# PSYCHIATRY

## TEST 1

1. A young lady presented with repeated episodes of excessive eating followed by purging by use of laxatives, which is the most appropriate diagnosis?
   - (a) Bulimia nervosa
   - (b) Anorexia
   - (c) Binge eating disorder
   - (d) Psychogenic vomiting

2. Anti-craving agents for alcohol dependence are all of the following, except:
   - (a) Lorazepam
   - (b) Acamprosate
   - (c) Topiramate
   - (d) Naltrexone

3. Reflex hallucination is a morbid variety of:
   - (a) Kinesthesia
   - (b) Paresthesia
   - (c) Hyperesthesia
   - (d) Synesthesia

4. Which of the following is not true about hallucination?
   - (a) It is as vivid as sense perception.
   - (b) It depends upon will of the observer.
   - (c) Occurs in inner subjective space.
   - (d) It occurs in the absence of perceptual stimulus.

5. Formication and delusion of persecution occurs together in:
   - (a) Cocaine
   - (b) Amphetamine
   - (c) Cannabis
   - (d) LSD

6. A pt with pneumonia for 5 days is admitted to the hospital. He suddenly ceases to recognize the doctor and staff, thinks that he is in jail and complains of scorpions攻击ing him. He is in altered sensorium; this condition is:
   - (a) Acute delirium
   - (b) Acute dementia
   - (c) Acute schizophrenia
   - (d) Acute paranoia

7. A man taking 20 cigarettes per day, started coughing, his family suggested quitting cigarettes. He is ready to quit but thinks that quitting will make him irritable, the best health planning model followed is:
   - (a) Cost and survival
   - (b) Persuasion
   - (c) Precontemplation and preparation
   - (d) Belief

8. Which of the following increases on Electroconvulsive Therapy?
   - (a) 5:hydroxy:indole:acetic acid
   - (b) Dopamine
   - (c) Serotonin
   - (d) Brain derived neurotrophic factor

9. Type two schizophrenia is characterised by all, except:
   - (a) Negative symptoms
   - (b) Poor response to TT
   - (c) Disorganized behaviour
   - (d) Abnormal CT scan

10. According to disabilities ACT 1995. Seventh disability is usually referred to as:
    - (a) Neurological abnormality
    - (b) Mental illness
    - (c) Substance abuse
    - (d) Disability due to road traffic accident

11. Cognitive model of depression is given by:
    - (a) Ellis
    - (b) Beck
    - (c) Godfrey
    - (d) Meicheinbanon
### Test Papers for Practice

12. All of the following are Atypical antipsychotic, except?
   - (a) Olanzepine
   - (b) Clozapine
   - (c) Risperidone
   - (d) Thioridazine

13. A 25-year-old female patient presented with history of 6 months, altered sensorium, involuntary movements, memory deficit, headache convulsions, abnormal movements, forgetfulness, 4 attack during day, 2 attack at night, CT normal. The diagnosis is:
   - (a) Epilepsy
   - (b) Dissociative disorder
   - (c) Hypochondriasis
   - (d) Somatization disorder

14. A girl with normal milestones spend her time seeing her own hand, do not interact with others, what is the diagnosis?
   - (a) ADHD
   - (b) Autism
   - (c) Asperger’s syndrome
   - (d) Rett’s disorder

15. Increased suicidal tendency is associated with:
   - (a) Noradrenaline
   - (b) Serotonin
   - (c) Dopamine
   - (d) GABA

16. Perceptual misinterpretation of a real object is:
   - (a) Illusion
   - (b) Delusion
   - (c) Hallucination
   - (d) Schizophrenia

17. Type ‘A’ personality is characterized by all except:
   - (a) Hostility
   - (b) Time pressure
   - (c) Competitiveness
   - (d) Mood fluctuations

18. Schizophrenia false is:
   - (a) 3rd person auditory hallucination.
   - (b) Inappropriate emotions.
   - (c) Sustained mood changes.
   - (d) Formal thought disorder.

19. Psychodynamic model of disease explains the psychopathologic cause of all mental illness to be:
   - (a) Unconscious conflict
   - (b) Maladaptive
   - (c) Cognition difficulties
   - (d) Structural and functional defect in CNS

20. Learning involves all except:
   - (a) Modeling
   - (b) Catharsis
   - (c) Response prevention
   - (d) Exposure

21. The drug of choice for obsessive compulsive disorder is:
   - (a) Imipramine
   - (b) Fluoxetine
   - (c) Chlorpromazine
   - (d) Benzodiazepine

22. Naltrexone is used in opioid addiction:
   - (a) To treat withdrawal symptoms.
   - (b) To treat overdose of opioids.
   - (c) Prevent relapse.
   - (d) Has addiction potential.

23. Most common substance abuse in India is:
   - (a) Tobacco
   - (b) Cannabis
   - (c) Alcohol
   - (d) Heroin

24. The drug which is used for long term maintenance in opioid addiction:
   - (a) Naloxone
   - (b) Nalorphine
   - (c) Butarphenol
   - (d) Methadone
### Test Papers for Practice

<table>
<thead>
<tr>
<th>Question Number</th>
<th>Question</th>
<th>Options</th>
<th>Diagnosis</th>
</tr>
</thead>
</table>
| **25.**         | A person missing from home, is found wandering purposefully. He is well groomed, and denies of having any amnesia. Most likely diagnosis is: | (a) Dissociative fugue  
(b) Dissociative amnesia  
(c) Schizophrenia  
(d) Dementia |                                                                                         |
| **26.**         | Babu, a 40 years aged male complains of sudden onset palpitations and apprehension. He is sweating for the last 10 minutes and fears of impending death. Diagnosis is: | (a) Hysteria  
(b) Cystic fibrosis  
(c) Panic attack  
(d) Generalized anxiety disorder |                                                                                         |
| **27.**         | A lady, while driving a car meets with an accident. She was admitted in an ICU for 6 moths. After being discharged, she often gets up in night and feels terrified. She is afraid to sit in a car again. The diagnosis is: | (a) Panic disorder  
(b) Phobia  
(c) Conversion disorder  
(d) Post traumatic stress disorder |                                                                                         |
| **28.**         | Delusion is a disorder of:                                               | (a) Thought  
(b) Perception  
(c) Insight  
(d) Cognition |                                                                                         |
| **29.**         | A 30-year-old man who was recently started on haloperidol 30 mg/day developed hyperpyrexia, muscle rigidity, akinesia, mutism, sweating, tachycardia and increased blood pressure. The investigations showed increased WBC count, increased creatinine phosphokinase. There is no history of any other drug intake or any signs of infection. The most likely diagnosis is: | (a) Drug overdose  
(b) Neuroleptic malignant syndrome  
(c) Drug induced Parkinsonism  
(d) Tardive dyskinesia |                                                                                         |
| **30.**         | A patient with acute psychosis, who is on haloperidol 20 mg/day for last 2 days, has an episode characterized by tongue protrusion, oculogyric crisis, stiffness and abnormal posture of limbs and trunk without loss of consciousness for last 20 minutes before presenting to casualty. This is improved within a few minutes after administration of diphenhydramine HCl. The most likely diagnosis is: | (a) Acute dystonia  
(b) Akathisia  
(c) Tardive dyskinesia  
(d) Neuroleptic malignant syndrome |                                                                                         |
| **31.**         | A middle aged person reported to Psychiatric OPD with the complaints of the fear of leaving home, fear of travelling alone and fear of being in a crowd. He develops marked anxiety with palpitations and swelling if he is in these situations. He often avoids public transport to go to his place of work. The most likely diagnosis is: | (a) Generalized anxiety disorder  
(b) Schizophrenia  
(c) Personality disorder  
(d) Agoraphobia |                                                                                         |
| **32.**         | HIAA is a metabolite of:                                                 | (a) Serotonin  
(b) Dopamine  
(c) Epinephrine  
(d) Histamine |                                                                                         |
| **33.**         | A 50-year-old male feels uncomfortable in using lift, being in crowded places and travelling. The most appropriate line of treatment is: | (a) Counselling  
(b) Relaxation therapy  
(c) Exposure  
(d) Covert sensitization |                                                                                         |
| **34.**         | Which of the following statements differentiates the obsessional idea from delusions? | (a) The idea is not a conventional belief.  
(b) The idea is held inspite of contrary evidence.  
(c) The idea is regarded as senseless by patient.  
(d) The idea is held on inadequate ground. |                                                                                         |
<table>
<thead>
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<tbody>
<tr>
<td>35. <strong>Dementia of Alzheimer's type is not associated with one of the following:</strong></td>
</tr>
<tr>
<td>(a) Depressive symptoms</td>
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<td>(b) Delusions</td>
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<tr>
<td>(c) Apraxia and aphasia</td>
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<tr>
<td>(d) Cerebral infarcts</td>
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<td>36. <strong>A person who laughs one minute and cries the next without any clear stimulus is said to have:</strong></td>
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<tr>
<td>(a) Incongruent affect</td>
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<tr>
<td>(b) Euphoria</td>
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<td>(c) Labile affect</td>
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<td>(d) Split personality</td>
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<td>37. <strong>A 9-year-old child disturbs other people, is destructive, interferes when two people are talking, does not follow instructions and cannot wait for his turn while playing a game. He is likely to be suffering from:</strong></td>
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<tr>
<td>(a) Emotional disorders</td>
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<td>(b) Behavioural problems</td>
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<td>(c) No disorder</td>
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<td>(d) Attention deficit hyperactivity disorder</td>
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<td>38. <strong>A 16-years-old male is found to have a mental age of 9 years on I.Q testing. He has:</strong></td>
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<td>(a) Mild mental retardation</td>
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<td>(b) Moderate mental retardation</td>
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<td>(c) Severe mental retardation</td>
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<td>(d) Profound mental retardation</td>
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<td>39. <strong>Which of the following is not an opioid peptide?</strong></td>
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<tr>
<td>(a) β-Endorphin</td>
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<td>(b) Epinephrine</td>
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<td>(c) Leu(^5)-enkephalins</td>
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<tr>
<td>(d) Met(^5)-enkephalin</td>
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<td>40. <strong>A 25-year-old woman complains of intense depressed mood for 6 months with inability to enjoy previously pleasurable activities. This symptom is known as:</strong></td>
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<tr>
<td>(a) Anhedonia</td>
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<td>(b) Avolition</td>
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<td>41. <strong>A 50-year-old male presents with a 3-years history of irritability, low mood, lack of interest in surroundings and general dissatisfaction with everything. There is no significant disruption in his sleep or appetite. He is likely to be suffering from:</strong></td>
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<tr>
<td>(a) Major depression</td>
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<td>(b) No psychiatric disorder</td>
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<td>(c) Dysthymia</td>
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<td>(d) Chronic fatigue syndrome</td>
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<td>42. <strong>All are adulterants of heroin, except:</strong></td>
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<tr>
<td>(a) Chalk powder</td>
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<td>(b) Quinine</td>
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<td>(c) Charcoal</td>
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<td>(d) Fructose</td>
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<td>43. <strong>Which of the following is an alternative to methadone for maintenance treatment of opiate dependence?</strong></td>
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<tr>
<td>(a) Diazepam</td>
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<td>(b) Chlordiazepoxide</td>
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<td>(c) Buprenorphine</td>
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<td>(d) Dextropropoxyphene</td>
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<td>44. <strong>A patient present with waxy flexibility, negativism and rigidity. Diagnosis is</strong></td>
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<tr>
<td>(a) Catatonic schizophrenia</td>
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<td>(b) Paranoid schizophrenia</td>
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<tr>
<td>(c) Hebephrenic schizophrenia</td>
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<tr>
<td>(d) Simple schizophrenia</td>
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<td>45. <strong>Chandu, age 32 presents with abdominal pain and vomiting. He also complains of some psychiatric symptoms and visual hallucinations. Most likely diagnosis is</strong></td>
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<tr>
<td>(a) Intermittent, Porphyria</td>
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<tr>
<td>(b) Hypothyroidism</td>
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<tr>
<td>(c) Hyperthyroidism</td>
</tr>
<tr>
<td>(d) Hysteria</td>
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</tbody>
</table>
46. Basanti 27 years aged, female thinks her nose is ugly; her idea is fixed and not shared by anyone else. Whenever she goes out of home, she hides her face with a cloth. She visits a Surgeon. Next step would be:

(a) Investigate and then operate
(b) Refer to psychiatrist
(c) Reassure the patient
(d) Immediate operation

47. Best test for diagnosis of Organic Mental Disorders:

(a) Sentence completion test
(b) Bender Gestalt
(c) Rorschach test
(d) Thematic Appreciation Test

48. Amnesia typically occurs in:

(a) Head injury
(b) Schizophrenia
(c) Psychobneurotic states
(d) Mania

49. A 23-year-old engineering student is brought by his family to the hospital with history of gradual onset of suspiciousness, muttering and smiling without clear reason, decreased socialization, violent outbursts, and lack of interest in studies for 8 months. Mental status examination revealed a blunt effect, thought broadcast, a relatively preserved cognition, impaired judgement and insight. He is most likely to be suffering from:

(a) Delusional disorder
(b) Depression
(c) Schizophrenia
(d) Anxiety disorder

50. A 34-year-old housewife reports a 3-month history of feeling low, lack of interest in activities, lethargy, multiple body-aches, ideas of worthlessness, decreased appetite and disturbed sleep with early morning awakening. She is likely to benefit from:

(a) Antipsychotics
(b) Antidepressants
(c) Anxiolytics
(d) Hypno-sedatives
1. A 31-year-old male, with mood disorder, on 30 mg of Haloperidol and 1000 mg of lithium, is brought to the hospital emergency room with history of acute onset of fever, excessive sweating, confusion, rigidity of limbs and decreased communication for a day. Examination reveals tachycardia and labile blood pressure and investigations reveal increased CPK enzyme levels and leucocytosis. He is likely to have developed:

(a) Lithium toxicity  
(b) Tardive dyskinesia  
(c) Neuroleptic malignant syndrome  
(d) Hypertensive encephalopathy

2. A 19-year-old boy suffering from chronic schizophrenia is put on Haloperidol in the dose of 20 mg/day. A week after the initiation of medication, the patient shows restlessness, fidgety, irritability and cannot sit at one place. The most appropriate treatment strategy is:

(a) Increase in the dose of Haloperidol  
(b) Addition of anticholinergic drug  
(c) Addition of beta blocker  
(d) Adding another antipsychotic drug

3. A 42-years-old male with a past history of a manic episode presents with an illness of 1-month duration characterized by depressed mood, anhedonia and profound psychomotor retardation. The most appropriate manage-ment strategy is prescribing a combination of:

(a) Antipsychotics and antidepressants  
(b) Antidepressants and mood stabilizers  
(c) Antipsychotics and mood stabilizers  
(d) Antidepressants and benzodiazepines

4. An elderly woman suffering from schizophrenia is on antipsychotic medication. She developed purposeless involuntary facial and limb movements, constant chewing and puffing of cheeks. Which of the following drugs is least likely to be involved in this side effect?

(a) Haloperidol  
(b) Clozapine  
(c) Fluphenazine  
(d) Loxapine

5. A 30-years-old male with history of alcohol abuse for 15 years is brought to the hospital emergency with complaints of fearfulness, misrecognition, talking to self, aggressive behavior, tremulousness and seeing snakes and reptiles that are not visible to others around him. There is history of drinking alcohol two days prior to the onset of the present complaints. He is most likely suffering from:

(a) Delirium tremens  
(b) Alcoholic hallucinosis  
(c) Schizophrenia  
(d) Seizure disorder

6. A 25-year-old university student had a fight with the neighboring boy. On the next day while out, he started feeling that two men in police uniform were observing this movements. When he reached home in the evening he was frightened. He expressed that police was after him and would arrest him. His symptoms represent:

(a) Delusion of persecution  
(b) Ideas of reference  
(c) Passivity  
(d) Thought insertion

7. A 40-years-old male is admitted with complaints of abdominal pain and headache. General physical examination revealed six scars on the abdomen from previous surgeries. He seems to maintain a sick role and seeks attention from the nurses. He demands multiple diagnostic tests including a liver biopsy. The treating team failed to diagnose any major physical illness in the patient. His mental status examination did not reveal any major psychopathology. One of the treating staff recognized him to have appeared in several other hospital with abdominal pain and some other vague complaints. He is most likely suffering from:

(a) Schizophrenia  
(b) Malingering  
(c) Somatization disorder  
(d) Factitious disorder
8. The treatment of choice in Attention Deficit Hyperactivity Disorder is:
   (a) Haloperidol
   (b) Imipramine
   (c) Methylphenidate
   (d) Alprazolam

9. Yawning is a common feature of:
   (a) Alcohol withdrawal
   (b) Cocaine withdrawal
   (c) Cannabis withdrawal
   (d) Opioid withdrawal

10. False sense of perception without any external object or stimulus is known as:
    (a) Illusions
    (b) Impulse
    (c) Hallucination
    (d) Phobia

11. A middle aged man presented with pain in back, lack of interest in recreational activities, low mood, lethargy, decreased sleep and appetite for two months. There was no history suggestive of delusions of hallucinations. He did not suffer from any chronic medical illness. There was no family history of psychiatric illness. Routine investigations including haemogram, renal function tests, liver function tests electrocardiogram did not reveal any abnormality. This patient should be treated with:
    (a) Haloperidol
    (b) Sertraline
    (c) Alprazolam
    (d) Olanzapine

12. Which of the following is a Schneider's first rank symptom?
    (a) Persecutory delusion
    (b) Voices commenting on actions
    (c) Delusion of guilt
    (d) Incoherence

13. An elderly housewife lost her husband who died suddenly of Myocardial infarction couple of years ago. They had been staying alone for almost a decade with infrequent visits from her son and grandchildren. About a week after the death she heard his voice clearly talking to her as he would in a routine manner from the next room. She went to check but saw nothing. Subsequently she often heard his voice conversing with her and she would also discuss her daily matters with him. This however, provoked anxiety and sadness of mood when she was preoccupied with his thought. She should be treated with:
    (a) Clomipramine
    (b) Alprazolam
    (c) Electroconvulsive therapy
    (d) Haloperidol

14. Lack of insight is not a feature of:
    (a) Panic disorder
    (b) Schizophrenia
    (c) Mania
    (d) Reactive Psychosis

15. A 25-years-old man with a psychotic illness, was treated with haloperidol 30 mg/day. On the third day he developed pacing, and inability to sit at one place. The medication likely to be helpful is:
    (a) Phenytoin
    (b) Propranolol
    (c) Methylphenidate
    (d) Trihexyphendyl

16. A 16-years-old girl was brought to the psychiatric emergency after she slashed her wrists in an attempt to commit suicide. On enquiry her father revealed that she had made several such attempts of wrist slashing in the past, mostly in response to trivial fights in her house. Further she had marked fluctuations in her mood with a pervasive pattern of unstable interpersonal relationship. The most probable diagnosis is:
    (a) Borderline personality disorder
    (b) Major depression
    (c) Histrionic personality disorder
    (d) Adjustment disorder
17. A 65-years-old male is brought to the outpatient clinic with one year illness characterized by marked forgetfulness, visual hallucinations, suspiciousness, personality decline, poor self care and progressive deterioration in his condition. His Mini Mental Status Examination (MMSE) Score is 10. Most likely diagnosis is:
   (a) Dementia
   (b) Schizophrenia
   (c) Mania
   (d) Depression

18. A 41-years-old woman presented with a history of aches and pains all over the body and generalized weakness for four years. She cannot sleep because of the illness and has lost her appetite as well. She has lack of interest in work and doesn’t like to meet friends and relatives. She denies feelings of sadness. Her most likely diagnosis is:
   (a) Somatoform pain disorder
   (b) Major depression
   (c) Somatization disorder
   (d) Dissociative disorder

19. A 60-years-old man is brought to a psychiatrist with a 10 year history, that he suspects his neighbours and he feels that whenever he passes by they sneeze and plan against behind his back. He feels that his wife has been replaced by a double and calls police for help. He is quite well groomed alert, occasionally consumes alcohol. The likely diagnosis is:
   (a) Paranoid personality
   (b) Paranoid schizophrenia
   (c) Alcohol withdrawal
   (d) Conversion disorder

20. A patient is brought with 6 month history of odd behaviour. There is history of a family member having disappeared some years back. He seems to be talking to himself and sometimes muttering to himself loudly. The likely diagnosis is:
   (a) Schizophrenia
   (b) Conversion disorder
   (c) Major depression
   (d) Delusión

21. A 9-years-old child is restless. He is hyperactive and his teacher complains that he does not listen to the teachings. Disturbs other students, he also shows less interest in playing. The likely diagnosis is:
   (a) Cerebral palsy
   (b) Attention deficit hyperkinetic child
   (c) Delirium
   (d) Mania

22. A 67-years-old lady is brought in by her 6 children saying that she has gone senile. Six months after her husband’s death she has become more religious, spiritual and gives lot of money in donation. She is occupied in too many activities and sleeps less. She now believes that she has a goal to change the society. She does not like being brought to the hospital and is argumentative on being questioned on her doings. The diagnosis is:
   (a) Acute manic excitement
   (b) Delusión
   (c) Schizophrenia
   (d) Depression

23. Three years back a woman suffered during an earthquake and she was successfully saved. After recovery she has night mares about the episode and she also gets up in the night and feels terrified. The most probable diagnosis is:
   (a) Major depression
   (b) Post-traumatic stress disorder
   (c) Mania
   (d) Schizophrenia

24. A 6-years-old child has history of Birth Asphyxia does not communicate well, has slow mental and physical growth, does not mix with people, has limited interests, gets widely agitated if disturbed, diagnosis is:
   (a) Hyperkinetic child
   (b) Autistic Disorder
   (c) Attention deficit disorder
   (d) Schizophrenia

25. A 70-years-old man presents with h/o prosopagnosia, loss of memory, 3rd person hallucination since 1 month. On examination, deep tendon reflexes are increased. Mini mental examination score is 20/30. What is most likely diagnosis?
   (a) Dissociated dementia
   (b) Schizophrenia
   (c) Alzheimer’s disease
   (d) Psychotic disorder
26. A patient came with complaints of having a deformed nose and also complained that nobody takes him seriously because of the deformity of his nose. He has visited several cosmetic surgeons but they have sent him back saying that there is nothing wrong with his nose. He is probably suffering from:

(a) Hypochondriasis  
(b) Somatization  
(c) Delusional disorder  
(d) OCD

27. A female presents with the history of slashed wrists and attempted suicide, now present with similar history. The diagnosis is:

(a) Borderline personality disorder  
(b) OCD  
(c) Conversion Reaction  
(d) Histrionic personality

28. A patient presented in casualty with a history of sudden palpitation, sensation of impending doom and constriction in his chest. This lasted for about 10–15 minutes after which he become all right the diagnosis is likely to be:

(a) Phobia  
(b) Personality disorder  
(c) Generalized Anxiety disorder  
(d) Panic attack

29. A patient is brought to the casualty in the state of altered sensorium. He was on lithium t/t for affective disorder and has suffered through an attack of epileptic fits. On examination he has tremors increased DTR's and incontinence of urine. He has also undergone an episode of severe gastroenteritis 2 days ago. The serum lithium was found to be 1.95 m moles/L. The cause of his condition is:

(a) Lithium toxicity  
(b) Dehydration  
(c) Manic episode  
(d) Depressive stupor

30. A 60-years-old male suffering from Auditory hallucination says that people staying upwards are talking about him and conspiring against him. He dropped a police complaint against them but the allegations were proved to be wrong. The diagnosis is:

(a) Depression  
(b) Dementia  
(c) Delusional disorder  
(d) Schizophrenia

31. A 60-years-old male comes to casualty with acute retention of urine since 12 hours. On examination there was distended bladder. His son gives a history of taking some drug by the patient since 2 days as he is suffering from depression. The most likely drug is:

(a) CPZ  
(b) Amitryptiline  
(c) Haloperidol  
(d) Pimozide

32. Lallu a 22-years-old male suffers from decreased sleep, increased sexual activity, excitement and spending excessive money for last 8 days. The diagnosis is:

(a) Confusion  
(b) Mania  
(c) Hyperactivity  
(d) Loss of memory

33. Ramu a 22-years-old single unmarried man is suffering from sudden onset of 3rd person hallucination for the past 2 weeks. He is suspicious of his family members and had decreased sleep and appetite. The diagnosis is:

(a) Acute mania  
(b) Acute psychosis  
(c) Delirium  
(d) Schizophrenia

34. Rathi a 26-years-old female diagnosed to be suffering from depression. Now for the past 2 days had suicidal tendencies, thoughts and ideas the best T/t is:

(a) Selegiline  
(b) Amitryptiline  
(c) Haloperidol + Chlorpromazine  
(d) ECT

35. Alcohol dependence is best established by:

(a) Somnolence  
(b) Confabulation  
(c) Withdrawal syndrome  
(d) Delirium tremens
<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tbody>
<tr>
<td>36. A 30-year-old female complains of fatigue persistent dull aching pain and is preoccupied with it. All could be possibilities Except:</td>
<td>(a) Endocrinopathy (b) Occult CA (c) Panic Disorder (d) Depression</td>
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<td>37. Obsessive compulsive disorder most commonly leads to:</td>
<td>(a) Depression (b) Dissociation (c) Conversion symptoms (d) Schizophrenia</td>
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<tr>
<td>38. Suicidal tendency is most commonly seen in:</td>
<td>(a) Psychomotor epilepsy (b) Tonic clonic convulsion (c) Petit mal epilepsy (d) Grand mal epilepsy</td>
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<td>39. The term catatonia was coined by:</td>
<td>(a) Bleuler (b) Kraeplin (c) Karl Kahlbalum (d) Freud</td>
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<td>40. Anankastic personality means:</td>
<td>(a) Parsimonious (b) Seductive (c) Suggestive (d) Dramatic</td>
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<tr>
<td>41. All are negative symptoms of schizophrenia, except:</td>
<td>(a) Alogia (b) Apathy (c) Ambivalence (d) Anhedonia</td>
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<tr>
<td>42. Sympathy of captives towards its captor is called:</td>
<td>(a) Idiot savant syndrome (b) Stockholm syndrome (c) Ganser syndrome (d) Lowden syndrome</td>
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<tr>
<td>43. Dipsomania is:</td>
<td>(a) A type of mania (b) Compulsive drinking</td>
</tr>
<tr>
<td>44. “Alcoholic blackout” means:</td>
<td>(a) Amnesia of events during drinking (b) Unconsciousness during drinking (c) Loss of control (d) Rum fits</td>
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<tr>
<td>45. A patient of schizophrenia is managed by:</td>
<td>(a) ECT (b) Antipsychotic medications (c) Psychotherapy (d) All of the above</td>
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<tr>
<td>46. Suicidal tendency occurs most commonly in:</td>
<td>(a) Depression (b) Schizophrenia (c) Panic disorder (d) Behavioral disorders</td>
</tr>
<tr>
<td>47. Alcoholic blackout is:</td>
<td>(a) Sudden unconsciousness during drinking (b) Amnesia of the drinking event (c) Delirium (d) None</td>
</tr>
<tr>
<td>48. All are reversible cause of dementia, except:</td>
<td>(a) Hypothyroidism (b) Hyperthyroidism (c) Hypoparathyroidism (d) Hyperparathyroidism</td>
</tr>
<tr>
<td>49. Neurotransmitter raised in schizophrenia is:</td>
<td>(a) Dopamine (b) Noradrenaline (c) GABA (d) Dopamine</td>
</tr>
<tr>
<td>50. Regarding schizophrenia all are good prognosis, except:</td>
<td>(a) Acute onset (b) Rapidly resolution (c) Previous history of psychiatric illness (d) Affective disorder</td>
</tr>
</tbody>
</table>