



UNIVERSITY OF JAFFNA, SRI LANKA

FINAL EXAMINATION FOR MEDICAL DEGREES—MARCH 2021

PSYCHIATRY PAPER II

Date: 12.03.2021

Time: 03 hours

ANSWER ALL SIX QUESTIONS

ANSWER EACH QUESTION IN SEPARATE ANSWER BOOK

1. A 25-year-old undergraduate came to see the psychiatrist at the Teaching Hospital Jaffna. He complained of having a persistent fear that he might be contracted by COVID-19 soon. He was constantly worrying about what would happen to his parents and siblings if he had been taken into the COVID treatment center. He was also disturbed by the thoughts of how the neighbours and villagers would react when this happened to him.

He lost his sleep, became extremely nervous, and found it difficult to concentrate on his ZOOM classes. He was unable to eat well, sit patiently and even chat with his girlfriend. He became shaky, sweaty and dry in most parts of the day.

He was a bright student and a good orator. He never had similar experience in the past. As an individual, he was very sensitive, otherwise he was a person who was well respected by his family, teachers and peers. He had good faith in his religion and adopted high values in his life. He has always been away from substances.

- 1.1 Name three differential diagnoses and state the most probable diagnosis with reasons (10 marks)
- 1.2 What specific information you would collect to confirm or rule out the conditions mentioned in 1.1 (15 marks)
- 1.3 Write down with justification how you would investigate this undergraduate student (15 marks)
- 1.4 Briefly describe your management plan for this young man (40 marks)
- 1.5 List ten (10) psychosocial issues of the University students during COVID-19 pandemic (20 marks)
2. Mrs. Shanthi, a 55-year-old widow and a mother of three children, was brought to the emergency unit with a history of self-ingestion of thirty paracetamol tablets. After the initial management, she was referred to the psychiatric services for further assessment.

During the consultation, she revealed that she had lost her 28-year-old eldest son three months back in a road traffic accident. Since then, she had been preoccupied with the thoughts of him, lost her sleep and barely engaged in any household activities. The images of that fatal accident, which she viewed from the footage of nearby closed circuit television (CCTV) camera, started intruding her memories and bothered her a lot. During the past few days she had frequent thoughts and irresistible impulses of ending her life.

- 2.1 How would you assess this woman in relation to her bereavement? (20 marks)
 - 2.2 Briefly discuss the clinical features which would be useful in differentiating a grief reaction from a depressive episode? (15 marks)
 - 2.3 Discuss the psychological management of this patient. (30 marks)
 - 2.4 Briefly discuss the place of pharmacological agents in the management. (20 marks)
 - 2.5 Briefly comment on the effects of watching horrific scenes in human mind (15 marks)
3. A 62-year-old male was transferred from the National Hospital, Colombo to the Teaching Hospital Jaffna following a stroke while working in his Colombo office four weeks before. He had been stabilized prior to transferring and on admission all his biochemical investigations were normal. He was on Telmisartan for hypertension, statins for dyslipidaemia and aspirin.

You are the doctor in the medical ward and on examination he had an upper motor neurone deficit of his left side with the power of one out of five in his upper and lower limbs. He had no urinary or faecal incontinence. The MRI brain showed an infarct in the area of the right middle cerebral artery territory.

He is able to speak clearly despite mild dysarthria and he tells you that he is worried about his future. He starts crying and says he wishes he should have rather died and not survived.

- 3.1 Mention five symptoms in his history that will be important to establish a depressive disorder in this patient. (25 marks)
- 3.2 Mention five features in the mental state examination that will help you establish the severity of the depressive disorder. (25 marks)
- 3.3 Mention five psychosocial aspects you will consider in the management of this patient. (25 marks)
- 3.4 If he was to be started on an antidepressant, what would be your choice? (10 marks)
- 3.5 Mention three recognized cognitive issues that can arise following this stroke. (15 marks)

4. Mr. Raj, a 45-year-old mason, father of three school going children, was brought to the psychiatric services by his wife with a history of altered behaviour for the past seven days. He suddenly developed a sense of strong suspicion on his neighbourhood believing that they were planning to murder him and his family. He lost his sleep, became vigilant and started adopting precautionary measures like closing the windows, switching off the lights and not allowing the family members to talk loudly. At times, he was seen staring at the roof as he could hear the talk and discussion of his neighbours.

The history further revealed that he was previously a healthy person and never had similar episodes in the past. According to his wife, he is a good husband, a responsible father and a religious person with good morals. He has been fasting for the last 10 days to pay respect to their temple festival, during which, he completely stopped consuming meat and alcohol, which are otherwise inseparable from his life.

- 4.1 List three (03) possible differential diagnoses you would consider at this stage. (10 marks)

- 4.2 Mention how you would plan your assessment in order to arrive at the most probable diagnosis. (30 marks)

Both Mr. Raj and his wife were not prepared to stay in the ward and asked for some medications to control his behaviour.

- 4.3 Briefly describe the pharmacological management for his current symptomatology. (30 marks)

One week after the initial contact, the couple came for a follow up visit. Mr. Raj seemed to be settled now. His wife said that he was much better now and even started attending to his masonry work. Apparently he started consuming alcohol again. Both Mr. Raj and his wife were indifferent about his alcohol use.

- 4.4 Briefly discuss how you would manage his alcohol use (30 marks)

5. Rubi is a 43-year-old single, unemployed woman with bipolar affective disorder for the last 20 years. She was abandoned by her siblings and relatives after the demise of her parents.

Rubi presented herself to the acute inpatient unit with three weeks history of pervasive sadness, easy fatigability, inability to do her day to day activities and a feeling of worthlessness.

The clinic records showed that Rubi was regular for her clinic visits and her medication adherence was fairly good. She has been prescribed with olanzapine and lithium carbonate since her first episode. Her last prescription was olanzapine 20 mg nocte and lithium carbonate 750 mg nocte.

This is her sixth admission to an inward psychiatric facility, and her past two admissions were within the last two years.

- 5.1 List five (05) possible reasons for her current presentation. (20 marks)
- 5.2 Describe how you would assess this patient in relation to her current presentation. (20 marks)
- 5.3 Discuss the pharmacological management of this patient. (30 marks)
- 5.4 Briefly describe how best you can improve the psychosocial wellbeing of this patient. (30 marks)

6. A 09-year-old boy was referred to the mental health unit by a Medical Officer of Health (MOH) for the purpose of supporting his poor school performance which was reported by his class teacher in the recent school medical inspection.

The boy was accompanied by his mother, who mentioned that her only concern was that he got poor marks in his examinations and otherwise her child was perfectly normal. He is the youngest of 5 siblings, among them two have already been following their studies in Universities. The mother denied any adverse events during the intrapartum and postpartum period. She stated that since the child was healthy she never took the child to a doctor.

When inquired about the past, the mother broke into tears and described that she lost her husband, a businessman, when the child was one year, and subsequently she underwent enormous difficulties as a single parent to support and educate her five children. She managed to get a job as a work supervisor in a factory five years back, and has been continuing it; but it drained a lot of energy and time from her.

On examination, the boy appeared anxious and overly obedient. He was quite but reactive. He too became tearful when his mother broke into tears. He was able to maintain a good eye contact with the doctor. However, he took some time to become friendly with the other children attended to the clinic.

- 6.1 List five (05) possible causes for the poor school performance in this boy (15 marks)
- 6.2 Outline how you would assess to find out the most probable cause for his poor school performance (30 marks)
- 6.3 Briefly describe the management principles of this child's problem (40 marks)
- 6.4 Mention the possible challenges the mother might have faced as a single parent (15 marks)