

Question #6

A 48-year-old man comes to the office for annual physical examination. The patient has smoked one pack of cigarettes daily for the past 20 years and says he wants to quit. He has tried to quit several times, but every time he does, he has depressed mood, difficulty sleeping, anxiety, restlessness, and increased appetite. The patient says these symptoms are so severe that he is unable to function well at work. Which of the following is the most appropriate therapy to aid in smoking cessation for this patient?

- (A) Alprazolam
- (B) Diazepam
- (C) Nicotine transdermal patches
- (D) Nicotinic acid
- (E) Varenicline

Content Area: Substance-Related and Addictive Disorders (Substance-Related Disorders) (13%)

Area of Interest: Psychopharmacology

Critique

This question tests the examinee's ability to determine the most appropriate pharmaceutical therapy to aid in cessation of cigarette smoking in a patient with potential psychiatric disorders. The correct answer is Option (C), nicotine transdermal patches. Nicotine transdermal patches used as an aid in smoking cessation are not likely to exacerbate a patient's symptoms of depression, anxiety, or sleep disturbance.

Option (A), alprazolam, and Option (B), diazepam, are incorrect because although they may be plausible therapies for anxiety, these medications are not approved for smoking cessation. Option (D), nicotinic acid, is incorrect because this medication, which is used in conjunction with low-fat diet to manage hypercholesterolemia, is neither approved nor effective for smoking cessation. Option (E), varenicline, is a plausible choice because it is approved for smoking cessation. However, therapy with varenicline is not advisable in patients who have psychiatric disorders because it has the potential to exacerbate agitation and depression.

Question #7

A 55-year-old woman comes to the office because she has a 20-year history of repetitive actions and is tired of wasting time by repeating these actions. The patient says she repeatedly checks the doors in her house to make sure they are locked, washes her hands several times per hour, and checks her electrical appliances three times each morning before she leaves for work. Medical history includes second-degree atrioventricular block. Which of the following medications is the most appropriate initial therapy for this patient's psychiatric disorder?

- (A) Clomipramine
- (B) Clonazepam
- (C) Methylphenidate
- (D) Quetiapine
- (E) Sertraline

Content Area: Anxiety Disorders/Obsessive-Compulsive and Related Disorders/Trauma- and Stress-Related Disorders (Anxiety Disorders) (15%)

Area of Interest: Psychopharmacology

Critique

This question tests the examinee's ability to recognize the signs and symptoms of obsessive-compulsive disorder and to choose the most appropriate therapy. The correct answer is Option (E), sertraline. Sertraline is a selective serotonin reuptake inhibitor (SSRI), and all of the SSRIs available in the US have been approved by the Food and Drug Administration for management of obsessive-compulsive disorder. Although SSRIs may cause transient problems with sleep, gastrointestinal disturbances, headache, restlessness, and anxiety, these adverse effects are less problematic than those associated with other medications, such as clomipramine.

Option (A), clomipramine, is incorrect. Even though clomipramine was the first drug approved by the Food and Drug Administration for management of obsessive-compulsive disorder, it is not an appropriate first-line therapy because of its adverse effects of orthostasis, gastrointestinal disturbance, and sedation as well as its anticholinergic effects, which include dry mouth and

constipation. Option (B), clonazepam, is incorrect because clonazepam is a benzodiazepine and is not indicated or approved for management of obsessive-compulsive disorder. Option (C), methylphenidate, which is indicated for attention-deficit/hyperactivity disorder, and Option (D), quetiapine, which is used in management of schizophrenia and bipolar disorder, are not indicated for obsessive-compulsive disorder.

Question #8

A 20-year-old woman who is a college student comes to the health services center because she has had symptoms of depression for the past three months, since she was a victim of date rape at a party. The patient says she was heavily intoxicated when the incident occurred and has little memory of the event, but she was embarrassed and ashamed when she awoke at the scene and realized what had happened. She did not seek medical care at that time. The patient says she has not told her friends about the incident, and she has continued to attend classes and work part time. However, she says she constantly feels sad and anxious, has become tearful and withdrawn, and has had difficulty sleeping because of frightening nightmares. This patient most likely has which of the following psychiatric conditions?

- (A) Acute stress disorder
- (B) Adjustment disorder, unspecified
- (C) Generalized anxiety disorder
- (D) Major depressive disorder
- (E) Post-traumatic stress disorder

Content Area: Anxiety Disorders/Obsessive-Compulsive and Related Disorders/Trauma- and Stress-Related Disorders (Anxiety Disorders) (15%)

Area of Interest: Psychopharmacology

Critique

This question tests the examinee's ability to discriminate between behavior disorders based on the salient points in the patient's history. The correct answer is Option (E), post-traumatic stress disorder. The patient described meets the criteria for post-traumatic stress disorder, which include the following: involvement in a traumatic event, duration of symptoms for more than

one month, and significant effect on daily life due to depression, anxiety, nightmares, and social withdrawal.

Option (A), acute stress disorder, is a plausible choice but is incorrect because of the duration of symptoms. Symptoms of acute stress disorder typically begin immediately after or within four weeks of the event and last from three days to four weeks. Option (B), adjustment disorder, is also a plausible choice but is incorrect because of the onset of symptoms. In patients with adjustment disorder, symptoms must appear within three months of the onset of a stressor. Adjustment disorders usually result from common life events such as loss of a job. Option (C), generalized anxiety disorder, is incorrect because this condition is defined as three or more of the following symptoms occurring more days than not for a period of at least six months: restlessness, being easily fatigued, difficulty concentrating or the mind going blank, irritability, muscle tension, sleep disturbance. These symptoms also include excessive anxiety and worry about several events or activities. Option (D), major depressive disorder, is incorrect because it is characterized by symptoms not exhibited by the patient described. Characteristic symptoms of major depressive disorder include, but are not limited to, the following: depression, anhedonia, significant weight loss without dieting, weight gain (more than 5% of body weight within one month), insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, loss of energy, recurrent thoughts of death, and suicidal ideation.

Question #9

A 42-year-old man is referred to the office for mental health evaluation. The patient says he has a long-standing fear of criticism and rejection. He also has feelings of inadequacy and refuses to try new activities because of his fear of embarrassment. The patient has held the same entry-level position at his workplace for the past 14 years despite several opportunities for promotion. The patient is unmarried and has only had one intimate relationship, which lasted only a few weeks. He has few friends other than those in his model airplane club. Which of the following personality disorders is the most likely diagnosis?

- (A) Avoidant
- (B) Dependent
- (C) Paranoid
- (D) Schizoid

(E) Schizotypal

Content Area: Personality Disorders (6%)

Area of Interest: Evaluation and diagnosis

Critique

This question tests the examinee's ability to recognize the characteristics of and diagnostic criteria for personality disorders. The correct answer is Option (A), avoidant. Avoidant personality disorder is characterized by fears of rejection, disapproval, and/or criticism; unwillingness to be involved with people unless assured of being liked; restraint in intimate relationships; preoccupation with social criticism or rejection; inhibition in new situations because of feelings of inadequacy; and unwillingness to engage in new activities because of possibility of embarrassment.

Option (B), dependent, is incorrect because dependent personality disorder is characterized by pervasive and excessive need to be taken care of by others. This need begins in early adulthood and results in fear of separation, submissiveness, and clinging behavior. Option (C), paranoid, is incorrect because paranoid personality disorder is characterized by a pervasive distrust and suspiciousness of others to the extent that their motives are interpreted as malevolent. Symptoms begin in early adulthood and may be accompanied by suspicions that others are exploiting, deceiving, or wishing to harm the patient; preoccupation with unjustified doubts regarding trustworthiness or loyalty of friends and acquaintances; inability to forgive insults or slights; and reading threats into innocuous remarks or situations. Option (D), schizoid, and Option (E), schizotypal, are both incorrect because neither of these personality disorders manifests with fears of embarrassment, criticism, or rejection.

Question #10

A 23-year-old man comes to the office because he has pain in his right hand. The nurse says the patient was irritable and reluctant to answer many intake questions, and he refused to put on

an examination gown. On questioning, the patient is initially charming and glib, but after he is assured that the information he shares will not be relayed to his probation officer, he admits that he was involved in a fistfight. He says proudly that "the other guy is in a lot worse shape." This patient most likely has which of the following psychiatric conditions?

- (A) Antisocial personality disorder
- (B) Bipolar disorder, most recent episode hypomanic
- (C) Conduct disorder
- (D) Oppositional defiant disorder
- (E) Paranoid personality disorder

Content Area: Personality Disorders (6%)

Area of Interest: Evaluation and diagnosis

Critique

This question tests the examinee's ability to discriminate between behavior disorders based on salient points noted during the patient interview. The correct answer is Option (A), antisocial personality disorder. Although the patient seems charming and ingratiating, he is aggressive and clearly exhibits disregard for social norms and rights of others. These findings are characteristic of antisocial personality disorder.

Option (B), bipolar disorder, hypomanic episode, is incorrect because the patient has not had a manic or mixed episode nor does he seem depressed or distressed in social situations or other areas of functioning. Option (C), conduct disorder, is a plausible choice but is incorrect because there is no evidence that the patient has violated the basic rights of others or age-appropriate social norms or rules for a duration of at least six months to one year. Option (D), oppositional defiant disorder, is incorrect because this disorder is characterized by an enduring pattern of negativistic, hostile, and defiant behaviors in the absence of serious violations of social norms or rights of others. Option (E), paranoid personality disorder, is incorrect because this condition is characterized by long-standing distrust and suspicion of people in general. Individuals with

paranoid personality disorder typically are not aggressive, although they can be pathologically jealous.

Question #11

A 46-year-old man is brought to the emergency department by ambulance because he has been having visual hallucinations for the past four hours. The patient's wife says he has had diarrhea, agitation, and confusion for the past two days. Two weeks ago, he was fired from his job because of excessive absences. He has been unable to find a new job and has been asking his friends for money for several days. The patient has a 25-year history of drinking one pint of whiskey daily. Temperature is 38.5°C (101.3°F), pulse rate is 126/min, and blood pressure is 162/102 mmHg. Which of the following is the most appropriate initial management of this patient's condition?

- (A) Admission to the hospital for monitoring and social services evaluation
- (B) Discharge and referral to an outpatient alcohol treatment center
- (C) Intramuscular injection of haloperidol and discharge
- (D) Intravenous infusion of ethyl alcohol and discharge
- (E) Oral administration of chlordiazepoxide and admission to the hospital

Content Area: Neurocognitive Disorders (Cognitive Disorders) (11%)

Area of Interest: Psychopharmacology

Critique

This question tests the examinee's ability to determine the appropriate initial management based on the salient findings in the history and physical examination. The correct answer is Option (E), oral administration of chlordiazepoxide and admission to the hospital. The history and physical examination findings in this patient represent delirium tremens due to chronic alcohol use. Therefore, oral administration of chlordiazepoxide and admission to the hospital is the most appropriate initial management because of the potential for seizure activity.

Option (A), admission to the hospital for monitoring and social services evaluation, is plausible but incorrect because drug therapy for the patient's withdrawal from alcohol is not addressed. Option (B), discharge and referral to an outpatient alcohol treatment center, is incorrect because the patient is at risk for further physical and neurologic deterioration considering his vital signs

and history of hallucinations. Option (C), intramuscular injection of haloperidol and discharge, is incorrect because haloperidol is not indicated for management of delirium tremens and can potentially lower the seizure threshold. Option (D), intravenous infusion of ethyl alcohol and discharge, is incorrect because although infusion of ethyl alcohol may mitigate the patient's symptoms of delirium tremens, this therapy would prolong his time to detoxification. In addition, ethyl alcohol is not an approved therapy for delirium tremens and it is not used for detoxification.

Question #12

A 35-year-old woman is brought to the emergency department by ambulance after police were called to her home by a neighbor, who witnessed rape and robbery by two intruders. The patient is fully alert and oriented to person, place, and time. She cannot remember anything about the incident. Which of the following is the most likely cause of this finding?

- (A) Depersonalization/derealization disorder (depersonalization disorder)
- (B) Dissociative amnesia
- (C) Fugue state
- (D) Traumatic brain injury
- (E) Volitional memory loss

Content Area: Neurocognitive Disorders (Cognitive Disorders) (11%)

Area of Interest: Evaluation and diagnosis

Critique

This question tests the examinee's ability to recognize the characteristics of behavior disorders. The correct answer is Option (B), dissociative amnesia. Dissociative amnesia is characterized by

inability to recall important information, usually of a traumatic or stressful nature, that is too extensive to be considered ordinary forgetfulness.

Option (A), depersonalization/derealization disorder (depersonalization disorder), and Option (C), fugue state, are incorrect because the patient is fully alert and oriented.

Depersonalization/derealization disorder (depersonalization disorder) is characterized by feelings of detachment as though one is in a dream, and fugue state involves confusion regarding personal identity. Option (D), traumatic brain injury, is incorrect because the patient has not sustained a head injury. Option (E), volitional memory loss, is incorrect because the patient's memory loss is due to her ability to suppress or repress selective memories. In addition, volitional memory loss is not a DSM diagnosis.

Question #13

A 26-year-old man with a history of involuntary eye blinking and snorting comes to the office because he is distressed about increasing frequency of these tics over the past six months. The patient says the episodes currently occur numerous times during the day. Medical history includes development of eye blinking at 12 years of age and development of snorting at 16 years of age. Psychotherapy and exercises initially reduced the frequency of these episodes. Because the patient is embarrassed by his tics, his performance at work has decreased and he now declines most invitations to social gatherings. Which of the following medications is the most appropriate therapy for this patient?

- (A) Carbamazepine
- (B) Fluvoxamine
- (C) Methylphenidate
- (D) Risperidone
- (E) Venlafaxine

Content Area: Neurodevelopmental Disorders (Disorders of Infancy, Childhood, or Adolescence)
(4%)

Area of Interest: Psychopharmacology

Critique

This question tests the examinee's ability to recognize the signs and symptoms of Tourette disorder and to choose the most appropriate therapy. The correct answer is Option (D), risperidone. A tic is a rapid, recurrent, nonrhythmic, stereotyped movement of vocalization.

Tourette disorder is characterized by vocal or motor tics, both of which may be present during the course of the illness. Onset of tics occurs before 18 years of age, and symptoms persist for at least one year, occurring many times nearly every day. The tics cause marked distress and impairment in occupational and social functioning. Compelling evidence exists that the dopamine system is involved in tic disorders – pharmacologic agents that antagonize dopamine suppress tics, and agents that increase dopamine, such as methylphenidate, exacerbate tics. Risperidone is a dopamine antagonist and is, therefore, the most appropriate therapy for Tourette disorder.

Option (A), carbamazepine, is incorrect because it is indicated for neuralgias and seizures, not for Tourette disorder, and it does not affect dopamine transmission. Option (B), fluvoxamine, is incorrect because it is a selective serotonin reuptake inhibitor, which increases dopamine levels. Option (C), methylphenidate, is incorrect because it is a stimulant, and stimulants have been reported to exacerbate preexisting tics. Option (E), venlafaxine, is incorrect because it is a serotonin-norepinephrine reuptake inhibitor and does not decrease dopamine transmission.

Question #14

A 19-year-old college student comes to the health clinic for evaluation because she has been purging food during the past semester. The patient appears well developed and well nourished. Physical examination shows mild enlargement of the parotid glands. In addition to complete blood cell count and urinalysis, measurement of which of the following levels is most appropriate?

- (A) Fasting blood glucose
- (B) Serum amylase

- (C) Serum electrolytes
- (D) Serum liver enzymes
- (E) Serum thyroid-stimulating hormone

Content Area: Feeding and Eating Disorders (Eating Disorders) (3%)

Area of Interest: Evaluation and diagnosis

Critique

This question tests the examinee's ability to determine the most appropriate laboratory study considering the salient points in the patient's history. The correct answer is Option (C), serum electrolytes. Patients who purge are at increased risk for hypokalemia and/or hypochloremic alkalosis because of vomiting. The most appropriate laboratory study to test for these conditions is measurement of serum electrolyte levels.

Option (A), fasting blood glucose, is incorrect because this level is typically within normal limits in patients with bulimia. Option (B), serum amylase, is a plausible choice but is incorrect. Although some patients with bulimia develop hyperamylasemia due to regular purging, measurement of serum amylase level is not a critical test compared with measurement of serum electrolyte levels. Option (D), serum liver enzymes, is incorrect because even though disturbances in liver enzyme levels may exist in patients with bulimia, these findings are neither diagnostic of nor specific to the condition. Option (E), serum thyroid-stimulating hormone, is incorrect because thyroid function remains intact in patients with bulimia.

Question #15

A 5-year-old boy is brought to the clinic by his mother because she is worried about changes in his behavior during the past few months. The patient's mother says he has had episodes that occur sporadically at night during which he sits up in bed screaming, crying incoherently, and intensely frightened. She says it is initially difficult to calm him down, and he is usually sweating, breathing rapidly, and tremulous. The patient eventually calms down after 10 to 15 minutes and

then falls asleep. Which of the following questions is most appropriate to confirm the suspected diagnosis of sleep terror disorder in this patient?

- (A) Do his arms and legs jerk during sleep?
- (B) Does he have nightmares?
- (C) Does he go to sleep late?
- (D) Does he watch violent movies?
- (E) Does he wet the bed?

Content Area: Sleep-Wake Disorders (Primary Sleep Disorders) (4%)

Area of Interest: Evaluation and diagnosis

Critique

This question tests the examinee's ability to recognize and distinguish the signs and symptoms of sleep arousal disorders and sleep terror disorder. The correct answer is Option (B), Does he have nightmares? Sleep terror disorder is characterized by arousal with screams or crying accompanied by fear and signs of autonomic arousal, such as tachycardia, sweating, and rapid breathing. Patients with sleep terror disorder have no recollection of a dream or the episode, which causes distress or impairment in social or occupational functioning.

Option (A), Do his arms and legs jerk during sleep?, is incorrect because sleep terrors are not accompanied by myoclonus. Although onset of sleep terror disorder in adolescence may be a first symptom of temporal lobe epilepsy, myoclonus is not associated with this disorder. Option (E), Does he wet the bed?, is incorrect because sleep terrors are not accompanied by bedwetting. Option (C), Does he go to sleep late?, and Option (D), Does he watch violent movies?, are incorrect because these behaviors are not related to sleep.