



**SCHOOL/CENTRE**  
**Semester 2, 2025 or 2025**  
**FINAL EXAMINATION PAPER**

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**406: PSYCHIATRY**

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**Important Instructions to Students:**

1. Read the questions, instructions carefully and answer the questions.
2. You are allowed an **extra 10 minutes reading time** (during this time, you are not allowed to write with pen) and **180 minutes (3 Hours) to complete this paper**.
3. Silent, non-programmable calculators are allowed, but not supplied.
4. Write all your answers in the answer booklet provided. If you need extra sheets, please ask from the supervisor. Write your name, course code and student identification number in the answer booklet and in the attendance sheet.
5. This paper contains three (3) sections A, B, and C. All questions are compulsory to answer **except** section A and D have choices.
6. Write all your answers legibly. The marker has the right to award zero for answers that are not legible.
7. This is a **Closed Book Examination**. The University views plagiarism, cheating and dishonest practice as serious offences and if found, offenders are penalized.

**Examination Paper Content (Format):**

| <b><u>Section</u></b> | <b><u>Content</u></b>  | <b><u>Marks</u></b> | <b><u>Suggested Time</u></b> |
|-----------------------|------------------------|---------------------|------------------------------|
| <b>A</b>              | Multiple Choice        | 40                  | 60 minutes                   |
| <b>B</b>              | Short Answer Questions | 30                  | 60 minutes                   |
| <b>C</b>              | Long Answer Questions  | 30                  | 60 minutes                   |
|                       | <b>TOTAL</b>           | <b>100</b>          | <b>180 Minutes</b>           |



### Multiple Choice (40 questions, one mark per question)

Please circle your answer clearly on the answer booklet. Do not circle more than one answer. If you have changed your response please cross out the previous response clearly. Answers on the question paper for MCQs **will not** be accepted.

1. A 13 year old girl is seen in the GP surgery with her mother as she been more irritable, unable to concentrate, and not enjoying her usual hobbies over the past year. She has been experiencing trouble sleeping. Her school grades have deteriorated over the past year. She was previously a bright student. During her consultation, the young girl laughs inappropriately. She does not provide coherent answers in the clinic, nor does she have good eye contact. What is the most appropriate action?
  - A. Refer to an occupational therapist
  - B. Refer to a counseling service
  - C. Refer to an educational psychologist
  - D. Refer to a child psychiatrist
  
2. A 32 year old woman complains of reduced sleep for the past four days, feeling hyperactive, and her family says she has been talking very rapidly and jumping from topic to topic. She does not appear to have any depressive symptoms. She has not experienced these symptoms before this week. Her neurological exam is normal. What is the single most likely diagnosis?
  - A. Cyclothymia
  - B. Hypomania
  - C. Malingering
  - D. Dysthymia
  
3. A 21 year-old girl presents to the Emergency department after collapsing in the house. She's very slim and has a BMI of 14 kg/m<sup>2</sup>. She states that she is only eating vegetables, and has been reducing fat in her diet because she is trying to lose weight before her holiday. She does not think that she's under the weight and does not want to have treatment. She does not want to be admitted under any circumstances. Her thought process is coherent. On examination, she has calluses on the back of her hands and fine hair on the arms. She has a heart rate of 45 bpm and a blood pressure of 95/60 mmHg. What is the most initial appropriate management?
  - A. Temporary admission under the Mental Health Act
  - B. Referred to psychotherapist for cognitive behaviour therapy
  - C. Prescribe protein shakes and discharge.
  - D. Refer to the dietician
  
4. A 35 year-old man presents to the general practitioner with low mood, fatigue, and difficulty concentrating over the past few months. He mentioned that he recently broke up with his fiancée. He has a history of alcohol dependence but had been sober for 12 months until the break up, after which he started drinking heavily again. He reports feeling guilty about relapsing into this old habits but states that these activities briefly make him feel better. Which neurotransmitter is most likely responsible for the patient's behaviour following his break up?



- A. Acetylcholine
- B. Dopamine
- C. Oxytocin
- D. Norepinephrine

5. A 28 year old woman has been feeling anxious for most days over the past six months. She feels distressed when thinking about her finances. She is unable to sleep well and finds it difficult to concentrate at work. On occasion, she feels she's about to die, and feels her heart racing, and that she is choking. On examination her blood pressure is 120/80, and pulse rate is 90 per minute. She just wants some medication to help her feel better. What is the most appropriate medication to prescribe for her management ?

- A. Citalopram
- B. Propranolol
- C. Lithium
- D. Alprazolam

6. A 44-year-old man is brought to the emergency department by his 22 year old son, who expresses increasing concern about his father's mental health. The patient has been severely depressed since his wife's death from cancer six months ago. He has withdrawn socially, stopped engaging in activities he used to enjoy, and has been eating very little. He frequently expresses feelings of helplessness and guilt, stating "there is no point in living without her", and he has refused to seek help from his GP or mental health services despite his son's encouragement. The son states that he is struggling to care for his father, as he has a full-time job and a young family of his own. The patient remains adamant that he does not need medical assistance. What is single most appropriate next step?

- A. Voluntary admission to psychiatric ward.
- B. Compulsory admission under the Mental Health Act
- C. Refer to social services
- D. Find alternate housing

7. A 29 year-old woman has presented to a mental health clinic for a follow-up appointment. She is 28 weeks pregnant and has been managing schizophrenia with Olanzapine for the past year, with good control of her symptoms. During the consultation, she mentions that she recently read about the risks of antipsychotic medication during pregnancy, and is concerned about the safety of continuing on Olanzapine. She feels well but she seeks reassurance about whether she should be worried about any potential complications. Which of the following is the most relevant information regarding her medication?

- A. Olanzapine increases the risk of miscarriage.
- B. Olanzapine increases the risk of cleft lip
- C. Olanzapine increases the risk of gestational diabetes mellitus
- D. Olanzapine is linked to increase risk of pre-eclampsia

8. A 28-year-old woman witnessed a tragic road traffic accident where a young boy was suddenly struck and killed by an oncoming lorry. On the night of the event, she was not able to sleep as she had horrible thoughts about the incident. On the following morning she woke up and was not able to see. She has no previous history of medical psychological issues. What is the single most likely diagnosis?

- A. Functional neurological disorder/ Conversion disorder.
- B. Somatic symptom disorder
- C. Post-traumatic stress disorder



D. Depression

9. Which of the following medications is most appropriate first line treatment for major depression?

- A. Imipramine
- B. Quetiapine
- C. Sodium Valproate
- D. Paroxetine

10. Which antipsychotic medication is least likely to cause metabolic syndrome in a non-obese patient?

- A. Risperidone
- B. Aripiprazole
- C. Haloperidol
- D. Paliperidone

11. How long do symptoms of mania need to be present during an episode for a diagnosis of type II Bipolar Affective Disorder?

- A. One week
- B. One month
- C. Six months
- D. One year

12. Which of these symptoms typically need to be present for a diagnosis of major depressive disorder?

- A. Insomnia
- B. Fatigue
- C. Loss of interest/anhedonia
- D. Suicidal ideations

13. A 44 year old man presents to the health centre and complains that his neighbours have been trying to kill him through various forms of witchcraft, although he does not have any proof. He appears unkempt and has poor eye contact. What form of disorganised thought or behaviour is he experiencing ?

- A. Tangentiality
- B. Delusion
- C. Hallucination
- D. Circumstantiality

14. A 17 year-old girl was found by her mother collapsed on the floor at home and brought to the emergency department. She regained consciousness just before the paramedics arrived. She gives a history of increasing fatigue for the past few weeks since joining the gym two months ago. Upon further questioning, her mother says that she found some pills, which turned out to be laxatives and diuretics, in her daughter's room. What is a single most likely reason for her symptoms?

- A. Substance use disorder
- B. Epilepsy
- C. Anorexia nervosa
- D. Hyperthyroidism

15. Which of these is regarded as a positive symptom in the syndrome of schizophrenia?



- A. Blunted affect
- B. Withdrawal
- C. Cognitive impairment
- D. Hallucinations

16. Which Part of the Mental Health Act of Fiji describes the laws governing detention and involuntary psychiatric assessment of a person ?

- A. Part 1
- B. Part 2
- C. Part 3
- D. Part 4

17. The Mental Health Act allows physicians to detain a person for assessment if they are deemed to present a risk to themselves or to the public. How long does this period last before requiring a review by an authorised mental health practitioner?

- A. 24 hours
- B. 48 hours
- C. 72 hours
- D. 90 days

18. A client on lithium has been feeling low recently, says he has no energy, feels disengaged, and cannot concentrate. Upon investigation, his serum lithium level was found to be 0.4mEq/L. What is the next course of action

- A. Increase lithium dose
- B. Decrease lithium dose
- C. Add Risperidone
- D. Refer to counselor

19. A 24 year old man has just been diagnosed with Bipolar Affective Disorder. Which is of these is the drug of first choice for treatment?

- A. Carbamazepine
- B. Lithium
- C. Lamotrigine
- D. Sodium Valproate

20. Which of these medications for managing mania is contraindicated in young females due to the risks of neural tube defects?

- A. Risperidone
- B. Carbamazepine
- C. Fluoxetine
- D. Sodium Valproate

21. A 30 year female has been experiencing episodes of palpitations, dizziness, peri-oral numbness and feelings of fear out of the blue, for the last three months. She denies any depressive symptoms. What is the treatment of first choice ?

- A. Refer for EMDR



- B. Advise her on self help methods and review
- C. Commence sertraline
- D. Prescribe diazepam PRN

22. What is the main neurotransmitter affected in Schizophrenia?

- A. Serotonin
- B. Acetylcholine
- C. Dopamine
- D. GABA

23. Which of these disorders is part of the schizophrenia spectrum?

- A. Paranoid Personality Disorder
- B. Schizotypal Personality Disorder
- C. Schizophreniform Disorder
- D. Schizoid Personality Disorder

24. A mother has brought her five year son for review. She says she has noticed her son is not exactly like other children ever since he was a baby. He does not like playing with children his own age. He loves playing with the same toys every day for hours on end. He does not like being hugged even by his mother. He tends to get very upset when they go to new places. He can speak but usually prefers to communicate by pointing. The mother has noticed the son doesn't smile much and does like looking at people when they are talking to him.

What is the best course for management for this case?

- A. Provide information and refer to support groups
- B. Commence antipsychotic
- C. Commence mood stabiliser
- D. Commence anti epileptic medication

25. In which year was the present Mental Health legislation of Fiji formulated?

- A. 2010
- B. 2016
- C. 1970
- D. 2000

26. How long does the Mental Health Act allow a person to be admitted involuntarily at a mental health facility before requiring permission from the Mental Health Review Board?

- A. 30 days
- B. 60 days
- C. 90 days
- D. 120 days

27. Ophelia is a 28 year female who has been taking lithium for the past two years for Bipolar Affective Disorder. She has presented to clinic today with a three month history of weight gain, feeling puffy and bloated, having constipation, hair feeling brittle and falling, and feeling cold even on warm nights. Which of these investigations is most likely to be present ?

- A. Elevated lipids



- B. Elevated T3
- C. Abnormal LFTS
- D. Elevated TSH

28. A 65 year male is brought in to the emergency department by his family, with a two day history of being agitated, being confused, has stated he can see visions of fire in his room, and is now becoming aggressive at times. His symptoms appear to be worse at night, and there are periods during the day when he seems absolutely fine. He does not have any previous psychiatric history and had been completely well until two days ago. He has a history of hypertension and has been poorly adherent to medications. Which of the following is the most likely cause of his presentation?

- A. Schizophrenia
- B. Delirium
- C. Dementia
- D. Bipolar Affective Disorder

29. A 53 year male comes in to ED complaining of headaches, visual hallucinations, and feeling tired for the past two days. He has no previous psychiatric history. He has been on medications for ischaemic heart disease. He recalls having falling off the ladder and sustaining a knock to his head whilst doing repair works on his house. Which of these investigations is most recommended to diagnose his condition?

- A. FBC
- B. Coagulation studies
- C. CT scan
- D. Thyroid function tests

30. A 42 year male who is on medications for treatment resistant Schizophrenia with refractory symptoms has presented to clinic with a history of fever, sore throat, and feeling tired. On preliminary investigations, it is noted he has a low white cell count Which of the following antipsychotic drug is most likely responsible for this affect?

- A. Risperidone
- B. Clozapine
- C. Aripiprazole
- D. Quetiapine

The next three questions are based on the following scenario:

A 21 year old female is rushed into the emergency department having found by family with ingestion of several sheets of paracetamol/acetaminophen. Upon counting she has found to have ingested a 20 tablets of 500mg extended release tablets. The time of ingestion is unknown. The patient refuses to reveal any further details, and appears to be clinically stable.

31. What is the minimum toxic dose in adults for paracetamol/acetaminophen in a single dose?

- A. 4g - 6g
- B. 7.5g - 10g
- C. 10g - 12g
- D. 12g - 15g

32. What is the best initial recommended investigation for her to determine diagnosis and treatment?



- A. Liver function tests
- B. Coagulation studies
- C. Acetaminophen concentration
- D. Renal function tests

33. What is the immediate management for her presentation?

- A. Administer *N*-acetylcysteine
- B. Administer IV fluids
- C. Administer activated charcoal
- D. Start antidepressants

34. A 21 year-old woman is followed up for her mental health by the psychiatric team. She gave birth to her first baby five weeks ago. Since then she feels she is unable to cope with her looking after her baby. She's seen crying all the time. She has very low moods and finds no pleasure in life. She feels very anxious about looking after her newborn as well as isolated and unable to relate to other people. At times she has intrusive thoughts of harming her baby. What is the single most likely diagnosis?

- A. Postpartum blues
- B. Postpartum depression
- C. Postpartum psychosis
- D. Generalised Anxiety Disorder

35. A 30 year known case of recurrent depressive episodes with severe suicidal ideations has presented to the clinic with complaints of active suicidal ideations, and has attempted to kill himself several times over the last two days, and was only prevented in doing so by constant supervision from his family. He refuses to take medications because he no longer wants to get better, he just wants to die. He is still actively planning to kill himself. He does not have any psychosis at present. What is the best management for him in the acute phase?

- A. Commence sertraline
- B. Commence Haloperidol decanoate
- C. Electroconvulsive therapy
- D. Refer for cognitive behavioural therapy

36. A 35 year old military officer has just returned from service with the UN peacekeepers corps. He has presented today with a history of difficulty sleeping. He gets easily startled with loud noises. He has been unable to socialise and integrate back into his family life since his return. He constantly has flashbacks of his time during service. What is the recommended medication for treatment of his condition?

- A. Citalopram
- B. Lorazepam
- C. Amitriptyline
- D. Risperidone

37. A 70 year male is brought in by his family with a history of progressive forgetfulness, and he is now becoming emotionally labile, and often tries to abscond from his home. His physical examination and CT scan are normal. He has no other known co-morbidities. Which of the following is the most likely diagnosis?

- A. Huntington disease
- B. Alzheimer's dementia



- C. Dementia with Lewy body
- D. Vascular dementia

38. A 24 year female is rushed into ED whilst being bagged. According to her friend they had been at a party where they had used some substances by injecting themselves. A preliminary survey shows the patient has very slowed breathing, has no verbal response, pinpoint pupils, and needle track marks on her inner forearm. What is the best immediate management?

- A. Intubate
- B. Continuous positive airway pressure
- C. Naloxone
- D. Benzodiazepine

39. A 34 year lawyer has presented to the clinic with a history of feeling anxious in courtrooms during trials. She says she prefers to stick to paperwork and does not like attending trials anymore, as she feels scared to speak in public, and feels like she is about to pass out if she has to, because she feels people are judging her every word. She feels extremely self conscious when talking to people and is considering working from home to avoid interactions. What is she most likely to have?

- A. PTSD
- B. Generalised Anxiety Disorder
- C. Agoraphobia
- D. Social anxiety disorder

40. A 21 year male has been brought to the emergency room after reports of vagrant and violent behaviour from the public. He is noted to be agitated, does not answer any questions, has marked facial anger, and tried to hit an orderly when being triaged. He appears to smile inappropriately to himself, and is mumbling softly to himself. He spat out water that was offered at staff. The police have kept him in handcuffs. What is the most appropriate initial management?

- A. Haloperidol IM
- B. Promethazine IM
- C. Diazepam IM
- D. Modecate IM

### Short answer questions (30 marks)

Please write answers in the designated section on the answer sheet.

1. List at least 3 symptoms of lithium side effects or toxicity? (1.5 marks)
2. What are two side effects of second generation antipsychotics not commonly seen with first generation antipsychotics? (1 mark)
3. List the 6 levels of insight with a short description for each in order, from most insightful to least insightful. (3 marks)
4. List at least three symptoms of extrapyramidal side effects. ( 1.5 marks )
5. What are the four main features of neuroleptic malignant syndrome? (2 marks)
6. What are the principles of management of neuroleptic management syndrome? (1.5 marks)



7. List at least five symptoms required for the diagnosis of major depressive disorder, including at least one cardinal symptom. ( 2.5 marks )
8. List at least 4 symptoms required to diagnose a manic episode. ( 2 marks )
9. List the four principles of medical ethics, with a short description of their meaning. ( 2 marks )
10. List at least 3 side effects of SSRIs. ( 1.5 marks)
11. List at least three clinical features that may be noted in a child less than 5 years of age with ADHD. (1.5 marks)
12. List at least two medications which can be opted for use in adults with ADHD? (1 mark)
13. What is the minimum duration required for the presence of active symptoms to diagnose these disorders: A)Major Depressive Episode (0.5 mark)      B)Schizophrenia (0.5 mark)
14. Write the name of the neurotransmitter most affected by the use of these medications: A)Fluoxetine- (0.5 mark)      B)Haloperidol- (0.5 mark)
15. List at least three features required for diagnosis of PTSD. (1.5 marks)
16. A patient has been having trouble sleeping for the past four days. List at least three sleep hygiene interventions you can advise to help improve sleep without pharmacological interventions. (1.5 marks)
17. Which antidepressant / class of antidepressants is least likely to be prescribed in a patient with cardiac co-morbidities? (0.5 mark)
18. Prior to conducting a psychiatric interview, list at least three measures to be taken to ensure physical safety. (1.5 marks)
19. You have been asked to assess a person with alcohol use disorder for dependency. List the CAGE criteria used to identify possible cases of substance dependency. (2 marks)

**Scenario Questions ( 3 scenarios, 10 marks each, total of 30 marks )**

**Scenario 1**

1. A 35 year old female has presented to ED with chest pain. She says that she has been transitioning into a new role at work where she manages the finances, and she is constantly scared that she will make a mistake. She keeps working about the future of her family, and feels anxious about how she and her partner will afford their mortgage and pay for the school fees of their two children. She sometimes feels like she is a bad mother, and constantly worries about her husband or children becoming ill. Her muscles have been feeling stiff and sore, and she is often restless. She has been finding it difficult to concentrate. She becomes irritated with small things, and recently has been more angry towards her husband and children. She cannot sleep because she is flooded with thoughts about the future and how she will manage her job and family life. She now feels low sometimes, but denies any suicidal ideations, although she does feel her family would be better off without her, and that she should go somewhere far away and be alone. She had some blood tests done with her GP, which all came back



normal. She is really worried and wants to get better, as her symptoms are causing problems with her work and her relationship.

- A) What is the most likely diagnosis ? (1 mark)
- B) List at least two differential diagnosis, including any medical conditions you may need to rule out. (1 mark)
- C) Present support of your diagnosis with at least four reasons according to the ICD-11 or DSM 5 criteria using the information provided above.(2 marks)
- D) Outline your non-pharmacological management and considerations for this client. (3 marks)
- E) Outline your pharmacological management and considerations for this client ? (3 marks)

## **Scenario 2**

2. An 18 year old male has been brought to the ED by police for trying to baptise passers by on the street with "holy water". According to his parents, he has not been sleeping well for the last two weeks, talking incessantly and loudly, he is unable to sit still, and appears unusually happy. On examination, the client appears dressed in robes made out of bedsheets, he speaks very quickly and jumps from topic to topic without answering most questions, his voice is sometimes loud, and he appears to be rather joyful. He says he has been appointed by God to bring people to the light, and that God has been telling him wonderful things. He keeps walking around the room, talking and gesturing to himself. He does not let anyone speak over him and seems to get agitated when asked to sit down. He becomes very demanding when being asked questions, and seems to get quite upset with his parents when they answer for him, and tell them to shut up. He denies any substance use, saying this is against his religion. He denies feeling unwell, and says he needs to go back to preaching as God is commanding him to leave the hospital. He does not want any tablets or injections.
- A) What is the most likely diagnosis for this client ? (1 mark)



- B) List at least two differential diagnosis, including any medical conditions you may need to rule out. (1 mark)
- C) Present support of your diagnosis with at least four reasons according to the ICD-11 or DSM 5 criteria using the information provided above.(2 marks)
- D) Outline your non-pharmacological management and considerations for this client. (3 marks)
- E) Outline your pharmacological management and considerations for this client ? (3 marks)

### **Scenario 3**

3. A 17 year old male has been brought in by police for trespassing onto private property. The nurse tracks down his family, and according to history from his parents, he has a 6 month history of talking to himself, becoming very agitated and throwing things at people, has not been sleeping and feels like he is being watched. He claims the police have been surveilling him, and that he can hear their voices talking about taking him in and torturing him for information. Upon examination, he appears dishevelled, has underlying facial anger, does not make eye contact and constantly keeps looking around. He often begins to answer a question and then stops. He makes up words as he speaks. He is suspicious towards the physician, claiming he must be a police officer in disguise. He says he should "take out" all the police officers before they have a chance to interrogate him. He does not make sense when asked questions, and often deviates completely from what he was talking about. He denies any substance use, and the parents aren't sure if he has been taking anything. He feels nothing is wrong with him, and cannot understand why his claims are not being taken seriously. The family claims they had an uncle who had become similarly unwell and had to be hospitalised. The police have decided to question him once medically cleared.

- A) What is the most likely diagnosis for this case? (1 mark)



- B) List at least two differential diagnosis, including any medical conditions you may need to rule out. (1 mark)
- C) Present support of your diagnosis with at least four reasons according to the ICD-11 or DSM 5 criteria using the information provided above.(2 marks)
- D) Outline your non-pharmacological management and considerations, especially keeping in mind the forensic history, for this client. (3 marks)
- E) Outline your pharmacological management and considerations for this client ? (3 marks)

