

Psychiatry

SELF-ASSESSMENT QUESTIONNAIRE

SAQs and answers are ONLINE for RCP Fellows and Collegiate Members

The SAQs printed in the CME section can only be answered online to achieve external CPD credits. The closing date is 21 January 2007.

The answering process

- 1 To access the questions, log on to the Fellows and Members area www.rcplondon.ac.uk/Members/SAQ (those who have not yet registered will be automatically directed to the registration pages)
- 2 Select: **Online learning SAQ**
- 3 At the top of the SAQ page select the current CME question paper
- 4 Answer all 10 questions in any order, by indicating true or false
- 5 Check your answers and change them if you wish to
- 6 Click on **Submit for final marking**.
(Note – after submitting your answers NO changes are possible)

The marking process

- You must submit the answers before the closing date shown at the top of the screen
- Answers will be marked automatically on the date displayed for that paper
- You can find your marks with explanations of the answers on the CME page under **My past CME papers**

Registering your external CPD credits

A pass mark of 80% allows you to claim two external CPD credits. Only the first seven distance learning credits will be counted as external, the remainder can be claimed as personal credits.

To claim your credits:

- Credits can be recorded using the online diary system. All *Clinical Medicine* SAQs are listed under **External Approved CPD**

Please note that past papers will be stored for 12 months.

As announced in the previous issues, SAQs can now only be answered using the ONLINE system.

- 1 A 23-year-old woman presents following an overdose of 30 paracetamol tablets four hours previously, having taken the tablets impulsively following an argument with her mother. She smells strongly of alcohol. She has previously been under the care of a psychiatrist but no further details are available. She presented a year previously with an overdose of antidepressant medication. Which of the following statements are true and which false?
 - (a) The risk of a further overdose is 15% or higher
 - (b) There is no risk of suicide
 - (c) Her past history of psychiatric contact and previous self-harm means that she is at lower risk of repeat suicidal behaviour
 - (d) The initial priority is to ensure that her physical condition is appropriately assessed and managed
 - (e) She does not require a psychosocial assessment
- 2 A 28-year-old man is brought to the emergency department by his wife. She found an empty bottle of her amitriptyline tablets by his bed 30 min previously after returning home unexpectedly. He has written a note saying goodbye to his children, but after arrival at hospital he says that he now does not want to die. He refuses to give any further history, says he does not want any treatment and expresses a strong desire to go home. He is tremulous, unshaven and unkempt. His wife says that he has become increasingly withdrawn since experiencing problems at work four months ago. He has begun to drink much more alcohol and is occasionally aggressive to her and his two children. Which of the following statements are true and which false?
 - (a) The history is suggestive of an impulsive overdose with low suicidal intent
 - (b) There is no evidence of any psychiatric disorder
 - (c) If he makes an attempt to leave he should be prevented from doing so until an assessment of his physical and mental state can be made
 - (d) The Mental Health Act must be used before any treatment can be given
 - (e) If he lacks capacity to consent to treatment, it can be given under common law

- 3** A 42-year-old woman who has breast cancer becomes depressed after undergoing a mastectomy and treatment with radiotherapy. She is reluctant to take antidepressants. She feels low all the time and suffers with extreme tiredness, begins to feel life is not worth living, that she is a poor mother and useless at her job. These are not beliefs she held prior to her illness. She is married with three children and works part-time as a teacher in a primary school. Which of the following statements are true and which false?
- (a) Cognitive therapy would be a suitable choice of treatment
 - (b) There is a strong evidence base for the treatment of depression in cancer using cognitive therapy
 - (c) If cognitive therapy is not available, she might benefit from relational therapy
 - (d) Cognitive therapy may help her to cope better with the aftermath of her illness in addition to treating her depression
 - (e) Cognitive therapy is likely to precipitate a relapse in her condition and she may become suicidal
- 4** A 46-year-old man presents with frequent episodes of chest pain. He is frightened and wary of exercise for fear of precipitating the pain. He has been off work for six months and has gained 10 kg in weight during this period. He feels anxious at night and is unable to sleep. He is known to have ischaemic heart disease. Which of the following statements are true and which false?
- (a) He should not be referred for psychological treatment as he has a physical disease
 - (b) Relaxation training is likely to be helpful
 - (c) Although psychological treatment may help his anxiety, it is unlikely to impact upon his ability to return to work
 - (d) Exercise-induced ischaemia should improve with relaxation training
 - (e) Relaxation training is difficult to master and requires intensive training
- 5** A 68-year-old lady is admitted following a fall at home. She is found to have a fractured neck of femur and consents to surgery. Following the operation she becomes agitated, trying to get out of bed and insists there is a plot to poison her. When examined a few hours later, she is orientated and lucid. Which of the following statements are true and which false?
- (a) Delirium occurs in up to two-thirds of patients undergoing hip surgery
 - (b) Inadequate pain relief might have contributed to the presentation
 - (c) Haloperidol should be given routinely in this situation
 - (d) Systematic screening and treatment for delirium have been shown to improve outcomes for patients in this setting
 - (e) Following an episode of delirium, there is no increase in the risk of future episodes
- 6** A 75-year-old retired schoolteacher is admitted to hospital with confusion and a urinary tract infection (UTI). His wife reports that she has noticed deterioration in his memory over the previous two months, with visual and auditory hallucinations and marked fluctuation in behaviour. Which of the following statements are true and which false?
- (a) Cognitive screening should be carried out routinely in older people on admission to hospital
 - (b) The differential diagnosis includes delirium
 - (c) Dementia precludes a diagnosis of delirium
 - (d) Haloperidol should be given for sedation in Lewy-body dementia
 - (e) Treatment of the UTI is likely to improve his mental state
- 7** A 55-year-old man is referred to the cardiac rehabilitation unit after a myocardial infarction (MI) two months previously. There has been little progress with the rehabilitation and he spends much of the day at home lying in bed. His wife is extremely concerned and reports that he is despondent and pessimistic. She feels he has lost the will to live. Which of the following statements are true and which false?
- (a) This man has a severe depressive illness
 - (b) A reaction of this type is to be expected after experiencing an MI
 - (c) Support and reassurance are likely to be an effective treatment
 - (d) Antidepressants are contraindicated following an MI
 - (e) Amitriptyline is an unsuitable choice for treatment
- 8** A 40-year-old obese man has been taking pegylated interferon (PEG IFN) for four weeks as a treatment for hepatitis C. During this time, as well as experiencing fatigue, he has started to complain of low mood and loss of interest in most things. He spends much of his day sleeping. He also describes a marked increase in his appetite and has gained a significant amount of weight. He thinks he is depressed and, as he is keen on complementary medicine, is interested in trying St John's wort. Which of the following statements are true and which false?
- (a) Depression is a specific consequence of treatment with PEG IFN
 - (b) Increased sleep and increased appetite are symptoms of depression
 - (c) St John's wort is a suitable choice for treatment
 - (d) Treatment with an antidepressant should continue for 4–6 weeks
 - (e) Psychological treatment would be inappropriate in this case
- 9** Which of the following statements about illness

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perceptions are true and which false?

- (a) Illness perceptions are made up of five major components: identity, causal beliefs, timeline, belief about control or cure and the perceived consequences of the illness
- (b) Illness perceptions map closely to objective indices of illness severity and prognosis
- (c) Patients with acute models of their illness have difficulty adhering to long-term medication regimens
- (d) Causal beliefs about an illness are often logically related to the treatments or lifestyle changes patients make to help control their condition
- (e) Common illness attributions involve stress and other aspects of modern life

10 Which of the following statements about assessing illness perceptions are true and which false?

- (a) Patient illness perceptions can be assessed by drawings in some illnesses
- (b) Patients are often asked about their illness perceptions in clinical settings
- (c) The Brief Illness Perception Questionnaire can usually be completed by patients in a few minutes
- (d) Patients with negative illness perceptions typically report worse disability and slower recovery from illness
- (e) Patients' drawings of damage on their heart following MI are unrelated to future recovery

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CME Clinical Gastroenterology SAQs

Answers to the CME SAQs published in
Clinical Medicine September/October 2006

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
a) T	a) F	a) T	a) F	a) F	a) T				
b) T	b) T	b) F	b) T	b) T	b) F	b) F	b) T	b) F	b) F
c) F	c) T	c) F	c) F	c) F	c) T				
d) T	d) F	d) T	d) T	d) F	d) T	d) T	d) F	d) T	d) F
e) F	e) F	e) T	e) T	e) F					