

KEY

Sophomore Psychiatry
Exam III
May 9, 1995

Code at
end answer

SELECT THE ONE BEST ANSWER FOR EACH QUESTION.

1. The Somatoform Disorder most likely to have onset of symptoms in the fourth or fifth decade of life and a 1:1 ratio of female to male patients is:

- ~~A.~~ Somatization Disorder - (10-20:1) ♀
- ~~B.~~ Conversion Disorder - (2-5:1) ♀
- C. Hypochondriasis - equal
- ~~D.~~ Body Dysmorphic Disorder - earlier age onset
- ~~E.~~ Munchausen's Syndrome - factitious pt, ♂, lying, masquerade

2. Sound principles in the evaluation and management of somatizing patients include all of the following EXCEPT:

- ~~A.~~ Obtaining a good psychosocial history
- ~~B.~~ Scheduled follow-up appointments by the primary care physician on a regular basis
- ~~C.~~ Referral for psychiatric care as a supplement to, but not a replacement for, follow-up by the primary care physician
- D. Use of psychotropic medications as a primary mean of eliminating somatizing tendencies
- ~~E.~~ Attention to family interactions and the role they play in the maintenance of somatization

3. Regarding co-morbidity of psychiatric and physical disorders among somatizing patients:

- A. Anxiety disorders, depression and substance abuse are often present as co-morbid psychiatric disorders
- ~~B.~~ The presence of a diagnosed physical disorder excludes the diagnosis of a Somatoform Disorder
- ~~C.~~ Both A and B
- ~~D.~~ Neither A nor B

4. Among patients with Somatoform Disorders:

- ~~1~~ ~~2~~ ~~3~~ ~~4~~ ~~5~~ ~~6~~ ~~7~~ ~~8~~ ~~9~~ ~~10~~ ~~11~~ ~~12~~ ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~
- A. The diagnosis of Conversion Disorder should be based primarily on the presence of secondary gain, la belle indifference, and a co-existing histrionic personality
- B. Patients with Somatization Disorder tend to have first degree male relatives with schizophrenia *deceptively/ subtle*
- C.** Patients with Pain Disorder associated with Psychological Factors often have depressive symptoms associated with a sense of guilt and a prior history of physical and/or sexual abuse
- D. Hypochondriacal patients cease their somatizing behavior when presented with a negative physical exam and normal diagnostic tests
- E. Somatothymia is rare ~~X~~

5. The presence of "Conversion V" on the Minnesota Multiphasic Personality Inventory (MMPI) likely indicates:

- ~~1~~ ~~2~~ ~~3~~ ~~4~~ ~~5~~ ~~6~~ ~~7~~ ~~8~~ ~~9~~ ~~10~~ ~~11~~ ~~12~~ ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~
- A. That the patient is prone to sudden religious conversions ~~X~~
- B. That the patient uses somatizing in a conscious, deceptive manner ~~X~~
- C. That substance abuse is likely as a co-morbid state ~~X~~
- D. That the patient is psychotic ~~X~~
- E.** The successful use of somatizing as a neurotic defense mechanism

6. Among patients with Factitious Disorder:

- ~~1~~ ~~2~~ ~~3~~ ~~4~~ ~~5~~ ~~6~~ ~~7~~ ~~8~~ ~~9~~ ~~10~~ ~~11~~ ~~12~~ ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~
- A. Munchausen's Syndrome is the most common presentation ~~X~~
- B.** The deception is conscious while the motivation to deceive is likely unconscious
- C. Both A and B
- D. Neither A nor B

7. Among patients with coronary artery disease, all of the following are true EXCEPT:

- ~~1~~ ~~2~~ ~~3~~ ~~4~~ ~~5~~ ~~6~~ ~~7~~ ~~8~~ ~~9~~ ~~10~~ ~~11~~ ~~12~~ ~~13~~ ~~14~~ ~~15~~ ~~16~~ ~~17~~ ~~18~~ ~~19~~ ~~20~~ ~~21~~ ~~22~~ ~~23~~ ~~24~~ ~~25~~ ~~26~~ ~~27~~ ~~28~~ ~~29~~ ~~30~~ ~~31~~ ~~32~~ ~~33~~ ~~34~~ ~~35~~ ~~36~~ ~~37~~ ~~38~~ ~~39~~ ~~40~~ ~~41~~ ~~42~~ ~~43~~ ~~44~~ ~~45~~ ~~46~~ ~~47~~ ~~48~~ ~~49~~ ~~50~~ ~~51~~ ~~52~~ ~~53~~ ~~54~~ ~~55~~ ~~56~~ ~~57~~ ~~58~~ ~~59~~ ~~60~~ ~~61~~ ~~62~~ ~~63~~ ~~64~~ ~~65~~ ~~66~~ ~~67~~ ~~68~~ ~~69~~ ~~70~~ ~~71~~ ~~72~~ ~~73~~ ~~74~~ ~~75~~ ~~76~~ ~~77~~ ~~78~~ ~~79~~ ~~80~~ ~~81~~ ~~82~~ ~~83~~ ~~84~~ ~~85~~ ~~86~~ ~~87~~ ~~88~~ ~~89~~ ~~90~~ ~~91~~ ~~92~~ ~~93~~ ~~94~~ ~~95~~ ~~96~~ ~~97~~ ~~98~~ ~~99~~ ~~100~~
- A. Poorly contained hostility and aggression appears to be the "toxic" component of the type A behavior pattern
- B. A co-morbid diagnosis of Major Depression appears to increase the morbidity and mortality associated with coronary artery disease
- C.** Being married and having a relationship with a confidante conveys no benefit in terms of morbidity and mortality
- D. High job strain with low control and little to no opportunities for career advancement appear to increase risks for coronary artery disease
- E. Psychotherapeutic and behavioral interventions directed at modifying type A behavior patterns appear to improve outcome related to coronary artery disease

8. In the literature on psychosocial aspects of oncology and cancer care:

- B
- A. Type C behavior and depression have been identified as risk factors for the development of cancer
 - B. Group psychotherapy has been shown to improve psychosocial adjustment and length of survival
 - C. Psychosocial interventions have been shown to cure some malignancies
 - D. Stress induced changes in immune function have been directly linked to the development of certain malignancies
 - E. Use of denial as a defense mechanism is always maladaptive

9. Bereavement:

- C
- A. Has been associated with an increase in morbidity and mortality in the first six months after the death of a spouse
 - B. Has been linked to changes in cell mediated immune function
 - C. Both A and B
 - D. Neither A nor B

10. In the literature regarding the impact of psychosocial factors on medical illness:

- D
- A. Specific psychological conflicts have been known to be necessary and sufficient to cause specific diseases.
 - B. Life change has been shown to strongly correlate with the onset of specific diseases.
 - C. Primary gain should be demonstrated when a diagnosis of Psychological Factors Affecting Medical Conditions is used.
 - D. Life change perceived as harmful appears to be more likely to contribute to the onset and exacerbation of physical illness than positive life change.
 - E. Secondary gain is a good means of differentiating between somatoform disorders and psychophysiologic disorders.

11. Ergotropic responses are:

- E
- A. Without effects on blood flow and immune function
 - B. Anabolic
 - C. Reparative
 - D. Usually elicited by stimuli that are non-threatening
 - E. Sympathetically mediated

12. Which of the following is not one of the differential diagnoses for functional enuresis?

- C
- A. Sickle Cell Anemia
 - B. Genitourinary Tract Malformation
 - C. Acute phobic reactions
 - D. Urinary tract infections

13. When treating children with schizophrenia with neuroleptics, which of the following is not true?

- C
- A. Neuroleptics are less likely to be effective in children than in adults.
 - B. If acute extrapyramidal symptoms develop, reduce the dosage.
 - C. Tardive Dyskinesia is so rare as to be of little concern.
 - D. If acute fever develops, stop the neuroleptic and do CBC with differential and liver enzymes.

14. For rumination disorder in children, all of the following statements are true EXCEPT:

- A
- A. Pediatric hospitalization is rarely needed.
 - B. Supportive psychotherapy may be needed for the parents.
 - C. About 1/3 of infants with this disorder have a history of obstetrical complications.
 - D. The disorder is characterized by repeated voluntary regurgitation and rechewing of food, accompanied by weight loss or failure to make expected weight gain.

15. A frequent psychological factor contributing to erectile dysfunction, but commonly underreported by male patients is:

- 2 B
- A. Lack of affection from partner
 - B. Inhibited desire
 - C. Increased number of psychosocial stressors
 - D. Lack of partner skills

16. The psychosexual disorder most responsive to minimal intervention is:

- 2 B
- A. Orgasmic dysfunction
 - B. Premature ejaculation
 - C. Compulsive sexuality
 - D. Inhibited sexual desire

17. In endorsing a relationship checklist patients will most frequently identify the following factor as problematic in the presenting psychosexual disorder.

- 2 C
- A. Lack of partner attraction
 - B. Poor communication
 - C. Lack of affection from partner
 - D. Lack of sufficient time

18. A component of sensate focus is:

- ② A A. Giver and receiver
 B. Delayed ejaculation
 C. Androgen deficiency
 D. Verbal communication

19. All of the following except one are true concerning the diagnosis of ADHD:

- D A. Specified behaviors must be present for at least 6 months.
 B. Specified behaviors appear for the first time no later than age 7 years.
 C. Impulsivity is a symptom that may be present often but not all the time.
 D. Hyperactivity is considered to be the most significant feature of the disorder and must be present most of the time.
 E. Inattention is a symptom that may be present often but not all the time.

20. All of the following except one are diagnoses generally considered in the differential diagnoses for ADHD:

- B A. Adjustment disorder with identified stressor
 B. Schizophrenia
 C. Anxiety disorder
 D. Bipolar disorder
 E. Hyperthyroidism

21. Which statement is most true about ADHD?

- E A. Family and genetic factors are rarely implicated.
 B. Neurotransmitter abnormalities have been definitely documented.
 C. Temporal lobe dysfunction has been implicated.
 D. Biological insults during pregnancy are present in a significant number of cases (i.e., over 50%).
 E. Treatment often involves the use of medication, cognitive behavior therapy, behavior modification and parent counseling.

22. Which statement is most true about conduct disorders of childhood and adolescence?

- B A. Females predominate.
 B. Diagnosis requires repetitive and persistent patterns of behavior that violates the rights of others.
 C. Prevalence is about 25%.
 D. Psychotropic medication significantly improves conduct symptoms.
 E. The overwhelming causal factor is genetic predisposition.

23. Which statement is not true about oppositional defiant disorder?

- THROWN OUT A
- A. Children display stubborn negativistic behaviors without serious violation of the rights of others.
 - B. Prevalence rate is 40%.
 - C. Girls outnumber boys by 2:1.
 - D. These children rarely display behavior problems in the school setting.
 - E. Behavior modification techniques are not very efficient in treating this disorder.

24. Which statement is least true about mood disorders in children and adolescents?

- E
- A. Diagnostic criteria are essentially the same as for adults except that mood can be irritable instead of depressed.
 - B. Complaints of boredom or aches and pains may be key indicators of depression
 - C. Prevalence rate is between 2% in prepubertal children to 5% in adolescents
 - D. Adolescent mania is sometimes misdiagnosed as schizophrenia
 - E. Individual and family psychotherapy are not important in its management.

25. All of the following are true regarding Buspirone EXCEPT:

- C D
- A. It is usually not sedating ✓
 - B. No interaction with alcohol ✓
 - C. Low dependence liability ✓
 - D. Significant impairment of psychomotor performance ✗
 - E. No muscle relaxant/anticonvulsant properties

26. In Panic Disorder the following are true EXCEPT:

- B
- A. 80% of patients with Panic Disorder have response to benzodiazepines.
 - B. Alprazolam and Clonazepam are not generally specific for treatment.
 - C. Must discontinue benzodiazepines slowly (10% per week).
 - D. Many recommend initial treatment with antidepressants.
 - E. Fluoxetine (Prozac) has been used successfully to treat.

27. Regarding Obsessive-Compulsive disorder the following are true EXCEPT:

- C
- A. Fluoxetine (Prozac) is FDA approved and reported effective. ✓
 - B. Clomipramine (Anafranil) is FDA approved and reported effective.
 - C. Diazepam (Valium) is FDA approved and reported effective.
 - D. Fluvoxamine (Luvox) is FDA approved and reported effective.
 - E. Buspirone (BuSpar) is not effective by itself.

28. Regarding Benzodiazepines the following are true EXCEPT:

E

- A. Relatively safe in overdose (if not mixed with other agents). ✓
- B. Should avoid in pregnancy and breastfeeding.
- C. Sedative drugs and alcohol can potentiate these agents.
- D. Frequently used to detox from alcohol.
- E. Buspirone may be used to detox from benzodiazepines.

29. All of the following are indications for the use of antipsychotic medications EXCEPT:

B

- A. Schizophrenia
- B. Obsessive-Compulsive disorder
- C. Mania
- D. Organic psychoses
- E. Schizoaffective disorder

30. All of the following characteristics of schizophrenia are predictors of good response to antipsychotic treatment EXCEPT:

D

- A. Later age of onset ✓
- B. Family history of affective disorder ✓
- C. Family history without schizophrenia ✓
- D. Insidious onset

31. Extrapyramidal symptoms (EPS) of neuroleptics include all of the following EXCEPT:

C

- A. Parkinsonism
- B. Dystonia
- C. Huntington's chorea
- D. "Rabbit" syndrome
- E. Tardive dyskinesia

32. Compared to low potency antipsychotic drugs (i.e., Chlorpromazine), the high potency antipsychotic drugs (i.e., Haloperidol) are more likely to have which of the following side effects?

D

- A. Sedation
- B. Orthostatic hypotension
- C. Anticholinergic side effects
- D. Extrapyramidal symptoms (EPS)
- E. Constipation and urinary retention

33. With regard to Tardive dyskinesia, which of the following statements is false?

- D
- A. Characterized by abnormal stereotyped involuntary movements
 - B. Increasing age is a risk factor with treatment with antipsychotic medications
 - C. Risk is proportional to cumulative lifetime exposure to antipsychotic medications
 - D. Is always reversible if the antipsychotic medication is discontinued
 - E. May occur within months or years of chronic treatment with antipsychotic medications

34. All of the following are criteria for the diagnosis of neuroleptic malignant syndrome (NMS) EXCEPT:

- A
- A. Seizures
 - B. Autonomic instability
 - C. Hyperthermia
 - D. Extrapyramidal dysfunction
 - E. Clouded consciousness

35. Providing treatment to a patient without the consent of the patient or the patient's guardian:

- C
- A. Is generally accepted medical practice in the field of psychiatry.
 - B. Is permissible when authorized by the hospital rules on whose staff the psychiatrist is currently serving.
 - C. May be acceptable in emergency situations.
 - D. Is generally within the complete discretion of the attending physician.

36. If a person has been found incompetent to stand trial on criminal charges:

- B
- A. The court must appoint a legal guardian.
 - B. The person is usually hospitalized for treatment, but upon recovery can still be tried on the original criminal charges.
 - C. The incompetency finding serves as a complete defense to the criminal charges.
 - D. Both "A" and "B"

37. The insanity defense as employed in Texas and Federal courts in criminal cases is:

- C
- A. A very broad defense that lets many criminals escape punishment.
 - B. The legal claim for seeking a determination regarding whether a criminal defendant can assist in his/her trial.
 - C. A plea that may absolve a criminal defendant of criminal responsibility for that person's acts, but generally does not authorize the immediate release of the defendant.
 - D. Both "B" and "C".

38. Under Texas law, a person who is involuntarily committed to a state mental hospital upon a diagnosis of mental illness:

- A. May not file criminal charges, even when the victim of abuse in the hospital.
- B. Can only be medicated on a voluntary basis.
- C. Can refuse medication unless ordered to receive medication in a later court proceeding or in an emergency.
- D. Both "A" and "C".

39. Which of the following statements is correct?

- A. A Texas court may order a person who is mentally ill to receive either inpatient or outpatient services for no more than 30 days.
- B. Only law enforcement officials can normally seek the imposition of temporary mental health services in Texas.
- C. A Texas court may order a person to receive temporary mental health services in a state hospital for up to 12 months.

40. The use of hypnotic agents should be avoided in patients with:

- A. Sleep apnea
- B. Primary insomnia
- C. Major depression
- D. Jet lag
- E. Anxiety disorders

41. K complexes (negative sharp wave followed by a positive slow wave) are characteristic of:

- A. Stage 1 sleep
- B. Stage 2 sleep
- C. Stage 3 and 4
- D. REM sleep

42. Skeletal muscle atonia is characteristic of:

- A. Stage 1 sleep
- B. Stage 2 sleep
- C. Stage 3 and 4
- D. REM sleep

43. Levodopa has been found efficacious in patients with:

- A. Sleep apnea
- B. Restless leg syndrome
- C. Primary hypersomnia
- D. All of the above

44. Caution should be exercised when tricyclic antidepressants are given to patients with:

- D
- A. Prostatic hypertrophy
 - B. Seizure disorder
 - C. Narrow angle glaucoma
 - D. All of the above

45. What percentage of depressed patients respond to antidepressant drugs:

- B
- A. About 50%
 - B. 70-80%
 - C. 80-90%
 - D. 90-100%

46. The most common side effect of electroconvulsive therapy (ECT) is:

- BOAC
- A. Chronic seizures
 - B. Anterograde amnesia
 - C. Retrograde amnesia
 - D. All of the above

47. The suggestion has been made that patients who have had an episode of depression for the first time be kept on antidepressant drug for a period of (after they have responded):

- B
- A. Lifetime
 - B. 6-9 months
 - C. 2 months
 - D. None of the above

48. In the current practice of dynamic psychotherapy the therapist's task is to keep the treatment focused on

- D
- A. The patient's developmental history and early conflicts
 - B. The patient's transference and resistance
 - C. The patient's defenses and adaptations
 - D. The patient's present conflicts

49. In the current practice of dynamic psychotherapy, the technique identified as the significant element of change is

- B
- A. The use of the patient's understanding of his early childhood
 - B. The use of the interactive therapeutic relationships
 - C. The development of a stronger ego and defenses
 - D. The use of insight into resistance, transference, and conflicts

50. Which of the following is TRUE of cognitive-behavioral therapy?

- A
- A. Psychoeducational aspects of treatment are characteristic of this psychotherapeutic approach.
 - B. The clinician establishes a highly directive relationship with the client early in the psychotherapeutic relationship.
 - C. This approach does not work well with patients who are on psychotropic medications while in psychotherapy.
 - D. Cognitive behavioral methods were developed from the case study method in a manner similar to the development of psychodynamic psychotherapy.
 - D. All of the above are TRUE statements.

51. A limitation of the cognitive behavioral psychotherapy approach is that

- C
- A. Little is known about how to treat anxiety disorders with cognitive and behavioral methods.
 - B. This approach generally works well only with patients who are not taking psychotropic medications.
 - C. The "supportive" needs of some established patients may be inconsistent with the cognitive behavioral treatment model.
 - D. The development of cognitive behavioral treatment methods is based on theories of intrapsychic functioning that are more consistently supportive of psychodynamic treatment approaches.

52. A general model of cognitive behavioral treatment for the treatment of Anxiety disorders involves:

- A
- A. Relaxation, Cognitive Restructuring, and Exposure Training
 - B. Relaxation, Free Association, and Implosion
 - C. Relaxation, Behavioral Inoculation, and Cognitive Reprocessing
 - D. Dream Interpretation, Relaxation, and Behavioral Rehearsal

53. The treatment of choice for impending Delirium Tremens is

- C
- A. Phenytoin (Dilantin)
 - B. Thiamine
 - C. Lorazepam (Ativan)
 - D. Clonidine (Catapres)
 - E. Buspirone (BuSpar)

54. The following is used in treatment of heroin overdose

- D
- A. Clonidine
 - B. Methadone
 - C. LAAM
 - D. Naloxone
 - E. Valium

55. All of these following are true regarding eating disorders EXCEPT:

- B
- A. Anorexia Nervosa is uncommon in lower socioeconomic classes.
 - B. Patients with anorexia have a poor appetite and rarely think about food.
 - C. Anorexia and Bulimia occur most often in adolescence or early adulthood.
 - D. About 90% of patients with anorexia are female.
 - E. Antidepressants are frequently used in the treatment of eating disorders.

56. An alcoholic blackout is the temporary loss of

- E
- A. Consciousness
 - B. Long term memory
 - C. Tolerance for alcohol
 - D. Orientation
 - E. Short term memory

57. The most common drug associated with violent behavior is

- E
- A. PCP
 - B. Cocaine
 - C. Amphetamines
 - D. Steroids
 - E. Alcohol

58. The ratio of attempted to completed suicides has been estimated to be

- A
- A. 8-15 attempts to 1 completed suicide
 - B. 25 attempts to 1 completed suicide
 - C. 5 attempts to 1 completed suicide
 - D. 3 attempts to 1 completed suicide
 - E. None of the above

59. Statistically, what % of the total number of people who attempt suicide complete the act at a later time?

- B
- A. 2%
 - B. 10%
 - C. 25%
 - D. 50%
 - E. 75%

White 2x black
 ♂ > 45 or adolescent, ♀ > 55
 4x higher in women - men more successful

lower in Catholics More common in separated/divorced or widowed

60. Which of the following patients presents the lowest statistical risk of suicide?

- B
- A. A single 60 year old white male who currently has major depression.
 - B. A married 40 year old black female whose mother died one week ago, who is frequently tearful, requesting medication for sleep.
 - C. A married 60 year old woman with terminal breast cancer requesting pain medications.
 - D. A single 20 year old white male who abuses alcohol.
 - E. A single 30 year old male with schizophrenia who is currently psychotic and has twice jumped from buildings in response to command auditory hallucinations.

2, 61. Which of the following drugs is contraindicated in the treatment of central anticholinergic delirium?

- A
- A. Phenothiazines
 - B. Chlordiazepoxide (Librium)
 - C. Diazepam (Valium)
 - D. Phenobarbital (Luminal)
 - E. Physostigmine (Antilirium)

62. Completed suicide is most commonly associated with

- B
- A. Antisocial Personality Disorder
 - B. Alcoholism
 - C. Borderline Personality Disorder
 - D. Schizophrenia
 - E. Opioid Dependence

63. The most important feature of addiction is

- E
- A. Withdrawal symptoms present
 - B. Physical dependence
 - C. Tolerance requiring more and more to achieve the same effect
 - D. Antisocial behavior
 - E. Loss of control over use of substance

64. Treatment of alcohol withdrawal involves all of the following EXCEPT:

- C
- A. Thiamine supplementation
 - B. Benzodiazepine administration
 - C. IM caffeine
 - D. IV hydration
 - E. Folate administration

65. An overdose of heroin causes all of the following EXCEPT:

- A. Dilated pupils - pinpoint
B. Hypotension
C. Depressed reflexes
D. Coma
E. Respiratory depression

66. Amphetamine intoxication includes all of the following EXCEPT:

- A. Tachycardia
B. Hypertension
C. Depression
D. Anorexia
E. Insomnia

MATCHING (Items may be used once, more than once, or not at all):

- A. Opioids
B. Barbiturates
C. Phencyclidine (PCP)
D. Monoamine Oxidase Inhibitors
E. Acetaminophen (Tylenol)
67. D Toxic interaction with meperidine (Demerol)
68. A Pinpoint pupils after overdose
69. B Cross-tolerance with diazepam (Valium)
70. D Hypertensive crisis can occur
71. C Phenothiazines contraindicated

Matching: Risks, Side Effects

72. C Benzodiazepines73. D Lithium Carbonate74. A Carbamazepine75. B Psychostimulants(A) Aplastic Anemia (1/50,000);
Anticholinergic Activity;
Quinidine side effects(B) Restlessness; Anxiety; Agitation;
Insomnia; Dependency possible(C) Sedation; Physical dependence;
Withdrawal that may last for weeks(D) May cause Nephrogenic diabetes
insipidus; Polyuria;
Hypothyroidism in 20%; Fine
resting tremor