GENESIS

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FCPS PART-I MOCK TEST-II

SUBJECT : Psychiatry
PAPER : II

Exam Date	:	**Mock-I : 13-12-20/17-12-20/20-12-20**
		Mock-II : 25-12-20/26-12-20/27-12-20
Exam Time	:	**2.30.pm-4.00pm**
Total Number	:	**100**

Question 26-50 based on single answer

1. Regarding apoptosis-
a) Cell size reduced
b) Plasma membrane disrupted
c) No inflammation
d) May be physiological
e) Nucleus pyknosis occurs

2. Small, clear synaptic vesicles contain-
a) Ach
b) NA
c) GABA
d) Glycine
e) Glutamate

3. Neuro chemistry in anxiety-
a) Dopamine
b) NA
c) 5-HT
d) GABA
e) Glutamate

4. Neuropathic complications of DM-
a) Sensory loss
b) Claudication
c) Stroke
d) Postural hypotension
e) Retinopathy

5. In SIADH-
a) Odeama
b) Hypokalemia
c) Increase urinary sodium
d) Hyponatremia
e) Increase ADH secreation

6. Endocrine diseases confused with anxiety disorders-
a) Hyperglycemia
b) Pheochromocytoma
c) Hypoglycemia
d) Hypothyroidism
e) Hyperthyroidism

7. Metabolic pathway sin mitochondria-
a) HMP shunt
b)Cholesterol synthesis
c) Respiratory chain
d) etaoxidation
e) Tcacycle

8. Ketogenicamino acids are-
a) Alanine
b) Arginine
c) LYSINE
d) Leusine
e) Tyrosine

9.Inneuro chemistry Amino acid compounds are-
a) Ach
b) NA
c) GABA
d) Glycine
e) Glutamate

10. Change sin PTSD-
a) High dopamine
b) Small hippocampus
c) Low cortisol
d) High Na
e) Low Crh

11. Cardinal features of Alzheimer'sdisease-
a) Neuro fibrillary tangles
b) Senile plaques
c) Congo philicangiopathy
d) Lewy bodies
e) Hirano bodies

12. Non-genetic causes of learning disability involves-
a) Rubella
b) CMV
c) Gonorrhea
d) Herpessimplex1
e) Syphilis

13. Pathological brain changes in schizophrenia-
a) Decrease cortical grey matter
b) Altered gyrification
c) Decrease oligodenroglia
d) Gliosis
e) Decrease 4^{th} ventricle

14. Following Drugs causes leucopenia-
a) Carbamapezine
b) Clozapine
c) TCAs
d) Lithium
e) Sodium valproate

15. Following aretrue-
a) TCA-block5-HTuptake
b) BNZ-increase frequency of Cl channel
c) Barbiturate-increase frequency of Cl channel
d) Barbiturate–increase duration of Cl channel
e) BNZ-inrease duration of Cl Channel opening

16. Regarding SSRI-
a) Fluoxetine has highest activating effect
b) Fluvoxamine has no discontinuation syndrome
c) Fluoxetine has highest half life
d) Shouldn't use with maoi
e) Inhibit cyto chrome enzymes

17. Following are hallucinogens-
a) Cocaine
b) PCP
c) Amphetamine
d) Modafinil
e) Marijuana

18. ECT is use din-
a) Severe depression
b) OCD
c) Post partum psychosis
d) severe dissociation
e) Catatonia

19. Which of the following drug causes increase chance of seizure?
a) Amitritiline
b) Clozapine
c) Sertaline
d) Fluoxetine
e) Clomipramine

20. Following atypical antipsychotics causes hyper prolactinemia-
a) Haloperidol
b) Quetiapine
c) Risperidone
d) Olanzapine
e) Aripiprazole

21. Side effects of TCAs-
a) Decrease Qt interval
b) Dry mouth
c) Sedation
d) Weight loss
e) Odema

22. Deep brain stimulation is used in-
a) Somatic symptom Disorder
b) OCD
c) Depression
d) Parkinson`s disease
e) Schizophrenia

23. Immune changes in depression-
a) Decrease lymphocytes
b) Increase inflammatory cytokines
c) Induction of indoleamine
d) Decrease NK cells
e) Decrease CRPS
FTTTF (Ref: Oxford's Psychiatry-dementia chapter)

24. Following are true for fronto temporal dementia-
a) Behaviors normal
b) Early loss of insight
c) Late loss of insight
d) Receptive aphasia
e) Early primitive reflexes

25 .Essential fatty acids are-
a) Arginine
b)Lenoleic acid
c) Archidophilic acid
d) Linolenic acid
e) Alanine

Each question below contains five suggested answers- choose the <u>one best</u> response to each question (26-50)

26.Anabolic pathway in biochemistry are-
a) Lipolysis
b) Respiratory chain
c) Betaoxidation
d) Glycogenesis
e) Glycolysis
D (Ref: ABC Biochemistry)

27.Regarding Transient global amnesia.
a) Occurs at early life
b) gradual onset
c) Can last up to 48-72 hours
d) Antero-grade amnesia
e) Disturbances of alertness occurs

28.Following statements are not true.
a) Imipramine is used in enuresis
b) Sertaline causes sexual dysfuntion
c) Amitryptilne are cardio toxic than paroxetine
d) All hypnotics induce sleep
e) All sedatives increase sleep

29. Which of the following is not a free radicals.
a) Vitamin C
b) Superoxide
c) Hydrogenperoxide
d) Hydroxylion
e) CCl_3

30.Following is not an Anti-cholinergicside effects of anti psychotics.
a) Increase sweating
b) Increase glaucoma
c) Dry mouth
d) Blurered vision
e) Retentionofurine

31. A hypertensive man, had h/o of stroke, presented with gradual memory loss, labile mood & change of his usual personality. Possible cause is-
a) CJD
b) Priondisease
c) Alzheimer's disease
d) Frontotemporaldementia
e) Vasculardementia

32. Which is the most common 1st psychiatric manifestation of Huntington's disease?
a) Dystonia
b) Apathy
c) Dementia
d) chorea
e) Restlessness

33. Most abundant neurotransmitter in brain-
a) GABA
b) Serotonin
c) Dopamine
d) Glutamate
e) Histamine

34. 80 year old man developed dyspraxia. Gradually he can not remember detail recent events. Possibility is-
a) CJD
b) Prion disease
c) Alzheimer's disease
d) Fronto temporal dementia
e) Vascular dementia

35. A man came to psychiatric OPD with restlessness, anxiety & palpitation. On examination bp was 190/110 mmhg. What should be excluded before any diagnosis?
a) Addison' disease
b) Conn's disease
c) Pheochromocytoma
d) Hypothyroidism
e) Thyrotoxicosis

36. A diabetic patient suddenly feeling anxiety, sweating, confusion, headache& palpitation. He is going to a phase of-
a) Hypoglycemia
b) DKA
c) Hyperosmolarcoma
d) Lactic acidosis
e) Panic attacks

37. A patient came with palpitation, anxiety features, Increase sweating& restlessness. Which single investigations will you do?
a) CBC
b) EEG
c) ECG
d) S.TSH
e) RBS

38. Which is not true for tics-
a) Stereotyped
b) Repetitive
c) Common in boys
d) Peak at 7year
e) Semi-purposive

39. A floppy child presented with low IQ. He is obese &short, hypo gonad. What may because?
a) Single gene defect
b) Chromosomal defect
c)Environmental defect
d) In born errors of metabolism
e) Non-genetic CLD

40. After RTA, a patient developed receptive aphasia he couldn't recognize his half body movements. Which are is partially damaged?
a) Dominant temporal lobe
b) Dominant parietal lobe
c) Non dominant temporal lobe
d) Frontal lobe
e) Non dominant parietal lobe

41. EPS occurs mainly due to effects in-
a) Putamen
b) Caudate nucleus
c) Basal ganglia
d) Sub thalamic nuclei
e) Sub stantianigra

42. A patient of schizophrenia is on clozapine therapy. She may start convulsion after which dose?
a) < 300 mg
b) > 600 mg
c) < 300 mg
d) > 400 mg
e) > 500mg

43. A chronic schiziphrenicpt came with social withdrawal, decrease speech, amotivation. which pathway is involved?
a) Meso limbic pathway
b) Meso cortical pathway
c) Nigro striatal pathway
d) Tubero- infundibular pathway
e) All of above

44. A woman is on carmazepine for BMD is on remission , got pregnant. What is the possible choice?
a) Keep carbazapine
b) Omit all mood stabilizer
c) Switch to lamotrigine
d) switch to lithium
e) Switch to valproate

45. A man of bipolar mood disorder is under medication. suddenly he developed vomiting, ataxia, nystagmus &abd pain. possible cause is-
a) Mild lithium intoxication
b) Moderate lithium intoxication
c) Severe lithium intoxication
d) lithium. overdose
e) Valproate overdose

46. A man was taking SNRI, developed malignant hypertension &arrythmia. He was probably taking-
a) Venlafaxine
b) Mirtazapine
c) duloxetine
d) reboxetine
e) trazone

47. A patient admitted in hospital.He was taking a Amphetamine for 5year .the drug Excites the brain reward center by-
a) Glutamate
b) Dopamine
c) NA
d)Serotonin
e) Cortisol

48. A 40 year old man on lithium &haloperidol suddenly developed fever 1 day after starting treatment .on examination gross muscular rigidity is found with mental abnormality. Single most diagnostic investigation will be-
a) SGPT
b) CBC
c) Creatinine phosphokinase
d) UrineR/M/E
e) Blood level of drugs

49. Which neurotransmitter has no major involvement in scizophrenia?
a) Glutamate
b) Dopamine
c) Ach
d) Serotonin
e) Gaba

50. A man on typical anti psychotics came to you with grimacing &repeated chewing &sucking movement. What may be the cause?
a) Akathesia
b) Acute dystonia
c) Parkinsoian like features
d) Tar dived yskinesia
e) Tar dived stonia

Psychiatry Mock-II, Paper-II

1. TFTTT (Ref: Genesis cell injury sheet/Endeveour' pathology)
2. TFTTF (Ref: Ganong's physiology)
3. FTTTF (Ref: Oxford's psychiatry-dementia chapter)
4. TFFTT (Ref: Vision' physiology, chapter-endocrinology)
5. FFTTT (Ref: Vision' physiology, chapter-endocrinology)
6. FTTFT (Ref: Vision' physiology, chapter-endocrinology)
7. FFTTT (Ref: ABC Biochemistry)
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10. FTTTF (Ref: Oxford's psychiatry-dementia chapter)
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12. TTFFT (Ref: Oxford's psychiatry-dementia chapter)
13. TTTFF (Ref: Oxford's psychiatry-dementia chapter)
14. TTTFF (Ref: Oxford's psychiatry- drugs & other physical treatment)
15.TTFTF (Ref: Oxford's psychiatry- drugs & other physical treatment)
16. TFTTT (Ref: Oxford's psychiatry- drugs & other physical treatment)
17. FTFFT (Ref: Oxford's psychiatry- drugs & other physical treatment)
18. TFTFT (Ref: Oxford's psychiatry- drugs & other physical treatment)
19. TTTTT (Ref: Oxford's psychiatry- drugs & other physical treatment)
20. FFTTF (Ref: Oxford's psychiatry- drugs & other physical treatment)
21. FTTFT (Ref: Oxford's psychiatry- drugs & other physical treatment)
22. FTTTF (Ref: Oxford's psychiatry- drugs & other physical treatment)
23. FTTTF (Ref: Oxford's Psychiatry-dementia chapter)
24. TFFFT (Ref: Oxford's Psychiatry-dementia chapter)
25 .FTTTF (Ref: ABC Biochemistry)
26. D (Ref: ABC Biochemistry)
27. C (Ref: Oxford's textbook of psychiatry, Page - 355)
28. E (Ref: Oxford's psychiatry- drugs & other physical treatment)
29. A (Ref: Genesis cell injury sheet/ Endeveour' pathology)
30. A (Ref: Oxford's psychiatry- drugs & other physical treatment)
31. E (Ref: Oxford's Textbook of psychiatry,Page-367)
32. B (Ref: Oxford'stextbookofpsychiatry,page-375)
33. D (Ref: Gangong' physiology)
34. C (Ref: Oxford'stextbookofpsychiatry,page-359)

35. C (Ref: Vision' physiology, chapter-endocrinology)
36. A (Ref: Vision' physiology, chapter-endocrinology)
37. D (Ref: Vision' physiology, chapter-endocrinology)
38. E (Ref: Oxford's Text book of psychiatry, Page 376)
39. B
40. B (Ref: Oxford's psychiatry)
41. C (Ref: Oxford's psychiatry-drugs& other physical treatment)
42. D (Ref: Oxford's psychiatry-drugs& other physical treatment)
43. A (Ref: Oxford's psychiatry-drugs& other physical treatment)
44. C (Ref: Oxford's psychiatry-drugs& other physical treatment)
45. A (Ref: Kaplan' psychiatry)
46. A (Ref: Oxford's psychiatry-drugs& other physical treatment)
47. B (Ref: Oxford's psychiatry-drugs& other physical treatment)
48. C(Ref: Oxford's psychiatry-drugs& other physical treatment)
49. C (Ref: xford's psychiatry-drugs& dementia chapter)
50. D (Ref: Oxford's psychiatry-drugs& other physical treatment)