GENESIS

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FCPS PART-I MOCK TEST-I

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. Neurotransmitter involved in schizophrenia –
a) Ach
b) Glutamate
c) Dopamine
d) Serotonin
e) GABA

2. Name of the Dopaminergic Pathways –
a) Meso-cortical pathway
b) Tabero- infandibubular Pathway
c) Cortico-straitalPathway
d) Nigro-straital Pathway
e) Niagro-cortical Pathway

3. Pathological changes occur in case of OCD
a) Decrease volume of anterior cingulte cortex
b) Decrease activity of Anterior cingulate cortex
c) Mainly involved-Cortico-striatal-thalamic loop CSTL)
d) Mainly involved-Cortico-striatal-hypothalamic loop (CSHL)
e) Increase Serotonin/5HT

4. Cardinal features of Alzheimer's Disease-
a) Hirano bodies
b) Gliosis Present
c) Absence of Gliosis
d) Neurofibrillary tangles
e) Selective loss of neuron

5. Alteration of GABA Occurs in -
a) Huntington's Disease
b) Schizophrenia
c) Depression
d) Bipolar Disorder (mania)
e) GAD (Generalized anxiety Disorder)

6. Clinical features of Vascular dementia-
a) Progression occur stepwise
b) Visual hallucination
c) Dementia occur Progressively
d) H/O- HTN, stroke
e) Behavior change

7. Management of Tardive dyskinesia-
a) Continue the medication
b) Switch to atypical later
c) Stop the medication
d) Vitamin E
e) Vitamin C

8. Drug of choice of OCD
a) Citalopram
b) Sertaline
c) Fluvoxamine
d) Clomipramine
e) Fluoxetine

9. Withdrawal symptoms of BDZ-
a) Perceptual disturbance
b) Vomiting
c) Anxiety
d) Somnolence
e) Tremor

10. Following are true for lithium
a) May cause acne
b) Safe in renal
c) Causes cardiac arrhythmia
d) Causes weight gain
e) Blood level should be dine after 12 hour of last dose

11. Following are trinucleotiderepeat disorder
a) Down' syndrome
b) Fragile X syndrome
c) Spinocerebllar ataxia
d) Huntington's disease
e) Trisomy 21

12. A Down's syndrome baby may have
a) Hypothyroidism
b) Hyperthyroidism
c) Limb hypertonia
d) Congenital
e) Limb hypotonic

13. Following are true-
a) Alzheimer's diseases-APP
b) Front temporal dementia –TDP43
c) Prisons disease-chromosome 21
d) Cri du chat – chromosome 4
e) Huntington's-chromosome 5

14. Regarding brain function –
a) Frontal lobe-insight markedly impaired
b) Corpus callosum degeneration is hallmark of Marchiafave-Bignami syndrome
c) Occipital lobe-sensory neglect syndrome
d) Occipital- Anton's syndrome
e) Parietal receptive dysphasia

15. Regarding Transient global amnesia-
a) Occurs at early life
b) Sudden onset
c) Can last up to 24 hour
d) Antero-grade-amnesia
e) Disturbances of alertness occurs

16. A middle age man came with tale-tell choreoform movement with dementia. pathological changes are-
a) Affect frontal lobe & caudate nucleus
b) Decrease GABA in frontal lobe
c) Caudate nucleus atrophied lobe
d) Decrease GABA in temporal lobe
e) Loss of extra pyramidal neurons

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

18. ADR of valproic acid-
a) Hair loss
b)Weight gain
c) Sedation
d) Leucopenia
e) Anorexia

19. Following are phenothizines-
a) Chlorpromazine
b) Pipothiazine
c) Fluphenazine
d) Flupenthixol
e) Haloperidol

20. Hyper-prolactinemia is caused by following atypical antipsychotics-
a) Haloperidol
b) Quetiapine
c) Rispreidone
d) Olanzapine
e) Aripiparzole

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

22. Metabolic pathways in mitochondria-
a) HMP shunt
b) Cholesterol synthesis
c) Respiratory chain
d) Beta oxidation
e) TCA cycle

23. Calls involved in call mediated immunity-
a) Macrophages
b) T call
c) Plasma call
d) B cell
e) Dendrite call

24. Neurochemistry in anxiety
a) Dopamine
b) Noradrenalin
c) 5-HT
d) GABA
e) Glutamate

25. True statement regarding Pharmacokinetics of TCA
a) Peak at 2-4 hour
b) Only works on serotonin receptor
c) Clomipramine works in OCD
d) Dangerous in overdose
e) Metabolized by hydroxylation and demethylations

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

26. A patient came into opd with the complaint of fever, palpitation excessive salivation and constipation. He is diagnosed case of schizophrenia. On Investigation, found decrease WBC count. What drug he is taking
a) Aripiprazole
b) Clozapine
c) Olanzapine
d) Quetiapine
e) Risperidone

27. Fragile X-syndrome is
a) Autosomal dominant
b) Autosomal recessive
c) X-linked dominant
d) X-linked recessive
e) Chromosomal disorder

28.Estrogen,Androgen are the
a) Aminoacid derivatives
b) Protein hormone
c) Glycoprotein hormone
d) Peptide hormone
e) Steroid hormone

29. Mechanism of action of escitalopram
a) Acting as α2 antagonist by binding with α2 Adrenergic receptor
b) Deactivate monoamine oxidase
c) Inhibiting voltage sensitive sodium channels
d) Inhibition if serotonin reuptake
e) Block dopamine ,Binding with D2 receptor

30. Diabetes is confirmed by HbAIC is
a) 45 mol/ mol/
b) ≥45 mol/ mol/
c) 48 mol/ mol/
d) ≥ 48 mol/ mol/
e) 40 mol/ mol/

31. Noradrenaline is rich in which area of brain-
a) Cerebral
b) Medulla
c) Pons
d) Midbrain
e) Cerebellum

32 . A Patient is on fluoxetine developed sexual dysfunction. What will you prescribe?
a) Citalopram
b) Fluvoxamine
c) Sertraline
d) Venlafaxine
e) Mirtazapine

33. Patient came into OPD with the complaints ,palpitations, sweating, fear of death and headache. On urine Examination – vanillylmandelic acid(VMA) found, what will be the diagnosis
a) Addison's disease
b) Phaeochromocytoma
c) Panic attack
d) Grave's disease
e) Cushing's syndrome

34. A patient came with weight loss, palpitation, hypertension with goiter. On examination- gynecomastia is found. Provable dx is-
a) Pheochromocytoma
b) Panic attacks
c) Thyrotoxicosis
d) Myxoedema coma
e) Adrenal failure

35. A 35 year old man presented with disinhibited sexual behavior. His peers said that recently, after having a head injury he has started disrespecting others feelings. ON the injury which area is probably traumatized?
a) Parietal lobe
b) Occipital lobe
c) Frontal lobe
d)Temporal lobe
e) Cerebellum

36. A patient is on mood stabilizer for her disorder. Nowshe complaints amenorrhea. Which drug she was taking?
a) Lithium
b) Carbamazepine
c) Na vlaproate
d) Lamotrigine
e) Quetipine

37. A 26 year old male came to your chamber with the complaints of slowness of his daily life activities. He claims that he is a perfectionist & cannot tolerate dirt anywhere near him. What is the chief neurotransmitter involved in his disease process?
a) Dopamine
b) 5-HT
c) Ach
d) GABA
e) NA

38. A 80 year woman found wandering away from home. she forgotten her address. She also had difficulty speaking & panning. Causative mutations are on which gene ?
a) BCL 1
b) SET
c) APP
d) RT
e) BCL 2

39. Highest cholesterol containing lipoprotein-
a) LDL
b) HDL
c) VLDL
d) IDL
e) Chylomicron

40. A baby came with mental retardation with delayed all milestones of development. On examination, obesity, enlarged tongue, protruded umbilicus is found. Her mother was not in ANC. Probable cause is-
a) Thyrotoxicosis
b) Neonatal syphilis
c) Toxoplasmosis
d) Rubella infection
e) Cretinism

41. A patient presented on long face, fish like skin & large testis. On examination his IQ is low. Which may be the diagnosis?
a) Phenylketonuria
b) Fragile X syndrome
c) Hurler's syndrome
d) Huntington's disease
e) Pader Will syndrome

42. EPS occurs mainly due to blockage of which dopamine pathway?
a) Mesolimbic
b) Mesocortical
c) Nigrostriatal
d) Tuberinfundibualr
e) 5th pathway

43. A 85 Year man was brought to psychiatry OPD with forgetfulness & behavioral change. On examination, Recent memories are seem to be mostly lost. No DM, HTN. Provisional diagnosis is-
a) Stroke
b) Frontotemporal dementia
c) CJD
d) Alzheimer's disease
e) Vascular dementia

44. A patient on mood stabilizer developed diabetes insipidus like feature. On investigations, WBC count was increased. He was taking-
a) Carbamazepine
b) Lithium
c) Lamotrigine
d) Na valproate
e) Quetiapine

45. Which SSRI has least discontinuation syndrome?
a) Fluoxetine
b) Fluvozamine
c) Paroxetine
d) Sertaline
e) Citalopram

46. An obese psychotic patient came to OPD. she also has DM, hyperlipidaemia. What will the best choice for her?
a) Quetiapine
b) Olanzpine
c) Aripiprazole
d) Clozapine
e) Zotepine

47. A white girt with blue eyes came to hospital with smelly urine. On query she told us that she has burning sensation of skin while going out in sun Her IQ seemed a bit low. On Investigation we found Inborn error of metabolism of amino acid. what will be the possible defect:
a) Lesch – Nayhan Syndrome
b) Prader will Syndrome
c) Phenylketonuria
d) Hurler's syndroune
e) Cri-du-chat

48. Highest half life among Benzodiazepines
a) Lorazepam
b) Oxazepam
c) Midazolam
d) Clonazepam
e) Diazepam

49. What is main neurochemistry of OCD?
a) Na
b) Serotonin
c) Ach
d) Dopamine
e) Histamine

50. A patient is on multiple antidepressants.He developed rigidity, fever with myoclonus. On examination nystagmus was found. Probable cause is-
a) Meningitis
b) Lithimu toxicity
c) Serotonin syndrome
d) Drug overdose
e) Narcoleptic malignant syndrome

Psychaitry Mock-1, Paper-2

1. FTTFT [Ref: Oxford psychiatry textbook 7th ,chapter-11,P-268]
2. TTFTF [Ref: Stahl's Essential Psychopharmacology 4th]
3. TFTFF [Ref: Oxford psychiatry textbook 7th ,chapter-8,P-186]
4. TTFTT [Ref: Oxford psychiatry textbook 7th ,chapter-14,P-363]
5. TTFFT [Ref: Oxford psychiatry textbook 7th]
6. TFFTT [Ref: Oxford psychiatry textbook 7th ,chapter-14,P-367]
7. FTTTF [Ref: Oxford psychiatry textbook 7th ,chapter-25,P-479]
8. FFTTT [Ref: Oxford psychiatry textbook 7th ,chapter-8,P-189]
9. TFTFT [Ref: Oxford psychiatry textbook 7th ,chapter-25,P-720]
10. TFFTT [Ref: Oxford psychiatry textbook 7th ,chapter-25,P-754]
11. FTTTF [Davidson's 23rd Ch-3]
12. TFFTT [Ref: Oxford psychiatry textbook 7th ,chapter-17,P-501]
13. TTFFF [Ref: Oxford psychiatry textbook 7th ,chapter-14]
14. TTFTF [Ref: Oxford psychiatry textbook 7th ,chapter-14,P-348]
15. FTTTF[Ref: Oxford psychiatry textbook 7th ,chapter-14,P-354]
16. TTTFF [Ref: Oxford psychiatry textbook 7th ,chapter-14,P-374(Huntington's disease]
17. TFTTT [Ref: Robbins Pathology]
18. TTTFT [Ref: Oxford psychiatry textbook 7th ,chapter-25,P-754]
19. TTTFF [Ref: Oxford psychiatry textbook 7th ,chapter-25,P-725]
20. FFTTF [Ref: Oxford psychiatry textbook 7th ,chapter-25, P-726(table-25.3)]
21. FTTTF [Ref: ABC Biochemistry]
22. FFTTT [Ref: Harper'sBiochemistry]
23. TTFTT [Ref: Davidson's 23rd Ch-4,P-69]
24. FTTTF [Ref: Oxford psychiatry textbook 7th ,chapter-8, P-167]
25. TFTTT [Ref: Oxford psychiatry textbook 7th ,chapter-25, P-740]
26. B **[Ref: Oxford psychiatry textbook 7th /ch-25, P-726]**
27. C **[Ref: Davidson's 23rd /Ch-3/P-47]**
28. E [Ref: ABC Biochemistry(5th),P-463]
29. D **[Ref: Oxford psychiatry textbook 7th /ch-25]**
30. D [Ref: Davidson's 23rd /ch-20/P-726,Box-20.2]
31. C [Ref: Ganong 24th ch-7,P-138]
32 . E [Ref: Oxford psychiatry textbook 7th ,chapter-25, P-737]
33. B [Ref: Ganong's physiology(24th)/Ch-20/P-358]
34. C [Ref: Davidson's 23rd Ch-18,P-637]
35. C [Ref: Davidson's 23rd Ch-25,P-1066,Table-25.1]
36. C [Ref: Oxford psychiatry textbook 7th ,chapter-25, P-754]
37. B [Ref: Oxford psychiatry textbook 7th ,chapter-8, P-184]
38. C [Ref: Oxford psychiatry textbook 7th ,chapter-14, P-362]
39. A [Ref: ABC Biochemistry]
40. E [Ref: Ganong 24th ch-19,P-346]
41. B [Ref: Oxford psychiatry textbook 7th ,chapter-17, P-501]
42. C [Ref: Stahl's Essential Psychopharmacology 4th]
43. D [Ref: Oxford psychiatry textbook 7th ,chapter-14, P-362]
44. B [Ref: Oxford psychiatry textbook 7th ,chapter-25, P-754]
45. A [Ref: Oxford psychiatry textbook 7th ,chapter-25, P-739,table-25.8]
46. C [Ref: Oxford psychiatry textbook 7th ,chapter-25, P-726,table-25.2]
47. C [Ref: Oxford psychiatry textbook 7th ,chapter-17, P-498,table-7.17]
48. E [Ref: Oxford psychiatry textbook 7th ,chapter-25, P-720,table-25.3]
49. B [Ref: Ganong 25th Ch-5]
50. C [Ref: Oxford psychiatry textbook 7th ,chapter-25, P-744,745]