disorganized speech, loss of emotional expression, and auditory hallucinations. Subtype of schizophrenia?

- A. Disorganized
- B. Paranoid
- C. Catatonic
- D. Mixed

Answer: A

Q4: Schizophrenia in first-degree relative?

Answer: 10%

Q5: For severe and refractory cases of schizophrenia?

Answer: ECT

Q6: What is a good prognostic factor in schizophrenia?

Answer: Good premorbid function

Q7. According to the DSM-IV subtypes of schizophrenia, the "poor functioning type" with early onset and disorganized speech is called:

- A. Paranoid type
- B. Catatonic type
- C. Undifferentiated type
- D. Disorganized type
- E. Residual type

Answer: D

Schizophrenia & schizoaffective

Q8. In schizophrenia, delusions and hallucinations are considered:

- A. Negative symptoms
- B. Cognitive symptoms
- C. Mesolimbic signs
- D. Affective symptoms
- E. Positive symptoms

Answer: E.

Q9. Which of the following is not a DSM-5 diagnostic criterion for schizophrenia:

- A. Delusions
- B. Hallucinations
- C. Disorganized speech
- D. Negative symptoms
- E. An answer not related to schizophrenia

Answer: E.

Q10. A patient who isolates himself for months, hears voices, neglects hygiene, and is suspicious of neighbors most likely has:

- A. Catatonic schizophrenia
- B. Paranoid schizophrenia
- C. Undifferentiated schizophrenia
- D. Disorganized schizophrenia
- E. Schizoaffective disorder

Answer: B.

Q11. Which of the following is a good prognostic factor in schizophrenia?

- A. Younger age at onset
- B. Poor premorbid functioning
- C. Absence of a precipitating factor
- D. Negative symptoms predominance
- E. Acute onset

Answer: E.

Q12. The neurotransmitter pathway most implicated in producing the positive symptoms of schizophrenia is:

- A. Serotonin
- B. GABA
- C. Glutamate
- D. Norepinephrine
- E. Dopamine

Answer: E.

Schizophrenia & schizoaffective

Q13. Negative symptoms of schizophrenia are best defined as:

- A. Excessive emotional expression
- B. Hallucinations and delusions
- C. Deficits in normal emotional and motivational functions
- D. Disorganized speech and behavior
- E. Cognitive distortions

Answer: C.

Q14. The pathophysiology most implicated in the positive symptoms of schizophrenia involves dysfunction of the:

- A. Serotonin pathway
- B. GABAergic system
- C. Dopaminergic pathway
- D. Glutamatergic system
- E. Cholinergic network

Answer: C

Q15. In the following case, which feature predicts a poorer prognosis in schizophrenia?

A 25-year-old married female developed schizophrenia insidiously three years after her father's death; there is a family history of mood disorder.

- A. Age 25 at onset
- B. Married status
- C. Family history of mood disorder
- D. Insidious onset of symptoms
- E. Female gender

Answer: D.

Q16. A 27-year-old man has become increasingly withdrawn over the past 8 months, isolates himself from family, and reports hearing voices commenting on his actions, as well as delusions of being watched via hidden cameras, with no substance use or medical illness. The most likely diagnosis is:

- A. Schizoaffective disorder
- B. Major depressive disorder with psychotic features
- C. Brief psychotic disorder
- D. Schizophrenia
- E. Delusional disorder

Answer: D.

Q17. Schneider's first-rank symptoms of schizophrenia include all of the following except:

- A. Auditory hallucinations commenting on one's thoughts or actions
- B. Thought insertion
- C. Thought withdrawal
- D. Delusional perception
- E. Visual hallucinations

Answer: E.

Schizophrenia & schizoaffective

Q18. Which of the following is not true about the DSM-5 diagnosis of schizophrenia?

- A. It requires ≥ 2 of: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms
- B. Auditory hallucinations are the most common type
- C. Antipsychotic medications are first-line treatment
- D. Insight is often impaired
- E. Delusions are strictly necessary for diagnosis

Answer: E.

Q19. All of the following are diagnostic criteria or characteristic features of schizophrenia except:

- A. Delusions
- B. Hallucinations
- C. Disorganized speech
- D. Negative symptoms
- E. Presence of delusion is required

Answer: E.

Q20. The strongest genetic contribution to schizophrenia is seen in individuals with:

- A. A history of childhood trauma
- B. High stress levels
- C. First-degree family history of schizophrenia
- D. Neurodevelopmental insults in utero
- E. Substance abuse

Answer: C.

1. 17 years old male, 2 years of isolation and hates eating with his family because he believes they put poison on it and associated with deterioration of function:

Schizophrenia

2. Poor prognosis of schizophrenia:

Gradual

3. A negative sign of schizophrenia?

Alogia

4. Loose of association is present most commonly in:

Schizophrenia

5. Duration to diagnose schizophrenia:

6 months

6. All of the following consider negative symptoms of schizophrenia except:

improvement of Thought process

Schizophrenia & schizoaffective

7. **Combination of symptoms of criteria A if occur for 1 month can diagnose schizophrenia:**
disorganized speech and emotional difference

8. **Incorrect thing about schizophrenia:**
delusions necessary for diagnosis

9. **Male to female ratio in schizophrenia**
A. 2:3
B. Equally in male and female

10. **Regarding females and males affected by schizophrenia, what is correct?**
Females have later onset and better prognosis

11. **Prevalence of schizophrenia?**
1%

12. **Good prognosis for psychosis associated with?**
mood disorder

13. **What is a poor prognostic factor for schizophrenia?**
A) long first episode
b) insidious onset

14. **Schneider first rank symptoms include all except:**
visual hallucinations

Schizoaffective

Q1: A patient presents with delusions, hallucinations, and mood symptoms. The psychotic features occur both during and outside mood episodes. Most likely diagnosis?

- A. Mood disorder with psychotic features
- B. Schizoaffective disorder
- C. Schizophrenia
- D. Bipolar 2 disorder

Answer: b

Q2: Differentiate between schizoaffective and mood disorder with psychotic features?

- A. Presence of psychotic features for 2 weeks in the absence of mood episode
- B. The disturbance is not the effect of a substance

Answer: A

Q3: Schizoaffective disorder: 2 weeks without mood symptoms.

Answer: psychotic symptoms must occur for at least 2 weeks without major mood symptoms

Schizophrenia & schizoaffective

Q4. Which statement correctly differentiates schizoaffective disorder from a mood disorder with psychotic features?

- A. Psychotic symptoms occur only during mood episodes
- B. Psychotic symptoms occur both during and outside mood episodes
- C. Diagnosis requires at least one manic episode without psychosis
- D. Psychotic symptoms must resolve before mood symptoms

Answer: B

Q5. Which feature best distinguishes schizoaffective disorder from a mood disorder with psychotic features?

- A. Psychotic symptoms occur only during mood episodes
- B. Mood symptoms must be present for at least half of the illness duration
- C. Psychotic symptoms persist in the absence of mood symptoms
- D. Mood episodes are always manic
- E. Family history of schizophrenia is required

Answer: C

الطبيب والجراحة

لبنانة

Delusional disorders

Q1. A child who believes he can control everyone?

- Delusions of grandeur
- Delusions of persecution
- Delusions of reference

Answer: A

Q2. A person believes his neighbor wants to poison him, with no hallucinations or mood symptoms or cognitive impairment. The most likely diagnosis is: مكرر

- A) Schizophrenia
- B) Schizoaffective disorder
- C) Delusional disorder (persecutory type)

Answer: C

Q3. Delusional disorder is common in ?

- A) childhood
- B) 18-25
- C) middle and late adulthood
- D) above 70 years

Answer: C

Q4. A person has persistent, well-systematized false beliefs but does not have hallucinations or No disorganized speech. What is the most likely diagnosis:

- A. Schizophrenia
- B. Delusional Disorder
- C. Schizoaffective Disorder
- D. Brief Psychotic Disorder
- E. Mood Disorder with psychotic features

Answer: B

Q5. Which of the following best differentiates delirium from dementia :

- A. Memory impairment
- B. Fluctuating level of consciousness
- C. Hallucinations
- D. Disorientation

Answer: B

Q6. Non bizarre delusions without hallucinations and normal life?

Delusional disorder

Q7. A person has persistent, well-systematized false beliefs but does not have hallucinations or No disorganized speech. What is the most likely diagnosis :

- A) Schizophrenia
- B) Delusional Disorder
- C) Schizoaffective Disorder
- D) Brief Psychotic Disorder
- E) Mood Disorder with psychotic features

Answer: B

Q8. A mother said her son believe he has a superpower, this is called:

- a) delusion of prosecution
- b) delusion of control
- c) delusion of grandeur

Answer: C

Delusional disorders

Q9. A person has persistent, well-systematized false beliefs but does not have hallucinations nor disorganized speech. What is the most likely diagnosis :

- a) Schizophrenia
- b) Delusional disorder

Answer: B

Q10. The false belief that one is a very important person or has great talent is called

- A. Delusion of reference
- B. Delusion of control
- C. Delusion of nihilism
- D. Delusion of grandeur
- E. Delusional perception

Answer: D

Q11. An irrational belief that one is being harmed or persecuted is known as

- A. Grandiose delusion
- B. Somatic delusion
- C. Referential delusion
- D. Persecutory delusion
- E. Nihilistic delusion

Answer: D

Q12. The false belief that one is a very important person or has great talent is called

- A. Delusion of reference
- B. Delusion of control
- C. Delusion of nihilism
- D. Delusion of persecution
- E. Delusion of grandeur

Answer: E

Q13. A patient presenting with a fixed delusional belief for at least one month, without hallucinations or other psychotic features, meets criteria for:

- A. Schizoaffective disorder
- B. Brief psychotic disorder
- C. Delusional disorder
- D. Schizophrenia
- E. Psychotic disorder due to another medical condition

Answer: C

Q14. A 27-year-old man believes he is being spied on by his work colleagues yet otherwise functions normally. There is no substance use or medical condition. The most likely diagnosis is:

- A. Schizophrenia
- B. Delusional disorder
- C. Schizoaffective disorder
- D. Brief psychotic disorder
- E. Paranoid personality disorder

Answer: B

Q15. Fixed false believe that events, remarks are directed at oneself?

Ans. Delusion of reference

Q16. Some one that suspicious about his lover and he is sure, have no psychosis:

Ans. : Delusional disorder

Delusional disorders

Q17. A 49-year-old banker who is convinced she is in a romantic relationship with a famous singer, with no other psychotic features and otherwise normal functioning, most likely has:

- A. Schizophrenia
- B. Schizoaffective disorder
- C. Delusional disorder
- D. Psychotic disorder due to another medical condition
- E. Brief psychotic disorder

Answer: C

Q18. Which of the following features would not be consistent with a diagnosis of delusional disorder?

- A. The patient holds firmly fixed false beliefs despite clear evidence against them
- B. The patient maintains normal functioning apart from issues related to the delusion
- C. The delusions are non-bizarre and could occur in real life
- D. The delusions persist for at least one month
- E. The patient experiences persistent hallucinations alongside delusions

Answer: E

Q19. A 45-year-old woman believes the government is watching her constantly. This fixed false belief is best classified as a:

- A. Grandiose delusion
- B. Delusional disorder, persecutory type
- C. Schizophrenia, paranoid type
- D. Psychotic disorder due to another medical condition
- E. Factitious disorder

Answer: B

Q20. case of person belief that he owned the world what is your diagnosis:

Answer: grandeur delusion

Q21. duration of delusion?

- a- 1 month
- b- 2 month
- c- 6 month
- d- 2 weeks

Answer: a

Q22. Child believe that he has power to control people ?

Answer: Grandiose delusion

Q23. A 27 y.o. male believes he is being spied on by his work colleagues, other than that he has normal functioning, he has no substance abuse or other medical condition, what is the diagnosis?

Answer: Delusional disorder

Q24. One of the following is true about delusional disorder

Answer: Daily functioning is not significantly impaired

Q25. Fixed false believe that events, remarks are directed at oneself?

Answer: Delusion of reference

Q26.true about conversion disorder :

Answer: Neurological symptoms

Q27. A worker female was brought to the clinic by her internist who said that for the previous 1-3 month, she has been convinced that a famous pop star is in love with her, no hx of hallucinations, your dx:

Answer: Delusional disorder

Q28. criteria for delusional disorder :

Answer: 1 month delusions w/o hallucinations

Somatic symptoms

Q1. A female patient who was admitted for exacerbation of asthma, suddenly she developed non productive cough and a fever of 39. The nurse saw the patient dipping the thermometer in hot cup of liquid, possible dx?

Answer: Factitious disorder

Q2. A 32-year-old woman presents to the clinic complaining of persistent abdominal pain for the past 8 months. She has seen multiple doctors and had several investigations, all of which were normal. She reports that the pain is very distressing and affects her ability to work and socialize. She frequently worries that there is a serious underlying disease despite repeated reassurances. مكرر

- A) Somatic Symptom Disorder (SSD)
- B) Illness Anxiety Disorder (IAD)
- C) Generalized Anxiety Disorder
- D) conversion disorder

Answer: A

Q3. Patient diagnosed with illness anxiety disorder best described as:

- A) recurrent hospital visits and seeing different doctors despite reassurance
- B) complaining of multiple neurological symptoms

Answer: A

Q4. Patient with somatic symptom disorder complains of?

- A) genuine somatic symptoms that causes significant distress and disruption
- B) patient complains of severe somatic symptoms resulting from falsification

Answer: A (not sure)

Q5. Which of the following best differentiates Somatic Symptom Disorder from Illness Anxiety Disorder?

- A) Patients with Somatic Symptom Disorder have no physical symptoms, while patients with Illness Anxiety Disorder have multiple physical symptoms.
- B) Illness Anxiety Disorder involves severe physical symptoms causing major impairment.
- C) Somatic Symptom Disorder involves prominent physical symptoms, while Illness Anxiety disorder involves minimal or no physical symptoms

Answer: C

Q6. Factitious disorder which is true?

Answer: patients intentionally produced symptoms of a psychological or physical illness because of a desire to assume the sick role

Q7. Malingering is **external**, Factitious is **internal**

Q8. A woman presented to ER with abnormal movements and loss of consciousness, an EEG was done and showed no abnormal activity, after she awoken she went back to normal:

- a) Epilpesy
- b) Somatic symptom disorder
- c) Conversion disorder (Functional Neurological Symptom Disorder) with seizure attacks
- d) Illness Anxiety disorder
- e) Factitious Disorder

Answer: C

Q9. Which one of the following is true statement about conversion disorder :

- a) Secondary malingering
- b) Intentional
- c) Neurological sign
- d) More common in men than women

Answer: C

Somatic symptoms

Q10. In conversion disorder, "la belle indifférence" means the patient is

- A. Afraid and highly concerned about their symptoms
- B. Patiently waiting for medical tests to confirm a diagnosis
- C. Actively seeking multiple medical opinions
- D. Unconcerned about their symptoms
- E. Planning to pursue insurance claims

Answer: D. Unconcerned about their symptoms

Q11. All are features of somatic symptom disorders except:

- A. Excessive and abnormal fear, thoughts, and behaviors related to symptoms
- B. Duration of at least 6 months
- C. The symptoms are evidently associated with a specific medical cause
- D. Clinically significant distress or impairment
- E. Persistent preoccupation with symptoms

Answer: C. The symptoms are evidently associated with a specific medical cause

Q12. The key difference between somatic symptom disorder and factitious disorder is that in factitious disorder there is:

- A. Genuine medical pathology
- B. Secondary gain
- C. Unconscious symptom production
- D. Intentional falsification of symptoms
- E. High health-care utilization

Answer: D. Intentional falsification of symptoms

Q13. What is the key difference between illness anxiety disorder and somatic symptom disorder?

- A. The presence of an associated medical condition
- B. Whether they are diagnoses of exclusion
- C. Somatic symptom disorder requires treatment rather than investigation
- D. Presence of neurological deficits
- E. Number of symptoms

Answer: C. Somatic symptom disorder requires treatment rather than investigation

Q14. According to DSM-5, the minimum duration of symptoms required to diagnose somatic symptom disorder is:

- A. 1 month
- B. 3 months
- C. 6 months
- D. 12 months
- E. 24 months

Answer: C. 6 months

Q15. The key difference between illness anxiety disorder and somatic symptom disorder is the

- A. Presence of an associated medical condition
- B. Requirement that somatic symptom disorder be a diagnosis of exclusion
- C. Somatic symptom disorder requires treatment for distressing symptoms rather than further investigation
- D. Presence of objective neurological deficits
- E. Number of somatic complaints

Answer: C. Somatic symptom disorder requires treatment for distressing symptoms rather than further investigation

Somatic symptoms

Q16. A female patient admitted for asthma exacerbation suddenly develops fever of 39 °C, and a nurse observes her repeatedly immersing the thermometer in hot liquid. The most likely diagnosis is:

- A. Conversion disorder
- B. Somatic symptom disorder
- C. Factitious disorder
- D. Malingering
- E. Illness anxiety disorder

Answer: C.

Q17. A patient repeatedly visits multiple physicians with varied somatic complaints (abdominal pain, headaches), undergoes extensive normal workups, yet remains preoccupied and continues to seek medical attention. The most likely diagnosis is:

- A. Factitious disorder
- B. Illness anxiety disorder
- C. Somatic symptom disorder
- D. Conversion disorder
- E. Malingering

Answer: C

Q18. Which best describes the difference between factitious disorder and somatic symptom disorder?

- A. Factitious disorder involves unconscious symptom production; SSD involves intentional fabrication
- B. SSD always includes medical findings; factitious does not
- C. Factitious disorder involves intentional falsification of symptoms for no external reward, whereas SSD does not
- D. SSD requires external incentives; factitious does not
- E. Both involve deliberate symptom fabrication

Answer: C

Q19. A woman presents with complaints of weakness and neurological symptoms, but she appears indifferent to her condition. All medical investigations return to normal. However, during her hospital visits, she exaggerates her symptoms in front of the healthcare workers. She is not seeking any external rewards, unconcerned with symptoms and need further investigations, What is the most likely diagnosis?

- a) conversion disorder
- b) illness anxiety disorder
- c) somatic symptom disorder
- d) Factitious disorder

Answer: mainly D

Q20. In which of the following disorders does the individual have the motivation to assume the sick role in the absence of any secondary gain?

Answer: Factitious disorder

Q21. The difference between illness anxiety disorder and somatic symptom disorder:

Answer: somatic need treatment to relieve pain

Q22. somatic symptoms duration?

- A) 1 month
- B) 3 months
- C) 6 months
- D) 1 year

Answer: C

Somatic symptoms

Q23. Child came to the ER with his parents complaining of loss of vision, the parents said that this happened after they had an argument, the child doesn't seem to be scared, what is the most likely diagnosis?

- A) conduct disorder
- B) selective mutism
- C) malingring
- D) conversion disorder

Answer: D

Q24. False about Factitious Disorder :

- A. more common in men
- B. it can be intentional
- C. the gain is primary gain
- D. Fagin symptoms such as hyperthermia
- E. falsification of injury or disease

Answer: A

Q25. A 10 years old male child presented to the hospital with his parents complaining of blindness after a conflict, diagnosis?

Answer: Conversion

Q26. 65 years old female came to the clinic that reported she has skin cancer and the doctor make all test & labs to confirm but the result have no abnormal findings which type of disease that the patient suffer from?

- A- Adjustment disorder with anxiety
- B- Conversion disorder
- C- Delusional disorder (somatic subtype)
- D- Factitious disorder
- E- Generalized anxiety disorder
- F- Illness anxiety disorder

Answer: F

Q27. A man pretend sickness intentionally without secondary gain ?

Answer: Factitious disorder

Q28. Which of the following correctly describes difference between somatic symptoms disorder and illness anxiety disorder?

Answer: somatic disorder patients request treatment and symptomatic relief

Q29. Female patient says she is depressed and plays the sick role without any secondary gain?

Answer: Factious disorder

Q30. Difference between illness anxiety and somatic ?

Answer: Somatic need treatment and symptoms relief

Q31. Female call she suffer depression not for external reward?

Answer: Factitious disorder

Q32. To diagnose somatic symptoms disorder the duration must be?

Answer: At least 6 months

Q33. Female pt says she is depressed and plays the sick role without any secondary gain?

Answer: Factious disorder

Q34. What is the key difference between illness anxiety disorder and somatic symptom disorder

- A- The presence of an associated medical condition
- B- Whether they are a diagnosis of exclusion
- C- Somatic symptom disorder need treatment rather than investigation

Somatic symptoms

D- Presence of neurological deficits

E- Number of symptoms

Answer: C

Q35. A person has an episode of seizure lasting for 3 to 5 minutes, he has no postictal state of confusion after the episode, incompatibility between the symptoms and the seizure, what is the diagnosis

A- Factitious disorder

B- Conversion disorder

C- Malingering

Answer: B

Q36. True about conversion disorder :

Answer: Neurological symptoms

Q37. case about a child that has conflicting parents who want to have a divorce then the child suddenly develops blindness but seems calm and indifferent to it

Answer: conversion disorder

Q38. one of the diagnostic criteria of somatic symptom disorder is that it needs to last for at least

a-1 months

b-3 months

c-6 months

d-12 months

e-2 years

Answer: c

Q39. In which of the following disorders does the individual have the motivation to assume the sick role in the absence of any secondary gain?

Answer: Factitious disorder

Q40. Patient has seizure attack and EEG was negative and conflicting with his wife?

Answer: conversion disorder

لا تدري لعلّ لحظتك هذه؛ هي التي أردتَ يوماً وتميّت ..
علّ دعوةً تخرج الآن من أنفاسك المضطربة!
يُكتب لها قبولٌ في السموات السبع عند ربّ العرش العظيم
تنفرج لها الهموم والكروب!
فقم مجدّداً لذاتك، مردّداً وردك وقارناً ذكرك، ولا تقف أبداً
واستعن بالله، ولا تعجز

اللهم صلِّ وسلِّم وبارك على سيّدنا محمد وعلى آله وصحبه

Eating disorder

Q1. One of the following is related to anorexia nervosa

- A. Fear of gaining weight, restriction of energy intake, loss of perception of body image
- B. No weight loss

Answer: A

Q2. A 28-year-old woman reports recurrent episodes of eating very large amounts of food in a short period, feeling out of control. She does not vomit, use laxatives, or exercise excessively afterward. She feels distressed and ashamed about overeating not about weight gaining. مكرر

- A) Anorexia nervosa
- B) Bulimia nervosa
- C) Binge eating disorder
- D) None of the above

Answer: C

Q3. Patient A experiences recurrent episodes of overeating, followed by self-induced vomiting or other compensatory behaviors; Patient B severely restricts food intake and exercises excessively to avoid weight gain, resulting in very low body weight; Patient C reports frequent episodes of consuming large amounts of food in a short period, feeling out of control and guilt, but does not regularly try to compensate. Which eating disorder does each patient most likely have?

- A) Anorexia nervosa, Bulimia nervosa, Binge eating disorder
- B) Anorexia nervosa, Bulimia nervosa, Binge eating disorder
- C) Bulimia nervosa, Anorexia nervosa, Binge eating disorder

Answer: C

Q4. A 28-year-old woman reports recurrent episodes of eating unusually large amounts of food within a short period, during which she feels out of control. She does not regularly engage in vomiting, fasting, or excessive exercise to compensate for the overeating. She feels distressed and guilty after the episodes. What is the most likely diagnosis?

- A) Anorexia nervosa
- B) Bulimia nervosa
- C) Binge eating disorder
- D) Major depressive disorder with atypical features
- E) Obsessive-compulsive disorder

Answer: C

Q5. What is the main difference between Bulimia Nervosa and the Binge-Eating/Purging type of Anorexia Nervosa?

- A) intense fear of gaining weight or becoming fat
- B) Presence of recurrent episode of binge eating
- C) maintaining normal body weight
- D) more common in women

Answer: C

Q6. Which of the following best distinguishes Bulimia Nervosa from Anorexia Nervosa :

- A) Presence of binge-eating episodes
- B) Use of compensatory behaviors (e.g., vomiting, laxatives)
- C) Fear of gaining weight
- D) Patients with Bulimia Nervosa typically have a normal or slightly increased BMI
- E) Distorted body image

Answer: D

Q7. Anorexia nervosa ?

Answer: Weight loss

Eating disorder

Q8. What is the main difference between Anorexia Nervosa and Bulimia Nervosa?

a) Anorexia: fear of gaining weight, loss of perception of body image meanwhile Bulimia have normal BMI and engage in compensatory behaviors

Answer: A

Q9. The significant difference between bulimia nervosa and anorexia nervosa

A. Anorexia nervosa do binge eating and compensatory behavior while bulimia donot

B. Bulimia nervosa develop compensatory behavior while anorexia don't

C. Patients with bulimia nervosa maintain normal body weight, whereas those with anorexia nervosa have significant weight loss

D. Anorexia nervosa has distress about weight while bulimia nervosa does not

E. Both involve restrictive eating but only bulimia includes purging

Answer: C

Q10. Which of the following is true about binge-eating disorder

A. Recurrent episodes of binge eating, with compensatory behaviors, causing severe distress

B. Recurrent episodes of binge eating, no compensatory behaviors, with severe distress

C. Recurrent episodes of binge eating, no compensatory behaviors, motivated by desire to lose weight

D. Recurrent episodes of binge eating, with compensatory behaviors, motivated by desire to lose weight

E. Occurs exclusively during the course of anorexia or bulimia nervosa

Answer: B

Q11. The difference between bulimia nervosa and binge-eating disorder is that bulimia nervosa involves:

A. Restrictive dieting only

B. Lack of distress about eating

C. Compensatory behaviors (e.g., purging)

D. Onset before age 18

E. No concerns about body shape

Answer: C

Q12. The distinguishing feature between anorexia nervosa and bulimia nervosa is that in bulimia nervosa patients typically:

A. Lose more than 25% of body weight

B. Refuse all food

C. Have a BMI below 17

D. Maintain at least normal body weight

E. Exhibit no body-image disturbance

Answer: D

Q13. The key difference between bulimia nervosa and anorexia nervosa is that bulimia nervosa patients typically:

A. Refuse to eat in public

B. Engage only in restricting behaviors

C. Maintain at least normal body weight

D. Lack body-image disturbance

E. Never purge

Answer: C

Q14. The key difference between bulimia nervosa and anorexia nervosa is that bulimia nervosa patients typically:

A. Refuse to eat in public

B. Engage only in restricting behaviors

C. Maintain at least normal body weight

Eating disorder

- D. Lack body-image disturbance
- E. Never purge

Answer: C

Q15. The significant DSM-5 difference between bulimia nervosa and anorexia nervosa is that:

- A. Bulimia nervosa involves only dietary restriction, whereas anorexia involves purging
- B. Bulimia nervosa patients maintain at least normal body weight, while anorexia nervosa patients have significantly low weight
- C. Anorexia nervosa patients lack body-image disturbance, whereas bulimia nervosa patients have it
- D. Bulimia nervosa is always of the binge-only subtype, anorexia nervosa always includes purging
- E. Anorexia nervosa has earlier onset than bulimia nervosa

Answer: B

Q16. The key difference between binge-eating disorder and bulimia nervosa is that bulimia nervosa includes:

- A. Only restrictive eating without binge episodes
- B. A history of anorexia nervosa
- C. Excessive exercise to control weight
- D. Use of compensatory behaviors to prevent weight gain
- E. Onset exclusively in adolescence

Answer: D

Q17. The key difference between binge-eating disorder and bulimia nervosa is that binge-eating disorder involves:

- A. Binge episodes resolved by purging
- B. Restrictive dieting without binges
- C. Binge episodes without compensatory behaviors
- D. Fasting only, without bingeing
- E. Use of diuretics after bingeing

Answer: C

Q18. The key distinction between bulimia nervosa and binge-eating disorder is that bulimia nervosa includes:

- A. Only restrictive dieting without binges
- B. Recurrent binge episodes without compensatory behaviors
- C. Use of compensatory behaviors (e.g., purging) to control weight
- D. Onset before age 18
- E. Absence of body-image disturbance

Answer: C

Q19. Which feature best distinguishes bulimia nervosa from anorexia nervosa?

- A. Earlier age of onset in bulimia nervosa
- B. Presence of body-image disturbance only in bulimia nervosa
- C. Bulimia nervosa patients maintain at least normal body weight, while anorexia nervosa patients have significantly low body weight
- D. Bulimia nervosa only involves restrictive dieting without purging
- E. Anorexia nervosa always includes binge-eating

Answer:

Q20. True about history of eating disorder:

Answer: 50% of bulimia nervosa have history of anorexia nervosa

Q21. A patient presented to clinic that has Russel sign, normal weight, what is the most likely diagnosis?

Answer: Bulimia nervosa

Eating disorder

Q22. One is found in anorexia nervosa:

Answer: Increase BUN

Q23. Patient who has a negative body image and occupied with their weight, she regularly engages in eating binges followed by self inducing vomiting her weight is 48 kg and height is 1.70 cm . What is the diagnosis:-

- A- Anorexia nervosa restricting type
- B- Anorexia nervosa binge eating/purging type
- C- Bulimia nervosa
- D- Binge eating disorder

Answer: B

Q24. Timing for bulimia diagnosis?

- A) 2 times /w for one month
- B) 1 time/w every month for 3 months
- C) 1 time/w for one month

Answer: B

Q25. Russell sign is diagnostic for?

- A) Anorexia nervosa
- B) Binge eating
- C) Bulimia

Answer: C

Q26. Bulimia nervosa treatment

- A. fluoxetine
- B. antidepressant
- C. just CBT

Answer: A

Q27. Case of female Patient with binge eating and inappropriate compensatory mechanism to prevent weight gain, weight 45, height 170, diagnosis?

- A. Anorexia Bulimia
- B. Anorexia nervosa
- C. Somatic disease
- D. Bing - eating disorder

Answer: A

Q28. anorexia nervosa :

- a- Restriction of energy relative to requirement , intense fear of becoming fat , distortion in a perception of body weight and shape
- b- low self esteem, being fat distortion

Answer: a

Q29. Difference between binge eating and bulimia Nervosa:

Answer: absence of compensatory behaviors in binge eating

Q30. True about eating disorder ?

Answer: 50% of bulimia nervosa have history of anorexia nervosa

Q31. Which disorder has Male to female ratio is 1:10 ?

- A) Eating disorders
- B) Personality disorders

Answer: A

Eating disorder

Q32. What is true regarding eating disorders?

Answer: 50% of patients with bulimia had history of anorexia

Q33. Which of the following disorders has a Male to female ratio of 1:10?

Answer: Eating disorders

Q34. Binge different from bulimia by?

Answer: Binge no compensating

Q35. FDA approved medication for Bulimia Nervosa?

Answer: Fluoxetine

Q36. The key differentiating characteristic between binge eating and bulimia nervosa is?

Answer: Lack of Inappropriate compensatory behavior

Q37. which of the following types of disorders has an incidence of 10:1 in female: male?

Answer: Eating Disorder

Q38. Which of these abnormalities is caused by a patient of anorexia nervosa inducing vomiting?

Answer: Hypokalemic Hypochloremic Metabolic Alkalosis

Q39. A patient presented to your clinic that has Russel sign, normal weight & parotid swelling, what is the most likely diagnosis?

Answer: Bulimia nervosa

Q39. A patient who has a negative body image and occupied with their weight, she regularly engages in eating binges followed by self inducing vomiting her weight is 48kg and height is 1.70 cm. what is the diagnosis

- A- Anorexia nervosa restricting type
- B- Anorexia nervosa binge eating/purging type
- C- Bulimia nervosa
- D- Binge eating disorder
- E- None of the above

Answer: B

Q40. Hair character in anorexia nervosa :

Answer: Langu hair

Q41. One is increasing in anorexia nervosa:

Answer: BUN

Q42. True about history of eating disorder:

50% of bulimia nervosa have history of anorexia nervosa

Q43. FDA approved drug for anorexia nervosa :

- A) Clozapine
- B) Fluxetine
- C) Non of the above

Answer: C

Q44. percentage of people with bulimia nervosa that has a history of anorexia nervosa :-

- a-30
- b-40
- c-50
- d-60
- e-70

Answer:- c

Q45. diagnosis of bulimia :-

- a- at least twice a week for six months
- b- at least twice a week for three months

Eating disorder

- c- at least once a week for three months
- d-at least once a week for six months
- e- none of the above

Answer: c

Q46. A patient who has a negative body image and occupied with their weight , she regularly engages in eating binges followed by self inducing vomiting and use of laxatives her weight is 48kg and height is 1.70 cm .what is the diagnosis:-

- a-anorexia nervosa restricting type
- b-anorexia nervosa binge eating/purging type
- c-bulimia nervosa
- d-binge eating disorder
- e-none of the above

Answer: b

Q47. The key differentiating between binge eating disorder and Bulimia nervosa ?

Answer: lack of inappropriate compensatory behaviors

الطبيب والجراحة

الجنينة

Delirium

Q1. True about delirium

- A. Gradual onset
- B. Chronic course
- C. Constant symptoms
- D. Only memory is affected
- E. Acute onset

Answer: E

Q2. How do you differentiate delirium from dementia?

- A. Patient's age
- B. Memory impairment
- C. Behavioural changes
- D. Insight
- E. Level of consciousness or its fluctuation

Answer: E

Q3. How can we differentiate delirium from dementia?

Answer: Delirium is Acute in onset

Q4. An 80-year-old female with a history of hypertension and UTI is brought to the emergency department by her family. Sudden onset of rapid heart rate, fluctuation in her consciousness, fever. Which of the following is the most likely cause of her current condition?

Answer: Delirium secondary to UTI

Q5. What is the first-line management for a patient presenting with delirium?

- A) Identify and treat the underlying cause
- B) Initiate antipsychotic treatment immediately
- C) Administer benzodiazepines for agitation
- D) Perform a lumbar puncture

Answer: A

Q6. What supports the dx of delirium over dementia?

Answer: B. loss of consciousness

Q7. The key clinical difference between delirium and dementia is impairment of: / Delirium differentiates from dementia by:

- A. Long-term memory only
- B. Speech fluency
- C. Motor coordination
- D. Level of consciousness
- E. Language comprehension

Answer: D

Q8. Medication induced delirium

Q9. A 72y old man brought to ER, his daughter says 2 days ago he was doing well, now he's disoriented, has hallucinations and has episodes of agitation, he can't recognize faces. He has HTN and had a recent hip surgery, what does he most likely have:

- a) Dementia
- b) Delirium
- c) Mild cognitive impairment

Answer: B

Q10. The clinical feature that is life threatening in delirium tremens:

- a) Insomnia
- b) Headache
- c) Mortality due to autonomic instability

Answer: C

Delirium

Patient 70 year old , his family noticed he is sleeping during talking, from 5 days ago ?

Answer: Delirium

Q11. Patient with agitation due to delirium—treatment of choice:

- A. Galantamine
- B. Sertraline
- C. Haloperidol
- D. Risperidone
- E. Lorazepam

Answer: C

Q12. Delirium is characterized by:

- A. Chronic cognitive decline over months to years
- B. Late-onset personality change
- C. Domperidone as first-line treatment
- D. Acute decline in both level of consciousness and cognition with particular impairment in attention, developing over a short time
- E. Gradual memory loss without attentional deficit

Answer: D

Q13. First-line pharmacologic treatment for agitation in delirium is:

- A. Lorazepam
- B. Haloperidol
- C. Olanzapine
- D. Risperidone
- E. Diazepam

Answer: B

Q14. A 70-year-old female ICU patient with stroke who is not oriented and not aggressive, most likely has

- A. Dementiap
- B. Depression
- C. Delusional disorder
- D. Psychotic depression
- E. Delirium

Answer: E

Q15. Alcohol withdrawal delirium (delirium tremens) typically begins within how many hours of the last drink?

- A. 12–24 hours
- B. 24–48 hours
- C. 48–96 hours
- D. 96–120 hours
- E. 120–144 hours

Answer: C

Q16. A patient presenting with sudden cognitive deterioration and fluctuating consciousness most likely has:

- A. Dementia
- B. Delirium
- C. Psychotic depression
- D. Catatonia
- E. Major neurocognitive disorder

Answer: B

Delirium

Q17. An elderly patient post-operatively with an acute decrease in level of consciousness and fluctuating awareness most likely has:

- A. Dementia
- B. Delirium
- C. Depression
- D. Wernicke's encephalopathy
- E. Major neurocognitive disorder

Answer: B

Q18. First-line pharmacologic treatment for delirium is:

- A. Lorazepam
- B. Diazepam
- C. Haloperidol
- D. Olanzapine
- E. Risperidone

Answer: C

Q19. A fluctuating level of consciousness and cognition is most characteristic of

- A. Dementia
- B. Major depressive disorder
- C. Delirium
- D. Schizophrenia
- E. Bipolar disorder

Answer: C

Q20. A 72-year-old woman with a two-day history of confusion, poor attention, disorientation in time and place, on a background of hypertension and stroke, most likely has:

- A. Alzheimer's dementia
- B. Vascular dementia
- C. Delirium
- D. Major neurocognitive disorder due to stroke
- E. Lewy body dementia

Answer: C

Delirium is distinguished by acute onset and fluctuating consciousness.

Q21. The first-line pharmacologic treatment for severe agitation in delirium is:

- A. Lorazepam
- B. Olanzapine
- C. Haloperidol
- D. Diazepam
- E. Clonidine

Answer: C

Q22. What is the appropriate treatment for delirium tremens ?

- a)antipsychotic
- b)benzodiazepine
- c)Mood stabilizer
- d)SSRI

Answer: b

Q23. 70-year-old male in the ICU due to multiple MI and stroke, on EEG there is a low wave in the background, he is confused and disoriented but he is not agitated, what is the diagnosis?

Answer: Delirium

Delirium

Q24. How to differentiate between delirium and dementia?

- A) Consciousness
- B) age
- C) behavior

Answer: A

Q25. One of the following is wrong about delirium?

- A) Chronic
- B) Acute
- C) More in elderly
- D) Also known as ICU psychosis

Answer: A

Q26. delirium all of the following are true except:

- A. Sudden onset
- B. Brief an fluctuant course
- C. Resolve immediately after defining the underlying cause and treating it
- D. Domiprazole is the first line treatment

Answer: C & D

Q27. duration to diagnose delirium :

Answer: 1 month

Q28. wrong about delirium :

- A. Sudden onset
- B. Brief an fluctuant course
- C. Resolve immediately after defining the underlying cause and treating it
- D. Domiprazole is the first line treatment

Answer: D

Q29. Wrong about delirium ?

Answer: It is chronic

Q30. FDA drug approved of delirium ?

Answer: Haloperidol

Q31. Case of ICU patient, what is the diagnosis:

Ans: Delirium

Q32. 72-year-old male in the ICU due to multiple MI and stroke, on EEG there is a low wave in the background, he is confused and disoriented but he is not agitated, what is the diagnosis?

Answer: Delirium

Q33. Delirium different from dementia ?

Delerium is acute in onset

Q34. long case of an old woman have symptoms of delirium and she was agitated come to ER-19, best drug of choice:

Answer: Haloperidol

Q35. Which is an FDA approved drug for delirium

Answer: Haloperidol

Q36. Which is true according to FDA about Delirium?

Answer: No preference for Risperidone over Haloperidol

Q37. Difference between delirium and dementia:

answer:-fluctuation in consciousness

Q38. Wrong about delirium: a- may be chronic b-decline in both the level of consciousness and cognition c-impairment in attention d-hypoactive type more likely to go undetected

Answer: a

Sexual disorder

Rouh

1. What does gender identity mean?
- A. One's sense of being female or male
 - B. One's expression of gender in society
 - C. Sexual orientation toward same or opposite sex
 - D. Paraphilic disorder

Answer: A

2. Sense of self as being male or female is the definition of?
- A. sexual identity
 - B. gender identity
 - C. Gender role
 - D. Sexual orientation

Answer: B

3. Being humiliated to obtain sexual arousal is characteristic of?
- A. Sexual sadism
 - B. Sexual masochism
 - C. Frotteurism
 - D. Exhibitionism

Answer: B

4. A person derives sexual gratification from touching or rubbing against non-consenting individuals. What is the most likely diagnosis?
- A. Exhibitionism
 - B. Voyeurism
 - C. Frotteurism
 - D. Pedophilic disorder
 - E. Sexual sadism

Answer: C

5. A woman reports lack of sexual thoughts or fantasies and no interest in sexual activity. Which phase of the sexual response cycle is affected?
- A. Arousal
 - B. Orgasm
 - C. Desire
 - D. Resolution

Answer: C

6. Male patient with erectile dysfunction since 8 months (in maintenance of erection) and recently has stress at work and he cannot initiate erection, he has good nocturnal erection.
- A. Organic erectile dysfunction
 - B. Psychogenic erectile dysfunction
 - C. Premature ejaculation
 - D. Delayed ejaculation

Answer: B

Sexual disorder

7. Painful penetration during intercourse with marked fear and anxiety, what's the diagnosis?

- A. Female sexual interest/arousal disorder
- B. Female orgasmic disorder
- C. Genito-pelvic pain/penetration disorder

Answer: C

8. Delayed ejaculation, best treatment?

- A. Sertraline
- B. Fluoxetine
- C. Dapoxetine
- D. Tadalafil

Answer: C

9. A female who wants to have sexual activity, but there is failure of genital organs swelling and lubrication along with absence of sexual excitement and pleasure during sexual activity.

- A. Female sexual interest/arousal disorder
- B. Female orgasmic disorder
- C. Genito-pelvic pain/penetration disorder

Answer: A

10. Premature ejaculation occurs at which stage of sexual cycle?

- A. Desire
- B. Arousal
- C. Orgasm
- D. Resolution

Answer: C

11. A 24-year-old male likes to cross-dress and gets sexual pleasure from it, his relationship with his girlfriend is otherwise normal. What is the type of disorder?

- A. Gender dysphoria
- B. Transvestic disorder
- C. Frotteurism
- D. Sadism

Answer: B

12. A male has cross-dressing arousal, and normal sexuality with his girlfriend?

- A. Gender dysphoria
- B. Transvestic disorder
- C. Sexual masochism
- D. Frotteurism

Answer: B

13. A 28-year-old man with no problem with his gender identity, dresses in opposite sex clothes for sexual arousal.

- A. Gender dysphoria
- B. Transvestic disorder
- C. Transgender
- D. Frotteurism

Answer: B

1. Incongruence between an individual's experienced or expressed gender and the gender assigned at birth:

- A. Paraphilia
- B. Exhibitionism
- C. Gender orientation
- D. Gender dysphoria
- E. Gender nonconformity

Answer: D

2. Patients who feel they were born the wrong sex are experiencing:

- A. Gender nonconformity
- B. Gender identity disorder
- C. Gender orientation
- D. Gender dysphoria
- E. Paraphilia

Answer: D

3. Marked incongruence between an individual's experienced or expressed gender and the gender assigned at birth is called:

- A. Gender nonconformity
- B. Gender identity disorder
- C. Paraphilia
- D. Transvestic disorder
- E. Gender dysphoria

Answer: E

4. A man from puberty believes he should be a female, seeks hormonal therapy, attracted to women?

- A. Gender dysphoria with homosexual orientation
- B. Gender dysphoria with heterosexual orientation
- C. Transvestic disorder
- D. Gender nonconformity

Answer: B

5. Masochism, as defined in the DSM-5, involves:

- A. Exposing one's genitals to strangers for arousal
- B. Fantasies of watching others undress
- C. Recurrent, intense arousal from being humiliated, beaten, bound, or made to suffer
- D. Cross-dressing to arouse sexual interest
- E. Fantasies of hurting others for sexual pleasure

Answer: C

6. Being humiliated to obtain sexual arousal is characteristic of:

- A. Sexual sadism
- B. Sexual masochism
- C. Frotteurism
- D. Exhibitionism

Answer: B

7. A person derives sexual gratification from touching or rubbing against non-consenting individuals. What is the most likely diagnosis?

- A. Exhibitionism
- B. Voyeurism
- C. Frotteurism
- D. Pedophilic disorder
- E. Sexual sadism

Answer: C

8. A female complaining of reduced sexual interest and absence of genital sensations most likely meets criteria for:

- A. Female sexual arousal disorder
- B. Female orgasmic disorder
- C. Female sexual interest/arousal disorder
- D. Genito-pelvic pain/penetration disorder
- E. Hypoactive sexual desire disorder

Answer: C

9. A female complaining of pain during attempted vaginal penetration, causing marked distress, most likely meets DSM-5 criteria for:

- A. Female sexual interest/arousal disorder
- B. Vaginismus
- C. Erectile disorder
- D. Genito-pelvic pain/penetration disorder
- E. Dyspareunia

Answer: D

10. A female who wants to have sexual activity, but there is failure of genital organs swelling and lubrication along with absence of sexual excitement and pleasure during sexual activity.

- A. Female sexual interest/arousal disorder
- B. Female orgasmic disorder
- C. Genito-pelvic pain/penetration disorder
- D. Hypoactive sexual desire disorder

Answer: A

11. Premature ejaculation occurs at which stage of sexual cycle?

- A. Desire
- B. Arousal
- C. Orgasm
- D. Resolution

Answer: C

12. A 28-year-old man with no problem with his gender identity, dresses in opposite sex clothes for sexual arousal.

- A. Gender dysphoria
- B. Transvestic disorder
- C. Transgender
- D. Frotteurism

Answer: B

Sexual disorder

Nabed

1. All sexual disorders except drug-induced, criteria for duration should at least be?

- A. 1 month
- B. 3 months
- C. 6 months
- D. 8 months
- E. 1 year

Answer: C

2. A case about a male that obtains sexual pleasure by rubbing his genital area on the body of the opposite sex female:

- A. Sadism
- B. Frotteurism
- C. Fetishism

Answer: B

3. In which cycle does premature ejaculation occur?

- A. Desire
- B. Arousal
- C. Orgasm
- D. Refractory

Answer: C

4. Which of the following is not a paraphilia?

- A. Homosexual
- B. Pedophilia
- C. Exhibitionism

Answer: A

5. A case of a female patient that likes to cross-dress and wants to undergo sex-change surgery claiming that "she is in the wrong body":

- A. Transgender
- B. Gender dysphoria
- C. Transvestic fetishism
- D. Frotteurism
- E. Necrophilia

Answer: B

6. A 24-year-old male likes to cross-dress and gets sexual pleasure from it, his relationship with his girlfriend is otherwise normal. What is the type of disorder?

- A. Sexual preference disorder
- B. Sexual orientation disorder
- C. Sexual dysfunction in arousal

Answer: A (Sexual preference disorder / Transvestic disorder)

Sexual disorder

7. A case of female patient who wants to have sexual activity, but there is failure of genital organs swelling and lubrication along with absence of sexual excitement and pleasure during sexual activity:

Answer: Female sexual interest/arousal disorder

8. A patient went to a psychiatrist complaining that her partner recently has sexual pleasure by hurting him and causing pain:

Answer: Sadism

Warred

1. A case about female, her interest in sexual activities and excitement are decreased, what is the diagnosis?

- A. Female sexual interest arousal disorder
- B. Female orgasm disorder
- C. Genito-pelvic pain penetration disorder

Answer: A

2. The persisting sexual preference for people of the same sex (homosexual) or people of the opposite sex (heterosexual) is?

- A. Sexual identity
- B. Gender identity
- C. Gender role
- D. Sexual orientation

Answer: D

3. All sexual disorders except drug induced, criteria for duration should at least be?

- A. 1 month
- B. 3 months
- C. 6 months
- D. 8 months
- E. 1 year

Answer: C

4. Sense of self as being male or female is the definition of?

- A. Sexual identity
- B. Gender identity
- C. Gender role
- D. Sexual orientation

Answer: B

Sexual disorder

5. Premature ejaculation occurs at which stage of sexual cycle?

- A. Desire
- B. Arousal
- C. Excitement
- D. Orgasm
- E. Resolution

Answer: D

6. Not a paraphilia:

- A. Homosexual
- B. Pedophilia
- C. Exhibitionism

Answer: A

7. No interest neither vaginal lubrication and labial swelling?

Answer: Female sexual interest and arousal disorder

8. Which type of Paraphilias is more common in females?

Answer: Sadism

9. Patient with MDD, complaining of persistent erection for 5 hours, what drug is mostly associated with it?

Answer: Trazodone

10. Priapism is caused by which drug?

- A. TCA
- B. MAOI
- C. Nefazodone
- D. Trazodone
- E. SSRI

Answer: D

11. What phase of sexual response cycle does premature ejaculation happen in?

- A. Orgasm
- B. Desire
- C. Excitement
- D. Resolution

Answer: A

Reaction to stress & Adj disorders

Rouh

1. What of the following stressor causes adjustment disorder?

- A.Losing a job
- b.Rape
- c.Plane crash
- d.None of the above
- e. All of the above

Answer: a

2. Adjustment disorder is?

- a.Least in single women
- b.Men twice women
- c.The most common comorbidity found in hospitalized patients
- d.None of the above

Answer:d. None of the above

3. The difference between PTSD and Acute stress disorder?

- a.PTSD symptoms take >1 month,ASD resolves within a month
- b.PTSD due to traumatic event
- c.PTSD causes significant distress unlike ASD

Answer: PTSD symptoms take > 1 month, ASD resolves within a month

4. What is the main difference between Post-Traumatic Stress Disorder (PTSD) and Acute Stress Reaction?

- A.Type of symptoms
- b. Nature of triggers
- c.Severity of symptoms
- d.Duration of symptoms

Answer: D

5. A 30-year-old female was involved in a car accident 3 days ago. Since the accident, she experiences recurrent nightmares about the event. She feels detached from herself, as if watching her own actions from outside her body. Most likely diagnosis?

- a.Acute stress disorder
- b. PTSD
- c.Adjustment disorder

Answer: A

6. A 28-year-old soldier recently returned from combat duty. For the past two weeks, he has been experiencing recurrent nightmares, intrusive memories of the battlefield, hypervigilance, and difficulty sleeping. He avoids reminders of the war and feels emotionally numb. Most likely diagnosis?

- a.Adjustment disorder
- b.PTSD
- c.Acute stress disorder
- d.GAD
- E.Panic disorder

ans:c

Reaction to stress & Adj disorders

?Which of the following statements about Adjustment Disorder is TRUE .7

- a. It is rarely seen in hospital settings
- b. It only occurs in children
- c. It is commonly seen in hospital settings
- d. It always leads to psychosis
- e. None of the above

Answer: c

8. Which of the following can lead to the development of Adjustment Disorder?

- A. Loss of a job
- b. Winning the lottery
- c. Routine daily activities
- d. Nothing stressful happens

Wateen

ans:a

1. Treatment of acute stress disorder:

- A. Mood stabilizers
- B. Donepezil
- C. Memantine
- D. Psychotherapy
- E. SSRIs

Answer: D. Psychotherapy

2. Which of the following is a typical stressor for adjustment disorder (per DSM-5)?

- A. Rape B. None of the above C. Death of a loved one D. Loss of a job E. Life-threatening illness

Answer: D. Loss of a job

3. The key difference between acute stress disorder (ASD) and PTSD is that:

- A. ASD occurs only after physical injury, PTSD does not
- B. ASD symptoms begin within 1 month and last less than 1 month; PTSD symptoms last at least 1 month
- C. PTSD is always preceded by ASD
- D. PTSD requires flashbacks, ASD does not
- E. ASD requires a life-threatening event, PTSD does not

.Answer: B

4. In treating adjustment disorder, which factor should take precedence?

(Flaw: treatment priorities not specified clearly. Answer based on dossier: Providing supportive psychotherapy and helping the patient cope with the identifiable stressor. Medication is secondary and only for symptom management if needed.)

5. First-line treatment for adjustment disorder:

- A. Electroconvulsive therapy
- B. Selective serotonin reuptake inhibitors
- C. Psychotherapy
- D. Mood stabilizers
- E. Benzodiazepines

Answer: C. Psychotherapy

Reaction to stress & Adj disorders

6. First-line treatment for adjustment disorder:

- A. Fluoxetine
- B. Electroconvulsive therapy
- C. Psychotherapy (e.g., CBT)
- D. Lithium
- E. Haloperidol

Wateen

Answer: C. Psychotherapy (e.g., CBT)

7. Adjustment disorder is characterized by: short term symptoms that may include depression, anxiety, and emotional disturbance.

- A. Development of symptoms that meet criteria for major depressive disorder after any stressor
- B. Emotional or behavioral symptoms in response to an identifiable stressor, occurring within 3 months of the stressor
- C. Psychotic symptoms triggered by life events
- D. Persistent anxiety lasting more than 6 months without identifiable triggers
- E. Somatic symptoms only, without emotional distress

.Answer: B

8. Which of the following is true regarding acute stress disorder?

- A. It cannot include nightmares or flashbacks
- B. Symptoms must persist for at least 6 months
- C. It involves intense fear, helplessness or horror, and can include nightmares
- D. It requires at least two dissociative symptoms to diagnose
- E. It only develops after combat-related trauma

.Answer: C

9. The key difference between acute stress disorder (ASD) and post-traumatic stress disorder (PTSD) is:

- A. ASD requires a life-threatening event; PTSD does not
- B. PTSD includes dissociative symptoms; ASD does not
- C. ASD symptoms last from 3 days to 1 month; PTSD symptoms persist beyond 1 month
- D. PTSD is always preceded by ASD
- E. ASD can only follow combat trauma

.Answer: C

10. A traumatized individual is diagnosed with post-traumatic stress disorder when symptoms last for at least:

- A. 3 days
- B. 1 week
- C. 1 month
- D. 6 months
- E. 1 year

Answer: C . 1 month

11. In managing a patient with adjustment disorder, which of the following interventions is essential?

- A. Electroconvulsive therapy
- B. Safe and supportive environment
- C. High-dose benzodiazepines
- D. Long-term antipsychotic medication
- E. Isolation from stressors indefinitely

Answer: B. Safe and supportive environment

Reaction to stress & Adj disorders

12. Which psychological theory best explains the onset of adjustment disorder following a significant life stressor?

- A. Psychoanalytic drive theory
- B. Behavioral theory
- C. Interpersonal theory
- D. Humanistic self-actualization theory
- E. Biological diathesis-stress model

Wateen

Answer: C. Interpersonal theory

13. All of the following are recognized subtypes of adjustment disorder except:

- A. Adjustment disorder with depressed mood
- B. Adjustment disorder with anxiety
- C. Adjustment disorder with mixed anxiety and depressed mood
- D. Adjustment disorder with dissociative symptoms
- E. Adjustment disorder with psychotic features

Answer: E. Adjustment disorder with psychotic features

14. According to DSM-5, which of the following is not a recognized subtype of adjustment disorder?

- A. Adjustment disorder with depressed mood
- B. Adjustment disorder with anxiety
- C. Adjustment disorder with mixed anxiety and depressed mood
- D. Adjustment disorder with disturbance of conduct
- E. Adjustment disorder with psychotic features

Answer: E. Adjustment disorder with psychotic features

1. Difference between PTSD and acute stress disorder: **time**

Nabed

2. A 22 years old patient got an abroad job opportunity, can't sleep well, feeling worried about traveling to a new country without knowing its language, feeling on edge for 2 months. Probably suffering from?

C) Adjustment disorder with anxiety

3. One of the following is adjustment disorder? **A) Job loss**

4. Which of the following is considered adjustment disorder?

B) mixed depression and anxiety

5. True about Adjustment disorder:

All of above (Remit within 6 months after end of stimulus, occurs with daily events not rare events, excessively diagnosed by doctors)

6. Treatment for adjustment disorder? **Supportive counseling and psychotherapy**

7. One of the following is not a subtype of adjustment disorder?

adjustment disorder with bipolar features

8. Adjustment disorder:

should remit within 6 months / is often inappropriately diagnosed / involves daily life activities not catastrophic events / could lower the subthreshold for other disorders / all of the above

9. Case of firefighter 2 years after his colleague's death: **PTSD**

Reaction to stress & Adj disorders

Nabed

10. A person had an RTA 3 weeks ago causing death of his friend, patient feels sad, anhedonia, started having nightmares and flashbacks about the accident. Diagnosis?

Acute Stress Disorder

11. Case before one week went to hospital had complications, felt she was dying, now has symptoms and does not want to go to hospital because of what happened before?

Acute stress disorder

12. Treatment of Acute stress: **Psychotherapy**

13. One of the following is adjustment disorder?

Job loss / Relative death / Rape / None of above / All of above

14. The key difference between panic attack and panic disorder?

Panic attacks can be experienced with other psychiatric disorders and medical conditions

15. Avoidance occurs in which disorder? **PTSD**

16. All of the following are characteristics of hypomania except: **delusion**

17. One of the following is not a PTSD criterion (Page 3)

18. Which of the following does not occur in PTSD? **compulsions**

19. Symptom in a child with PTSD: **bed wetting**

Wareed

1. A person had an RTA 3 weeks ago, that caused death of his friend, the patient is feeling sad, anhedonic and started having nightmares & flashbacks about the accident, your diagnosis?

Post-traumatic stress disorder (Note: 3 weeks is more than the 1-month threshold for Acute Stress Disorder, so PTSD is correct per DSM-5)

2. Not an intrusive symptom in DSM-5 criteria of PTSD?

Persistent inability to experience positive emotion

3. A person had an RTA 3 weeks ago, that caused death of his friend, the patient is feeling sad, anhedonic and started having nightmares & flashbacks about the accident, your diagnosis?

(Options: PTSD, Adjustment Disorder, Acute Stress Disorder) - Correct answer

based on timing: Acute Stress Disorder (if less than 1 month) or PTSD (if more than 1 month). The question says 3 weeks, so Acute Stress Disorder is correct.

4. Behavioral symptom of stress? **Appetite changes**

(Options: Rage, Sleep pattern changes, Appetite changes, Palpitation, Headache)

6. All of the following are risks of suicide except?

Sleep disorders

Rouh

9. What is the center for the sleep and wake cycle?

- a. Caudate nucleus
- b. Arcuate nucleus
- c. Supra chiasmatic

Answer: Supra chiasmatic

10. Narcolepsy central hormone?

- a. Hypocretin
- b. Dopamine
- c. Nor epinephrine

Answer: Hypocretin

11. Which neurotransmitter/hypothalamic peptide is typically deficient in patients with narcolepsy?

- a. Serotonin
- b. Dopamine
- c. Hypocretin
- d. GABA
- e. Acetylcholine

Answer: Hypocretin

12. What is the mechanism of action of a drug that works on someone with cataplexy?
(Suppress REM / Increases dopamine)

Answer: Suppress REM

13. Not a part of narcolepsy?

(Sleep paralysis / Sleep terrors / Hypnagogic hallucination / Irrepressible need to sleep / REM sleep behaviours)

Answer: Sleep terrors

14. Sleepwalking (somnambulism) occurs during which stage of sleep?
(REM / Stage 1 / Stage 2 / Stage 3 deep NREM sleep)

Answer: Stage 3 (deep NREM sleep)

15. Which of the following tests is used to confirm the diagnosis of narcolepsy?

(EEG / scan / Multiple Sleep Latency Test (MSLT) / Cerebrospinal Fluid (CSF) analysis)

Answer: Multiple Sleep Latency Test (MSLT)

16. Which of the following statements about sleep disorders is CORRECT?

- A. Muscle dystonia occurs during NREM sleep
- b. Muscle dystonia occurs during REM sleep
- c. Muscle tone increases during REM sleep
- d. REM sleep is absent in sleep disorders
- e. Melatonin secretion is decreased during REM sleep

Answer: b (REM sleep is characterized by muscle atonia, not dystonia; the archive answer may be imprecise)

17. A patient reports sudden loss of muscle tone in the face when laughing, but remains fully conscious and able to interact. Most likely diagnosis?

(Cataplexy / Sleep Paralysis / Catalepsy / Stroke / Bell's Palsy)

Answer: Cataplexy

Sleep disorders

18. The mechanism of action of medications used to treat cataplexy is best described as?
(Reducing REM sleep phenomena)
19. Non-pharmacological treatment for chronic insomnia?
(Sleep restriction therapy / SSRI / Antihistamine / Benzodiazepines)
Answer: Sleep restriction therapy
20. Characteristic of REM sleep? (Loss of muscle atony)
Answer: (Normal REM sleep has muscle atonia; loss of atony is seen in REM sleep behavior disorder)
21. All of the following are features of REM sleep EXCEPT: (Sleep terror)
Answer: Sleep terror (occurs in NREM stage 3)
22. Which hormone is responsible for regulation of circadian rhythm?
(Cortisol / Melatonin / Serotonin)
Answer: Melatonin
23. What is the center for the sleep and wake cycle?
(Caudate nucleus / Arcuate nucleus / Supra chiasmatic)
Answer: Supra chiasmatic
24. Main neurotransmitter in initiating and maintaining sleep?
(Serotonin / GABA / Norepinephrine / Dopamine)
Answer: GABA
15. Right about narcolepsy:
A. Inability to breathe during sleep
B. Uncomfortable sensation in the legs at night (restless legs)
C. Inappropriate sleep quality
D. Insidious onset of excessive sleep in inappropriate places with cataplexy and hypnagogic hallucinations
E. Early-morning insomnia
Answer: D
16. About night terror and nightmare, which of the following is false:
A. Nightmare remembered, night terror not remembered
B. Nightmare affect adults, night terrors affect children
C. Nightmare crying, night terror moaning only
D. Nightmare during REM ~3h into sleep; night terror during non-REM ~30 min after sleep onset
E. None of the above
Answer: C
17. The duration of a complete sleep cycle:
A. 4-5 h
B. 10-20 min
C. 6 h
D. 90-110 min
E. 120-150 min
Answer: D. 90-110 min

Wateen

Answer: D. 90-110 min

Sleep disorders

18. Difficulty initiating or maintaining sleep is termed:

- A. Hypersomnia
- B. Insomnia

Answer: B . Insomnia

19. True about good sleep hygiene:

- A. Go to bed at different times each night
- B. Exercise vigorously just before bedtime
- C. Take long naps during the day
- D. Arise at the same time every morning
- E. Eat heavy meals right before sleep

.Answer: D

20. Which of the following is not characteristic of narcolepsy?

- A. Excessive daytime sleepiness
- B. Cataplexy
- C. Hypnagogic hallucinations
- D. Sleep paralysis
- E. Catalepsy

. Answer: E

21. Sleep spindles and K-complexes occur in which stage of sleep?

- A. N1
- B. REM
- C. N2
- D. N3
- E. Wakefulness

Answer: C. N 2

22. During REM sleep, the most characteristic phenomenon is:

- A. Sleepwalking
- B. Night terrors
- C. Vivid dreaming with rapid eye movements
- D. Sleep talking
- E. K-complexes and sleep spindles

.Answer: C

23. In healthy adults, which sleep stage occupies the greatest proportion of total sleep time?

- A. Stage N1
- B. Rapid eye movement (REM) sleep
- C. Slow-wave sleep (Stage N3)
- D. Stage N2
- E. Wakefulness after sleep onset

Answer: D. Stage N2

24. The primary brain structure responsible for the circadian regulation of sleep-wake cycles is the:

- A. Locus coeruleus
- B. Dorsal raphe nucleus
- C. Thalamic reticular nucleus
- D. Basal forebrain
- E. Suprachiasmatic nucleus

Answer: E. Suprachiasmatic nucleus

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Sleep disorders

25. Which sleep stage occupies the largest proportion of total sleep time in healthy adults?

- A. N1
- B. REM
- C. N3 (slow-wave sleep)
- D. Wake after sleep onset

Answer: (Archive answer points to Stage N2, which is not listed as an option here; question flawed.)

26. The circadian regulation of sleep-wake cycles is primarily controlled by the:

- A. Hypothalamic-pituitary axis
- B. Suprachiasmatic nucleus
- C. Locus coeruleus
- D. Ventrolateral preoptic nucleus
- E. Pineal gland

Answer: B. Suprachiasmatic nucleus

27. Which of the following is not characteristic of narcolepsy?

- A. Excessive daytime sleepiness
- B. Hypnagogic hallucinations
- C. Cataplexy
- D. Sleep paralysis
- E. Catalepsy

Answer: E. Catalepsy

28. A patient working night shifts reports difficulty sleeping during the day. To promote a normal circadian rhythm, you should advise:

- A. Exposing oneself to bright light in the morning
- B. Drinking coffee immediately before nap time
- C. Darkening the bedroom completely during daytime sleep
- D. Taking a high-dose stimulant medication
- E. Engaging in vigorous exercise just before bed

.Answer: C

29. Physicians distinguish REM sleep from non-REM sleep by noting that:

- A. Sleep spindles occur predominantly in REM
- B. Muscle tone is highest in REM
- C. Most vivid dreaming occurs during REM sleep
- D. K-complexes are a REM feature
- E. REM lacks rapid eye movements

.Answer: C

30. Excessive daytime sleepiness with sudden sleep attacks is most consistent with:

- A. Insomnia

Answer: (Incomplete; refers to Narcolepsy)

31. Which of the following pairs a normal sleep experience with the correct sleep stage?

- A. Vivid dreaming during non-REM; night terrors during REM
- B. Sleepwalking during REM; hypnagogic hallucinations during non-REM
- C. Night terrors during non-REM; vivid dreaming during REM
- D. Hypnagogic jerks during REM; sleep paralysis during non-REM
- E. Sleep talking during REM; K-complexes during REM

Answer: C. Night terrors during non-REM; vivid dreaming during REM

Sleep disorders

32. Which sleep stage occupies the largest proportion of total sleep time in healthy adults?

- A. Stage N1
- B. REM sleep
- C. Stage N3 (slow-wave sleep)
- D. Wake after sleep onset
- E. Stage N2

Answer: E. Stage N2

33. All of the following are characteristic features of Geschwind syndrome in temporal lobe epilepsy except:

- A. Hypergraphia
- B. Hyper-religiosity
- C. Hyposexuality
- D. Deepened emotional and cognitive responses
- E. Hyper-mortality

Answer: E. Hyper-mortality (Note: Geschwind syndrome relates to temporal lobe epilepsy, not strictly a sleep disorder, but included as it appeared adjacent in the archive.)

Nabed

1. Sleep complex and K spindle with which stage of sleep? N2
2. Sleep walking stage is: stage 3 & 4
3. In which stage sleep walking and talking occur? C) N3 & 4
4. K complex and spindles? B) N2
5. In which stage does ejaculation occur? D) REM
6. Case of male with excessive sleepiness in daytime and sleeps in office during tasks: narcolepsy
7. True about sleep hygiene: sleep daily at the same specific time
8. Definitive treatment of obstructive sleep apnea: A) nasal continuous positive airway pressure
9. Hypocretin insufficiency contributes in the pathophysiology of? Narcolepsy
10. Longest stage of sleep: Stage 2
11. What neurotransmitter released from hypothalamus regulates sleep-wake cycle?
Melatonin (or Acetylcholine? - Page 32 shows both)
12. Not a disorder of sleep: Epilepsy
13. All of the following are symptoms of narcolepsy except: catalepsy (or cataplexy? - Page 25 says "except catalepsy", Page 36 says "all of above" including cataplexy)
14. Occur with Narcolepsy... all except: Catalepsy
15. Narcolepsy: sleep paralysis / cataplexy / all of above
16. Meaning of sleep latency: time from turning off the lights till N2 stage
17. One of the following is right about sleep hygiene: arise every day at the same time
18. Good sleep hygiene measure: Wake up at the same time
19. True about sleep hygiene: sleep daily at the same specific time (B. Take daily naps as needed is incorrect)
20. Sundowning syndrome all are true except: lethargy
21. Walking during sleep: stage 4

Sleep disorders

Wareed

- 1 . Sleep complex and K spindle with which stage o f sleep? **N 2**
2. Sleep disorder i n mania? **Decreased need for sleep**
3. Which of the following measures o f polysomnography refers to the duration o f time from turning off the lights until the onset of Stage 2 (more recently, N2) sleep? **Sleep latency**
4. In narcolepsy, which neuropeptide i s decreased i n CSF? **Hypocretin**
5. At which stage of sleep does erection occur, which i s useful to differentiate between primary erection disorder & vascular causes? **REM stage**
- 6 . All are criteria o f Narcolepsy except? **A t least one episode of need t o sleep i n last 3 months**
7. A female gave birth to a twin, she started complaining o f falling asleep while she i s awake, and this condition is associated with overwhelming activities and stress: **Cataplexy**
8. Sleep disorder in mania? Insomnia / Decreased need for sleep
9. 72-year-old male i n the ICU due to multiple MI and stroke, o n EEG there i s a low wave i n the background, h e i s confused and disoriented but h e i s not agitated, what is the diagnosis? **Delirium** (Note: This appears under sleep disorders but i s correctly a delirium)

Substance use disorders

Rouh

How to treat Wernicke's encephalopathy?

- A. IV thiamine
- B. Oral thiamine
- C. Memory training

Answer: A

2. Opioid most common complications?

- A. Respiratory depression
- B. Increased GI motility
- C. Tachycardia
- D. Dilation of the pupil

Answer: A

3. One of the following is a complication of chronic use of amphetamines?

(Ongoing psychosis even during abstinence)

4. A 42-year-old man is admitted to the hospital for a knee injury. His last alcoholic drink was 2 days ago. He now develops anxiety, sweating, hypertension, and tachycardia?

- A. IV glucose
- B. IV thiamine
- C. Beta-blocker

Answer: B

(Note: Benzodiazepines are first-line for alcohol withdrawal, but not listed. IV thiamine is given to prevent Wernicke's encephalopathy)

5. Correct about Wernicke encephalopathy?

- A. Memory loss, confabulation, personality change
- B. Confusion, gait ataxia, oculomotor dysfunction
- C. Seizures, headache, papilledema
- D. Tremor, bradykinesia, rigidity

Answer: B

6. A patient with chronic substance use presents with rhinorrhea, diaphoresis, yawning, and piloerection. This is most typical of withdrawal from:

- A. Opioid
- B. Cannabinoids
- C. Benzodiazepines
- D. Cocaine
- E. Alcohol

Answer: A

7. Chronic alcoholism with hallucinations, confusion, tremor (case of delirium tremens and alcohol withdrawal). Drug of choice?

- A. Acamprosate
- B. Benzodiazepines
- C. Thiamine
- D. Disulfiram

Answer: B

Substance use disorders

8. Most common complication in opioid overdose?

- A. Respiratory depression
- B. Increased GI motility
- C. Tachycardia
- D. Dilation of the pupil
- E. Migraine

Answer: A

9. A 45-year-old man with a history of chronic alcohol use stopped drinking two days ago. He now presents with tremors, sweating, nausea, confusion, hallucination, and tachycardia. Most appropriate initial treatment?

- A. Thiamine only
- B. IV glucose
- C. Benzodiazepines
- D. Beta-blockers
- E. Naltrexone

Answer: C

10. What is the first-line treatment for Wernicke encephalopathy?

- A. IV glucose only
- B. IV Vitamin B1 in high doses
- C. Benzodiazepine

Answer: B

11. One of the following is a complication of chronic use of amphetamines?

Ongoing psychosis even during abstinence

12. All of the following drugs used in alcohol withdrawal treatments except:

- A. Naltrexone
- B. Acamprosate
- C. Disulfiram
- D. Topiramate
- E. Varenicline

Answer: E

13. Cocaine side effects all of the following except:

- A. Mydriasis
- B. Bradycardia
- C. Hypertension

Answer: B

14. All of the following are chronic complications of alcohol abuse EXCEPT:

- A. Peripheral neuropathy
- B. Wernicke syndrome
- C. Liver cirrhosis
- D. Asthma
- E. Korsakoff syndrome

Answer: D

Substance use disorders

15. What vitamin deficiency in Wernicke's encephalopathy?

Answer: Vitamin B1 (Thiamine)

16. Neonatal Abstinence Syndrome (NAS) occurs due to withdrawal from which of the following substances?

- A. Opioids withdrawal
- B. Cannabis withdrawal
- C. Alcohol withdrawal
- D. Caffeine withdrawal

Answer: A

17. What is the classic triad of Wernicke's syndrome?

- A. Confusion, ocular disturbance, ataxia
- B. Confusion, tremor, seizures
- C. Ataxia, hallucinations, insomnia
- D. Ocular disturbance, mania, delirium

Answer: A

18. Overdose opioids antidote?

Answer: Naloxone

19. Substance use criteria:

Answer: (DSM-5 criteria for substance use disorder: 2 or more symptoms within 12 months)

20. Wernicke's mortality?

Answer: 20%

Wateen

1. Case: dietary reaction causing severe headache, palpitations, and hypertensive crisis - what is this:

- A. Tyramine reaction
- B. Serotonin syndrome
- C. Neuroleptic malignant syndrome
- D. Pheochromocytoma crisis
- E. Myocardial infarction

Answer: A

2. Long-term untreated heavy alcohol use most commonly leads to:

- A. Acute pancreatitis
- B. Chronic obstructive pulmonary disease
- C. Chronic kidney disease
- D. Liver cirrhosis
- E. Osteoporosis

Answer: D

Substance use disorders

3. Alcohol withdrawal delirium (delirium tremens) typically begins within how many hours of the last drink?

- A. 12-24 hours
- B. 24-48 hours
- C. 48-96 hours
- D. 96-120 hours
- E. 120-144 hours

Answer: C

4. If untreated, Wernicke's encephalopathy carries an approximate mortality rate of:

- A. 5%
- B. 10%
- C. 20%
- D. 30%
- E. 40%

Answer: C

5. Tactile hallucinations are classically found in:

- A. Schizophrenia
- B. Parkinson's disease
- C. Cocaine intoxication
- D. Alcohol withdrawal
- E. Major depressive disorder

Answer: D

6. Which medication used for opioid withdrawal also reduces HIV-infection risk by replacing illicit opioid use?

- A. Naltrexone
- B. Buprenorphine
- C. Methadone maintenance
- D. Clonidine
- E. Naloxone

Answer: C

7. All of the following are common signs of opioid withdrawal except:

- A. Lacrimation and rhinorrhea
- B. Yawning and piloerection ("cold turkey")
- C. Gastrointestinal cramping and diarrhea
- D. Mydriasis (dilated pupils)
- E. Miosis (constricted pupils)

Answer: E

Substance use disorders

8. The approximate mortality rate for treated alcohol withdrawal delirium (delirium tremens) is:

- A. 1-5%
- B. 10-15%
- C. 20-25%
- D. 30-35%
- E. 40-45%

Answer: A

Note: A. 1-5% (If untreated: 20%)

9. A patient presents with severe headache, palpitations, and a hypertensive crisis after eating aged cheese. This reaction is most consistent with:

- A. Serotonin syndrome
- B. Pheochromocytoma crisis
- C. Tyramine reaction
- D. Neuroleptic malignant syndrome
- E. Hypertensive emergency due to clozapine

Answer: C

10. A patient develops severe headache, palpitations, and a hypertensive crisis shortly after consuming aged cheese. This is most consistent with:

- A. Serotonin syndrome
- B. Neuroleptic malignant syndrome
- C. Pheochromocytoma crisis
- D. Tyramine reaction
- E. Malignant hyperthermia

Answer: D

12. The phenomenon of requiring increasing doses of a drug to achieve the same effect is called:

- A. Dependence
- B. Withdrawal
- C. Sensitization
- D. Tolerance
- E. Addiction

Answer: D

13. Which neurotransmitter pathway is responsible for addiction:

- A. GABA
- B. Serotonin
- C. Dopamine
- D. Glutamate
- E. Acetylcholine

Answer: C

Substance use disorders

14. Wernickes encephalopathy is classically characterized by the triad of:

- A. Ataxia, confusion, and peripheral neuropathy
- B. Confusion, ophthalmoplegia, and ataxia
- C. Confusion, memory loss, and confabulation
- D. Ophthalmoplegia, sensory loss, and seizures
- E. Memory impairment, apathy, and hallucinations

Answer: B

15. Tactile hallucinations are most commonly associated with:

- A. Schizophrenia
- B. Bipolar disorder
- C. Drug intoxication (e.g., cocaine)
- D. Alcohol withdrawal
- E. Major depressive disorder

Answer: D

16. All of the following increase the risk of alcohol abuse in elderly patients except:

- A. Having a drinking partner
- B. Grief or loss of a loved one
- C. Social isolation
- D. Organic brain disease
- E. Chronic pain

Answer: D

17. Alcohol use disorders have the highest comorbidity prevalence with which psychiatric condition?

- A. Major depressive disorder
- B. Generalized anxiety disorder
- C. Schizophrenia
- D. Bipolar disorder
- E. Obsessive-compulsive disorder

Answer: D

18. Which of the following is true about cocaine intoxication?

- A. It causes miosis
- B. It commonly leads to post-intoxication seizures
- C. It reduces heart rate
- D. It causes hypothermia

Answer: B

Substance use disorders

Nabed

1. Cocaine mechanism of action: **Blocks reuptake of DA, NE, 5-HT(Not Dopamine release)**
2. Alcohol is: **GABA agonist**
3. Withdrawal of one of these substances can lead to potential death? **A. Alcohol**
4. Alcohol withdrawal is related to one of these neurotransmitters? **C. GABA**
5. all of that are CNS depressant except :
 - a- alcohol
 - b- cocaine**
 - c- Hallucinogen
 - d- Marijuana
6. reemergence of symptoms when the medication is discontinued :
 - a- dependence
 - b- withdrawal**
 - c- intoxication
 - d- tolerance
7. Teens try to substance
 - a- Past emotional or physical trauma
 - b- To feel older
 - c- Relief anxiety
 - d- All above**
 - e- Not above
7. What neurotransmitter pathway is responsible for addiction?
GABA / dopamine / serotonin / glutamate (Dopamine is primary)
8. Meaning of tolerance: **Markedly diminished effect with continued use of the same amount of the substance**
10. True about substance use disorder: **Liver cirrhosis**
11. Not a risk factor for substance use: **high socioeconomic status**

what is an example of hallucinogen?

- A) opoid
- B) LSD**
- C) barbiturate
- D) heroine

Substance use disorders

Nabed

what is the first sign in alcohol Toxicity?

- A) delirium
- B) convulsions
- C) nausea and vomiting
- D) itching

what is the most illisit substance world wide?

- A) cnnapis
- B) nicotine
- C) benzodiazipne
- D) opioid

All of the following are CNS depressants except: cocaine

15. Neurotransmitter involved in benzodiazepine withdrawal: GABA

17. A patient with broad-based gait, confused, nystagmus on examination, what should you ask about? Alcohol

18. About opioid withdrawal in infants: (Poor feeding, hypotonia, sedation, insomnia, increased response to stimuli)

19. Side effect of opioid withdrawal: Diarrhea

20. most frequent symptom associated with withdrawal of opioids:

- seizures
- insomnia
- diarrhea

21. Tyramine hypersensitivity is a side effect of: MAOIs

22. Better drug for smoking: Bupropion

23. Effect of substance abuse in pregnant women: Miscarriage

Substance use disorders

Warred

82-year-old alcoholic drinker, came to ER with loss of consciousness and was hospitalized for the management of pneumonia, he was still confused, agitated and ataxic with ocular problems (difficulty looking upward and downward), what is your diagnosis?

Wernicke encephalopathy

2. A drug used for alcohol dependence? **Acamprosate**

3. Which of the following drugs is used for alcohol dependence? **Naltrexone**

4. Naltrexone used in treatment of alcohol abuse by? Reduce desire or craving and high associated with alcohol

5. Chronic alcohol drinker comes to ER agitated confused with horizontal nystagmus?

Wernicke encephalopathy

6. Patient brought by his brother to the ER, he had a broad-based gait, on examination he was confused, ocular examination showed nystagmus, what should you ask about? Alcohol

7. Which receptor does alcohol work on? **GABA-A**

8. Receptor of alcohol, diazepam? **GABA-A**

9. Which of these drugs works by increasing the availability of norepinephrine, serotonin, dopamine and tyramine? **Phenelzine (MAOI)**

10. Not a differential diagnosis for Intermittent Explosive Disorder? **Schizoid personality disorder (Options also included Alcohol intoxication)**

11. Which of the following is most useful in differentiating between schizophrenia and alcohol withdrawal delirium? **Level of consciousness**

Postpartum psychiatric

Rouh

1. One of the most important symptoms of postpartum blues:

- A. Rapid change in mood & irritability
- B. No interest in the child
- C. Hallucination
- D. Delusions

Answer: A

2. What medication is allowed for a pregnant woman suffering from postpartum depression while she is breastfeeding?

- A. Paroxetine
- B. Sertraline
- C. Fluoxetine

Answer: B

3. One of the following can not be given in postpartum psychosis during the period of breastfeeding?

- A. Lithium
- B. Valproate
- C. Quetiapine

Answer: A

4. Correct about postpartum psychiatric disorders?

- A. Postpartum depression considered distinct entities according to DSM-5 criteria
- B. Postpartum blues resolve spontaneously after 14 days
- C. Postpartum psychosis is the most common

Answer: None are fully correct (postpartum blues resolve within 14 days)

5. A woman with postpartum depression. Which antidepressant is considered first-line and safe during lactation?

- A. Amitriptyline
- B. Fluoxetine
- C. Sertraline
- D. Paroxetine
- E. Venlafaxine

Answer: C

6. First-line management of postpartum psychosis typically involves:

- A. Watchful waiting at home
- B. SSRI
- C. Hospitalization

Answer: C

Postpartum psychiatric

7. According to the DSM-5, when must the onset of symptoms occur to use the "with peripartum onset" specifier?

- A. Within 2 weeks postpartum
- B. During pregnancy or within 4 weeks postpartum
- C. Within 6 months postpartum
- D. During the first trimester only

Answer: B

8. A woman develops psychosis after giving birth. Which of the following is considered the most marked risk factor for postpartum psychosis?

- A. Primiparity
- B. Sleep deprivation
- C. Family history of psychosis
- D. Low socioeconomic status
- E. Complicated delivery

Answer: C

9. All are true about postpartum blues except?

- A. (If extended beyond 2 weeks)

Answer: Postpartum blues typically resolves within 2 weeks; if extended beyond, consider postpartum depression

10. Case of postpartum psychosis, what is your first step?

Answer: Immediate hospitalization

Wateen

1. Prevalence of postpartum depression:

- A. 6-12%
- B. 75-80%
- C. 1-2%
- D. 10-25%
- E. 30-40%

Answer: D

2. The management of postpartum depression and postpartum psychosis:

- A. Isolation and avoiding
- B. Know the cause and she'll go away
- C. Seek professional help

Answer: C

3. Role of sleep disturbance in postpartum depression:

- A. It aids diagnosis but isn't a core symptom
- B. It is one of the diagnostic criteria
- C. It is an exacerbated symptom of postpartum depression
- D. No relation between them
- E. It only appears in postpartum psychosis

Answer: B

Postpartum psychiatric

4. The main hormone whose abrupt change is implicated in postpartum depression is:

- A. Oxytocin
- B. Cortisol
- C. Estrogen
- D. Testosterone
- E. Progesterone

Answer: C

5. A well-established risk factor for postpartum depression is:

- A. Young maternal age (<25 years)
- B. Lack of breast-feeding
- C. Previous history of depression
- D. High social support
- E. Multiparity

Answer: C

6. Which of the following is not commonly seen in postpartum depression?

- A. Depressed mood
- B. Sleep disturbance
- C. Poor concentration
- D. Anhedonia
- E. Enjoyment of usual activities

Answer: E

7. The management of postpartum depression and postpartum psychosis should include:

- A. Isolation and avoiding
- B. "Know the cause and she'll go away"
- C. Cognitive-behavioral therapy
- D. SSRIs
- E. Seek professional help

Answer: E

8. The prevalence of postpartum depression is approximately:

- A. 1-2%
- B. 6-12%
- C. 30-40%
- D. 10-25%
- E. 50-60%

Answer: D

9. A well-established risk factor for postpartum depression is:

- A. Multiparity (having multiple children)
- B. High socioeconomic status
- C. Previous history of depression
- D. Exclusive breastfeeding
- E. Young maternal age (<20 years)

Answer: C

Postpartum psychiatric

10. What is the approximate prevalence of postpartum depression following the "blues" period?

- A. 1-2%
- B. 6-12%
- C. 30-40%
- D. 50-60%
- E. 20-25%

Answer: E (10-25% / 20-25%)

11. All of the following are established risk factors for postpartum psychosis except:

- A. Personal history of bipolar disorder
- B. Family history of psychotic illness
- C. First pregnancy (primiparity)
- D. Sleep deprivation in the immediate postpartum period
- E. Previous history of unipolar depression

Answer: E

12. A well-established risk factor for postpartum depression is:

- A. Young maternal age (<20 years)
- B. Multiparity
- C. Exclusive breastfeeding
- D. High socioeconomic status
- E. Previous history of depression

Answer: E

13. All of the following increase the risk for postpartum depression except:

- A. Previous history of depression
- B. Sleep disturbance in the peripartum period
- C. Multiparity (multiple prior births)
- D. Lack of social support
- E. Good social support

Answer: E

14. First-line management of postpartum psychosis typically involves:

- A. Watchful waiting at home
- B. Oral selective serotonin reuptake inhibitors
- C. Immediate hospitalization and antipsychotic treatment
- D. Electroconvulsive therapy only
- E. Cognitive-behavioral therapy

Answer: C

15. In a breastfeeding mother during the peripartum period who develops depression, which of the following is true?

- A. Tricyclic antidepressants are preferred due to minimal breast milk transmission
- B. Electroconvulsive therapy is contraindicated
- C. Antidepressants are generally safe during breastfeeding
- D. All antidepressants are absolutely contraindicated
- E. Serotonin syndrome in the infant is a common complication

Answer: C

Postpartum psychiatric

16. A postpartum woman who has recurrent intrusive thoughts of harming her baby yet recognizes these thoughts are wrong and removes all potentially dangerous objects from her kitchen demonstrates:

- A. Postpartum psychosis
- B. Postpartum depression
- C. Obsessive-compulsive disorder
- D. Delusional disorder
- E. Factitious disorder

Answer: C

17. One of the following is considered a good prognostic factor in postpartum psychosis except:

- A. Rapid onset after delivery
- B. Personal history of bipolar disorder
- C. Family history of psychosis
- D. Sleep deprivation in the immediate postpartum period
- E. High social support

Answer: E

18. A woman who develops depressive symptoms within 4 weeks postpartum most likely meets criteria for:

- A. Postpartum blues
- B. Postpartum depression
- C. Postpartum psychosis
- D. Adjustment disorder with depressed mood
- E. Major depressive disorder with peripartum onset

Answer: B (or E, noting that DSM-5 uses "with peripartum onset" specifier for MDD)

19. The prevalence of postpartum "blues" among new mothers is approximately:

- A. 10-20%
- B. 30-50%
- C. 50-60%
- D. 60-70%

Answer: almost D (Question flawed; correct is 70-90% not listed)

20. Which of the following is the most prominent symptom of postpartum depression?

- A. Hallucinations
- B. Anhedonia
- C. Grandiose ideation
- D. Catatonia
- E. Panic attacks

Answer: B

Postpartum psychiatric

21. All of the following are risk factors for postpartum depression except:

- A. Prior history of depression
- B. Sleep disturbance in the peripartum period
- C. Multiparity (multiple prior births)
- D. Lack of social support
- E. Good social support

Answer: E

Nabed

1. Postpartum psychosis strongly related to:

- A. Bipolar disorder
- B. Major depressive disorder
- C. Schizophrenia
- D. Generalized anxiety disorder

Answer: A

2. Percentage for postpartum depression is:

- A. 5%
- B. 10%
- C. 20%
- D. 30%

Answer: B

3. Which postpartum disorder has 70% prevalence?

- A. Maternal blue
- B. Depression
- C. Postpartum psychosis

Answer: A

4. Most common postpartum disorder?

- A. Postpartum depression
- B. Postpartum psychosis
- C. Postpartum blue

Answer: C

5. The management of postpartum depression and postpartum psychosis?

- A. Isolation & avoiding
- B. Request consult from professionals
- C. Know the cause and she go away
- D. SSRI
- E. Seek therapy

Answer: D (or E, both mentioned)

Postpartum psychiatric

6. Most persistent risk factor in postpartum depression:

- A. Primiparity (first pregnancy)
- B. Multiparity
- C. Older age
- D. High socioeconomic status

Answer: A

7. Sleep disturbance role in postpartum depression:

- A. It aids diagnosis but isn't a core symptom
- B. It is one of the diagnostic criteria
- C. It is an exacerbated symptom
- D. No relation between them

Answer: B

8. First line treatment in moderate to severe postpartum depression?

- A. CBT
- B. SSRI
- C. ECT
- D. Lithium

Answer: B

9. How to differentiate between postpartum blues and postpartum depression?

- A. Age of mother
- B. Severity and duration of symptoms
- C. Presence of psychosis
- D. Number of deliveries

Answer: B

10. Most common psychiatric condition after giving birth?

- A. Postpartum depression
- B. Postpartum psychosis
- C. Postpartum blues
- D. Postpartum OCD

Answer: C

11. Best step for Postpartum depression and Postpartum psychosis?

- A. Isolation
- B. Know the cause and she'll go away
- C. Seek professional help
- D. Wait for spontaneous remission

Answer: C

12. Risk factors for postpartum depression include all except:

- A. Previous history of depression
- B. Lack of social support
- C. High socioeconomic status
- D. Sleep disturbance

Answer: C

Postpartum psychiatric

13. Prevalence of postpartum depression:

- A. 6-12%
- B. 75-80%
- C. 1-2%
- D. 10-25%
- E. 30-40%

Answer: D

14. Postpartum depression: lack of bonding is:

- A. A rare symptom
- B. Not related to PPD
- C. A common feature
- D. Only seen in psychosis

Answer: C

15. The main hormone whose abrupt change is implicated in postpartum depression is:

- A. Oxytocin
- B. Cortisol
- C. Estrogen
- D. Testosterone
- E. Progesterone

Answer: C

16. Which of the following is not a postpartum depression symptom?

- A. Depressed mood
- B. Sleep disturbance
- C. Joyful feelings
- D. Anhedonia

Answer: C

17. Most common complication of postpartum depression?

- A. Divorce
- B. Hospitalization
- C. Suicide
- D. Child neglect

Answer: C

18. A woman 3 weeks postpartum complains of change in appetite and sleep, hears her baby crying but he is sleeping. Diagnosis?

- A. Postpartum blues
- B. Postpartum depression with psychosis
- C. Postpartum psychosis
- D. OCD

Answer: B

Postpartum psychiatric

19. A postpartum woman has recurrent intrusive thoughts of harming her baby, knows they are wrong, removes harmful objects from kitchen. Diagnosis?

- A. Postpartum psychosis
- B. Postpartum depression
- C. OCD
- D. Delusional disorder

Answer: C

20. Moderate postpartum depression treatment:

- A. Watchful waiting
- B. Antidepressant (SSRI)
- C. ECT
- D. Lithium

Answer: B

Warred

A female with insomnia, loss of appetite and weight loss of interest for 7 months, to be diagnosed with schizoaffective disorder:

- A. Psychotic symptom for 2 weeks in the absence of mood disorder symptom
- B. Mood disorder for 2 weeks in the absence of psychosis
- C. Psychotic symptoms for 1 month
- D. Mood symptoms for 1 month

Answer: A

Phobia

Q1. A man experiences intense and persistent fear of using trains, airplanes, and elevators, avoiding them. What is the most likely type of this disorder?

- A. Social phobia
- B. Agoraphobia
- C. Specific phobia
- D. Panic disorder

Ans: C

Q2. A 35-year-old man has an intense and persistent fear of being in public spaces where escape or obtaining help are limited, such as crowded places, public transportation, or open spaces. He avoids these situations whenever possible. What is the most likely diagnosis?

- A. Social phobia
- B. Agoraphobia
- C. Specific phobia
- D. Panic disorder

Ans: B

(Repeated x2)

Q3. According to DSM-5 criteria, which of the following statements about Specific Phobia is FALSE?

- A. It involves marked fear or anxiety about a specific object or situation
- B. The phobic object or situation is actively avoided or endured with intense fear
- C. The fear is out of proportion to the actual danger
- D. The symptoms cause significant distress or impairment
- E. The duration must be greater than 3 months

Ans: E

(Repeated x3 – also appears as: “All of the following are DSM-5 diagnostic criteria of specific phobia except? / symptoms persist for at least 3 months” and “All are true about phobia except? / 3 months”)

Q4. Regarding phobias, which of these doesn't match?

- A. Cynophobia – Fear of dogs
- B. Pyrophobia – Fear of fire
- C. Agoraphobia – Fear of open or public places
- D. Ailurophobia – Fear of dirt
- E. Nyctophobia – Fear of darkness

Ans: D

(Note: Ailurophobia is actually the fear of cats, not dirt.)

Q5. All of the following are DSM-5 diagnostic criteria for specific phobia except:

- A. The phobic object or situation almost always provokes immediate fear or anxiety
- B. Marked and disproportionate fear consistently triggered by a specific object or situation
- C. Symptoms persist for at least 3 months
- D. The object or situation is avoided or endured with intense anxiety
- E. The fear causes clinically significant distress or impairment

Ans: C

(DSM-5 requires persistence of 6 months or more, not 3 months.)

Phobia

Q6. All of the following are valid treatments for specific phobias except:

- A. Systematic desensitization
- B. Flooding
- C. Exposure therapy
- D. Cognitive-behavioral therapy (CBT)
- E. Dialectical behavior therapy (DBT)

Ans: E

Q7. The mean age of onset for specific phobia is approximately:

- A. 5 years
- B. 10 years
- C. 15 years
- D. 20 years
- E. 25 years

Ans: B

Q8. All of the following cognitive techniques are used in treating specific phobias except:

- A. Systematic desensitization
- B. Relaxation training
- C. Cognitive restructuring
- D. Exposure in vivo
- E. Dialectical behavior therapy (DBT)

Ans: E

Q9. All of the following are true about specific phobias except:

- A. They often begin in childhood
- B. They involve marked, disproportionate fear of a specific object or situation
- C. They provoke immediate anxiety upon exposure
- D. They are more common in men than in women
- E. They cause significant distress or impairment

Ans: D

Q10. Which of the following correct matching regarding phobia names?

- A. Mysophobia – Fear of dark
- B. Claustrophobia – Fear of crowded places
- C. Ailurophobia – Fear of dogs
- D. Atychiphobia – Fear of failure

Ans: D

Q11. One is correct about the prevalence of phobia:

(Answer only – no options preserved in archive)

Ans: Mean age of onset for specific phobia is 10 years

Q12. All of the following are used in treatment of social phobia except:

- A. Methylphenidate
- B. SSRI
- C. CBT
- D. Beta blockers
- E. Lorazepam

Ans: A

Phobia

Q13. The main cause of fear in social phobia is:

- A. Embarrassment
- B. Social and occupational impairment

Ans: A

Q14. First-line treatment for social anxiety disorder (social phobia) is:

- A. Beta-blockers alone
- B. Benzodiazepines
- C. Cognitive-behavioral therapy (CBT)
- D. Antipsychotic medication
- E. Electroconvulsive therapy

Ans: C

Q15. A male patient avoids meetings with coworkers for fear of negative evaluation. The most likely diagnosis is:

- A. Agoraphobia
- B. Panic disorder
- C. Social anxiety disorder (social phobia)
- D. Generalized anxiety disorder
- E. Specific phobia (e.g., public speaking only)

Ans: C

Q16. A 36-year-old patient has been experiencing fear of being judged and embarrassment that started 6 months ago, causing impairment in social and occupational relationships. What is the diagnosis?

Ans: Social anxiety disorder

Q17. A patient fears leaving home and being unable to escape or find help in the event of distress. This is most consistent with:

- A. Specific phobia
- B. Social anxiety disorder
- C. Generalized anxiety disorder
- D. Agoraphobia
- E. Separation anxiety disorder

Ans: D

(Repeated x3 – also as: “patient who has fear of leaving home and being left alone” and “A patient who fears leaving home and being unable to escape or find help in the event of panic-like symptoms”)

Q18. A 28-year-old woman experiences extreme anxiety and panic attacks whenever she leaves home to go to crowded places. She prefers to stay isolated and avoids public situations. When she attempts to go out, she has palpitations, shortness of breath, dizziness, chest tightness, and feels she may lose control. These episodes peak within minutes and lead her to avoid those places. What is the most likely diagnosis?

- A. Specific phobia (e.g., claustrophobia)
- B. Social anxiety disorder
- C. Panic disorder without agoraphobia
- D. Generalized anxiety disorder
- E. Agoraphobia with panic attacks

Ans: E

Phobia

Q19. A girl feels fear when she is in a public area; she fell 2 months before and says she fears that no one can help her in public as she has no children with her. What is the diagnosis?

- A. Agoraphobia
- B. Specific phobia
- C. Social phobia

Ans: A

Q20. All of the following DSM-5 criteria for agoraphobia are true except:
(Answer only – options not fully preserved in archive)

Ans: Less than 3 months duration
(Repeated x2)

Q21. A male is having fear of flying since many years; he drives from one state to another to avoid getting on a plane. What is the diagnosis?

Ans: Specific Phobia

Q22. ECT is not considered a treatment for which of the following?
(Partial question – options not preserved)

Ans: Social phobia / Phobia
(Repeated x2 – also as: “Which of the following is not used in treatment of phobia? ECT”)

Q23. Propranolol is used for treatment of which of the following? (Select all that apply)

- A. Akathisia
- B. Social phobia
- C. Tremor
- D. All of the above

Ans: D

Q24. Which of the following is an incorrect match?

- A. Ailurophobia – Fear of germs
- B. Acrophobia – Fear of heights
- C. Xenophobia – Fear of strangers
- D. Agoraphobia – Fear of open spaces

Ans: A

(Repeated x3 – also as: “Mismatched pairs? Ailurophobia – fear of heights” and “One of the following is wrong: Ailurophobia – fear of germs”)

Q25. Fear of planes is classified as:

- A. Specific phobia
- B. Agoraphobia
- C. Social anxiety disorder

Ans: A

Q26. Most common anxiety disorder is:

Ans: Specific Phobia

Phobia

Q27. Pyromania is categorized in DSM-5 under:

- A. Impulse control and conduct disorders
- B. GAD
- C. Phobia
- D. Panic attack
- E. Anxiety disorder

Ans: A

Q28. A case of a female who fears social situations including contact with strangers. What is the diagnosis?

Ans: Social phobia

(Repeated x2)

كان من دعاء النبي ﷺ:

"اللهم آت نفسي تقواها، وزكّها أنت خير من زكّاها، أنت وليّها ومولاها، اللهم إني أعوذ بك من علم لا ينفع، ومن قلب لا يخشع، ومن نفس لا تشبع، ومن دعوة لا يستجاب لها"

Child psychiatry

OPPOSITIONAL DEFIANT DISORDER (ODD)

Q1. A school child annoys his classmates, does not respect rules, and shows spitefulness toward peers, but does not violate the basic rights of others. What is the most likely diagnosis?

- A. Oppositional defiant disorder
- B. ADHD
- C. Conduct disorder
- D. Intermittent explosive disorder

Ans: A

Q2. ODD is characterized by at least four symptoms present for ≥ 6 months. Which of the following is NOT one of its three core symptom categories?

- A. Anger / irritable mood
- B. Argumentative / defiant behavior
- C. Vindictiveness
- D. Violation of the basic rights of others

Ans: D

Q3. What is the first-line treatment for ODD?

- A. SSRIs
- B. Parent management training (PMT) and behavior modification
- C. Methylphenidate
- D. Risperidone

Ans: B

فيه تكملة ما تفكروا خلصنا

Child psychiatry

DISRUPTIVE MOOD DYSREGULATION DISORDER (DMDD)

Q4. A child has anger outbursts >3 times/week for 12 months and is irritable most of the time. What is the most likely diagnosis?

- A. DMDD
- B. Oppositional defiant disorder
- C. Conduct disorder
- D. Bipolar disorder

Ans: A

(Repeated x2)

Q5. A 9-year-old boy has severe temper outbursts occurring ≥ 3 times per week, persistently irritable mood most of the day nearly every day, for more than 12 months, occurring both at home and at school. Which of the following is the most likely diagnosis?

- A. Oppositional Defiant Disorder
- B. Disruptive Mood Dysregulation Disorder (DMDD)
- C. ADHD
- D. Conduct Disorder
- E. Major Depressive Disorder

Ans: B

Q6. What is the most frequent comorbidity with DMDD?

- A. Conduct disorder
- B. ADHD
- C. OCD
- D. Substance abuse

Ans: B

Q7. According to DSM-5, DMDD symptoms must have started before which age, though the diagnosis can be made between ages 6–18?

- A. Age 6
- B. Age 8
- C. Age 10
- D. Age 12

Ans: C

Q8. Individuals with DMDD are at increased risk of which disorders in adulthood?

- A. Schizophrenia and bipolar disorder
- B. Major depressive disorder and anxiety disorders
- C. Conduct disorder and substance use
- D. Personality disorders and psychosis

Ans: B

Q9. What is the first-line treatment for DMDD?

- A. Lithium
- B. SSRIs alone
- C. Psychotherapy (parent management training)
- D. Antipsychotics

Ans: C

Child psychiatry

SEPARATION ANXIETY DISORDER (SAD)

Q10. A 35-year-old man becomes extremely anxious whenever he is away from his wife. He frequently cancels business trips because he fears something bad might happen to her. His anxiety interferes with work. What is the most likely diagnosis?

- A. Generalized anxiety disorder
- B. Dependent personality disorder
- C. Panic disorder
- D. Separation anxiety disorder
- E. Adjustment disorder

Ans: D

Q11. According to DSM-5, the minimum duration of symptoms required for a diagnosis of Separation Anxiety Disorder in children is:

- A. 2 weeks
- B. 1 month (≥ 4 weeks)
- C. 3 months
- D. 6 months

Ans: B

Q12. What is the typical age of onset for Separation Anxiety Disorder?

- A. 2–4 years
- B. 7–9 years
- C. 12–14 years
- D. 16–18 years

Ans: B

SELECTIVE MUTISM

Q13. A girl speaks freely and normally at home with her family, but remains completely silent at school, which has negatively affected her academic performance. What is the diagnosis?

- A. Selective mutism
- B. Social anxiety disorder
- C. Autism spectrum disorder
- D. Specific phobia
- E. Separation anxiety disorder

Ans: A

(Repeated x3)

Q14. According to DSM-5, the minimum duration required for a diagnosis of selective mutism is:

- A. 2 weeks
- B. 1 month (not limited to first month of school)
- C. 3 months
- D. 6 months

Ans: B

Q15. Selective mutism usually begins before what age?

- A. Age 3
- B. Age 5
- C. Age 8
- D. Age 10

Ans: B

Child psychiatry

Q16. Which disorder most commonly coexists with selective mutism?

- A. Autism spectrum disorder
- B. Separation anxiety disorder
- C. Social anxiety disorder
- D. Specific phobia

Ans: C

SOCIAL ANXIETY DISORDER (SOCIAL PHOBIA) IN CHILDREN

Q17. What is the required minimum duration for social anxiety disorder in children?

- A. 1 month
- B. 3 months
- C. 6 months
- D. 1 year

Ans: C

(Repeated x2)

Q18. Social anxiety disorder in children may lead to which of the following?

- A. Enuresis and encopresis
- B. Selective mutism or school refusal
- C. Conduct disorder and ODD
- D. Early onset schizophrenia

Ans: B

ANXIETY DISORDERS IN CHILDREN – GENERAL

Q19. Which of the following is the gold-standard psychotherapy for anxiety disorders in children?

- A. Psychoanalysis
- B. Dialectical behavior therapy (DBT)
- C. Cognitive behavioral therapy (CBT)
- D. Interpersonal therapy

Ans: C

Q20. Which SSRIs are most studied for anxiety disorders in children?

- A. Citalopram and escitalopram
- B. Fluoxetine and sertraline
- C. Paroxetine and fluvoxamine
- D. Venlafaxine and duloxetine

Ans: B

MDD IN CHILDREN & ADOLESCENTS

Q21. In children and adolescents, MDD may present with which symptom instead of sadness?

- A. Grandiosity
- B. Irritability
- C. Hallucinations
- D. Dissociation

Ans: B

Q22. When diagnosing MDD in children, failure to gain weight can substitute for which of the standard adult DSM-5 criteria?

- A. Fatigue
- B. Sleep disturbance
- C. Appetite/weight change
- D. Psychomotor changes

Ans: C

Child psychiatry

Q23. Which is the FDA-approved first-line pharmacological treatment for MDD in children aged ≥ 8 years?

- A. Sertraline
- B. Escitalopram
- C. Fluoxetine
- D. Paroxetine

Ans: C

Q24. What is the first-line treatment for MDD in children and adolescents?

- A. SSRIs alone
- B. ECT
- C. Cognitive Behavioral Therapy (CBT)
- D. Lithium

Ans: C

Q25. Pre-puberty, the incidence of depression is:

- A. Equal in boys and girls
- B. Slightly higher in boys than girls
- C. Significantly higher in girls
- D. Rare in both sexes

Ans: B

Q26. Which of the following is a common psychiatric comorbidity with MDD in children?

- A. Schizophrenia
- B. Conduct disorder or ODD
- C. Enuresis
- D. Intellectual disability

Ans: B

BIPOLAR DISORDER IN CHILDREN

Q27. In pediatric populations, bipolar disorder often presents with which features?

- A. Psychosis and hallucinations
- B. Rapid cycling, irritability, and mixed episodes
- C. Gradual onset with only depressive episodes
- D. Hypersomnia and low energy only

Ans: B

Q28. What is the prevalence of bipolar disorder in adolescents?

- A. $<0.5\%$
- B. 1–3%
- C. 5–10%
- D. 15–20%

Ans: B

Q29. Regarding sex distribution in pediatric bipolar disorder, which statement is correct?

- A. Females are more commonly affected at all ages
- B. Equal distribution pre-puberty; post-pubertal males more likely to develop BD I
- C. Males are more affected throughout childhood
- D. BD I is only diagnosed after puberty

Ans: B

Child psychiatry

Q30. Which medication is FDA-approved for bipolar disorder in children aged ≥ 12 years?

- A. Valproate
- B. Carbamazepine
- C. Lithium
- D. Lamotrigine

Ans: C

Q31. What percentage of pediatric bipolar disorder patients have comorbid ADHD?

- A. 10%
- B. 25%
- C. 40%
- D. Up to 60%

Ans: D

INTELLECTUAL DISABILITY (ID)

Q32. In DSM-5, the severity of intellectual disability is determined based on:

- A. IQ score alone
- B. Adaptive functioning (degree of support required)
- C. Age of onset
- D. Brain imaging findings

Ans: B

Q33. What is the overall prevalence of intellectual disability in the population?

- A. 0.1%
- B. 1%
- C. 5%
- D. 10%

Ans: B

Q34. Which of the following is the second most common genetic cause of intellectual disability?

- A. Down syndrome (Trisomy 21)
- B. Fragile X syndrome
- C. Phenylketonuria
- D. Williams syndrome

Ans: B

Q35. What percentage of intellectual disability cases have no identifiable cause?

- A. 10%
- B. 25%
- C. 50%
- D. 75%

Ans: C

Q36. The intellectual deficits in ID are confirmed by standardized intelligence testing with scores at least how many standard deviations below the population mean?

- A. 1
- B. 1.5
- C. 2
- D. 3

Ans: C

Child psychiatry

EARLY ONSET SCHIZOPHRENIA (EOS)

Q37. Early onset schizophrenia is defined as onset before what age?

- A. Age 10
- B. Age 13
- C. Age 16
- D. Age 18

Ans: D *(EOS = before 18; very early onset = before 13)*

Q38. What is the approximate prevalence of very early onset schizophrenia (before age 13)?

- A. 1 in 1,000
- B. 1 in 5,000
- C. 1 in 10,000
- D. 1 in 100,000

Ans: C

Q39. Which of the following statements about early onset schizophrenia is correct?

- A. More common in females and higher SES
- B. More common in males and lower SES
- C. Equal sex distribution at all ages
- D. Earlier onset is associated with better prognosis

Ans: B

Q40. Which of the following is the preferred antipsychotic for treatment-resistant early onset schizophrenia?

- A. Risperidone
- B. Aripiprazole
- C. Olanzapine
- D. Clozapine (requires WBC monitoring)

Ans: D

Q41. For the diagnosis of early onset schizophrenia, hallucinations in children must be:

- A. Occurring only at night
- B. Persistent and impairing
- C. Visual type only
- D. Present for at least 3 months

Ans: B

كان من دعاء عمر بن الخطاب رضي الله عنه وأرضاه : « اللهم اجعل عملي
كله صالحاً، واجعله لوجهك خالصاً، ولا تجعل لأحدٍ فيه شيئاً »

Mood Stabilizers

1) One cannot be given in postpartum psychosis during breastfeeding?

- a) Lithium
- b) Valproate
- c) Quetiapine

ans:a

2) What is the sign of severe lithium toxicity?

- a) Confusion
- b) Muscle
- c) weakness
- d) Cog-wheel rigidity
- e) Clonus

Ans:e

3) Wrong match?

- a) Lamotrigine-D2 antagonist
- b) Valproate-increase GABA
- c) Lithium-decrease dopamine

ans:a

4) Carbamazepine differs from valproic acid in which adverse effect?

- a) Alopecia
- b) Pancreatitis
- c) Aplastic anemia
- d) Thrombocytopenia

ans:c

5) Which medication is most associated with weight loss?

- a) Carbamazepine
- b) Valproic acid
- c) Topiramate
- d) Oxcarbazepine

ans:c

6) Which serious side effect is associated with Lamotrigine?

Answer: Steven Johnson Syndrome

7) Mild lithium toxicity treated with?

- a) immediate hemodialysis
- b) IV isotonic saline
- c) alkalinization of urine

ans:b

8) The best drug for bipolar depression prevention in euthymic phase?

- a) lithium
- b) valproate
- c) lamotrigine

Ans:c

Mood Stabilizers

9) Which of the following drugs has the least efficacy in bipolar disorder?

- A. Carbamazepine
- B. Oxcarbazepine
- C. Valproate
- D. Lamotrigine
- E. Gabapentin

ans:E

10) Which of the following antiepileptic drugs is not considered effective for bipolar disorder?

- A. Valproate
- B. Carbamazepine
- C. Lamotrigine
- D. Gabapentin
- E. Oxcarbazepine

ans:D

11) The gold-standard mood stabilizer for the treatment of acute mania is:

- A. Valproate
- B. Carbamazepine
- C. Lamotrigine
- D. Lithium

Ans: D

12) Which of the following is not a side effect of lithium?

- A. Nephrogenic diabetes insipidus
- B. Thyroid enlargement
- C. Mild leukocytosis
- D. Weight loss
- E. Tremor

Ans:D

13) Absolute contraindication for lithium therapy:

- A. Hypothyroidism
- B. Cardiac arrhythmia
- C. Dehydration
- D. Advanced renal failure
- E. Pregnancy

Ans:D

14) Late side effect of lithium?

Memory impairment

15) Absolute contraindication of lithium:

Severe kidney failure

16) Which one of these is the toxic dose for lithium?

1.5

Mood Stabilizers

17) Not side effect of lamotrigine:

Nephrogenic DM

18) One of the following is idiosyncratic side effect of carbamazepine?

Agranulocytosis

19) All of the following drugs increase level of lithium except?

A. NSAIDS

B. ACE inhibitors

C. K sparing diuretic

Ans:C

20) Which one of these is not a side effect of carbamazepine?

Leucocytosis

21) Which of these is not a side effect of carbamazepine?

Hypernatremia

22) Which of these is not a side effect of valproic acid?

Thrombocytosis

23) Which of these is not a side effect of valproic acid?

Hirsutism

24) Carbamazepine side effects, except?

Liver enzyme inhibition

25) Which of the following is not a lithium side effect?

Constipation

26) Which of the following is not a carbamazepine side effect?

CYP 450 inhibition

27) One of the following best describes lithium:

Narrow therapeutic index

28) All of the following are side effects of carbamazepine except:

Microsomal enzyme inhibition

29) Which of the following is not a valproate side effect?

A. Nystagmus

B. Fulminant hepatic toxicity

C. Microsomal enzyme induction

Ans:C

30) All these anti-epileptic drugs cause depression except: **Valproate**

31) Cannot be a side effect of lithium: **Muscle rigidity**

ASD

1) A child with Autism Spectrum Disorder presents with severe irritability and aggression. What is the most appropriate pharmacological treatment?

- A. Methylphenidate
- B. Sertraline
- C. Risperidone
- D. Aripiprazole

Answer: C.

2) A child believes he has the power to control other people's actions. What is this called?

- A. Delusion of persecution
- B. Delusion of grandeur
- C. Thought insertion
- D. Referential delusion

Answer: B.

3) Which feature best differentiates OCD from ASD when both present with repetitive behaviors?

- A. Repetitive behavior
- B. Behaviors are rigid and purposeless
- C. Behaviors are done to relieve anxiety
- D. Presence of routines

Answer: C.

4) Which investigation is most commonly performed in suspected ASD?

- A. EEG
- B. MRI brain
- C. CT scan
- D. Genetic testing

Answer: B.

5) What is the concordance rate of ASD in monozygotic twins?

- A. 10–20%
- B. 30–50%
- C. 50–70%
- D. 70–90%

Answer: D.

6) Which of the following best differentiates Rett syndrome from ASD?

- A. Rett occurs mainly in males
- B. ASD presents with normal early development then regression
- C. Rett syndrome occurs mainly in females with normal early development followed by regression
- D. ASD shows late regression after age 5

Answer: C

7) A child with previously normal development develops regression in language, social, and adaptive skills after age 3. What is the most likely diagnosis?

- A. Autism Spectrum Disorder
- B. Rett syndrome
- C. Childhood Disintegrative Disorder
- D. Intellectual Disability

Answer: C.

8) A child presents later in childhood with loss of bowel and bladder control, cognitive decline, and motor deterioration after normal development. What is the most likely diagnosis?

- A. Autism Spectrum Disorder
- B. Rett syndrome
- C. Childhood Disintegrative Disorder
- D. ADHD

Answer: C.

9) Which feature distinguishes Asperger syndrome from classic autism (Kanner)?

- A. Severe intellectual disability
- B. Delayed motor development
- C. Intact language
- D. Early regression

Answer: C.

10) A child has impaired social interaction and odd behaviors but no language delay. What is the diagnosis?

- A. Autism Spectrum Disorder
- B. Asperger syndrome
- C. Rett syndrome
- D. Childhood Disintegrative Disorder

Answer: B

11) Which of the following is NOT characteristic of Rett syndrome?

- A. Loss of purposeful hand movements
- B. Regression after normal development
- C. Expressive language remains intact
- D. Occurs mainly in females

Answer: C.

12) Which of the following is NOT a criterion of Autism Spectrum Disorder?

- A. Deficits in social communication
- B. Restricted repetitive behaviors
- C. Blurts out answers before questions are completed
- D. Impaired social interaction

Answer: C.

13) Which of the following is NOT characteristic of Geschwind syndrome?

- A. Hyperreligiosity
- B. Hypergraphia
- C. Bizarre delusions
- D. Circumstantiality

Answer: C

14) Which of the following is FALSE about Asperger syndrome?

- A. Normal language development
- B. Normal intelligence
- C. Impaired social interaction
- D. Marked impairment in language

Answer: D

15) Not a criterion in diagnosis of ASD?

ADHD

1. What is the mechanism of action of methylphenidate?

- A. Blocks serotonin reuptake
- B. Increases dopamine and norepinephrine
- C. Stimulates GABA receptors
- D. Blocks acetylcholine receptors

Answer: B.

2. Atomoxetine acts by which of the following mechanisms?

- A. Dopamine reuptake inhibition
- B. Norepinephrine reuptake inhibition
- C. Serotonin receptor agonist
- D. GABA enhancement

Answer: B.

3. How many symptoms are required to diagnose ADHD in adults (≥ 17 years)?

- A. 3 or more
- B. 5 or more
- C. 6 or more
- D. 7 or more

Answer: B

4. Which of the following is NOT a side effect of methylphenidate?

- A. Insomnia
- B. Weight loss
- C. Decreased appetite
- D. Weight gain

Answer: D.

5. Which of the following is NOT a side effect of stimulant medications used in ADHD?

- A. Tachycardia
- B. Hypertension
- C. Bradycardia
- D. Insomnia

Answer: C.

6. Which of the following is NOT a side effect of guanfacine?

- A. Sedation
- B. Low blood pressure
- C. Low heart rate
- D. Insomnia

Answer: D.

7. Guanfacine used in ADHD acts on which receptor?

- A. Dopamine D2 receptor
- B. Alpha-1 receptor
- C. Alpha-2 receptor agonist
- D. Serotonin receptor

Answer: C.

8. Which of the following is TRUE regarding ADHD?

- A. Most commonly comorbid with anxiety disorder
- B. Most commonly comorbid with conduct disorder
- C. Rarely associated with other disorders
- D. Only affects children

Answer: B.

ADHD

9. Which of the following is associated with poor prognosis in ADHD?

- A. Early diagnosis
- B. Strong family support
- C. Late identification
- D. Good academic performance

Answer: C.

10. All of the following are side effects of atomoxetine EXCEPT:

- A. GI upset
- B. Insomnia
- C. Increased blood pressure
- D. Suicidal ideation

Answer: B..

11. All of the following are used in the treatment of social anxiety disorder EXCEPT:

- A. SSRIs
- B. Beta-blockers
- C. Benzodiazepines
- D. Methylphenidate

Answer: D.

12. Which medication is most helpful for smoking cessation?

- A. Fluoxetine
- B. Bupropion
- C. Haloperidol
- D. Diazepam

Answer: B.

13. A student has persistent difficulty with attention, writing, and completing school tasks despite adequate instruction. What is the most likely diagnosis?

- A. Dyslexia
- B. Dyscalculia
- C. Dysgraphia
- D. Autism spectrum disorder
- E. Attention-deficit/hyperactivity disorder

Answer: E.

14. Which of these is not a side effect of methylphenidate?

Lethargy

15. True about ADHD?

Most commonly comorbid conduct disorder

16. All of the following are side effects of atomoxetine except:

Suicidal ideation

Psychotherapy

REM (Rapid Eye Movement) conscious recollection in psychotherapy ,used to treat which disorder?

- A) PTSD
- B) Depression
- C)Panic disorder
- D)phobia

Answer:A

which Psychoanalysis concept is correct :

- A)Therapeutic alliance is the bond between the therapist and the patient, who work together toward a therapeutic goal.
- B)Treatment is 3–5 days per week for months
- C)Free association the patient says what's on their mind and refuses the treatment plan
- D)Transference is projection of unconscious feelings about important figures in the therapist's life onto the patient
- E)Ego, ID, superego are all conscious

Answer: A

A case of a patient who is excessively afraid of dogs, best therapy method:

- a) Systemic desensitization
- c) ECT

Answer: A

- cognitive behaviour therapy means?

Change and challenge distorted thoughts

-Wrong about Cognitive behavioral therapy? **Long and Time Consuming**

- the technique of DBT that deals with interpersonal effectiveness, tolerate stress , and regulate emotions:

- mindfulness
- interpersonal effectiveness
- tolerate stress
- regulate emotions
- radical

-Treatment for adjustment disorder?

- **supportive counseling and psychotherapy**

-Projection of unconscious feelings into the therapist is called:

Transference

- What type of psychotherapy is best for a patient with borderline personality disorder?

Dialectical Behavioral Therapy

- **case of countertransference**

- psychoanalysis not used in ? **Schizophrenia**

Psychotherapy

Treatment of acute stress disorder:

- A. Mood stabilizers
- B. Donepezil
- C. Memantine
- D. Psychotherapy
- E. SSRIs

Answer : D

Which CBT technique involves identifying and challenging distorted automatic thoughts?

- A. Behavioral activation
- B. Systematic desensitization
- C. Dialectical behavior therapy
- D. Cognitive restructuring
- E. Biofeedback

Answer: D

First-line treatment for adjustment disorder

- A. Fluoxetine
- B. Electroconvulsive therapy
- C. Psychotherapy (e.g., CBT)
- D. Lithium
- E. Haloperidol

Answer: C.

- Techniques used in classical psychoanalysis include free association, interpretation, and working through. All of the following are psychoanalytic techniques except:

- A. Transference
- B. Countertransference
- C. Therapeutic alliance
- D. Dream analysis
- E. Aversion therapy

Answer: E.

- In Dialectical behavior therapy (DBT) what mean “ wise mind “ ?

I think it was **balance between rational and emotional**

- What is the method in psychoanalysis that involves redirecting feelings about a significant figure in the patient's life to the therapist?

Transference

- Projection of unconscious feelings regarding important figures in the patient's life onto the therapist
- A) Transference
- b. Countertransference

Answer : A

Antidepressant

Rouh

1) What is the mechanism of action of a drug that works on someone with cataplexy?

Answer: Suppress REM

Q2. Patient needs to change citalopram to another drug with partial 5-HT_{1A} agonist activity and less sexual disturbances?

- A. Vilazodone
- B. Venlafaxine
- C. Paroxetine
- D. Citalopram
- E. Escitalopram

Answer: A

Q3. A 24-year-old female brought to clinic due to 2 days of unusual genital sensations and discomfort. Pelvic exam normal, no dysuria or UTI, but vaginal engorgement. She takes a drug prescribed for insomnia but can't recall the name. What is the drug?

- A. Aripiprazole
- B. Trazodone
- C. Mirtazapine

Answer: B

Q4. Which of the following statements about antidepressants is FALSE?

- A. SSRIs: 5-HT reuptake
- B. SNRI: 5-HT & NE reuptake
- C. Trazodone: 5-HT reuptake
- D. MAOIs: Monoamine oxidase
- E. Bupropion: NE & DA reuptake

Answer: c
(Trazodone is a 5-HT_{2A} antagonist and weak SERT inhibitor, not primarily a reuptake inhibitor)

Q5. What is the pair mismatch for antidepressants and receptors?

- A. Mirtazapine: blocks α_2 autoreceptors + blocks 5-HT_{2C}
- B. Vilazodone: SSRI + partial 5-HT_{1A} agonist
- C. Trazodone: 5-HT_{2A} and 5-HT_{2C} agonist + weak SERT inhibitor
- D. Bupropion: DO and NE reuptake inhibitors
- E. Selegiline: MAO-B selective but irreversible at high dose)

Answer: C

(Trazodone is an antagonist, not agonist)

Q6. Male patient was taking citalopram and developed sexual dysfunction. Best drug to switch to?

Answer: Vilazodone

Q7. True except:

Trazodone > 5HT_{2A} and 5HT_{2C} agonist and reuptake inhibitor.

(Trazodone is an antagonist, not agonist)

Q8. Dopamine norepinephrine reuptake inhibitor?

Answer: Bupropion

Antidepressant

Q9. All are TCAs except?

Answer: (No specific answer provided)

Q10. TCA we cannot use in case of alcohol withdrawal?

Q11. Tertiary TCA except: (Protriptyline)

Answer: Protriptyline (secondary amine)

Q12. Lowest sedation? (Among antidepressants)

Answer: (No specific answer provided)

Wateen

1. Female with generalized anxiety who wants to get treatment for it but fears weight gain and has asthma. Which is the best?

- a) Buspirone
- b) Venlafaxine
- c) Mirtazapine
- d) Propanolol
- e) Buspirone

Answer: e

2. SNRI:

venlafaxine

Good prognostic factor MDD?

Severe depression

What is the appropriate treatment for delirium tremens?

- a) antipsychotic
- b) benzodiazepine
- c) Mood stabilizer
- d) SSRI

Answer: b

Question 37: SSRI agent?

Sartaline

1. SNRI:

- A. Venlafaxine
- B. Sertraline
- C. Fluoxetine
- D. Paroxetine

Answer: A

Antidepressant

3. SSRI agent?

- A. Sertraline
- B. Venlafaxine
- C. Bupropion
- D. Mirtazapine

Answer: A

Nabed

Q6 : What neurotransmitters antidepressant agents work mainly on?

- A. Serotonin and dopamine
- B. Norepinephrine
- C. dopamine and ach
- D. adrenaline and dopamine

Answer: A

Q7: : What neurotransmitter does vortioxetine work on:

- A) serotonin receptor modulator
- B) serotonin and noradrenaline reuptake inhibitor
- C) monoamine oxidase inhibitor
- D) noradrenaline

Answer:A

Q8: SSRIs are different than other antidepressants in the way they affect the platelets, what is their effect on platelets?

Answer: Decrease serotonin levels in platelets

Q9: SSRIs is safer than TCA and MOAI due to:

- A. cause less sexual dysfunction
- B. work by inhibition of noradrenaline reuptake
- C. less potential for serotonin syndrome
- D. best choice for bipolar
- E. less sleep disturbance

Answer: C

Q10: Which of the following are used in the treatment of social phobia except:

- A. Methylphenidate
- B. SSRI
- C. CBT
- D. Beta blockers
- E. lorazepam

Answer: A

Q11: First line treatment in moderate to severe postpartum depression:

Answer: SSRI

Antidepressant

Wareed

1. The most common SSRI side effect?

- A. Sexual disorder
- B. GI irritation
- C. Sedation
- D. Dry mouth
- E. Palpitation

Answer: B (GI irritation)

2. All are MAOI side effects except?

- A. CNS sedation
- B. Hypertensive crisis
- C. Weight gain
- D. Sexual dysfunction

Answer: A

3. All are not considered in Serotonin syndrome except?

- A. Tachycardia
- B. Hypothermia
- C. Miosis
- D. Bradycardia

Answer: A

4. Not a side effect of TCA?

- A. Bradycardia
- B. Blurred vision
- C. Sexual dysfunction
- D. Urinary retention
- E. Orthostatic hypotension

Answer: A

5. Which anti-depressant has least withdrawal symptoms?

- A. Fluoxetine
- B. Paroxetine
- C. Sertraline
- D. Citalopram

Answer: A

6. Case of a patient with depression, and a previous attempt of drug overdose, which anti-depressant is safest for this patient?

- A. Fluoxetine
- B. Paroxetine
- C. Sertraline
- D. Venlafaxine

Answer: C

Antidepressant

7. The least drug cause withdrawal symptoms in SSRI?

- A. Fluoxetine
- B. Paroxetine
- C. Sertraline
- D. Fluvoxamine

Answer: A

8. Which of these SSRIs has withdrawal symptom?

- A. Fluoxetine
- B. Paroxetine
- C. Sertraline
- D. Citalopram

Answer: B

9. Mirtazapine acts on which receptor?

- A. 5-HT_{2A} antagonist
- B. Alpha-2 antagonist
- C. D₂ antagonist
- D. H₁ antagonist

Answer: B

10. Which of the following is not a side effect of SSRI?

- A. Premature ejaculation
- B. Delayed ejaculation
- C. Decreased libido
- D. Anorgasmia

Answer: A

11. Safest SSRI in overdose:

- A. Fluoxetine
- B. Paroxetine
- C. Sertraline
- D. Citalopram

Answer: C

12. All of the following about fluoxetine are true except:

- A. Longest half life with active metabolites
- B. Can elevate levels of antipsychotics leading to increase side effects
- C. Can cause sexual dysfunction
- D. Not safe in pregnancy & not approved for use in children

Answer: D

Antidepressant

13. A patient with depression who was treated with fluoxetine and then after 2 weeks developed mania. What is the diagnosis?
- A. Bipolar type 1
 - B. Bipolar type 2
 - C. MDD
 - D. Schizoaffective disorder

Answer: A

14. Which of the following drugs works by increasing the availability of norepinephrine, serotonin, dopamine and tyramine?
- A. Phenelzine
 - B. Tranylcypromine
 - C. Selegiline
 - D. Moclobemide

Answer: A

15. Which of these is not a side effect of TCA? (صيغة ثانية)
- A. Weight loss
 - B. Blurred vision
 - C. Urinary retention
 - D. Orthostatic hypotension

Answer: A

Learning disabilities

1- Learning disorders take how much time to be diagnosed based on DSM-5?

- 3 months
- 4 months
- 12 months
- After an IQ test only
- None of the above

2- Correct about learning disorders?

- Learning disorders diagnosed only if IQ is below 70
- Dysgraphia temporary for 6 months
- None of the above

3- A child is suspected of having a learning disability (LD). After implementing appropriate interventions, how long should clinicians typically monitor progress before confirming diagnosis?

- 4 weeks
- 12 months
- Only after IQ test
- None of the above
- 3 months

4- One is true about Specific learning disabilities?

- (A) dyslexia: poor spelling, grammar, punctuation
- (B) dysgraphia: difficulty with numbers, calculations
- (C) more common in males than females
- (D) best interrupted by intellectual disability
- (E) symptoms persist for 3 months despite intervention

5- DSM-5 criteria for LD, choose correct answer:

- (A) dyslexia with normal IQ, 3 months
- (B) dyscalculia, low IQ
- (C) none of the above
- (D) dyslexia with low IQ, more than 12 months

All true about learning disabilities except?

Learning disabilities

7- The most common learning disability:

- A. Dyscalculia
- B. Dysgraphia
- C. **Dyslexia**
- D. Dyspraxia
- E. Auditory processing disorder

8- A specific learning disorder characterized by difficulty in mathematics is called:

- A. Dyslexia
- B. Dysgraphia
- C. Dyspraxia
- D. **Dyscalculia**
- E. Auditory processing disorder

9- A specific learning disorder characterized by difficulty in understanding numbers and performing mathematical calculations is called: **note : مكرر كثير**

- A. Dyslexia
- B. Dysgraphia
- C. Dyspraxia
- D. **Dyscalculia**
- E. Dysphasia

10- Difficulty recognizing words with slow inaccurate reading is called: **Dyslexia**

11- Learning disorders can affect academic performance, give an example of a specific learning disorder associated with reading: **Dyslexia**

12- Child has difficulties with understanding spoken and written: **Expressive language disorder**

13- What are characteristics of difficulty in written expression? **Poor handwriting**

14- Correct about specific learning disorders: **Not related to intelligence skills**

15- Dyspraxia definition

Elimination disorders

1-For diagnosis of encopresis?

- a.Age 6 passage of feces in inappropriate places
- b.Only during sleep
- c.With urine incontinence
- d.Associated with abdominal pain

Answer: a

2- Child with soiling in his bed, soft stool, no substances or another medical condition.

According to DSM-5 criteria, what is correct regarding encopresis?

- a.Retentive subtype
- b.Non-retentive subtype
- c.Encopresis diagnosed by age 5
- d.Encopresis occurs at least once per month for at least 6 months)

Answer:b

3-A 10-year-old girl is brought by her mother because she is soiling in her clothes almost once per month for 4 months. The mother reports the child passes normal-sized, soft stools, and does not complain of pain, constipation, or stool withholding. What is your diagnosis?

Answer: Non-retentive type encopresis

4-Six-year-old female patient, her mother notices inappropriate defecation. The stool was soft and no pain with defecation. Which is correct?

Answer: Non-retentive type encopresis

5-encopresis due to chronic constipation, the underlying mechanism is most often:

- A.Training resistance
- B.Oppositional defiant disorder
- C.Intestinal motility dysfunction
- D.Sensory impairment
- E.Emotional withholding

Answer: C

6-All of the following are present in DSM-5 criteria for encopresis except:

- A. At least one event per month for 3 months
- B. Repeated passage of feces in inappropriate places
- C. At least age 4 years
- D. Not attributable to a medical condition
- E. Urinary incontinence

Answer: E

Elimination disorders

7-One of the following is not a DSM-5 diagnostic criterion for enuresis:

- A. At least age 5 years
- B. Occurs at least twice weekly for three consecutive months
- C. Clinically significant distress or impairment in functioning
- D. Not attributable to a medical condition
- E. Occurs two times per month

Answer: E

8-A well-established risk factor for nocturnal enuresis is:

- A. Urinary tract infection
- B. Small bladder capacity
- C. Diabetes mellitus
- D. Family history of enuresis
- E. Developmental delay

Answer: D

9-Which of the following is incorrect according to DSM-5 criteria for nocturnal enuresis?

- A. Occurrence at least twice a week for three consecutive months
- B. Chronological age of at least 5 years
- C. Clinically significant distress or impairment in functioning
- D. Not attributable to a medical condition
- E. Occurs only two times per month for three months

Answer: E

10-According to DSM-5, enuresis requires urinary incontinence occurring at least twice per week for how long?

- A. 1 month
- B. 2 months
- C. 3 months
- D. 6 months
- E. 12 months

Answer: C

11-What is the minimum age for the diagnosis of enuresis in DSM-5?

- A. 3 years
- B. 4 years
- C. 5 years
- D. 7 years
- E. 10 years

Answer: C

Elimination disorders

12-A child who deliberately retains stool due to fear or pain during defecation is diagnosed with:

- A. Overflow encopresis
- B. Urinary incontinence
- C. Non-retentive encopresis
- D. Functional constipation
- E. Retentive encopresis

Answer: E

13-A child uses a device that rings an alarm attached to a wetting sensor when the child begins to urinate at night. This device is called a:

- A. Bell-and-pad enuresis alarm
- B. Aversion therapy device
- C. Moisture biofeedback alarm
- D. Urination conditioning device
- E. Diaper moisture sensor

Answer: A

14-In DSM-V criteria for enuresis, what is the duration needed for diagnosis?

2 times a week for 3 months

15-Age for enuresis diagnosis?

5 years

16-All of the following are present in DSM5 criteria of encopresis except?

It occurs only during sleep

17-Case about encopresis - child feel anxiety... retentive? السؤال مش كامل

toilet training resistance

18-A child with voluntary holding his stool?

Retentive encopresis

19-Least recognized encopresis chronic constipation type?

Retentive encopresis

20-Encopresis criteria?

Cause distress and impairment

21-One of the following is key diagnostic criteria of DSM-V for Encopresis?

Occurs one time per month for 3 months

22-First line pharmacological treatment for enuresis?

Desmopressin

23-At which age we can start the diagnosis of Encopresis?

4 years

Impulsive control disorders

1-What differentiates kleptomania from OCD Hoarding?

- a. Having a compulsion
- b. Having an urge, then gratification and pleasure

Answer: b

2-What is NOT in the intermittent explosive disorder DSM-5?

- A. Premeditated outburst
- B. Impaired functional
- C. 3 physical damage in 12 months
- D. No physical damage twice a week for 3 months

Answer: A

3-Which of the following statements about Intermittent Explosive Disorder (IED) is FALSE :

- A) Aggressive outbursts represent a failure to control impulses
- B) Aggression is grossly out of proportion to provocation
- C) Outbursts cause distress or impairment
- D) The individual often feels remorse or guilt after the outburst
- E) The outbursts occur twice per week for 3 months

Answer: ?? كلهم صح

4-A 15-year-old young male sets fire, bullies others, impulsive action. What personality disorder?

Answer: Conduct disorder (also an impulse control disorder)

5-One of the following is true about impulse control disorders:

- A. Associated with delusions and hallucinations
- B. Usually begins in adolescence or early adulthood
- C. Caused by past sexual or physical abuse
- D. Causes marked impairment in functioning

Answer: B

(D also true but B more specific)

6-Recurrent behavioral outbursts resulting in verbal or physical aggression against people or property best describe:

- A. Conduct disorder
- B. Oppositional defiant disorder
- C. Intermittent explosive disorder
- D. Borderline personality disorder
- E. Antisocial personality disorder

Answer: C

Impulsive control disorders

7-Which of the following is a DSM-5 diagnostic criterion for impulse-control disorders?

- A. Persistent hallucinations between episodes
- B. Recurrent failure to resist an impulse, drive, or temptation to perform an act that is harmful
- C. Onset always before age 12
- D. Prominent mood swings unrelated to the impulse
- E. Requirement of significant intoxication at the time of the act

Answer: B

8-In DSM-5, pyromania is classified under:

- A. Mood disorders
- B. Psychotic disorders
- C. Impulse-control disorders
- D. Neurodevelopmental disorders
- E. Personality disorders

Answer: C

9-The failure to resist an impulse to steal unnecessary items with no external incentive is characteristic of:

- A. Pyromania
- B. Kleptomania
- C. Trichotillomania
- D. Intermittent explosive disorder
- E. Oppositional defiant disorder

Answer: B

10-All of the following are characteristic of kleptomania except:

- A. Increasing tension prior to the theft
- B. Pleasure or relief during the act of stealing
- C. Stealing items for monetary gain
- D. Repeated unsuccessful attempts to resist the impulse
- E. Guilt or remorse after the theft

Answer: C

Impulsive control disorders

11-Age for diagnosis of intermittent explosive disorder:

- A. childhood
- B. adolescents
- C. middle age
- D. early adulthood
- E. late adulthood

Answer: A or B

12- The time needed to diagnose intermittent explosive disorder?

Twice a week for 3 months

13-Not a differential diagnosis for Intermittent Explosive Disorder?

Schizoid personality disorder

14-In kleptomania, a person feels tension that is only relieved after stealing, what is this called psychologically?

- A. Aversive conditioning
- B. Behavioural desensitisation
- C. Classic conditioning

Answer: ??

Benzodiazepines

Q1. In anxiety disorders, benzodiazepines are primarily used for:

- A. Long-term maintenance
- B. Mood stabilization
- C. Antidepressant augmentation
- D. Short-term relief of acute anxiety
- E. Prophylaxis against panic attacks

Answer: D

Q2. All of the following are true about benzodiazepines except:

- A. They act as positive allosteric modulators of GABA_A receptors
- B. They can cause tolerance and dependence with long-term use
- C. Withdrawal symptoms typically begin 1-2 days after the last dose
- D. They have a rapid onset of anxiolytic effect
- E. They are contraindicated in acute narrow-angle glaucoma

Answer: C

Q3. Benzodiazepines are primarily used in the treatment of anxiety disorders for:

- A. Long-term maintenance therapy
- B. Preventing future panic attacks indefinitely
- C. Short-term relief of acute anxiety symptoms
- D. Managing obsessive-compulsive disorder
- E. First-line treatment for generalized anxiety disorder

Answer: C

Q4. What is the correct use for benzodiazepines in anxiety disorders?

- A. First-line treatment
- B. Only for short period for severe anxiety disorder

Answer: B

Q5. A 42-year-old man admitted for knee injury. Last alcoholic drink was 2 days ago. He now develops anxiety, sweating, hypertension, and tachycardia. Treatment?

- A. IV glucose
- B. IV thiamine
- C. Beta-blocker

Answer: Note: Benzodiazepines are first-line for alcohol withdrawal, but not listed as an option here. IV thiamine is for Wernicke's prevention)

Q6. Which is considered first-line long-term treatment for panic disorder?

- A. Benzodiazepines
- B. SSRIs
- C. Antipsychotics
- D. Beta-blockers
- E. TCAS

Answer: B

Benzodiazepines

Q7. Non-pharmacological treatment for chronic insomnia?

- A. Sleep restriction therapy
- B. SSRI
- C. Antihistamine
- D. Benzodiazepines

Answer: A

Q8. An 81-year-old patient gets agitated only during evenings. What is NOT done for this patient?

- A. Diazepam
- B. Low dose haloperidol
- C. Adding a calendar
- D. Increasing brightness
- E. Staying with family

Answer: A

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Antipsychotic agents

1) Which antipsychotic medication is contraindicated in patients with Parkinson's disease and Lewy Body Dementia?

- A) Quetiapine
- B) clozapine
- C) olanzapine
- D) Haloperidol

Ans: D

2) Which dopaminergic pathway is primarily associated with positive symptoms of schizophrenia?

- A) Mesolimbic
- B) Mesocortical
- C) Nigrostriatal
- D) Tuberoinfundibular

Ans: A

3) A patient with schizophrenia takes adequate dose of antipsychotics (2 drugs) with no improvement. Next step?

Ans: Clozapine with regular CBC.

4) Antipsychotic least weight gain and causes QT prolongation?

Ans: Aripiprazole

5) FDA approved drug for resistant OCD?

Ans: Clomipramine (tricyclic antidepressant, not antipsychotic, but noted)

6) Which drug used in treatment of nightmares in PTSD?

Ans: Prazosin (not an antipsychotic)

64. A patient on risperidone develops lip-smacking grimacing movements; this is most consistent with:
A. Akathisia B. Dystonia C. Parkinsonism D. Neuroleptic malignant syndrome E. Tardive dyskinesia

Answer: E. Tardive dyskinesia

65. A chronic movement disorder associated with long-term use of first-generation antipsychotics is:

- A. Akathisia
- B. Acute dystonia
- C. Neuroleptic malignant syndrome

Answer: (Incomplete in archive, but refers to Tardive dyskinesia)

66. A patient complains of an inner feeling of restlessness, constant muscle tension, yet remains aware and can describe the sensation. This is characteristic of:

- A. Dystonia
- B. Akathisia
- C. Tardive dyskinesia
- D. Chorea
- E. Akinetic mutism

Answer: B. Akathisia

Antipsychotic agents

67. A schizophrenia patient who complains "I can't sit still" most likely has:

- A. Tardive dyskinesia
- B. Parkinsonism
- C. Acute dystonia
- D. Akathisia
- E. Neuroleptic malignant syndrome

Answer: D. Akathisia

68. Weight gain is a well-known side effect of which antipsychotic?

- A. Haloperidol
- B. Ziprasidone
- C. Aripiprazole
- D. Risperidone
- E. Olanzapine

Answer: E. Olanzapine

A patient on antipsychotic started to experience restlessness and he says he is unable to sit still?

B) Akathisia

2. Which of the following is typical antipsychotic?

A) Haloperidol

3. A patient on aripiprazole started to experience restlessness and he says he is unable to sit still?

Akathisia

4. One of the following are atypical:

Quetiapine

5. Antipsychotic causes weight gain:

Olanzapine

6. Propranolol used for treatment of:

Akathisia / social phobia / tremor / all of above

7. Among these side effects which is the first to appear after taking antipsychotics?

Akathisia (or Parkinsonism? - Page 32 shows both)

8. Drug that causes kidney stones, hypochloremic metabolic acidosis:

Topiramate

A patient on antipsychotic started to experience restlessness and he says he is unable to sit still?

Akathisia

2. Which antipsychotic drug mostly causes weight gain?

Clozapine

3. Which of the following is a metabolite of Risperidone?

Paliperidone

4. Which one of these is a typical antipsychotic?

Haloperidol

5. The first side effect of antipsychotic?

Akathisia

Antipsychotic agents

6. A schizophrenic patient who was started on haloperidol but was not improving. The doctor recommended to stop the drug and switch to risperidone 5mg after a few weeks the patient started having symptoms of akathisia, what is your next step?

Lower the dose

7. A patient on risperidone comes into your office and reports that she hasn't been having her menstrual periods. She has taken a pregnancy test and it was negative. Which lab test would you order?

Prolactin level

8. Which drug is not an atypical drug?

(Options: Venlafaxine, Mirtazapine, Trazodone, Bupropion, Escitalopram)

الطبيب والجراحة

البنية

Forensic psychiatry

1) To consider a crime should have?

Ans: Mens rea

2) A man plans and intentionally commits a crime, fully aware of his actions and consequences. Which legal concept does this best illustrate?

- A) Actus reus
- B) Mens rea
- C) Insanity defense
- D) Automatism
- E) Negligence

Ans: B

3) A man intentionally breaks his neighbor's window. Which element is essential for this act to be considered a crime?

- A) Actus reus
- B) Mens rea
- C) Insanity defense
- D) Automatism
- E) Negligence

Ans: B

4) A person with a severe mental disorder who is unaware of the nature of their actions and stands trial in court is demonstrating which of the following?

- A) competence to stand trial
- B) Decisional capacity
- C) Insanity defense
- D) Diminished capacity
- E) Testamentary capacity

Ans: A or C

(depending on context; archive answer not clearly marked)

5) A patient who has bipolar disorder committed a felony while manic, and now he is taking treatment and stable. What is best to do?

Answer: Mental state evaluation at the time of crime

6) A young man committed property damage. To convict him, he must have intent and knowledge of the nature of the act. What principle is needed?

Ans: Mens rea

7) Differentiate between Malingering and Factitious disorder?

**Ans: Malingering has external secondary gain;
Factitious disorder has internal desire to assume sick role**

8) Factitious disorder: which is true?

Ans: Patients intentionally produce symptoms of a psychological or physical illness because of a desire to assume the sick role.

Anxiety disorders

1) The earliest and most common symptoms of vestibular schwannoma ?

- A) Vertigo
- B) Sensorineural hearing loss and tinnitus
- C) mass effect

Ans: B

2) All of the following are true about panic disorder except:

- A. Panic disorder can co-occur with other mental conditions
- B. Panic disorder is characterized by repeated panic attacks
- C. Fear or avoidance of places where attacks occurred previously
- D. It is more common in males than females
- E. Attacks peak within minutes and resolve within 30 minutes

Answer: D.

3) Which of the following is required for a panic disorder diagnosis (per DSM-5)?

- A. Panic attacks only in the presence of a clear trigger
- B. At least one panic attack per week for six months
- C. Recurrent unexpected panic attacks followed by at least one month of persistent concern about additional attacks
- D. Panic attacks always during sleep
- E. Panic attacks only in social situations

Answer: C.

4) All of the following are symptoms of generalized anxiety disorder except:

- A. Restlessness or feeling keyed up or on edge
- B. Dry mouth
- C. Insomnia
- D. Mood swings and periods of mania
- E. Difficulty controlling worry for at least six months

Answer: D.

5) A DSM-5 diagnostic criterion for panic disorder is:

- A. At least two panic attacks per week for one month
- B. Persistent concern about additional attacks for at least one month
- C. Panic attacks only in response to specific phobic stimuli
- D. A history of generalized anxiety disorder
- E. Onset of panic attacks occurring only during sleep

Answer: B.

6) A patient who persistently worries about many aspects of life (health, family, finances), yet sleep is preserved, most likely meets criteria for:

- A. Adjustment disorder with anxiety
- B. Illness anxiety disorder
- C. Panic disorder
- D. Generalized anxiety disorder
- E. Somatic symptom disorder

Answer: D.

Anxiety disorders

7) A 36-year-old woman presents with persistent tension and worry for several months about her husband, children, and family's well-being, despite no specific danger. She feels "on edge," has trouble sleeping, and reports anhedonia. She denies hallucinations, delusions, or manic symptoms. The most likely diagnosis is:

- A. Major depressive disorder
- B. Schizoaffective disorder
- C. Generalized anxiety disorder
- D. Panic disorder
- E. Adjustment disorder with anxiety

Answer: C.

8) A patient reports excessive, uncontrollable worry about multiple domains (children, spouse, health) for over six months, despite reassurance and normal sleep. The most likely diagnosis is:

- A. Panic disorder
- B. Bipolar II disorder
- C. Obsessive-compulsive disorder
- D. Illness anxiety disorder
- E. Generalized anxiety disorder

Answer: E.

9) A patient experiences recurrent unexpected panic attacks followed by at least one month of persistent concern about having another attack or their consequences. This presentation meets DSM-5 criteria for:

- A. Specific phobia
- B. Agoraphobia
- C. Panic disorder
- D. Generalized anxiety disorder
- E. Social anxiety disorder

Answer: C.

10) A second-line agent for generalized anxiety disorder, often used when first-line treatments are inadequate, is:

- A. Sertraline
- B. Buspirone
- C. Pregabalin
- D. Clonazepam

Answer: C.

11) A second-line pharmacologic agent commonly used for generalized anxiety disorder when first-line treatments are inadequate is:

- A. Buspirone
- B. Clonazepam
- C. Pregabalin
- D. Propranolol
- E. Hydroxyzine

Answer: C.

Anxiety disorders

64. A 45-year-old woman who worries about her family, husband, and kids, decreasing concentration. She sleeps okay but doesn't feel good after sleeping, no panic attacks

- A.GAD
- B.OCD
- .C Anxiety disorder
- .D Panic disorder)

Answer: A

65. What is the difference between panic attacks and panic disorder?

- A.Panic attacks are unexpected
- B.Panic attacks is a syndrome
- C.Panic attacks can be experienced with other psychiatric disorders and medical conditions

Answer :C

66. Fear of planes?

- A.Specific phobia
- B.Agoraphobia
- .C Social anxiety disorder

Answer: A

67. A 28-year-old patient presents with sudden episodes of intense fear "out of nowhere." During episodes: palpitations, sweating, trembling, shortness of breath, chest pain, dizziness. Peaks within minutes, resolves spontaneously. Worries about future attacks, avoids situations where attacks occurred. Most likely diagnosis?

- A.PTSD
- /B.Panic disorder
- C. GAD

Answer: B

68. A woman has experienced attacks of intense fear with palpitations, shortness of breath, dizziness. After attacks, she became extremely worried about another attack. Avoids leaving home fearing another attack. Most likely diagnosis? A.GAD

- .B Panic Disorder
- C.Social Anxiety
- .D Specific Phobia)

Answer: B

69. What is the correct use for benzodiazepines in anxiety disorders?

- A.First-line
- B. Only for short period for severe anxiety)

Answer: B

Anxiety disorders

70. Which is considered first-line long-term treatment for panic disorder?

- A. Benzodiazepines
- B. SSRIs
- C. Antipsychotics
- .D Beta-blockers
- .E TCAs

Answer: B

71. A woman has been experiencing excessive anxiety about multiple aspects of her life for a prolonged period, causing significant functional impairment. Most likely diagnosis?

- A. Panic Disorder
- .B Social Anxiety
- .C GAD
- .D Specific Phobia
- .E Adjustment Disorder)

Answer: C

72. A 35-year-old man becomes extremely anxious whenever he is away from his wife. Cancels business trips because he fears something bad might happen to her. Interferes with work. Most likely diagnosis?

- A. GAD
- .B Dependent personality
- .C Panic disorder
- .D Separation anxiety disorder
- .E Adjustment disorder)

Answer: D

79. PTSD most important risk factor?

Answer: Nature of trigger

80. Best treatment of PTSD?

Answer: (Trauma-focused psychotherapy; EMDR; SSRIs)

81. Which drug used in treatment of nightmares in PTSD?

Answer: Prazosin

82. Which of the following is considered first-line long-term treatment for PTSD?

Answer: (SSRIs like sertraline, paroxetine; trauma-focused CBT)

Anxiety disorders

73. What is the difference between PTSD and Acute stress disorder?

- A. PTSD symptoms >1 month, ASD resolves within a month
- .B. PTSD due to traumatic event
- C. PTSD causes significant distress unlike ASD)

Answer: A

74. The difference between PTSD and Acute stress disorder?

Answer: PTSD symptoms take >1 month, ASD resolves within a month

75. What is the main difference between PTSD and Acute Stress Reaction?

- A. Type of symptoms
- .B Nature of triggers
- .C Severity of symptoms
- .D Duration of symptoms)

Answer: D

76. A 28-year-old soldier recently returned from combat. For the past two weeks: recurrent nightmares, intrusive memories, hypervigilance, difficulty sleeping, avoids reminders, emotionally numb. Most likely diagnosis?

- A. Adjustment disorder
- .B PTSD
- .C Acute stress disorder
- .D GAD
- .E Panic disorder)

Answer: Acute stress disorder (ASD) (since less than 1 month)

77. Which symptom clusters are typically experienced by patients with PTSD?

- A. Hallucinations, delusions, disorganized speech
- B. Intrusive symptoms, avoidance, hypervigilance, negative changes in mood and cognition)

Answer: B

78. Most important factor in causing PTSD? (Age / Sex / Nature of trauma / Individual vulnerability / All of above)

Answer: Nature of trauma (or All of above; archive marks "nature of trauma")

Anxiety disorders

1. Irritability, poor concentration, sleep problems, all should be considered in differential diagnosis EXCEPT? **D- Social anxiety disorder**
2. Case of female fears of social situations including contact with strangers? **Social phobia**
3. A 22 years old patient got an abroad job opportunity, can't sleep well, feeling worried about traveling to a new country without knowing its language, feeling on edge for 2 months. Probably suffering from? **C) Adjustment disorder with anxiety**
4. The key difference between panic attack and panic disorder? **B) Panic attacks can be experienced with other psychiatric disorders and medical conditions**
5. Generalized anxiety disorder case: **Patient worries about everything (kids, husband), sleeping is ok? Generalized anxiety disorder**
6. Avoidance occurs in which disorder? **A) PTSD**
7. One of the following is adjustment disorder? **A) Job loss**
8. Which of the following is considered adjustment disorder? **B) mixed depression and anxiety**
9. True about Adjustment disorder: **All of above (Remit within 6 months, occurs with daily events, excessively diagnosed)**
10. Treatment for adjustment disorder? **Supportive counseling and psychotherapy**
11. Propranolol used for treatment of: **social phobia**
12. Beta blocker used for: Phobia / Anxiety / all of the above
13. Difference between PTSD and acute stress disorder: **time**
14. One of the following is not a PTSD criterion (Page 3)
15. All of the following are characteristics of hypomania except: **delusion**
16. Most common presentation of affective disorders among patients with epilepsy: **interictal depression**
17. Percentage for depression occurrence in epilepsy patients with more than one seizure per month: **21%**

Anxiety disorders

1. Most common anxiety disorder? **Specific Phobia**
2. Irritability, poor concentration, sleep problems, all of the following should be considered in the differential diagnosis, **EXCEPT? Social anxiety disorder**
3. The least duration required for diagnosis of generalized anxiety disorder? **6 months**
4. A 36-year-old patient has been having fear of being judged, embarrassment that started 6 months ago. It caused impairment in his social occupational relationships, diagnosis? **Social anxiety disorder**
5. A child is quiet in school for a few months, parents say that in the house, he is quite talkative, diagnosis? **Selective Mutism**
6. A male is having fear of flying since many years, he drives from one state to another to avoid getting on a plane, your diagnosis? **Specific Phobia**
7. A patient who has fear of leaving home and being left alone? **Agoraphobia**
8. Which of the following is most useful in differentiating between schizophrenia and alcohol withdrawal delirium? **Level of consciousness**
9. The key difference between panic attack and panic disorder? **Panic attacks can be experienced with other psychiatric disorders and medical conditions**
10. In which one of these disorders do you need to rule out thyroid disease by thyroid function testing? **Panic attack**
11. Not a differential diagnosis for Intermittent Explosive Disorder? **Schizoid personality disorder**

إِنَّ الْكَرِيمَ إِذَا نَادَيْتَ قَالَ : نَعَمْ
فَكَيْفَ بِاللَّهِ ذِي الْإِنْعَامِ وَالْكَرِيمِ؟

فَأَبْسُطْ لَهُ الْكَفَّ لَنْ تَأْتِيكَ فَارِغَةٌ
فَقَدْ سَأَلْتَ الَّذِي سَوَّأَكَ مِنْ عَدَمِ

الحمد لله الذي بنعمته تتم الصالحات

٢٠٢٦-٥-٣

لا تنسو الفريق من
وفير دعاءكم