



UNIVERSITY OF JAFFNA, SRI LANKA

FINAL EXAMINATION FOR MEDICAL DEGREES – JUNE 2020

Psychiatry Paper II

Date: 19.06.2020

Time: 03 hours

ANSWER ALL SIX QUESTIONS

ANSWER EACH QUESTION IN SEPARATE ANSWER BOOK.

1. A 74 year old woman was referred for a psychiatric assessment from the medical clinic, where she was followed up for hypertension, dyslipidemia and hypothyroidism. She presents to the psychiatry unit along with her 80 year old husband with the complaint of burning sensation on the backside of her body, numbness of head, tiredness, forgetfulness, difficulties in completing her household work and loss of interest to almost everything she was interested in the past. She looks weary and tired. Though she is a mother of four children, at present, she is living alone with her husband, a retired government officer who himself has multiple medical comorbidities.

As a medical officer working in the psychiatry unit,

- 1.1 State your most probable diagnosis. (10 marks)
- 1.2 Mention two psychometric scales which are useful in the assessment. (10 marks)
- 1.3 Describe your management plan. (40 marks)
- 1.4 Briefly discuss the psychological aspects of elderly couples who are living alone. (20 marks)
- 1.5 Write down a reply to the medical team as per the request of your consultant (20 marks)

2. A 19 year old girl, who is studying for her Advanced Level examination was brought by her parents to the emergency unit with the history of sudden onset of abnormal behaviour. According to the parents, the girl was apparently well before 3 days and then started experiencing a sense of fear for everything and told her parents that something wrong was going to happen. She lost her sleep, perceived things in a suspicious way, and remained mostly in her room. Once, she told that she heard some unknown voices threatening to kill her. A day before the admission, she told her parents that they were not her real parents and then stopped talking to them.

Parents took her to the nearest doctor who prescribed some medications to calm her down. She accepted those medications for two times and then refused.

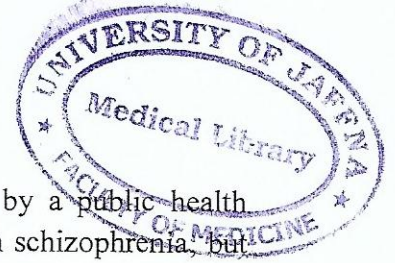
On examination she was found to be dehydrated, mute and poorly communicative. Her limbs were showing mild rigidity. She refused to open her mouth even for examination.

- 2.1 Give three differential diagnoses for this clinical scenario. (15 marks)
 - 2.2 State what additional information you would obtain to confirm or rule out the stated differential diagnoses (15 marks)
 - 2.3 As a medical officer in the emergency unit, how would you manage this patient for the next 48 hours? (50 marks)
 - 2.4 On the second day of admission the girl's mother wanted to discharge her from the hospital and take her to a traditional healer. What would be your advice? (20 marks)
3. A 35 year old mother of two children aged 6 and 4 years, presents with a complaint of severe breathlessness and dizziness when she goes out of the house. She has initially developed these symptoms a month before when attending a school concert. The elder daughter was taking part in the concert and the younger daughter was seated with her. They were in a crowded hall and suddenly she developed severe breathlessness and a choking feeling. She had got scared at this point and dragged her younger child and rushed out. She had called her husband and gone to the hospital where they could not find any medical issues to account for the breathlessness.

Since that day, she seemed to get these episodes when she went out of the house, especially if she went out alone. She could not stay in an air-conditioned room or travel in a bus as these symptoms became worse in these situations.

She has no past psychiatric history. She is able to do all her household activities as usual. Her sleep and appetite have not been disturbed.

- 3.1 What is the most likely diagnosis? (10 marks)
- 3.2 State five important questions you will ask from this lady to confirm your diagnosis. (20 marks)
- 3.3 List three important investigations you will consider from a medical point of view. (10 marks)
- 3.4 Name the psychological intervention of choice and briefly describe how that should be carried out. (40 marks)
- 3.5 Briefly discuss the pharmacological management (20 marks)



4. A 35-year-old housewife was referred to the psychiatric team by a public health midwife. Her clinical records shown that she was diagnosed with schizophrenia, but discontinued her follow-up for the last 3 years. Three weeks back the woman gave birth to her third baby, and had not felt well since.

The history revealed that her last pregnancy was an unplanned one, and the baby was born prematurely, required to be nursed in the premature baby unit (PBU) for a week. After arriving at home she developed sleep disturbance, fearful preoccupation and muttering to self. There was evidence of gross self-neglect and she hardly involved in taking care of her baby. She looked very scared and claimed that she had fleeting thoughts of harming the infant. Her partner was in the opinion that she was not coping well to perform her role as a mother.

The woman was admitted to the psychiatric inpatient unit and received prompt treatment. When she improved, the treating consultant psychiatrist planned to discharge her home.

- 4.1 List five psychosocial factors, which would have contributed to the relapse of her mental illness. (10 marks)
- 4.2 Briefly describe the important areas that should be focused in the psycho education of her family members during the discharge. (30 marks)
- 4.3 Discuss the role of the primary health care team in the continuing care of her mental illness. (30 marks)
- 4.4 Discuss the long-term psychological consequences of the new born raised by this mother with mental illness. (30 marks)
5. A 42-year-old housewife and a mother of three children, was referred to the mental health clinic by her family doctor, as she had been suffering from multiple, non-specific symptoms for four years.

During history taking, she denied of having underlying psychological problems. She told that she was financially stable and having a very good, supportive family environment. If she had a little worry, it was only about her husband, who has been persistently ignored the importance of 'being intimate' after their third child.

The consultant psychiatrist went through her previous clinic records, had an in-depth assessment and made a diagnosis of somatization disorder.

- 5.1 Briefly describe the factors that would have been considered by the psychiatrist before arriving at a diagnosis of somatization disorder. (25 marks)
- 5.2 Briefly discuss the management principles of this patient. (25 marks)

In one of the following visits, her 44-year-old husband accompanied with her to the clinic. When interviewed, he revealed that he was suffering from erectile problems for few years. After a thorough psychological and medical evaluation, the psychiatrist prescribed him sildenafil 50 mg to be used on a needy basis.

5.3 Describe the important aspects that should be considered in the assessment of a person presents with the complaint of erectile dysfunction. (30 marks)

5.4 State the mechanism of action of sildenafil with regard to erectile dysfunction. (20 marks)

6. A 10-year-old boy, one and only child to the family, was brought to the child and adolescent mental health clinic by his mother and grand-mother with a history of disruptive behaviours for many years.

The history revealed that from the age of three years, the boy was under the care of his grandmother. Boy's mother had to go abroad as a breadwinner to keep the family going, as her husband was frequently under police custody for committing crimes. According to the mother, her husband was a cold, reserved person with high degree of violence and multiple substance use.

Grandmother recalled the first incident of disruptive behavior, when the boy was 6 years, which was coincided with the mother's departure from home for the third time. Then similar behaviours continued. Grandmother responded to his demands initially, however, when they escalated, she was unable to cope with them and placed him in a child welfare center. Since then, the boy has been moved to four different child welfare centers. None of the centers were able to tolerate the boy's behavior.

About seven months back, his mother was called back from abroad, and the boy was handed over to her by the authorities. However, there are hardly any changes noted in his behaviour. Mother continuously received complaints from the school, but her son always denied them. Neighbours also complained about disappearance of their pets which were later resurfaced as dead in their backyards.

A week ago, the boy was temporarily suspended from school after he stabbed a classmate by a scissor during the class and when the teacher tried to intervene, he threatened the teacher with bodily harm. The principal advised the mother to get a psychiatric opinion as a precondition to keep the boy back into the school.

In the clinic the boy stayed very calm and quiet and replied negative for most of the question regarding his disruptive behaviour. He was found to pressurizing the mother in a surreptitious manner to leave the clinic at the earliest after getting the necessary documents for the school.



- 6.1 What is the most likely diagnosis? Give reasons. (15 marks)
- 6.2 Name three factors that may have sustained the disruptive behaviour in the boy. (15 marks)
- 6.3 List three effective treatment approaches for this disorder. (15 marks)
- 6.4 Describe briefly the management of this boy? (40 marks)
- 6.5 Name three factors that predicts poor outcome in this boy. (15 marks)