MCCEE-Nov.,6,2003

Dear friends, these are some remembered questions of EE ,nov.,2003.

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1-Which is correct about MMSE?
a) If less than 24 => there is a problem in Mental Status
b) It's useful in following patient's cognition.

answer: a & b ..... 

What's MMSE ? MMSE or Folstein, which investigates patient in 5 main domain (orientation, memory, attention and concentration, language tests, tests of spatial ability), is considered abnormal if less than 24 => patient requires more investigation

MMSE is a gross screen for cognitive impairments: 20-24 : mild
10-19 : moderate
<10 : severe

page18, Toronto Notes: Folstein exam is helpful to assess baseline of altered mental status - i.e., score will improve as symptoms resolve

2-Which is wrong regarding longtime psychoanalysis?
a) Doctor should disclose his own personality to patient

answer: a

3-Which is wrong regarding Factitious Disorder?
a) Patient seeks for sick role.
b) Symptoms created intentionally by patient
c) No external incentives

answer: all correct... I can't remember the wrong choice.

"Factitious Disorder" (M>F) is not a true somatoform disorder because symptoms are intentional, patient seeks for sick role, there is no external incentive (i.e., no economic gain) => Tx: Psychotherapy (conflict resolution) is helpful but not in all cases. Indeed many patients refuse counselling .... common symptoms are Dermatitis Artefacta and FUO, but sometimes patient deliberately worsens an existing physical disorder (like preventing the healing of varicose ulcers)

"Munchausen syndrome" is a rare form of Factitious disorder. Its etiology is unknown, but these patients often have abnormal personalities.

"Munchausen By Proxy" is a "child abuse".

"Malingering": intentional production of false or grossly exaggerated physical or psychological symptoms motivated by external incentives (drug-seeking, avoiding work, financial incentives)

Presence of obvious external incentives distinguishes Malingering from Factitious disorder.

In both Malingering & Factitious dis. symptoms are "intentional", but in Factitious dis. patients seeks for a sick role while in Malingering patient wants to have some rewards like money avoidance of duties, etc.

4-Describing a patient with some symptoms of Depression since 1 month ago, we asked to choose one other criterion to complete Diagnostic criteria for Depression:
a) Anhedonia
b) ....

answer: a

5-Sleep Walking occurs during:
a) REM phase
b) nonREM phase-stage 4 of sleep
b) nonREM phase-stage 1 or 2 of sleep

answer: b
Patient can't remember things happened in nonREM phase-like Night Terrors, in which patients can't recall what they'd seen in sleep.

5-prescribing which of the following should be associated with regular CBC tests?
a) Clozapine
answer: a...
Clozapine can induce agranolucytosis in 1-2% of patients who take it...cautions: A) weekly CBC test for at least one month, then q 2 weeks B) not taken with drugs which may cause BM suppression

6-Before prescribing your patient drugs, you should have a consent. Which is necessary for taking drug-consent?
a) You should only explain minor side-effects of that drug.
b) All side-effects should be explained.
c) Explain only major side-effects.
Answer: b ....?

6-Which is the most important thing for a baby? (I can't remember question completely)
a) establishing a relationship with mother as primary care giver
answer: a

7-Definition of Agorophobia
answer: anxiety about being in places or situations from which escape might be difficult (or embarrassing) or where help may not be available in the event of having an unexpected panic attack

8-A patient with Phobia was described and we were asked for a Dx.

9-Question describes a depressed patient, who is on treatment with TCA but now, shows symptoms of Mania. Some years ago, without taking any antidepressant drug, he had an episode of Mania. What is your Dx?
a) bipolar I
b) bipolar II
c) cyclothymia
d) dysthymia
answer: a
Bipolar I: at least one manic or mixed episode
Bipolar II: at least one MDE (present or past) & at least one Hypomanic episode (present or past);****in bipolar II, there has never been a Manic or Mixed episode.*****
Cyclothymia: chronic instability f mood with mild depressive and manic symptoms (Toronto Notes, PS12)
Dysthymia: this is a less severe form of depression, present in most hours of a day, most days of a week, for at least 2 years in adults or 1 year in children and adolescents... during this 2-year period, patient shouldn't be symptom-free for more than 2 months... no MDE should exist in the first 2 years (or 1 year in children) of diagnosis.....there must be no Mani, Mixed, or Hypomanic episode. Cyclothymia must be ruled out.

12-A patient with symptoms of Dystonia (following taking neuroleptics) is described, what do you prescribe for him?
a) sulpiride
b) anticholinergics
c) tetrabenazine
13-A young male patient, on antipsychotics has come with high temperature, spastic muscles,..... What do you do?
   a) anticholinergics
   b) supportive cares (for cooling) + bromocriptine
   answer: b

14-There was a question about male and female homosexuals, mostly regarding epidemiology.

15-Which of the following can't reduce sexual desire in a woman?
   a) improper communication with partner
   b) menopause
   c) pregnancy
   answer: c

Causes of Hypoactive Sexual Desires Disorder in women:
   Physical factors: medications, chronic diseases, endocrine dis., menopause
   Psychological factors: Hx of incest, assault, internal conflicts, relationship stress, changes in life stages

16-Which is correct about neurotransmitteric changes in Schizophrenia according to "neurotransmitry hypothesis"?
   a) increased dopamine => positive symptoms
   b) decreased Dopamine => positive symptoms
   c) increased Dopamine => negative symptoms
   d) increased Serotonin => negative symptoms
   e) answer: a

17-A question regarding Etiology and Pathophysiology, and about theories for Schizophrenia

18-A young female with repeated throat-clearing + muscular Tics..... Dx?
   a) Gilles de la Tourette syndrome
   b) Sydenham's Chorea
   answer: a

19-In which of the following Psychoanalysis has no benefit?

20-For preventing adolescents' addiction, which is more helpful?
   a) encouraging the young to say "no"
   b) closer relationship with peers or teachers
   answer: a

21-One question about Brief Psychotic Disorder (definition) => answer: 1 month

22-In a patient with Autistic Disorder, which is a good predictor for improvement?
   a) playing more with other children
   b) language improvements
   answer: b

23-One illustration => Dx: Trichotillomania
24- An alcoholic man with both remote and near memory impairment+ focal neurological signs=>Dx?
   a) dissociative fugue
   b) amnestic disorder
   c) dissociative amnesia
   d) pseudodementia
   e) dissociative identity disroder
answer : b
"Dissociative Fugue": sudden, unexpected travel away from home or work-inability to recall one's past and identity or assumes new identity
"Amnestic Disorder" : a prominent disorder in recent memory, in the absence of generalized intellectual impairment seen in Dementia or decreased consciousness seen in Delirium. It's often described as "Korsakov" or "Wernicke-Korsakov" syndrome. This syndrome, sometimes, is accompanied by an acute neurological syndrome (decreased consciousness, memory defect, ataxia, disorientation, and ophthalmoplegia).....causes "Alcohol abuse", CO poisoning, etc. Remote memory is relatively intact, although disorientation in time will cause a form of gaps, which are being filled by "confabulation"....Tx: Thiamine (not curative)
"Dissociative Amnesia": inability to recall important personal information, usually of traumatic or stressful nature
"Pseudodementia" can be seen among alcoholics, but it's a depression indeed, leading to lack of interest (or concentration) necessary for Hx-taking. When patient's interest is aroused, memory becomes more vivid.
"Dissociative Identity Disorder": formerly "Multiple Personality Disorder"

25- A patient after returning from theater (operation room), shows symptoms of agitation in ward=>Dx?
answer: Delirium

26- A young girl with A.N+ severe under-weight+ fainting+ another serious health problem (I can't remember that) => what do you do?
   a) prescribing her appetizers
   b) regular exercise
   c) admit her
answer c

27- A girl with A.N is in your ward, how should you control her Tx? or check her compliance?
answer: with daily weighing

28- A young boy is anxious (describing some symptoms) after his mother had been told to have a serious health problem, later found wrong => Dx?
answer: Separation Anxiety

29- The best Tx for Lithium-induced tremor?
answer: Propranolol

30- Which is true about women, who are abused?
   a) Most cases are diagnosed by GPs.
   b) More than 50% of abuser husbands, also abuse their children.
   c) More than 50% of abuser husbands have been abused themselves in childhood.
Answer : c
Only 5% of violence against women are diagnosed by GPs.
80% of male batterers were abused or witnessed violence in their families as children.
25-50% chance of child abuse or neglect in these families.
31-Which is wrong regarding child abuse?
   a) most abusers are male.
   b) most perpetrators are known to child.
   c) most abusers have a psychologic disorder.
   *Answer: c*

32-After a night party, a young man with some symptoms of a stimulant overdosage = Ecstasy overdosage

33-You have a patient with stimulant overdosage. In his follow up, which of the coming choices is helpful in preventing recurrence?
   a) naloxane
   b) metadone
   c) supporting him by psychotherapy
   d) a supportive family
   *Answer: any body knows the answer???

34-Which is the best sign of abuse?
   a) ruptured hymen
   b) bruising on labia
   c)...
   *Answer: b*

35-Having been given a complete and long Hx of Schizophrenia in a patient, we were asked finally to answer some questions regarding epidemiology of this disease. Which is true about this patient?
   a) it’s most possible that he has a schizophrenic sibling.
   b) both parents affected by Schizophrenia.
   c) a dizygote twin affected by Schizophrenia.
   d) a schizphrenic monozygote twin adopted in another family.
   e) living in the same family.
   *Answer: e…a schizphrenic monozygotic twin living in the same family*

36-Suicide is a common cause of death among adolescents. Male to female ratio is?
   a) 5/1
   b) 10/1
   c)...
   *Answer: b*

37-Having some close members of his family dead due to heart attack, a man has a strong fear of having the same health problem himself. Two years ago, after some pectoral angina, this man gave a consent to not being resusitated if he needed. Now, he has been taken to ER, needing an immediate resuscitation. What do you do?
   a) You enforce his wife to give consent for resuscitation.
   b) Seek for legal guardian.
   c) Be sure that he is relaxed, but don’t resuscitate him.
   d) Try to take a new consent from the patient.
   *Answer: c*

38-A mother and her 12 y/ girl come to your office. The girl wants to start OCP, but her mother don’t allow her. What do you say her mother?
   a) You say the mother that taking OCP by a 12 y/o girl is normal.
b) You don’t let girl to take OCP.
c) You say mother that there is no need to her approval.
d) ... e) ....

answer: c

39. A 15 years old girl comes to your office and asks Depo for contraception. What do you do? 
a) tell her that Depo is contraindicated for her. 
b) ask her to bring her mother to your office. 
c) give her Depo after routine examinations 
d) ...... e) ...... 

answer: c ........ ****Parental consent isn’t required for Tx of STDs, prescribing contraception, care during pregnancy, and treating drug or alcohol dependence.****

40. In which of the following both spouses should give consent? 
a) a surgical procedure for sterility (in each of them) 
b) for an elective surgical procedure on their child 
c) in aborting their baby 
d) ...... e) ......

answer: ? *Parental consent is not required for emergency situations. *According to Canadian laws, abortion is a decision based on woman’s consent.

41. A case of Sodium-Monoglutamate was described => Dx? 

42. A case of Sheehan’s syndrome => Dx? 

43. One illustration showing a case of child abuse (with a complete Hx) => Dx?

44. A patient comes to your office and says to you about his decision to kill his wife and her lover. What do you do? 
a) To keep confidentiality, you won’t tell anyone about his decision. 
b) You’ll tell the patient that you ought to inform his wife. 
c) You’ll contact your own lawyer to announce his wife and her lover. 
d) You’ll tell legal council to inform his wife and her lover. 
e) ...... 

answer: b ....... do you have any other idea? May be (d)?

45. One question about Serotonin Syndrome

46. Entering a laboratory, you see a dead body fallen with some petechiae and laceration around his mouth (there was a complete description of his status). What do you do? 
a- immediately take some samples for future investigations. 
70- Inform coroner immediately. 
71- Begin to do some procedures on other employees (I can’t remember it completely) 
72- Move the dead body to a safer place to avoid others’ contact with it. 
73- .........

answer: b
47- You should inform authorities about which of the following?

a- If your colleague is in sexual relationship with one of her patients.
b- If she hears voices in the absence of any auditory stimulus.
c- If she drinks alcohol heavily.
d- ........
e- ........

Answer: **b and c seem correct**

*Impaired physicians: 1- Drug or Alcohol abuse
  2- Physical or mental illness
  3- Impairment in functioning associated with old age*

**Reporting an impaired colleague is required ethically.**

48- Which is not a sign of A.N?

a- HTN or tachycardia
b- Lanugo hair
c- Amenorrhea
d- ..... 
e- ..... 

Answer: **a...they have bradycardia and low BP**

49- another question about Factitious Disorder

50- another question about MMSE

51- one question regarding uterine atony (a case was given)

52- one case of Lead toxicity

53- A 2 x 2 cm lymph node in neck + some symptoms => what do you do?

Answer: **perform Bx**

54- An old man, giving a Hx of smoking and drinking alcohol + dysphagia, firstly to solid foods, but now to both solids and liquids => Dx?

Answer: **esophageal cancer**

55- Which of the following is not a primary prevention?

Answer: **CIN screening with Pap smear**

56- a case with Fx + diplopia => Dx? Answer: **Zygomatic Fx**

57- one case with features of uterine rupture described => Dx?

58- one case of suicide with organophosphate insecticides

59- Chronic abuse of organic inhalants => any sequel on lungs?

57- management of a newly discovered BP

57- One old patient with reduced weight during recent months + rectal bleeding + other symptoms suggesting colon cancer, now you will possibly find an abnormality in which of the followings?

a- RUQ
b- LLQ
c- RLQ
d- LUQ
c- …..

answer: b

Right colon cancer: OB positive, IDA, but changes in bowel habits are less common
Left colon cancer: abdominal cramp, obstruction, perforation, tenesmus, hematochezia, changes in bowel habits, but less likely IDA

58- Which one is not an indication for Bariatric surgery?

a- an obese patient without satisfactory response to dieting
b- an obese with high level of Cholestrol
c- an obese whose Arthritis hasn’t replied to other treatments
d- an obese with HTN

answer: d?……******I especially want your idea on this question.*****

59- a patient with cough + Asterixis => what’s the most probable cause?

a- hepatic encephalopathy
b- CHF
c- Uremia
d- …..
e- …..

Answer: b or a?…. Generally Asterixis is seen in metabolic encephalopathies. In CHF, liver becomes enlarged, and there might be a positive hepatofugal reflex, but Asterixis?! On the other side, in hepatic encephalopathy Asterixis can be seen, but cough? Uremia? It can depress CNS, but cough?!

60- You have found shifting dullness in a patient, what do you do?

a- Tap
b- Abdominal US
c- …..

answer: b…..as shifting dullness or fluid wave can’t definitely tell us about presence or absence of ascites, I run for an abdominal ultrasound.

61- one question regarding cyclosporin

62- a mass in ovary in a young woman + some other clues of ovarian cancer=> Dx?

63- Which one can’t be detected through a Hysteroscopy or Colposcopy?

64- one question regarding indications of NST

65- one case of Compartment syndrome was given, which sign or symptom occurs earlier? Or is more reliable in early detection of illness?

a- paralysis
b- decreased sensation over area
c- …..

Answer: b

66- one question about stress ulcer

67- which is correct about sponge?

Answer: it should remain in place 6 hours after intercourse
68- which is useful in study of morbidity?
   a- case control
   b- cohort
   c- cross sectional
   d- ……..
answer: c

69- A woman is complaining that his husband kicks her repeatedly while asleep at nights=> Dx?
Answer: myoclonus

70- Tx of alcoholic syndrome
71- Signs and symptoms of infection in old population
72- Tx of frostbite
73- one question regarding HPV infection
74- approach to amenorrhea in a young woman
75- initial management of neck Fx
76- pneumothorax in an infant(a case with CXR)=> Tx? Answer: needle aspiration
77- slipped femoral epiphysis
78- DDH
79- Side effects f Chemotherapy (hyperuricemic syndrome)
80- Immediate change due tolamination of Measles:
   a- decrease in money expenditure for admitting patients with sequels of Measles
   b- no further need to vaccination against Measles
   c- decreased surveillance
   d- ……..
Answer: c??

81- Pica + decreased Hb + other Sx =>Dx? Answer: IDA

82- Hearing test in infants=> ABR
83- Which is not a cause of noise-induced sensorineural hearing loss? Disharmony in music
84- A white lesion on vulva, what do you do?
85- Two cases of CVA => localize the lesion
86- Cranial tumor in a child =>Dx?
87- Which one is not live attenuated?
   a- Polio
   b- Rubella
   c- Measles
   d- ……..

89- an ld man collapses at dinner table+ no previous medical problem=>Dx?
Answer: ruptured Aneurysm
90- another case of ruptured aneurysm
91- one question about IUD
92- one question about preterm labor
93- transverse lie+ ruptured membranes=> what do you do?
   a- C/S
   b- external version
answer: a

94- two cases of pyelonephritis in pregnancy
95- one case of CO poisoning in a woman, found unconscious in her garage with an empty bottle of Acetaminophen and another empty bottle of an alcoholic beverage.
96- The second leading cause of death among Canadian women: Breast cancer
97- stone in lower 1/3 of ureter
98- one question regarding ERCP
99- one case of male Urethritis without response to Tx
100- the most common cause of post menopausal bleeding