

12. While assigned to the clinic's diabetes care program you are asked to give the staff a talk on relating to patients. Which of the following physician-patient relationship models do you tell them is most appropriate in the treatment of chronic illnesses?

- A. Active-passive model
- B. Teacher-student model
- C. Mutual participation model
- D. Intimate model
- E. Transference-countertransference model

13. Your faculty supervisor on the inpatient psychiatry service has asked you to read up on the functions of a multidisciplinary team and discuss them with her during rounds tomorrow. Which one of the following do you tell her best describes the inclusion of factors such as metabolic status, motivation, family dynamics, and cultural influences on the patient's illness?

- A. Topographic model
- B. Structural model
- C. Mechanisms of defense
- D. Biopsychosocial model
- E. Global assessment of functioning (GAF)

The next three questions (items 14 to 16) correspond to the following vignette.

14. Knowing you are interested in a career in psychiatry, your supervising resident in the obstetrics clinic asks you some questions about psychiatric illness and pregnancy. You explain that which one of the following best describes psychiatric disorders during pregnancy?

- A. Much is known about the course of psychiatric illnesses during pregnancy.
- B. Pregnancy is a time of emotional stability.
- C. Pharmacotherapy takes precedence over psychotherapy during pregnancy.
- D. The goal of pharmacotherapy during pregnancy is maximum control of the symptoms.
- E. Many women experience the onset of psychiatric illness during pregnancy.

15. That same obstetrics resident asks you what you know about the safety of psychotropic medications during pregnancy. You respond that which one of the following U.S. FDA-labeled psychotropic medications is safest during pregnancy?

- A. Class A
- B. Class B
- C. Class C
- D. Class D
- E. Class X

16. During obstetrics rounds the next day, you are asked to discharge a 22-year-old woman 2 days postpartum who also has a history of serious mental illness. Your resident now questions you on the use of psychopharmacologic medications in breastfeeding mothers. You reply, correctly, that it should include which of the following?

- A. Maximum dosing to ensure control of symptoms
- B. Limiting bottle feeding
- C. Routine infant serum assays
- D. Use of long-acting over short-acting medications
- E. Abstaining from prescribing lithium

End of set

17. The University Hospital's Women's Health Center has decided to screen its patients for emotional and mental symptoms. You are asked to develop a screening tool that the nursing staff can use in assessing new patients. Compared with men, women with bipolar disorder are more likely to

- A. Experience fewer dysphoric manias
- B. Experience fewer depressions
- C. Develop lithium-induced hypothyroidism
- D. Cycle less rapidly
- E. Have a much higher lifetime prevalence

18. A 28-year-old administrative assistant is being seen in the clinic for the first time. She relates that she has little energy, cries frequently, and does not look forward to anything. She adds that she starts feeling this way every year just before the holidays, and she is wondering if she might have seasonal affective disorder (SAD). Which of the following do you tell her is true regarding SAD?

- A. Men are more likely to experience SAD.
- B. Winter SAD is more common in the southern hemisphere.
- C. SAD becomes severe in one's 20s.
- D. SAD appears to be primarily psychosocial in origin.
- E. SAD does not respond to antidepressants.

19. Your community psychiatry rotation includes an afternoon each week with the clinical outreach team visiting shelters for the homeless. While on rotation, you learn that which one of the following statements about the prevalence of psychiatric illness among the homeless is true?

- A. Homeless adults have a relatively low prevalence of personality disorders.
- B. Drug abuse is more common than alcohol abuse.
- C. Sexual assault is less common among homeless women than among the non-homeless.
- D. The duration of homelessness is correlated with major psychiatric illness.
- E. The majority of homeless adults has had a psychiatric hospitalization.

C. Dementia is expectedly progressive over time whereas delirium should resolve when the cause is corrected.

E. Although the majority of deliriums is reversible, such is not with case with dementia.

11. E. Five. The five axes include: Axis I (clinical disorders); Axis II (personality disorders and mental retardation); Axis III (general medical conditions); Axis IV (psychosocial and environmental problems); and Axis V (global assessment of functioning scale).

A, B, C, D. These are incorrect. See explanation for E.

12. C. The mutual participation model fosters input from both the physician and the patient and is best for chronic conditions such as diabetes and renal failure.

A. The active-passive model is more appropriate for the delirious patient or someone with an extremely passive personality.

B. The teacher-student model works best in an acute care situation.

D. The intimate model often represents psychological needs of the physician and is generally considered dysfunctional or unethical.

E. Transference and countertransference are considered to occur to some degree in all physician-patient relationships.

13. D. The three-pronged biopsychosocial approach to assessment and treatment involves a variety of factors. These include anatomic, physiologic, infectious, medication, and other biologic influences; psychodynamic and personality factors; and environmental influences.

A. The topographic model is a psychoanalytic concept of the mind including the unconscious, preconscious, and conscious.

B. The structural model is another psychoanalytic concept that includes the id, ego, and superego.

C. Psychological defense mechanisms dampen conflicts arising from the unconscious between the id, ego, and superego.

E. GAF is the numeric (0 to 100) description of a psychiatric patient's highest level of adaptive functioning at the time of assessment.

14. E. The childbearing years are also the most frequent age for the onset of psychiatric disorders in women.

A. Little is known or predictable about the influence of pregnancy on the course of psychiatric illness.

B. Contrary to traditional thought, pregnancy can be a time of emotional instability.

C, D. In an effort to minimize harm to the mother or fetus, psychosocial treatments and symptom reduction, rather than control, may be more prudent.

15. A. Controlled studies of Class A medications show no risk.

B. Despite adverse findings in animals, there is no evidence that Class B medications have risk in humans, implying possible but a remote likelihood of harm.

C. Risk cannot be ruled out for Class C medications, but the potential benefits may outweigh potential risks.

D. Class D medications show positive evidence of risk.

E. Class X medications are contraindicated in pregnancy.

16. E. The American Academy of Pediatrics contraindicates the use of lithium for nursing mothers. Adverse effects include cardiotoxicity; the risk of lithium accumulation in the infant is high.

A. Dosing is of concern, especially if the infant is premature.

B. Bottle feeding would necessarily limit breast feeding and potentially harmful exposure.

C. The primary role of serum assays would be reassurance.

D. Shorter-acting medications are more rapidly metabolized.

17. C. Women are more likely to develop lithium-induced hypothyroidism.

A. Women experience more dysphoric manic episodes.

B. Whereas women experience more depressions, men experience more manic episodes.

D. Women are more likely to be rapid cyclers.

E. The disorder essentially occurs equally in men and women, but there are several differences in its course and manifestation.

18. C. SAD tends to start during adolescence and becomes more severe during the third decade.

A. SAD occurs more frequently in women.

B. SAD is experienced more often by those living in the northern climes.

D. SAD runs in families and clearly appears to be biological.

E. SAD responds well to antidepressants as well as light exposure.

19. D. The presence of major psychiatric illness such as schizophrenia or mania is highly correlated with the duration of homelessness.

A. Homeless adults have a high prevalence of personality disorders; antisocial personality disorder is common.

B. Alcohol abuse is much more common than drug abuse among homeless adults.