UNIVERSITY OF JAFFNA, SRI LANKA

FINAL EXAMINATION FOR MEDICAL DEGREES - SEPTEMBER 2025

Academic Year 2018/2019

PSYCHIATRY - Paper II

Date: 26.09.2025 Time: 1.30 pm - 4.30 pm

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1. A 50-year-old businessman is brought by his wife to the mental health clinic. The history revealed that he had a major setback in his business following lending out a large sum of money to his business partner, who left the country with the money two weeks ago and became uncontactable.

   Upon discovering this betrayal, she observed her husband in a state of benumbedness. He did not attend his routines, slept poorly, neglected his meals, and avoided interacting with family members. On the previous night, his wife found him outside the house staring at the jack tree, as if in a daze, with a rope in his hand. He was found to be restless but did not speak a word. She brought him back to the house and put him on the bed. After waking up in the morning, he did not say anything about what was going on in his mind but was just seated with a blank look.

   He had no medical comorbidities apart from uncomplicated essential hypertension, for which he was on Losartan 50 mg daily. His blood pressure was found to be within normal range. He doesn't use substances and has no history of psychiatric illnesses in the past.

   1.1 List two (02) differential diagnoses, stating reasons. (20 marks)

   1.2 Briefly discuss the important aspects you would look for in his mental state examination. (30 marks)

   1.3 Outline your management plan for this businessman. (40 marks)

   1.4 Name five (05) emotional responses of betrayal. (10 marks)

2. A 65-year-old gentleman presents with the complaint of an irresistible impulse to collect paper pieces and look for any important content in them for the past year. This behaviour gradually escalated and expanded. Recently, he started collecting paper pieces that were there on the roads, temples, and other public places. He throws some of them but keeps the other pieces with him and repeatedly checks for any useful contents. As a retired administrative officer, who always kept his office clean and tidy, he recognises his behaviour as senseless. But he is unable to resist his urges and continues to engage with the behaviour that causes distress to him and embarrassment for his family.

   2.1 List three (03) differential diagnoses for this clinical presentation. (15 marks)

   2.2 Briefly describe how you would arrive at the provisional diagnosis. (15 marks)

   2.3 Outline the management plan for your provisional diagnosis . (50 marks)

   2.4 Discuss the psychological impact of retirement. (20 marks)

3. A 22-year-old pregnant female, at 26 weeks gestation, was admitted to the medical ward following ingestion of 20 paracetamol tablets. She was married six months ago against her parents' wishes, and her husband left for work in Doha two weeks after their marriage. She currently resides with her in-laws. On the second day she was referred to the psychiatry clinic.

   On assessment, she described feeling persistently low and less engaged in her usual routines over the past three months. She also had ongoing worries about her own future and that of her unborn child. She attempted to share her feelings with her husband, but instead of listening to her, he labelled her feelings as a sign of mental weakness and advised her to stay strong.

   She was uncertain about why she attempted to harm herself and the foetus and was still found to be ambiguous about her survival. She did not have a past history or family history of mental illness. She is presently stable enough to be discharged from the medical ward.

   3.1 List the factors which would have led her to the current presentation. (20 marks)

   3.2 Briefly outline how you would assess this patient. (30 marks)

   3.3 Discuss your immediate and long-term management plan. (40 marks)

   3.4 During pregnancy, how can a male partner support his counterpart? (10 marks)

4. An 8-year-old boy was brought by his mother with complaints of frequent bedwetting, occurring over the past few weeks. The mother stated that the problem started shortly after the child's father migrated abroad for employment two months ago. The boy regularly attends school and tuition classes and does not display any features suggestive of depression or other mood disturbances.

   4.1 Mention the most likely diagnosis, giving your reasons. (15 marks)

   4.2 State what additional information you would gather in the history. (15 marks)

   4.3 List three (03) investigations with reasons that will help in the evaluation. (15 marks)

   4.4 List three (03) healthy bladder habits that will help in the management. (15 marks)

   4.5 Briefly describe one (01) evidence-based behavioural intervention that will be effective. (25 marks)

   4.6 Outline the role of medications in this clinical scenario. (15 marks)

5. A 35-year-old three-wheeler driver was referred by the courts with an alleged history of exposing his genitalia to a group of girls who were on their way home from a tuition centre. According to him, he was married and a father of three little girls. On that day he had consumed a large quantity of beer and developed an urgency to urinate. After attending to his call of nature on the roadside, he casually turned out before adjusting his dress. Those girls looked at him and made a loud noise.

   5.1 Name two (02) potential clinical conditions described in this case scenario. (20 marks)

   5.2 Briefly describe what additional information you would gather with regards to the conditions mentioned in 5.1. (40 marks)

   5.3 Briefly discuss the medico-legal aspects of those conditions mentioned in 5.1. (20 marks)

   5.4 How do you assess his fitness to plead? (20 marks)

6. A 35-year-old technical officer with a 10-year history of schizophrenia is currently on clozapine 300 mg/day. He presents with increasing suspiciousness towards colleagues, experiences of hearing his thoughts being spoken aloud, and hearing his name used in a defamatory comment. He has also been reported to have reduced concentration at work.

   His medical history is positive for diabetes mellitus. He denies alcohol or other illicit drug use except for occasional use of cannabis. He reports good adherence to medication.

   His family members note that he spends long periods isolated in his room. They often criticise him for being withdrawn. His mother is particularly worried that his current presentation may hinder their youngest daughter's marriage prospects, and the family feels he is "not putting enough effort to get better."

   On examination, he is guarded and poorly engaging, with blunted affect, sparse speech, and residual negative symptoms. He describes vague persecutory delusions and third-person auditory hallucinations. Thought form is goal-directed, cognition is grossly intact, and insight is partial. Physical examination revealed a BMI of 29 kg/m², a pulse rate of 98 bpm and a BP of 145/105 mmHg.

   6.1 Enumerate the possible factors contributing to his current presentation. (20 marks)

   6.2 List two (02) investigations that would help you to clarify the cause of his ongoing symptoms. (10 marks)

   6.3 Outline the key principles of pharmacological management for this patient. (30 marks)

   6.4 Outline the key aspects of non-pharmacological management of this patient. (30 marks)

   6.5 What advice would you provide to the family members? (10 marks)