

CHOOSE THE SINGLE BEST ANSWER FOR QUESTIONS 1 - 41.

1. The following symptom is always present during a clinical depression:
  - A. Depressed mood or diminished interest/pleasure
  - B. Increased or decreased appetite
  - C. Psychomotor slowing or agitation
  - D. Thoughts of death or low self esteem
  - E. Insomnia or hypersomnia
  
2. A former classmate is now a surgery resident. She confides that whenever she is doing surgery with an important attending present, she becomes extremely nervous, shaky, flushes, and feels dizzy. She has started to avoid surgeries with difficult attendings, but has some symptoms even with all attendings, and the problem is starting to interfere with her work. A likely diagnosis is:
  - A. Panic Disorder with Agoraphobia
  - B. Social Phobia
  - C. Generalized Anxiety Disorder
  - D. Obsessive Compulsive Disorder
  - E. Specific Phobia
  
3. The clinician's judgment of an individual's overall level of functioning is recorded in DSM-IV on:
  - A. Axis I
  - B. Axis II
  - C. Axis III
  - D. Axis IV
  - E. Axis V

4. Phil, a 32 year old assembly worker, comes to the emergency room with a four day history of auditory hallucinations. He states he's hearing voices telling him he is worthless and should kill himself. Phil was doing well until one week ago, when his fiancée told him she was breaking off their relationship. Phil has no past psychiatric history, is physically healthy, and drinks about 3-4 beers per month. The most likely preliminary diagnosis for Phil's condition is:
  - A. Major Depression with psychotic features
  - B. Delusional Disorder
  - C. Substance-induced Mood Disorder
  - D. Schizophreniform Disorder
  - E. Brief Psychotic Disorder
  
5. Carol is admitted to the hospital with severe lower abdominal pain. When you see her the day after admission, she says her pain is a "20" on a scale from 1-10. She is wearing her nightgown, not hospital clothes, and insists on calling you by your first name. She asks that you repeatedly touch her in order to confirm her pain. She is exhibiting features of:
  - A. Schizotypal Personality Traits
  - B. Bipolar Disorder
  - C. Body Dysmorphic Disorder
  - D. Borderline Personality Traits
  - E. Histrionic Personality Traits
  
6. In Factitious Disorder:
  - A. Symptom production is unconscious and involuntary
  - B. Symptoms are produced for obvious, external secondary gain
  - C. Patients frequently tamper with diagnostic procedures
  - D. Symptoms are rarely debilitating
  - E. Patients frequently have associated Schizoid personality traits

7. Which of the following is characteristic of patients with Trichotillomania?
- A. They can experience pleasure while pulling their hair out
  - B. The eyebrows are most commonly effected
  - C. It is more commonly seen in males
  - D. It typically begins in mid-life
  - E. It is best treated with hypnosis

**Use the following paragraph to answer questions 8-9**

Mary, a 48 year old woman with hypertension, comes to your office for a routine blood pressure check. During your discussion with her, she admits she doesn't take her antihypertensive medication because she fears being poisoned. In fact, she doesn't ingest any pills or packaged foods due to this fear. She lives with her sister, and they only eat fresh foods which they prepare themselves. Mary says her sister has been this way for 20 years, and she developed similar ideas about 2 years ago.

8. The most likely diagnosis of Mary's condition is:
- A. Schizoaffective Disorder
  - B. Delusional Disorder
  - C. Somatization Disorder
  - D. Schizophreniform Disorder
  - E. Shared Psychotic Disorder
9. Which of the following is characteristic of Mary's condition?
- A. It is more common than Schizophrenia
  - B. It is more common in males
  - C. Antipsychotic medications are never helpful
  - D. Mary is likely the dominant person in the relationship with her sister
  - E. The course of the illness is generally chronic

10. Benzodiazepines, medications used to treat anxiety, act by:
- A. Blocking the reuptake of serotonin
  - B. Blocking the reuptake of norepinephrine
  - C. Augmenting dopamine transmission
  - D. Augmenting GABA transmission
  - E. Augmenting acetylcholine transmission
11. The type of amnesia characterized by the loss of memory for certain categories of information is called:
- A. Selective amnesia
  - B. Systematized amnesia
  - C. Continuous amnesia
  - D. Generalized amnesia
  - E. Localized amnesia

**Use the following paragraph to answer questions 12-13**

Dennis, a 42 year old carpenter, presents to your office with a four day history of increasing right leg pain. Your physical exam fails to reveal any cause for the pain. Dennis denies recent trauma to his leg, and appears very distressed by his symptoms since he is unable to work. In addition to not making any money, he appears upset about a recent argument with his 16 year old daughter and her threats to leave home.

12. The most likely diagnosis for Dennis' condition is:
- A. Malingering
  - B. Factitious Disorder
  - C. Pain Disorder
  - D. Conversion Disorder
  - E. Hypochondriasis

13. Which of the following is an associated feature of the above diagnosis?
- A. Pain is intentionally produced
  - B. Patients are best treated by referring them to a psychiatrist
  - C. Symptoms are secondary to an underlying mood disorder
  - D. Symptoms can be easily treated with hypnosis
  - E. Complications are frequently iatrogenic
14. In Depersonalization Disorder:
- A. The onset of symptoms is typically rapid
  - B. Feelings of depersonalization are not bothersome to the patient
  - C. Reality testing is frequently impaired during the experience
  - D. Episodes of illness typically last for weeks
  - E. Episodes most frequently occur in demented, elderly patients
15. You are a busy family physician in Gaylord, MI, and are becoming increasingly frustrated and angry with one of your patients named Susan. Susan is a 27 year old mother of three children who visits your office frequently with multiple physical complaints. Despite your best efforts, she never seems to feel well. She's now calling you every other day for some symptom. At this point it is best to:
- A. Refer Susan to various specialists for a more extensive evaluation
  - B. Tell Susan how you feel about her behavior
  - C. Refer Susan for psychotherapy
  - D. Schedule more frequent, regular office visits for her
  - E. Refer Susan to a social worker who can assist her with parenting skills

16. Epidemiological evidence about cocaine, alcohol and opioid use and abuse indicates:
- A. The lifetime risk for alcohol and opioid abuse and dependence is greater for men than woman, but for cocaine the risk is about equal
  - B. The highest prevalence of all drinking occurs in white males age 35-50
  - C. In general, the lifetime risk of opioid dependency is greater than the risk of alcohol dependency
  - D. Opioid users tend to be much younger than cocaine users.
  - E. Approximately 5% of men are heavy drinkers
17. A young woman comes in with a variety of physical complaints, including insomnia, loss of energy, and fatigue. When asked, she states that she feels down more than half of the time, although she does have days when she seems to feel fine. When she feels good she is active, but on her down days she tends to stay home and avoid her friends. She states this feeling has been going on about three years. A likely diagnosis is:
- A. Premenstrual dysphoria
  - B. Dysthymia
  - C. Major Depression
  - D. Social Phobia
  - E. Chronic Fatigue Syndrome
18. On your way to a nearby city, a new acquaintance gives you a lift. She nervously explains that she does not like driving that far, but needs to also get there and will provide the car on condition that you do all the driving and avoid the most convenient route, which happens to pass over a bridge. A likely diagnosis would be:
- A. Social Phobia
  - B. Panic Disorder
  - C. Generalized Anxiety Disorder
  - D. Obsessive-Compulsive Disorder
  - E. Specific Phobia

19. In cocaine and amphetamine abuse and dependence:
- A. Chronic use is more common than intermittent use in early users
  - B. The mechanism of addiction probably involves activation of mesolimbic and mesocortical dopamine systems, and inhibition of dopamine, serotonin and norepinephrine reuptake
  - C. The intoxication syndrome does not occur in crack use and has only psychological, and no physiological symptoms even at high doses
  - D. No tolerance develops to the euphoriant effects
  - E. Increased appetite is a common intoxication effect
20. A false sensory perception which occurs upon awakening is referred to as a/an:
- A. Hypnogogic hallucination
  - B. Hypnopompic hallucination
  - C. Visual illusion
  - D. Auditory illusion
  - E. Obsession
21. Which of the following is characteristic of a patient with a Personality Disorder?
- A. They use autoplasmic defense mechanisms
  - B. Their behavior pattern has been evident since adolescence
  - C. Their behavior can be easily changed with psychotherapy
  - D. They perceive their problems as ego-dystonic
  - E. Their behavior does not affect their interpersonal functioning
22. Steve is hospitalized for the third time this year for episodes of aggressive behavior. On this occasion, he "punched out" a person in Target who asked him if he knew the time of day. Steve doesn't remember these incidents very well, and his behavior in the hospital is generally normal. His likely diagnosis is:
- A. Intermittent Explosive Disorder
  - B. Factitious Disorder
  - C. Bipolar Disorder
  - D. Antisocial Personality Disorder
  - E. Malingering

**Use the following paragraph for questions 23-26**

Daniel, an 18 year old high school senior, is brought to your office by his parents. They began to get concerned about his behavior about one year ago, when he started spending more time in his room and his grades at school started to drop. Although he can't skate, and had never followed hockey in the past, he began to follow the Red Wings very closely, cluttering his room with Red Wing memorabilia. About one month ago he began to tell his parents he didn't have to go to school because God told him he was going to be the next captain of the Red Wings. He now believes Red Wing radio broadcasts give him special messages about his future. Daniel does not use alcohol or drugs and is physically healthy.

23. The most likely diagnosis of Daniel's condition is:

- A. Schizophrenia
- B. Schizophreniform Disorder
- C. Brief Psychotic Disorder
- D. Delusional Disorder
- E. Shared Psychotic Disorder

24. Daniel's belief that Red Wings radio broadcasts give him special messages about his future is referred to as a/an:

- A. Obsession
- B. Example of thought broadcasting
- C. Somatic Delusion
- D. Delusion of control
- E. Idea of reference

25. Which of the following represent negative symptoms of Daniel's illness:

- A. Believing the radio broadcasts tell him about his future
- B. Hearing God's voice
- C. Withdrawing to his room
- D. Believing he'll be the next captain of the Red Wings
- E. Collecting Red Wing memorabilia

26. Daniel's condition can be treated with medications which:

- A. Block the reuptake of norepinephrine
- B. Block the reuptake of dopamine
- C. Augment GABA transmission
- D. Block postsynaptic dopamine receptors
- E. Augment serotonin and norepinephrine transmission

27. Features of nicotine withdrawal include all of the following EXCEPT:

- A. Onset a few hours after last dose
- B. Heightened or improved concentration
- C. Intense craving
- D. Affective irritability
- E. Insomnia

28. An elderly male patient complains of a lack of energy. He has stopped playing golf and other physically active leisure activities, something he attributes to fatigue. He also complains of hypersomnia. He does not look depressed, describes his mood as upbeat, and states that he still enjoys watching television and playing cards. An appropriate course of action would be:

- A. Recommend psychotherapy
- B. Start a course of SSRI antidepressants
- C. Start a course of tricyclic antidepressants
- D. Recommend physical therapy
- E. Draw blood and continue the work-up

29. A nurse tells you that your patient was nervous and fainted the last time blood was drawn. A likely diagnosis is:

- A. Panic Disorder with Agoraphobia
- B. Social Phobia
- C. Generalized Anxiety Disorder
- D. Obsessive Compulsive Disorder
- E. Specific Phobia

30. Fred is a difficult patient to treat. He is demanding of your time, believing his problems are unique and more important than those of your other patients. His wife reports he has always been the same way with her during their 18 years of marriage. In treating Fred, you should:

- A. Anticipate that he would likely split your staff
- B. Transfer his care to another physician
- C. Acknowledge his importance and include him in his treatment decisions as much as possible.
- D. Try to become his close friend
- E. Anticipate that he will feign physical symptoms

31. Major criteria for the diagnosis of alcohol dependence include:

- A. Recent and continuous ingestion
- B. Behavior changes due to CNS effects of alcohol
- C. Failure to fulfill role obligations
- D. Alcohol related legal problems
- E. Diminished effect with use of same amount

32. A friend agrees to give you a lift to a nearby city. Curiously, he repeatedly stops the car and walks around it. Although there is always some pretext ("a rattle"), you notice your friend is quite anxious, and usually stops the car after going over a bump in the road. A likely diagnosis would be:

- A. Panic Disorder without Agoraphobia
- B. Panic Disorder with Agoraphobia
- C. Generalized Anxiety Disorder
- D. Obsessive Compulsive Disorder
- E. Specific Phobia

33. An attractive flamboyantly dressed patient of the opposite sex engages in quick non-stop chatter throughout the examination. The patient denies drug abuse or a past psychiatric history. He/she repeatedly refers to how much he/she has been able to do over the past six weeks and mentions recent recognition for sales productivity at work. At the end of the exam, the patient gives you a wink and suggests lunch. Your main concern at this point should be:

- A. Selecting a good restaurant
- B. Explaining a diagnosis of hypomania and considering treatment
- C. Explaining a diagnosis of mania and considering hospitalization
- D. Ignoring the patient
- E. Exiting the office with dignity

34. Which of the following are both considered Cluster B personality disorders?

- A. Paranoid and Avoidant
- B. Histrionic and Obsessive-Compulsive
- C. Avoidant and Dependent
- D. Narcissistic and Borderline
- E. Antisocial and Schizotypal

35. Which of the following is a physical or laboratory finding seen in patients with chronic alcohol abuse?

- A. Thrombocytosis
- B. Orthostatic hypotension
- C. Increased white cell count
- D. Cardiomyopathy
- E. Decreased mean corpuscular volume

36. Which of the following must be present to diagnose a patient with Schizophrenia?

- A. Deterioration in level of functioning
- B. Auditory hallucinations
- C. Paranoid delusions
- D. Catatonic behavior
- E. Flattened affect

37. The following most accurately describes the epidemiology of Major Depression:

- A. Male: Female ratio of 1:1, much less common than Bipolar Disorder
- B. Male: Female ratio of 1:2, about as common as Bipolar Disorder
- C. Male: Female ratio of 1:2, much more common than Bipolar Disorder
- D. Male: Female ratio of 2:1, much more common than Bipolar Disorder
- E. Male: Female ratio of 1:1, about as common as Bipolar Disorder

38. The following symptom is characteristic of Generalized Anxiety Disorder:

- A. Anxiety attacks
- B. Fear of travel
- C. Fainting
- D. Social anxiety
- E. Excessive worry

39. Opiate overdose symptoms include all of the following EXCEPT:

- A. Pinpoint pupils
- B. Slow shallow breathing
- C. Irritability
- D. Coma
- E. Response to naloxone

40. The most common anxiety disorder, as measured by lifetime prevalence, is:

- A. Generalized Anxiety Disorder
- B. Social Phobia
- C. Panic Disorder
- D. Specific Phobia
- E. Obsessive-Compulsive Disorder

41. Symptoms suggestive of an agitated psychotic disorder (including paranoia and hallucinations) are seen in intoxication with all of the following EXCEPT:

- A. Cocaine
- B. Heroin
- C. Amphetamines
- D. LSD
- E. Crack

**Each group of items in this section consists of lettered options followed by a set of numbered items. For each item, select the one lettered option that is most closely associated with it. Each lettered option may be selected once, more than once, or not at all.**

**Match the description for each of the following classifications of mood disorders:**

- A. Major Depression
- B. Major Depression with melancholia
- C. Dysthymia
- D. Bipolar Disorder
- E. Cyclothymia

42. \_\_\_\_\_ Feels worse in the morning

43. \_\_\_\_\_ Numerous episodes of hypomania alternating with mild depression

**Match the following Personality Disorders with the appropriate feature:**

- A. Avoidant
- B. Borderline
- C. Schizoid
- D. Narcissistic
- E. Dependent
- F. Paranoid
- G. Obsessive-Compulsive
- H. Antisocial
- I. Histrionic
- J. Schizotypal

44. \_\_\_\_\_ Emotionally cold; shows indifference to praise or criticism.

45. \_\_\_\_\_ Illness provides secondary gain in the form of caretaking

46. \_\_\_\_\_ Will read hidden, demeaning messages into benign remarks

Match the following answers to the question "What color is my tie?" to the appropriate disorder of thought process:

- A. Word salad
- B. Clanging
- C. Loose associations
- D. Blocking
- E. Circumstantiality
- F. Neologism
- G. Flight of ideas
- H. Tangentiality
- I. Echolalia
- J. Perseveration

- 47. \_\_\_\_\_ "My tie, my tie, my tie."
- 48. \_\_\_\_\_ "Your tie looks to me like its blumfidigit."
- 49. \_\_\_\_\_ "Your tie is a mixture of"
- 50. \_\_\_\_\_ "Your tie? Why, it's tie dye. Hi! Goodbye!"